

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

Office of Rural Health Policy

Public Access to Defibrillation Demonstration Project

**Announcement Type: New
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Catalog of Federal Domestic Assistance (CFDA) No. 93.259

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2012

Application Due Date: March 19, 2012

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

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Authority: Section 313 of the Public Health Service Act (42 U.S.C. 245); and the Consolidated Appropriations Act, 2012 (P.L. 112-74)

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I. Funding Opportunity Description

1. Purpose

This announcement solicits applications for the Public Access to Defibrillation Demonstration Project (PADDP). The Office of Rural Health Policy's (ORHP) PADDP grant program will fund applications that propose to develop and implement innovative, comprehensive, community-based public access defibrillation demonstration projects that: (1) provide cardiopulmonary resuscitation and automated external defibrillation to cardiac arrest victims in unique settings; (2) provide training to community members in cardiopulmonary resuscitation and automated external defibrillation; and (3) maximize community access to automated external defibrillators (AED).

The purpose of this grant program is to: (1) purchase AEDs that have been approved, or cleared for marketing by the Food and Drug Administration; (2) provide basic life training in automated external defibrillator usage through nationally recognized courses; (3) provide information to community members about the public access defibrillation demonstration project to be funded with the grant; (4) provide information to the local emergency medical services (EMS) system regarding the placement of AEDs in the unique settings; and (5) further develop strategies to improve access to AEDs in public places.

2. Background

The program is authorized by Section 313 of the Public Health Service Act (42 U.S.C. 245); and the Consolidated Appropriations Act, 2012 (P.L. 112-74). The Catalog of Federal Domestic Assistance (CFDA) Number for this grant program is 93.259.

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

The intent of this grant program is to support projects that will increase public access to emergency medical devices and services. Applications will be evaluated on criteria such as how well the project: (1) demonstrates the greatest community need for services and programs; (2) uses innovative, comprehensive, community-based public access to defibrillation; and (3) proposes an effective mechanism for the collection of data regarding resuscitation, defibrillation, and survival rates within the setting served by the project. Additionally, projects should be responsive to the unique cultural needs, social beliefs, and linguistic needs of the target population.

Applicants are encouraged to form collaborative partnerships that will ensure maximum benefit to the limited funding available through this competition. Partnerships may be composed of emergency response entities such as training facilities, local emergency responders, fire and rescue departments, police, community hospitals, and non-profit entities and for-profit entities concerned about cardiac arrest survival rates. An applicant can be in partnership with a State-wide, multi-State, regional, or multi-county consortium. Each partnership must have a

designated lead applicant as the grantee of record to act as the fiscal agent for the partnership. State-wide and multi-State partnerships do not need to include all counties in the State.

Partnerships may be formed through a memoranda of agreement (MOA) or memoranda of understanding (MOU) to be included as **Attachment 4** to the grant application. The MOA/MOU must describe how the partnership will deal with issues of governance, disbursement of funds, the roles and responsibilities of each member in the partnership and the significant contributions of each partner to the goals of the project.

II. Award Information

1. Type of Award

Funding will be provided in the form of a grant.

2. Summary of Funding

This program will provide funding during federal fiscal years 2012 - 2014. Approximately \$300,000 is expected to be available annually to fund up to 3 grantees. Applicants may apply for a ceiling amount of \$100,000 per year. The project period is three (3) years. Funding beyond the first year is dependent on the availability of appropriated funds for the “Public Access to Defibrillation Grant Program” in subsequent fiscal years, grantee satisfactory performance, and a decision that continued funding is in the best interest of the Federal government.

III. Eligibility Information

1. Eligible Applicants

An applicant must be a political subdivision of a State, a federally recognized Native American Tribe, or a Tribal organization.

Applicants proposing to use a regional approach and distance learning to address common needs of one region are strongly encouraged to apply.

2. Cost Sharing/Matching

Cost Sharing/Matching is not required for this program.

3. Other

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

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

Maintenance of Effort

Grant funds shall not be used to take the place of current funding activities described in the application. The grantee must agree to maintain non-Federal funding for grant activities at a level which is not less than expenditures for such activities during the fiscal year prior to receiving the grant.

The total amount of funds requested to administer the PADDP grant program may not exceed ten (10) percent of the requested Federal award, to include indirect and other administrative costs.

IV. Application and Submission Information

1. Address to Request Application Package

Application Materials and Required Electronic Submission Information

HRSA *requires* applicants for this funding opportunity announcement to apply electronically through Grants.gov. This robust registration and application process protects applicants against fraud and ensures that only authorized representatives from an organization can submit an application. Applicants are responsible for maintaining these registrations, which should be completed well in advance of submitting your application. All applicants *must* submit in this manner unless they obtain a written exemption from this requirement in advance by the Director of HRSA's Division of Grants Policy. Applicants must request an exemption in writing from DGPWaivers@hrsa.gov, and provide details as to why they are technologically unable to submit electronically through the Grants.gov portal. Your email must include the HRSA announcement number for which you are seeking relief, the organization's DUNS number, the name, address, and telephone number of the organization and the name and telephone number of the Project Director as well as the Grants.gov Tracking Number (GRANTXXXX) assigned to your submission along with a copy of the "Rejected with Errors" notification you received from Grants.gov. **HRSA and its Digital Services Operation (DSO) will only accept paper applications from applicants that received prior written approval.** However, the application must still be submitted by the deadline. Suggestion: submit application to Grants.gov at least two days before the deadline to allow for any unforeseen circumstances.

Note: Central Contractor Registration (CCR) information must be updated at least every 12 months to remain active (for both grantees and sub-recipients). As of August 9, 2011, Grants.gov began rejecting submissions from applicants with expired CCR registrations.

Although active CCR registration at time of submission is not a new requirement, this systematic enforcement will likely catch some applicants off guard. According to the CCR Website it can take 24 hours or more for updates to take effect, so ***check for active registration well before your grant deadline.***

An applicant can view their CCR Registration Status by visiting <http://www.bpn.gov/CCRSearch/Search.aspx> and searching by their organization's DUNS. The [CCR Website](#) provides user guides, renewal screen shots, FAQs and other resources you may find helpful.

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

All applicants are responsible for reading the instructions included in HRSA's *Electronic Submission User Guide*, available online at <http://www.hrsa.gov/grants/apply/userguide.pdf>. This Guide includes detailed application and submission instructions for both Grants.gov and HRSA's Electronic Handbooks. Pay particular attention to Sections 2 and 5 that provide detailed information on the competitive application and submission process.

Applicants are also responsible for reading the Grants.gov Applicant User Guide, available online at <http://www.grants.gov/assets/ApplicantUserGuide.pdf>. This Guide includes detailed information about using the Grants.gov system and contains helpful hints for successful submission.

