U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

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

Regional Pediatric Pandemic Network

Funding Opportunity Number: HRSA-21-104
Funding Opportunity Type(s): New
Assistance Listings (CFDA) Number: 93.110

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2021

Application Due Date: July 8, 2021

Ensure your SAM.gov and Grants.gov registrations and passwords are current immediately!
HRSA will not approve deadline extensions for lack of registration.
Registration in all systems, including SAM.gov and Grants.gov,
may take up to 1 month to complete.

Issuance Date: May 6, 2021

Theresa Morrison-Quinata
Branch Chief, Emergency Medical Services for Children
Maternal and Child Health Bureau
Health Resources and Services Administration
Telephone: (301) 443-1527
Email: TMorrison-Quinata@hrsa.gov

Authority: 42 U.S.C. § 701(a)(2) (Title V, § 501(a)(2) of the Social Security Act)

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2021 Regional Pediatric Pandemic Network. The purpose of the Regional Pediatric Pandemic Network ("Network") is to coordinate among the Nation's pediatric hospitals and their communities in preparing for and responding to global health threats, including the coordination, preparation, response, and real-time dissemination of research-informed pediatric care for future pandemics.

Funding Opportunity Title:	Regional Pediatric Pandemic Network
Funding Opportunity Number:	HRSA-21-104
Due Date for Applications:	July 8, 2021
Anticipated Total Annual Available FY 2021 Funding:	$9,700,000
Estimated Number and Type of Award(s):	Up to one cooperative agreement
Estimated Award Amount:	Up to $9,700,000 per year
Cost Sharing/Match Required:	No
Period of Performance:	September 1, 2021 through August 30, 2026 (5 years)
Eligible Applicants:	Eligible entities are children's hospitals (as defined by section 340E of the PHS Act (Public Law 106-129)) or their affiliated university pediatric partners applying on behalf of a Network and meeting other specific criteria that are listed in Section III.1 of this notice of funding opportunity (NOFO).

Application Guide

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

Technical Assistance

HRSA has scheduled the following technical assistance:

Webinar

Day and Date: Thursday, May 20, 2021
Time: 2–3 p.m. ET
Call-In Number: 1-833 568 8864
Participant Code: 50741087
Weblink: https://hrsa-gov.zoomgov.com/j/1611743611?pwd=VSs5UjI0Q1pFWFpNbmtiVXVIZzROdz09

HRSA will record the webinar and make it available at: https://mchb.hrsa.gov/fundingopportunities/default.aspx.

Table of Contents

I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Regional Pediatric Pandemic Network program. The purpose of this program is to coordinate among the Nation's children's hospitals and their communities in preparing for and responding to global health threats, including the coordination, preparation, response, and real-time dissemination of research-informed pediatric care for future pandemics.[1] The Regional Pediatric Pandemic Network (the "Network") will be comprised of five children's hospitals or their affiliated university pediatric partners in geographically diverse areas across the United States that will work collaboratively across institutions to plan and implement the work of this cooperative agreement. The Network will coordinate the Nation's children's hospitals and other pediatric experts to strengthen partnerships with existing local, state, regional, and national emergency preparedness systems to ensure the needs of all children are addressed within preparedness and response activities.

This program will fund one award. You must submit a proposal to support a network of five identified children's hospitals or their affiliated university pediatric partners that collectively meet the criteria described in the Section III: Eligibility. The primary recipient (center that is listed as the grantee of record on the Notice of Award) is one of the five Children's hospitals or their affiliated university partners.

Program Objectives

In order to prepare for and respond to global health threats, including pandemics, applications should propose activities designed to meet the following program objectives by August 30, 2026.

1) Increase the proportion of children's hospitals working in partnership with local, state, regional, and/or national emergency preparedness systems including health care, disaster preparedness, and emergency management sectors, in order to provide education and develop preparedness plans to better address the unique needs of children and their families.
2) Increase the number and types of collaborations that children's hospitals develop with emergency preparedness systems, national organizations focused on improving pediatric emergency readiness, and community partners, to better address the unique needs of children and their families, including efforts to prevent and address disparities experienced by underserved populations.
3) Improve the pediatric emergency readiness of health care systems including prehospital, emergency department, and inpatient settings to better address the unique needs of children and their families.
4) Increase the capability of telehealth/telemedicine systems to better address the unique needs of children and their families.

[1] For specific congressional language on the Regional Pediatric Pandemic Network, see: https://www.congress.gov/116/crec/2020/12/21/CREC-2020-12-21.pdf-bk4#page=310

5) Accelerate real-time dissemination of research-informed pediatric care to better address the unique needs of children and their families.

For specific program activities, see Section IV: Program-Specific Instructions.

2. Background

This program is a Special Project of Regional and National Significance (SPRANS), authorized by 42 U.S.C. § 701(a)(2) (Title V, § 501(a)(2) of the Social Security Act).

Unique Needs of Children in Public Health Emergencies

Children are uniquely vulnerable to global threats and public health emergencies, including pandemics. As compared to adults, children have unique physiological, developmental, and emotional needs that may intensify during an emergency. Children require weight-specific, age-appropriate, and developmentally suitable interventions and care.[2] When emergency medical system providers care for children, they must complete examinations, carry out procedures, and make assessments while simultaneously addressing the emotional needs of the child and their family. This is particularly challenging for providers who do not routinely care for children and their families. Although children comprise only 25 percent of the U.S. population, they may require more emergency response resources and may be at greater risk for long-term medical, developmental, and emotional consequences, as seen during the recent ZIKA outbreak.[3] In addition to having unique medical needs, children also experience mental health concerns that are exacerbated by family and community stress. As we have seen with the COVID-19 pandemic, public health containment strategies including social distancing, have disrupted daily routines, social norms, schooling, and family functioning resulting in significant stress for children, families, and their social supports.[4,5] Including behavioral health and social support services in emergency planning and response is necessary to address acute stress and prevent lasting emotional effects.

Children are also especially vulnerable to emergencies, disasters, and global health threats in the United States because the nation's emergency medical systems are not fully prepared to provide age-appropriate, high-quality emergency or disaster care to children.[6] Eighty percent of children seek care in community emergency departments (EDs) in the United States which have variable degrees of pediatric readiness. Less

[2] Institute of Medicine Committee on the Future of Emergency Care in the US. Emergency care for children: growing pains. Washington, DC: National Academy Press; 2007.
[3] Eric J. Dziuban, Georgina Peacock, and Michael Frogel. A Child's Health Is the Public's Health: Progress and Gaps in Addressing Pediatric Needs in Public Health Emergencies. American Journal of Public Health 107, S134_S137 (2017).
[4] Fong V, Iarocci G. Child and Family Outcomes Following Pandemics: A Systematic Review and Recommendations on COVID-19 Policies. J Pediatr Psychol. 2020 Nov 1;45(10):1124-1143. doi: 10.1093/jpepsy/jsaa092. PMID: 33083817; PMCID: PMC7665615
[5] Schonfeld DJ, Demaria T on behalf of the Disaster Preparedness Advisory Council and Committee on Psychosocial Aspects of Child and Family Health. Providing Psychosocial Support to Children and Families in the Aftermath of Disasters and Crises. Pediatrics. 2015 Oct 1;136(4):e1120-e1130.
[6] Gausche-Hill M, Ely M, Schmuhl P, Telford R, Remick KE, Edgerton EA, Olson LM. A national assessment of pediatric readiness of emergency departments. JAMA Pediatr. 2015 Jun;169(6):527-34. doi: 10.1001/ jamapediatrics.2015.138. Erratum in: JAMA Pediatr. 2015 Aug;169(8):791. PMID: 25867088.

than half of U.S. EDs report having a disaster plan that addresses the specific needs of children.[6] In order for children to receive proper emergency health care during a pandemic, the United States must have both everyday pediatric readiness and an all-hazards preparedness approach that can address the needs of children and their families impacted by a variety of emergencies, disasters, and global threats, including pandemics.

Foundations of 'Everyday' Pediatric Readiness

Ensuring emergency medical systems are ready to care for children during pandemics requires that they be ready to care for children every day.[7,8] The findings of a 2013 national survey of over 4,100 emergency departments in the United States[9] found that pediatric readiness scores were lower in EDs that cared for fewer children. Safety issues were also noted: only 67 percent of ED respondents reported weighing children in kilograms, and fewer documented the weight in kilograms in the medical chart (placing children at risk for weight-based medication dosing errors). Further, 67 percent of hospitals that cared for a high volume of children (more than 10,000 children a year) had a disaster plan that included children, compared to only 38 percent of those EDs that cared for a low volume of children (fewer than 1,800 children a year). Those EDs with at least one nurse and/or physician pediatric emergency care coordinator (PECC) were two times more likely to have a disaster plan that addressed the needs of children, compared to EDs without a PECC.[10] One more recent study found that critically ill children that were cared for at hospitals with a high pediatric readiness score have improved patient outcomes.[11]

In 2018, the American Academy of Pediatrics (AAP), the American College of Emergency Physicians (ACEP), and the Emergency Nurse Association (ENA) updated and released, Pediatric Readiness in the Emergency Department,[12] a comprehensive guide to help EDs develop essential policies, procedures, and resources to best care for pediatric patients, which also included the key components of an all-hazard disaster preparedness approach.[13] In 2020, to further advance the critical role of prehospital

---

[7] Institute of Medicine Committee on the Future of Emergency Care in the US. Emergency care for children: growing pains. Washington, DC: National Academy Press; 2007. Available at: https://www.nap.edu/catalog/11655/emergency-care-for-children-growing-pains (Accessed 2/4/21)

[8] For more information, see description of HRSA's Emergency Medical Services for Children Program (Accessed 2/4/21)

[9] Gausche-Hill M, Ely M, Schmuhl P, Telford R, Remick KE, Edgerton EA, Olson LM. A national assessment of pediatric readiness of emergency departments. JAMA Pediatr. 2015 Jun;169(6):527-34. doi: 10.1001/jamapediatrics.2015.138. Erratum in: JAMA Pediatr. 2015 Aug;169(8):791. PMID: 25867088.

