

Notice of Funding Opportunity
Application due 07/17/2026

HRSA

Health Resources & Services Administration

MATERNAL AND CHILD HEALTH BUREAU

Regional Pediatric Prevention Network

HRSA-26-070



Table of Contents

| | |
|---|----|
| Before You Begin..... | 2 |
| Step 1: Review the Opportunity..... | 2 |
| Basic information | 2 |
| Funding details | 3 |
| Eligibility..... | 4 |
| Program description | 5 |
| Award information | 11 |
| Step 2: Get Ready to Apply | 15 |
| Get registered | 15 |
| Find the application package..... | 15 |
| Application writing help..... | 15 |
| Step 3: Build Your Application | 16 |
| Application checklist..... | 16 |
| Application contents and format | 17 |
| Step 4: Understand Review, Selection, and Award | 29 |
| Application review | 29 |
| Selection process | 34 |
| Award notices..... | 35 |
| Step 5: Submit Your Application..... | 35 |
| Application submission and deadlines | 35 |
| Other submissions | 36 |
| Step 6: Learn What Happens After Award | 36 |
| Post-award requirements and administration | 36 |
| Reporting..... | 39 |
| Contacts and Support | 40 |
| Agency contacts | 41 |
| Help with systems | 41 |

Before You Begin

Health Resources and Services Administration

MATERNAL AND CHILD HEALTH BUREAU

Division of Child, Adolescent, and Family Health

Regional Pediatric Prevention Network

HRSA-26-070

All activities proposed in your application and budget narrative must align with applicable law, including but not limited to statutes, executive orders, federal regulations and applicable judicial holdings. Accordingly, discretionary awards shall not be used to fund, promote, encourage, subsidize, or facilitate: racial preferences or other forms of racial discrimination by the recipient, including activities where race or intentional proxies for race will be used as a selection criterion for employment or program participation; denial by the recipient of the sex binary in humans, or the belief that sex is a chosen or mutable characteristic; illegal immigration; or any other initiatives that compromise public safety. If an application does not align, the application will not receive funding to the extent permitted by law and applicable court orders.

Step 1: Review the Opportunity

Basic information

Tagline: A network of the Nation’s Children’s Hospitals collaborating with their communities to prepare and respond to pediatric needs during disasters and national emergencies.

Summary

The purpose of this program is to establish a Regional Pediatric Prevention Network (RPPN) that strengthens local and regional capacity to care for children during disasters and emergencies through community partnerships, coordinated pediatric preparedness, and dissemination of research-informed pediatric disaster care. The RPPN will advance Make America Healthy Again priorities by strengthening prevention, preparedness, and resilience for children and families—particularly in rural and remote communities—thereby reducing avoidable harm, supporting continuity of care, and promoting healthier outcomes before, during, and after emergencies. The RPPN will include at least 10 children’s hospitals or their university pediatric partners. It will also include community partners working with these hospitals. All centers will collectively form a single, integrated national network.

The RPPN will coordinate at the local, regional, and national levels, to advance the following goals:

- Improve pediatric disaster preparedness.
- Increase Pediatric Readiness of hospital emergency departments (ED) and EMS agencies, especially in rural, remote, and tribal areas.
- Promote collaboration with communities.
- Expand telehealth systems.
- Apply pediatric research-informed care in real-time.

The RPPN will focus on children with higher risks, including children:

- With special health care needs, including mental/behavioral health needs.
- Living in poverty.
- Living in rural, remote, and tribal areas.

The recipients will be responsible for leading national network coordination and governance activities, facilitating shared learning, expanding impact, and managing the overall infrastructure of the Network.

| |
|---|
| Have questions? Go to Contacts and Support . |
| Key facts Opportunity name: Regional Pediatric Prevention Network Opportunity number: HRSA-26-070 Announcement version: initial Federal assistance listing: 93.110 |
| Key dates NOFO issue date: 06/17/2026 Informational webinar: See Join the webinar Application deadline: 07/17/2026 Expected award date is by: 08/15/2026 Expected start date: 09/01/2026 See other submissions for other time frames that may apply to this NOFO. |

Funding details

Application Types:

Competing continuation

New

Expected total available funding in FY:

2026: \$22,500,000

Expected number and type of awards:

2 CA (Cooperative Agreement)

Funding range per award:

\$0 - \$11,250,000

We plan to fund awards in five 12-month budget periods for a total five year period of performance from 09/01/2026 to 08/31/2031.

Eligibility

Types of eligible organizations

These types of domestic organizations may apply:

Others (see text field entitled "Additional Information on Eligibility" for clarification)

Unrestricted (i.e., open to any type of entity above), subject to any clarification in text field entitled "Additional Information on Eligibility"

Additional information on eligibility

Eligible applicants include children's hospitals (centers) as defined by **42 U.S.C. 256e (Section 340E of the PHS Act, as added by P.L. 106-129)** or their affiliated university pediatric partners. You will demonstrate eligibility according to **42 U.S.C. 256e (Section 340E of the PHS Act, as added by P.L. 106-129)**.

Individuals are not eligible applicants under this NOFO.

Other eligibility criteria

- The application must be submitted by a single institution, which will serve as one of the at least five children's hospitals or their affiliated university pediatric partners as identified in the application. This institution will serve as the primary recipient and grantee of record. While this institution is solely responsible for submitting the application and accepting full legal and financial responsibility for the project's management, the proposal must detail the formation and support of a collaborative network. The primary recipient will sub-award to the four other children's hospitals or their affiliated university pediatric partners (centers).
- Each application must be composed of at least five children's hospitals or their affiliated university pediatric partners (centers) which represent varied geographic areas. Each center must be located within a different HHS region. An [HHS region](#) is a designated geographic area of the United States used by HHS to organize and deliver its programs, services, and operations. Centers cannot commit to being part of more than one application.
- The 2 primary recipients, including their centers, will be required to partner to form a single, integrated national network.

- Each primary recipient must include letters of commitment and documentation of eligibility from each of the children’s hospitals or their affiliated university pediatric partners (centers) in [Attachment 5](#). These letters serve as evidence of a firm commitment to participate in and contribute to the proposed network. Applications that fail to include a separate, signed Letter of Commitment from at least four proposed centers will be considered non-responsive and will not be reviewed. In addition to the letters, each center will include project plans incorporated into the Project Narrative Section and Workplan in [Attachment 1](#).
- Equal funding distribution requirement: The funding structure requires a two-part allocation. First, the primary recipient is permitted to budget up to \$500,000 to cover its administrative and management responsibilities for the cooperative agreement. Following this initial allocation, all remaining funds must be divided equally among the five participating centers, which includes the primary recipient. To ensure compliance, applicants must explicitly detail this two-step distribution process, showing both the administrative allowance and the subsequent equal sharing of funds, within the SF-424A budget form and the accompanying Budget Narrative.

Completeness and responsiveness criteria

We will review your application to make sure it meets these basic requirements to move forward in the competition.

We will not consider an application that:

- Is from an organization that does not meet all [eligibility criteria](#).
- Requests funding above the award ceiling shown in the [funding range](#).
- Is submitted after the [deadline](#).

Application limits

You may not submit more than one application. If you submit more than one application, we will only accept the last on-time submission.

Cost sharing

This program has no cost-sharing requirement. If you choose to share in the costs of the project, we will not consider it during merit review. Recipients agree that once committed, cost sharing amounts are enforceable and subject to reporting and auditing requirements under 2 CFR 200.

Post-award requirements

Before you apply, make sure you understand the requirements that come with an award. See [Step 6: Learn What Happens After Award](#) for information on regulations that apply, reporting, and more.

Program description

Purpose

This program provides funding to create a Regional Pediatric Prevention Network (RPPN). The Network helps hospitals and their communities prepare for and respond to disasters and national emergencies using research-informed pediatric care.

Network Structure

The RPPN will be funded through two primary awards, each comprised of at least five children's hospitals or their affiliated university pediatric partners (centers). Together, they will form a single, integrated national network comprising all centers.

Centers will operate at the:

- **Local level:** Work with communities to create disaster plans based on local pediatric needs and resources.
- **Regional level:** Partner with children's hospitals, community hospitals, pediatric experts, and the health emergency preparedness and response infrastructure.
- **National level:** Work with all 10 centers to improve readiness and national coordination. This includes managing and supporting network activities, synchronizing communication, data collection, and action across the centers, and enhancing reach and impact.

To ensure national reach and access, centers will represent varied geographic regions. Each application should include at least five centers which each represent a different HHS region, avoiding geographic clustering. An [HHS region](#) is a designated geographic area of the United States used by HHS to organize and deliver its programs, services, and operations.

Funding Opportunities

Each application must be submitted by an eligible children's hospital or their affiliated university pediatric partner that will serve as the primary recipient for a proposed network of at least five centers. The applicant (primary recipient) and its centers must collectively meet all eligibility criteria detailed in this NOFO. All centers must be children's hospitals or their affiliated university pediatric partners.

Two awards will be granted. The two primary recipients, each responsible for administering sub-awards to their four respective centers, are required to collaborate. Together, they will form a single, integrated national network comprising all centers.

