FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2017

Application Due Date:  March 10, 2017

MODIFIED on January 25, 2017:
Clarifies that current EMSC PECARN award recipients will not be considered for funding under this announcement.

Ensure SAM.gov and Grants.gov registrations and passwords are current immediately!
Deadline extensions are not granted for lack of registration.
Registration in all systems, including SAM.gov and Grants.gov, may take up to one month to complete.

Issuance Date:  January 9, 2017

Theresa Morrison-Quinata
Chief, Emergency Medical Services for Children Branch
E-mail:  TMorrison-Quinata@hrsa.gov
Telephone:  (301) 443-1527

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

The U.S. Department of Health and Human Services (DHHS), Health Resources and Services Administration (HRSA) is accepting applications for a cooperative agreement demonstration project for an Emergency Medical Services for Children (EMSC) Data Center. The purpose of the EMSC Data Center cooperative agreement is to demonstrate the value of quality improvement strategies to support sustainability and integration of pediatric elements into state operations, as well as EMS and hospital based research along the continuum of acute emergency care.

The EMSC Data Center will serve two (2) major functions: 1) support states in the collection, analysis, and utilization of data for EMSC performance measures, as well as provide analytical support to award recipients and national stakeholders to advance the delivery of quality pediatric emergency care; and 2) serve as an independent Data Coordinating Center for the Pediatric Emergency Care Applied Research Network (PECARN), a HRSA award recipient research network funded through a separate award to conduct rigorous, high priority research studies.

<table>
<thead>
<tr>
<th>Funding Opportunity Title:</th>
<th>Emergency Medical Services for Children Data Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funding Opportunity Number:</td>
<td>HRSA-17-092</td>
</tr>
<tr>
<td>Due Date for Applications:</td>
<td>March 10, 2017</td>
</tr>
<tr>
<td>Anticipated Total Annual Available Funding:</td>
<td>$3,000,000</td>
</tr>
<tr>
<td>Estimated Number and Type of Award(s):</td>
<td>Up to one (1) cooperative agreement</td>
</tr>
<tr>
<td>Estimated Award Amount:</td>
<td>Up to $3,000,000 per year</td>
</tr>
<tr>
<td>Cost Sharing/Match Required:</td>
<td>No</td>
</tr>
<tr>
<td>Project Period:</td>
<td>July 1, 2017 through June 30, 2021 (4 years)</td>
</tr>
</tbody>
</table>

Eligible Applicants:
State governments and accredited schools of medicine, except current EMSC award recipients with more than two EMSC grant awards. Per legislation, only three EMSC grant awards per state may be awarded to each state during any fiscal year. [See Section III-1 of this funding opportunity announcement (FOA) for complete eligibility information.]

Application Guide
Technical Assistance

The DHHS, HRSA, MCHB, Division of Child, Adolescent, and Family Health (DCAFH), Emergency Medical Services for Children Program invites all potential applicants to a Technical Assistance webinar on Wednesday, January 25, 2017, from 2:00 PM to 3:00 PM Eastern Time (ET).

The webinar will be hosted at https://hrsa.connectsolutions.com/emsc-datacenter-hrsa-17-092/. You will also need to dial in for audio at 877-718-9201 and enter the passcode 97107775#.
Table of Contents

I. PROGRAM FUNDING OPPORTUNITY DESCRIPTION ............................................... 1
   1. PURPOSE ........................................................................................................... 1
   2. BACKGROUND .................................................................................................. 5

II. AWARD INFORMATION ......................................................................................... 12
   1. TYPE OF APPLICATION AND AWARD .......................................................... 12
   2. SUMMARY OF FUNDING .............................................................................. 14

III. ELIGIBILITY INFORMATION ................................................................................ 15
   1. ELIGIBLE APPLICANTS ............................................................................... 15
   2. COST SHARING/MATCHING ...................................................................... 15
   3. OTHER ........................................................................................................... 15

IV. APPLICATION AND SUBMISSION INFORMATION ............................................. 16
   1. ADDRESS TO REQUEST APPLICATION PACKAGE ....................................... 16
   2. CONTENT AND FORM OF APPLICATION SUBMISSION ............................... 16
      i. Project Abstract ......................................................................................... 17
      ii. Project Narrative .................................................................................... 17
      iii. Budget ................................................................................................... 20
      iv. Budget Narrative .................................................................................... 20
      v. Program-Specific Forms ........................................................................ 23
      vi. Attachments ........................................................................................... 23
   3. DUN AND BRADSTREET DATA UNIVERSAL NUMBERING SYSTEM (DUNS) NUMBER AND SYSTEM FOR AWARD MANAGEMENT ......................................................... 24
   4. SUBMISSION DATES AND TIMES ................................................................. 25
   5. INTERGOVERNMENTAL REVIEW ................................................................... 25
   6. FUNDING RESTRICTIONS ............................................................................ 25

V. APPLICATION REVIEW INFORMATION .............................................................. 26
   1. REVIEW CRITERIA ......................................................................................... 26
   2. REVIEW AND SELECTION PROCESS ........................................................ 30
   3. ASSESSMENT OF RISK AND OTHER PRE-AWARD ACTIVITIES .................. 30
   4. ANTICIPATED ANNOUNCEMENT AND AWARD DATES ............................. 31

VI. AWARD ADMINISTRATION INFORMATION ..................................................... 31
   1. AWARD NOTICES ........................................................................................ 31
   2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS .................. 31
   3. REPORTING .................................................................................................. 31

VII. AGENCY CONTACTS ......................................................................................... 34

VIII. OTHER INFORMATION ................................................................................... 35

IX. TIPS FOR WRITING A STRONG APPLICATION .............................................. 35

APPENDIX .............................................................................................................. 1
I. Program Funding Opportunity Description

1. Purpose

This announcement solicits applications for a cooperative agreement demonstration project with respect to an Emergency Medical Services for Children (EMSC) Data Center to demonstrate the value of quality improvement strategies to support sustainability and integration of pediatric elements into state operations, as well as EMS and hospital based research along the continuum of acute emergency care. The EMSC Data Center will support two major functions:

**Function 1:** Serve as the National EMSC Data Analysis Resource Center (NEDARC) to support the states in the collection, analysis, and utilization of data for EMSC State Partnership performance measures, as well as provide analytical support to award recipients and national stakeholders to enhance and improve the delivery of quality pediatric emergency care.

**Function 2:** Serve as the independent Data Coordinating Center (DCC) for the HRSA award recipient research network -- the Pediatric Emergency Care Applied Research Network (PECARN) – funded through a separate award to conduct rigorous, high priority research studies.

In 2006, the Committee on the Future of Emergency Care in the United States Health System recommended building accountability into the system through identification of evidence-based indicators of emergency and trauma care system performance, including pediatric emergency care (Institute of Medicine (IOM) report, *Future of Emergency Care, Emergency Care for Children: Growing Pains*, 2006). Each of the two major functions of the EMSC Data Center follows the recommendations of the Committee on the Future of Emergency Care and will support the infrastructure needed to assess, analyze, and monitor system improvements using performance data to drive the needed changes to enhance and improve the delivery of emergency care services.

The EMSC Data Center will support the following goals for the improvement of emergency medical and trauma health care systems:

- Advance EMSC research and the development of evidence-based pediatric emergency care protocols;
- Improve EMS systems of care (e.g., systems are prepared to treat, transport, transfer, and medically care for children of all ages);
- Improve patient care for children receiving emergency services; and
- Promote access to universal, system-wide data to assess emergency care systems, processes, and outcomes across all states.
Program Objectives
The objectives of the EMSC Data Center for the next 4 years with their corresponding targets are as follows:

- By 2018, 70 percent of approved DCC-PECARN study protocols receive external grant funding.
- By 2018, 60 percent of EMSC State Partnership (SP) award recipients achieve an 80 percent response rate in the collection of performance measure (PM) data.
- By 2019, 100 percent of the states are using the national pediatric readiness portal to reassess for continuous Quality Improvement (QI).
- By 2019, 100 percent of the EMSC State Partnership award recipients disseminate PECARN study results to their advisory committees, state hospital, pre-hospital networks, and other stakeholders.
- By 2019, 100 percent of EMSC State Partnership, State Partnership Regionalization of Care (SPROC), and PECARN award recipients receive technical support from the EMSC Data Center.
- By 2020, 75 percent of EMSC SP award recipients develop and disseminate training and educational tools to promote EMSC Program performance measurement data results.
- By 2021, 100 percent of EMSC SP award recipients develop and disseminate training and educational tools to promote performance measure data results.
- By 2021, five abstracts and five manuscripts are submitted for publication which advance the EMSC Program and its initiatives and correspond to each of the EMSC Data Center’s major functions (DCC and NEDARC).
- By 2021, increase post-knowledge scores as compared to pre-test scores among award recipients.