[10] Data provided by the National EMSC Data Analysis Resource Center from the 2013 National Pediatric Readiness Assessment. Obtained January 2021.

[11] Ames SG, Davis BS, Marin JR, L. Fink EL, Olson LM, Gausche-Hill M, Kahn JM. Emergency Department Pediatric Readiness and Mortality in Critically Ill Children. Pediatrics. 2019;144(3):e20190568

[12] Remick K, Gausche-Hill M, Joseph MM, Brown K, Snow SK, Wright JL; AAP Committee on Pediatric Emergency Medicine and Section on Surgery; ACRP Pediatric Emergency Medicine Committee; ENA Pediatric Committee. Pediatric Readiness in the Emergency Department. Pediatrics. 2018 Nov;142(5):e20182459. doi: 10.1542/peds.2018-2459. Erratum in: Pediatrics. 2019 Mar;143(3): PMID: 30389843.

[13] DISASTER PREPAREDNESS ADVISORY COUNCIL; COMMITTEE ON PEDIATRIC EMERGENCY MEDICINE. Ensuring the Health of Children in Disasters. Pediatrics. 2015 Nov;136(5):e1407-17. doi: 10.1542/ peds.2015-3112. Epub 2015 Oct 19. PMID: 26482663.

emergency care in the continuum of pediatric care, AAP, ACEP, ENA, the National Association of Emergency Medical Services Physicians, and the National Association of Emergency Medical Technicians released Pediatric Readiness in Emergency Medical Services Systems, Prehospital Emergency Care.[14] This guide aims to advance the quality of prehospital emergency care of children by increasing infrastructure support for Emergency Medical Services (EMS) providers, ensuring pediatric care is included in EMS training and planning, and encouraging pediatric emergency care physicians, public health experts, and families to work collaboratively to improve EMS care for children.

Children's Hospitals and Preparedness

Children's hospitals provide leadership within their communities, states, and regions to improve community hospitals' readiness to care for children, including during disasters. The Children's Hospital Association (CHA) estimates that 1 in 20 hospitals are children's hospitals,[15] which serve as referral and transport hubs for local and regional community hospitals to improve access to pediatric-specialty care for severely injured or critically ill children. Children's hospitals mainly focus on training pediatric providers, providing general and sub-specialty pediatric care, and driving research innovations. Additionally, the Patient Protection and Affordable Care Act of 2010 (ACA) requires tax-exempt children's hospitals to conduct routine community health needs assessments and develop and carry out actionable strategies to address their community's health needs.[16]

Children's hospitals' experiences managing global health threats, such as the 2009 H1N1 influenza pandemic, identified several needs that might be addressed by a pediatric preparedness network including: supporting the adoption and dissemination of national pandemic preparedness guidance; developing relationships between pediatric EDs and local, state, and regional public health preparedness efforts to better reconcile public health guidance with the reality of clinical practice; and ensuring that lessons learned from past emergencies and disasters will inform future preparedness.[17] More recently, during the COVID-19 pandemic, children's hospital EDs found that video/teleconference and simulations were preferred modalities for clinical training.[18]

---

[14] Brian Moore, Manish I. Shah, Sylvia Owusu-Ansah, et.al. and American Academy of Pediatrics Committee on Pediatric Emergency Medicine, Section on Emergency Medicine EMS Committee and Section on Surgery;, American College of Emergency Physicians Emergency Medical Services Committee;, Emergency Nurses Association Pediatric Committee;, National Association of Emergency Medical Services Physicians Standards and Clinical Practice Committee; & National Association of Emergency Medical Technicians Emergency Pediatric Care Committee (2020) Pediatric Readiness in Emergency Medical Services Systems, Prehospital Emergency Care, 24:2, 175-179, DOI: 10.1080/10903127.2019.1685614

[15] More information on the Children's Hospital Association is available at: https://www.childrenshospitals.org/About-Us/About-Childrens-Hospitals (Accessed 1/30/21)

[16] Association of State and Territorial Health Officials (ASTHO). Community-Based Health Needs Assessment Activities: Opportunities for Collaboration Between Public Health Departments and Rural Hospitals.2017 (Accessed 2/4/21)

[17] Filice CE, Vaca FE, Curry L, Platis S, Lurie N, Bogucki S. Pandemic planning and response in academic pediatric emergency departments during the 2009 H1N1 influenza pandemic. Acad Emerg Med. 2013 Jan;20(1):54-62. doi: 10.1111/acem.12061. PMID: 23570479.

[18] Auerbach MA, Abulebda K, Bona AM, Falvo L, Hughes PG, Wagner M, Barach PR, Ahmed RA. A National US Survey of Pediatric Emergency Department Coronavirus Pandemic Preparedness. Pediatric

Health Equity is Essential to Emergency Preparedness
Research studying the impacts of disasters and global health threats on families has also emphasized the need to ensure that health equity is at the forefront of all aspects of emergency preparedness planning and response. The COVID-19 pandemic and response has heightened and exacerbated long-standing social, economic, and health inequities in our Nation. People of color, who experience systemic and structural racism, are more likely to become infected, ill, and have higher rates of morbidity and mortality from the SARS-CoV-2 infection. Research suggests that the disproportionate impact this pandemic has had on communities of color and other underserved populations will result in lasting negative health, emotional, and economic outcomes.[19] Developing emergency preparedness plans with a health equity perspective across all phases of planning, response, and recovery is essential.[20]

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: New

HRSA will provide funding in the form of a cooperative agreement. A cooperative agreement is a financial assistance mechanism where HRSA anticipates substantial involvement with the recipient during performance of the contemplated project.

HRSA program involvement will include:
In addition to the usual monitoring and technical assistance provided under the cooperative agreement, HRSA reserves the right to redirect program activities within the scope of this notice of funding opportunity (NOFO). Particularly, MCHB responsibilities include:

- Assuring the availability of the services of experienced MCHB personnel to participate in the planning and development of all phases of this program.
- Participating in the planning and development of the Steering Committee for the program.
- Participating in meetings conducted during the period of performance, including the Steering Committee.
- Participating in the development of and approval of the final version of the Performance Measurement plan.
- Participating in, at minimum, monthly check in calls (frequency to be determined in collaboration with the recipient) as well as other periodic meetings and/or communications to assess progress.
- Facilitating engagement and collaboration with federal and state agencies, other HRSA-funded grants, and other entities relevant to the project's mission.

Emergency Care. 2021 Jan 1;37(1):48-53. doi: 10.1097/PEC.0000000000002307. PMID: 33394945; PMCID: PMC7780930.
[19] Raker EJ, Arcaya MC, Lowe SR, Zacher M, Rhodes J, Waters MC. Mitigating Health Disparities After Natural Disasters: Lessons From The RISK Project. Health Aff (Millwood). 2020 Dec;39(12):2128-2135. PMID: 33284697.
[20] Lichtveld M. Disasters Through the Lens of Disparities: Elevate Community Resilience as an Essential Public Health Service. Am J Public Health. 2018;108(1):28-30. doi:10.2105/AJPH.2017.304193

- Assisting the recipient to establish, review, and update priorities for activities conducted under the auspices of this program.
- Reviewing, providing feedback, and approving, as needed, publications, audiovisuals, and other materials produced.
- Coordinating closely with HRSA's Office of Communications regarding dissemination of publications completed under this program, and cooperating on the referral of inquiries and request for publications and other information.
- Participating in the dissemination of research findings, best practices, and lessons learned from the project.

The cooperative agreement recipient's responsibilities will include:

- Assuring HRSA will be identified as a funding sponsor on written products, presentations, and during meetings and conferences relevant to cooperative agreement activities.
- Collaborating with the federal project officer on planning/implementing new activities to include the Steering Committee selection.
- Seeking prior approval from the federal project officer when hiring new key project staff, including for example, principal investigators (PI) and project managers (PM) at all children's hospitals in the Network.
- Consulting with the federal project officer before scheduling any meetings that pertain to the scope of work and at which the project officer's attendance would be appropriate.
- Ensuring the federal project officer reviews, provides advisory input, and approves publications, audiovisuals, and other materials produced, as well as meetings/conferences planned.
- Providing the federal project officer with an electronic copy of, or electronic access to, each product including presentations and manuals 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.
- Developing and submitting to HRSA for approval a Performance Measurement Plan that includes preparedness and response metrics for the program within 6 months of project launch.
- Participating in the development and implementation of recipient performance measures, including the collection of information and administrative data.
- Participating in, at minimum, monthly check in calls (frequency to be determined in collaboration with the federal project officer) as well as other periodic meetings and/or communications with recipients to assess progress.
- Providing quarterly written reports, in a format developed in partnership with the federal project officer, to HRSA synthesizing program results to date.
- Providing summary aggregate data to HRSA upon request, in particular being able to provide data on emergent issues.
- Participating in one face-to-face RPPN meeting in the Washington, DC region annually, if travel is permissible and safe, scheduled in partnership with HRSA.
- Participating in the EMSC program's grantee meeting (held in Years 2 and 4 of the project), location to be determined.

- The primary recipient (center that is listed as the grantee of record on the Notice of Award) will establish written agreements with the four subawardee children's hospitals or their affiliated university pediatric partners that include at a minimum:
    - A work plan defining the goals and objectives of the project to be undertaken through this cooperative agreement;
    - A budget for support of the project that shall be equitably distributed among the children's hospitals and clearly identifies the personnel, equipment, materials, and other costs required to successfully conduct this program;
    - A requirement that each subawardee have a designated PI and PM;
    - A requirement that at least one person from each subawardee center participate in a face-to-face RPPN meeting in the Washington, DC region annually, if travel is permissible and safe, scheduled in partnership with HRSA;
    - A detailed plan for Network operations which includes a shared communication plan; how decisions will be ratified; how conflicts will be resolved; and how data will be collected, shared, and reported; and
    - Commitment of subawardees to participate in quarterly calls with the HRSA federal project officer and to provide data to the primary award recipient for inclusion in quarterly and annual program status and performance reports.

