

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Health Resources and Services Administration**

Healthcare Systems Bureau (HSB)

National Bioterrorism Hospital Preparedness Program (NBHPP)

***National Bioterrorism Hospital Preparedness Program (NBHPP)***  
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**PROGRAM GUIDANCE**

Fiscal Year 2006

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## **I. Funding Opportunity Description**

### **PURPOSE**

Through the Public Health and Social Services Emergency Fund, Congress authorized a response to bioterrorism and other public health emergencies in June 2002. The Public Health Security and Bioterrorism Preparedness and Response Act of 2002 (Public Law 107-188) amended the Public Health Service Act, adding Section 319C-1 (42 U.S.C. 247d-3), which supports activities related to countering potential terrorist threats to civilian populations. Funding is provided under the Consolidated Appropriations Act, 2005 (Public Law 108-447).

P.L. 107-188 created the charge to prepare the country for a terrorist attack or public health emergency. The National Bioterrorism Hospital Preparedness Program (NBHPP) mission is enhance the ability of hospitals and supporting health care systems to prepare for and respond to bioterrorism and other public health emergencies. This guidance is the fifth provided under Section 319C-1 of the Public Health Service Act. The purpose of this document is to guide States in their development of a health care system capable of responding to an emergency that involves mass casualties and consequences.

In FY 2006 the NBHPP will strive to ensure this program promotes a consistent tiered response structure within and among States that facilitates the movement of resources, people and services and enhances overall response capabilities.

### **BACKGROUND**

#### **THE NATIONAL PREPAREDNESS GOAL**

On March 31, 2005, the Department of Homeland Security (DHS) issued the Interim National Preparedness Goal (the Goal). The Goal establishes a vision for national preparedness including National Priorities. The Target Capabilities List (TCL) identifies 37 capabilities integral to Nation wide all hazards preparedness, including acts of terrorism. The national preparedness doctrine and operational foundation provided in these documents form the basis for Federal preparedness assistance going forward. The Goal is a significant evolution in the approach to preparedness and homeland security. It presents a collective vision for national preparedness, and establishes National Priorities to guide the realization of that vision to meet the most urgent needs. The Goal is a companion document to the National Response Plan (NRP), National Incident Management System (NIMS), and the interim National Infrastructure Protection Plan (NIPP).

The Goal establishes a framework that guides entities at all levels of government in the development and maintenance of the capabilities to prevent, protect against, respond to, and recover from major events, including Incidents of National Significance as defined in the NRP. Additionally, the Goal will assist entities at all levels of government in the development and maintenance of the capabilities to identify, prioritize, and protect critical infrastructure and key resources as described in the NIPP.

The Goal and the TCL are evolving documents that will be updated regularly to incorporate new threats, technologies, improvements to capability levels, new preparedness initiatives and priorities, and lessons-learned. DHS will coordinate the establishment of a structure and

process for the ongoing management and maintenance of the Goal. This structure and process will be coordinated closely with the ongoing management and maintenance of the NIMS, NRP, and NIPP. Such coordination will ensure that national policy and planning for operations and preparedness are mutually supportive.

## **NATIONAL PRIORITIES**

The National Priorities in the Goal help guide the Nation's preparedness efforts to meet its most urgent needs. The priorities fall into two categories: (A) three overarching priorities that contribute to the development of multiple capabilities, and (B) five capability-specific priorities that build selected capabilities for which the Nation has the greatest need:

Overarching:

- Expanded Regional Collaboration
- Implement the NIMS and NRP
- Implement the Interim NIPP

Capability-specific:

- Strengthen Information Sharing and Collaboration Capabilities
- Strengthen Interoperable Communications Capabilities
- Strengthen Chemical, Biological, Radiological/Nuclear, and Explosive (CBRNE) Detection, Response, and Decontamination Capabilities
- Strengthen Medical Surge and Mass Prophylaxis
- National Review of Emergency Operations Plans and Status of Catastrophic Planning

Health and medical issues are closely tied to several of the national priorities. During the past four years NBHPP funding has been made available to States for the purposes of addressing medical surge and mass prophylaxis. States have increased their healthcare system capacities to receive a large number of victims from either a man made catastrophe or a natural disaster. With several years of funding capacity building the focus turns to efforts to build the capability of the healthcare system to effectively manage a mass casualty event that results in fewer deaths, long term disabilities and required hospitalizations.