Program Requirements
The purpose of the EMSC Data Center cooperative agreement is to demonstrate the value of quality improvement strategies to support sustainability and integration of pediatric elements into state operations, as well as EMS and hospital based research along the continuum of acute emergency care. To support this purpose, the EMSC Data Center will serve two (2) major functions:

Function 1: Support for states as the National EMSC Data Analysis Resource Center (NEDARC)
Under Function 1, the EMSC Data Center cooperative agreement recipient must support states in data system development. This must include providing data-related technical assistance to state EMSC award recipients; statistical and data management technical assistance to state EMSC Researchers; and data collection related to EMSC Program performance measures to assist SP award recipients. NEDARC must coordinate and

---

1 Hereinafter states refers to the United States (U.S), U.S. Territories and the Freely Associated States (FAS).
integrate activities with the EMSC Innovation and Improvement Center (EIIC), the EMSC Technical Assistance contractor, and the federal EMSC Program staff. Specific Objectives for Function 1 are detailed below.

Support States in Data System Development:
- Support states in developing their capacity and infrastructure to collect, analyze, and utilize data to enhance and improve pediatric emergency care.
- Assist states in linking state performance data with other national data sets focused on emergency medical services in the pre-hospital and hospital setting.
- Provide appropriate and capable leadership and expertise including knowledge of data collection and integration that relates to EMS with a special focus on children.

Provide Data-related Technical Assistance to EMSC State Partnership Award Recipients:
- Provide technical support to ensure that sufficient tools and technical assistance are available for the states to successfully assess EMSC Program Performance Measures (PMs) which are used to assess the ongoing quality of pediatric emergency care that is being provided in the pre-hospital and hospital setting. Periodic assessments by states guide the direction of EMSC.
- Support learning communities among states to assist them in achieving EMSC performance measures through facilitated workshops, expert panels, and networking opportunities.

Provide Statistical and Data Management Technical Assistance to EMSC Researchers:
- Provide technical assistance in protocol development to EMSC Researchers.
- Provide data management and statistical expertise ad hoc to Targeted Issues award recipients.

Integrate Activities with the Overall Goals of the EMSC Program:
- Collaborate with the EMSC Innovation and Improvement Center (EIIC) to assist states in establishing the permanence of EMSC in their respective jurisdictions.
- Collaborate with the EIIC on strategic level planning for the EMSC program and to support the development of tools that may be reliant on data support as activities and projects evolve to support HRSA EMSC and all EMSC award recipients.
- Assist the HRSA EMSC program in the development of program PM. The EMSC Data Center also plays a vital role in modifying and developing new measures that address care delivery gaps. The EMSC Data Center must continue with the development and where needed, modifications to the EMS-based PM, as well as the accompanying guidance manual developed for EMSC program managers.
- Schedule monthly updates with the EIIC to review ongoing projects.
- Participate in the strategic engagement of the EMSC stakeholder group.
• Participate in the planning and content for EMSC award recipient meetings.
• Disseminate results from State Partnership performance measure assessment in the form of peer-reviewed articles for the field and general publications for the public.

Function 2: Support for PECARN as the Data Coordinating Center (DCC)
Under Function 2, the EMSC Data Center cooperative agreement recipient must support the PECARN cooperative agreements to conduct multi-center clinical studies and provide information to assist HRSA in ensuring the efficiency and productivity of the network. The EMSC Data Center cooperative agreement recipient must serve as a central resource for network data including data collection and management, quality assurance, statistical analysis, and coordination of selected PECARN activities.

Provide Coordination for Study Design, Implementation and Data Analysis for PECARN studies:
• Assist PECARN to conduct multi-center clinical studies by assisting in the design and implementation of studies approved by the PECARN Steering or Executive Committee.
• Provide research support activities in designing data collection modules, operational and procedural manuals, quality control systems, and an electronic mail/communications system for research nodes and their respective Hospital Emergency Department Affiliates (HEDA).
• Assist in the development of the study materials, including protocols, study manuals and forms, and provide site monitoring for studies.
• Serve as a central repository for PECARN generated data.
• Serve as a central resource for network data including data collection and management, quality assurance, statistical analysis, and coordination of selected PECARN activities.
• Ensure the integrity of studies conducted by PECARN and ensure the validity of the study results.
• Provide statistical analysis of data for primary studies (which may include secondary analyses) approved by the PECARN Steering or Executive Committee.
• Utilize electronic technology to design and produce data collection systems that are conducive to the efficient functioning of PECARN.
• Provide appropriate and capable leadership and expertise in biostatistics, developmental study design, data management, data analysis, clinical data review, and project management, including, but not limited to, staff and site training and quality assurance procedures.

Assist with Dissemination of PECARN Studies:
• Assist in preparing abstracts for presentation at scientific meetings.
• Assist in preparing manuscripts for publication.
• Create and execute public use datasets as directed.

Coordinate Regulatory and Clinical Coordination Functions:
• Coordinate and support for Data Safety Monitoring Boards (DSMB).
• Ensure network-wide compliance with human subject regulations.
• Facilitate communication between DCC staff and other components of PECARN, including MCHB, DSMB, and PECARN Research Node Centers (RNCs) and their respective HEDAs.
• Provide an operational structure capable of coordinating DCC functions for several protocols simultaneously.
• Provide support and guidance for the regulatory functions and requirements associated with the study protocols, procedures, and Institutional Review Board (IRB) approval process.
• Organize and conduct multi-site monitoring activities in conjunction with MCHB project officer or designee.
• Revise and maintain network policies and procedures that support the network’s mission and comply with federal rules and regulations in conjunction with the PECARN Nodal Principal Investigators and MCHB project officer or designee.
• Provide training for RNCs and their respective HEDAs, as needed for standardization of PECARN study protocols across sites.
• Participate as a voting member of the PECARN Executive Committee and PECARN Steering Committee.
• Provide MCHB and PECARN information on the efficiency and productivity of the network that includes metrics regarding concept development, grant submission, study implementation, and related manuscript publications.

2. Background

The Emergency Medical Services for Children Program is authorized by the Public Health Service Act, Title XIX, § 1910, as amended (42 U.S.C. 300w-9). The EMSC Program was established in 1984 in response to a growing recognition that children have unique needs in emergency situations -- needs that often vary from those of adults due to physiological, developmental and psychological differences.

The Program is administered by the U.S. Department of Health and Human Services, Health Resources and Services Administration’s Maternal and Child Health Bureau, within the Division of Child, Adolescent, and Family Health (DCAFH), and is funded at approximately $21 million per year. The EMSC Program is designed to reduce child and youth mortality and morbidity resulting from severe illness or trauma. The EMSC Program does not intend to promote the development of separate EMS systems for children, rather to enhance the pediatric capabilities of EMS systems originally designed primarily for adults. “EMS for Children” broadly means a continuum of care that includes the following components: prevention, pre-hospital care, hospital-based emergency care, and rehabilitation and re-entry of the child from the emergency care environment into the community. The EMSC Program aims to ensure that:

a) State-of-the-art emergency medical care for the ill or injured child and adolescent is available when needed;
b) Pediatric services are well integrated into the existing state emergency medical service (EMS) system and backed by optimal resources; and
c) The entire spectrum of emergency services, including primary prevention of illness and injury, acute care, rehabilitation, is provided to children and adolescents at the same level as adults.

EMSC Program Domains

The EMSC Program allocates funds through competitive grants and cooperative agreements to state governments and accredited schools of medicine. These investments are categorized into six domains shown in the table below:

<table>
<thead>
<tr>
<th>EMSC Domains</th>
<th>Programs</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infrastructure</td>
<td>State Partnership (SP) awards</td>
<td>Ensure pediatric emergency care is integrated into the larger emergency medical services system. EMSC SP recipients are required to collect and report data on EMSC performance measures. ²</td>
</tr>
<tr>
<td>Innovation</td>
<td>Targeted Issues (TI) awards</td>
<td>Support innovative crosscutting pediatric emergency care projects of national significance. ³</td>
</tr>
<tr>
<td>Evidence Generation</td>
<td>PECARN awards</td>
<td>Support the infrastructure to conduct rigorous multi-institutional studies in the management of acute illness/injury in children across the continuum of EMS. PECARN includes nine EMS affiliates to implement pediatric pre-hospital emergency care research in addition to the existing 18 Emergency Departments. ⁴</td>
</tr>
<tr>
<td>Systems Integration</td>
<td>State Partnership Regionalization of Care (SPROC) awards</td>
<td>Support collaborations/partnerships across state borders to improve the quality and access to specialized pediatric medical services available to families and children in U.S. territorial, rural and American Indian/Alaska Native communities. Recipients work in partnership with local EMSC grant programs, as well as EMSC award recipients within the defined network area. ⁵</td>
</tr>
</tbody>
</table>


³ Information about the current Targeted Issues awardees is available at: https://emscimprovement.center/media/emsc/files/pdf/research/Targeted_Issue_Grants_FY20132125.pdf?la=en

⁴ Information about PECARN is available at: http://www.pecarn.org/

⁵ Information about the current SPROC awardees is available at: https://emscimprovement.center/media/emsc/files/pdf/emsc_resources/2016-SPROC-Grant-Recipients.pdf
Quality Improvement | EMSC Innovation and Improvement Center (EIIC) | Support accelerating improvements in quality of care and outcomes for children who are in need of urgent or emergency care through ensuring routine, integrated coordination of quality improvement activities between key stakeholder organizations and their champions. The EIIC guides states to integrate pediatric best practices into policy and make system changes where needed utilizing QI and innovative strategies to advance pre-hospital and hospital-based pediatric emergency care systems and promote the attainment of the EMSC program performance measures.  

