

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency: Assistant Secretary for Preparedness and Response (ASPR), Office of Preparedness and Emergency Operations (OPEO), Division of National Healthcare Preparedness Programs (DNHPP)

Funding Opportunity Title: Announcement of Availability of Funds for Healthcare Facilities Emergency Care Partnership Program

Announcement Type: Initial Competitive Grant

Funding Opportunity Number: N/A

Catalog of Federal Domestic Assistance (CFDA) Number: 93.889

Key Dates: To receive consideration, applications must be received no later than 5:00 p.m. Eastern Time on September 7, 2007 through one of the application mechanisms specified in Section IV.3 Submission Dates and Times

I. Funding Opportunity Description

Purpose

The Pandemic and All-Hazards Preparedness Act of 2006 (Public Law 109-417) amended section 319C-2 of the Public Health Service (PHS) Act authorizing the Secretary of Health and Human Services (HHS) to award competitive grants or cooperative agreements to eligible entities to enable such entities to improve surge capacity and enhance community and hospital preparedness for public health emergencies. Funding for these awards is provided by the Revised Continuing Appropriations Resolution, 2007 (Public Law 110-5).

The mission of the Healthcare Facilities Emergency Care Partnership Program is to improve hospital emergency department (ED) surge capacity, the emergency care system, and enhance community and hospital preparedness for public health emergencies in defined geographic areas. This will be accomplished through innovative projects that can be replicated in hospital EDs, and for emergency care systems across the country that further the concepts surrounding:

- Enhancing situational awareness of hospital ED surge capacity and emergency care system capabilities and assets that partnership entities possess and can bring to bear during a response.
- Planning and exercising of plans that address common risks and vulnerabilities and consequences in a defined geographic area.
- Fostering the development of Medical Mutual Aid agreements among partnership entities around the provision of emergency care, insuring the inclusion of public health, emergency management and private sector partners.
- Developing and strengthening relationships between and among partnership entities engaged in the provision of emergency care, traditional first response agencies, public

health and other response partners prior to disasters and emergencies, so that during and after these kinds of events, response and recovery activities happen in an expedited, coordinated manner.

Political leaders, health officials, hospital CEOs, and emergency management officials have a vested interest in maintaining public confidence in their respective institutions before, during, and after an extreme event. Regional partnerships focused on the provision of emergency care can help facilitate this through brokering relationships, engendering trust among otherwise traditionally competitive entities, and maximizing coordination and cooperative planning among healthcare entities and other partners.

The terms partnerships and coalitions are synonymous and used interchangeably throughout this document, though the predominant term of partnership mirrors language in the Pandemic and All Hazards Preparedness Act.

Background

Regional coordination among healthcare entities, public health and other response partners around the provision of emergency care will be central to mounting an effective medical response to a major public health emergency such as a bioterrorist attack, hurricane, or influenza pandemic. The importance of regional coordination among hospital EDs and the entire emergency care system has been illustrated by recent events over the past several years.

Minimal evidence-based models that demonstrate improved efficiency, effectiveness and expandability of ED and emergency care system functions, operations, and overall capabilities currently exist.

Because improved emergency care systems result in improved medical care during disasters, these cooperative agreements will improve an emergency care system's ability to efficiently receive, accurately diagnose, and effectively treat and disposition ED patient surges as a result of mass casualty events.

II. Award Information

This program will be funded with federal fiscal year (FY) 2007 funds. The budget period and project period will be from September 30, 2007 – September 5, 2008. Approximately \$25 million dollars is expected to be available through a competitive process that will result in approximately 1-3 awards ranging from \$8,000,000 - \$25,000,000. Cooperative agreements are a form of grant that allows for substantial federal involvement. The measured success and impact of these healthcare emergency care partnership demonstration projects will be used to inform future decisions regarding funding and expectations of partnerships around the provision of emergency care. Substantial federal involvement by HHS may include but is not limited to the following functions and activities:

1. In accordance with applicable laws, regulations and policies the authority to take corrective actions if detailed performance specifications (e.g. activities in this funding

- guidance; approved work plan activities; budgets; performance measures and reports) are not met.
2. Review and approval of work plans and budgets before work can begin on a project during the period covered by this assistance or when a change in scope of work is proposed

Additional emergency care demonstration projects may be supported in the future. Applicants who are successful in obtaining awards under this solicitation may be eligible to compete for additional demonstration project awards, should funding be available. As with all federal grants, future offerings are dependent on the availability of appropriated funds in subsequent fiscal years, and a decision that funding is in the best interest of the federal government.

III. Eligibility Information

Eligible Applicants

To be eligible for an award through this announcement an entity shall be a partnership consisting of:

- one or more hospitals, at least one of which shall be a designated trauma center¹;
- one or more other local health care facilities, including clinics, health centers, primary care facilities, mental health centers, or nursing homes; **and**
- one or more political subdivisions;
- one or more States; or
- one or more States and one or more political subdivisions.

