Notice of Funding Opportunity

Application due 07/10/2026

HRSA

Health Resources & Services Administration

MATERNAL AND CHILD HEALTH BUREAU

Emergency Medical Services for Children (EMSC) National Pediatric Readiness Coordinating Center Cooperative Agreement

HRSA-26-051

Signature

Date

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Before You Begin

Health Resources and Services Administration

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Division of Child, Adolescent, and Family Health | Emergency Medical Services for Children (EMSC) Branch

Emergency Medical Services for Children (EMSC) National Pediatric Readiness Coordinating Center Cooperative Agreement

HRSA-26-051

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: Expanding and improving emergency medical services for children

Summary
The Emergency Medical Services for Children (EMSC) program, established in 1984, supports projects to improve emergency care for children with trauma and other critical conditions. These projects strengthen Pediatric Readiness [1],[2],[3] in hospital Emergency Departments (EDs) and prehospital Emergency Medical Services (EMS) agencies. The EMSC National Pediatric Readiness Coordinating Center (NPRCC) supports and coordinates these efforts. This Notice of Funding Opportunity (NOFO) explains how to apply for funding under the NPRCC Cooperative Agreement.

If you are awarded funding, you will:

- Coordinate with key partners to develop and update Pediatric Readiness guidelines for hospital EDs and EMS agencies.
- Centralize technical assistance and quality improvement (QI) learning collaboratives to increase adoption of Pediatric Readiness guidelines and support state Pediatric Readiness Recognition Programs.
- Increase awareness among health care providers and the public about the role of Pediatric Readiness in improving outcomes for children.
- Measure progress in Pediatric Readiness through a web-based data collection system for hospital EDs and EMS agencies.

Have questions? Go to Contacts and Support.

Key facts

Opportunity name:

Emergency Medical Services for Children (EMSC) National Pediatric Readiness Coordinating Center Cooperative Agreement

Opportunity number:

HRSA-26-051

Announcement version:

initial

Federal assistance listing:

93.127

Key dates

NOFO issue date:

06/08/2026

Informational webinar:

Join the webinar

Application deadline:

07/10/2026

Expected award date is by:

07/01/2026

Expected start date:

07/01/2026

See other submissions for other time frames that may apply to this NOFO.

[1] EMS and fire-rescue agencies and emergency departments that have pediatric-specific champions, competencies, policies, equipment, and other resources needed to provide high-quality emergency care for children are described as “pediatric ready.” https://emscimprovement.center/domains/pediatric-readiness

Funding details

Application Types:
New

Expected total available funding in FY:
2026: $4,200,000

Expected number and type of awards:
1 CA (Cooperative Agreement)

Funding range per award:
$3,900,000 - $4,200,000

FY26 will be funded at 3.9M; subsequent years at 4.2M

We plan to fund awards in four 12-month budget periods for a total four- year period of performance from 07/01/2026 to 06/30/2030.

The program and awards depend on the appropriation of funds and are subject to change based on the availability and amount of appropriations.

Eligibility

You can apply if you are a state government or accredited school of medicine in a state.

Types of eligible organizations
These types of domestic organizations may apply:

State governments

Public and State controlled institutions of higher education

Private institutions of higher education

Additional information on eligibility

The eligible applicants are state governments and accredited schools of medicine.

Individuals are not eligible applicants under this NOFO.

Other eligibility criteria
Evidence of experience in developing and implementing Pediatric Readiness improvements at the national and state levels.

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
NPRCC vision: To save over 2,000 children's lives each year by ensuring that all hospital EDs and EMS agencies are Pediatric Ready.

The NPRCC will:

- Coordinate development and centralize technical assistance.
- Increase awareness and measure Pediatric Readiness in hospital EDs and EMS agencies.

Together, these efforts will support the adoption of Pediatric Readiness guidelines.

These guidelines aim to make sure that:

- All children receive high-quality emergency care when needed, regardless of where they live, attend school, or travel in the U.S.
- Every hospital ED and EMS agency has the staff, skills, policies, equipment, and resources needed to provide high-quality care for children.

Note: Find a glossary of key terms and acronyms we use in this NOFO in the appendices.

Funding Opportunity Goals

- To ensure all children have access to high-quality emergency medical care for children by improving Pediatric Readiness in hospital EDs and EMS agencies nationwide.

Background
The NPRCC demonstration program brings together Pediatric Readiness activities from two previous EMSC programs:

- EMSC Innovation and Improvement Center (EIIC), and
- EMSC Data Center (EDC).

The HRSA EMSC portfolio also includes:

- EMSC State Partnerships (EMSC SP), and
- Pediatric Emergency Care Applied Research Network (PECARN).

The problem

Each year in the United States, about 30 million children receive care from over 5,000 EDs and 18,000 EMS agencies.[4],[5] Most children—about 80%—go to community EDs that mainly treat adults rather than specialized pediatric centers.

These community EDs and EMS agencies treat fewer children than adults and often have lower Pediatric Readiness. This means they may not have the equipment, training, staff, and procedures to provide high-quality care for sick or injured children. As a result, children may face higher risks of serious illness or death. [6],[7],[8] Improving Pediatric Readiness could prevent many of these deaths—potentially saving more than 2,000 children every year.[9],[10]

By working with programs like the Title V Maternal and Child Health (MCH) Services Block Grant, states can better address children's emergency care needs.[11]

Addressing the problem

Experts have created and shared guidelines to help EDs and EMS agencies improve Pediatric Readiness.[12],[13] These guidelines, along with recent research, support nationwide efforts to strengthen emergency care for children.

The 2021 National Pediatric Readiness Project (NPRP) assessment showed that about 80% of participating hospital EDs reported improvements, including:

- Pediatric-specific credentialing of practitioners.
- Pediatric-focused QI activities.
- Patient safety practices, such as measuring weight in kilograms.[14]
- Policies that support pediatric care, including family-centered care.