Applicants must submit proposals according to the instructions in the Guide and in this funding opportunity announcement in conjunction with Application Form SF-424. The forms contain additional general information and instructions for applications, proposal narratives, and budgets. The forms and instructions may be obtained by:

- 1) Downloading from <http://www.grants.gov>, or
- 2) Contacting the HRSA Digital Services Operation (DSO) at:
HRSADSO@hrsa.gov

Each funding opportunity contains a unique set of forms and only the specific forms package posted with an opportunity will be accepted for that opportunity. Specific instructions for preparing portions of the application that must accompany Application Form SF-424 appear in the "Application Format Requirements" section below.

2. Content and Form of Application Submission

Application Format Requirements

The total size of all uploaded files may not exceed the equivalent of 45 pages when printed by HRSA. The total file size may not exceed 10 MB. The 45-page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support. Standard forms are NOT included in the page limit. **We strongly urge you to print your application to ensure it does not exceed the 45-page limit. Do not reduce the size of the fonts or margins to save space. See the formatting instructions in Section 5 of the Electronic Submission User Guide referenced above.**

Applications must be complete, within the 45-page limit, within the 10 MB limit, and submitted prior to the deadline to be considered under this announcement.

Application Format

Applications for funding must consist of the following documents in the following order:

SF-424 Non-Construction – Table of Contents

- 🔔 It is mandatory to follow the instructions provided in this section to ensure that your application can be printed efficiently and consistently for review.
- 🔔 Failure to follow the instructions may make your application non-responsive. Non-responsive applications will not be considered under this funding opportunity announcement.
- 🔔 For electronic submissions, applicants only have to number the electronic attachment pages sequentially, resetting the numbering for each attachment, i.e., start at page 1 for each attachment. Do not attempt to number standard OMB approved form pages.
- 🔔 For electronic submissions, no Table of Contents is required for the entire application. HRSA will construct an electronic table of contents in the order specified.

Application Section	Form Type	Instruction	HRSA/Program Guidelines
Application for Federal Assistance (SF-424)	Form	Pages 1, 2 & 3 of the SF-424 face page.	Not counted in the page limit
Project Summary/Abstract	Attachment	Can be uploaded on page 2 of SF-424 - Box 15	Required attachment. Counted in the page limit. Refer to the funding opportunity announcement for detailed instructions.
Additional Congressional District	Attachment	Can be uploaded on page 3 of SF-424 - Box 16	As applicable to HRSA; not counted in the page limit.
Project Narrative Attachment Form	Form	Supports the upload of Project Narrative document	Not counted in the page limit.
Project Narrative	Attachment	Can be uploaded in Project Narrative Attachment form.	Required attachment. Counted in the page limit. Refer to the funding opportunity announcement for detailed instructions. Provide table of contents specific to this document only as the first page.
SF-424A Budget Information - Non-Construction Programs	Form	Pages 1–2 to support structured budget for the request of Non-construction related funds.	Not counted in the page limit.
Budget Narrative Attachment Form	Form	Supports the upload of Project Narrative document.	Not counted in the page limit.
Budget Narrative	Attachment	Can be uploaded in Budget Narrative Attachment form.	Required attachment. Counted in the page limit. Refer to the funding opportunity announcement for detailed instructions.
SF-424B Assurances - Non-Construction Programs	Form	Supports assurances for non-construction programs.	Not counted in the page limit.
Project/Performance Site Location(s)	Form	Supports primary and 29 additional sites in structured form.	Not counted in the page limit.
Additional Performance Site Location(s)	Attachment	Can be uploaded in the SF-424 Performance Site Location(s) form. Single document with	Not counted in the page limit.

Application Section	Form Type	Instruction	HRSA/Program Guidelines
		all additional site location(s)	
Disclosure of Lobbying Activities (SF-LLL)	Form	Supports structured data for lobbying activities.	Not counted in the page limit.
Other Attachments Form	Form	Supports up to 15 numbered attachments. This form only contains the attachment list.	Not counted in the page limit.
Attachment 1-15	Attachment	Can be uploaded in Other Attachments form 1-15.	Refer to the attachment table provided below for specific sequence. Counted in the page limit.

- 🔔 To ensure that attachments are organized and printed in a consistent manner, follow the order provided below. Note that these instructions may vary across programs.
- 🔔 Additional supporting documents, if applicable, can be provided using the available rows. Do not use the rows assigned to a specific purpose in the program funding opportunity announcement.
- 🔔 Merge similar documents into a single document. Where several documents are expected in the attachment, ensure that you place a table of contents cover page specific to the attachment. The Table of Contents page will not be counted in the page limit.
- 🔔 Limit the file attachment name to under 50 characters. Do not use any special characters (e.g., %, /, #) or spacing in the file name or word separation. (The exception is the underscore (_) character.) Your attachment will be rejected by Grants.gov if you use special characters or attachment names greater than 50 characters.

Attachment Number	Attachment Description (Program Guidelines)
Attachment 1	Staffing Plan and Position Descriptions: Provide a staffing plan for the proposed project and the position descriptions for key personnel listed in the application. In the staffing plan, explain the staffing requirements necessary to complete the project, the qualification levels for the project staff, and rationale for the amount of time that is requested for each staff position. Provide the job descriptions for key personnel listed in the application that describes the specific roles, responsibilities, and qualifications for each proposed project position. Keep each job description to one page, if possible. For the purposes of this grant application, Key Personnel is defined as persons funded by this grant or persons conducting activities central to this grant program. Provide a table of contents for this attachment. (The table of contents will not count in the page limit).
Attachment 2	Biographical Sketches for Key Personnel: Include biographical sketches for persons occupying the key positions described in Attachment 3, not to exceed two pages in length. In the event that a biographical sketch is included for an identified individual who is not yet hired, please include a letter of commitment from that person with the biographical sketch. Provide a table of contents for this attachment. (The table of contents will not count in the page limit).
Attachment 3	Organizational Chart and Consortium Member List: Submit a one-page organizational chart of the applicant’s agency, department or organization and a one-page consortium organizational chart. The charts should depict the organizational structure of the project, including subcontractors and other significant collaborators. Also, include a list of the consortium member organizations including: organization name, complete address, contact person, phone and fax numbers, and e-mail address. These documents are included in page limit.
Attachment 4	Partnership Memorandum of Agreement/Understanding: Provide a Memorandum of Agreement or Memorandum of Understanding (MOA/MOU) signed by all network members that reflects the mutual commitment of the network partners. Additional evidence, such as by-laws and letters of incorporation may also be

Attachment Number	Attachment Description (Program Guidelines)
	included. Included in page limit.
Attachment 5	Liability and Ownership Issues: Include any liability issues that may be associated with the placement of AEDs. Included in page limit.