Since emergency care partnerships focus on promoting collaborative planning across competing entities, it is important that facilities belonging to one healthcare system alone do not dominate any partnership. [Successful] partnerships are strongly encouraged to include facilities belonging to more than one healthcare system so that the partnership adequately represents all healthcare partners in the defined geographic area **(for the purpose of this announcement the defined geographic area must be the same as the pre-defined sub-state regions for the Hospital Preparedness Program).**

The following chart must be filled out reflecting the names and affiliations of all entities in the partnership and attached as an appendix to the application.

¹ For States that do not have Trauma centers, partnerships may include Trauma centers in neighboring States that are willing to become partners. The application must clearly demonstrate how funds will be shared with the Trauma center despite the fact it is in a different State from the partnership. The American College of Surgeons sets the standards for Trauma Center Designation. These standards/processes are found at <http://www.facs.org/trauma/ntdbacst.html>. Simply put, a Trauma Center (TC) is designated in one of 2 ways: (1) TC directly contacts the American College of Surgeons (ACS) Verification Program or (2) The State has passed laws for its own designation process and the designations are done at the State level. In this latter case, States must use the same standards as required by the ACS's Verification Program.

Facility Name	Parent Organization	Address	Facility Classification	Facility Type	Facility has signed and established an MOA with the Partnership
	<i>(Identify facility parent organization, e.g. Tenet, HCA, Kaiser, other, etc.)</i>	<i>(Physical and Mailing Address)</i>	<i>(Classify the facility as public, private, non-profit, private non-profit, other, etc.)</i>	<i>(Identify facility as hospital, designated NDMS facility; trauma center, community health center, clinic, mental health facility, other, etc.)</i>	

Cost Sharing or Matching

Cost sharing is not required.

Guidance to Partnerships

A political subdivision shall not participate in more than one emergency care partnership described in this announcement.

Any application that fails to clearly involve State, Territorial and local public health authorities in the development and administration of this application will be considered non-responsive and will not be considered for funding under this announcement.

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

Any application that fails to adequately address the required activity referenced in this guidance will be considered non-responsive and will not be considered for funding under this announcement.

Any application that fails to provide specific, measurable, and time-phased objectives and specific activities to achieve those objectives within the designated budget and project period will be considered non-responsive and will not be considered for funding under this announcement.

Any application that fails to certify hospitals participating in the partnership have met NIMS compliance activities as described in the FY 2006 National Bioterrorism Hospital Preparedness Guidance and as part of the terms and conditions for accepting these funds agrees that all hospitals participating in the partnership will finish the remaining NIMS compliance activities during this budget period as referenced in this guidance, will be considered non-responsive and will not be considered for funding under this announcement.

IV. Application and Submission Information

1. Address to Request Application Package

Application kits may be obtained by accessing Grants.gov at <http://www.grants.gov> or the Grant Solutions system at www.GrantSolutions.gov. To obtain a hard copy of the application kit, contact WilDon Solutions at 1-888-203-6161. Applicants may fax a written request to WilDon Solutions at (240) 453-8823 or email the request to OPHSgrantinfo@teamwilden.com.

A Dun and Bradstreet Universal Numbering System (DUNS) number is required for all applications for Federal assistance. Organizations should verify that they have a DUNS number or take the steps necessary to obtain one. Instructions for obtaining a DUNS number are included in the application package, and may be downloaded from the OPA web site (opa.osophs.dhhs.gov/duns.html).

2. Form and Content of Application Submission

a) Form

In preparing the application, it is important to follow ALL instructions and public policy requirements provided in the application kit.

Applicants are required to submit an application signed by an individual authorized to act for the applicant agency or organization and to assume for the organization the obligations imposed by the terms and conditions of the grant award.

Electronic applications are encouraged to be submitted via the Grants.gov Website Portal (see 3. Submission Dates and Times for more information). For paper applications, the program narrative must be printed on 8½ by 11 inch white paper, with one-inch margins, single-spaced with an easily readable 12-point font. All pages must be numbered sequentially not including appendices and required forms. The program narrative should not exceed 75 single-spaced pages, not including appendices and required forms. All pages, figures and tables must be numbered sequentially. Do not staple or bind the application package. Use rubber bands or clips.

Budget forms must be accompanied by a line item narrative justification. All budget categories will be reviewed to insure their relevance to accomplish the programs purpose. Proposed personnel to be supported through these funds must submit CV's or resumes.

Indirect costs should be provided consistent with negotiated indirect cost rate agreements, and copy of that agreement must be submitted with the application.

Any proposed equipment purchases with these funds must be consistent with that of the State or local jurisdiction.

This is a non-construction program and as such no construction or major renovation costs may be requested. Minor alterations and renovations (A&R) are allowable on all grants, without HHS prior approval provided minor A&R costs do not exceed \$150,000 or 25% of the total budget.