Funding Opportunity Goals

- **Improve pediatric disaster preparedness:** Help communities plan for emergencies and disasters which impact the health of children, in partnership with children's hospitals, community hospitals, primary care providers, schools, and childcare centers.
- **Increase Pediatric Readiness of hospital emergency departments (ED) and emergency medical services (EMS) agencies, especially in rural, remote, and tribal areas by:** Including the care of children in disaster drills, Improving access to behavioral health resources in a disaster or emergency, Strengthening care for children with special health care needs and chronic illnesses during emergencies and infectious disease outbreaks.
- **Promote collaboration with communities:** Co-create emergency plans and guidance with youth, families, and community-based organizations.
- **Expand telehealth systems:** Use telemedicine to improve pediatric care in rural and remote areas during emergencies.

- Apply evidence in real-time: Support research-informed pediatric care during emergencies.

Background

Children have different physiological, developmental, social, and emotional needs than adults, especially during emergencies.

Children comprise approximately [22% of the U.S. population](#) and they have greater and more specialized needs during emergency response and recovery. After disasters, they face higher risks for long-term health and emotional problems. These risks grow when they lose access to health care or experience trauma, isolation, hunger, housing insecurity, or grief.

Some children face even greater risks, including those who:

- Have special health care needs, including mental/behavioral health needs.
- Live in poverty.
- Live in rural, remote, and tribal areas with limited access to health resources.

Children’s mental health also suffers when their families and communities are under stress.

Challenges in pediatric emergency care

Pediatric care requires:

- More time and monitoring.
- Specialized medications and equipment.
- Trained providers.

These factors make it harder to meet children's needs during emergencies and disasters.

Because pediatric specialty care is regionalized, many children are often moved from community hospitals to specialized children’s hospitals. This system depends on:

- Strong emergency plans across hospital systems.
- Timely patient transport.
- Surge capacity for pediatric critical care during large-scale disasters, seasonal virus spread, and infectious disease outbreaks.

The children hospital supporting community preparedness

Children’s hospitals serve as anchors within their communities. They provide specialized health care and advance child welfare, education, and safety. Children’s hospitals often serve much larger geographic areas than adult-focused hospitals and may be the sole providers of pediatric specialists, sub-specialists, specialized medical equipment, and other [essential resources across an entire state or region](#).

According to the Children’s Hospital Association (CHA), only 1 in 20 hospitals is a children’s hospital. These hospitals act as referral and transport hubs for pediatric specialty care for severely injured or critically ill children. Children’s hospitals also help prepare community hospitals to care for children, including during disasters. Over [80% of children go to community hospitals](#) for emergency care, [many of which are adult-focused and not well prepared for pediatric care](#).

To address this gap, children's hospitals:

- Collaborate with Community Emergency Departments (CEDs), Community Access Hospitals (CAHs), and primary care offices.
- Offer training, simulation exercises, and telehealth.
- Partner with pediatric emergency care coordinators.
- Lead regional tabletop drills and pediatric planning exercises in case of emergency or disaster.
- Partner with schools, public health departments, and community-based organizations.

Foundations of everyday pediatric readiness: Role of EDs, EMS agencies, and primary care.

Emergency departments outside pediatric settings must maintain readiness to care for children every day.

High pediatric readiness is linked to:

- [76% lower mortality in ill children.](#)
- [60% lower mortality in injured children.](#)
- [2,143 children's lives saved each year.](#)

However, data from the 2021 National Pediatric Readiness Project show that only [48% of hospital EDs include children in disaster plans.](#)

Pediatric primary care also plays a key role. It often provides early emergency care before children are transferred to a hospital ED and are integrated within the community. These settings are vital parts of the emergency preparedness and response system.

The Regional Pediatric Prevention Network

The Regional Pediatric Prevention Network¹ (RPPN) was launched in 2021 with five children's hospital centers. By 2025, it expanded to:

- 10 centers.
- Four affiliate centers, geographically dispersed across the nation.
- 112 children's hospitals in 41 states and jurisdictions.
- Hundreds of child-serving organizations, including pediatric primary care, schools, public health, behavioral health, fire, EMS, and community-based organizations.

This network helps hospitals, EMS agencies, primary care offices, state and local health departments, and communities prepare for disasters and epidemics. Key activities include:

- Just-in-time clinical tools and education for emerging infectious disease management.
- Training and technical assistance to deliver pediatric mental health care in disasters and emergencies.

¹ Originally funded in FY 2021 as the Regional Pediatric Pandemic Network, the program has been renamed in FY2026 to encompass prevention, preparedness, and response for all pediatric emergencies and disasters.

- Tabletop exercises with health care coalitions, involving participants from fire, EMS, law enforcement, public health, community organizations, and hospitals.
- In-situ simulation training with community hospitals to advance pediatric readiness.
- Workforce expansion of pediatric disaster experts through recruitment and training.
- Establishing youth advisory boards to ensure youth perspectives inform network activities.
- A baseline disaster preparedness assessment for children’s hospitals in 2025.

The network also built a Pediatric Surveillance and Capabilities Dashboard across nine children’s hospitals. It tracks bed occupancy, emergency department visits, and viral positivity rates. This data informs operations, resource use, policy decisions, and evidence generation.

Program requirements and expectations

Each of the 10 Children’s Hospital centers will advance pediatric emergency and disaster preparedness at the local, regional, and national levels, including for children with special health care needs and behavioral health concerns, children living in poverty, and children in rural, remote, and tribal areas.

Each of the 10 children's hospital centers must:

- Develop comprehensive local and regional project plans.
 - Create SMART (Specific, Measurable, Achievable, Relevant, and Time-bound) objectives.
 - Tailor to local and regional risks and resources.
- Align with national network coordination.
- Staff the required positions detailed in the [Organizational Information](#) section of this NOFO.
- Strengthen pediatric preparedness systems.
- Coordinate with other children's hospitals, community hospitals, EMS agencies, and primary care offices.
 - Support disaster response and recovery for children and families.
 - Expand telehealth to reach rural and remote communities.
 - Adopt, adapt, and implement evidence-based pediatric disaster care practices.
- Collaborate with public and community partners.
 - Partner with local, city, and state health departments and emergency management agencies.
 - Engage community-based organizations, schools, and other child-serving groups.
- Center youth and family voices.
 - Partner with or establish youth and family advisory groups that reflect local communities.
- Develop pediatric emergency plans and protocols.
 - Create and ensure public health emergency plans at all levels address children’s unique needs.

- Build capacity through education, training, and communication.
 - Conduct drills, training, and educational efforts.
 - Develop and strengthen local and regional communication systems focused on children’s needs during emergencies.
- Contribute to national RPPN leadership, coordination, and operations.
- Establish, in partnership with HRSA, the network governance structure, including bylaws, policies, and procedures, within 4 months of the start of the award.
 - This may also include national advisory boards representing families, youth, communities, and/or partner organizations.
- Participate in a RPPN Executive Committee, which will include representation from all centers and HRSA.
 - The Principal Investigator (PI) and program manager (PM) from each center will serve on the Executive Committee. Staffing requirements are detailed in [Organizational Information](#).
 - The Executive Committee will serve as the decision-making and oversight body that guides the overall direction, strategy, and operations of the network.
 - The Executive Committee will meet, at minimum, on a monthly basis.
- Follow all policies and procedures established by the Executive Committee and HRSA.
 - Align local and regional initiatives with national goals set by the Executive Committee and HRSA.
 - Synchronize communication and coordinated action among participating centers and national partners.
- Support network-wide activities.
 - Collaborate with children’s hospitals and the pediatric care community on quality improvement initiatives, local model amplification, resource development, and communications.
- Contribute to and improve data and analytics systems, including:
 - Connecting data to better understand the impact of disasters on children and identifying intervention strategies.
 - Supporting pediatric disaster surveillance, operations, and rigorous evaluation.
- Attend meetings and check-ins.
 - Participate annually in an in-person RPPN meeting, at a location determined by the Executive Committee and HRSA.
 - Lead check-in calls with HRSA (frequency determined by the project officer) to provide updates, seek strategic input, and discuss key initiatives.
- Contribute to RPPN performance measurement and reporting systems.
- Develop a National Performance Measure Framework in partnership with all RPPN centers within 6 months of the start of the project.
 - Align local center measurement and evaluation with the national performance measure plan. Further described in the Performance Reporting and Evaluation Section of this NOFO.

- Develop and report quarterly on program activities, goals, and objectives. All centers will submit reports to the primary recipient and/or individuals leading national RPPN coordination. The primary recipient will submit reports to HRSA.