Application Format

i. Application Face Page

Complete Application Form SF-424 provided with the application package. Prepare according to instructions provided in the form itself. Important note: enter the name of the **Project Director** in 8. f. “Name and contact information of person to be contacted on matters involving this application.” If, for any reason, the Project Director will be out of the office, please ensure their email Out of Office Assistant is set so HRSA will be aware if any issues arise with the application and a timely response is required. For information pertaining to the Catalog of Federal Domestic Assistance, the CFDA Number is 93.259.

DUNS Number

All applicant organizations (and subrecipients of HRSA award funds) are required to have a Data Universal Numbering System (DUNS) number in order to apply for a grant or cooperative agreement from the Federal Government. The DUNS number is a unique nine-character identification number provided by the commercial company, Dun and Bradstreet. There is no charge to obtain a DUNS number. Information about obtaining a DUNS number can be found at <http://fedgov.dnb.com/webform> or call 1-866-705-5711. Please include the DUNS number in item 8c on the application face page. Applications **will not** be reviewed without a DUNS number. Note: A missing or incorrect DUNS number is the number one reason for applications being “Rejected for Errors” by Grants.gov. HRSA will not extend the deadline for applications with a missing or incorrect DUNS number. Applicants should take care in entering the DUNS number in the application.

Additionally, the applicant organization (and any subrecipient of HRSA award funds) is required to register annually with the Central Contractor Registration (CCR) in order to do electronic business with the Federal Government. CCR registration must be maintained with current, accurate information at all times during which an entity has an active award or an application or plan under consideration by HRSA. It is extremely important to verify that your CCR registration is active and your Marketing Partner ID Number (MPIN) is current. Information about registering with the CCR can be found at <http://www.ccr.gov>.

ii. Table of Contents

The application should be presented in the order of the Table of Contents provided earlier. Again, for electronic applications no table of contents is necessary as it will be generated by the system. (Note: the Table of Contents will not be counted in the page limit.)

iii. Budget

Complete Application Form SF-424A Budget Information – Non-Construction Programs provided with the application package.

Please complete Sections A, B, E, and F for each year of the project period, and then provide a line item budget using Section B Object Class Categories of the SF-424A. Budget presentations should be included for each year of requested funding.

Please complete Sections A, B, E, and F, and then provide a line item budget for each year of the project period. In Section A use rows 1 - 3 to provide the budget amounts for the first three years of the project. Please enter the amounts in the “New or Revised Budget” column—not the “Estimated Unobligated Funds” column. In Section B Object Class Categories of the

SF-424A, provide the object class category breakdown for the annual amounts specified in Section A. In Section B, use column (1) to provide category amounts for Year 1 and use columns (2) through (3) for subsequent budget years.

Salary Limitation:

The Consolidated Appropriations Act, 2012 (P.L. 112-74) enacted December 23, 2011, limits the salary amount that may be awarded and charged to HRSA grants and cooperative agreements. Award funds may not be used to pay the salary of an individual at a rate in excess of Executive Level II. The Executive Level II salary of the Federal Executive Pay scale is \$179,700. This amount reflects an individual’s base salary exclusive of fringe and any income that an individual may be permitted to earn outside of the duties to the applicant organization. This salary limitation also applies to subawards/subcontracts under a HRSA grant or cooperative agreement.

As an example of the application of this limitation: If an individual’s base salary is \$350,000 per year plus fringe benefits of 25% (\$87,500) and that individual is devoting 50% of their time to this award, their base salary should be adjusted to \$179,700 plus fringe of 25% (\$44,925) and a total of \$112,312.50 may be included in the project budget and charged to the award in salary/fringe benefits for that individual. See the breakdown below:

Individual’s <i>actual</i> base full time salary: \$350,000 50% of time will be devoted to project	
Direct salary	\$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 limitation:	
Individual’s base full time salary <i>adjusted</i> to Executive Level II: \$179,700 50% of time will be devoted to the project	
Direct salary	\$89,850
Fringe (25% of salary)	\$22,462.50
Total amount	\$112,312.50

iv. Budget Justification

Provide a narrative that explains the amounts requested for each line in the budget. The budget justification should specifically describe how each item will support the achievement of proposed objectives. The budget period is for ONE year. However, the applicant **must** submit one-year budgets for each of the subsequent budget periods within the requested project period at the time of application. Line item information must be provided to explain the costs entered in the SF-424A. Be very careful about showing how each item in the “other” category is justified. For subsequent budget years, the justification narrative should highlight the changes from year one or clearly indicate that there are no substantive budget changes during the project period. The budget justification **MUST** be concise. Do NOT use the justification to expand the project narrative.

This announcement is inviting applications for project periods up to three (3) years. Awards, on a competitive basis, will be for a one-year budget period; although the project period may be for

up to three (3) years. Submission and HRSA approval of your Progress Report(s) and any other required submission or reports is the basis for the budget period renewal and release of subsequent year funds. Funding beyond the one-year budget period but within the three-year project period is subject to availability of funds, satisfactory progress of the awardee, and a determination that continued funding would be in the best interest of the Federal Government.

There are two components to complete as part of the budget justification: an itemized budget and a budget narrative.

Include the following in the Budget Justification narrative:

Personnel Costs: Personnel costs should be explained by listing each staff member who will be supported from funds, name (if possible), position title, percentage of full-time equivalency, and annual salary. If no Federal funds are being requested for personnel (which excludes contractors and consultants), information should be provided in the justification about the applicant level in-kind contribution (i.e., name and percent of effort for the individual at the applicant organizational level that will be overseeing the proposed project). Total costs listed for personnel for each budget period must directly correspond with the amounts listed in the line item budget for personnel as well as the 424 Personnel budget line item form. Reminder: Award funds may not be used to pay the salary of an individual at a rate in excess of Executive Level II or \$179,700. An individual's base salary, per se, is NOT constrained by the legislative provision for a limitation of salary. The rate limitation simply limits the amount that may be awarded and charged to HRSA grants and cooperative agreements. Please provide an individual's actual base salary if it exceeds the cap. See the sample below.

Sample:

Name	Position Title	% of FTE	Annual Salary	Amount Requested
J. Smith	Chief Executive Officer	50	\$179,700*	\$89,850
R. Doe	Nurse Practitioner	100	\$75,950	\$75,950
D. Jones	Data/AP Specialist	25	\$33,000	\$8,250

*Actual annual salary = \$350,000

Fringe Benefits: List the components that comprise the fringe benefit rate, for example health insurance, taxes, unemployment insurance, life insurance, retirement plans, and tuition reimbursement. The fringe benefits should be directly proportional to that portion of personnel costs that are allocated for the project. If an individual's base salary exceeds the legislative salary cap, please adjust fringe accordingly.