## **PREPAREDNESS PRINCIPLES**

This guidance was built on the following four principles:

- 1) **Coordination:** A tiered State/sub-State regional/local and inter-State response system is the foundation of healthcare response capability that outlines responsibility not authority during an emergency. A strong tiered response system promotes an atmosphere in which healthcare assets are collectively planned for and coordinated in a defined manner to create a more effective response.
- 2) **Integration:** Planning for healthcare preparedness must be cognizant and reflective of other Federal efforts incorporating both risk and capability-based planning. Health and medical providers must plan, implement and evaluate their emergency operations plans with public health, fire protection, law enforcement and other emergency plans to establish a seamless response system.
- 3) **Prioritization:** A viable response system based on community hazard vulnerabilities is the best tool to prioritize investments in preparedness. While each State will possess unique vulnerabilities and subsequent consequences, a biological event is common to all

States and appropriate planning must take place at the State, sub-State regional and local level to prepare for an event such as pandemic influenza

- 4) **Refinement:** Continuous quality improvement of the response capacity and capabilities of the healthcare system can be accomplished through exercising of plans using a multi-jurisdictional multi-disciplinary construct, refinement and dissemination of educational competencies that have been developed and better leveraging of resources.

As frontline entities in response to mass casualty incidents, hospitals and other healthcare providers such as health centers, rural hospitals and private physicians will be looked to for minimizing the loss of life and permanent disabilities. Hospitals and other healthcare provider organizations must be able to work not only inside their own walls, but as a team during an emergency to respond efficiently. Hospitals respond to events which cause increased numbers of patients on a day-to-day basis and through empirical evidence have become very adept at flexing their systems in a response that meets the need during the event. Because we live under the threat of mass casualties occurring at any time and anywhere with consequences that may be different than the day-to-day occurrences, the healthcare system must be prepared to respond to these events by working as a team or community system. Attention and priorities must be placed on the development of a seamless, tiered response system that can only exist with mutual cooperation and collaboration. In order to accomplish this seamless tiered response capability, public and private healthcare entities must come together as one and work collaboratively with State emergency management, local fire and police, public health and other State governmental entities to maximize their capability and leverage funding for coordination, collaboration, integration, planning and evaluation.

As a starting point, Hazard Vulnerability Assessments (HVA) completed in FY 2005 should be reviewed and utilized to determine the capabilities needed to handle the consequences of the emergency. In addition to developing capabilities for vulnerabilities identified in the HVAs, States must build their capability to effectively respond to a pandemic influenza. This will require close coordination with the State and Local Public Health Preparedness Directors for the Centers for Disease Control and Prevention (CDC) cooperative agreements.

It is imperative that all systems are continually exercised and drilled to identify gaps or weaknesses so they can be addressed and strengthened. Hospitals must adopt an incident command system, continually train employees on the system and exercise the system to incorporate it in the system culture. In addition, hospitals and other healthcare providers should identify the link to the local incident management system. Exercises should be done in conjunction with other response agencies and organizations to best judge the entire response system and to leverage their funds.

## **INTEGRATING PREPAREDNESS ASSISTANCE**

The Goal and the TCL establish a common planning framework in which agencies at all levels of government and across all disciplines can operate. This framework serves to guide agencies and their constituents in appreciating their unique contributions while working toward a goal shared by all. This new strategic framework provides the Nation with an opportunity to begin viewing programs that have traditionally been managed within one particular agency or discipline in a more holistic and connected manner. Only when programs are managed and implemented through an interdisciplinary and multi-jurisdictional approach can the Nation

truly begin to operate in the coordinated fashion that an incident of national significance will demand.