2. Summary of Funding

HRSA estimates approximately $9,700,000 to be available annually to fund one recipient. You may apply for a ceiling amount of up to $9,700,000 in total costs (includes both direct and indirect, facilities and administrative costs) per year. The period of performance is September 1, 2021 through August 30, 2026 (5 years). Funding beyond the first year is subject to the availability of appropriated funds for the RPPN Program in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

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

The indirect costs rate in this NOFO refers to the "Other Sponsored Program/Activities" rate.

III. Eligibility Information

1. Eligible Applicants

Eligible applicants include children's hospitals (centers) as defined by section 340E of the PHS Act (Public Law 106-129) or their affiliated university pediatric partners.[21] You will demonstrate eligibility according to 340E of the PHS Act (Public Law 106-129).

The primary recipient (center that is listed as the grantee of record on the Notice of Award) is one of the five Children's hospitals or their affiliated university partners. While you, a single entity, must submit the application and accept legal responsibility for managing the project, you must propose to support a network of five (inclusive of your institution) children's hospitals or their affiliated university pediatric partners that collectively meet the following geographic criteria:

- At least one center in a state within both the Delta Regional Authority and Appalachian Regional Commission.[22]
- At least one such center at a pediatric hospital in each of HRSA's regions V and VII.[23]
- At least one such center in HRSA region VIII or X.[24]
- At least one such center at a pediatric hospital that is a primary National Institutes of Health Clinical and Translational Science Award grantee or a partner that contributes to the budget request of an academic medical center's application at the time of this application. To confirm eligibility, you must include a letter from the institutional authorized organizational representative (AOR) / business official in the application that confirms they meet the criteria based on the National Center for Advancing Translational Sciences Clinical and Translational Science Awards (CTSA) grant and describes the relationship between their institution and the CTSA Hub.

Include letters of commitment in and documentation of eligibility from the children's hospitals or their affiliated university pediatric partners that are proposed members of the Network in ***Attachment 4*** and complete **Attachment 6**, following the instructions provided in Section IV.2 Project Narrative, subsection vi Attachments.

After receiving applications, HRSA will confirm that you meet all of these eligibility criteria prior to your application being submitted for review.

---

[21] Public Law 106-129 (the "Healthcare Research and Quality Act of 1999") added section 340E to the Public Health Service (PHS) Act. The definition of "children's hospital" in section 340E(g)(2) of the PHS Act states: "The term 'children's hospital' means a hospital with a Medicare payment agreement and which is excluded from the Medicare inpatient prospective payment system pursuant to section 1886(d)(1)(B)(iii) of the Social Security Act and its accompanying regulations." Section 1886(d)(1)(B)(iii) of the Social Security Act describes a children's hospital as "a hospital whose inpatients are predominantly individuals under 18 years of age."

[22] States within the Delta Regional Authority are available here: https://dra.gov/about-dra/dra-states/. States within the Appalachian Regional Commission are available here: https://www.arc.gov/appalachian-states/

[23] Information on which states are in these regions is available at: https://www.hrsa.gov/about/organization/bureaus/oro/index.html

[24] Information on which states are in these regions is available at: https://www.hrsa.gov/about/organization/bureaus/oro/index.html

2. Cost Sharing/Matching

Cost sharing/matching not required for this program.

3. Other

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

HRSA will consider any application that exceeds the page limit referenced in Section IV non-responsive and will not consider it for funding under this notice.

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

NOTE: Multiple applications from an organization are not allowable.

HRSA will only accept your **last** validated electronic submission, under the correct funding opportunity number, prior to the Grants.gov application due date as the final and only acceptable application.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA ***requires*** you to apply electronically. HRSA encourages you to apply through Grants.gov using the SF-424 workspace application package associated with this notice of funding opportunity (NOFO) following the directions provided at http://www.grants.gov/applicants/apply-for-grants.html.

The NOFO is also known as "Instructions" on Grants.gov. You must select "Subscribe" and provide your email address for each NOFO you are reviewing or preparing in the workspace application package in order to receive notifications including modifications, clarifications, and/or republications of the NOFO on Grants.gov. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. *You are ultimately responsible for reviewing the For Applicants page for all information relevant to this NOFO.*

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, etc. You must submit the information outlined in the Application Guide in addition to the program-specific information below. You are responsible for reading and complying with the instructions included in HRSA's *SF-424 Application Guide* except where instructed in the NOFO to do otherwise. You must submit the application in the English language

and in the terms of U.S. dollars (45 CFR § 75.111(a)).

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

Application Page Limit
The total size of all uploaded files included in the page limit may not exceed the equivalent of **200 pages** when printed by HRSA. The page limit includes the project and budget narratives, attachments, and letters of commitment and support required in the *Application Guide* and this NOFO. Please note: Effective April 22, 2021, the abstract is no longer an attachment that counts in the page limit. The abstract is the standard form "Project_Abstract Summary." Standard OMB-approved forms that are included in the workspace application package do not count in the page limit. Note: If you use an OMB-approved form that is not included in the workspace application package for HRSA-21-104, it may count against the page limit. Therefore, we strongly recommend you only use Grants.gov workspace forms associated with this NOFO to avoid exceeding the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. **It is therefore important to take appropriate measures to ensure your application does not exceed the specified page limit. Any application exceeding the page limit of 200 will not be read, evaluated, or considered for funding.**

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

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

- You certify on behalf of the applicant organization, by submission of your proposal, that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. § 3321).
- Where you are unable to attest to the statements in this certification, an explanation shall be included in ***Attachment 11–15: Other Relevant Documents***.

See Section 4.1 viii of HRSA's *SF-424 Application Guide* for additional information on all certifications.

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

i. Project Abstract
Use the Standard OMB-approved Project Abstract Summary Form 2.0 that is included in the workspace application package. Do not upload the abstract as an attachment. For abstract information content, include the following:

Abstract content:

PROBLEM: Briefly state the principal needs and problems addressed by the project.

GOAL(S) AND OBJECTIVES: Identify the major goal(s) and objectives for the 5-year period of performance.

METHODOLOGY: Describe the activities used to attain the objectives.

COORDINATION: Describe the coordination planned with appropriate national, regional, state, and/or local partners to implement the proposed project.

POPULATION: Briefly describe the population group(s) to be served.

EVALUATION: Briefly describe the evaluation methods that will assess program outcomes and the effectiveness and efficiency of the project in attaining goals and objectives.

ANNOTATION: Provide a three- to five-sentence description that identifies the project's purpose, the needs and problems that are addressed, the goals and objectives of the project, the activities that will be used to attain the goals, and the materials that will be developed.

For further information, see Section 4.1.ix of HRSA's *SF-424 Application Guide*.

ii. Project Narrative

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

Successful applications will contain the information below. Please use the following section headers for the narrative:

- *INTRODUCTION -- Corresponds to Section V's Review Criterion 1 Need*
  Briefly describe the purpose of the proposed project that is consistent with Section I: Purpose of this NOFO.

- *NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion 1 Need*
  Provide a detailed needs assessment that describes gaps and strengths in addressing the needs of our nation's children in local, state, regional, and/or national preparedness and response plans. Use demographic and other data to describe the scope and needs of underserved communities that you will address with the proposed project. Specifically include the following:
  - Synthesis of the unique needs and risks for children and their families that need to be taken into account when preparing for and responding to global health threats, including pandemics.
  - Assessment of health inequities and key social determinants of health that differentially impact emergency response for children and their families

especially in underserved communities including minority, Tribal, territorial, rural, and other underserved communities.

- Analysis of the gaps in current emergency preparedness systems including health care, public health, and emergency management sectors that differentially impact children and their families.
- A concise overview of the strengths and gaps in data sources related to emergency preparedness as related to children and families.

- *METHODOLOGY -- Corresponds to Section V's Review Criterion 2 Response*

  Propose methods that includes specific goals and objectives that you will use to address the stated needs and meet each of the requirements and expectations described in this NOFO. Ensure the following core activities are integrated into the proposal:

  Increase the proportion of children's hospitals working in partnership with local, state, regional, and/or national emergency preparedness systems

  Establish and Manage the Regional Pediatric Pandemic Network

  - Establish and coordinate a cohesive, high-functioning Network of five children's hospitals with the complementary expertise necessary to successfully implement the full scope of activities specified in this NOFO.
  - Clearly identify the proposed members of the network and provide documentation in ***Attachment 6*** that they collectively meet the criteria in Section III.Eligibility.
  - Apply continuous quality improvement principles to assess progress, learn from interim results, refine approaches, and increase effectiveness as the center of leadership for national pediatric preparedness and response.
  - Define how key operational processes will be managed across the five hospitals, including plans for: communication, developing inter-hospital agreements, sharing and reporting of information and data, and developing shared decisions and resolving conflicts.

  Coordinate Pediatric Emergency Response Expertise

  - Formalize relationships with emergency preparedness partners including those in federal government, national organizations, and communities to advance the work of the RPPN Program and ensure that the RPPN's work enables synergy and prevents duplication of local, state, regional, and national preparedness efforts.
  - Develop a program Steering Committee comprised of leaders in pediatric preparedness and response including those in federal government, state or local government, national organizations, and communities. In addition, members of the Steering Committee should also represent and include care providers in medicine, nursing and emergency services, youth and family representatives, and representatives that advocate for communities that are differentially impacted by health inequities.
  - Provide national leadership in developing consensus recommendations for emergency management, disaster preparedness, and health care sectors to more fully address the needs of children and their families in an effective response to a global health threat.