Accountability | EMSC Data Center | Purpose and function as outlined in this FOA

National EMSC Projects Underway

National Pediatric Readiness Assessment
The National Pediatric Readiness Project is a multi-phase quality improvement initiative to ensure that all U.S. emergency departments have the essential guidelines and resources in place to provide effective emergency care to children. This is a quality improvement partnership between the American Academy of Pediatrics (AAP), the American College of Emergency Physicians (ACEP), the Emergency Nurses Association (ENA), and the federal EMSC Program. In 2013, more than 4,100 emergency departments responded to the National Pediatric Readiness Assessment. More information on the project may be found at: [https://emscimprovement.center/projects/pediatricreadiness/](https://emscimprovement.center/projects/pediatricreadiness/).

Pediatric Medical Recognition Quality Improvement Collaborative
Since 2006, the EMSC Program has implemented standardized performance measurements (PMs) by which the EMSC Program could ensure an ongoing, systematic process for tracking progress towards meeting the goals of the EMSC Program. The EMSC PMs ensure continuous monitoring of the effectiveness of key EMSC Program activities; identify potential areas of performance improvement; help to determine the extent to which recipients are meeting established targets and standards; and demonstrate the effectiveness of the EMSC Program.

In 2015, HRSA selected one of the 10 EMSC PMs for an EMSC Quality Improvement (QI) initiative (also referred to as Collaborative Improvement & Innovation Network (CoIIN)) to support states in their effort to reach the EMSC Program target by 2017. The PM selected is: *the percent of hospitals recognized through a statewide, territorial,*

---

6 EMSC Innovation and Improvement Center. Retrieved from [https://emscimprovement.center/about/](https://emscimprovement.center/about/)
or regional standardized system capable of stabilizing and managing pediatric medical emergencies. The target for this performance measure is that 25 percent of hospitals will be recognized as part of the standardized system by 2017. At present, 14 states are engaged in the CoIIN. From start-up to formation of the CoIIN, the project will run for 18 months. Target for completion of this QI Collaborative is December 2017.8

**Development of an EMSC Strategic Plan and EMSC Roadmap**

Beginning in 2016, the EMSC Program will be leading the development of an EMSC Strategic Plan and an EMSC Roadmap focused on reducing morbidity and mortality for children in emergency settings across the continuum. During the process of development, the EMSC Program will engage national organizations and federal partners to establish key priorities that will advance its vision, taking into consideration the trends and forces in the emergency medical services environment; review existing and potential stakeholders and assess their assets and priorities against the Program vision and strategies; and identify factors needed to execute a shared vision and priorities (i.e., the components of an operating model, which include knowledge management processes, communication strategies, stakeholder roles/responsibilities, and shared process and outcome performance measures etc.).

**Additional Background on the Pediatric Emergency Care Applied Research Network (PECARN) for Function 2**

The following information provides the background necessary to understand the conceptual framework of PECARN and the integration of individual awardees into the PECARN.

The purpose of the PECARN is to demonstrate the value of a research network infrastructure to conduct investigations on the efficacy of treatments, transport, and care responses in pediatric emergency care. This infrastructure helps to overcome difficulties in assessing efficacy and quality of care that derive from the relatively small incidence rates of pediatric emergency events. It is a means to conduct observational and interventional studies on a variety of issues related to EMSC, including processes involved in transferring research results to treatment settings. PECARN award recipients include six research nodes, each with three hospital emergency department affiliates (HEDA) and one pre-hospital EMS affiliate. Together, these entities design and conduct studies on a variety of issues related to emergency medical care and services for children.

---

Four interrelated factors contribute to the importance and need for PECARN:

1) Incidence rates of pediatric emergency events are relatively small, requiring pooling of sites and treatment experiences to conduct research;
2) Large numbers of children are required to attain diverse and representative study samples;
3) Lack of and need for an infrastructure to test the efficacy of treatments and of the transport and care responses that precede the arrival of children to hospital Emergency Departments (EDs); and
4) Need for an ongoing mechanism to study the processes involved in transferring research results to treatment settings.

The network is expected to forge partnerships among federal agencies, EMSC researchers, and EMS and EMSC treatment providers to address the critical needs of the community and regional emergency medical services systems that are suitable for those settings. This joint effort addresses the gaps in current treatments and systems management approaches.

**Relationship between the DCC and PECARN**
The DCC is the data-coordinating center for the PECARN network. Awarded PECARN sites have separately agreed to cooperate with the DCC by implementing PECARN-wide data standards for collection and analysis of data generated as part of PECARN studies. The PECARN sites must provide the DCC timely data for purposes of monitoring the safety and progress of studies conducted under the PECARN and final study data according to schedules developed and approved by the PECARN Steering Committee. Awarded PECARN sites agree to cooperate with the DCC throughout the project to enable study monitoring and ensure regulatory compliance and adherence to Good Clinical Practices (GCP) in all PECARN studies. For more information on the relationship and expectations between PECARN and the DCC, see page 8 of the HRSA-15-066 FOA which may be found here: [http://mchb.hrsa.gov/fundingopportunities/default.aspx](http://mchb.hrsa.gov/fundingopportunities/default.aspx).

**Quality Control and Monitoring**
DCC must comply with quality control and monitoring with federal studies as detailed by the external funding that the PECARN receives, including for protocols requiring an investigational new drug application (IND). It will be the responsibility of the principal investigator for study control and monitoring as defined by FDA rules and regulations, with support from DCC, as needed. For more information, see page 8 of the HRSA-15-066 FOA on page 8 which may be found here: [http://mchb.hrsa.gov/fundingopportunities/default.aspx](http://mchb.hrsa.gov/fundingopportunities/default.aspx)

With regard to laboratory quality control and data management issues, the sites agree to participate in protocol-defined measures to follow methodological and analytic guidelines established by the DCC or PECARN and HRSA. All study sites must participate in multiple methods risk-based site monitoring by the DCC that can include on-site or remote monitoring methods.
Subject Safety/Oversight
The DCC establishes protocol-specific measures for PECARN sites to ensure the safety and protection of the rights of volunteers who may participate in clinical trials and observational studies to be conducted as a result of this cooperative agreement. PECARN studies will be in compliance with current Institutional Review Boards (IRB) standards, PECARN research sites and the DCC are required to consult their applicable IRB for any project that may utilize human subjects or data from human subjects or the Federal Office of Human Research Protection. For the requirements of IRB review, visit http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html). The principal investigator and all HEDA investigators assume and accept the primary responsibility for ensuring PECARN studies are conducted in compliance with all federal regulations and PECARN policies and procedures. Since the DCC is responsible for storing, analyzing, and publishing data, as required by federal regulations, the DCC also is responsible for ensuring all PECARN protocols are submitted through an approved single or central IRB to obtain approval for the DCC role in each study.

The DCC ensure there is documentation of IRB approval from all sites before submission of data to the DCC. All investigators must agree and ensure that adequate records will be maintained, and that access to these records will be available to enable outside monitors (including DCC staff) to assess compliance with applicable federal laws and regulations.

Adverse Experience Reporting
All PECARN sites are required to adhere to an “adverse event tracking system” operated by the DCC. The DCC also provides guidance and training to sites on adverse events reporting.

Data Confidentiality
Information obtained in the course of any HRSA-supported study that identifies an individual or entity must be treated as confidential in accordance with any explicit or implicit promises made regarding the possible uses and disclosures of such data. PECARN and the DCC provide procedures for ensuring the confidentiality of the identifying information to be collected, including who will be permitted access to this information, both raw data and machine-readable files, and how personal identifiers and other identifying or identifiable data will be restricted and safeguarded. For more information, see page 10 of the HRSA-15-066 FOA which may be found here: http://mchb.hrsa.gov/fundingopportunities/default.aspx.

The applicability and intended means of applying these confidentiality and security standards to subcontractors and vendors, if any, should be addressed in the application.

**Sharing Research Resources: Rights in Data**
HRSA awardees may copyright, unless otherwise provided in the Notice of Award, or seek patents for, as appropriate, final and interim products and materials developed in whole or in part with HRSA funds. With respect to *copyrightable material* that might be developed as a part of the award activity, please note that in accordance with 45 CFR 74.3675.322, the HHS awarding agency reserves a royalty-free, nonexclusive and irrevocable right to reproduce, publish, or otherwise use the work for federal purposes, and to authorize others to do so.

The DCC will create a de-identified dataset from data from PECARN research studies. This dataset must be made available by the DCC to HRSA *3 years after the last patient completed the study or 1 year after the primary manuscript for the study has been published, whichever comes sooner.* The purpose is to ensure further use and dissemination of research.

Subject to budget constraints and other considerations, HRSA may make available products developed under this funding opportunity to the health care community and the public if such distribution would significantly increase access to a product and thereby produce substantial or valuable public health benefits.