Travel: List travel costs according to local and long distance travel. For local travel, the mileage rate, number of miles, reason for travel and staff member/consumers completing the travel should be outlined. The budget should also reflect the travel expenses associated with participating in meetings and other proposed trainings or workshops.

Equipment: List equipment costs and provide justification for the need of the equipment to carry out the program's goals. Extensive justification and a detailed status of current equipment must be provided when requesting funds for the purchase of computers and furniture items that meet the definition of equipment (a unit cost of \$5,000 or more and a

useful life of one or more years). However, consistent with recipient policy, lower limits may be established. The PADDP grant program will consider any durable items with an acquisition amount greater than \$1,000, and life expectancy of at least one year, as meeting this definition. This is to allow for classification of AEDs as equipment under this definition.

List every item of equipment and describe its purpose in relation to the project.

Supplies: List the items that the project will use. In this category, separate office supplies from medical and educational purchases. Office supplies could include paper, pencils, and the like; medical supplies are syringes, blood tubes, plastic gloves, etc., and educational supplies may be pamphlets and educational videotapes. Remember, they must be listed separately.

Contractual: Applicants are responsible for ensuring that their organization or institution has in place an established and adequate procurement system with fully developed written procedures for awarding and monitoring all contracts. Applicants must provide a clear explanation as to the purpose of each contract, how the costs were estimated, and the specific contract deliverables. Reminder: recipients must notify potential subrecipients that entities receiving subawards must be registered in CCR and provide the recipient with their DUNS number.

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

Applicants may include the cost of access accommodations as part of their project's budget, including sign interpreters, plain language and health literate print materials in alternate formats (including Braille, large print, etc.); and cultural/linguistic competence modifications such as use of cultural brokers, translation or interpretation services at meetings, clinical encounters, and conferences, etc.

Indirect Costs: Indirect costs are those costs incurred for common or joint objectives which cannot be readily identified but are necessary to the operations of the organization, e.g., the cost of operating and maintaining facilities, depreciation, and administrative salaries. For institutions subject to OMB Circular A-21, the term "facilities and administration" is used to denote indirect costs. If an organization applying for an assistance award does not have an indirect cost rate, the applicant may wish to obtain one through HHS's Division of Cost Allocation (DCA). Visit DCA's website at: <http://rates.psc.gov/> to learn more about rate agreements, the process for applying for them, and the regional offices which negotiate them.

Per Section 313(d) of the PHS Act, not more than 10% of the award may be used for administrative expenses. This administrative cap includes indirect costs.

v. *Staffing Plan and Personnel Requirements*

Applicants must present a staffing plan and provide a justification for the plan that includes education and experience qualifications and rationale for the amount of time being requested for each staff position. Position descriptions that include the roles, responsibilities, and

qualifications of proposed project staff must be included. If new positions are to be developed for staffing the project, specifically for key personnel of this project, a position description for each must be included in the application. Each position description should be short (one page is suggested) and include only major duties to be performed and the experience required for the person to be hired. The staffing plan and position descriptions should be placed in **Attachment 1**. The pages in **Attachment 1** should be numbered and **will** count against the page limit.

Biographical sketches for any key employed personnel that will be assigned to work on the proposed project must be included in **Attachment 2**. When applicable, biographical sketches should include training, language fluency and experience working with the cultural and linguistically diverse populations that are served by their programs. (The Project Director must be employed by or under contract to either the grantee organization or a rural organization that is a member of the partnership). **If the Project Director is under contract to the applicant organization, the terms of the contract must be included.** Biographical sketches, which are short overviews of past education and experience that suggest the qualifications necessary to perform assigned works, of all key personnel should be included. Resumes may be used for key staff that will be involved in the implementation of the project. This includes KEY staff of the consortium members, staff of the grantee organization and staff to be hired that have a key role in the day-to-day management of the program. Information on the staff of the consortium members should only be included for the staff that will have a major role in the implementation and success of the project. Resumes should be brief, one or two pages are preferred, and should be placed in **Attachment 2**. The pages in **Attachment 2** should be numbered and **will** count against the 45 page limit.

For page limit assistance, do not include information on publications that the staff person developed or employment that is not directly related to the grant proposal.

vi. Assurances

Complete Application Form SF-424B Assurances – Non-Construction Programs provided with the application package.

vii. Certifications

Use the Certifications and Disclosure of Lobbying Activities Application Form provided with the application package.

viii. Project Abstract

Provide a summary of the application. Because the abstract is often distributed to provide information to the public and Congress, please prepare this so that it is clear, accurate, concise, and without reference to other parts of the application. It must include a brief description of the proposed service area, demographic information of the target population, proposed approach to maximize public access, anticipated number of clients served, anticipated number of AEDs placed and placement area, anticipated training and who will be trained, and method for collecting data

Please place the following at the top of the abstract:

- Project Title
- Applicant Organization Name
- Address

- Project Director Name
- Contact Phone Numbers (Voice, Fax)
- E-Mail Address
- Web Site Address, if applicable

The project abstract must be single-spaced and limited to one page in length.

ix. *Project Narrative*

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

Use the following section headers for the Narrative:

- ***INTRODUCTION***
This section should describe briefly the purpose of the proposed project and outline the needs of the target population.
- ***NEEDS ASSESSMENT***
The target population’s unmet health needs must be described and documented in this section. Applicants should describe the general population, especially the target population of the community that will be served by the project. Information regarding local and State EMS response times, especially those for cardiac arrest and/or heart attack, should be included, if available. If there are no existing records of response time, a plan on how these times will be obtained should be included. Applicants should indicate what tools were used to identify the special needs of the community. Tools could include needs assessments, town meetings, health screenings, health fairs, questionnaires, etc. Local data, which is particularly important if available, should be used to document the unmet needs in the target population. This data should be compared to State and national data.
- ***METHODOLOGY***
Please provide an overview on how the proposed project will be developed, implemented, and assessed. Please provide an overview of the innovative nature of the proposed project. This section should include information on how many AEDs are proposed to be purchased, their placement locations, and training programs. Applicants should describe how the State EMS office will be notified of AED placement locations and public relations efforts to inform the community of the project. Applicants should clearly describe what proposed activities will take place to show that program objectives have been met and what changes in the community are attributable to this program. General information on training activities should include a target number of how many are proposed to be trained, the type of national training program to be used, who will provide the training, and how many sessions will be offered.

When considering placement locations, special care should be taken to ensure that such locations are where the probability of sudden cardiac arrest is high given a corresponding high concentration of persons and/or bystander intervention is likely. In addition, consider those locations where access to patients may be difficult where innovative AED placement would result in more rapid cardioversion.

Applicants should describe issues regarding liability and ownership relating to the placed AEDs and how these issues may be resolved. Applicants should discuss if liability remains with them as the potential applicant of record. If liability is transferred to the locality where the AED is placed, then such distinction should be included and documented in **Attachment 5**.