This opportunity is especially pertinent to the implementation of preparedness grant programs in DHS and HHS. In FY 2005, DHS and HHS made available approximately \$3.9 billion in grant and cooperative agreement funds to States and local jurisdictions to assist in building and sustaining national preparedness through several major grant programs, including:

Table 1 – FY 2005 DHS/HHS Preparedness Programs

Program Title	Sponsoring Agency	FY 2005 Funding
Homeland Security Grant Program	Office of Grants & Training (G&T), DHS	\$2.5 billion
Public Health Emergency Preparedness Cooperative Agreement	Centers for Disease Control and Prevention, HHS	\$862 million
National Bioterrorism Hospital Preparedness Program	Health Resources and Services Administration, HHS	\$491 million
Bioterrorism Training and Curriculum Development Program	Health Resources and Services Administration, HHS	\$25 million

These grant programs target distinct, but related, homeland security stakeholders at the State and local levels. For example, the State Homeland Security Program within HSGP crosses all of the capabilities in the TCL, while the Law Enforcement Terrorism Prevention Program focuses specifically on the capabilities related to prevention efforts. Likewise, CDC’s and HRSA’s emergency preparedness programs center on 13 capabilities.

Using the NPG and the corresponding structure of the TCL as the foundation, State and local homeland security, public safety, and public and private health organizations can continue to build the framework that connect them to one another to support the overall homeland security program.

To emphasize the criticality of a coordinated approach to the management and application of these funding streams, DHS and HHS have established a Federal Preparedness Grant Program Steering Committee to strengthen the alignment of each agency’s respective grant programs both with each other and within the new context of the NPG. Through this committee, DHS and HHS are working to align their programs and develop common language and analytical tools while maintaining the discreet focus areas for each program.

States are likewise encouraged to examine how they are integrating preparedness activities across disciplines and agencies. In FY 2006, States must implement a cohesive planning framework that builds and implements homeland security initiatives that leverage DHS and HHS resources, as well as other Federal and State resources. In addition to DHS and HHS resources, grantees and subgrantees should consider preparedness assistance programs from other Federal agencies including the United States Department of Agriculture (USDA), Department of Justice (DOJ), and Department of Transportation (DOT). Specific attention should be paid to how all available preparedness funding sources can be effectively used in a collaborative manner to support the enhancement of capabilities throughout the State.

States are encouraged to broaden membership of the Senior Advisory Committee to include membership from additional disciplines and associations and regional working groups. Broad membership will strengthen States ability to leverage Federal preparedness funding enabling the development of a holistic enterprise wide strategic approach to homeland security.<sup>1</sup>

### **NBHPP COOPERATIVE AGREEMENT AWARDEE REQUIREMENTS**

Cooperative agreement awardees will fund activities that coordinate, integrate, prioritize and sustain improvements in healthcare preparedness that have been made since the initial NBHPP funding of FY2002.

Applicants must address all core program requirements (A, B, C, D, E, F and G listed below).

Program Requirements are:

**A). All applications must contain a letter indicating:**

- That this application was developed in coordination with the state hospital association or representative(s) of the healthcare community, and
- That all planning will be conducted in a coordinated manner with the healthcare partners identified in this application.

**B) Bioterrorism / Hospital Preparedness Coordinator (will be included in the Methodology section of the application)**

NOTE: Awardees with vacancies in this position will have the funds budgeted for this position restricted until the position is filled.

Since FY 2002 awardees have been required to designate a BT / Hospital Preparedness Coordinator dedicated to this cooperative agreement only. Minimum duties of the Coordinator include:

- Responsibility for the day-to-day management of the HRSA cooperative agreement,
- Serving as the principal point of contact for the HRSA project officer,
- Coordinating with the CDC cooperative agreement awardee staff,
- Coordinating with DHS State Administrative Agents (SAAs), and
- Staying knowledgeable of needs assessments and operational plans for bioterrorism preparedness in the State.

The incumbent should have training and experience in disaster response planning, including knowledge of clinical issues, administrative procedures, linkages to appropriate agencies and organizations, and training issues appropriate to bioterrorism preparedness.

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<sup>1</sup> The membership of the Senior Advisory Committee must, at a minimum, include State officials directly responsible for the administration of ODP grants and CDC and HRSA cooperative agreements: the State Administrative Agency (SAA), HRSA Program Director, HRSA Bioterrorism Hospital Coordinator, and CDC Program Director. In addition, program representatives from the following entities should be considered for membership on the committee: State Homeland Security Advisor (if this role is not also the SAA); State Emergency Management Agency Director; State Public Health Officer; State Public Safety Officer (and SAA for Justice Assistance Grants, if different); State EMS Director; State Trauma System Manager; State Citizen Corps POC; United States Coast Guard Area Command or Captain of the Port; Senior Members of the Regional Transportation Security Working Group, Senior Security Officials from Major Transportation Systems; and the Adjutant General.