**Publication of Data**
The DCC assists investigators with manuscript preparation and statistical analysis and assists in monitoring timelines for publications. To ensure the availability of the best evidence for optimal pediatric emergency care, prompt and timely presentation and publication in the scientific literature of findings resulting from research undertaken in the PECARN is required. A primary publication from the research should be published no later than 2 years after the last patient has been enrolled or data collection completed. The DCC is responsible for assisting investigators in submitting manuscripts for publication in a timely manner. The DCC may also write manuscripts on data management and analysis techniques or other manuscripts as appropriate to their role. All manuscript authors including the DCC must agree to abide by HRSA and PECARN policies concerning all publication of PECARN studies. Prior to the submission of manuscripts for publication, awardees agree to provide pre-print copies to the MCHB Project Officer and PECARN Steering Committee. Oversight of this process is in collaboration with the DCC, PECARN executive committee and MCHB Project Officer or designee. For information on HRSA policies related to data publication, see Appendix A of the HRSA-15-066 FOA which may be found here: [http://mchb.hrsa.gov/fundingopportunities/default.aspx](http://mchb.hrsa.gov/fundingopportunities/default.aspx).

**Acknowledgment of Federal Funding**
As required in legislation and per the HRSA *SF-424 Application Guide*, 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 award recipients receiving federal funds included in this Act, 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 are encouraged to visit the PECARN website to understand the structure of the PECARN network and to learn about past and present studies at http://www.pecarn.org.

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: New

Funding will be provided in the form of a cooperative agreement. A cooperative agreement, as opposed to a grant, is an award instrument of financial assistance where substantial involvement is anticipated between HRSA and the recipient during performance of the contemplated project.

As a cooperative agreement, HRSA involvement will include:

- Ensuring the availability of MCHB personnel to participate in the planning and execution of EMSC Data Center activities under this cooperative agreement;
- Collaboration with the recipient in identifying staff to support the implementation of activities;
- Participating in the planning and scheduling of meetings and seminars conducted during the period of the cooperative agreement;
- Participating in regular meetings and communications with the recipients to assess progress (at minimum quarterly check-ins, in-person at least twice a year);
- Providing clearance of the planning, development, implementation, and evaluation of EMSC Data Center products and tools funded under this cooperative agreement;
- Assisting in establishing federal interagency and state contacts necessary for the successful completion of tasks and activities identified in the approved scope of work;
- Participating in the design, direction, and evaluation of innovative activities;
- Facilitating efforts in the provision of technical support and training/education to specified individuals;
- Reviewing procedures to be established for ongoing monitoring and successful accomplishment of the scope of work proposed;
- Assisting in identifying other recipients and professional and national organizations with whom the recipient will be asked to develop cooperative and collaborative relationships;
• Providing review and advisory input of any publications, audiovisuals, and other materials produced, as well as meetings planned, under the auspices of this cooperative agreement; and
• Reviewing and considering for approval all travel for meetings and conferences.

The cooperative agreement Recipient Responsibilities include:

• Adhering to HRSA guidelines pertaining to acknowledgment and disclaimer on all products supported (in whole or in part) by HRSA-awarded funds and during all meetings supported by HRSA funding under this cooperative agreement;(see “Acknowledgment of Federal Funding” in HRSA's SF-424 Application Guide);
• Adhering to the process of planning and executing EMSC Data Center activities as outlined in this FOA;
• Establishing quarterly check-ins with federal EMSC Program staff and as needed. At least two check-ins must be in-person each year;
• Responding in a flexible manner to collaborating on short-term, long-term, and ongoing projects;
• Consulting with the federal Project Officer when selecting and hiring new key project staff;
• Consulting with the federal Project Officer when planning/implementing new activities;
• Consulting with the federal Project Officer when scheduling any meetings, including project advisory/Steering Committee meetings, that pertain to the scope of work and at which the Project Officer’s attendance would be appropriate (as determined by the Project Officer);
• Providing the federal Project Officer with adequate time and opportunity to review, provide advisory input, and approve at the program level, any publications, audiovisuals, and other materials produced, as well as meetings planned, under the auspices of this cooperative agreement (such review should start as part of concept development and include review of drafts and final products);
• Providing the federal Project Officer with an electronic copy of, or electronic access to, each product developed under the auspices of this project;
• Ensuring that all products developed or produced, either partially or in full, under the auspices of this cooperative agreement are fully accessible and available for free to members of the public;
• Consulting with and coordinating attendance at national meetings or conference with the federal Project Officer to keep informed of and involved in initiatives of national significance to the EMSC Program and its recipients;
• Seeking prior approval for all travel. All travel must be cleared with the federal Project Officer to ensure coordination with other EMSC award recipient activities;
• Immediately notifying the federal Project Officer when a request to provide technical support would require unscheduled travel;
• Submitting a quarterly travel schedule (due 30 days before the start of each quarter) which includes all future planned EMSC Data Center staff. For each meeting, include: the anticipated date and location (if known), purpose of attendance, and name(s) of traveler(s);
• Acknowledging that HRSA/MCHB has full access rights to any and all data and products generated under this cooperative agreement, and that the government has a royalty-free, nonexclusive, and irrevocable license to reproduce, publish, or otherwise use any products derived from activities conducted under this cooperative agreement;
• Assuring seamless transfer of all web-based and non-web-based materials developed and stored throughout this cooperative agreement within 90 days of the project period expiration; and
• Supporting the activities outlined in this FOA:
  o Developing tools and products for HRSA EMSC;
  o Developing tools and products for EMSC award recipients;
  o Disseminating tools and products;
  o Collaborating and communicating with the EMSC Program and key stakeholders.

HRSA/MCHB/EMSC and the recipient have a joint responsibility to develop a plan of action for issues to be addressed during the project period. The plan will include the sequence in which the issues will be addressed, what approaches and strategies will be used to address them, and how relevant information will be transmitted to specified target audiences and used to enhance project activities and advance the Program.

2. Summary of Funding

Approximately $3,000,000 is expected to be available annually to fund one cooperative agreement for the EMSC Data Center. You may apply for a ceiling amount of up to $3,000,000 per year. The actual amount available will not be determined until enactment of the final FY 2017 federal budget. This program announcement is subject to the appropriation of funds and is a contingency action taken to ensure that, should funds become available for this purpose, applications can be processed, and funds can be awarded in a timely manner. The project period is July 1, 2017, through June 30, 2021 (4 years). Funding beyond the first year is dependent on the availability of appropriated funds for the EMSC Program in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

Effective December 26, 2014, all administrative and audit requirements and the cost principles that govern federal monies associated with this award are subject to the Uniform Guidance 2 CFR part 200 as codified by HHS at 45 CFR part 75, which supersede the previous administrative and audit requirements and cost principles that govern federal monies.
III. Eligibility Information

1. Eligible Applicants

Eligible applicants include state governments and accredited schools of medicine except current EMSC award recipients with more than two EMSC grant awards. The term “school of medicine” for the purpose of this funding opportunity (and under 42 U.S.C. 300w-9(c)) has the same meaning as set forth in section 799B(1)(A) of the Public Health Service Act (42 U.S.C. 295p(1)(A)), i.e., “an accredited public or nonprofit private school in a state that provides training leading … to a degree of doctor of medicine.” The term “accredited” in this context has the same meaning as set forth in section 799B(1)(E) of the Public Health Service Act (42 U.S.C. 295p(1)(E)), which, when applied to a school of medicine, means “a school or program that is accredited by a recognized body or bodies approved for such purpose by the Secretary of Education, except that a new school or program that, by reason of an insufficient period of operation, is not, at the time of application for a grant or contract under this subchapter, eligible for accreditation by such a recognized body or bodies, shall be deemed accredited for purposes of this subchapter, if the Secretary of Education finds, after consultation with appropriate accreditation body or bodies, that there is reasonable assurance that the school or program will meet the accreditation standards of such body or bodies prior to the beginning of the academic year following the normal graduation date of the first entering class in such school or program.”

Foreign entities are not eligible for HRSA awards unless the authorizing legislation specifically authorizes awards to foreign entities or the award is for research. This exception does not extend to research training awards or construction of research facilities.

Per legislation, only three EMSC grant awards per state may be awarded to each state during any fiscal year.

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.4 will be considered non-responsive and will not be considered for funding under this announcement.

Any application received from a state or accredited school of medicine that is a current recipient of an EMSC PECARN grant, will not be considered for funding under this announcement.

NOTE: Multiple applications from an organization are not allowable.
If for any reason (including submitting to the wrong funding opportunity number or making corrections/updates), an application is submitted more than once prior to the application due date, HRSA will only accept your last validated electronic submission, under the correct funding opportunity number, prior to the Grants.gov application due date as the final and only acceptable application.

**IV. Application and Submission Information**

1. **Address to Request Application Package**

HRSA requires applicants for this FOA to apply electronically through Grants.gov. You must download the SF-424 application package associated with this FOA following the directions provided at [http://www.grants.gov/applicants/apply-for-grants.html](http://www.grants.gov/applicants/apply-for-grants.html).