Applicants should describe how the project will be integrated into the existing EMS response system and with current defibrillation programs (i.e., Rural Access to Emergency Devices Grant Program and other non-Federal programs). Applicants should describe how the project will be implemented, placing emphasis on emergency dispatch utilizing 9-1-1 pre-arrival instructions, EMS response, medical direction, and quality improvement.

Applicants should explain how the project is expected to benefit the target population and community. Applicants should discuss the plans and methods for how the project results, educational activities, and location of the AEDs will be disseminated to the public. Applicants should discuss how the public will be trained in the use of these devices.

It is expected that receiving a grant award via this program will result in a sustainable project after the initial Federal funding period. Applicants should identify strategies for project sustainability. Applicants should discuss how the project may be replicated in other communities via dissemination of project results and how the results may be national in scope.

- **WORK PLAN**

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

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

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

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

Responsible agents are persons or organizations that are responsible for completing activities. Completion dates are deadlines by which goals, objectives, and activities are to

be completed by responsible agents. Outcomes and/or process measures are used to determine whether a goal, an objective, or an activity has been achieved. Using these measures, the applicant should identify a process for periodic feedback and program modification as necessary.

- *RESOLUTION OF CHALLENGES*

Applicants should describe any barriers such as access to care or providers. Applicants should describe financial or language barriers. Applicants should describe any geographical isolation or related access to care issues to the proposed AED placement plan. For urban areas, the reverse of geographical isolation will apply when considering traffic and congestion that pose significant delays when accessing timely emergency care. There may be important physical features to the landscape that are important factors as well.

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY*

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

Applicants should develop benchmarks for the number of AEDs places, the number of persons trained on the use of AEDs, and the number of operational uses (with the status of the patients after defibrillation). Applicants should describe the data collection system that will be used to analyze the use of AEDs and evaluate the project's overall effectiveness. Applicants should describe how the system will be used to make improvements to the project. Applicants should describe how the average time interval from finding patients in distress to use of AEDs will be provided. Applicants should also demonstrate how the data collection activities will be integrated with the State EMS data collection system (to enable monitoring of the project beyond the grant period) and reference specific data reporting elements that may potentially be integrated into national datasets.

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

- *ORGANIZATIONAL INFORMATION*

Provide information on the applicant agency's current mission and structure, scope of

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

The proposal should also include a description on the partnership, whether multi-State, State-wide, regional, etc., in this section. Applicants should relate how the structure of the partnership was developed. A listing of the various organizations and the tasks each is responsible for should be clearly delineated. Issues of governance and decision making should be spelled out. Applicants should also describe potential problems (partner disagreements, personnel actions, expenditure activities) that are likely to be encountered in designing and implementing the activities described in the work plan. Approaches that will be used to resolve identified challenges should be included.

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

If the applicant is using partners, all partners must have a realistic reason for being included in the project. Applicants should identify the type of support each partner will provided to the project. Applicants are encouraged to carefully consider selection of partners to ensure the success of common project goals

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

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

Management Criteria

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

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

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

Attachment 1: Staffing Plan and Position Descriptions for Key Personnel

Provide a staffing plan explaining the staffing requirements necessary to complete the project, the qualification levels for the project staff, and rationale for the amount of time that is requested for each staff position. Provide the job descriptions for key personnel listed in the application that describes the specific roles, responsibilities, and qualifications for each proposed project position. Keep each to one page if possible. For the purposes of this grant application, Key Personnel is defined as persons funded by this grant or persons conducting activities central to this grant program. This will count against the 45 page limit.

Attachment 2: Biographical Sketches of Key Personnel

Include biographical sketches for persons occupying the key positions described in Attachment 3, not to exceed two pages in length. In the event that a biographical sketch is included for an identified individual who is not yet hired, please include a letter of commitment from that person with the biographical sketch. This will count against the 45 page limit.

Attachment 3: Organizational Charts and Consortium Member List

Submit a one-page organizational chart of the applicant's agency, department or organization and a one-page consortium organizational chart. The charts should depict the organizational structure of the project, including subcontractors and other significant collaborators. Also, include a list of the consortium member organizations including: organization name, complete address, contact person, phone and fax numbers, and e-mail address. The organizational charts and consortium member information list should be numbered as part of the application and will count against the 45 page limit.

Attachment 4: Partnership Memorandum of Agreement/Understanding:

Provide a Memorandum of Agreement or Memorandum of Understanding (MOA/MOU) signed by all network members that reflects the mutual commitment of the network partners. Additional evidence, such as by-laws and letters of incorporation may also be included. This will count against the 45 page limit.

Attachment 5: State's Liability and Ownership Issues/Good Samaritan Law

Include any liability issues that may be associated with the placement of AEDs. This will count against the 45 page limit.

3. Submission Dates and Times

Application Due Date

The due date for applications under this funding opportunity announcement is *March 19, 2012 at 8:00 P.M. ET*. Applications completed online are considered formally submitted when the application has been successfully transmitted electronically by your organization's Authorized Organization Representative (AOR) through Grants.gov and has been validated by Grants.gov on or before the deadline date and time.

Receipt acknowledgement: Upon receipt of an application, Grants.gov will send a series of email messages advising you of the progress of your application through the system. The first will confirm receipt in the system; the second will indicate whether the application has been successfully validated or has been rejected due to errors; the third will be sent when the application has been successfully downloaded at HRSA; and the fourth will notify the applicant of the Agency Tracking Number assigned to the application.

The Chief Grants Management Officer (CGMO) or designee may authorize an extension of published deadlines when justified by circumstances such as natural disasters (e.g., floods or hurricanes) or other disruptions of services, such as a prolonged blackout. The CGMO or designee will determine the affected geographical area(s).

Late applications:

Applications which do not meet the criteria above are considered late applications and will not be considered in the current competition.

4. Intergovernmental Review

The PADDP is a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100. Executive Order 12372 allows States the option of setting up a system for reviewing applications from within their States for assistance under certain Federal programs. Application packages made available under this guidance will contain a listing of States which have chosen to set up such a review system, and will provide a State Single Point of Contact (SPOC) for the review. Information on states affected by this program and State Points of Contact may also be obtained from the Grants Management Officer listed in the AGENCY Contact(s) section, as well as from the following Web site:
http://www.whitehouse.gov/omb/grants_spoc.

All applicants other than federally recognized Native American Tribal Groups should contact their SPOC as early as possible to alert them to the prospective applications and receive any necessary instructions on the state's process used under this Executive Order.

Letters from the SPOC in response to Executive Order 12372 are due sixty days after the application due date.