Successfully funded applications will be required to submit additional post-award information that will be transmitted with the Notice of Grant Award (NGA) and can be found in the Performance Measures section of this announcement.

b) Content

The **narrative description** of the project should be able to stand alone in terms of depth of information. These applications are competitive and as such will be reviewed by objective review panels that may or may not necessarily understand the concepts of all hazards planning and preparedness work or healthcare partnerships around the provision of emergency care. Additionally these applications serve as rich sources of information for initial data collection and inquiries on successfully funded programs. The information should be presented in a clear and logical manner to aid in the objective review process and additional uses of information contained herein. To aid in the review and abstraction of this application, applicants must utilize the following outline:

Project Abstract (up to 5 pages - single spaced)

The project abstract provides a summary of the application. Because the abstract is often distributed to provide information to the public and Congress, please prepare a narrative that is clear, accurate, concise, and without reference to other parts of the application. It must include a brief description of the proposed project including:

- the defined geographic area being served by the partnership **(for the purpose of this announcement the defined geographic area must be the same as the pre-defined sub-state regions for the Hospital Preparedness Program);**
- gaps to be addressed;
- the partners being represented; and
- a work plan that addresses proposed activities, timelines and deliverables.

Purpose of the Project

This section should describe the purpose of the proposed project keeping in mind the purpose of partnerships around the provision of emergency care found on pages 1 and 2, and the broad preparedness goals listed below. This section should clearly describe and help reviewers understand:

- the geographic area where the partnerships exists, and the number and types of healthcare entities in that area to include hospitals (trauma, children's, burn) clinics, health centers, long term care facilities, etc. **(for the purpose of this announcement the defined geographic area must be the pre-defined sub-state regions for the Hospital Preparedness Program);**
- unique risks and consequences of the geographic area, based on previously conducted Hazard and Vulnerability Assessments (HVA) (e.g. nuclear power plant, chemical refinery, international port of entry such as an airport etc);

- unique challenges posed by vulnerable populations with medical needs in the defined geographic area;
- whether assessments have been conducted and inventories currently exist that detail what the emergency care partnership currently posses in terms of ED capacity, current system capability, specialty services, staff and other assets;
- current mechanisms for coordinating emergency care resource requests across the partnership and for relating those needs, when applicable, to local and State emergency operations centers through the use of Multi Agency Coordination Centers (MACC); and
- gaps in the above mentioned areas and other gaps, based on the HVA, to be addressed through this project.

This section must demonstrate how planned activities and funding is coordinated and consistent with the State and local All-Hazards Public Health Emergency Preparedness and Response Plan and relevant local plans. This section must also demonstrate how planned activities and funding is coordinated with activities of relevant local Metropolitan Medical Response Systems (MMRS), local Medical Reserve Corps (MRC) and the Cities Readiness Initiative (CRI).

Work Plan

The work plan must provide specific, measurable, and time-phased objectives. It must also propose specific activities to achieve those objectives during the budget period (September 30, 2007 – September 5, 2008). The work plan should include a projected timetable for completion that includes dates for the accomplishment of tasks, and identifies responsible parties. For each objective, specify how achievement will be measured and documented.

For purposes of this announcement there is one mandated activity that all partnerships will be required to fund and conduct. The mandated activity is:

NIMS Compliance

In accordance with Homeland Security Presidential Directive (HSPD) -5, the National Incident Management System (NIMS) provides a consistent approach for Federal, State, and local governments to work effectively and efficiently together to prepare for, prevent, respond to, and recover from domestic incidents, regardless of cause, size, or complexity.

To be eligible to receive FY 2007 Federal preparedness funding, hospitals must meet NIMS compliance requirements. Hospitals are considered to be NIMS compliant if they have adopted and/or implemented the FY 2006 compliance activities as outlined in the FY 2006 National Bioterrorism Hospital Preparedness Program Cooperative Agreement guidance, specifically activities 7, 9, 10 and 11 (see Appendix 1 of this guidance).

During the FY 2007 budget period hospitals in the partnership will need to finish the remaining NIMS activities by August 8, 2008.

These compliance activities can be found in Appendix 1 of this document and at the FEMA, National Integration Center, Incident Management Systems Division document entitled “NIMS Implementation Activities for Hospitals and Healthcare Systems” found at http://www.fema.gov/pdf/emergency/nims/imp_hos.pdf.