Hospitals with pediatric emergency care coordinators (PECCs) tend to have higher Pediatric Readiness.[15] PECCs help EDs and EMS agencies adopt guidelines and use new evidence to improve care.[16] However, the number of hospitals with PECCs dropped from 2013 to 2021,[17] especially in smaller community EDs.

The NPRCC program

Together, the EIIC and EDC—now the NPRCC—have:

- Helped states develop Pediatric Readiness Recognition Programs for EDs and EMS agencies.
- Led national quality improvement initiatives in EDs and EMS agencies.
- Provided expert support for EMS system data collection.
- Supported community engagement with families.
- Built a web-based system to help EDs measure their Pediatric Readiness.

During the NPRCC period of performance, the program will expand on these accomplishments and continue promoting effective, evidence-based approaches to improve pediatric emergency care readiness.

Program requirements and expectations
sIf you are awarded funding, you must carry out four key objectives through the activities described here and report on the required performance measures for each objective.

Objective 1: Coordinate development of guidelines
Coordinate with key partners to develop and update Pediatric Readiness guidelines for hospital EDs and EMS agencies.
You are expected to:

- Partner with multidisciplinary organizations,[18] accreditation agencies,[19] and federal agencies.[20]
- Promote the importance of Pediatric Readiness as a public health priority and support state Recognition Programs.
- Increase participation of hospital EDs and EMS agencies in the national Pediatric Readiness assessment to ensure representative data.[21]
- Engage the EMSC Family Advisory Network (FAN) to support Pediatric Readiness efforts.

Objective 2: Centralize technical assistance and learning collaborative
Centralize technical assistance and QI learning collaborative to:

- Increase adoption of Pediatric Readiness guidelines.
- Support state Pediatric Readiness Recognition Programs.

For hospital EDs, prehospital EMS agencies, and practitioners
You are expected to:

- Develop, centralize, and share current technical assistance resources.
- Lead QI learning collaboratives to increase adoption of Pediatric Readiness guidelines, including disaster care guidance.
- Consider the needs of rural and American Indian/Alaska Native (AI/AN) communities in all activities.
- Evaluate the effectiveness of QI learning collaboratives in improving Pediatric Readiness.
- Maintain a public website with evidence-based resources, training programs, and continuing education opportunities.
- Use QI learning collaboratives to test new approaches and identify best practices.
- Address gaps in pediatric emergency care, including mental health care.
- Share technical assistance and evidence-based resources through:
    - EMSC University.
    - Podcasts and webinars.
    - User-friendly toolkits.
    - Self-directed learning.
    - New technologies (such as artificial intelligence).
    - Simulation resources (such as patient simulators).
    - Continuing education courses for EMS providers across disciplines.[22]

For EMSC state partners

You are expected to:

- Develop, centralize, and share technical assistance and evidence-based resources to expand state Pediatric Readiness Recognition Programs and improve EMSC SP Performance Measures.
- Consider the needs of rural and AI/AN communities in all activities.
- Provide support and resources to:
    - Help public health providers understand the importance of Pediatric Readiness in hospital EDs and EMS systems.j
    - Strengthen partnerships between EMSC state partners and state MCH Programs, including Title V MCH Services Block Grant recipients highlighting Title V guidance in emergency preparedness activities.
    - Identify and support partnerships to advance Pediatric Readiness statewide.
    - Engage the FAN, families, and children to share perspectives and improve Pediatric Readiness in hospital EDs and EMS agencies.

Objective 3: Increase awareness

Increase awareness among the broader health care community and public of the impact of Pediatric Readiness to saving children's lives in the U.S.

You are expected to:

- Develop resources in partnership with youth, parents, and families to help EMSC state partners and the broader community communicate the importance of Pediatric Readiness.
- Develop and implement a dissemination plan to improve communication of Pediatric Readiness benefits to key audiences, including:
    - Hospital EDs, including critical access and community hospitals.
    - Prehospital EMS agencies.
    - EMSC state partners.
    - State, local, and AI/AN governments and communities.
    - Families of children with special health care needs.
    - The general public.
- Establish a national steering committee that includes:
    - FAN representatives.
    - EMSC state partners.
    - Hospital and EMS accreditation organizations.
    - State and federal governments.
    - Regional Pediatric Pandemic Network grant recipients.
    - Title V MCH Services Block Grant recipients and their State Medicaid and Medicare partners.
- Work with the steering committee to develop clear messages and evidence-based resources to increase adoption of Pediatric Readiness, including in rural and AI/AN communities
    - Use current technologies to share these messages nationwide.
    - Disseminate evidence-based resources through peer-reviewed publications, reports, and fact sheets.

Objective 4: Measure progress

Measure Pediatric Readiness in hospital EDs and EMS agencies using a web-based data system. You are expected to:

- Develop and maintain a web-based data system for hospital EDs and EMS agencies that:
  - Serves as a centralized database for contact information.
  - Allows users to complete Pediatric Readiness assessments.
  - Collects and analyzes data and provides feedback.
  - Connects users to QI tools and resources.
- Conduct Pediatric Readiness assessments in selected states within two years of the national assessment, in coordination with HRSA and representing all EMSC regions.
- Conduct the national Pediatric Readiness assessment within five years of the previous assessment.
- Analyze and share assessment results at the state and national levels with EMSC SP Managers and State Title V Directors.
- Estimate the proportion of children with access to highly prepared hospital EDs and EMS agencies.

Performance Measures

You are required to measure program performance. This includes tracking key activities and objectives, as well as Discretionary Grants Information System (DGIS) measures noted in the *Reporting* section.