5. Funding Restrictions

For FY 2012 the approximate amount of funding available is \$300,000. We anticipate making up to five awards. Individual grant awards are not to exceed \$100,000 per award per year. Applicants may request the necessary funding to complete the proposed project including purchase of needed equipment. Grant funds may not be spent, either directly or through contract, to pay for the purchase, construction, renovation or improvement of facilities or real property.

Applicants responding to this announcement may request funding for a project period of up to 3 years, at no more than \$100,000 per year. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the government.

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

Per Section 313(d) of the PHS Act, not more than 10% of the award may be used for administrative expenses.

Salary Limitation: The Consolidated Appropriations Act, 2012 (P.L. 112-74) enacted December 23, 2011, limits the salary amount that may be awarded and charged to HRSA grants and cooperative agreements. Award funds may not be used to pay the salary of an individual at a rate in excess of Executive Level II. The Executive Level II salary of the Federal Executive Pay scale is \$179,700. This amount reflects an individual's base salary exclusive of fringe and any income that an individual may be permitted to earn outside of the duties to the applicant organization. This salary limitation also applies to subawards/subcontracts under a HRSA grant or cooperative agreement.

Per Division F, Title V, Section 503 of the Consolidated Appropriations Act, 2012 (P.L. 112-74) enacted December 23, 2011 (a) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used, other than for normal and recognized executive-legislative relationships, 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. (b) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, 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. (c) The prohibitions in subsections (a) and (b) shall 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.

Per Division F, Title V, Section 523 of the Consolidated Appropriations Act, 2012 (P.L. 112-74) enacted December 23, 2011, no funds appropriated in this Act shall be used to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug.

6. Other Submission Requirements

As stated in Section IV.1, except in very rare cases HRSA will no longer accept applications in paper form. Applicants submitting for this funding opportunity are **required** to submit

electronically through Grants.gov. To submit an application electronically, please use the APPLY FOR GRANTS section at <http://www.grants.gov>. When using Grants.gov you will be able to download a copy of the application package, complete it off-line, and then upload and submit the application via the Grants.gov site.

It is essential that your organization *immediately register* in Grants.gov and become familiar with the Grants.gov site application process. If you do not complete the registration process, you will be unable to submit an application. The registration process can take up to one month.

To be able to successfully register in Grants.gov, it is necessary that you complete all of the following required actions:

- Obtain an organizational Data Universal Numbering System (DUNS) number
- Register the organization with Central Contractor Registration (CCR)
- Identify the organization's E-Business Point of Contact (E-Biz POC)
- Confirm the organization's CCR "Marketing Partner ID Number (M-PIN)" password
- Register and approve an Authorized Organization Representative (AOR)
- Obtain a username and password from the Grants.gov Credential Provider

Instructions on how to register, tutorials and FAQs are available on the Grants.gov web site at <http://www.grants.gov>. Assistance is also available 24 hours a day, 7 days a week (excluding federal holidays) from the Grants.gov help desk at support@grants.gov or by phone at 1-800-518-4726. Applicants should ensure that all passwords and registration are current well in advance of the deadline.

It is incumbent on applicants to ensure that the AOR is available to submit the application to HRSA by the published due date. HRSA will not accept submission or re-submission of incomplete, rejected, or otherwise delayed applications after the deadline. Therefore, you are urged to submit your application in advance of the deadline. If your application is rejected by Grants.gov due to errors, you must correct the application and resubmit it to Grants.gov before the deadline date and time. Deadline extensions will not be provided to applicants who do not correct errors and resubmit before the posted deadline.

If, for any reason, an application is submitted more than once prior to the application due date, HRSA will only accept the applicant's last validated electronic submission prior to the application due date as the final and only acceptable submission of any competing application submitted to Grants.gov.

Tracking your application: It is incumbent on the applicant to track their application by using the Grants.gov tracking number (GRANTXXXXXXXX) provided in the confirmation email from Grants.gov. More information about tracking your application can be found at <https://apply07.grants.gov/apply/checkApplStatus.faces>. Be sure your application is validated by Grants.gov prior to the application deadline.

V. Application Review Information

1. Review Criteria

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

Review Criteria are used to review and rank applications. The Public Access Defibrillation Demonstration Project has 6 review criteria:

1) Need – 25 Points

Items under this criterion address the Introduction and Needs Assessment sections of the Program Narrative

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

- a) Demonstrates a full understanding of the needs of the target population; the community in general; and details relevant barriers, such as access to emergency care, access to providers, language barriers, financial barriers, geographical barriers, etc., in the target community.
- b) Clearly identifies the number and type of relevant service providers in the service area; demonstrates a thorough understanding of the potential impact of the project on the providers not part of the project; and demonstrates an thorough understanding of the potential adverse effects of the project on the existing EMS structure.
- c) Documents or cites relevant early defibrillation outcomes stated in the literature, complemented by available public health data, and then delineates a clear benefit for area or population to be served.
- d) Clearly establishes and documents the unmet needs as evidenced by:
 - The strength and appropriateness of the tools used to identify the needs of the community (needs assessments, health fairs, questionnaires, etc.).
 - The strength and completeness of local data to document the needs and compares the data to State and national data.
- e) Clearly discusses local and State EMS response times, if available. If data is not available, strength and feasibility of how response times will be obtained.
- f) Clearly identifies whether a formal community level EMS evaluation has been conducted for the service area. If so, applicants should detail how it will impact the proposed project. If one has not been conducted, applicants should detail the process for conducting one and an anticipated completion date.

2) Response - 20 Points

Items under this criterion address the Methodology, Work Plan, and Resolution of Challenges sections of the Program Narrative

- a) The extent to which the proposed project represents innovation in addressing the

- identified needs.
- b) Appropriateness of anticipated outputs and the extent to which the proposed timeframe for the project activities is feasible and realistic.
 - c) The degree of integration with the overall EMS response system and how this project will be integrated with existing defibrillation programs (i.e., Rural Access to Emergency Devices, and other non-Federal programs).
 - d) Strength of the proposed implementation of the program (e.g., PPE, CPR, first responder training and utilization, security, mounting, alerting, access and other support components).
 - e) Strength of the proposed training and appropriateness of those targeted to receive training.
 - f) Strength of the public relations efforts that will be used to enhance community awareness of the proposed project.
 - g) Strength of the proposed plan outlining how the community will sustain the project (e.g., what public and/or private partnerships will be created via this project, the degree to which major employers or occupational sites have been solicited within the proposed service area) and the degree to which public relations and marketing efforts will be used to highlight the project.
 - h) Demonstrates a clear understanding of the cultural and linguistic differences of the target population, and the strength of the proposed plan to resolve these challenges.
 - i) Demonstrates a clear understanding of the barriers to care or providers, and the strength of the proposed plan to overcome these barriers.
 - j) Clearly describes the State, regional and/or community structure of the consortium and identifies the partner organization(s) and/or person(s) responsible for carrying out each project activity and describes potential problems and resolutions. Clearly describes the community structure including resources to manage the project.