The amount of time and percentage of salary charged to the cooperative agreement must be spent in direct support of this program and its activities. The HRSA Coordinator should be paid for from HRSA cooperative agreement funds not other federal funds and should spend a minimum of 50% time in direct support of this cooperative agreement and its activities.

Awardees will include a curriculum vita that describes the education, training and experience that qualify this person for the task. As in past years, HRSA does have a role in approving any candidates for this position.

### **C) Performance Measures and Reporting Activities**

Successful applicants **are required** to report annually on performance measures. The performance measures developed for this program will be provided as a supplement to this guidance.

Awardees will be required to submit two progress reports. The format and content of the reports will be transmitted at a later date and may contain additional reporting requirements that supplement the performance measures.

### **D) Data Collection Systems (these activities must be clearly delineated in the workplan of the application, if they are not funded and addressed awardee funding may be withheld.)**

Evaluation of the improvements that have been made in preparedness is critical in order to provide quality healthcare response in the event of a bioterrorist attack, pandemic flu outbreak or other public health emergency. Therefore, cooperative agreement funding may be used to build the capability for Statewide and sub-State regional data collection relating to:

- bed availability,
- credentialed and privileged healthcare volunteers, and
- the ability of States and sub-awardees to meet the performance measures outlined in supplemental guidance.

Applicants are expected to clearly detail in their applications the status of current data collection systems and how these funds will be used to make their systems more comprehensive and integrated with existing systems used by other first responder agencies, if applicable.

The standardization of data at all levels, relating to bed availability, and volunteer healthcare personnel throughout the U.S. is a vitally important endeavor, requiring that each State address, at a minimum, the following items within their cooperative agreement application to support this effort:

#### **1. Hospital Available Beds for Emergencies and Disasters (HA<sub>v</sub>BED) System**

1) Bed tracking systems must possess the following capabilities:

- a) Be able to report aggregate State level data to the HHS Secretary's Operation Center (SOC) no more often than twice daily when requested. The frequency of

data required from the hospitals is dependent on the incident. The time necessary for data entry must be minimized so that it does not interfere with the other work responsibilities of the hospital staff during an MCI. Daily and weekly fluctuations in bed capacity. Ideally, all institutions would enter data at the same time on similar days in order to reduce variability due to these fluctuations.

- b) Possess the following Hospital Identification Information:
  - i) Hospital Name
  - ii) Name of Chief Administrator
  - iii) Street Address
  - iv) City
  - v) State
  - vi) Zip Code
  - vii) Area Code
  - viii) Local Telephone Number
  - ix) County
  
- c) Be able to report on the following categories as defined in the HHS HAvBed system:
  - i) **Staffed Vacant / Available Bed Count:**
    - (1) Intensive Care Unit (ICU)
    - (2) Medical and Surgical (Med/Surge)
    - (3) Burn Care
    - (4) Peds ICU
    - (5) Pediatrics (Peds)
    - (6) Psychiatric (Psych)
    - (7) Emergency Department (ED)
    - (8) Negative Pressure Isolation
    - (9) Operating Rooms
  
  - ii) **Emergency Department Divert Status**
  - iii) **Decontamination Facility Available**
  - iv) **Ventilators Available**

### **Bed Definitions**

- i. **Physically Available Beds:** Beds that are licensed, physically set up, and available for use. These are beds regularly maintained in the hospital for the use of patients, which furnish accommodations with supporting services (such as food, laundry, and housekeeping). These beds may or may not be staffed but are physically available.
- ii. **Staffed Beds:** Beds that are licensed and physically available for which staff members are available to attend to the patient who occupies the bed. Staffed beds include those that are occupied and those that are vacant.
- iii. **Vacant/Available Beds:** Beds that are vacant and to which patients can be transported immediately. These must include supporting space, equipment, medical material, ancillary and support services, and staff to operate under normal circumstances. These beds are licensed, physically available, and have staff on hand to attend to the patient who occupies the bed.