You must collect and report annually on the following:

- Objective 1: Coordinate development of guidelines
  - Number and percentage of partners participating in Pediatric Readiness activities. (Target: 80%)
- Objective 2: Centralize technical assistance and learning collaborative
  - Number and percentage of EMSC SP recipients receiving technical support. (Target: 100%)
  - Number and percentage of EMSC recipients participating in QI collaborative. (Target: 90%)
  - Number of EMS professionals participating in QI collaborative.
  - Number and percentage of hospital EDs and EMS agencies participating in QI collaborative. (Target: 80%)
  - Number and percentage of hospital ED and EMS agency PECCs participating in QI collaborative. (Target: 90%)
  - Number of QI activities, trainings, and guidelines implemented.
  - Number of state Pediatric Readiness Recognition Programs established with NPRCC technical assistance.
  - Percentage of EMSC SP grant recipients accessing evidence-based resources and technical assistance. (Target: 100%)

    - Number of learning modules developed to advance Pediatric Readiness for EMSC grant recipients, hospital ED and EMS practitioners, and FAN representatives. (Target: 4)

- Objective 3: Increase awareness
    - Number and percentage of committee members participating in Pediatric Readiness strategic meetings. (Target: 100%)
    - Number of resources developed for EMSC SP grant recipients.
    - Number of resources shared with EMSC SP grant recipients.
    - Number and percentage of Pediatric Readiness informational, educational, and promotional activities that include family members (such as FAN representatives). (Target: 100%)
    - Number of published dissemination resources (such as peer-reviewed journals, annual reports, topic-specific fact sheets).

- Objective 4: Measure progress
    - Number and percentage of Pediatric Readiness assessments completed. (Target: 70% response rate for hospital EDs and 50% response rate for EMS agencies.)
    - Number of Pediatric Readiness measures developed, jointly with HRSA, to demonstrate improvement. (Target: 2)
    - Number of data analysis projects completed to assess and share improvements resulting from implementation of Pediatric Readiness. (Target: 4)

Statutory authority
42 U.S.C. 300w-9 (Public Health Service Act, Title XIX, § 1910)

[5]https://www.hmpgloballearningnetwork.com/site/emsworld/press-release/1224176/nasemso-releases-2020-national-ems-assessment#:~:text=More%20than%2018%2C200%20local%20EMS,Puerto%20Rico%20and%20American%20Samoa.

[6] Remick K, Smith M, Newgard CD, Lin A, Hewes H, Jensen AR, Glass N, Ford R, Ames S, Cook J, Malveau S, Dai M, Auerbach M, Jenkins P, Gausche-Hill M, Fallat M, Kuppermann N, Mann NC. Impact of individual components of emergency department Pediatric Readiness on pediatric mortality in US trauma centers. J Trauma Acute Care Surg. 2023 Mar 1;94(3):417-424. doi: 10.1097/TA.0000000000003779. Epub 2022 Sep 1. PMID: 36045493; PMCID: PMC9974586.

[7] Newgard, C. D., Lin, A., Olson, L. M., Cook, J. N. B., Gausche-Hill, M., Kuppermann, N., Goldhaber-Fiebert, J. D., Malveau, S., Smith, M., Dai, M., Nathens, A. B., Glass, N. E., Jenkins, P. C., McConnell, K. J., Remick, K. E., Hewes, H., Mann, N. C., & Pediatric Readiness Study Group (2021). Evaluation of Emergency Department Pediatric Readiness and Outcomes Among US Trauma Centers. JAMA Pediatrics, 175(9), 947–956. https://doi.org/10.1001/jamapediatrics.2021.1319

[8] Steering Committee on Quality Improvement and Management and Committee on hospital Care. Policy Statement—Principles of Pediatric Patient Safety: Reducing Harm Due to Medical Care. Pediatrics 2011;127:1199–1210

[9] Lieng, M. K., Marcin, J. P., Sigal, I. S., Haynes, S. C., Dayal, P., Tancredi, D. J., Gausche-Hill, M., Mouzoon, J. L., Romano, P. S., & Rosenthal, J. L. (2022). Association between emergency department Pediatric Readiness and transfer of noninjured children in small rural hospitals. The Journal of Rural Health: Official journal of the American Rural Health Association and the National Rural Health Care Association, 38(1), 293–302. https://doi.org/10.1111/jrh.12566

[10] Newgard CD, Lin A, Goldhaber-Fiebert JD, et al. State and National Estimates of the Cost of Emergency Department Pediatric Readiness and Lives Saved. JAMA Netw Open. 2024;7(11):e2442154. doi:10.1001/jamanetworkopen.2024.42154

[11] For more information on Title V Maternal and Child Health Block Grant visit: https://mchb.hrsa.gov/programs-impact/title-v-maternal-child-health-mch-services-block-grant

[12]Pediatric Readiness in the Emergency Department

[13]The Prehospital Pediatric Readiness Project

[14] Ward, C. E., Taylor, M., Keeney, C., Dorosz, E., Wright-Johnson, C., Anders, J., & Brown, K. (2023). The Effect of Documenting Patient Weight in Kilograms on Pediatric Medication Dosing Errors in Emergency Medical Services. Prehospital Emergency Care, 27(2), 263–268. https://doi.org/10.1080/10903127.2022.2028045

[15] Foster, A. A., Li, J., Wilkinson, M. H., Ely, M., Gausche-Hill, M., Newgard, C., & Remick, K. (2023). Pediatric emergency care coordinator workforce: A survey study. Journal of the American College of Emergency Physicians Open, 4(4), e13006. https://doi.org/10.1002/emp2.13006

[16] Institute of Medicine 2007. Emergency Medical Services: At the Crossroads. Washington, DC: The National Academies Press. https://doi.org/10.17226/11629

[17] Remick KE, Hewes HA, Ely M, et al. National Assessment of Pediatric Readiness of US Emergency Departments During the COVID-19 Pandemic. JAMA Netw Open. 2023;6(7):e2321707.doi:10.1001/jamanetworkopen.2023.21707

[18] Multidisciplinary organizations: Professional organizations, American College of Emergency Physicians, Association of Maternal & Child Health Programs

[19] National associations, such as the Children’s Hospital Association and the American Hospital Association; and accrediting entities

[20] Federal Partners: Federal Office of Rural Health Policy, Indian Health Service (IHS); other HRSA MCHB Programs, such as, the Pediatric Emergency Care Applied Research Network (PECARN), and the Regional Pediatric Pandemic Network (RPPN)

[21] The National Pediatric Readiness Project and the National Prehospital Pediatric Readiness Project

[22] For example: Emergency Medical Technicians, Paramedics, Registered Nurses, Advanced Registered Nurse Practitioner, Doctor of Osteopathic Medicine, and Medical Doctors.