At the national level, the RPPN will be responsible for:

- Providing national coordination to support the development, dissemination, and adoption of pediatric-inclusive disaster preparedness guidance, tools, and planning resources across health care and community settings.
- Integrating pediatric considerations into multi-sector emergency preparedness and response activities.
- Coordinating national efforts to improve pediatric readiness of hospital emergency departments and EMS agencies, with emphasis on rural, remote, and tribal communities.
- Facilitating dissemination of best practices related to pediatric disaster drills, disaster behavioral health, and continuity of care for children with special health care needs and chronic illness.
- Engaging youth, families, and community-based organizations in the co-development of pediatric emergency preparedness and response strategies.
- Disseminating community-informed models and tools that strengthen locally responsive preparedness efforts.
- Incorporating community input into national guidance, evaluation, and continuous improvement activities.
- Coordinating national strategies to support the implementation and evaluation of pediatric telehealth and telemedicine models for emergency and disaster response.
- Facilitating cross-hub learning on telehealth infrastructure, clinical protocols, and workforce readiness, particularly in rural and remote settings.
- Synthesizing and translating current pediatric disaster research into actionable guidance to inform preparedness and response activities.
- Supporting rapid dissemination of evidence-informed practices during emergencies and emerging public health threats.
- Establishing and maintaining governance, data analytics, performance measurement, and communication infrastructure to support coordinated action across the RPPN.
- Synchronizing communication and information sharing among RPPN centers and national partners to enable timely, aligned pediatric preparedness and response efforts.
- Produce national reports that demonstrate progress toward program goals and inform decision-making.

Statutory authority

[42 U.S.C § 701\(a\)\(2\) \(Title V, § 501\(a\)\(2\) of the Social Security Act\)](#)

Award information

Cooperative agreement terms

Our responsibilities

Aside from monitoring and technical assistance, we also get involved in these ways:

- Assuring the availability of the services of experienced personnel to participate in the planning and development of all phases of this program.
- Participating in the RPPN Executive Committee, including reviewing the development of policies for network governance.
- Participating in, at minimum, monthly check in calls (frequency to be determined in collaboration with the recipient), regular calls with the Executive Committee, as well as other periodic meetings and/or communications to assess progress.
- Participating in the design, direction, and evaluation of program activities.
- Facilitating efforts in the provision of technical support and training/education to specified individuals.
- Reviewing procedures to be established for ongoing monitoring and successful accomplishment of the scope of work proposed.
- Facilitating engagement and collaboration with federal and state agencies, other HRSA-funded grants, and other entities relevant to the project's mission.
- 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.
- Participating in the dissemination of findings, best practices, and lessons learned from the project.
- Reviewing and considering for approval all travel for meetings and conferences.

Your responsibilities

You must follow all relevant laws and policies. Your other responsibilities will include:

The overall management and administration of the grant. This includes, but is not limited to:

- Facilitating communication, collaboration, and data sharing among the centers to ensure a cohesive and synergistic network.
- Ensuring the responsible management of all grant funds, including those sub-awarded to the centers.
- Consolidating progress reports from each center and submitting comprehensive reports to the funding agency as required.
- Assuring HRSA will be identified as a funding sponsor on written products, presentations, and during meetings and conferences relevant to cooperative agreement activities.
- Engaging the federal project officer on the development of governance policies and procedures, communications, and on planning/implementing new activities.
- Seeking prior approval from the federal project officer when hiring new key project staff, including for example, principal investigators (PI), authorized organization representative (AOR) and project managers (PM).
- 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.
- Collaborating with HRSA in the development of its executive committee, governance, strategy, and prioritization. This includes participating in executive-level management

decisions, setting overall goals and objectives, and establishing consensus on network-wide issues and priorities. The network is also expected to maintain open communication with HRSA, propose strategies, and represent the network's interests in relevant forums.

- Seeking HRSA's advisory input and approval for 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.
- Establishing the network governance structure, bylaws, policies, and procedures within 4 months of the start of the award.
- Developing, in partnership with the federal project officer, a national network performance measure framework within 6 months of the start of the award.
- Participating in the development and implementation of monitoring and evaluation plans, including the collection of information and administrative data.
- 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, including data on emergent issues.
- Coordinating, facilitating and participating in one face-to-face RPPN meeting annually, location to be determined, if travel is permissible and safe, scheduled in partnership with HRSA.
- Participating in, at minimum, monthly check-in calls, as well as other regular meetings and communications with HRSA.
- The recipient will develop the agenda and provide it to the federal project officer in advance of the calls and facilitate all calls.
- The frequency of the calls will be determined in collaboration with the federal project officer.
- Submitting a quarterly travel schedule with all planned travel (due 30 days before the start of each quarter), format to be determined in partnership with the federal project officer.
- Responding in a timely and flexible manner to collaborating on short-term, long-term, and ongoing projects as well to rapid-response requests, and emerging issues, to be determined by HRSA staff on a case-by-case basis.
- Providing summary data to the federal project officer, including data on emergent issues, if requested.

Funding policies and limitations

Changes in HHS regulations

As of October 1, 2025, HHS has adopted [2 CFR Part 200](#), with some modifications included in 2 CFR Part 300. These regulations replace those in 45 CFR Part 75.

Policies

- To make an award, funding must be available and allocated for this program and purpose, at which point we will move forward with the review and award process.
- Have clear policies and good financial practices to avoid spending HRSA funds on unallowable activities. Like other award rules, we may audit your policies, procedures, and controls.
- Support beyond the first budget year will depend on:
 - Appropriation of funds.
 - Your satisfactory progress in meeting the project’s objectives.
 - A decision that continued funding is in the government’s best interest.
- If we receive more funding for this program, we may:
 - Fund more applicants from the rank order list.
 - Extend the period of performance.
 - Award supplemental funding.

General limitations

- For guidance on some types of costs we do not allow or restrict, see
 - Project Budget Information in the [Application Guide](#).
 - [2 CFR Part 200 Subpart E](#) - General Provisions for Selected Items of Cost.
 - Allowable and Unallowable Costs and Activities in the [HHS Grants Policy Statement](#).
- All costs must be [reasonable](#), necessary, [allocable](#) to the award, and adequately documented ([2 CFR 200.403](#)).
- You cannot earn profit from the federal award. See [2 CFR § 200.400\(g\)](#).
- Current appropriations law includes a salary limit of \$228,000 as of January 2026 that applies to this program. You may pay salaries at a higher rate if the rate beyond the salary rate limit (Executive Level II) is paid with non-HHS funds.

Indirect costs

Indirect costs are costs you charge across more than one project that cannot be easily separated by project. For example, this could include utilities for a building that supports multiple projects.

To incur indirect costs, you can select one of two methods:

Method 1 – Approved rate. You currently have an indirect cost rate approved by your cognizant federal agency at the time of award.

Method 2 – *De minimis* rate. Per [2 CFR § 200.414\(f\)](#), if you do not have a current negotiated indirect cost rate, you may elect to charge a *de minimis* rate. If you choose this method, costs included in the indirect cost pool must not be charged as direct costs.

This rate is up to 15% of modified total direct costs (MTDC). See [2 CFR § 200.1](#) for the definition of MTDC. You can use this rate indefinitely for all your federal awards or until you choose to receive a negotiated rate.

Consider your indirect costs when developing your [budget](#).

Program income

Program income is money earned as a result of your award-supported project activities. You must use any program income you generate from awarded funds for approved project-related activities. Find more about program income at [2 CFR 200.307](#).

- If we receive more funding for this program, we may:
 - Fund more applicants from the rank order list.
 - Extend the period of performance.
 - Award supplemental funding.

Step 2: Get Ready to Apply

Get registered

SAM.gov

You must have an active account with SAM.gov to apply. SAM.gov registration can take several weeks. Begin that process today.

To register:

- Go to [SAM.gov Entity Registration](#) and select Get Started. From the same page, you can also select the Entity Registration Checklist for the information you will need to register.
- You must agree to the [financial assistance general certifications and representations](#) specifically. Those for contracts are different.

When you register, you will also receive your required Unique Entity Identifier (UEI).

Once you register:

- You will have to maintain your registration throughout the life of any award.
- If your organization has multiple UEIs, use the one associated with your physical location.

If you need additional information about user roles in SAM.gov, see “Get registered: SAM.gov user roles” in the [Application Guide](#).

Grants.gov

You must also have an active account with [Grants.gov](#). You can see step-by-step instructions at the Grants.gov [Quick Start Guide for Applicants](#) and [How to Apply for Grants](#).

Find the application package

The application package has all the forms you need to apply. You can find it online. Go to [Grants Search at Grants.gov](#) and search for opportunity number HRSA-26-070.

After you select the opportunity, we recommend that you click the Subscribe button to get updates.

Application writing help

Visit [HHS Tips for Preparing Grant Proposals](#).

Visit [HRSA’s How to Prepare Your Application](#) page for more guidance.

See [Apply for a Grant](#) for other help and resources.

FAQs will be posted on Grants.gov Related Documents tab.

Join the webinar

For more information about this opportunity, visit the HRSA's open opportunities website. The webinar will be recorded.

A recording of the webinar will be posted at <https://www.hrsa.gov/grants/find-funding/HRSA-26-070>

Have questions? Go to [Contacts and Support](#).

Step 3: Build Your Application

Application checklist

There are two types of forms in Grants.gov.

- Some forms allow you to upload components of your application to the form. These include components like your project narrative, budget and budget narrative, and attachments, as applicable.
- Other forms are more typical, fill-in-the-blank forms.

Make sure that you have everything you need to apply.