- Make recommendations to children's hospitals on essential components of preparedness planning that ensure children's needs are met in their local, state, regional, and national disaster and pandemic preparedness and response activities.
- Develop formalized roles for children's hospitals in implementing consensus recommendations within local, state, regional, and national preparedness and response efforts.

Increase collaborations with children's hospitals and community partners

Lead National Children's Hospital Preparedness Consortium

- Establish linkages between leaders in pediatric preparedness and response at children's hospitals throughout the nation and key representatives of their local, state, and regional pediatric preparedness community partners.
- Enable this Consortium to serve as a forum for these leaders across the country to interact and network through organized and informal events.
- Define the mission and vision of the Consortium.
- Assess and synthesize the successes, challenges, and gaps that children's hospitals face when partnering to addressing the needs of children in disasters or pandemics within local, state, regional, and national preparedness and response activities.
- Identify, develop, and pilot innovative approaches to build and sustain collaborative multi-sector partnerships between children's hospitals and their respective local, state, and regional systems.
- Describe strategies that the children's hospitals in the Consortium use to partner with social services, schools, employers, and other community supports.

Incorporate a health equity approach in the activities of this program

- Ensure all emergency preparedness plans use patient- and family-based care models and use a health equity perspective.
- Use effective, culturally aligned communication, messaging, and outreach to underserved populations.
- Ensure that preparedness planning data will assess health, social and economic inequities (e.g., morbidity, service utilization, employment, access to child care).
- Improved equitable continuity in access to and delivery of preventive health services to all children during and after global health threats such as pandemics.
- Develop mechanisms to provide greater assistance to children and families experiencing displacement, separation, reunification, or disproportionate economic or health effects from global health threats.
- Consider innovative strategies to support and elevate community resilience.

Improve the pediatric readiness and pandemic preparedness and response of health care systems

- Lead preparedness and response activities that will match the needs of the children's hospitals participating in this Consortium (e.g., learning collaboratives, tabletop exercises).
- Develop or support quality improvement collaboratives to advance pediatric readiness among Consortium members and their local, state, and community partners (e.g., support the development of pediatric emergency care coordinators).
- Recruit participation in quality improvement collaboratives from states and regions with underserved communities.
- Support children's hospitals to advance pediatric readiness in community hospitals and with prehospital EMS providers in their local, state, and regional community.
- Promote state policies that accelerate pediatric readiness (e.g., pediatric emergency care facility recognition programs).
- Develop educational and networking opportunities (e.g., to discuss development of inter-hospital Memorandums of Understanding to address surge conditions) in local, state, regional, and national pediatric preparedness and response.

Increase the capability of telehealth/telemedicine systems

- Assess and make recommendations on basic elements and improvements of data systems and telehealth capacities that would improve readiness to deliver care to children and families during pandemic or disaster response.
- Demonstrate and promote the use of telehealth/telemedicine technology among children's hospitals for acute and non-acute care.
- Identify innovative strategies for children's hospitals to improve continuity of access to non-clinical services for children and families during a global health threat, including through partnership with organizations and systems that work to meet the wide-ranging needs of children and families (e.g., mental health, housing, food, early childhood learning systems, schools).

Accelerate the uptake of new recommendations, evidence-based and research-informed practices

- Maintain active inventory of ongoing research and resulting findings regarding pediatric preparedness and response.
- Synthesize available evidence for application in the field (e.g., clinical practice protocols).
- Support dissemination of successful innovations on a national scale.
- Disseminate guidance, best practices and policy innovations in a timely, coordinated manner to improve preparedness and response activities, tailoring information to meet the needs of priority target audiences.

- Develop unique, pediatric focused trainings (e.g., webinars, conference presentations, teleECHO[25] programs) to advance pediatric preparedness and response of all children's hospitals and other settings.
- Promote promising and innovative practices for pediatric preparedness and response to children's hospitals and partners.
- Utilize internal and external academic partners to analyze and summarize strategies that lead to improvements in pediatric preparedness and response.

Performance Measurement

- Within 6 months of the project launch, in partnership with the Steering Committee and HRSA, finalize a Performance Measurement Plan that compiles key indicators to assess performance and progress toward each of the NOFO objectives. Incorporate into the Performance Measurement Plan, where appropriate, existing and newly developed measures (e.g., ASPR Pediatric Disaster Care Centers of Excellence Centers measures) to assess preparedness and response capabilities and strengthen strategic alliances.

Building on Prior Work

The RPPN Program will build on prior work and existing expertise in public health preparedness including in the emergency management, disaster preparedness, and health care sectors. Appendix B lists some examples of existing recommendations, frameworks, and resources that may inform the RPPN Program. Appendix C includes select examples of existing federally funded programs and national programs that may advance the work of the RPPN Program. These include those at the Assistant Secretary for Preparedness and Response, the Centers for Disease Control and Prevention, HRSA, the Federal Emergency Management Agency, and the AAP. In addition, collaboration between children's hospitals and a variety of community partners that provide services, education,[26] and support to children and families will be essential to develop comprehensive preparedness plans and responses. A list of community preparedness partners can be found at the CDC's Public Health Emergency Preparedness and Response Capabilities. The RPPN Program will coordinate among the children's hospitals and their partners to inform pediatric preparedness, planning, and response, as well as to accelerate the uptake of research-informed pediatric care.

- *WORK PLAN -- Corresponds to Section V's Review Criterion 2 Response*

  Provide a work plan as ***Attachment 1*** that describes the activities or steps that you will use to achieve each of the NOFO objectives during the entire period of performance in the Methodology section. As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities, including developing the application. Provide a timeline as ***Attachment 9*** that includes each activity and identifies responsible staff.

  Submit a logic model for designing and managing the project as ***Attachment 10.***

[25] https://hsc.unm.edu/echo/institute-programs/covid-19-response/ (Accessed 2/4/21)
[26] Lai BS, Esnard AM, Lowe SR, Peek L. Schools and Disasters: Safety and Mental Health Assessment and Interventions for Children. Curr Psychiatry Rep. 2016 Dec;18(12):109. doi: 10.1007/s11920-016-0743-9. PMID: 27778233.Available at: https://par.nsf.gov/servlets/purl/10025972 (Accessed 2/4/21)

A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements. While there are many versions of logic models, for the purposes of this notice, the logic model should summarize the connections between the:

- Goals of the project (e.g., reasons for proposing the intervention, if applicable);
- Assumptions (e.g., beliefs about how the program will work and support resources, based research, best practices, and experience);
- Inputs (e.g., organizational profile, collaborative partners, key personnel, budget, and other resources);
- Target population (e.g., the individuals to be served);
- Activities (e.g., approach, listing key intervention, if applicable);
- Outputs (i.e., direct products of program activities); and
- Outcomes (i.e., the results of a program, typically describing a change in people or systems).

Although there are similarities, a logic model is not a work plan. A work plan is an "action" guide with a timeline used during program implementation; the work plan provides the "how to" steps. You can find additional information on developing logic models at the following website: https://www.acf.hhs.gov/archive/ana/training-technical-assistance/ana/resource/ana/resource/logic-model-template.

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

  Discuss challenges that you are likely to encounter in designing and implementing the activities described in the work plan, and approaches that you will use to resolve such challenges. Include at a minimum the following:

  - Risk of duplicating existing preparedness and response efforts at the national, regional, state, or local levels.
  - Ability to ensure program impacts extend beyond children's hospitals and their immediately neighboring community partners into rural and underserved areas of the country.
  - Delay in program activities due to operational processes related to subawardee administration.

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criterion #3 Evaluative Measures, and #4 Impact*

  - Describe a detailed program evaluation plan that will monitor ongoing Network processes, contribute to continuous quality improvement, and demonstrate progress towards the goals and objectives of the project.
  - Describe key draft performance indicators to assess performance and progress toward each of the NOFO objectives. Use the format in Appendix D to organize the indicators, building from the examples listed there and include as ***Attachment 8.***
  - Describe the proposed method for developing a final Performance Measurement Plan within 6 months of project launch that compiles key indicators to assess performance and progress toward each of the NOFO

objectives. Incorporate into the Performance Measurement plan, where appropriate, existing and newly developed measures (e.g., ASPR Pediatric Disaster Care Centers of Excellence Centers measures) to assess preparedness and response capabilities and strengthen strategic alliances.

- Describe current relevant experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature.
- Describe the systems and processes that will support your organization's performance management requirements through effective tracking of performance outcomes, including a description of how the organization will collect and manage data (e.g., assigned skilled staff, data management software) in a way that allows for accurate and timely reporting of performance outcomes.
- Describe data collection and management strategies across the Network and the Consortium.
- Describe potential obstacles for implementing the program evaluation and your plan to address those obstacles.
- Describe the process and plan to prepare and submit quarterly written reports to HRSA synthesizing program results to date.
- Describe the process and plan to prepare and submit annual reports to HRSA on relevant Discretionary Grant Information System (DGIS) performance measures as indicated in section VI.3.
- Propose a strategy for sustainability after the period of federal funding ends. HRSA expects recipients to sustain key elements of their projects (e.g., strategies, services, interventions), which have been effective in improving practices and/or have led to improved outcomes for the target population.

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

  Organizational Structure and Capacity

  - Succinctly describe the current mission, structure, and scope of current activities for each of the five institutions forming the Network, and how these elements all contribute to the organizations' collective ability to implement the program requirements and meet program expectations.
  - Provide examples to demonstrate expertise, knowledge, and experience necessary to implement the RPPN Program.
  - Include an organizational chart as ***Attachment 5***.
  - Describe the specific expertise in pediatric preparedness of each Institution such as whether they have participated in a recent pediatric therapeutic or vaccination clinical trial or other pediatric disaster care program.
  - Discuss how the organization will follow the approved plan, as outlined in the application, properly account for the federal funds, and document all costs to avoid audit findings.
  - Describe how you will routinely assess and improve the unique needs of target populations of the communities served.
  - Describe the experience of the primary recipient organization in successfully managing and administering subawards or contracts, including the timeliness and accuracy of disbursements, sufficient monitoring, and oversight controls.