2. **Content and Form of Application Submission**

Section 4 of HRSA’s *SF-424 Application Guide* provides instructions for the budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, and abstract. You must submit the information outlined in the Application Guide in addition to the program specific information below. You are responsible for reading and complying with the instructions included in HRSA’s *SF-424 Application Guide* except where instructed in the FOA to do otherwise.

See Section 8.5 of the *Application Guide* for the Application Completeness Checklist.

**Application Page Limit**

The total size of all uploaded files may not exceed the equivalent of 80 pages when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support required in the *Application Guide* and this FOA. Standard OMB-approved forms that are included in the application package are NOT included in the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) will not be counted in the page limit. **We strongly urge you to take appropriate measures to ensure your application does not exceed the specified page limit.**

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

**Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification**

1) The prospective recipient certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.

2) Where the prospective recipient is unable to attest to any of the statements in this certification, such prospective recipient shall attach an explanation to this proposal.
See Section 4.1 viii of HRSA’s **SF-424 Application Guide** for additional information on this and other certifications.

**Program-Specific Instructions**

In addition to application requirements and instructions in Section 4 of HRSA’s **SF-424 Application Guide** (including the budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, and abstract), please include the following:

1. **Project Abstract**  
   See Section 4.1.ix of HRSA’s **SF-424 Application Guide**.

2. **Project Narrative**  
   This section provides a comprehensive framework and description of all aspects of the proposed project. It should be succinct, self-explanatory and well organized so that reviewers can understand the proposed project. In all sections listed below, including where not specifically mentioned, **include clear and concise details for each of the two major functions of the EMSC Data Center**.

   Use the following section headers for the Narrative:

   **NEED -- Corresponds to Section V’s Review Criterion #1 (Need)**
   - Briefly describe the purpose of the proposed project focusing on each major function of the EMSC Data Center within the context of providing technical support in areas of EMSC performance measure development, data collection, assessment, analysis, and dissemination; analytical support to award recipients and national stakeholders to advance the delivery of quality pediatric emergency care; and supporting a multi-site pediatric research network and the EMSC program. Describe the significance of the project in terms of its potential impact for improving EMSC nationally, specifically focusing on data collection, analysis and utilization.
   - Briefly discuss any relevant barriers in the field of pediatric emergency care that the project intends to overcome. This section should help reviewers understand the: 1) role of the EMSC Data Center in supporting EMSC Program performance measures and data system support; 2) role of the EMSC Data Center in a research network; 3) your understanding of the issues related to pediatric emergency care services and research (including issues related to human subjects protections); and 4) general infrastructure needs of the EMSC Data Center (for example, software/hardware needs to ensure secure transmission and storage of private health information).

   **METHODOLOGY AND WORK PLAN -- Corresponds to Section V’s Review Criterion #2 (Response)**
   - Describe the proposed methods that will be used to meet the objectives outlined in the Purpose section of this FOA and previously described Program Requirements for **Function 1 and Function 2** in this FOA.
   - Include a list of any additional specific goals and objectives to be accomplished during the funding period. Objectives should be specific, measurable, achievable,
relevant, and time measurable (SMART) and align with the goals mentioned above. Direct attention to the Program Requirements described earlier in the funding opportunity announcement.

- Include a detailed work plan as Attachment 1. Describe specific activities or steps that will be used to achieve each of the goals proposed. Use a detailed timeline that includes each activity and identifies responsible staff. As appropriate, identify meaningful support and collaborations with key stakeholders in planning, designing, and implementing all activities. This section should also include a plan for publishing lessons learned and contributing to the dissemination of EMSC work.

- Although you are not asked to submit a logic model with your application, you must review the EMSC Data Center Logic Model (provided in the Appendix section of this FOA) and be responsive to it when developing goals and objectives. Your goals and objectives must be consistent with this Logic Model.

**EVALUATION -- Corresponds to Section V’s Review Criteria #2 (Response), #3 (Evaluative Measures) and #4 (Impact)**

- Include an evaluation plan (Attachment 6) for the program performance evaluation that will contribute to continuous quality improvement. This plan should monitor ongoing processes and the progress towards the goals, objectives, and requirements of the project. Each goal described in the methodology should include an evaluative measure to assess achievement. The plan should be capable of demonstrating and documenting measurable progress toward achieving the stated goals/objectives and link to improving the success of EMSC award recipients and EMSC stakeholders in furthering the EMSC mission.

**RESOLUTION OF CHALLENGES -- Corresponds to Section V’s Review Criteria #2 (Response) and #3 (Evaluative Measures)**

- Discuss challenges that are likely to be encountered in designing and implementing the activities described in the Work Plan, and approaches that will be used to resolve such challenges. You must also describe any potential obstacles for implementing the program performance evaluation and how those obstacles will be addressed.

**TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V’s Review Criterion # 5 (Resources/Capabilities)**

- Describe the systems and processes that will support the organization’s performance management requirements through effective tracking of performance outcomes. Include a description of how the organization will collect and manage data (e.g., assigned skilled staff, data management software) in a way that allows for accurate and timely reporting of performance outcomes.
Discuss your organization’s resources of to accomplish the proposed goals and methods and scope of activities described in the application.

Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature. Specifically describe the availability of content expertise needed for both functions of the DCC as described earlier in this FOA. Include a staffing plan and Job Descriptions for Key Personnel in Attachment 2 and biographical sketches for key personnel as Attachment 3.

Describe the organizational plan for management of the project, including an explanation of the roles and responsibilities of project personnel, project collaborators, and consultants.

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

Provide information on the structure, resources, and infrastructure available at your institution to conduct the scope of current activities, and describe how these all contribute to the ability of your organization to serve as an EMSC Data Center. Describe previous work of a similar nature in the past 5-10 years that demonstrates the ability to serve as an EMSC Data Center.

Highlight past experience related to managing a data center that demonstrates qualifications for the work described in this FOA, specifically successful collaboration with EMSC award recipients, government entities and national organizations working to integrate EMSC into the nation’s health care system.

**NARRATIVE GUIDANCE**

In order to ensure that the Review Criteria are fully addressed, this table provides a crosswalk between the narrative language and where each section falls within the review criteria.

<table>
<thead>
<tr>
<th>Narrative Section</th>
<th>Review Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Need</td>
<td>(1) Need</td>
</tr>
<tr>
<td>Methodology and Work Plan</td>
<td>(2) Response</td>
</tr>
<tr>
<td>Evaluation</td>
<td>(2) Response, (3) Evaluative Measures and (4) Impact</td>
</tr>
<tr>
<td>Resolution of Challenges</td>
<td>(2) Response and (3) Evaluative Measures</td>
</tr>
<tr>
<td>Technical Support Capacity</td>
<td>(5) Resources/Capabilities</td>
</tr>
<tr>
<td>Organizational Information</td>
<td>(5) Resources/Capabilities</td>
</tr>
<tr>
<td>Budget and Budget Narrative (below)</td>
<td>(6) Support Requested -- the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the support requested.</td>
</tr>
</tbody>
</table>
iii. **Budget**
See Section 4.1.iv of HRSA’s *SF-424 Application Guide*. Please note: the directions offered in the SF-424 Application Guide may differ from those offered by Grants.gov. Please follow the instructions included in the Application Guide and, *if applicable*, the additional budget instructions provided below.

**Funds must be budgeted equally for each major function.**
**50 percent must be budgeted to function 1 and 50 percent to function 2.**

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

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

In addition, the EMSC Data Center requires the following:

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

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

You must include the budget periods and corresponding fiscal years when preparing your budgets for each fiscal year.

<table>
<thead>
<tr>
<th></th>
<th>Fiscal Year</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Year 1</td>
<td>July 1, 2017 to June 30, 2018</td>
<td>2017</td>
</tr>
<tr>
<td>Year 2</td>
<td>July 1, 2018 to June 30, 2019</td>
<td>2018</td>
</tr>
<tr>
<td>Year 3</td>
<td>July 1, 2019 to June 30, 2020</td>
<td>2019</td>
</tr>
<tr>
<td>Year 4</td>
<td>July 1, 2020 to June 30, 2021</td>
<td>2020</td>
</tr>
</tbody>
</table>
Include a Budget Spreadsheet and Narrative organized by the following budget categories:

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

To ensure sufficient oversight of the program, list specific positions and name of personnel responsible for completing the deliverables. Include the principle investigator, project director, etc. Other examples of personnel may include, but is not limited to project consultant(s) to provide subject matter expertise. These costs may be budgeted in this budget category or contractual services and should ensure adequate time is dedicated to project support, management, and oversight.

**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.

**Travel:** For each function (1 and 2), 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. For out of state travel, include the purpose, anticipated number of staff, and the role of each staff member. The budget should also reflect the travel expenses for subject matter experts and planned meetings, proposed training, workshops, and site-visits.