Narratives

| Component | Grants.gov form | Included in page limit*? |
|--|------------------------------------|--------------------------|
| <input type="checkbox"/> Project narrative Use the Project Narrative Attachment form. | Project Narrative Attachment form. | Yes |
| <input type="checkbox"/> Budget narrative Use the Budget Narrative Attachment form. | Budget Narrative Attachment form. | Yes |

Attachments

Insert each in the Attachments Form in this order.

| Component | Included in page limit*? |
|--|--------------------------|
| <input type="checkbox"/> 1. Work plan | Yes |
| <input type="checkbox"/> 2. Logic model | No |
| <input type="checkbox"/> 3. Staffing plan and job descriptions | Yes |
| <input type="checkbox"/> 4. Biographical sketches | No |
| <input type="checkbox"/> 5. Letters of commitment from sub-awards: children's hospital centers | No |
| <input type="checkbox"/> 6. Agreements with other entities | Yes |

| | |
|--|-----|
| <input type="checkbox"/> 7. Project organizational chart | Yes |
| <input type="checkbox"/> 8. Geographic area of influence (catchment area, local, regional, and national influence) | Yes |
| <input type="checkbox"/> 9. Other relevant documents | Yes |

Other required forms

Upload using each required form in Grants.gov.

| Forms | Submission requirement |
|--|------------------------|
| Application for Federal Assistance (SF-424) | With application. |
| Project Abstract Summary Form | With application. |
| Grants.gov Lobbying Form | With application. |
| Disclosure of Lobbying Activities (SF-LLL), optional | With application. |
| Project/Performance Site Location(s) | With application. |
| Budget Information for Non-Construction Programs (SF 424A) | With application. |
| Key Contacts | With application. |

*Only what you attach in these forms counts toward the page limit. The forms themselves do not count.

Application contents and format

This section includes guidance on each component found in the application checklist.

Application page limit: 80

Submit your information in English and express whole number budget figures using U.S. dollars.

Required format

Required format for project summary, project narrative, budget narrative, and attachments.

Font: A readable font like Arial, Courier, CG Times, or Times New Roman

File format: We only accept the following document formats:

- .PDF - Adobe Portable Document Format
- .DOC/.DOCX - Microsoft Word
- .RTF - Rich Text Format or .TXT - Text
- .WPD - Word Perfect Document
- .XLS/.XLSX - Microsoft Excel
- .VSD - Microsoft Visio

Size: 12-point font

Footnotes, charts, graphics, and budget tables may be 10-point or higher.

Ink color: Black

Spacing: Single-spaced, including all text and tables

Alignment: Left

Headings: Bold all headings and align left.

Size: 8.5 x 11 (Make sure the print area is set and allows printing to 8.5 x 11.)

Margins: 1-inch on all sides

Footer: On each page as the footer, include your organization's name and page numbers. If a competing continuation or competing supplement, also include your 10-digit award number.

Page numbering:

- Do not number the standard OMB-approved forms.
- Number each attachment page sequentially (that is, 1, 2, 3).
- Reset the numbering for each attachment.
- Treat each attachment as a separate section.

File names: You can find guidance for naming your files in the [Application Guide](#).

Project narrative

Introduction

See merit review criterion 1: [Need](#)

Briefly describe the purpose of your project, aligning with the overall goal of strengthening pediatric emergency and disaster preparedness at the local, regional, and national levels, including how you will support RPPN national coordination, governance, and shared learning.

Need

See merit review criterion 1: [Need](#)

- Provide a clear, data-driven description of the national challenges in pediatric emergency preparedness that the RPPN will address.
- Describe the pediatric populations being served, including children with special health care needs, and the unique preparedness needs of families across local and regional areas covered through the centers in the proposed network. Include the needs of rural, remote, and/or tribal communities.
- Present relevant data to identify risks, resources, gaps, and opportunities.
 - Draw from hospital-specific, public health, and community-level data, as well as threat data.
- Identify existing pediatric preparedness and response infrastructure, services, and partnerships that will be leveraged or enhanced.
- Discuss any further plans you'll use to assess need, including planned surveys, focus groups, or engagement with children and families.
- Discuss any barriers that you hope to overcome.
- Include visual aids that demonstrate your geography of influence as [Attachment 9](#).

Approach

See merit review criterion 2: [Response](#)

Explain how you will address the needs you described and meet all the program requirements and expectations detailed in this NOFO, including the following:

- Provide a coordinated methodology for how you will improve pediatric preparedness at the local, regional, and national level, as described in the Program Description. Provide project plans for all nationally coordinated RPPN activities and local and regional project plans for each center.
- Develop Specific, Measurable, Achievable, Relevant, and Time-bound (SMART) Objectives aligned with the five NOFO goals.
- Identify a theory of change that links your goals and objectives to strategies and activities, and short- and long-term outcomes.
 - Include metrics for success. Submit a logic model as [Attachment 2](#).
- Address how you will:
 - Establish the national governance structure for the RPPN, including bylaws, operating procedures, and a shared decision-making model, within four months of the award.
 - Convene and manage the RPPN Executive Committee and any relevant governance, leadership, or advisory committees.
 - Center youth and family voices by establishing and/or directly partnering with youth and family advisory groups.
 - Coordinate development of a unified network strategy and facilitate alignment with national pediatric preparedness priorities.
 - Operationalize infrastructure for network-wide collaboration, including shared communication channels, document repositories, and inter-hospital agreements.
 - Advance models that children’s hospitals may adopt to increase pediatric preparedness.
 - Collaborate across all RPPN centers on network-wide activities.
 - Collaborate with other children’s hospitals within each region.
 - Leverage or expand your existing pediatric preparedness and response infrastructure, services, and partnerships, including local, regional, and national public and private partners supporting preparedness and readiness initiatives.
 - Disseminate reports, products, and outputs with relevant target audiences.
- Demonstrate how you will build on prior work and previous experience in public health and community preparedness, including in emergencies and disasters.
- Coordinate with families, children’s hospitals, EMS agencies, community hospitals, and primary care providers.
- Plan for ongoing staff training, interprofessional teamwork, and effective information sharing to ensure sustained capacity and quality.

High-level work plan

See merit review criteria 2: [Response](#) and 4: [Impact](#)

Develop a high-level work plan that outlines how you will achieve your objectives over the project period. Your plan should:

- Describe the approach to implementing each objective, including the major strategies and key activities.
- Identify lead roles and responsibilities and describe how key stakeholders will be engaged in planning, design, and implementation.
- Integrate performance measurement, evaluation, and continuous quality improvement (CQI).
- Highlight anticipated deliverables and major milestones demonstrating progress toward improved pediatric preparedness.
 - Include what indicators you will be reporting on a quarterly basis.
- You will also include detailed activity timelines, including measures, milestones, and responsible parties, as [Attachment 1](#). Each center must develop a work plan and timeline that is aligned with and incorporated into the overall network work plan and timeline.
- This includes timeline(s) for:
 - Outlining milestones for governance establishment, network convenings, and shared decision-making processes.
 - Defining a schedule and structure for regular communication and coordination with RPPN centers, HRSA, and national partners.
 - Detailing plans for launching and supporting RPPN-wide learning collaboratives or communities of practice.

Resolving challenges

See merit review criterion 2: [Response](#)

Discuss possible challenges and how you plan to address them, including:

- The risk of duplicating or overlapping with existing local, state, regional, or national preparedness initiatives.
- How your program scales beyond children’s hospitals and their neighboring community partners into rural, remote, and tribal areas.
- The complexity of coordinating with many stakeholders, such as with EMS agencies, public health departments, schools, emergency services, and community organizations.
- Challenges engaging children, caregivers, children's unique preparedness needs, as well as barriers like distrust and competing priorities.
- Facilitating meaningful participation and shared ownership of network-wide activities among all centers.
- Aligning performance and operation practices across various institutions and geographic regions.
- Challenges related to the administrative and oversight responsibilities for sub-awards
- Managing communication and accountability across multiple partners with varying capacities and priorities.

Performance management

See merit review criteria 3: [Performance reporting and evaluation](#) and 5: [Resources and capabilities](#)

Propose a performance measurement plan that will guide how you monitor, assess, and report progress toward your program's goals. This plan should clearly align with your project objectives, activities, and expected outcomes.

Address each of the following components in your plan:

- Clearly align your program's objectives with the NOFO goals, and specify the expected short-, intermediate-, and long-term outcomes of your funded activities.
- Specific performance indicators for each objective you will track. For each indicator, include:
 - A clear definition.
 - Numerator/denominator (if applicable).
 - Data sources.
 - Methodology (qualitative and/or quantitative).
 - Reporting frequency.
- How these outcomes address local risks, needs, and leverage available resources.

Describe how you will collect accurate performance data, such as staff roles and tools used. Also include:

- How you will review and verify data before submission.
- How you will report data using standardized formats and timelines.
- Explain how your organization will store performance data securely. Examples include:
 - Encrypted databases.
 - Access controls.
 - Data integrity and availability practices.
 - Cybersecurity threat safeguards.
 - Accidental data loss plans.
 - Complying with applicable data protection regulations (e.g., HIPAA if applicable).