Award information

Cooperative agreement terms

Our responsibilities

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

- Helping you plan and carry out NPRCC program activities, including working with you to identify staff who will support these efforts.
- Connecting you with federal and state partners, and with national and professional organizations, to support collaboration.
- Reviewing, approving the materials you create (e.g, publications and presentations), and giving feedback on your meeting, conference, and travel plans.
- Helping you plan, develop, schedule, and assess meetings, seminars, and QI learning collaboratives.
- Supporting the design, direction, and evaluation of activities, including those that address new or emerging issues.
- Continually reviewing your procedures and project status to assess program needs.

Your responsibilities

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

- Following the requirements for planning and implementing NPRCC program activities as outlined in this NOFO, including:
    - Collaborating with EMSC grant recipients, stakeholders, and HRSA contractors.
    - Planning, conducting, and documenting site visits, advisory and steering committee meetings, and other meetings.
    - Managing logistics and coordination for EMSC All-Grantee Meetings every other year, including the fifth year of performance, if extended.
    - Obtaining prior approval for travel not included in the approved budget.
    - Working closely with HRSA EMSC program staff by:
        - Participating in monthly calls and at least one in-person meeting each year.
        - Responding to requests in a timely manner.
        - Allowing sufficient time for HRSA review and approval of materials.
        - Submitting a quarterly travel plan at least 30 days before each quarter.
- Acknowledging and complying with federal requirements by:
    - Allowing HRSA full access to all data generated under this agreement.
    - Granting the government a royalty-free, nonexclusive, and irrevocable license to use materials developed.
    - Maintaining adequate staffing and notifying HRSA of key staff changes.
    - Providing de-identified, aggregate data upon request.
    - Ensuring all products are free and publicly accessible.
    - Transferring all materials within 90 days after the project period ends.

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.
- 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.

Program-specific statutory or regulatory limitations

By statute, no more than three grants may be awarded in a state in a fiscal year. Contact the HRSA EMSC Project Officer to confirm current EMSC grant locations and determine whether a state has reached this limit.

Please note: This funding opportunity does NOT support research activities. Therefore, applicants may not use research indirect cost rates.

See Manage Your Grant for other information on costs and financial management.

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-26-051.

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, join the webinar. More information on the HRSA-26-051 webinar will be posted at a later date to the documents tab in Grants.gov.

We recommend that you "Subscribe" to the NOFO on Grants.gov to receive updates when we post documents.

We will record the webinar.

We will record the webinar. If you are not able to join live, you can replay it at XXX

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*?**
☐ **Project narrative** Use the Project Narrative Attachment form.	Project Narrative Attachment form.	Yes
☐ **Budget narrative**	Budget Narrative Attachment form.	Yes

Use the Budget Narrative Attachment form.		

Attachments
Insert each in the Attachments Form in this order.

Component	Included in page limit*?
☐ 1. Work plan	Yes
☐ 2. Staffing plan and job descriptions	Yes
☐ 3. Biographical sketches	No
☐ 4. Agreements with other entities	Yes
☐ 5. Maintenance of effort documentation	Yes
☐ 6. Multi-year budgets, fifth year budget	No
☐ 7. Funding preference or priority documentation	Yes
☐ 8. Project organizational chart	Yes
☐ 9. Tables and charts	Yes
☐ 10. Other relevant document	Yes
☐ 11. Other relevant document	Yes
☐ 12. Other relevant document	Yes
☐ 13. Other relevant document	Yes
☐ 14. Other relevant document	Yes
☐ 15. Other relevant document	Yes

Other required forms
Upload using each required form in Grants.gov.

Forms	Submission requirement
Application for Federal Assistance (SF-424)	With application.
Project/Performance Site Location(s)	With application.
Project Abstract Summary Form	With application.
Budget Information for Non-Construction Programs (SF-424A)	With Application
Grants.gov Lobbying Form	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: 70

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 o .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

Describe the role of the NPRCC program to achieve the purpose and requirements.

Need
See merit review criterion 1: Need

- Describe the health care issues affecting pediatric emergency care in hospital and prehospital settings, including rural and AI/AN settings.

- Describe the pediatric emergency care needs the project will address.
- Describe gaps in knowledge and practice among hospital ED and EMS providers and systems in caring for children.
- Discuss barriers in emergency care delivery and systems that the project will address.
- Use demographic data whenever available and cite sources.

Approach

See merit review criterion 2: Response

- Describe how you will address identified needs and meet all program requirements and expectations in this NOFO.
- Describe how you will coordinate the development of Pediatric Readiness guidelines.
- Describe how you will collaborate with partners to expand and improve Pediatric Readiness.
- Describe how you will centralize technical assistance and develop tools and strategies for training, outreach, and collaboration for hospital EDs, EMS agencies, practitioners, and EMSC State Partners.
- Describe your plan to increase awareness by developing resources, implementing a dissemination plan, and sharing information broadly to support the adoption of Pediatric Readiness.
- Explain how you will develop and maintain a web-based data system that meets program requirements for hospital EDs and EMS agencies.
- Explain how you will use assessment results and identified needs to improve Pediatric Readiness over time.

High-level work plan

See merit review criteria 2: Response and 4: Impact

Describe a clear plan to meet all NPRCC program requirements and expectations during the period of performance, including:

- How you will influence hospital EDs, EMS agencies, and public health systems.
- How you will develop a web-based data system to measure and track improvements in Pediatric Readiness at the state and national levels.
- How you will use assessment findings to support adoption of evidence-based practices by hospital EDs, EMS providers, and EMSC grant recipients.
- How you will share Pediatric Readiness results and best practices with EMSC State Partnership Managers, State Title V Directors, and national audiences.
- A timeline of activities, including responsible staff and the role of key stakeholders in planning and implementation.