Partnerships may propose additional activities with an associated budget and narrative justification that are consistent with the following goals outlined in the Pandemic and All Hazards Preparedness Act:

- **Integration** - Insure the integration of public and private emergency care system capabilities with public health and other first responder systems, including -
 - (A) The periodic evaluation of preparedness and response capabilities through drills and exercises; and
 - (B) Integrating public and private sector public health and medical donations and volunteers.
- **Medical** – Improving the efficiency, effectiveness and expandability of ED and emergency care system functions, operations, and overall preparedness and response capabilities in hospitals, other health care facilities (including mental health and long-term care facilities), and trauma care and emergency medical service systems, with respect to public health emergencies. This shall include developing plans for strengthening public health emergency medical management, and the provision of emergency care and treatment capabilities.
- **At-Risk Individuals** - Being cognizant of and prepared for the medical needs of at-risk individuals in their community in the event of a public health emergency. Applications must clearly articulate what at-risk individuals with medical needs are served by the partnership and the activities the partnership will undertake with respect to the needs of these individuals. Medical needs include behavioral health consisting of both mental health and substance abuse considerations. The term `at-risk individuals' means children, pregnant women, senior citizens and other individuals who have special needs in the event of a public health emergency.
- **Coordination** - Minimizing duplication of, and ensuring coordination between, Federal, State, local, and tribal planning, preparedness, response and recovery activities (including the State Emergency Management Assistance Compact). Planning shall be consistent with the National Response Plan, or any successor plan, and National Incident Management System and the National Preparedness Goal as well as any State and local plans.
- **Continuity of Operations** - Maintaining vital public health and medical services to allow for optimal Federal, State, local, and tribal operations in the event of a public health emergency

Evaluation Plan

The evaluation plan should: a) describe how prior emergency care partnership/coalition activities have been evaluated; b) describe how past evaluation impacts have been incorporated into the current evaluation plan; c) demonstrate a well developed and comprehensive understanding of the various levels of potential impact/influence of the proposed emergency care partnership/coalition program goals, benchmarks, and performance indicators; and d) describe appropriate evaluation methods used to monitor and track changes in partnership/coalition structure, activities, partner activities, and emergency response activities proposed with these grant funds within the defined geographic region.

Assurances to be included

- (i) A letter of assurance from the lead applicant institution that certifies the hospitals entities have adopted the NIMS compliance activities described in the FY 2006 Hospital Preparedness Guidance and as required through Homeland Security presidential Directive (HSPD) – 5. The letter of assurance should clearly state that as part of the terms and conditions for accepting these funds that participating hospitals will ensure that the remaining 14 NIMS compliance activities as laid out in this announcement will be finished during this budget period.

3. Submission Dates and Times

To be considered for review, applications must be received by the Office of Public Health and Science, Office of Grants Management, c/o WilDon Solutions, by 5:00 p.m. Eastern Time on September 7, 2007. Applications will be considered as meeting the deadline if they are received on or before the deadline date.

The Office of Public Health and Science (OPHS) provides multiple mechanisms for the submission of applications, as described in the following sections.

Applicants will receive notification via mail from the OPHS Office of Grants Management confirming the receipt of applications submitted using any of these mechanisms.

Applications submitted to the OPHS Office of Grants Management after the deadlines described below will not be accepted for review. Applications which do not conform to the requirements of the grant announcement will not be accepted for review and will be returned to the applicant.

While applications are accepted in hard copy, the use of the electronic application submission capabilities provided by the Grants.gov Website Portal is encouraged. Applications may only be submitted electronically via the electronic submission mechanism specified below. Any applications submitted via any other means of electronic communication, including facsimile or electronic mail, will not be accepted for review.

Electronic grant application submissions must be submitted no later than 5:00 p.m. Eastern Time on September 7, 2007 through grants.gov. All required hardcopy original signatures and mail-in items must be received by the OPHS Office of Grants Management no later than 5:00 p.m. Eastern Time on the next business day after the deadline date specified in the DATES section of the announcement.

In order to apply for new funding opportunities which are open to the public for competition, you may access the Grants.gov website portal. All OPHS funding opportunities and application kits are made available on Grants.gov. If your organization has/had a grantee business relationship with a grant program serviced by the OPHS Office of Grants Management, and you are applying as part of ongoing grantee related activities, please access GrantSolutions.gov.

Electronic Submissions via the Grants.gov Website Portal

The Grants.gov Website Portal provides organizations with the ability to submit applications for OPHS grant opportunities. Organizations must successfully complete the necessary registration processes in order to submit an application. Information about this system is available on the Grants.gov website, <http://www.grants.gov>

In addition to electronically submitted materials, applicants may be required to submit hard copy signatures for certain Program related forms, or original materials as required by the announcement.

It is imperative that the applicant review both the grant announcement and the application guidance provided within the Grants.gov application package, to determine such requirements. Any required hard copy materials, or documents that require a signature, must be submitted separately via mail to the OPHS Office of Grants Management, and, if required, must contain the original signature of an individual authorized to act for the applicant agency and the obligations imposed by the terms and conditions of the grant award. When submitting the required forms, do not send the entire application.

Complete hard copy applications submitted after the electronic submission will not be considered for review.

Electronic applications submitted via the Grants.gov Website Portal must contain all completed online forms required by the application kit, the Program Narrative, Budget Narrative and any appendices or exhibits. All required mail-in items must be received by the due date requirements specified above. Mail-In items may only include publications, resumes, or organizational documentation. When submitting the required forms, do not send the entire application. Complete hard copy applications submitted after the electronic submission will not be considered for review.