Project Manager and Faculty/Staff Qualifications

Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature.

Personnel should include, at a minimum:

- Recipient site PI (minimum 0.1 FTE) and PM (minimum 0.75 FTE) at the primary site (center that is listed as the grantee of record on the Notice of Award)
- A PI (minimum 0.1 FTE) and a PM (minimum 0.75 FTE) at each of the other four subawardee children's hospitals forming the Network.
- The PM is expected to be the person having direct, operational responsibility for the RPPN Program at that site and can be either grant-supported or in combination with in-kind support, to the RPPN Program. The PM position should not be split across multiple individuals. The PM should have strong organizational skills, strong collaborative skills, have demonstrated experience managing inter-facility networks and/or collaborations, and an understanding of pediatric emergency and disaster preparedness.
- The PI is expected to have nationally recognized subject matter expertise, demonstrate exceptional clinical experience, a strong funding track record with experience leading multi-site or multi-sector projects or research, highly recognized skills as an educator of trainee learners and peers, and clinical expertise in one or more of these areas of focus: pediatric emergency care, pediatric disaster preparedness; pediatric prehospital care, pediatric critical care, pediatric infectious disease, and pediatric community/public health.
- Project key personnel, at all children's hospitals in the Network should have adequate time devoted to the project to achieve project objectives. Key project personnel should also have experience working with children's hospitals, expertise in successful hospital-community partnerships, and comprehensive knowledge of disaster preparedness and response.
- Document staff capacity in the narrative and ***Attachment 3.*** Biographical sketches of the PIs and PMs should be no more than two pages each and highlight qualifications (education, training, experience, publications, or other skills) in the subject areas described above.
- Include the staffing plan and job descriptions for key personnel in ***Attachment 2***. Job descriptions should include the qualifications necessary to meet the functional requirements of the position, not the particular capabilities or qualifications of a given individual. Include key personnel from all five of the children's hospitals forming the Network.

iii. Budget

The directions offered in the SF-424 Application Guide may differ from those offered by Grants.gov. Follow the instructions in Section 4.1.iv of HRSA's *SF-424 Application Guide* and the additional budget instructions provided below. A budget that follows the Application Guide will ensure that, if HRSA selects the application for funding, you will have a well-organized plan and, by carefully following the approved plan, may avoid audit issues during the implementation phase.

Reminder: The Total Project or Program Costs are the total allowable costs

(inclusive of direct **and** indirect costs) you incur to carry out a HRSA-supported project or activity. Total project or program costs include costs charged to the award and costs borne by you to satisfy a matching or cost-sharing requirement, as applicable.

In addition, the Joint Explanatory Statement accompanying the Consolidated Appropriations Act, 2021, included language regarding the RPPN Program requiring that "Funding shall be equitably distributed among the five centers." Describe in the budget narrative your approach to and factors used to determine equitable distribution of the funding among the five centers (e.g., relative needs, size of population served, infrastructure needed or in place, etc.).

The Consolidated Appropriations Act, 2021 (P.L. 116-260), Division H, § 202 states, "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." See Section 4.1.iv Budget – Salary Limitation of HRSA's *SF-424 Application Guide* for additional information. Note that these or other salary limitations may apply in the following fiscal years, as required by law.

iv. Budget Narrative

The budget narrative provides details to justify the proposed costs outlined on the line item budget form. For complete instructions on what to include in the budget narrative, see Section 4.1.v of HRSA's *SF-424 Application Guide*.

In addition, the RPPN Program requires the following:

Description of your approach to equitable distribution of the funding among the five centers and how this reflects the relative needs of the five centers.

To ensure sufficient oversight and access to relevant subject matter expertise, budget sufficient funds for key personnel. List specific positions and name of personnel responsible for completing the deliverables. Personnel costs may be budgeted in this budget category or contractual services and should ensure adequate time is dedicated to project support, management, and oversight. Personnel should include, at a minimum,

- Recipient site PI (minimum 0.1 FTE) and PM (minimum 0.75 FTE) at the primary site (center that is listed as the grantee of record on the Notice of Award).
- A PI (minimum 0.1 FTE) and a PM (minimum 0.75 FTE) at each of the other four subawardee children's hospitals forming the Network.

Subject Matter Expert (SME) personnel should be assigned sufficient FTE dedicated to ensure timely access to consultation on relevant initiatives. SME personnel are expected to be accessible to provide guidance on strategies to achieve RPPN Program objectives.

Personnel may be paid using funds from the RPPN Program or as in-kind support from the participant organization. Include details on how key personnel will be paid in the budget narrative as well.

Include travel funds for:

- At least one individual from each center in the Network (the PI or PM) to attend, if permissible and safe, one annual face-to-face meeting in the Washington, DC area.
- For two individuals (the Recipient PI and another individual with a designated role in the project) to attend, if permissible and safe, the EMSC program's grantee meeting (held on Years 2 and 4 of the project), location to be determined.

NARRATIVE GUIDANCE

To ensure that you fully address the review criteria, this table provides a crosswalk between the narrative language and where each section falls within the review criteria. Any attachments referenced in a narrative section may be considered during the objective review.

Narrative Section	**Review Criteria**
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology	(2) Response
Work Plan	(2) Response
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures, (4) Impact, and (5) Resources/Capabilities
Organizational Information	(5) Resources/Capabilities
Budget and Budget Narrative	(6) Support Requested

v. Program-Specific Forms

Program-specific forms are not required for application.

vi. Attachments

Provide the following items in the order specified below to complete the content of the application. **Unless otherwise noted, attachments count toward the application page limit.** Indirect cost rate agreements and proof of non-profit status (if applicable) will not count toward the page limit. **Clearly label each attachment**.

Attachment 1: Work Plan

Attach the work plan for the project that includes all information detailed in Section IV.2.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 no more than one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project

staff. Also, please include a description of your organization's timekeeping process to ensure that you will comply with the federal standards related to documenting personnel costs.

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 not yet hired, include a letter of commitment from that person with the biographical sketch.

Attachment 4: Letters of Agreement or Support, Letters of Commitment, Memoranda of Understanding, and/or Description(s) of Proposed/Existing Contracts (project-specific)

- Include letters of commitment from the four subawardee children's hospitals, specifying the Network's mission, vision, goals, and the proposed activities that will achieve these goals. A detailed explanation of how the children's hospitals will create, develop, manage, and adjudicate any inter-hospital issues, including shared attribution of the Network, ownership of educational products and tools, plans for interfacility research projects, shared approaches to sharing and managing data, and a comprehensive plan to efficiently complete cooperative agreement responsibilities, guidance, and all reporting requirement.
- Provide any additional documents that describe working relationships between your organization and other entities and programs cited in the proposal. Documents that confirm actual or pending contractual or other agreements should clearly describe the roles of the contractors and any deliverable.
- Make sure any letters of commitment and agreement are signed and dated.

Attachment 5: Project Organizational Chart

Provide a one-page figure that depicts the organizational structure of the project that includes all five of the children's hospitals forming the Network.

Attachment 6: Required Categories Checklist/ Proof of Eligibility

Provide documentation of proof of eligibility demonstrating which children's hospital(s) in the proposed Network represent each of the required categories as listed in Section III Eligibility and below. Any application that is unable to demonstrate representation from all five required categories will be considered an incomplete application and will not proceed to the review process. Please note: one single hospital can satisfy more than one of the required conditions.

- Located in a state within both the Delta Regional Authority and Appalachian Regional Commission: Alabama, Kentucky, Mississippi, or Tennessee
- Located in HRSA Region V
- Located in HRSA Region VII
- Located in HRSA Region VIII or X
- Serves as a primary National Institutes of Health Clinical and Translational Science Award grantee or a partner that contributes to the budget request of an academic medical center's application at the time of this application. For the CTSA site, applicants must include a letter from the institutional

Authorized Organizational Representative (AOR) / Business Official in the application that confirms they meet the criteria based on their CTSA grant and describes the relationship between their institution and the CTSA Hub.

Attachment 7: For Multi-Year Budgets--5th Year Budget

After using columns (1) through (4) of the SF-424A Section B for a 5-year period of performance, you will need to submit the budget for the 5th year as an attachment. Use the SF-424A Section B, which does not count in the page limit: however, any related budget narrative does count. See Section 4.1.iv of HRSA's *SF-424 Application Guide*. If you will make subawards or expend funds on contracts, describe how your organization will ensure proper documentation of funds.

Attachment 8: Draft Performance Indicators

Attach a table with draft performance indicators for the project as described in Section IV. Evaluation and Technical Support

Attachment 9: Timeline

Attach the timeline as described in Section IV.2.ii. Project Narrative.

Attachment 10: Logic Model

Attach the logic model as described in Section IV.2.ii. Project Narrative.

Attachments 11–15: Other Relevant Documents

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

3. Dun and Bradstreet Data Universal Numbering System (DUNS) Number Transition to the Unique Entity Identifier (UEI) and System for Award Management (SAM)

You must obtain a valid DUNS number, also known as the Unique Entity Identifier (UEI), and provide that number in the application. In April 2022, the *DUNS number will be replaced by the UEI, a "new, non-proprietary identifier" requested in, and assigned by, the System for Award Management (SAM.gov). For more details, visit the following webpages: Planned UEI Updates in Grant Application Forms and General Service Administration's UEI Update.

You must also register with 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)).

If you are chosen as a recipient, HRSA would not make an award until you have complied with all applicable DUNS (or UEI) and SAM requirements and, if you have not

fully complied with the requirements by the time HRSA is ready to make an award, you may be deemed 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.