Describe how you will routinely monitor performance data to:

- Identify trends or gaps.
- Compare results against targets or benchmarks.
- Share findings with program staff and stakeholders.

Explain how data will be used to:

- Make real-time adjustments to activities.
- Inform decision-making and planning.
- Support continuous improvement and accountability.

In addition, centers will collaborate on the development and implementation of a **National Network Performance Measurement Framework** within 6 months of the start of the program.

This framework should:

- Align NOFO goals, objectives, activities, and performance metrics across the children’s hospital centers in the network.
- Establish a set of core shared performance measures across RPPN centers and national metrics for advancing pediatric preparedness.
- Define processes for aggregating, analyzing, and disseminating data at the regional and national level.
- Ensure the network produces meaningful, generalizable results that demonstrate local and national impact and inform future preparedness strategies.

See the [reporting](#) section for more information.

Sustainability

See merit review criterion 4: [Impact](#)

We expect you to sustain key project elements that improve practices and outcomes for the target population. Propose a plan for project sustainability after the period of federal funding ends.

- Highlight key elements to sustain, such as:
 - Training and education methods.
 - Pediatric disaster care protocols.
 - Telehealth capabilities supporting surge capacity.
 - Partner engagement strategies.
- Describe how you’ll secure future funding.
- Determine the timing to become self-sufficient.
- Discuss challenges to sustainability that you’ll likely encounter and your strategies to overcome them.

Organizational information

See merit review criterion 5: [Resources and capabilities](#)

Organizational information

Briefly describe your mission, structure, and the scope of your current activities. Explain how they will help you carry out the program requirements. You’ll include a [project organizational chart](#) in your attachments ([Attachment 7](#)).

- Discuss how you’ll follow the approved project, keep track of all federal funds, and record all costs to avoid issues during the project audit.
- Describe your organizational profile, budget, partners, key processes, and your key staff’s experience, skills, and knowledge.
- Highlight your track record in:
 - Pediatric preparedness.
 - Capacity for effective network participation.
 - Your organization’s demonstrated commitment, locally, regionally, and nationally, to improving readiness across children’s hospitals and their communities.
 - Improving health for rural, remote, and/or tribal communities.
 - Include evidence of hospital leadership support, such as:

- Strategic prioritization of pediatric preparedness.
 - Letter of Leadership support.
 - Investment of institutional resources.
 - Staff.
 - Cross-departmental collaboration.
- Provide examples to demonstrate expertise, knowledge, and experience necessary to implement the RPPN Program.
 - Describe how you will routinely assess and improve the unique needs of target populations of the communities served.
 - Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature.

Each of the 10 RPPN Centers should include the following key personnel (minimum staffing requirements at each institution):

- **Principal Investigator (≥0.2 FTE):** The PI is a recognized expert in pediatric disaster care, with experience leading multi-site initiatives and a strong funding record. This person should have highly recognized skills as an educator of trainee learners and peers and a demonstrated exceptional 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. This role should not be split across individuals.
- **Program manager (1.0 FTE):** The PM has direct operational responsibility for the project. Must have demonstrated experience managing inter-facility collaborations and have knowledge of pediatric disaster preparedness. This role should not be split across multiple individuals.
- **Data manager (≥0.2 FTE):** Oversees data collection, management, compliance, and reporting. Must be proficient in public health, health care data systems, analytical tools, and the ability to support real-time data sharing and visualization.
- **Community outreach coordinator (≥0.2 FTE):** Leads youth and family engagement, community and school partnerships, and outreach activities. This person may also have experience engaging rural hospitals, EMS agencies, and primary care practices.

Key Personnel (minimum staffing requirements) for national coordination. These positions will comprise the operational leadership team. Funding for these positions can be allocated to any institution within the network, each applicant should include funding for these positions:

- **National Program Director (1.0 FTE):** Leads the entire program nationally, setting the strategy, managing partners, and serving as a main point of contact for HRSA and national partners. This role requires leadership experience with national health care, community health, and emergency systems. The national program director from each award will partner to lead national RPPN operations, governance, and coordination across the RPPN centers. This position should not be split across individuals.
- **Performance Measurement and Evaluation (PM&E) Director (1.0 FTE equivalent):** Develops and runs a national system to track how well the program is working. This includes creating performance measures, supporting quality improvement, and using data

and analytics to support informed decisions. The PM&E Director(s) will have qualitative and quantitative methods background with experience in community-centered evidence.

- **Data and Analytics Director (1.0 FTE equivalent):** Builds and manages the national data systems used to support pediatric disaster planning and response. This role ensures data is accurate, secure, useful, and integrated for decision-making across the network.

Budget and budget narrative

See merit review criterion 6: [Support requested](#)

Your **budget** should follow the instructions in budget narrative: detailed instructions section of the Application Guide and the instructions listed in this section. Your budget should show a well-organized plan.

HHS now uses the definitions for [equipment](#) and [supply](#) in 2 CFR 200.1. The new definitions change the threshold for equipment to the lesser of the recipient's capitalization level or \$10,000 and the threshold for supplies to below that amount.

The total project or program costs are all allowable (direct and indirect) costs used for the HRSA award activity or project. This includes costs charged to the award and non-federal funds used to satisfy a matching or cost-sharing requirement (which may include maintenance of effort, if applicable).

The **budget narrative** supports the information you provide in Standard Form 424-A. It includes an itemized breakdown and a clear justification of the costs you request. The merit review committee reviews both.

As you develop your budget, consider:

- If the costs are reasonable, allowable and allocable, and consistent with your project's purpose and activities.
- The restrictions on spending funds. See [funding policies and limitations](#).
- Equal funding distribution requirement: The funding structure requires a two-part allocation. First, the primary recipient is permitted to budget up to \$500,000 to cover its administrative and management responsibilities for the cooperative agreement. Following this initial allocation, all remaining funds must be divided equally among the participating centers, which includes the primary recipient. To ensure compliance, applicants must explicitly detail this two-step distribution process, showing both the administrative allowance and the subsequent equal sharing of funds, within the SF-424A budget form and the accompanying Budget Narrative.
- Include all required personnel detailed in the [Organizational Information](#) Section.
- Budget adequate funds for key personnel to ensure project oversight and subject matter expertise. Specify:
 - Roles.
 - Personnel names.
 - Their responsibilities for deliverables.
- Include travel funds for all key personnel from each center in the RPPN to attend one annual in-person RPPN leadership meeting and the Emergency Medical Services for

Children (EMSC) program and Regional Pediatric Pandemic Network all-grantee meeting (held in Years 1 and 3 of the project), location(s) to be determined.

- Costs may be included under personnel or contractual services and should reflect sufficient time for project support, management, and oversight.
- 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 in-kind support from the participant organization.
 - Include details on how key personnel will be paid in the budget narrative as well.
- Contractual requirements:
 - Clearly describe the purpose of each contract, including how costs are estimated and outline the specific deliverables each contractor is expected to provide.
 - Include how the contract will be monitored with a clear method of accountability.
- If applicable, include funding arrangements or Memoranda of Understanding (MOUs) with other children's hospitals or organizations in the region, detailing:
 - Their roles.
 - Responsibilities.
 - Expected contributions to the project.

To create your budget narrative, see budget narrative detailed instructions in the Application Guide.

Attachments

Place your attachments in this order in the Attachments Form. See [application checklist](#) to determine if they count toward the page limit.

Unless the instructions below require it, do not submit organizational brochures or other promotional materials (for example, slides, films, clips).

Attachment 1: Work Plan

- Attach a work plan(s) that serves as a blueprint for project implementation and benchmarks for evaluating progress. The work plan(s) must be organized into distinct but interconnected components:
 - Individual Center Work Plans: A specific plan for each of the proposed sub-awardee centers.
 - Overall Network Work Plan: A comprehensive plan that integrates the activities of all centers into a cohesive national strategy.
- The work plan should clearly connect:
 - Project objectives to activities (both planning and implementation tasks).
 - Responsible parties.
 - Timelines.
 - Outcomes.

Include all required elements of the Project Narrative section.

Attachment 2: Logic model

- Attach the project’s logic model.
- A logic model is a visual way to present and share your understanding of your:
 - Resources.
 - The activities you plan.
 - The changes or results you hope to achieve.
- Common components include the following:
 - **Inputs (Resources):** What you invest (e.g., time, money, staff, materials).
 - **Activities:** What you do with the inputs (e.g., training, workshops, services).
 - **Outputs:** The direct products of your activities (e.g., number of sessions held, people reached).
 - **Outcomes:** The short- and medium-term results (e.g., increased knowledge, behavior change).
 - **Impact:** The long-term, broader effects (e.g., improved child health, increased preparedness).

The logic model can guide planning, implementation, and evaluation.

Attachment 3: Staffing plan and job descriptions

- Include a staffing plan that shows the staff positions that will support the project, including all staff across each center, and key information about each.
- Justify your staffing choices, including their education and experience.
- Include rationale for the amount of time you request for each staff position.
- Include all required staff detailed in the expectations of this NOFO.
- For each key staff member, include a job description.
 - It must include their role, responsibilities, and general qualifications.