3) Evaluative Measures - 20 Points

Items under this criterion address the Evaluation and Technical Support Capacity section of the Program Narrative

- a) Provides a clear and coherent work plan that is aligned with the goals and objectives of the proposed project.
- b) Identifies the anticipated outputs, evidence of measurable progress, the strength of the responsible agent for completing each step, and the reasonableness of the anticipated timeframe for the project activities.
- c) Documents the strength and appropriateness of: a data collection system that will provide data, an analysis of the AED usage, evaluates the overall program effectiveness (e.g., comparison of survival rates before and after implementation of the public access defibrillation demonstration project), and facilitates the identification of any necessary improvements during the project period.
- d) Documents the strength of the process by which benchmark measures will be monitored and tracked throughout the project period on the following: number of AEDs placed; number of persons trained (includes lay public, emergency medical dispatchers, etc.); and number of operational uses with status of patient after defibrillation (e.g., restoration of pulse and respirations, sustained cardiac arrest or asystole) relying upon Utstein reporting criteria, as appropriate, given existing data elements collected within the service area.
- e) Strength of the proposal in discussing how an average time interval from finding the patient in distress to use of AED will be provided.

- f) Strength of the process by which the program's data collection activities will be integrated with a State EMS data-collection system to longitudinally monitor project utility beyond the grant period and references specific data reporting elements to potentially be integrated into national datasets via State EMS Office integration (if applicable).

4) Impact – 10 Points

Items under this criterion address the Work Plan section of the Program Narrative

- a) Extent and potential effectiveness of proposed plans for dissemination of project results as evidenced by a thorough demonstration of how such results may be national in scope and the degree to which the project activities are replicable in other communities.
- b) Identifies logical and achievable strategies for project sustainability beyond the Federal funding period.

5) Organizational Resources and Capabilities – 15 Points

Items under this criterion address the Evaluation and Technical Support Capacity and Organizational Information sections of the Program Narrative

The resources and capabilities of the applicants are directly related to how successful they are in meeting, and possibly exceeding, program expectations.

- a) The strength of the applicant as evidenced by the history of successfully managing similar programs, particularly in collaborative endeavors.
- b) The success of previous efforts to acquire and deploy AEDs
- c) Clearly demonstrates an ability to manage the consortium, administer grant funds, and deliver the services proposed for the project.
- d) The capability of the applicant to deliver services and otherwise meet the needs of the project.
- e) The appropriateness of the paid staff that will be available at the time of award and their capability to initiate the activities described in the project narrative.
- f) The strength of the consortium as evidenced by the project management strategies. Clearly defined lines of authority from the applicant that receives the Federal funding to all partners. Clearly outlined process reinforcing accountability to program objectives among such partners.
- g) A clearly defined organizational chart for the applicant organization and all relevant partners, with a listing of all members including full address, phone/fax numbers and key contact person.

6) Support Requested – 10 Points

Items under this criterion address the Organization Information section of the Program Narrative

- a) The budget justification logically documents how and why each line item request supports the goals and activities of the proposed grant-funded activities over the length of the 3-year project period.
- b) The degree to which the estimated cost to the government of proposed grant-funded activities appear reasonable.

2. Review and Selection Process

The Division of Independent Review is responsible for managing objective reviews within HRSA. Applications competing for federal funds receive an objective and independent review performed by a committee of experts qualified by training and experience in particular fields or disciplines related to the program being reviewed. In selecting review committee members, other factors in addition to training and experience may be considered to improve the balance of the committee, e.g., geographic distribution. Each reviewer is screened to avoid conflicts of interest and is responsible for providing an objective, unbiased evaluation based on the review criteria noted above. The committee provides expert advice on the merits of each application to program officials responsible for final selections for award.

Applications that pass the initial HRSA eligibility screening will be reviewed and rated by a panel based on the program elements and review criteria presented in relevant sections of this funding opportunity announcement. The review criteria are designed to enable the review panel to assess the quality of a proposed project and determine the likelihood of its success. The criteria are closely related to each other and are considered as a whole in judging the overall quality of an application.

3. Anticipated Announcement and Award Dates

It is anticipated that awards will be announced prior to the start date of September 1, 2012.

VI. Award Administration Information

1. Award Notices

Each applicant will receive written notification of the outcome of the objective review process, including a summary of the expert committee's assessment of the application's strengths and weaknesses, and whether the application was selected for funding. Applicants who are selected for funding may be required to respond in a satisfactory manner to Conditions placed on their application before funding can proceed. Letters of notification do not provide authorization to begin performance.

The Notice of Award sets forth the amount of funds granted, the terms and conditions of the award, the effective date of the award, the budget period for which initial support will be given, the non-federal share to be provided (if applicable), and the total project period for which support is contemplated. Signed by the Grants Management Officer, it is sent to the applicant's Authorized Organization Representative, and reflects the only authorizing document. It will be sent prior to the start date of September 1, 2012.

2. Administrative and National Policy Requirements

Successful applicants must comply with the administrative requirements outlined in 45 CFR Part 74 [Uniform Administrative Requirements for Awards and Subawards to Institutions of Higher Education, Hospitals, Other Nonprofit Organizations, and Commercial Organizations](#) or 45 CFR Part 92 [Uniform Administrative Requirements For Grants And Cooperative Agreements to State, Local, and Tribal Governments](#), as appropriate.

HRSA grant and cooperative agreement awards are subject to the requirements of the HHS Grants Policy Statement (HHS GPS) that are applicable based on recipient type and purpose of award. This includes, as applicable, any requirements in Parts I and II of the HHS GPS that apply to the award. The HHS GPS is available at <http://www.hrsa.gov/grants/>. The general terms and conditions in the HHS GPS will apply as indicated unless there are statutory, regulatory, or award-specific requirements to the contrary (as specified in the Notice of Award).

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.hrsa.gov/grants/trafficking.html>. If you are unable to access this link, please contact the Grants Management Specialist identified in this funding opportunity to obtain a copy of the Term.

Smoke-Free Workplace

The Public Health Service strongly encourages all award recipients to provide a smoke-free workplace and to promote the non-use of all tobacco products. Further, Public Law 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities (or in some cases, any portion of a facility) in which regular or routine education, library, day care, health care or early childhood development services are provided to children.