*Currently, the Grants.gov registration process requires information in three separate systems:

- Dun and Bradstreet (http://www.dnb.com/duns-number.html)
- System for Award Management (SAM) (https://www.sam.gov)
- Grants.gov (http://www.grants.gov/)

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

SAM.GOV ALERT: For your SAM.gov registration, you must submit a notarized letter appointing the authorized Entity Administrator. The review process changed for the Federal Assistance community on June 11, 2018.

In accordance with the Federal Government's efforts to reduce reporting burden for recipients of federal financial assistance, the general certification and representation requirements contained in the Standard Form 424B (SF-424B) – Assurances – Non-Construction Programs, and the Standard Form 424D (SF-424D) – Assurances – Construction Programs, have been standardized federal-wide. Effective January 1, 2020, the forms themselves are no longer part of HRSA's application packages and the updated common certification and representation requirements will be stored and maintained within SAM. Organizations or individuals applying for federal financial assistance as of January 1, 2020, must validate the federally required common certifications and representations annually through SAM located at SAM.gov.

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

4. Submission Dates and Times

Application Due Date
The due date for applications under this NOFO is *July 8, 2021 at 11:59 p.m. ET*. HRSA suggests submitting applications to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's *SF-424 Application Guide* for additional information.

5. Intergovernmental Review

This program 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 period of performance of up to 5 years, at no more than $9,700,000 per year (inclusive of direct **and** indirect costs). 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, 2021 (P.L. 116-260) 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 following fiscal years, as required by law.

You are required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding including statutory restrictions on use of funds for lobbying, executive salaries, gun control, abortion, etc. Like those for all other applicable grants requirements, the effectiveness of these policies, procedures, and controls is subject to audit.

Be aware of the requirements for HRSA recipients and subrecipients at 2 CFR § 200.216 regarding prohibition on certain telecommunications and video surveillance services or equipment. For details, see the HRSA Grants Policy Bulletin Number: 2021-01E.

All program income generated as a result of awarded funds must be used for approved project-related activities. The program income alternative applied to the award(s) under the program will be the addition/additive alternative. You can find post-award requirements for program income at 45 CFR § 75.307.

V. Application Review Information

1. Review Criteria

HRSA has procedures for assessing the technical merit of applications to provide for an objective review and to assist you in understanding the standards against which your application will be reviewed. HRSA has critical indicators for each review criterion to assist you in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation.

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

Review criteria are used to review and rank applications. The RPPN Program has 6 review criteria. See the review criteria outlined below with specific detail and scoring points.

Criterion 1: NEED (10 points) – Corresponds to Section IV's INTRODUCTION and NEEDS_ASSESSMENT

The extent to which the application demonstrates:

- The need for expanding and improving the nation's preparedness and response to better anticipate and address the unique and diverse needs of children and their families before and during global health threats, such as pandemics.
- The opportunity to address this need by supporting the inclusion, expertise, and leadership of children's hospitals in regional and national public health system preparedness.
- A comprehensive understanding of disparities that exist for children and families during disaster response, including a data-driven profile of populations at higher community and environmental risks.

Criterion 2: RESPONSE (35 points) – Corresponds to Section IV's and METHODOLOGY, WORK_PLAN, and RESOLUTION_OF_CHALLENGES

The extent to which the proposed project responds to the program requirements specified in the "Purpose" section, included in the program description. The extent to which the activities described in the application are capable of addressing the problem and attaining the project objectives.

Sub-criteria Corresponding to Section IV's Methodology and Logic Model (25 points)

- The quality and reasonableness of the overall goals and specific objectives for the proposed project and how the proposed project will address the public health need and incorporates a health equity approach in the activities of this program.
- The extent to which the methodology incorporates continuous quality improvement principles.
- The strength of evidence that the approach to collaboration with partners will:
    - Sufficiently create linkages to existing efforts that will enable synergy and prevent duplication of effort at the national, regional, state, or local levels.
    - Result in significant engagement of children's hospitals across the nation.
    - Result in significant engagement of priority emergency preparedness and community partners.
    - Extend the reach of program impact beyond children's hospitals and their immediately neighboring community partners into rural and remote areas of the country.
- The quality, clarity, and feasibility of the proposed approach to address the following core activities, as listed in the Section IV's Methodology:
    - Children's hospitals working in partnership with local, state, regional, and/or national emergency preparedness systems
    - Collaborations with children's hospitals and community partners
    - Plans for development of a Steering Committee
    - Pediatric readiness and pandemic preparedness and response of health care systems
    - Capability of telehealth/telemedicine systems
    - Accelerate the uptake of new recommendations, evidence-based and research-informed practices
- The strength of partnerships as demonstrated by letters of support and commitment (***Attachment 4***).

- The quality of a logic model (***Attachment 10***) that effectively demonstrates the relationship among goals of the project, assumptions, inputs, target population, activities, outputs, short- and long-term outcomes.

Sub-Criterion Corresponding to Section IV's WORK PLAN and Timeline (5 points)

- The quality and feasibility of work plan (***Attachment 1***) and timeline (***Attachment 9***) that effectively describes the activities or steps to be used in achieving each of the objectives proposed in the methodology section.

Sub-Criterion Corresponding to Section IV's RESOLUTION OF CHALLENGES (5 points)

- Sufficient identification of challenges likely to be encountered and the reasonableness of approaches to resolve identified challenges, including each of the specific challenges listed in Section IV.

Criterion 3: EVALUATIVE MEASURES (10 points) – Corresponds to Section IV's EVALUATION AND TECHNICAL SUPPORT CAPACITY

- The strength and effectiveness of the methods proposed to monitor and evaluate the project results, including the quality and feasibility of the proposed method for developing a performance measurement plan within the first 6 months of the project.
- The evidence that any evaluative measures proposed, including potential indicators within the Draft Performance Measurement Indicators (***Attachment 8***), will be able to assess: 1) to what extent the program objectives have been met, and 2) to what extent these can be attributed to the project. The extent to which the proposed Draft Performance Measurement Indicators include opportunities to assess disparities.

Criterion 4: IMPACT (10 points) – Corresponds to Section IV's EVALUATION AND TECHNICAL SUPPORT CAPACITY

The extent to which the proposed project has a public health impact and the project will be effective, if funded. This may include: the effectiveness of plans for dissemination of project results, the impact results may have on the community or target population, the extent to which project results may be national in scope, the degree to which the project activities are replicable, and the sustainability of the program beyond the federal funding.

Criterion 5: RESOURCES/CAPABILITIES (25 points) – Corresponds to Section IV's EVALUATION AND TECHNICAL SUPPORT CAPACITY and ORGANIZATIONAL INFORMATION

Sub-Criterion Project Personnel (15 points)

The extent to which project personnel are qualified by training and/or experience to implement and carry out the project. Specifically:

- The PIs and PMs have effectively demonstrated their qualifications and experience to lead the program.
- The quality and reasonableness of a staffing plan and job descriptions for key personnel (***Attachment 2***), including the extent to which key personnel have adequate time devoted to the project to achieve project objectives.
- The quality of the description of the experience, knowledge, and skills of project personnel to achieve project objectives demonstrated through biosketches (***Attachment 3***).

Sub-Criterion Organizational Capacity (10 points)

The capabilities of the applicant organization and the quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project.

- The extent to which the applicant organization demonstrates expertise and knowledge in the focus areas of this NOFO.
- The quality of a description of factors that contribute to the organization's ability to carry out required program activities and meet program expectations.
- The extent to which the applicant organization indicates sufficient administrative experience, acumen, and resources to appropriately administer sub-contracts or subawards to funded partners and ensure sufficient monitoring and oversight of those activities.
- Sufficient available resources – staff, space, and equipment – to carry out the project and sufficient description of how the organization will follow the approved plan, properly account for federal funds, and document costs to avoid audit findings.
- The effectiveness of the administrative and organizational structure within which the applicant will function, including an organizational chart that outlines key partnerships (***Attachment 5***).

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

The reasonableness of the proposed budget for each year of the period of performance in relation to the objectives, the complexity of the research activities, and the anticipated results.

- The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.
- The extent to which key personnel, including the PIs and PMs, have adequate time devoted to the project to achieve project objectives, as described in the Project Narrative and Budget Narrative sections of this NOFO.
- The degree to which the budget narrative sufficiently provides explicit, itemized details that clearly explain proposed costs.

- The degree to which funding is distributed equitably across all five participating children's hospitals and the criteria for this are included and appropriate.

2. Review and Selection Process

The objective review process provides an objective evaluation to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below. If applicable, add the following sentence: In addition to the ranking based on merit criteria, HRSA approving officials will apply other factors (e.g., geographical distribution) described below in selecting applications for award. See Section 5.3 of HRSA's *SF-424 Application Guide* for more details.

3. Assessment of Risk

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

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

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

HRSA is required to review and consider any information about your organization that is in the Federal Awardee Performance and Integrity Information System (FAPIIS). You may review and comment on any information about your organization that a federal awarding agency previously entered. HRSA will consider your comments, in addition to other information in FAPIIS in making a judgment about your organization's integrity, business ethics, and record of performance under federal awards when completing the review of risk posed as described in 45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants.

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

VI. Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award (NOA) prior to the start date of September 1, 2021. See Section 5.4 of HRSA's *SF-424 Application Guide* for additional information.

2. Administrative and National Policy Requirements

See Section 2.1 of HRSA's *SF-424 Application Guide*.

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

Accessibility Provisions and Non-Discrimination Requirements
Federal funding recipients must comply with applicable federal civil rights laws. HRSA supports its recipients in preventing discrimination, reducing barriers to care, and promoting health equity. For more information on recipient civil rights obligations, visit the HRSA Office of Civil Rights, Diversity, and Inclusion website.