Include travel costs for HRSA EMSC sponsored meetings, specifically:

- All Grantee Meeting – For Year 1 and Year 3
- Regional Collaborative Meetings – For Year 2 and Year 4
- In coordination with HRSA, conduct site-visits to SP, SPROC, TI, and PECARN recipient sites to provide SME consultation and technical support for each year. The specific sites to be visited must be scheduled in consultation with HRSA based on the priority sites identified by HRSA for SP, SPROC and TI award recipients. PECARN recipient site locations must be identified and scheduled in consultation with HRSA and based on the needs of the PECARN recipient site; 5 to 10 per year in total.
- PECARN evaluation of studies meetings, at least two in-person per year in the Washington, DC area.

**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, pediatric medical equipment, and furniture items that meet the definition of equipment (a unit cost of $5,000 or more and a useful life of one or more years). Equipment items must be described in clear detail and include the purpose and how it will contribute to the overall goal of the project. These items are
subject to HRSA’s review and approval. Examples of equipment to support the activities of this cooperative agreement may include items needed to support webinars or other internet-based live communication systems similar to Skype or office communicator for educational seminars or to create communication systems to reach the community; and other items directly related to improving communication and access.

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

**Contractual:** You are responsible for ensuring that your organization or institution has in place an established and adequate procurement system with fully developed written procedures for awarding and monitoring all contracts. Examples of contractual costs could include contractual services for subject matter expert consultants. It could also be for professional services provided such as educational training, quality improvement, and technical assistance training. You 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 sub-recipients that entities receiving sub-awards must be registered in the System for Award Management (SAM) and provide the recipient with their Dun and Bradstreet Universal Numbering System (DUNS) number.

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

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

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

1) Performance Standards for Special Projects of Regional or National Significance (SPRANS) and Other MCHB Discretionary Projects

HRSA has modified its reporting requirements for SPRANS projects, Community Integrated Service Systems (CISS) projects, and other grant/cooperative agreement programs administered by MCHB to include national performance measures that were developed in accordance with the requirements of the Government Performance and Results Act (GPRA) of 1993 (Public Law 103-62). This Act requires the establishment of measurable goals for federal programs that can be reported as part of the budgetary process, thus linking funding decisions with performance. Performance measures for states have also been established under the Block Grant provisions of Title V of the Social Security Act, MCHB’s authorizing legislation. Performance measures for other MCHB-funded grant/cooperative agreement programs have been approved by the Office of Management and Budget and are primarily based on existing or administrative data that projects should easily be able to access or collect. An electronic system for reporting these data elements has been developed and is now available.

2) Performance Measures for the Emergency Medical Services for Children Data Center

<table>
<thead>
<tr>
<th>Core</th>
<th>C 1</th>
<th>Grant Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>C 2</td>
<td>Quality Improvement</td>
<td></td>
</tr>
<tr>
<td>C 3</td>
<td>Health Equity – MCH Outcomes</td>
<td></td>
</tr>
<tr>
<td><strong>Capacity Building</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CB 2</td>
<td>Technical Assistance</td>
<td></td>
</tr>
<tr>
<td>CB 3</td>
<td>Impact Measurement</td>
<td></td>
</tr>
<tr>
<td>CB 5</td>
<td>Scientific Publications</td>
<td></td>
</tr>
<tr>
<td>CB 6</td>
<td>Products</td>
<td></td>
</tr>
</tbody>
</table>

To inform successful applicants of their reporting requirements, the listing of MCHB administrative forms and performance measures for this program can be found in Section “VI. Award Administration Information” of this FOA.

**NOTE:** The performance measures and data collection information is for your PLANNING USE ONLY. These forms are not to be included as part of this application.

vi. Attachments

Please provide the following items in the order specified below to complete the content of the application. **Unless otherwise noted, attachments count toward the application page limit.** Indirect cost rate agreements and proof of non-profit status (if applicable) will not count toward the page limit. **Each attachment must be clearly labeled.**
Attachment 1: Work Plan
Attach the work plan for the project that includes all information detailed in Section IV. ii. Project Narrative.

Attachment 2: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1. of HRSA’s SF-424 Application Guide)
Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff.

Attachment 3: Biographical Sketches of Key Personnel
Include biographical sketches for persons occupying the key positions described in Attachment 2, not to exceed two pages in length per person. In the event that a biographical sketch is included for an identified individual who is not yet hired, please include a letter of commitment from that person with the biographical sketch.

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

Attachment 5: Project Organizational Chart
Provide a one-page figure that depicts the organizational structure of the project. This is not an organizational structure of the institution, rather, a depiction of the project.

Attachment 6: Evaluation Plan
Provide an evaluation plan to demonstrate measurable progress toward achieving the stated goals and objectives.

Attachments 7-11: Other Relevant Documents
Include here any other documents that are relevant to the application, including letters of support. Letters of support must be dated and specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.).

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

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

If you have already completed Grants.gov registration for HRSA or another federal agency, confirm that the registration is still active and that the Authorized Organization Representative (AOR) has been approved.

The Grants.gov registration process requires information in three separate systems:
- Dun and Bradstreet (http://fedgov.dnb.com/webform/pages/CCRSearch.jsp)
- System for Award Management (SAM) (https://www.sam.gov)
- Grants.gov (http://www.grants.gov/)

For further details, see Section 3.1 of HRSA’s *SF-424 Application Guide*.

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

4. Submission Dates and Times

**Application Due Date**
The due date for applications under this FOA is **March 10, 2017 at 11:59 PM ET**

See Section 8.2.5 – Summary of e-mails from Grants.gov of HRSA’s *SF-424 Application Guide* for additional information.

5. Intergovernmental Review

The EMSC Data Center is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

See Section 4.1 ii of HRSA’s *SF-424 Application Guide* for additional information.

6. Funding Restrictions

You may request funding for a project period of up to 4 years, at no more than $3,000,000 per year. **Funds must be budgeted equally at 50 percent for each major function (1 and 2).** Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project’s objectives, and a determination that continued funding would be in the best interest of the Federal Government.
The General Provisions in Division H of the Consolidated Appropriations Act, 2016 (P.L. 114-113) apply to this program. Please see Section 4.1 of HRSA’s SF-424 Application Guide for additional information. Note that these or other restrictions will apply in FY 2017, as required by law.

You are required to have the necessary policies, procedures and financial controls in place to ensure that your organization complies with all federal funding requirements and prohibitions such as lobbying, gun control, abortion, etc. The effectiveness of these policies, procedures and controls is subject to audit.

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

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 you in understanding the standards against which your application will be judged. Critical indicators have been developed for each review criterion to assist you in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. Review criteria are outlined below with specific detail and scoring points.

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

Review criteria are used to review and rank applications. The Emergency Medical Services for Children Data Center has six (6) review criteria:

**Criterion 1: NEED (5 points) – Corresponds to Section IV Need**

- The extent to which the application demonstrates understanding of the EMSC Program, the role of a data-coordinating center to support state EMSC data collection systems.
- Within the context of multi-site research studies involving children, the applicant demonstrates an understanding of the issues involved in pediatric emergency care trials. In addition, applicant has included relevant barriers in the field of pediatric emergency care that the project hopes to overcome.
Criterion 2: RESPONSE (30 points) – Corresponds to Section IV Methodology and Work Plan, Evaluation, and Resolution of Challenges

The extent to which there is a clearly described methodology to address activities described in the application. The proposed goals and objectives are clear and relevant. The proposed plans for overall EMSC Data Center management and operations, including those factors that will contribute to collaborative interactions are adequate. The applicant included a discussion of potential challenges and approaches that will be used to resolve such challenges.

Applicants should address the requirements for both Function 1 (15 points) and Function 2 (15 points) of the EMSC Data Center. Specifically, the extent to which:

- an adequate plan for data collection with appropriate safeguards (e.g. secure electronic storage with backup) is presented; and
- a plan for data management is presented that establishes a clear process that ensures uniformity of data collection.

Specific to Function 1: state data assistance (15 points)

- The extent to which the applicant will support states in data collection and system development.
  - the applicant included a plan to assist states with data-related technical assistance, including assistance with data collection for the EMSC performance measures.
- The extent to which the applicant will provide data related assistance and training to EMSC State Partnership and other EMSC award recipients, researchers and national stakeholders.
- The extent to which the applicant will integrate activities with the overall goals of the EMSC program.

Specific to Function 2: PECARN DCC (15 points)

- The extent to which the applicant can provide coordination for study design, implementation and data analysis for the PECARN network.
  - an adequate plan for data management is provided and includes quality assurance procedures.
  - an appropriate plan for creating public use data sets is presented that includes appropriate procedures for de-identifying datasets and secure procedures for providing data to external investigators.
  - an adequate plan for coordinating regulatory and clinical coordination functions is included for multiple sites and multiple studies (i.e. tracking IRB approvals, providing assistance to site investigators, monitoring site performance).
  - demonstrates a clear understanding of the challenges inherent in collecting and processing multi-center data and presents meaningful solutions to address such barriers.

- The extent to which there is an adequate plan to train (including re-training) study personnel.
- The extent to which the applicant will assist with the dissemination of PECARN studies.
Criterion 3: EVALUATIVE MEASURES (5 points) – Corresponds to Section IV Evaluation and Resolution of Challenges

The extent to which the methods proposed to monitor and evaluate the project results are effective and can be used to assess: 1) to what extent the project objectives have been met, and 2) specific measures the applicant will use to monitor the services they provide to the PECARN and EMSC award recipients. The applicant included a description of potential obstacles for implementing the program performance evaluation and how those obstacles will be addressed.