Attachment 4: Biographical sketches

Include biographical sketches for people who will hold the key positions, at minimum, required listed in the Organizational Information Section.

- Each biographical sketch should be no more than one page.
- Do not include non-public, [personally identifiable information](#).
- If you include someone you have not hired yet, provide a letter of commitment from that person along with the biographical sketch.

Attachment 5: Letters of commitment from required sub-awards: children’s hospital centers

As a mandatory component of the application, the primary applicant must include a Letter of Commitment from each of the four (4) proposed sub-awardee Children’s Hospitals or their affiliated university partners.

Each Letter of Commitment must:

- Be printed on the partner institution's official letterhead.
- Be signed by an Authorized Organizational Representative (AOR) or an individual with the authority to commit the institution's resources to the project.
- State a clear and unequivocal commitment to participate as a sub-awardee in the network for the full duration of the project period, should the application be funded.
- Reference this specific Notice of Funding Opportunity (NOFO) and the title of the proposed project.
- Briefly describe the partner's understanding of its role and its planned contribution to the network, confirming its agreement with the activities and responsibilities outlined for it in the main application and respective center work plan.
- Identify the key personnel from the partner institution who will be involved in the project.
- Confirm the partner's willingness to collaborate with the primary applicant and the other network centers to achieve the project's nationally coordinated goals.
- Submission Instructions: Consolidate all signed Letters of Commitment into a single PDF file. Each letter should not exceed one page.

Attachment 6: Agreements with other entities

Provide any documents that describe working relationships between your organization and others you mention in your project narrative. If you include documents that confirm actual or pending contracts or agreements, the documents should clearly describe the roles of subrecipients and contractors and any deliverables. It is not necessary to include the entire contents of lengthy agreements, so long as the portions you include describe the working relationship between you and the other organization. Make sure letters of agreement are signed and dated. These entities may include:

- National or regional partner organizations collaborating to advance pediatric preparedness efforts.
- Networks of children's hospitals, community hospitals, and primary care practices.
- Organizations representing State and local (city/county) health departments.
- Community-based organizations serving children and families.
- Emergency medical services (EMS) agencies and regional EMS systems.
- Public health preparedness and response programs.
- Academic institutions and pediatric research centers focused on emergency preparedness, disaster medicine, and/or child health.
- Professional associations and specialty societies with relevant expertise.
- Behavioral health providers and networks with expertise in pediatric trauma and crisis response.
- Child welfare agencies and other systems supporting vulnerable children.

- Technology partners or vendors supporting data, communications, or telehealth infrastructure.

Attachment 7: Project organizational chart

Provide a one-page diagram that shows the full project’s organizational structure.

Attachment 8: Tables and charts

Provide tables or charts that give more detail about the proposal. These might be Gantt, PERT, or flow charts.

Attachment 9: Geographic area of influence (catchment area, local, regional, and national influence)

- Provide a description of your geographic area of influence, including local catchment areas, regional or statewide reach, and any national impact where applicable.
- Include relevant charts, maps, or visuals that help illustrate:
 - The populations you serve.
 - The HHS region(s).
 - Key demographic or geographic data.
 - [Health Professional Shortage Areas \(HPSA\) Data](#)
- Clearly label all visuals and cite data sources where appropriate.

Other required forms

You will need to complete some other forms. Upload the following forms at Grants.gov. You can find them in the NOFO [application package](#) or review them and any available instructions at [Grants.gov Forms](#).

| Forms | Submission requirement |
|--|------------------------|
| Application for Federal Assistance (SF-424) | With application. |
| Project Abstract Summary Form | With application. |
| Grants.gov Lobbying Form | With application. |
| Disclosure of Lobbying Activities (SF-LLL), optional | With application. |
| Project/Performance Site Location(s) | With application. |
| Budget Information for Non-Construction Programs (SF 424A) | With application. |
| Key Contacts | With application. |

Form instructions

The application guide has detailed instructions for:

- The [Application for Federal Assistance \(SF-424\)](#).
- The [Budget Information for Non-Construction Programs \(SF-424A\)](#).

Project abstract summary form instructions

Provide a brief summary of your proposed project, including the specific needs it aims to address, a description of the target population, the primary objectives, key strategies or methodologies to be used, and the performance indicators that will be used to measure success.

Important: Public information

When filling out your SF-424 form, pay attention to Box 15: Descriptive Title of Applicant’s Project.

We share what you put there with [USAspending](#). This is where the public goes to learn how the federal government spends their money.

Instead of just a title, insert a short description of your project and what it will do.

[See instructions and examples.](#)

Step 4: Understand Review, Selection, and Award

Application review

Initial review

We will review your application to make sure that it meets [eligibility](#) criteria, and the requirements in this NOFO. If your application does not meet eligibility criteria, it will not be funded. If your application does not meet other criteria, we will not fund it.

Merit review

A panel reviews all applications that pass the initial review. You can find more about the merit review process in the [Application Guide](#). The members use these criteria.

| Criterion | Total number of points = 100 |
|---|------------------------------|
| 1. Need | 10 points |
| 2. Response | 25 points |
| 3. Performance reporting and evaluation | 15 points |
| 4. Impact | 10 points |
| 5. Resources and capabilities | 30 points |
| 6. Support requested | 10 points |

Criterion 1: Need (10 points)

See the project narrative [Introduction](#) and [Need](#) sections.

The panel will review your application for how well it:

- Describes the pediatric populations to be served, including children with special health care needs and the unique preparedness needs of families in their local and regional area.
- Uses relevant data to identify risks, resources, gaps, and opportunities at the local, regional, and national levels. This includes the integration of hospital-specific, public health, community-level, and threat data.

- Identifies existing infrastructure and partnerships that will be leveraged or expanded to support pediatric preparedness and response.
- Feasibly plans for further assessing need throughout the project (e.g., through surveys, focus groups, or direct engagement with children and families).
- Describes and represents the needs of rural, remote, and/or tribal communities in the geography of influence ([Attachment 9](#))

Criterion 2: Response (25 points)

See the project narrative [Approach](#), and [High-level work plan](#).

The panel will review your application for how well it responds to the program's purpose, including:

Strategic Alignment and Logic (5 points)

- How well the proposal's objectives align with the stated purpose and the five NOFO goals of this funding opportunity. This includes the quality of the SMART (Specific, Measurable, Achievable, Relevant, and Time-bound) objectives and how well they are integrated with the proposed activities.
- The extent to which the application presents a clear and well-structured theory of change (i.e., the Logic Model submitted as Attachment 2) that links the overarching goals to the proposed strategies, core activities, and measurable short- and long-term outcomes.

Work Plan and Technical Methodology (12 points)

- The quality and detail of the project plans, which must serve as a blueprint for implementation and a benchmark for progress. Reviewers will assess both the Individual Center (sub-awardee) Work Plans and the Overall Network Work Plan for coherence and integration.
- The degree to which the proposed activities are practical, well-described, and tailored to address the identified needs and local/regional pediatric risks at each center.
- The methodology must provide a detailed and practical approach that incorporates all required RPPN activities listed in the NOFO's program requirements and expectations, including (but not limited to):
 - Developing and updating pediatric-inclusive disaster plans.
 - Providing training, technical assistance, and tools to a wide range of partners (e.g., hospitals, EMS, primary care, schools, childcare).
 - Supporting the integration of pediatric scenarios into disaster drills.
 - Strengthening capacity for behavioral health and children with special healthcare needs.
 - Using telehealth and other strategies to reach rural, remote, and/or tribal communities.

Collaboration and Partnership Strategy (8 points)

- The quality of the plan for active coordination and partnership with key entities, including other hospitals, EMS agencies, primary care providers, public health departments, community-based organizations, schools, and child-serving entities.

- The extent to which the proposal includes specific, meaningful plans to establish or engage youth and family advisory groups that reflect the local communities being served.
- How well the proposal outlines strategies to collaborate regionally, build upon prior work and experience, and leverage existing infrastructure to avoid duplication of effort.
- The degree to which the application thoughtfully describes potential obstacles and challenges that may arise during project implementation (e.g., logistical, programmatic, or related to sub-award administration).
- The credibility and feasibility of the plan proposed to overcome and manage the identified risks and challenges.

The panel will review your application for:

Criterion 3: Performance reporting and evaluation (15 points)

See the project narrative [Performance reporting and evaluation](#) section.

The panel will review your application for:

Plan Cohesion and Strategic Alignment

- The degree to which the plan clearly aligns the project's specific objectives with the overarching goals of this NOFO. This includes specifying realistic short-, intermediate-, and long-term outcomes for the proposed activities.
- The extent to which the proposed performance indicators are specific, well-defined, and directly measure progress toward achieving each project objective. Reviewers will assess the clarity of definitions, data sources, and chosen methodologies (qualitative and quantitative).
- How well the proposed outcomes and indicators address identified local risks and needs and leverage available community resources.
- Plan for development and implementation of a National Network Performance Measurement Framework across all RPPN centers within 6 months of the start of the program.