Requirements of Subawards
The terms and conditions in the NOA apply directly to the recipient of HRSA funds. The recipient is accountable for the performance of the project, program, or activity; the appropriate expenditure of funds under the award by all parties; and all other obligations of the recipient, as cited in the NOA. In general, the requirements that apply to the recipient, including public policy requirements, also apply to subrecipients under awards, and it is the recipient's responsibility to monitor the compliance of all funded subrecipients. See 45 CFR § 75.101 Applicability for more details.

Data Rights
All publications developed or purchased with funds awarded under this notice must be consistent with the requirements of the program. Pursuant to 45 CFR § 75.322(b), the recipient owns the copyright for materials that it develops under an award issued pursuant to this notice, and HHS reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use those materials for federal purposes, and to authorize others to do so. In addition, pursuant to 45 CFR § 75.322(d), the Federal Government has the right to obtain, reproduce, publish, or otherwise use data produced under this award and has the right to authorize others to receive, reproduce, publish, or otherwise use such data for federal purposes, e.g., to make it available in government-sponsored databases for use by others. If applicable, the specific scope of HRSA rights with respect to a particular grant-supported effort will be addressed in the NOA. Data and copyright-protected works developed by a subrecipient also are subject to the Federal Government's copyright license and data rights.

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 you anticipate research involving human subjects, you must meet the requirements of the HHS regulations to protect human subjects from research risks.

3. Reporting

Award recipients must comply with Section 6 of HRSA's *SF-424 Application Guide* **and** the following reporting and review activities:

1) **DGIS Performance Reports.** Available through the Electronic Handbooks (EHBs), the Discretionary Grant Information System (DGIS) is where recipients will report annual performance data to HRSA. Award recipients are required to submit a DGIS Performance Report **annually**, by the specified deadline. To prepare successful applicants for their reporting requirements, the listing of administrative forms and performance measures for this program are available at https://grants4.hrsa.gov/DGISReview/FormAssignmentList/u1i.html. The type of report required is determined by the project year of the award's period of performance.

Type of Report	Reporting Period	Available Date	Report Due Date
a) New Competing Performance Report	September 1, 2021-August 30, 2026 *(administrative data and performance measure projections, as applicable)*	Period of performance start September 1, 2021	120 days from the available date
b) Non-Competing Performance Report	September 1, 2021-August 30, 2022 September 1, 2022-August 30, 2023 September 1, 2023-August 30, 2024 September 1, 2024-August 30, 2025	Beginning of each budget period (Years 2–5, as applicable)	120 days from the available date

Type of Report	Reporting Period	Available Date	Report Due Date
c) Project Period End Performance Report	September 1, 2025-August 30, 2026	Period of performance end date	90 days from the available date
d) Quarterly Project Status Report	The reporting period will recur annually according to these dates: Quarter 1- September 1-November 30 Quarter 2- December 1-February 28 Quarter 3- March 1-May 31 Quarter 4- June 1-August 31	30 days prior to the close of the quarter	30 days after the close of the quarter

The full OMB-approved reporting package is accessible at https://mchb.hrsa.gov/data-research-epidemiology/discretionary-grant-data-collection (OMB Number: 0915-0298 | Expiration Date: 06/30/2022).

2) **Progress Report(s)**. The recipient must submit a progress report narrative to HRSA **annually** via the Non-Competing Continuation Renewal in the EHBs, which should address progress against program outcomes (e.g., accomplishments, barriers, significant changes, plans for the upcoming budget year). Submission and HRSA approval of a progress report will trigger the budget period renewal and release of each subsequent year of funding. Further information will be available in the NOA.

Please note that the OMB revisions to Guidance for Grants and Agreements termination provisions located at 2 CFR § 200.340 - Termination apply to all federal awards effective August 13, 2020.

VII. Agency Contacts

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

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

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

Theresa Morrison-Quinata
Branch Chief, Emergency Medical Services for Children
Maternal and Child Health Bureau
Health Resources and Services Administration
5600 Fishers Lane, Room 18N-54
Rockville, MD 20857
Telephone: (301) 443-1527
Email: 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, 7 days a week, excluding federal holidays at:

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

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

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

VIII. Other Information

Technical Assistance

HRSA has scheduled following technical assistance:

Webinar

Day and Date: Thursday, May 20, 2021
Time: 2–3 p.m. ET
Call-In Number: 1-833 568 8864
Participant Code: 50741087
Weblink: https://hrsa-gov.zoomgov.com/j/1611743611?pwd=VSs5UjI0Q1pFWFpNbmtiVXVIZzROdz09

HRSA will record the webinar and make it available at: https://mchb.hrsa.gov/fundingopportunities/default.aspx.

Tips for Writing a Strong Application

See Section 4.7 of HRSA's *SF-424 Application Guide*.

508 Compliance Disclaimer

Note: Persons using assistive technology may not be able to fully access information in this file. For assistance, please email or call one of the HRSA staff above in Section VII. Agency Contacts.

Appendix A: Key Definitions

Term	Definition, for purposes of this NOFO
children	Infants, children, and adolescents ages birth–21years old.
children's hospital	A medical facility that offers inpatient medical services mainly to children and adolescents. In this context, "children's hospital" means children's hospitals (centers) as defined by section 340E of the PHS Act (Public Law 106-129).
affiliated university pediatric partner	The specific language from the explanatory statement is "five children's hospitals (centers) … or their affiliated university pediatric partners." A children's hospital's affiliated university pediatric partner works in partnership with and is applying on behalf of a children's hospital.
existing infrastructure of public health preparedness	Established organizations and authorities with responsibility for public health preparedness and response at the national, regional, state and local levels across three primary sectors: • health care • public health • emergency management
pediatric readiness	Ensuring emergency departments (ED) have the essential guidelines and resources in place to provide effective emergency care to children as defined by the AAP 2018 Pediatric Readiness in Emergency Departments Policy Statement.[27]
consortium	A peer network of leaders in pediatric preparedness and response at children's hospitals throughout the nation and key representatives of their local, state, and regional pediatric preparedness community partners.

[27] Katherine Remick, Marianne Gausche-Hill, Madeline M. Joseph, Kathleen Brown, Sally K. Snow, Joseph L. Wright, AMERICAN ACADEMY OF PEDIATRICS Committee on Pediatric Emergency Medicine and Section on Surgery, AMERICAN COLLEGE OF EMERGENCY PHYSICIANS Pediatric Emergency Medicine Committee and EMERGENCY NURSES ASSOCIATION Pediatric Committee. Pediatrics November 2018, 142 (5) e20182459; DOI: https://doi.org/10.1542/peds.2018-2459 https://pediatrics.aappublications.org/content/142/5/e20182459

Appendix B: Select Recommendations on Children and Preparedness

Select Recommendations for Children and Preparedness

- The Institute of Medicine Preparedness, Response, and Recovery Considerations for Children and Families[28] identified several gaps in emergency preparedness for children including: the lack of centralized information and resources; the need for sustained health care coalitions; the need to plan for pediatric surges; lack of inclusion of children and families in preparedness exercises and drills; and the need to improve advocacy based on lessons learned.

- The National Advisory Commission on Children and Disasters 2010 Report to the President and Congress also identified critical gaps in the Nation's disaster preparedness and response for children, including a lack of pediatric preparedness.[29] Subsequent reports, including the 2018 Joint National Advisory Committee on Children and Disasters (NACCD) and the National Biodefense Science Board (NBSB) Future Strategies for Children Report[30] and others proposed a set of strategic recommendations to better address the needs of children in disaster preparedness.[31] These recommendations include: supporting preparedness networks; prioritizing a multiple hazards preparedness strategy; increasing pediatric emergency preparedness; promoting a culture of community pediatric readiness; incorporating mental health in preparedness policy; using data to guide response, hasten recovery, and strengthen resilience; and assuring that continuous performance improvement is used to sustain ongoing learning.

- The American Academy of Pediatrics (AAP) through the Council on Children and Disasters, has developed key resources, including the:
    - AAP Pediatric and Public Health Preparedness Exercise Resource Kit[32], which was developed through a collaboration between the AAP and Centers for Disease Control and Prevention to provide tools and templates to make it easier for states, communities, hospitals, and health care coalitions to meet the needs of children in the event of a disaster;
    - AAP Pediatric Disaster Preparedness and Reponses Topical Collection, which guides providers, planners, responders, and volunteers to be better prepared to care for children affected by disasters; and

[28] Institute of Medicine 2014. Preparedness, Response, and Recovery Considerations for Children and Families: Workshop Summary. Washington, DC: The National Academies Press. https://doi.org/10.17226/18550. https://www.nap.edu/catalog/18550/preparedness-response-and-recovery-considerations-for-children-and-families-workshop (Accessed Jan 4, 2021)

[29] National Commission on Children and Disasters. 2010. Report to the President and Congress. AHRQ Publication No. 10-M037, October 2010. Rockville, MD: Agency for Healthcare Research and Quality. http://www.ahrq.gov/prep/nccdreport (accessed January 4, 2021).

[30] Assistant Secretary for Preparedness and Response. Joint NACCD and NBSB Future Strategies for Children Report. 2018. https://www.phe.gov/Preparedness/legal/boards/naccd/meetings/Documents/jnt-future-strategies-rpt-sept2018.pdf (Accessed Feb 5,2021)

[31] Department of Health and Human Services. 2014–2015 Report of the Children's HHS Interagency Leadership on Disasters (CHILD) Working Group: Update on Department Activities. 2017. https://www.phe.gov/Preparedness/planning/abc/Documents/child-2014-2015.pdf. Accessed 1 Jan. 2019.

[32] https://www.aap.org/en-us/Documents/Tabletop_Exercise_Resource_Kit.pdf (Accessed Feb 5,2021)

- AAP's recent policy statement, Chemical-Biological Terrorism and Its Impact on Children,[33] which highlights the need for everyday pediatric readiness and an all hazards emergency preparedness approach as key ways to develop well-coordinated preparedness plans that ensure the needs of children can successfully be addressed during a global health threat.