Criterion 4: IMPACT (10 points) – Corresponds to Section IV Evaluation

- The extent and effectiveness of the application in improving the success of EMSC award recipients and EMSC stakeholders (i.e. those involved in the delivery of emergency care to children or systems that support this effort) in furthering the EMSC mission.
- The extent to which the applicant described the significance of the project in terms of its potential impact for improving EMSC nationally, specifically focusing on data collection, analysis and utilization.

Criterion 5: RESOURCES/CAPABILITIES (30 points) – Corresponds to Section IV Technical Support Capacity and Organizational Information

- The extent to which the available resources and personnel for administration of the DCC are described and are adequate to accomplish the proposed goals and methods and scope of activities described in the application. The degree to which the applicant provided evidence of infrastructure capabilities in state data system development, research, administration, operational management, protocol development, clinical data information systems, and management of regulation documents. 10 pts
  - Personnel or proposed personnel demonstrate content area expertise and via the biographical sketches to document education, skills, and experience that are relevant and necessary for the proposed project. (2 points)
  - The plan for management of the project is effective and includes roles and responsibilities of project personnel, project collaborators, and consultants. (2 points)
  - The extent to which the applicant has the existing resources/facilities to successfully support the project. (2 points)
  - The setting/parent institution of the applicant has the appropriate infrastructure to achieve project objectives and that the organizational and physical environment is supportive of the investigator and the project. (2 points)
  - The applicant’s technical expertise in the area of data analysis and systems integration includes knowledge of data collection and integration that relates to EMS with a special focus on children. (2 points)
• The extent to which the applicant demonstrates expertise in the ability to increase the working knowledge and capacity of award recipients to use available data for improving the delivery of pediatric care. (5 points)
  o Demonstrated expertise and experience with providing support to states to collect and analyzing data related to EMSC performance measures and how to use the results to inform other stakeholders.

• The extent to which the applicant demonstrates knowledge of how to use other state and national data systems such as the National Emergency Medical Systems Information System (NEMSIS) to promote improved delivery of pediatric care in a state or at the national level. (5 points)

• The extent to which the applicant’s technical expertise in the area of research includes experience and expertise with human subject regulations, study design and methods, statistical methods, data management, data quality assurance, data safety monitoring boards, and conducting coordinating functions including site monitoring. (5 points)

• The extent to which the applicant has expertise and experience in managing data coordinating functions for pediatric emergency care trials. (5 points)

**Specifically, for Support of NEDARC:**

• Applicant’s ability to provide innovative technical assistance that optimizes various virtual and in-person strategies to support EMSC recipients, government entities and national organizations as it relates to the successful implementation of EMSC projects.

• Applicant’s content expertise in training to support EMSC recipients in achieving performance measures (i.e. assessment, dissemination of data to stakeholders, use of other data sources)

**Specifically, for Support of PECARN DCC:**

• The extent to which the applicant demonstrates successful experience in the design, conduct, data analysis, and data management of major collaborative research projects involving pediatric populations.

• The extent to which the applicant demonstrates successful performance as a data coordinating center for multi-site research in children during the previous five to 10 years.

• The extent to which the principal investigator and staff demonstrate appropriate expertise and capabilities in biostatistics, study design, development, and support, as well as data analysis, project management, and staff site training and quality assurance procedures.

• The extent to which the applicant provides evidence of the ability to assist in designing protocols, data collection forms, manuals of operation, and data collection systems for multi-site research studies involving children

**Criterion 6: SUPPORT REQUESTED (20 points) – Corresponds to Section IV Budget and Budget Narrative**

• The reasonableness of the proposed budget in relation to the objectives, the complexity of the activities, and the anticipated results.

• The extent to which costs outlined in the budget are reasonable given the scope of work.
• The extent to which the budget line items are well described and justified in the budget narrative.
• The extent to which key personnel have adequate time devoted to the project to achieve the project objective.

2. Review and Selection Process

The objective review provides advice to the individuals responsible for making award decisions. The highest ranked applications receive priority consideration for award within available funding. In addition to the ranking based on merit criteria, HRSA approving officials also may apply other factors in award selection, (e.g., geographical distribution), if specified below in this FOA. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below.

Please see Section 5.3 of HRSA’s SF-424 Application Guide for more details.

3. Assessment of Risk and Other Pre-Award Activities

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

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

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

Effective January 1, 2016, HRSA is required to review and consider any information about the applicant that is in the Federal Awardee Performance and Integrity Information System (FAPIIS). An applicant may review and comment on any information about itself that a federal awarding agency previously entered. HRSA will consider any comments by the applicant, in addition to other information in FAPIIS in making a judgment about the applicant's integrity, business ethics, and record of performance under federal awards when completing the review of risk posed by applicants as described in 45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants.
A determination that an applicant is not qualified will be reported by HRSA to FAPIIS (45 CFR § 75.212).

4. Anticipated Announcement and Award Dates

HRSA anticipates issuing/announcing awards prior to the start date of July 1, 2017.

VI. Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award prior to the start date of July 1, 2017. See Section 5.4 of HRSA’s SF-424 Application Guide for additional information.

2. Administrative and National Policy Requirements

See Section 2 of HRSA’s SF-424 Application Guide.

Human Subjects Protection:
Federal regulations (45 CFR part 46) require that applications and proposals involving human subjects must be evaluated with reference to the risks to the subjects, the adequacy of protection against these risks, the potential benefits of the research to the subjects and others, and the importance of the knowledge gained or to be gained. If research involving human subjects is anticipated, recipients must meet the requirements of the HHS regulations to protect human subjects from research risks as specified in the Code of Federal Regulations, Title 45 – Public Welfare, Part 46 – Protection of Human Subjects (45 CFR part 46), available online at http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html.

3. Reporting

On June 10, 2016, the Office of Management and Budget approved MCHB to collect new performance measures from recipients as part of its Discretionary Grant Information System (DGIS). The new performance measures reflect MCHB’s strategic and priority areas including financial and demographic information, health domain and program-specific measures, and program-specific measures that highlight the unique characteristics of discretionary grant/cooperative agreement projects that are not already captured. Collectively, these data communicate the MCHB “story” to a broad range of stakeholders on the role of the Bureau in addressing the needs of maternal and child health populations. These performance data will also serve several purposes, including recipient monitoring, performance reporting, MCHB program planning, and the ability to demonstrate alignment between MCHB discretionary programs and the MCH Title V Block Grant program.

These new performance measures will allow a more accurate and detailed picture of the full scope of activities supported by MCHB-administered grant/cooperative agreement programs, while reducing the overall number of performance measures from what was previously used. The MCHB Project Officer will assign a subset of measures relevant to
the program for which the recipients will report. In addition to reporting on the new performance measures, recipients will continue to provide financial and program data.

The new reporting package can be reviewed at: https://mchb.hrsa.gov/data-research-epidemiology/discretionary-grant-data-collection.

New and continuing awards issued on or after October 1, 2016, will be required to report on the new measures.

The successful applicant under this FOA must comply with Section 6 of HRSA’s SF-424 Application Guide and the following reporting and review activities:

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

2) **Final Report Narrative.** The recipient must submit a final report narrative to HRSA after the conclusion of the project.

3) **Performance Reports.** HRSA has modified its reporting requirements for SPRANS projects, CISS projects, and other grant/cooperative agreement programs administered by MCHB to include national performance measures that were developed in accordance with the requirements of the Government Performance and Results Act (GPRA) of 1993 (Public Law 103-62). This Act requires the establishment of measurable goals for federal programs that can be reported as part of the budgetary process, thus linking funding decisions with performance. Performance measures for states have also been established under the Block Grant provisions of Title V of the Social Security Act, MCHB’s authorizing legislation.

a) **Performance Measures and Program Data**

To prepare successful applicants for their reporting requirements, the following listing of MCHB administrative forms and performance measures are applicable to this grant program:

Administrative Forms: Forms may be found here: The new reporting package can be reviewed at: http://mchb.hrsa.gov/sites/default/files/mchb/Data/Discretionary_Grant_Information_System_Performance_Measure_Update.pdf.