Upon completion of a successful electronic application submission via the Grants.gov Website Portal, the applicant will be provided with a confirmation page from Grants.gov indicating the date and time (Eastern Time) of the electronic application submission, as well as the Grants.gov Receipt Number. It is critical that the applicant print and retain this confirmation for their records, as well as a copy of the entire application package.

All applications submitted via the Grants.gov Website Portal will be validated by Grants.gov. Any applications deemed “Invalid” by the Grants.gov Website Portal will not be transferred to the GrantSolutions system, and OPHS has no responsibility for any application that is not validated and transferred to OPHS from the Grants.gov Website Portal. Grants.gov will

notify the applicant regarding the application validation status. Once the application is successfully validated by the Grants.gov Website Portal, applicants should immediately mail all required hard copy materials to the OPHS Office of Grants Management to be received by the deadlines specified above. It is critical that the applicant clearly identify the Organization name and Grants.gov Application Receipt Number on all hard copy materials.

Once the application is validated by Grants.gov, it will be electronically transferred to the GrantSolutions system for processing. Upon receipt of both the electronic application from the Grants.gov Website Portal, and the required hardcopy mail-in items, applicants will receive notification via mail from the OPHS Office of Grants Management confirming the receipt of the application submitted using the Grants.gov Website Portal.

Applicants should contact Grants.gov regarding any questions or concerns regarding the electronic application process conducted through the Grants.gov Website Portal.

Mailed or Hand-Delivered Hard Copy Applications

Applicants who submit applications in hard copy (via mail or hand-delivered) are required to submit an original and two copies of the application. The original application must be signed by an individual authorized to act for the applicant agency or organization and to assume for the organization the obligations imposed by the terms and conditions of the grant award.

Mailed or hand-delivered applications will be considered as meeting the deadline if they are received by the OPHS Office of Grant Management, c/o WilDon Solutions on or before 5:00 p.m. Eastern Time on the deadline date specified in the DATES section of the announcement. The application deadline date requirement specified in this announcement supersedes the instructions in the OPHS-1. Applications that do not meet the deadline will be returned to the applicant unread.

Applications that are mailed should be sent to the following address:
Office of Grants Management, Office of Public Health and Science (OPHS)
Department of Health and Human Services (DHHS)
C/o WilDon Solutions, Office of Grants Management Operations Center
1515 Wilson Blvd.
Third Floor Suite 310,
Arlington, VA 22209,
Attention: Division of National Healthcare Preparedness Programs (DNHPP)

4. Intergovernmental Review

Applications under this announcement are subject to the review requirements of E.O. 12372, "Intergovernmental Review of Federal Programs," as implemented by 45 CFR part 100, "Intergovernmental Review of Department of Health and Human Services Programs and Activities." E.O. 12372 sets up a system for state and local government review of proposed Federal assistance applications. As soon as possible, the applicant (other than Federally-recognized Indian tribal governments) should contact the State Single Point of Contact (SPOC) for each state in the area to be served. The application kit contains the currently

available listing of the SPOC's which have elected to be informed of the submission of applications. For those states not represented on the listing, further inquiries should be made by the applicant regarding submission to the relevant SPOC. Information about the SPOC is located on the OMB Web Site <http://www.whitehouse.gov/omb/grants/s poc/html>. The SPOC's comment(s) should be forwarded to the OPHS Office of Grants Management, 1101 Wootton Parkway, Suite 550, Rockville, MD 20852. The SPOC has 60 days from the closing date of this announcement to submit any comments.

5. Funding Restrictions

Grant funds may be used to cover costs of: personnel, consultants, equipment, supplies, grant-related travel, and other grant-related costs. Grant funds may not be used for construction, fund raising activities, and political education and lobbying. Guidance for completing the application can be found in the Program Guidelines, which are included with the complete application kits.

Applicants for discretionary grants are expected to anticipate and justify their funding needs and the activities to be carried out with those funds in preparing the budget and accompanying narrative portions of their applications. The basis for determining the allowability and allocability of costs charged to Public Health Service (PHS) grants is set forth in 45 CFR parts 74 and 92. If applicants are uncertain whether a particular cost is allowable, they should contact the OPHS Office of Grants Management at (240) 453-8822 for further information.

V. Application Review Information

1. Criteria

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

Review Criteria are used to review and rank applications. The Healthcare Facility Emergency Care Partnerships Program has 5 review criteria:

- **NEED (30 points)** - The extent to which the application describes the vulnerabilities and gaps identified through HVA, how the partnership can help to address the vulnerabilities and gaps and how federal funding will either fully address or start to address gaps resulting from those vulnerabilities.
- **WORKPLAN (30 points)** – The extent to which the applicant provides specific, measurable, time-phased objectives, and specific activities to be achieved during the budget period; the extent to which the applicant describes specific objectives of the program that are consistent with the purpose and goals of this announcement; the

extent to which the applicant provides a time table and identifies responsible parties for achievement of specific activities to accomplish proposed objectives during the budget period.