Resolving challenges

See merit review criterion 2: Response

Describe the challenges you may face when designing and carrying out your work plan activities. Explain how you'll resolve them.

Performance management

See merit review criteria 3: Performance reporting and evaluation and 5: Resources and capabilities

- **Outcomes:** Describe the expected outcomes (desired results) of the funded activities.
- **Performance measurement and reporting:**
    - Describe your plan to measure and track required performance measures.
    - Explain how you will collect, manage, and report data accurately and on time.
    - Explain how you will store and protect data securely, including how you will address cybersecurity risks.
    - Describe how you will monitor and analyze data to improve program performance.
- **Program evaluation:** Describe how you will evaluate the project in alignment with HHS Evaluation Policy, and OMB Memorandum M-20-12. Include:
    - Evaluation questions, methods, data sources, and timeline.
    - Potential evaluation challenges and how you will address them.
    - Explain your organization's ability to carry out the evaluation, including staff experience and expertise.
    - Describe how you will share evaluation results, assess the effectiveness of dissemination, and ensure findings are applicable at the national level and can be replicated by other organizations.

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 of your projects. Examples include training methods or strategies that have been effective in improving practices.
- Describe the actions you'll take to obtain future sources of funding.
- Determine the timing to become self-sufficient.
- Discuss challenges that you'll likely encounter in sustaining the program. Include how you will resolve these challenges.

Organizational information

See merit review criterion 5: Resources and capabilities

Briefly describe your organization's mission, structure, and current activities. Explain how these activities and resources will help you meet program requirements. You'll include a project organizational chart in your attachments.

- 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 how you'll assess the unique needs of the people who live in the community you serve.

- Describe your organizational profile, budget, partners, key processes, and your key staff's experience, skills, and knowledge.

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.

Include these costs in your budget:

- Staff:
    - Include sufficient subject expertise in these fields:
        - Pediatric emergency care (hospital and prehospital).
        - Family and community engagement.
        - Knowledge management.
        - Training and education.
        - Quality improvement.
        - Performance measurement.
        - Communications and dissemination.
        - Project management and operations.
        - Data systems, management, and analysis.
    - Ensure sufficient full-time staff to support EMSC grant recipients and respond to technical assistance requests.
    - Identify funding sources for staff supported by other federal grants.
- Travel:
    - Budget for staff to attend EMSC PECARN meetings once a year. Find more information about the EMSC PECARN Program.

    - Budget for one annual HRSA strategic planning meeting in the Washington, DC area.
    - Budget for the All-Grantee Meeting in years two and four.
    - Budget for 12 EMSC site visits per year, based on HRSA priorities.

- Contractual:
    - Describe the purpose, cost estimates, and deliverables for each contract.
    - Include costs for communication activities to support awareness and adoption of best practices.
    - Include costs for:
        - All-Grantee Meetings with an estimated 400 attendees in years two (2) and four (4).
        - One in-person EMSC meetings per year (approximately 200 attendees each, including one in the Washington, DC area).
    - A virtual learning environment for hospital ED and EMS representatives, including PECCs, EMSC SP managers, and FAN members.
    - A public website with evidence-based resources, training, and educational materials.
    - Development and maintenance of a web-based data system to measure Pediatric Readiness.

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

[23] Kuo, D. Z., Houtrow, A. J., Arango, P., Kuhlthau, K. A., Simmons, J. M., & Neff, J. M. (2012). Family-centered care: Current applications and future directions in pediatric health care. Maternal and Child Health Journal, 16(2), 297–305. https://doi.org/10.1007/s10995-011-0751-7

[24] Committee on Hospital Care. (2003). Family-centered care and the pediatrician's role. Pediatrics, 112(3), 691–696. https://doi.org/10.1542/peds.112.3.691

[25] Remick, K., Gausche-Hill, M., Joseph, M. M., Brown, K., Snow, S. K., Wright, J. L., et al. (2018). Pediatric readiness in the emergency department. Pediatrics, 142(5), e20182459. https://doi.org/10.1542/peds.2018-2459

[26] Moore, B., Shah, M. I., Owusu-Ansah, S., Gross, T., Brown, K., Gausche-Hill, M., Remick, K., Adelgais, Lyng, J., K., Rappaport, L., Snow, S., Wright-Johnson, C., Leonard, J. C., et al. (2020). Pediatric readiness in emergency medical services systems. Pediatrics, 145(1), e20193307. https://doi.org/10.1542/peds.2019-3307

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 the project's work plan. Make sure it includes everything required in the Requirements and expectation section.

Attachment 2: Staffing plan and job descriptions
Include a staffing plan that identifies project staff and provides key information about each position, including education, experience, and level of effort.

Provide a one-page job description for each key staff member that describes their role, responsibilities, and qualifications.

Attachment 3: Biographical sketches
Include biographical sketches for individuals in key positions listed in Attachment 2.

Each sketch must be no more than two pages and should not include non-public, personally identifiable information. For positions not yet filled, include a letter of commitment with the biographical sketch.

Attachment 4: Agreements with other entities
Provide documents that show your working relationships with partners mentioned in your project. For any contracts or agreements, include sections that explain roles and deliverables. You do not need to include full agreements, only the relevant parts. Make sure all letters of agreement are signed and dated.

Attachment 5: Project organizational chart
Provide a one-page diagram showing the full project organizational structure.

Attachment 6: Tables and charts
Provide tables or charts that give more detail about the proposal. These might be Gantt, PERT, or flow charts.

Attachment 7-12: Other relevant documents
You may use attachments 7 through 12 to add other relevant documents.

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/Performance Site Location(s)	With application.
Project Abstract Summary Form	With application.
Budget Information for Non-Construction Programs (SF-424A)	With Application
Grants.gov Lobbying Form	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
Complete the information in the Project Abstract Summary form. Include a short description of your proposed project. Include the needs you plan to address, the proposed services, and the population groups you plan to serve. When writing your summary:

Use 4,000 characters or fewer.