Performance Measures:

<table>
<thead>
<tr>
<th>Core</th>
</tr>
</thead>
<tbody>
<tr>
<td>C 1</td>
</tr>
<tr>
<td>C 2</td>
</tr>
<tr>
<td>C 3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Capacity Building</th>
</tr>
</thead>
<tbody>
<tr>
<td>CB 2</td>
</tr>
<tr>
<td>CB 3</td>
</tr>
</tbody>
</table>
b) Performance Reporting Timeline

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

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

c) Project Period End Performance Reporting

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

5) Integrity and Performance Reporting. The Notice of Award will contain a provision for integrity and performance reporting in FAPIIS, as required in 45 CFR part 75 Appendix XII.
VII. Agency Contacts

You may obtain additional information regarding business, administrative, or fiscal issues related to this FOA by contacting:

Devon Cumberbatch  
Grants Management Specialist  
Division of Grants Management Operations, OFAM  
Health Resources and Services Administration  
5600 Fishers Lane, Room SWH03  
Rockville, MD 20857  
Telephone: (301) 443-7532  
Fax: (301) 443-4293  
E-mail: dcumberbatch@hrsa.gov

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

Theresa Morrison-Quinata  
Chief, Emergency Medical Services for Children Branch  
Attn: EMSC  
Maternal and Child Health Bureau  
Health Resources and Services Administration  
5600 Fishers Lane, Room 18N54  
Rockville, MD 20857  
Telephone: (301) 443-1527  
Fax: (301) 445-1527  
E-mail: TMorrison-Quinata@hrsa.gov

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

Grants.gov Contact Center  
Telephone: 1-800-518-4726 (International Callers, please dial 606-545-5035  
E-mail: support@grants.gov  
Successful applicants/ recipients may need assistance when working online to submit information and reports electronically through HRSA’s Electronic Handbooks (EHBs). For assistance with submitting information in HRSA’s EHBs, contact the HRSA Contact Center, Monday-Friday, 8:00 a.m. to 8:00 p.m. ET, excluding federal holidays at:

HRSA Contact Center
Telephone: (877) 464-4772
TTY: (877) 897-9910
Web: http://www.hrsa.gov/about/contact/ehbhelp.aspx

VIII. Other Information

Technical Assistance:

The HRSA Emergency Medical Services for Children Program invites all potential applicants to a Technical Assistance webinar on Wednesday, January 25, 2017, at 2:00 PM to 3:00 PM Eastern Time (ET). The webinar will be hosted at https://hrsa.connectsolutions.com/emsc-datacenter-hrsa-17-092/ . You will also need to dial 877-718-9201 and enter the passcode 97107775# for audio.

IX. Tips for Writing a Strong Application

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

Program Logic Model

Program Title: Emergency Medical Services for Children (EMSC) Data Center

Purpose of the EMSC Data Center: The EMSC Data Center will house information from both the Pediatric Emergency Care Applied Research Network (PECARN) and the National EMSC Data Analysis Resource Center (NEDARC). PECARN (in the form of the Data Coordinating Center - “DCC”) will present data derived from centralized tracking, monitoring and oversight of rigorous pediatric emergency care studies. NEDARC will contribute data compiled from data collection, assessment, analysis, and monitoring, as well as provide education for EMSC Program award recipients. The EMSC Data Center will serve two major functions (see FOA).

Project Period: 4 years Project Funding: $3,000,000

<p>| INPUTS | OUTPUTS |
|--------|---------|---------|---------|---------|
|        | ACTIVITIES | PRODUCT/SYSTEMS | OUTCOMES | IMPACT |
| Partners &amp; resources | Activities to create/improve health/service systems and infrastructure | Health/service systems and infrastructure created to support desirable systems behaviors | Health/service systems behaviors that lead to improved health outcomes | Improved health &amp; wellness outcomes for population/sub-population |
| (Who? With whom? With what?) | (What will they do?) | (What’s created?) | (What’s changed because of what’s created?) | (What’s improved because of the change?) |
| Grantee Org | Design studies to improve systems of care for pediatric patients | Reliable, valid, and statistically sound data | Evidence base regarding EMSC is advanced | Improved health outcomes of pediatric patients |
| State governments and accredited schools of medicine | Assess, analyze, and evaluate data to improve | Study protocols and grant applications are | Improved EMS system of care | Reduced morbidity and mortality for pediatric patients |</p>
<table>
<thead>
<tr>
<th><strong>Other Key Stakeholders</strong></th>
<th><strong>Existing infrastructure and systems</strong></th>
<th><strong>PECARN DCC</strong></th>
<th><strong>High priority/high impact research and PM findings are generated and published</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>HRSA EMSC</td>
<td>IT support with access to existing data warehouses, expansive security measures, dashboard servers, NEDARC</td>
<td>Coordinate quality data collection across multiple sites and ensure validity of data</td>
<td>Research findings implemented in the clinical community</td>
</tr>
<tr>
<td>Schools of Medicine</td>
<td></td>
<td>Provide data management, bio statistical support, and consultation for the design, execution, and analysis of PECARN studies</td>
<td>Performance measures achieved and quality improvements implemented</td>
</tr>
<tr>
<td>State Governments</td>
<td></td>
<td>Assist in the development of study protocols, grant applications, manuals and forms</td>
<td>Data portals and data systems developed and linked</td>
</tr>
<tr>
<td>EMSC award recipients</td>
<td></td>
<td>Provide site monitoring for studies</td>
<td>Training and educational materials are developed</td>
</tr>
<tr>
<td>PECARN(^1) Nodes</td>
<td></td>
<td>Provide performance metrics monitoring for PECARN</td>
<td>Increased knowledge and skills of EMS workforce, stakeholders and consumers</td>
</tr>
<tr>
<td>IHS(^2) federal office</td>
<td></td>
<td>NEDARC</td>
<td>Improved patient care</td>
</tr>
<tr>
<td>EMS(^3) Hospitals</td>
<td></td>
<td></td>
<td>Linked, system-wide data is accessible across states</td>
</tr>
<tr>
<td>Pediatric Providers &amp; specialists</td>
<td></td>
<td></td>
<td>patients requiring emergency medical services</td>
</tr>
<tr>
<td>Professional Associations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NEMSIS TAC(^4)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>National Hospital Association</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EMSC Innovation &amp; Improvement Center</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NEDARC(^5) Advisory Board</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Disseminate research findings to educate EMS workforce, stakeholders, and consumers
- Provide support specific to PECARN and NEDARC programs:
  - **PECARN DCC**
    - Coordinate quality data collection across multiple sites and ensure validity of data
    - Provide data management, bio statistical support, and consultation for the design, execution, and analysis of PECARN studies
    - Assist in the development of study protocols, grant applications, manuals and forms
    - Provide site monitoring for studies
    - Provide performance metrics monitoring for PECARN
  - NEDARC
- High priority/high impact research and PM findings are generated and published
- Research findings implemented in the clinical community
- Performance measures achieved and quality improvements implemented
- Data portals and data systems developed and linked
- Training and educational materials are developed
- Increased knowledge and skills of EMS workforce, stakeholders and consumers
- Improved patient care
- Linked, system-wide data is accessible across states
- Patients requiring emergency medical services
<table>
<thead>
<tr>
<th>Key Tools, guidelines</th>
<th>Measures of success with timeline</th>
</tr>
</thead>
</table>
| • Coordinate and track performance measures (PM) data  
• Support 59 state partnership award recipients to achieve PM  
• Conduct assessments and analyze data  
• Provide data technical support  
• Design centralized/ shared data portals and database systems  
• Train EMSC workforce to educate key stakeholders and EMS consumers on gaps in and status of state programs  
• Develop and disseminate informative and educational tools for EMS workforce, stakeholders and consumers | • # of PECARN study protocols presented to PECARN steering committee  
• # of grant applications submitted  
By 2018, 70% of approved DCC-PECARN study protocols receive external grant funding.  
By 2018, 60 percent of EMSC State Partnership award recipients achieve an 80 percent response rate in the collection of performance measure (PM) data.  
By 2019, 100 percent of the states are using the national pediatric readiness portal to... |
<table>
<thead>
<tr>
<th># of abstracts and manuscripts submitted for publication</th>
<th>reassess for continuous Quality Improvement (QI).</th>
</tr>
</thead>
<tbody>
<tr>
<td># of responses to PM data collection</td>
<td>By 2019, 100 percent of the EMSC State Partnership award recipients disseminate PECARN study results to their advisory committees, state hospital, pre-hospital networks, and other stakeholders.</td>
</tr>
<tr>
<td># of EMSC award recipients that receive data technical support</td>
<td>By 2019, 100 percent of EMSC State Partnership (SP), State Partnership Regionalization of Care (SPROC), and PECARN award recipients receive technical support from the EMSC Data Center.</td>
</tr>
<tr>
<td># of data systems and portals developed</td>
<td>By 2021, 100 percent of EMSC SP award recipients develop and disseminate training and educational tools to promote performance measure data results.</td>
</tr>
<tr>
<td># of EMSC award recipients that have developed and disseminated training/educational tools</td>
<td>By 2021, five abstracts and five manuscripts are submitted for publication which advance the EMSC Program and its initiatives and correspond to each of the EMSC Data Center’s major functions (DCC and NEDARC).</td>
</tr>
<tr>
<td># of trainings conducted</td>
<td>By 2021, increase post-knowledge scores as compared to pre-test scores among award recipients.</td>
</tr>
<tr>
<td>% change in pre/post knowledge tests of EMS workforce, stakeholders and consumers</td>
<td></td>
</tr>
</tbody>
</table>
PECARN – Pediatric Emergency Care Applied Research Network
IHS – Indian Health Services
EMS – Emergency Medical Services – prehospital and hospital emergency healthcare systems
NEMESIS TAC – National EMS Information System Technical Assistance Center
NEDARC – National EMSC Data Analysis Resource Center