- **EVALUATION PLAN (25 points)** – The extent to which the applicant describes methods and strategies to assess, monitor, and improve the quality, effectiveness, and efficiency of the project and progress towards meeting proposed goals and objectives; the extent to which the applicant describes indicators to measure program success; the extent to which the applicant describes evidenced-based evaluation methods and strategies that are reasonable and feasible for the scope of activities proposed; the extent to which the applicant describes a clear process to capture and describe process outcomes and overall impact of the project in terms of its contribution to the evidence base for the role of emergency care partnerships in the provision of emergency care, in emergency preparedness, response and recovery; the extent to which the applicant describes methods for sharing and disseminating best practices and lessons learned as a result of federal funding.
- **RESOURCES/CAPABILITIES (5points)** - The extent to which project personnel are qualified by training and/or experience to implement and carry out the projects. The capabilities of the applicant organization, and quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project.
- **SUPPORT REQUESTED (10 points)** - The reasonableness of the proposed budget in relation to the objectives, the complexity of the activities, and the anticipated results.

2. Review and Selection process

Funding Priorities

Statutory Funding Preferences

Statutory funding preferences are available to applicants in the Healthcare Facilities Emergency Care Partnership Program. A funding preference is defined as the funding of a specific category or group of approved applications ahead of other categories or groups of approved application that do not carry a preference. *Note that these preferences will be applied to only those applications that rank above the 25th percentile of applications recommended for approval.*

Qualification 1: Regional Coordination

The partnership demonstrates how it will enhance emergency care system coordination among the hospital EDs and designated trauma center and between other local health care facilities, including clinics, health centers, primary care facilities, mental health centers, or nursing homes and includes a significant percentage (greater than 51%) of the hospitals and health care facilities within the geographic area served by such partnership

Qualification 2: National Disaster Medical System (NDMS)

The partnership includes facilities participating in the National Disaster Medical System. These hospitals must be clearly identified as NDMS participating facilities in the application.

Qualification 3: Degree of Risk

Partnerships are located in a geographic area that faces a high degree of risk. This should be based on the Hazard and Vulnerability Assessment conducted by States during the FY 2005 and FY 2006 funding cycle.

Qualification 4: Significant Need

Application clearly demonstrates a significant need for funds to achieve the medical preparedness goals described in this guidance. Applications should clearly delineate whether the partnership receives funds from the Hospital Preparedness Program, CDC Public Health Preparedness grants or other Department of Homeland Security (DHS) grants (to include UASI, SHSGP and MMRS) and how these funds will be used to compliment and/or leverage other preparedness funding for emergency care partnership activities.

The Objective Review Committee shall evaluate information to determine if the applicant has met the statutory funding preference(s).

VI. Award Administration Information

1. Award Notices

The HHS does not release information about individual applications during the review process until final funding decisions have been made. When these decisions have been made, the applicant's authorized representative will be notified of the outcome of their application by postal mail. The official document notifying an applicant that the application has been approved for funding is the Notice of Grant Award, signed by the Grants Management Officer, which specifies to the grantee the amount of money awarded, the purposes of the grant, the length of the project period, terms and conditions of the grant award, and the amount of funding to be contributed by the grantee to project costs.

2. Administrative and National Policy Requirements

The regulations set out in 45 CFR parts 74 and 92 are the HHS rules and requirements that govern the administration of grants. Part 74 is applicable to all recipients except those covered by Part 92, which governs awards to State and local governments. Applicants funded under this announcement must be aware of and comply with these regulations. The CFR volume that includes parts 74 and 92 may be downloaded from http://www.access.gpo.gov/nara/cfr/waisidx_03/45cfrv1_03.html.

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 grantees shall clearly state the percentage and dollar amount of the total costs of the

program or project which will be financed with Federal money and the percentage and dollar amount of the total costs of the project or program that will be financed by non-governmental sources.

3. Reporting

a) Audit Requirements

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

In addition to the A-133 requirement every 2 years award recipients shall conduct an audit of expenditures from amounts received under this award by an entity independent of the agency administering the program. These audits shall be conducted in accordance with the Comptroller General's standards for auditing governmental organizations, programs, activities, and functions and generally accepted auditing standards. Within 30 days following the completion of each audit report, a copy of that audit report shall be submitted to the Secretary of Health and Human Services.

b) Progress Reports

Applicants funded under this announcement will be required to electronically submit Mid-Year and End-of-Year Progress Reports, and a financial report 90 days after the budget period ends.

c) Performance Measures

HHS is currently in the process of obtaining OMB approval to request the following performance measures and additional supporting data elements under the Paperwork Reduction Act (PRA). Templates for data collection and submission will be released to awardees as soon as it is approved. Successfully funded emergency care partnerships should start data collection on the following measures as soon as possible and be ready to report baseline status as soon as the template is released. In addition to the baseline collection and reporting, emergency care partnerships/coalitions will also report on progress made on achieving performance measures at mid-year and 90 days after the end of the budget period.