[33] Sarita Chung, Carl R. Baum, Ann-Christine Nyquist and DISASTER PREPAREDNESS ADVISORY COUNCIL, COUNCIL ON ENVIRONMENTAL HEALTH, COMMITTEE ON INFECTIOUS DISEASES Pediatrics February 2020, 145 (2) e20193749; DOI: https://doi.org/10.1542/peds.2019-3749

Appendix C: Select Emergency Preparedness Partners

Many children's hospitals collaborate with established emergency preparedness partners including those in federal government, national organizations, and communities. Below are examples of existing federally funded programs, national programs, and community partners that may advance the work of the RPPN Program

Federally Funded Programs, Frameworks, and Resources that Support Preparedness

Within the U.S. Department of Health and Human Services:

- Assistant Secretary for Preparedness and Response (ASPR)
  - National Advisory Committee for Children in Disasters (NACCD)[34] provides expert advice and consultation to the Secretary of the U.S. Department of Health and Human Services (HHS) on the medical and public health needs of children in disasters.
  - Pediatric Disaster Care Centers of Excellence[35] work to define the delivery of pediatric disaster clinical care by enhancing rapid sharing of experts and assets within a defined region of the country.
  - Hospital Preparedness Program (HPP) [36] supports regional collaboration and health care preparedness and response by encouraging the development of longstanding health care coalitions (HCC) to work together to prepare for, respond to, and recover from all types of threats and emergencies.
  - ASPR's 2017–2022 Health Care Preparedness and Response Capabilities[37] provides guidance on what the health care delivery system, including Health Care Coalitions, hospitals, and emergency medical services, can do to effectively prepare for and respond to emergencies that influence the public's health.
  - ASPR Technical Resources, Assistance Center, and Information Exchange (TRACIE): Compiles disaster medical, health care, and public health preparedness materials including a section specific to pediatrics.[38]

- Centers for Disease Control and Prevention (CDC)
  - Children's Disaster Preparedness Unit (CPU)[39] ensures that children's needs are included at every level of emergency planning.
  - Public Health Emergency Preparedness (PHEP)[40] funds preparedness activities to state and local public health systems to build and strengthen their abilities to respond effectively to a range of public health threats.
  - CDC Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal, and Territorial Public Health (2018)[41] is a framework for state, local, tribal, and territorial preparedness

[34] https://www.phe.gov/Preparedness/legal/boards/naccd/Pages/about-naccd.aspx
[35] https://www.phe.gov/Preparedness/responders/ndms/Pages/ndpi.aspx
[36] https://www.phe.gov/Preparedness/planning/hpp/Pages/default.aspx
[37] https://www.phe.gov/Preparedness/planning/hpp/reports/Documents/2017-2022-healthcare-pr-capablities.pdf
[38] https://asprtracie.hhs.gov/
[39] https://www.cdc.gov/childrenindisasters/about-us.html/
[40] https://www.cdc.gov/cpr/readiness/phep.htm
[41] https://www.cdc.gov/cpr/readiness/capabilities.htm

programs as they plan, operationalize, and evaluate their ability to prepare for, respond to, and recover from public health emergencies.
    - CDC Online Technical Resource and Assistance Center[42] provides tools, resources, and a site to request CDC technical assistance.

- Health Resources and Services Administration (HRSA)
    - Emergency Medical Services for Children (EMSC) works to ensure that seriously sick or injured children have access to the same high-quality pediatric emergency health care no matter where they live in the United States. HRSA's EMSC Innovation and Improvement Center (EIIC) aims to accelerate access to and improvements in pediatric emergency readiness, including pediatric disaster readiness.[43]
    - The EMSC State Partnership (SP) program aims to establish a universal presence across all U.S. states and jurisdictions to ensure that children receive optimal emergency care no matter where they live or travel. Each state and jurisdiction works to improve the same prehospital and hospital performance measures, representing the largest national effort to standardize pediatric emergency care.[44]
    - The Title V Maternal and Child Health Services Block Grant Program is one of the largest federal block grant programs and a key source of support for promoting and improving the health and well-being of the nation's mothers, children-including children with special needs, and their families. In 2019, the Maternal and Child Health Block Grant Program funded 59 states and jurisdictions to provide health care and public health services for an estimated 60 million people. Services reached 98 percent of infants, and 60 percent of children nationwide, including children with special health care needs. In addition, the program focuses on ensuring family-focused, community-based systems of coordinated care for children with special health care needs.[45]
    - The Office for the Advancement of Telehealth (OAT) promotes the use of telehealth technologies for health care delivery, education, and health information services, especially critical in rural and other remote areas that lack sufficient health care services, including specialty care.[46]
    - The Bureau of Primary Health Care funds health centers in underserved communities, providing access to high-quality, family oriented, and comprehensive primary and preventive health care for people who are low-income, uninsured, or face other obstacles to getting health care.[47]

- National Institutes of Health (NIH)
    - The CTSA Program supports a national network of medical research institutions/hubs that work together to speed the translation of research

[42] https://www.cdc.gov/cpr/readiness/on-trac.htm
[43] https://emscimprovement.center/domains/preparedness/
[44] https://emscimprovement.center/programs/partnerships/
[45] https://mchb.hrsa.gov/maternal-child-health-initiatives/title-v-maternal-and-child-health-services-block-grant-program
[46] https://www.hrsa.gov/rural-health/telehealth
[47] https://bphc.hrsa.gov/

discovery into improved patient care.[48] A key program priority is to maximize shared resources that bring academic researchers and community members together to demonstrate respect for community priorities, values and improve community health.
    - Research from the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD) can inform pediatric emergency readiness and pediatric disaster preparedness.[49]

Federal Agencies beyond the U.S. Department of Health and Human Services:

- The Federal Emergency Management Agency (FEMA) is responsible for the National Preparedness System,[50] which outlines processes for communities to implement preparedness activities. The National Response Framework[51] is a guide to how the nation responds to all types of disasters and emergencies.

- The National Highway Traffic Safety Administration (NHTSA) Office of Emergency Medical Services (OEMS)[52] provides leadership and coordination to the EMS community in assessing, planning, developing, and promoting comprehensive, evidence-based emergency medical services and 9-1-1 systems. The NHTSA OEMS has provided national leadership in addressing challenges in prehospital care during the COVID-19 epidemic.

Select National Organizations and Initiatives that Support Preparedness

Several national organizations have significant demonstrated leadership in pediatric disaster preparedness and response in the prehospital pediatric emergency readiness and pediatric emergency department readiness. Below are examples of national organizations that may inform the RPPN Program.

- American Academy Of Pediatrics
- American Academy of Family Physicians
- American College of Emergency Physicians (ACEP)
- Emergency Nurses Association (ENA)
- National Association of State EMS Officials (NASEMSO)
- National Association of EMS Physicians (NAEMSP)
- National Association of County and City Health Officials (NACCHO)
- National Pediatric Readiness Project[53]

[48] https://ncats.nih.gov/ctsa/about
[49] https://www.nichd.nih.gov/research/supported/COVID
[50] https://www.fema.gov/emergency-managers/national-preparedness/system
[51] https://www.fema.gov/emergency-managers/national-preparedness/frameworks/response
[52] https://www.ems.gov/
[53] https://emscimprovement.center/domains/hospital-based-care/pediatric-readiness-project/about/

Appendix D: Examples of Performance Measurement

Use this format below to organize the Draft Performance Measurement indicators, building from the examples listed here. In the Data Source Description column, include the source name, the feasibility and mechanism of collecting and reporting the data, and available or planned stratifiers that will enable assessment of disparities.

NOFO Objective	Potential Indicator	Data Source Description
1. Increase the proportion of children's hospitals working in partnership with local, state, regional, and/or national emergency preparedness systems including health care, disaster preparedness, and emergency management sectors, in order to provide education and develop preparedness plans to better address the unique needs of children and their families.	-Proportion of children's hospitals actively engaged in state/local pandemic preparedness and response	To Be Proposed By Applicant
2. Increase the number and types of collaborations that children's hospitals develop with emergency preparedness systems, national organizations focused on improving pediatric emergency readiness, and community partners to better address the unique needs of children and their families, including efforts to prevent and address disparities experienced by underserved populations.	- Proportion of children's hospitals that track resource allocations (e.g., beds, supplies, staffing) and share that information with community partners	To Be Proposed By Applicant
3. Improve the pediatric emergency readiness of health care systems including prehospital, emergency department, and inpatient settings to better address the unique needs of children and their families.	-Proportion of hospitals with a disaster plan specifically addressing the care of children -Proportion of hospitals nationwide with a disaster plan specifically addressing each of the following: --Availability of medications, vaccines (e.g., tetanus and influenza), equipment, supplies, and appropriately trained providers for children in disasters --Decontamination, isolation, and quarantine of families and children of all ages --Minimization of parent-child separation and methods for	National Pediatric Readiness Project

NOFO Objective	Potential Indicator	Data Source Description
	reuniting separated children with their families --All disaster drills include pediatric patients --Pediatric surge capacity for both injured and non-injured children --Access to behavioral health resources for children in the event of a disaster --Access to social services for children in the event of a disaster --The care of children with special health care needs, including children with developmental disabilities	
4. Increase the capability of telehealth/telemedicine systems to better address the unique needs of children and their families.	-Proportion of children's hospitals with agreements with neighboring hospitals that enable resource pooling during response, including the use of telehealth/telemedicine -Proportion of children's hospital providers that deliver telemedicine to critically ill children under direct care of a community provider, during a pandemic	To Be Proposed by Applicant
5. Accelerate real-time dissemination of research-informed pediatric care to better address the unique needs of children and their families.	-Proportion of hospitals reporting uptake / use of / adherence to specific practices / toolkit components/ recommendations over time post-dissemination	To Be Proposed By Applicant