Cultural and Linguistic Competence

HRSA programs serve culturally and linguistically diverse communities and multiple cultures. Although race and ethnicity are often thought to be dominant elements of culture, HRSA funded programs embrace a broader definition to include language, gender, socio-economic status, sexual orientation and gender identity, physical and mental capacity, age, religion, housing status, and regional differences. Organizational behaviors, practices, attitudes, and policies across all HRSA-supported entities respect and respond to the cultural diversity of communities, clients and students served. HRSA is committed to ensuring access to quality health care for all. Quality care means access to services, information, materials delivered by competent providers in a manner that factors in the language needs, cultural richness, and diversity of populations served. Quality also means that, where appropriate, data collection instruments used should adhere to culturally competent and linguistically appropriate norms. For additional information and guidance, refer to the National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS) published by HHS and available online at <http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15>. Additional cultural competency and health literacy tools, resources and definitions are available online at <http://www.hrsa.gov/culturalcompetence> and <http://www.hrsa.gov/healthliteracy>.

Healthy People 2020

Healthy People 2020 is a national initiative led by HHS that sets priorities for all HRSA programs. The initiative has four overarching goals: (1) attain high-quality, longer lives free of preventable disease, disability, injury, and premature death; (2) achieve health equity, eliminate disparities, and improve the health of all groups; (3) create social and physical environments that promote good health for all; and (4) promote quality of life, healthy development, and healthy behaviors across all life stages. The program consists of over 40 topic areas, containing measurable objectives. HRSA has actively participated in the work groups of all the topic areas

and is committed to the achievement of the Healthy People 2020 goals. More information about Healthy People 2020 may be found online at <http://www.healthypeople.gov/>.

National HIV/AIDS Strategy (NHAS)

The National HIV/AIDS Strategy (NHAS) has three primary goals: 1) reducing the number of people who become infected with HIV, 2) increasing access to care and optimizing health outcomes for people living with HIV, and 3) reducing HIV-related health disparities. The NHAS states that more must be done to ensure that new prevention methods are identified and that prevention resources are more strategically deployed. Further, the NHAS recognizes the importance of early entrance into care for people living with HIV to protect their health and reduce their potential of transmitting the virus to others. HIV disproportionately affects people who have less access to prevention, care and treatment services and, as a result, often have poorer health outcomes. Therefore, the NHAS advocates adopting community-level approaches to identify people who are HIV-positive but do not know their serostatus and reduce stigma and discrimination against people living with HIV.

To the extent possible, program activities should strive to support the three primary goals of the NHAS. As encouraged by the NHAS, programs should seek opportunities to increase collaboration, efficiency, and innovation in the development of program activities to ensure success of the NHAS. Programs providing direct services should comply with federally-approved guidelines for HIV Prevention and Treatment (see <http://www.aidsinfo.nih.gov/Guidelines/Default.aspx> as a reliable source for current guidelines). More information can also be found at <http://www.whitehouse.gov/administration/eop/onap/nhas>.

Health IT

Health information technology (Health IT) provides the basis for improving the overall quality, safety and efficiency of the health delivery system. HRSA endorses the widespread and consistent use of health IT, which is the most promising tool for making health care services more accessible, efficient and cost effective for all Americans.

Related Health IT Resources:

- [Health Information Technology \(HHS\)](#)
- [What is Health Care Quality and Who Decides? \(AHRQ\)](#)

3. Reporting

The successful applicant under this funding opportunity announcement must comply with the following reporting and review activities:

a. Audit Requirements

Comply with audit requirements of Office of Management and Budget (OMB) Circular A-133. Information on the scope, frequency, and other aspects of the audits can be found on the Internet at http://www.whitehouse.gov/omb/circulars_default.

b. Payment Management Requirements

Submit a quarterly electronic Federal Financial Report (FFR) Cash Transaction Report via the Payment Management System. The report identifies cash expenditures against the

authorized funds for the grant or cooperative agreement. The FFR Cash Transaction Reports must be filed within 30 days of the end of each calendar quarter. Failure to submit the report may result in the inability to access award funds. Go to <http://www.dpm.psc.gov> for additional information.

c. **Status Reports**

1) **Federal Financial Report.** The Federal Financial Report (SF-425) is required within 90 days of the end of each budget period. The report is an accounting of expenditures under the project that year. Financial reports must be submitted electronically through EHB. More specific information will be included in the Notice of Award.

2) **Progress Report(s).** The awardee must submit a progress report to HRSA on an annual basis. Further information will be provided in the award notice.

3) **Final Report.** A final report is due within 90 days after the project period ends. The final report collects program-specific goals and progress on strategies; core performance measurement data; impact of the overall project; the degree to which the grantee achieved the mission, goal and strategies outlined in the program; grantee objectives and accomplishments; barriers encountered; and responses to summary questions regarding the grantee's overall experiences over the entire project period. The final report must be submitted on-line by awardees in the Electronic Handbooks system at <https://grants.hrsa.gov/webexternal/home.asp>.

d. **Transparency Act Reporting Requirements**

New awards ("Type 1") issued under this funding opportunity announcement are subject to the reporting requirements of the Federal Funding Accountability and Transparency Act (FFATA) of 2006 (Pub. L. 109-282), as amended by section 6202 of Public Law 110-252, and implemented by 2 CFR Part 170. Grant and cooperative agreement recipients must report information for each first-tier subaward of \$25,000 or more in federal funds and executive total compensation for the recipient's and subrecipient's five most highly compensated executives as outlined in Appendix A to 2 CFR Part 170 (FFATA details are available online at <http://www.hrsa.gov/grants/ffata.html>).

Competing continuation awardees, etc. may be subject to this requirement and will be so notified in the Notice of Award.

VII. Agency Contacts

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

Carolyn J. Cobb
Grants Management Specialist
HRSA Division of Grants Management Operations, OFAM
Parklawn Building, Room 11 A-02
5600 Fishers Lane
Rockville, MD 20857
Telephone: 301-443-0829
Fax: 301-443-6343

Email: ccobb2@hrsa.gov

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

Michele Gibson, M.H.S.
Public Health Analyst
PADDP Program Coordinator
Office of Rural Health Policy, HRSA
Parklawn Building, Room 9A-55
5600 Fishers Lane
Rockville, MD 20857
Telephone: 301-443-7320
Fax: 301-443-2803
mpray@hrsa.gov

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

Grants.gov Contact Center
Telephone: 1-800-518-4726
E-mail: support@grants.gov
iPortal: <http://grants.gov/iportal>

VIII. Other Information

HELPFUL WEB SITES:

- **Single Point of Contact (SPOC) List** - http://www.whitehouse.gov/omb/grants_spoc
- **Office of Rural Health Policy Homepage** - <http://ruralhealth.hrsa.gov>
- **Rural Assistance Center (RAC)** - <http://www.raonline.org>
- **National Association of State EMS Officials** - <http://www.nasemso.org>

IX. Tips for Writing a Strong Application

A concise resource offering tips for writing proposals for HHS grants and cooperative agreements can be accessed online at:

<http://www.hhs.gov/asrt/og/grantinformation/apptips.html>.