1. The emergency care partnership/coalition has completed both a Hazards and Vulnerability Assessment (HVA) and a gap analysis of ED and emergency care system capabilities and resources among its healthcare coalition partners within the defined substate region. The emergency care partnership/coalition has developed a strategic plan to address and correct findings from the completed gap analysis of resources and capabilities and the HVA.
2. The emergency care partnership/coalition leadership demonstrates clearly defined, cooperative, and ongoing relationships to accomplish its mission with the emergency care

coalition partners and with local, regional, and/or state public health agencies and emergency management agencies as well as key stakeholders within the defined substate region by: a) actively participating in emergency preparedness planning meetings, activities, and other venues to develop and foster integrative and collaborative relationships engaging private and public capabilities to improve emergency care preparedness ; b) managing and mobilizing coalition membership to identify issues related to emergency care preparedness; c) managing, developing, and establishing cooperative linkages through Memorandum of Agreements (MOAs), Memorandum of Understandings (MOUs), and/or Compact Agreements; and d) participating in drills, table tops, and full scale exercises.

3. The emergency care partnership/coalition has an established process to address the media, the public, and develop health communication messages concerning the RHC and its activities within the defined substate region.
4. The emergency care partnership/coalition has established a comprehensive written emergency response and recovery plan that clearly describes the goals, objectives, activities, and standard operating procedures. The partnership/coalition emergency response and recovery plan is based on:
 - a) National Preparedness Goal and/or state and local plans;
 - b) Completed HVA for the defined region;
 - c) Completed resource and capabilities assessment;
 - d) Completed gap analysis of RHCP coalition members based on the HVA assessment; and
 - e) Evidence based emergency preparedness goals that are time-specific and measurable for the accomplishment of its mission.

The plan clearly identifies points of linkage, integration, and coordination across the emergency care coalition and with and key stakeholders during public health emergencies within the defined substate region. The plan includes an established process to review and assess written standard operating procedures that shape emergency care partnership/coalition strategic planning and define coalition partners' roles and responsibilities. The emergency care partnership/coalition encourages an evidence-based approach to emergency preparedness, researching and adopting best practices, capitalizing and building upon successes demonstrated in literature, and developing accurate metrics to assess preparedness of the emergency care partnership/coalition.

5. The emergency care partnership/coalition has participated in drills and full scale exercises in coordination with local and/or state emergency management agency and that have included at- risk populations with medical needs (the term 'at-risk individuals' means children, pregnant women, senior citizens and other individuals who have special needs) to validate plans, improve integration and coordination, and enhance emergency response performance. The emergency care partnership/coalition has incorporated findings from corrective action reports into a corrective action plan to improve preparedness capabilities and emergency response performance. The emergency care partnership/coalition has demonstrated compliance with the Homeland Security Exercise and Evaluation Program (HSEEP)

6. The emergency care partnership/coalition has submitted timely and complete data for the midyear report, the end-of-year report, and the final FSR. (*The measure will be scored by ASPR staff. A “yes” requires two conditions to be met*)
 - i. Each required report is submitted electronically to the Grants Office and the Project Officer by the published deadline. Exceptions: A single 2-week extension period may be requested in hardship cases, which must be documented and approved in writing by the Grants Office in advance of the due date.
 - ii. Each report includes all requested information. Exceptions: There are no exceptions. Grantees who require clarification of any requested element or question must contact the project officer in writing at least one week in advance of the report due date.

Partnerships shall maintain all documentation that substantiates the answers to these measures (site visits, surveys, exercises etc) and make those documents available to Federal staff as requested during site visits or through other requests.

VII. Agency Contacts

Administrative and Budgetary Contacts Requirements

For application kits, submission of applications, and information on budget and business aspects of the application, please contact: WilDon Solutions, Office of Grants Management Operations Center, 1515 Wilson Blvd., Third Floor Suite 310, Arlington, VA 22209 at 1-888-203-6161, email OPHSgrantinfo@teamwildon.com, or fax 703-351-1138.

Program Requirements

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Appendix 1

National Incident Management System (NIMS)

Compliance Activities for Hospitals (public and private)²

*FY 2006 funding cycle - all participating hospitals were asked to adopt and implement elements 7, 9, 10 and 11.

**FY 2007 funding cycle -all elements are eligible for funding AND the remaining activities must be undertaken and finished during the 12-month budget and project period.

Organizational Adoption

Element 1

Adopt NIMS at the organizational level for all departments and business units, as well as promote and encourage NIMS adoption by associations, utilities, partners and suppliers.

Example of compliance:

- *The seventeen elements included in this document are addressed in the organization's emergency management program documentation.*

Command and Management

Element 2

Incident Command System (ICS)

Manage all emergency incidents and preplanned (recurring/special events) in accordance with ICS organizational structures, doctrine, and procedures, as defined in NIMS. ICS implementation must include consistent application of Incident Action Planning and Common Communications Plans.