Make sure it's clear, accurate, short.

Do not refer to other parts of the application.

Do not include personally identifiable information (PII) in abstract form.

If you receive an award, we'll put your project abstract on public websites and databases, including USAspending.gov."

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	5 points
2. Response	30 points
3. Performance reporting and evaluation	20 points
4. Impact	10 points

Criterion	Total number of points = 100
5. Resources and capabilities	30 points
6. Support requested	5 points

Criterion 1: Need (5 points)
See the project narrative Introduction and Need sections.

The panel will review your application for how well it:

- Achieves all objectives and activities outlined in the program requirements and expectations.
- Describes the issues involved in expanding and improving Pediatric Readiness in hospital EDs, EMS agencies, EMSC state partners, and rural and AI/AN settings.

Criterion 2: Response (30 points)
See the project narrative Approach, and High-level work plan.

The panel will review your application for:

Approach (10 points)

- The extent to which the project is feasible and meets all program requirements and expectations.
- High-level work plan (15 points)
    - The extent to which the plan will improve Pediatric Readiness in hospital EDs, EMS agencies, and at the state and national levels.
    - The extent to which the plan will develop and maintain a web-based data system to measure Pediatric Readiness.
    - The extent to which the plan addresses gaps in Pediatric Readiness.
    - The strength of the dissemination plan and its ability to communicate the benefits of Pediatric Readiness to the health care community and the public.
- Resolving challenges (5 points)
    - How clearly challenges and potential barriers are described.
    - How feasible the proposed strategies are to address them.

Criterion 3: Performance reporting and evaluation (20 points)
See the project narrative Performance reporting and evaluation section.

The panel will review your application for how well it describes:

Evaluation
Evaluation (10 points):

- How you will measure progress and assess results.
- How you will show, share, and use findings to improve the program.

Performance measurement
Performance Measurement (10 points):

- How you will include program requirements in planning, implementation, and reporting.
- How you will collect, track, manage, and report required data.

Criterion 4: Impact (10 points)
The panel will review your application for:

- How effective the proposed project is likely to be.
- How strong the public health impact it is likely to be.
- How effective your plans for sharing project results are likely to be.
- What the likely impact on the community or target population will be.
- How likely the project results are to be national in scope.
- How easy it will be to replicate project activities.
- How likely the program is to continue beyond the federal funding.

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 to determine the extent to which project staff have:

Partnership and Leadership (15 points):

- Experience working with partners to develop and update Pediatric Readiness guidelines.
- Leadership in developing and implementing QI strategies that increase Pediatric Readiness in hospital EDs, EMS agencies, states, and national levels.

Data and Organizational Capacity (15 points):

- Experience and capacity to collect, manage, analyze, and share Pediatric Readiness data at the state and national levels.
- Organizational support and facilities needed to carry out all program requirements and expectations.

Criterion 6: Support requested (5 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.

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.
- 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.

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 07/10/2026**, 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.

Human Subjects Protection:

- All research that has started or is ongoing on or after December 13, 2016, and is within the scope of subsection 301(d) of the Public Health Service Act is deemed to be issued a Certificate of Confidentiality (Certificate) and is therefore required to protect the privacy of individuals who are subjects of such research. As of March 31, 2022, HRSA no longer issues Certificates as separate documents. More information about HRSA's policy on Certificates can be found via this link to HRSA's website.

Requesting Supplemental Funding:

You may request supplemental funding at any time during the period of performance. Requests must address specific project needs that are related to, but do not duplicate, the approved work plan. Supplemental funding may be provided if:

- Funds are available and allowable.
- The request is reasonable.
- There is sufficient time remaining in the budget period.
- The proposed activities align with program priorities and do not duplicate existing HRSA-funded work.

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 reports each year.
    - You must submit a progress report narrative to HRSA annually via the Non-Competing Continuation Renewal in the EHBs.
        - Address progress against program outcomes (e.g., accomplishments, barriers, significant changes, and plans for the upcoming budget year).
        - Include annual data on performance measures identified in the project narrative, if not captured by DGIS.

- Submission and HRSA approval of a progress report will trigger the budget period renewal and release of each subsequent year of funding.

- Annual performance reports.

- Federal Financial Report (SF-425)
    - This report is an accounting of expenditures under the project that year.
    - Financial reports must be submitted electronically.
    - 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 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:

1. Type of Report	1. Reporting Period	1. Available Date	1. Report Due Date
○ **a) New Competing Performance Report**	○ July 1, 2026, to June 30, 2030 ○ (administrative data and performance measure projections, as applicable)	○ Period of performance start date	○ 90 days from the available date
○ **b) Non-Competing Performance Report**	○ July 1, 2026, to June 30, 2027 ○ July 1, 2027, to June 30, 2028 ○ July 1, 2028, to June 30, 2029	○ Beginning of each budget period (Years 2–5, as applicable)	○ 90 days from the available date
○ **c) Project Period End Performance Report**	○ July 1, 2029, to July 1, 2030	○ Period of performance end date	○ 120 days from the available date

Contacts and Support

Agency contacts

Program and eligibility
Ellis Perez, MPH

Senior Public Health Analyst, Project Officer Attn: Emergency Medical Services for Children Maternal

Attn:
Emergency Medical Services for Children (EMSC) National Pediatric Readiness Coordinating Center Cooperative Agreement
Health Resources and Services Administration
MCHBDCAFH@hrsa.gov

240-463-9355
Financial and budget
Leon Harrison

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

lharrison@hrsa.gov

301-443-5809
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

[23] Kuo, D. Z., Houtrow, A. J., Arango, P., Kuhlthau, K. A., Simmons, J. M., & Neff, J. M. (2012). Family-centered care: Current applications and future directions in pediatric health care. Maternal and Child Health Journal, 16(2), 297–305. https://doi.org/10.1007/s10995-011-0751-7

[24] Committee on Hospital Care. (2003). Family-centered care and the pediatrician's role. Pediatrics, 112(3), 691–696. https://doi.org/10.1542/peds.112.3.691

[25] Remick, K., Gausche-Hill, M., Joseph, M. M., Brown, K., Snow, S. K., Wright, J. L., et al. (2018). Pediatric readiness in the emergency department. Pediatrics, 142(5), e20182459. https://doi.org/10.1542/peds.2018-2459

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Appendices

Appendix A: Glossary and acronyms
Glossary
Emergency Department (ED): A hospital facility that is open 24/7 and provides unscheduled outpatient services to patients whose condition requires immediate care.

