

MP-CPI-20-003: Reducing Cardiac Arrest Disparities Through Data Registries

Eligibility/Application

Questions	Responses
Who is eligible to apply?	All applicants are eligible except for for-profit private institutions of higher education and for-profit organizations (including small businesses). Eligible applicants include: • State Governments • County Governments • City or township governments • Special district governments • Independent school districts • Public and State controlled institutions of higher education • Native American tribal governments (Federally recognized) • Public Housing authorities/Indian housing authorities • Native American tribal organizations (other than federally recognized tribal governments) • Nonprofits having 501(c)(3) status with the IRS, other than institutions of higher education • Nonprofits without 501(c)(3) status with the IRS, other than institutions of higher education • Private non-profit institutions of higher education • U.S. Territories
Are cost sharing or matching required?	The applicant is not required to provide cost sharing or matching in their proposed budget.
What are the expectations for geographic area to be served?	Proposals should describe the geographic area(s) of focus, describe the need for an OHCA data registry, and demonstrate that the proposed project is not duplicating any existing efforts in the geographic area(s) of focus to implement an OHCA data registry.

Frequently Asked Questions

Can we get an extension on the application deadline?	There are no current plans to extend the application deadline. Individual extensions on the application deadline will not be granted except as described in the funding opportunity announcement (FOA).
I represent a for-profit organization. If I have a non-profit partner that applies and receives the award, can I be a subrecipient?	No. OMH statutory authority limits recipients to public and non-profit entities. Subrecipients must also abide by the statutory limitation.
Who makes a determination concerning whether an entity is considered to be a subrecipient?	The HHS Uniform Administrative Requirements (UAR), 45 CFR 75.351, states that the recipient “must make case-by-case determinations whether each agreement it makes for the disbursement of Federal program funds casts the party receiving the funds in the role of a subrecipient or a contractor.” Characteristics which support the classification of the non-Federal entity as a subrecipient can be found at 45 CFR 75.351. The applicant should consult with its counsel for advice concerning the applicability of this section to its particular situation.
I’m having problems with the Grants.gov application platform. Can you help?	For assistance, please contact GRANTS.GOV Applicant Support at 1-800-518-4726.

General Information

Questions	Responses
Is the award amount listed for 1 year or 2?	The award ceiling and floor amounts are listed per budget period (12 months). The project period is for 2 years, although shorter project periods may be approved. Please note that due to timing of award issuance or other administrative factors, funding for all approved budget periods beyond the first is generally level with the initial award amount and is contingent upon the availability of funds, satisfactory progress of the project, adequate stewardship of Federal funds, and the best interests of the Government.
When does the project start?	Due to timing of award issuance or other administrative factors, we do not have a set date in place. The anticipated start date is September 30, 2020.
Is this the first time that this specific grant is being offered? Will this opportunity happen again?	This is first time that the funding opportunity announcement is being competed. At this time, it is not clear if this FOA will be competed again in the future.
Can a collaborating organization carry out a specific task as it relates to the project? If organization X takes the lead on submitting this application, can some of the expectations be met by a collaborating partner?	Yes, however, applicants should describe in detail the specific roles, responsibilities, resources, and contributions of partner(s) with whom they have begun to formalize their working relationship. If available at the time of submission applicants may include a signed memorandum of agreement (MOA) or letter of commitment (LOC) with partners who will contribute substantially to this project. Within a month prior to the anticipated start date of awards, applicants may be asked to provide LOCs (or MOAs if available) from the partners identified in the proposal. If awarded, a signed MOA representative of the collaborative partnership is required within 60 days of the award date. The MOA(s) should be signed by all partners and include specific roles, responsibilities, resources, and contributions of partner(s) to the project.

Programming

Questions	Responses
What is the target population?	The target population is racial/ethnic minority and/or disadvantaged populations experiencing cardiac arrest.
Do the demographics of a state have any influence of the grant review?	The applicant should describe the population(s) of focus, including demographic characteristics and prevalence of OHCA and risk factors. As part of the “Problem Statement” of the application, the applicant should detail how the project will potentially affect the populations served, specific subgroups within those populations, and other interested stakeholders as identified.
Would applications from a multiple state effort be considered for review?	Yes, applications from a multiple state effort would be considered for review. The collaborative partnership is expected to represent the multiple state effort. Each applicant under this initiative is expected to represent a collaborative partnership, including representation from each of the following: (1) state/territorial/tribal health agencies; (2) state/territorial/tribal emergency management service (EMS) agencies/organizations; and (3) hospitals/health care organizations. Other partners could include, but are not limited to: institutions of higher education, EMS professional associations and non-profit public health entities.
What collaborations are required?	Each applicant under this initiative is expected to represent a collaborative partnership, including representation from each of the following: (1) state/territorial/tribal health agencies; (2) state/territorial/tribal emergency management service (EMS) agencies/organizations; and (3) hospitals/health care organizations. Other partners could include, but are not limited to: institutions of higher education, EMS professional associations and non-profit public health entities.