Data Collection and Management Processes

- The credibility of the described process for collecting accurate performance data. This includes the clear definition of staff roles, the appropriateness of tools used, and the system for reviewing and verifying data quality prior to reporting.
- The plan describes robust and appropriate systems for storing performance data securely. This includes evidence of technical safeguards such as encryption, access controls, data integrity practices, and plans to prevent accidental data loss or cybersecurity threats, while ensuring compliance with all applicable regulations (e.g., HIPAA).

Data Utilization for Continuous Improvement

- The quality of the plan for routinely monitoring performance data to identify trends, track progress against targets, and share findings with program staff, partners, and key stakeholders.

- The extent to which the applicant explains how performance data will be actively used to inform real-time programmatic adjustments, guide strategic planning, and foster a culture of continuous quality improvement and accountability across the entire network.

Evaluation

Overall approach and methodology to evaluate project results against goals and objectives and gain insights into program outcomes and impact.

Criterion 4: Impact (10 points)

The panel will review your application for:

Potential for Public Health Impact

- The potential for the project to yield a strong, measurable, and positive public health impact, particularly for children and the specified target communities (including rural, remote, and/or tribal populations). This includes assessing the overall effectiveness of the proposed approach.

Significance and Reach of Network Outcomes

- The significance of the project's expected outcomes as described in the performance measurement plan. This includes an evaluation of how the integrated network work plan - and its timelines for establishing governance, communication, and shared learning collaborative - is structured to produce meaningful, system-level improvements in pediatric preparedness.

Effectiveness of Dissemination and Knowledge Sharing

- The feasibility and effectiveness of the plan to share project results, best practices, and knowledge gained. This includes the potential for the proposed strategies to foster the widespread adoption of improvements and contribute to the national evidence base for pediatric emergency response.

Criterion 5: Resources and Capabilities (30 points)

See the project narrative [Organizational information](#) and [Performance reporting and evaluation](#) sections.

The panel will review your application for:

Organizational Experience and Programmatic Fit (15 points)

- The degree to which the applicant and its proposed network partners demonstrate a strong, collective track record in pediatric preparedness, multi-site program leadership, and network governance. This includes experience coordinating amongst children's hospitals and their communities to advance preparedness. This should be supported by specific examples of past work.
- Clarity of the rationale for how the applicant's mission, organizational structure, and existing partnerships provide a unique capacity to support national pediatric preparedness, program operations, and network-wide coordination.
- Demonstrated ability to engage with, support, and deliver locally and geographically appropriate services to communities, including rural, remote, and/or tribal populations, as

well as youth and families. This includes evidence of established partnerships and strategies to address local access barriers.

Staffing, Leadership, and Governance (8 points)

- The qualifications, experience, and training of all proposed key project staff are appropriate and sufficient to carry out all aspects of the project, including program management, performance reporting, and evaluation.
- The application clearly defines roles, responsibilities, and full-time equivalent (FTE) commitments for all key personnel. The plan effectively explains how these staff roles will provide leadership for local, regional, and national governance, align activities across the network, and manage the overall data and evaluation strategy.

Financial Management and Internal Controls (2 points)

- Credibility of the plan to manage federal funds and ensure fiscal accountability. This includes evidence of established systems for financial management, cost tracking, compliance with audit requirements, and internal controls that ensure responsible stewardship of all program resources.

Data and Performance Measurement Capacity (5 points)

- The applicant demonstrates the existing capacity, resources, and readiness to lead and sustain a robust performance measurement and analytics system for a national network. This includes having secure, compliant systems, tools, and infrastructure for high-quality data collection, management, analysis, and reporting.
- The organization shows a demonstrated ability to lead multi-site performance measurement efforts, including aligning stakeholders around shared metrics, ensuring consistent data quality across all sites, and facilitating feedback and technical assistance among partners.
- The application clearly describes the organization's readiness to use performance data for real-time program monitoring, adaptive planning, strategic decision-making, and fostering a culture of accountability and continuous improvement across the network

Criterion 6: Support Requested (10 points)

See the [Budget and budget narrative](#) section.

The panel will review your application to determine:

- How reasonable the proposed budget is for each year of the period of performance.
- How reasonable costs are and how well they align with the project's scope.
- How sufficient the time is for key staff to spend on the project to achieve project objectives.
- How responsive it is to the requirements in the Budget and Budget Narrative section and the program expectations section of this NOFO.
- Thoroughness of Subaward Contract Oversight: The application clearly demonstrates a robust plan for managing subaward contracts, including precise descriptions of each contract's purpose, cost estimation methods, and expected deliverables, along with a well-defined monitoring strategy to ensure accountability and Memoranda of Understanding

(MOUs) or other documents outlining the roles, responsibilities, and contributions of all collaborating partners.

We do not consider **voluntary** cost sharing during merit review.

Risk review

Before making an award, we review your award history to assess risk. We need to ensure all prior awards were managed well and demonstrated sound business practices. We:

- Review any applicable past performance.
- Review audit reports and findings.
- Analyze the budget.
- Assess your management systems.
- Ensure you continue to be eligible.
- Make sure you comply with any public policies.

We may ask you to submit additional information.

As part of this review, we use SAM.gov Entity Information [Responsibility/Qualification](#) to check your history for all awards likely to be more than \$250,000 over the period of performance. You can comment on your organization's information in SAM.gov. We'll consider your comments before making a decision about your level of risk.

If we find a significant risk, we may choose not to fund your application or to place specific conditions on the award.

For more details, see [2 CFR 200.206](#).

Selection process

When making funding decisions, we consider:

- The amount of available funds.
- Assessed risk.
- Merit review results. These are key in making decisions but are not the only factor.
- The larger portfolio of HRSA-funded projects, including project type and geographic distribution.
- The funding priorities, funding preferences, and special considerations listed.
- [Alignment with HRSA Mission and Strategic Priorities](#)

We may:

- Fund out of rank order.
- Fund applications in whole or in part.
- Fund applications at a lower amount than requested.
- Decide not to allow a recipient to subaward if they may not be able to monitor and manage subrecipients properly.

- Choose to fund no applications under this NOFO.

Additionally, we may not make an award if you are delinquent on two or more Single Audit Reports.

You cannot appeal a denial, or the amount of funds awarded.

Special considerations

Other

To ensure geographic reach across the United States and jurisdictions, HHS will provide funding to recipients which represent centers across at least five (5) different HHS regions, according to their rank order list. Final determination may be based on having best non-overlapping geographic coverage across all recipients.

Award notices

We issue Notices of Award (NOA) on or around the [start date](#) listed in the NOFO. See “how we make awards” in the [Application Guide](#) for more information.

By drawing down funds, you accept the terms and conditions of the award.

Step 5: Submit Your Application

Application submission and deadlines

Your organization’s authorized official must certify your application. See the section on [finding the application package](#) to make sure you have everything you need.

Application deadline

You must submit your application by 07/17/2026, at 11:59 p.m. ET.

Grants.gov creates a date and time record when it receives applications.

If you need a deadline extension, see “requesting a waiver” in the [Application Guide](#).

Submission method

Grants.gov

You must submit your application through Grants.gov. You may do so using Grants.gov Workspace. This is the preferred method. For alternative online methods, see [Applicant System-to-System](#).

For instructions on how to submit in Grants.gov, see the [Quick Start Guide for Applicants](#). Make sure that your application passes the Grants.gov validation checks, or we may not get it. Do not encrypt, zip, or password protect any files.

If Grants.gov rejects your application due to errors, you must correct and resubmit before the deadline.

If you want to know more about correcting errors or tracking your application, you can refer to the [Application Guide](#).

Have questions? Go to [Contacts and Support](#).

Other submissions

Intergovernmental review

This NOFO is not subject to [Executive Order 12372](#), Intergovernmental Review of Federal Programs. No action is needed.

Step 6: Learn What Happens After Award

Post-award requirements and administration

Administrative and national policy requirements

There are important rules you need to know if you get an award. You must follow:

- All terms and conditions in the Notice of Award (NOA). We incorporate this NOFO by reference.
- The regulations at [2 CFR Part 200](#), Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, modifications at [2 CFR Part 300](#), and any superseding regulations.
- The [HHS Grants Policy Statement](#). Your NOA will reference this document. If there are any exceptions to the GPS, they'll be listed in your NOA.
- All federal statutes and regulations relevant to federal financial assistance, including those highlighted in [HHS Administrative and National Policy Requirements](#).
- The requirements for performance management in [2 CFR 200.301](#).
- All anti-discrimination laws: By applying for or accepting federal funds from HHS, you certify compliance with all federal antidiscrimination laws and these requirements. Complying with those laws is a material condition of receiving federal funding streams. You are responsible for ensuring subrecipients, contractors, and partners also comply.

Required Alignment with HRSA Mission and Strategic Priorities

Recipients must use funds awarded under this NOFO to implement program goals or agency priorities in accordance with the HRSA [vision, mission, core values, and strategic priorities](#), where authorized by law.