Emergency Medical Services (EMS): A system that provides emergency medical care outside of hospital or other definitive care settings. Once it is activated by an incident that causes serious illness or injury, the focus of EMS is emergency medical care of the patient(s). Each component

of this system has an essential role to perform as part of a coordinated and seamless system of emergency medical care.

EMS Agency: An organization staffed with practitioners who render medical care in response to a public 911 or similar emergency call.

EMS Provider: Also referred to as EMS practitioner/clinician, are individuals who are certified or licensed by a state to assess, treat, and stabilize the ill or injured. This includes emergency medical responders, emergency medical technicians (EMT), advanced EMTs, and paramedics**.**

EMSC Grant Recipients: the qualifying entity that receives a federal award directly from HRSA EMSC. This entity can then, in turn, give a portion of this award to other organizations (called subrecipients) to help achieve the award's goals and objectives**.**

EMSC State Partnership Program: A program that supports states to increase uptake and adoption of evidence-based system improvements and Pediatric Readiness guidelines. This work includes the establishment and maintenance of a state Pediatric Readiness Recognition Programs.

EMSC State Partnership Program Manager: The individual who coordinates and manages all aspects of the State Partnership EMSC Program to ensure that the emergency care needs of children are well-integrated throughout the entire continuum of care.

EMSC University: A public educational platform where the history of the EMSC Program is described provides a background to both prehospital and hospital systems and helps both grantees and members of the public understand the importance of the work of EMSC.

Engagement: Attendance in webinars, interactions at meetings, participation at All-Grantee Meeting etc.

Family Advisory Network (FAN): A network created by the Federal EMSC Program to facilitate the inclusion of family representatives in EMSC SP Programs and various national initiatives. This national body of family advisors advocates for family-centered care within their states and across the country.

Family-Centered Care: A partnership approach to health care decision-making between the family and health care provider.[23] It is based on the understanding that the family is the child’s primary source of strength and support, and it recognizes that perspectives and information provided by families, children, and young adults are important in clinical decision-making. Family centered care shapes policies, programs, facility, design, and day-to-day interactions among patients, families, physicians, and other health care professionals.[24]

Family Representative: A family representative is one of the eight required core members of all State EMSC Advisory Committees and is a member of the national Family Advisory Network. Any parent, legal guardian, caregiver, current or former EMS practitioner, clinician, or other person with an interest in improving pediatric emergency care can serve as a family representative. There is no requirement for formal training or a specific knowledge base. Family representatives must be willing to learn and become familiar with the EMSC SP Program and the local, state, and national hospital ED and EMS systems. They must be willing to represent diverse perspectives of children and families.

High-Level Work Plan: A broad, strategic outline of a project, initiative, or set of tasks that highlight the major goals, milestones, deliverables, responsibilities, and timelines.

Hospital: Facilities that provide definitive medical or surgical assessments, diagnoses, and care for the ill and injured. For the EMSC SP Program, this excludes military-based hospitals, Veterans Affairs medical centers, psychiatric institutions, and Indian Health Service, or tribal hospitals. In this NOFO, when "hospital" is used, it is strictly referring to hospitals with an ED and critical access hospitals.

Key Staff: The principal investigator or project director and others who help develop or carry out the program or execute a project or program in a real, measurable way, whether they receive salaries, compensation, or other benefits under the award.

Patient Simulators: Manikins that mimic real human physiology, allowing students to practice advanced skills like airway management and emergency care.

Pediatric Emergency Care Coordinator (PECC): A PECC, sometimes referred to as a pediatric champion, is a designated individual(s), who coordinates and oversees administrative aspects of pediatric emergency care. An individual need not be dedicated solely to this role; it can be filled by an individual already in place who assumes this role as part of their existing duties OR can be filled by multiple people.

Pediatric Readiness Recognition Programs: Standardized statewide, territorial, or regional programs, based on state-defined criteria or adoption of current published pediatric emergency care consensus national guidelines, that address:

- Administration and coordination of pediatric care.
- Qualifications of emergency staff.
- A formal pediatric quality improvement or monitoring program.
- Patient safety.
- Policies, procedures, and protocols.
- Availability of pediatric equipment, supplies, and medications.

Prehospital: An essential part of the continuum of emergency health care, frequently initiated by a public 911 call to a dispatch center. Prehospital refers to procedures administered, or care provided, prior to patients' arrival at a definitive care setting (or hospital).

QI Strategies: QI learning collaboratives, NPRCC technical support.

Stakeholders: Regional Pediatric Pandemic Network, Indian Health Services, Federal Office of Rural Health Policy, and national partners.

Web-based data collection system: An online platform that allows users to easily and securely input, manage, and export data through customizable web forms, such as training, educational resources, hospital ED and EMS agency contact list information, and national assessments.