When collaborating with a partner that represents two of the expected partnership entities, would this meet the expectation of the collaboration with the three specified entities (i.e., state/territorial/tribal health agencies; state/territorial/tribal emergency management service (EMS) agencies/organizations; and hospitals/health care organizations)? For example, if a State Health Agency also operates as an EMS agency, would this count as working with a State Health Agency and EMS Agency?	Yes, if one partner provides services that represents two entities, they would qualify as meeting the expectations for partnering with those two entities. The partner should ensure that representatives from both services (ex: state health agency and EMS agency) are involved in the collaborative.
Can grantees develop a new platform/system (s)?	These grants are designed to bring together stakeholders across health systems to strengthen an existing coordinated service network. States have the option to build their own platform instead of using one of the existing ones, but should consider availability of resources and sustainability. We encourage using existing platforms and systems with an evidence base.
Are grantees expected to develop interventions based on the collected data?	No, projects under this initiative are not expected to develop interventions based on the collected data, but should consider the evidence-based intervention(s) that best meet the needs in their specific jurisdictions. There are several existing evidence-informed interventions that have been implemented based on findings from analysis of data from cardiac arrest registries.
Would it be acceptable to focus on one county or region of a state for the registry?	It is acceptable for a project to focus on a county or region of state for the registry. The applicant is expected to describe the population of focus and detail how the project will potentially affect the populations served, specific subgroups within those populations, and other interested stakeholders as identified.
If we already participate and have a relatively mature registry in our state, would that exclude us from applying to the initiative?	No, having a relatively mature registry in your state does not exclude you from applying to the initiative. As part of the “Problem Statement” section of the application, you should clearly describe the need for an OHCA data registry, and demonstrate that the proposed project is not duplicating any existing efforts in the geographic area(s) of focus to implement an OHCA data registry.

The announcement references certain interventions that should be in place by the end of year 2. Are other possible interventions acceptable?	Implementation of interventions not listed in the Funding Opportunity Announcement, does not meet this expectation for funded projects. <i>“By the end of Year 2 of the project period, OMH expects funded projects to implement one or more of the following evidence-informed interventions</i> - <i>Standardization of telecommunicator Cardiopulmonary Resuscitation (CPR)</i> - <i>Increasing rates of CPR training in communities disproportionately impacted by OHCA</i> - <i>High performance CPR training for first responders</i> - <i>Improving automated external defibrillator (AED) accessibility/utilization”</i>
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Evaluation

Questions	Responses
May our evaluator be internal?	OMH recommends use of an external evaluator for all aspects of program evaluation. Use of an internal evaluator may be acceptable in cases in which the evaluator has sufficient independence to conduct the evaluation.
What is a measurable outcome?	A "measurable outcome" is an observable end-result that describes how a particular intervention benefits program participants. It demonstrates the "impact" of the intervention. For example, a change in a client's financial, health, and/or functional status; mental well-being; knowledge; skill; attitude; awareness; or behavior. It can also describe a change in the degree to which participants exercise choice over the types of services they receive, or whether they are satisfied with the way a service is delivered. Additional examples include: a change in the responsiveness or cost-effectiveness of a service delivery system; a new model of support or care that can be replicated; new knowledge; a measurable increase in community awareness; or a measurable increase in persons receiving services. A measurable outcome is not a measurable output, such as: the number of clients served; the number of training sessions held; or the number of service units provided.
What measures must be included?	The applicant is expected to include measures to assess the following expected outcomes: 1) The extent to which the project resulted in representative OHCA data from multiple sources (e.g., 911 dispatch centers, EMS providers and receiving hospitals); 2) Whether OHCA registry data identifies disparities, including racial and ethnic health disparities and areas of elevated disease burden, for which evidence-informed interventions can be designed and implemented to address; and 3) The extent to which evidence-informed interventions (e.g., increased bystander-initiated CPR, increased reporting to the OHCA registry, or increased telephone CPR training rates) are implemented in the second year of the grant.

What research design must I use?	The applicant should describe in the proposal the methods that will be used to evaluate whether or not the proposed intervention achieves its measurable outcome(s) and assess and evaluate the impact of activities proposed. The applicant should describe how they will measure and report on the outcomes of the project. The applicant should describe the quantitative and qualitative tools and techniques that they will employ to measure the outcome(s) and how they will identify and document the “lessons learned.”
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Grants Management

Questions	Responses
Which DUNS number needs to be provided? If I am partnering with another organization would I use that organization's DUNS number?	As the applicant for an award, you are required to provide your Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number when applying for Federal awards through Grants.gov. Should you successfully compete and receive an award, all first-tier sub-award recipients must have a DUNS number at the time you, the recipient, makes a sub-award.
Can you provide more information regarding the waiver of DUNS numbers and SAMS registration?	HHS has implemented OMB Memoranda M-20-11 and M-20-17 allowing flexibility with respect to SAM registrations. DUNS numbers have not been waived. If you do not have a DUNS number, a temporary number may be received as described in the FOA on page 5. Grants.gov is currently not requiring an active SAM.gov registration at the time of submission; however this is subject to change. Applicants are encouraged to begin the process of applying for a new registration or renewing their registration as soon as possible. A valid registration may be required at the time of award if an application is recommended.
Is IRB approval required?	Recipients must comply with all HHS regulations, including those governing protection of human subjects. You may find more information online at http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html . To the extent the HHS regulation governing protection of human subjects applies, IRB approval is required prior to beginning any work with human subjects (Subpart A of 45 CFR Part 46).
What is required for the proposed budget plan?	The applicant must complete the required budget forms and submit a budget narrative with detailed justification as part of their application which must cover all years (2) of the project period. The budget narrative consists of a detailed line-item budget that includes calculations for all costs and activities by "object class categories" identified on the SF-424A and justification of the costs.

Roughly what date/month will decisions be made about grantees i.e. when would we be notified?	Award recipients should be notified between September 15 and 30, 2020.
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