Example of compliance:

- *The organization's Emergency Operations Plan explains the use of ICS, particularly incident action planning and a common communications plan.*

Element 3

Multi-agency Coordination System

Coordinate and support emergency incident and event management through the development and use of integrated multi-agency coordination systems. That is, develop and coordinate connectivity capability with Hospital EOC and local Incident Command Posts (ICPs), local 911 centers, local Emergency Operations Centers (EOCs) and the state EOC as applicable.

Example of compliance:

² Draft developed for discussion by the HICS National Working Group and consideration by the NIMS Integration Center to address the question of "what types of activities should health care organizations engage in to ensure NIMS compliance?" The draft was developed from the NIMS National Standard Curriculum Training Development Guidance. Adaptations of the language for each element for health care organizations follow legislative format, with underlined items (additions) and strikethroughs (deletions). Examples of compliance were added to provide additional specificity to a health care organization.

- *The organization's Emergency Operations Plan explains the management and coordination linkage between the organization's emergency operations center and other, similar, external centers(multi-agency coordination system entities)*

Element 4

Public Information System (PIS)

Implement processes and/or plans to communicate timely, accurate information including through a Joint Information System and Joint Information Center.

Example of compliance:

- *The organization's Emergency Operations Plan explains the management and coordination of public information with health care partners and jurisdictional authorities, such as local public health, emergency management, and so on.*

Preparedness Planning

Element 5

Health care organizations will track NIMS implementation on a yearly basis as part of the organization's emergency management program.

Example of compliance: NIMS organizational adoption, command and management, preparedness/planning, preparedness/training, preparedness/exercises, resource management, and communication and information management activities will be tracked from year-to-year with a goal of improving overall emergency management capability.

Element 6

Develop and implement a system to coordinate appropriate hospital preparedness funding to employ NIMS across the organization.

Example of compliance:

- *The organization's emergency management program documentation includes information on local, state and federal preparedness grants that have been received and work progress.*

Element 7

Revise and update plans and SOPs to incorporate NIMS components, principles and policies, to include planning, training, response, exercises, equipment, evaluation and corrective action.

Example of compliance:

- *The organization's emergency management program work plan reflects status of any revisions to the Emergency Operations Plan, training materials, response procedures, exercise procedures, equipment changes and/or purchases, evaluation and corrective action processes.*

Element 8

Participate in and promote interagency mutual aid agreements, to include agreements with the public and private sector and non-governmental organizations.

Example of compliance:

- *The organization's emergency management program documentation includes information on mutual aid agreements.*

Preparedness Training

Element 9

Complete IS-700: NIMS: An Introduction.

Example of compliance:

- *The organization's emergency management program training records track completion of IS 700 or equivalent by personnel who are likely to assume an incident command position described in the hospital's emergency management plan.*

Element 10

Complete IS-800: NRP: An Introduction.

Example of compliance:

- *The organization's emergency preparedness program training records track completion of IS 800 or equivalent by individual(s) responsible for the hospital's emergency management program.*

Element 11

Complete ICS 100 and ICS 200 training.

Examples of compliance:

- *The organization's emergency preparedness program training records track completion of ICS 100 or equivalent by personnel who are likely to assume an incident command position described in the hospital's emergency management plan.*
- *The organization's emergency management program training records track completion of ICS 200 or equivalent by personnel who are likely to assume an incident command position described in the hospital's emergency management plan.*

Preparedness Exercises

Element 12

Incorporate NIMS/ICS into internal and external, local and regional emergency management training and exercises.

Example of compliance:

- *The organization's emergency management program training and exercise documentation reflects use of NIMS/ICS.*

Element 13

Participate in an all-hazard exercise program based on NIMS that involves responders from multiple disciplines, multiple agencies and organizations.

Example of compliance:

- *The organization's emergency management program training and exercise documentation reflects the organization's participation in exercises with various external entities.*

Element 14

Incorporate corrective actions into preparedness and response plans and procedures.

Example of compliance:

- *The organization's emergency management program documentation reflects a corrective action process.*

Resource Management

Element 15

Maintain an inventory of organizational response assets.

Example of compliance:

- *The organization's emergency management program documentation includes a resource inventory (e.g. medical/surgical supplies, pharmaceuticals, personal protective equipment, staffing, etc.).*

Element 16

To the extent permissible by law, ensure that relevant national standards and guidance to achieve equipment, communication, and data interoperability are incorporated into acquisition programs.

Example of compliance:

- *The organization's emergency management program documentation includes emphasis on the interoperability of response equipment, communications and data systems with external entities.*

Communications and Information Management

Element 17

Apply standardized and consistent terminology, including the establishment of plain English communications standards across the public safety sector.

Example of compliance:

- *The organization's emergency management program documentation reflects an emphasis on the use of plain English by staff during emergencies.*