Acronyms

AI: American Indian

AN: American Native

CFR: Code of Federal Regulations

DGIS: Discretionary Grants Information System

ED: emergency departments

EHB: electronic handbooks

EMS: emergency medical services

EMSC: emergency medical services for children

EMSC SP: EMSC State Partnership

FAN: Family Advisory Network

GPS: Grants Policy Statement

HHS: Health and Human Services

HRSA: Health Resources and Services Administration

MCH: Maternal and Child Health

MCHB: Maternal and Child Health Bureau

MTDC: modified total direct costs

NOA: Notice of Award

NOFO: Notice of Funding Opportunity

NPRCC: EMSC National Pediatric Readiness Coordinating Center

NPRP: National Pediatric Readiness Project

NPPRP: National Prehospital Pediatric Readiness Project

OCR: Office of Civil Rights

OCRDI: Office of Civil Rights, Diversity, and Inclusion

OMB: Office of Management and Budget

PECARN: Pediatric Emergency Care Applied Research Network

PECC: Pediatric Emergency Care Coordinators

PHI: personal health information

PII: personal identifiable information

PM: performance measures

RPPN: Regional Pediatric Pandemic Network

TA: technical assistance

UEI: Unique Entity Identifier

Appendix B: EMSC SP Performance Measures

Hospital-Based Measures

National EMSC Performance Measure 1.1: Hospital Emergency Department Pediatric Readiness Recognition Program (EMSC 04)

- **Program Goal:** To increase the percent of hospitals with an ED recognized through a statewide, territorial, or regional standardized program that are able to stabilize and/or manage pediatric emergencies.
- **National Target:** 59% of states/jurisdictions have a standardized program for EDs by 2027.

National EMSC Performance Measure 1.2: Hospital Emergency Department Pediatric Emergency Care Coordinator

- **Program Goal:** To increase the percent of hospitals with an ED that have a designated nurse, physician, or both who coordinates pediatric emergency care.
- **National Target:** 75% of hospitals with an ED that have a designated pediatric emergency care coordinator by 2027.

National EMSC Performance Measure 1.3: Hospital Emergency Department Weigh and Record Children's Weight in Kilograms

- **Program Goal:** To increase the percent of hospitals with an ED that weigh and record children in kilograms.
- **National Target:** 84% of hospitals with an ED weigh and record children's weight in kilograms by 2027.

National EMSC Performance Measure 1.4: Hospital Emergency Department Disaster Plan

- **Program Goal:** To increase the percent of hospitals with an ED that have a disaster plan that addresses the needs of children.
- **National Target:** 75% of hospitals with an ED have a disaster plan that addresses the needs of children by 2027.

Prehospital-Based Measures

National EMSC Performance Measure 2.1: Prehospital Emergency Medical Services Pediatric Readiness Recognition Program (EMSC 10)

- **Program Goal:** To increase the percent of prehospital EMS agencies recognized through a statewide, territorial, or regional standardized program that are able to stabilize and/or manage pediatric emergencies.
- **National Target**: 21% of states/jurisdictions have a standardized program for prehospital EMS agencies by 2027.

National EMSC Performance Measure 2.2: Prehospital Emergency Medical Services Pediatric Emergency Care Coordinator (EMSC 02)

- **Program Goal:** To increase the percent of prehospital EMS agencies in the state that have designated individual(s) who coordinate pediatric emergency care.
- **National Target:** 50% of prehospital EMS agencies have a designated pediatric emergency care coordinator by 2027.

National EMSC Performance Measure 2.3: Prehospital Emergency Medical Services Use of Pediatric-Specific Equipment (EMSC 03)

- **Program Goal:** To increase the percent of prehospital EMS agencies in the state that have a process that requires prehospital practitioners to physically demonstrate the correct use of pediatric-specific equipment.
- **National Target:** 46% of prehospital EMS agencies have a process for the correct use of pediatric-specific equipment by 2027.

National EMSC Performance Measure 2.4: Prehospital Emergency Medical Services Disaster Plan

- **Program Goal:** To increase the percent of prehospital EMS agencies that have a disaster plan that addresses the needs of children.
- **National Target**: 75% of prehospital EMS agencies have a disaster plan that addresses the needs of children by 2027.

FAN-Based Measures

National EMSC Performance Measure 3.1: Family Representation on the State EMSC Advisory Committee

- **Program Goal:** To increase the percent of states that have a Family Representative on their State EMSC Advisory Committee who represents the emergency needs of children in their community.
- **National Target**: 100% of states have a Family Representative who represents the emergency needs of children in their community on their State EMSC Advisory Committee by 2027.

Program Performance Evaluation-Based Measures

Performance Evaluation I: Permanence of EMSC (EMSC 08)

- **Program Goal**: To increase the number of states/territories that have established permanence of EMSC in the state/territory EMS system.
- **National Target**: 100% of state/territories have established permanence of EMSC in the state EMS system by 2027.

Performance Evaluation II: Integration of EMSC Priorities into Statutes or Regulations (EMSC 09)

- **Program Goal:** To increase integration of EMSC priorities into existing prehospital or hospital statutes/regulations/rules.
- **National Target**: 100% of states/jurisdictions have established permanence of EMSC in the state EMS system by integrating EMSC priorities into statutes/regulations/rules by 2027.

Footnotes

[1] EMS and fire-rescue agencies and emergency departments that have pediatric-specific champions, competencies, policies, equipment, and other resources needed to provide high-quality emergency care for children are described as “pediatric ready.” https://emscimprovement.center/domains/pediatric-readiness

[5]https://www.hmpgloballearningnetwork.com/site/emsworld/press-release/1224176/nasemso-releases-2020-national-ems-

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[11] For more information on Title V Maternal and Child Health Block Grant visit: https://mchb.hrsa.gov/programs-impact/title-v-maternal-child-health-mch-services-block-grant

[12]Pediatric Readiness in the Emergency Department

[13]The Prehospital Pediatric Readiness Project

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[18] Multidisciplinary organizations: Professional organizations, American College of Emergency Physicians, Association of Maternal & Child Health Programs

[19] National associations, such as the Children's Hospital Association and the American Hospital Association; and accrediting entities

[20] Federal Partners: Federal Office of Rural Health Policy, Indian Health Service (IHS); other HRSA MCHB Programs, such as, the Pediatric Emergency Care Applied Research Network (PECARN), and the Regional Pediatric Pandemic Network (RPPN)

[21] The National Pediatric Readiness Project and the National Prehospital Pediatric Readiness Project

[22] For example: Emergency Medical Technicians, Paramedics, Registered Nurses, Advanced Registered Nurse Practitioner, Doctor of Osteopathic Medicine, and Medical Doctors.

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