In administering programs under this and all funding announcements, HRSA prioritizes:

- **Evidence-based healthcare:** Funding activities supported by rigorous scientific evidence, particularly for programs serving children and adolescents, where HRSA is committed to approaches that reflect the highest standards of clinical care and child safety.
- **Biological and physiological integrity:** Recognizing the relevance of biological sex to health outcomes, HRSA encourages applicants to account for sex-based health factors in program design, data collection, and service delivery where scientifically appropriate.

HRSA will implement these priorities consistent with applicable laws, regulations, court orders, and all required administrative procedures. Applicants are encouraged to describe how their proposed programs align with these priorities in their project narratives.

Funded activities must advance HRSA's vision of protecting and improving the health and well-being of Americans. The particular focus is on those who are medically vulnerable, or live in areas with limited access to care. HRSA's duty is to serve wisely, effectively, and with measurable results that justify every taxpayer dollar invested.

Consistent with HRSA's priorities, in carrying out any project funded under this NOFO, the recipient must adhere to the following principles, where they are consistent with the authority and scope of the award and its activities:

- **Gold standard science:** Design and deliver services using gold standard evidence-based and evidence-informed approaches, establish measurable performance goals, and use data to monitor outcomes and drive continuous improvement.
- **Program integrity and fiscal stewardship:** Recipients must:
 - Administer funds in accordance with all applicable federal statutes, regulations, and award conditions.
 - Maintain strong internal controls.
 - Prevent waste, fraud, and abuse.
- **Partnership and local leadership:** Coordinate with state, tribal, territorial, local, and community partners, as appropriate, and tailor services to meet community-identified needs while respecting local decision-making authority.

Recipients must manage any project awarded under this NOFO in accordance with the following objectives in programs authorized to advance them:

Make America Healthy Again (MAHA): HRSA prioritizes the health and well-being of all Americans by supporting common-sense, evidence-based health policies that promote:

- Personal responsibility.
- Strong families and communities.
- Proper nutrition.
- The prevention and management of chronic disease, while ensuring access to high-quality, affordable physical and mental health care.

Child protections, biological integrity, parental rights, and lawful use of funds: HRSA prioritizes safeguarding children's health and safety by:

- Not supporting medical interventions for gender dysphoria in minors that lack a strong evidence base.
- Applying sex-based definitions grounded in biological reality.
- Supporting parental authority, transparency, and choice in education, including school-based health centers that respect parental rights and religious upbringing.
- Ensuring taxpayer funds are not used to promote or support elective abortions, consistent with federal law and the Hyde Amendment.

Advancing evidence-based, merit-driven, and ethically grounded health care: HRSA will prioritize unbiased, transparent science; merit-based workforce opportunities; and programs that demonstrate measurable outcomes, while deprioritizing organizations with:

- Conflicts of interest.

- “Harm reduction” models.
- Housing-first approaches.
- Activities that facilitate illegal drug use or unsafe medical practices.

Promoting public safety, lawful use of federal funds, and national health priorities: To the extent permitted by law, HRSA will align funding with administration priorities by:

- Supporting ending the HIV epidemic through authorized, evidence-based care.
- Reserving benefits for eligible individuals.
- Discouraging illegal immigration and unsafe community practices.
- Prioritizing recipients that enforce public safety, address serious mental illness and substance use through treatment and recovery, and reduce homelessness responsibly.

To the extent allowable by law, under awards, HRSA will give priority to states and municipalities for programs to:

- Enforce prohibitions on open illicit drug use.
- Enforce prohibitions on urban camping and loitering.
- Enforce prohibitions on urban squatting.
- Enforce, and where necessary, adopt, standards that address individuals who are a danger to themselves or others and suffer from serious mental illness or substance use disorder, or who are living on the streets and cannot care for themselves. The approach must be through assisted outpatient treatment or by moving them into treatment centers or other appropriate facilities through civil commitment or other available means, to the maximum extent permitted by law.

HRSA will implement these priorities consistent with applicable laws, regulations, court orders, and any required procedures.

The recipient must demonstrate ongoing compliance with these priorities, in all programs that are authorized to advance them, through program design, implementation, reporting, and evaluation.

Failure to meaningfully align funded activities with the applicable requirements may result in corrective action, additional reporting requirements, or other actions consistent with federal grant regulations at [2 CFR Part 200](#) and the terms and conditions of this award. This includes termination under [2 CFR § 200.340\(a\)\(4\)](#) if an award no longer effectuates the program goals or agency priorities.

Cybersecurity

- If awarded, you must develop plans and procedures, modeled after the NIST Cybersecurity framework, to protect HHS systems and data. See [details here](#).

Successful applicants under this NOFO agree that:

| | |
|---|--|
| Where award funding involves: | Recipients and subrecipients are required to: |
| Implementing, acquiring, or upgrading health IT for activities funded by any entity | Use health IT that meets standards and implementation specifications adopted in 45 CFR 170, Subpart B, if such |

| | |
|--|---|
| | standards and implementation specifications can support the activity. Visit to 45 CFR 170, Subpart B learn more. |
| Implementing, acquiring, or upgrading health IT for activities by eligible clinicians in ambulatory settings, or hospitals, eligible under Sections 4101, 4102, and 4201 of the HITECH Act | Use health IT certified under the ONC Health IT Certification Program if certified technology can support the activity. Visit https://www.healthit.gov/topic/certification-ehrs/certification-health-it to learn more. |

If standards and implementation specifications adopted in [45 CFR part 170, Subpart B](#) cannot support the activity, recipients and subrecipients are encouraged to use health IT that meets non-proprietary standards and implementation specifications developed by consensus-based standards development organizations. This may include standards identified in the ONC Interoperability Standards Advisory, available at <https://www.healthit.gov/isp/>.

Reporting

If you are funded, you will have to follow the reporting requirements in “reporting” section of the [Application Guide](#). The NOA will provide specific details.

You must also follow these program-specific reporting requirements:

- Progress report(s) each year
- Annual Performance reports.

DGIS Performance Reports. The Discretionary Grants Information System (DGIS) is where you will report annual performance data to us. You will submit a DGIS Performance Report annually, by the specified deadline. The type of report required is determined by the project year of the award period of performance. You can see the full OMB-approved **reporting** package for this program at [Discretionary Grants Information System](#) on our website (OMB Number: 0915-0298 | Expiration Date: 12/31/2026). The list of administrative forms and performance measures for this program are as follows:

- Financial Form
- Training & Workforce Development
- Partnerships & Collaboration
- Engagement of Persons with Lived Experience
- Technical Assistance
- Outreach & Education
- Guidelines & Policy
- Data & Information Systems
- Quality Improvement & Evaluation
- Knowledge Change

- Products & Publications

| Type of Report | Reporting Period | Available Date | Report Due Date |
|--|--|--|--|
| <ul style="list-style-type: none"> • New Competing Performance Report | <ul style="list-style-type: none"> • September 1, 2026 to August 31, 2031 | <ul style="list-style-type: none"> • Period of performance start date | <ul style="list-style-type: none"> • 120 days from the available date |
| <ul style="list-style-type: none"> • Non-Competing Performance Report | <ul style="list-style-type: none"> • September 1, 2026 to August 31, 2027 • September 1, 2027 to August 31, 2028 • September 1, 2028 to August 31, 2029 • September 1, 2029 to August 31, 2030 | <ul style="list-style-type: none"> • Beginning of each budget period (Years 2–5, as applicable) | <ul style="list-style-type: none"> • 120 days from the available date |
| <ul style="list-style-type: none"> • Project Period End Performance Report | <ul style="list-style-type: none"> • September 1, 2030 to August 31, 2031 | <ul style="list-style-type: none"> • Period of performance end date | <ul style="list-style-type: none"> • 90 days from the available date |
| <ul style="list-style-type: none"> • quarterly Project Status Report | <p>The reporting period will recur annually according to these dates:</p> <p>Quarter 1- September 1- November 30</p> <p>Quarter 2- December 1- February 28</p> <p>Quarter 3- March 1- May 31</p> <p>Quarter 4- June 1- August 31</p> | <p>30 days prior to the close of the quarter</p> | <p>30 days after the close of the quarter</p> |

Contacts and Support

Agency contacts

Program and eligibility

Division of Child, Adolescent, and Family Health
Health Resources and Services Administration
mchbdcafh@hrsa.gov

Financial and budget

TBD

Grants Management Specialist Division of Grants Management Operations Office of Financial Assistance and Acquisition Management (OFAAM) Health Resources and Services Administration

TBD

HRSA contact center

Open Monday – Friday, 7 a.m. – 8 p.m. ET, except for federal holidays.

Call: 877-464-4772 / 877-Go4-HRSA

TTY: 877-897-9910

[Electronic Handbooks Contact Center](#)

Help with systems

Grants.gov

Grants.gov provides 24/7 support. You can call 800-518-4726, search the [Grants.gov Knowledge Base](#), or [email Grants.gov for support](#). Hold on to your ticket number.

SAM.gov

If you need help, you can call 866-606-8220 or live chat with the [Federal Service Desk](#).

Helpful websites

- [Application Guide](#)
- [HRSA Grants page](#)
- [HHS Tips for Preparing Grant Proposals](#)
- [Frequently Asked Questions](#)
- [Applicant Training](#)