- iv. **Adult Intensive Care (ICU):** Can support critically ill/injured patients, including ventilator support.
- v. **Medical/Surgical:** Also thought of as “Ward” beds.
- vi. **Burn or Burn ICU:** Either approved by the American Burn Association or self-designated. (These beds should not be included in other ICU bed counts.)
- vii. **Pediatric ICU:** The same as adult ICU, but for patients 17 years and younger
- viii. **Pediatrics:** Ward medical/surgical beds for patients 17 and younger
- ix. **Psychiatric:** Ward beds on a closed/locked psychiatric unit or ward beds where a patient will be attended by a sitter.
- x. **Negative Pressure/Isolation:** Beds provided with negative airflow, providing respiratory isolation. Note: This value may represent available beds included in the counts of other types.
- xi. **Operating Rooms:** An operating room that is equipped and staffed and could be made available for patient care in a short period.

Further information on the HAVeBED system can be found at <http://www.ahrq.gov/research/havbed/>

Use of these standardized definitions and estimates of future bed availability will provide greater consistency among hospitals in reporting bed availability information.

## **2. Emergency System for the Advance Registration System of Volunteer Health Professionals (ESAR VHP)**

State-based ESAR VHP systems provide for registration, credential verification, and emergency utilization of volunteer health professionals in local, regional, and national disasters and public health emergencies.

HRSA has published the Interim *ESAR-VHP Technical and Policy Guidelines, Standards and Definitions* (Guidelines) for the ESAR-VHP program. The Guidelines are a product of ten national working groups, composed of State (awardees), relevant Federal agency, association, and organizational representatives. The Guidelines cover the entire range of planning issues involved in establishing and operating an ESAR-VHP system, and are intended to be a framework for the development of all State systems. Sections include: State Planning, Authorities and Emergency Operations, System Design and Content, Recruitment and Retention of Volunteers, Credentialing, Privileging and Identification, Resource Typing, Training, Operations and Maintenance, Funding and Cost, Security and Privacy, Regionalizing and Nationalizing, and Common Definitions. HRSA expects to complete a final version of the Guidelines by the end of 2006; however, the Guidelines are intended to be a living document. It is anticipated that sections of the Guidelines will be continuously refined and updated as new information is available.

### **Examples of other appropriate activities in the Data Collection and Reporting category could include:**

- Developing State capacity to collect data to determine the status and progress of the State and subrecipients in meeting the NBHPP performance measures. Sub-State collection measures are appropriate funding activities as well but awardees are reminded that the ultimate reporting requirements are the responsibility of the State or

awardee.

- Purchasing software, or hiring a consultant/contractor to develop internet-based PHIN compliant software systems to build infrastructure at the State, sub-State regional and local level for electronic collection and storage of data with the condition that the system be capable of transmitting State level data to the HHS and HRSA.
- Purchasing software for use at the State, sub-State regional and local level with the condition that subrecipients commit to submitting data to the State in accordance with federal and State submission requirements.

As cooperative agreement dollars for activities listed above are limited, applicants are encouraged to use this opportunity as a way to develop collaborations with other State/Federal funding sources and programs in an effort to increase the overall funds available for data system enhancement and better leverage the dollars offered through the NBHPP program.

**E) Required Meetings (this must be clearly delineated in the line item narrative of the budget. If the funds fail to be allocated awardee funding may be withheld.)**

**Annual Awardee Meeting:** Awardees are instructed to include funding in their budget for a minimum of three persons to attend the annual NBHPP grantee meetings (the BT Coordinator, a representative of the hospital association and another individual with a designated role in the cooperative agreement). Attendance at this meeting is a requirement of the NBHPP program. Participants need to budget for travel to the Washington, D.C. area for 3 nights/4 days. The meeting is anticipated to be 2 ½ days. Approximate hotel costs for Washington, D.C. area are \$153 per night/person.

**F). National Incident Management Systems (NIMS) Compliance Activities**

As stated in the FY 2005 HRSA NBHPP cooperative agreement funding guidance “as a condition of receiving National Bioterrorism Hospital Preparedness Program (NBHPP) support, awardees agree to adopt and implement the NIMS.”

As part of the FY 2006 application, applicants must submit a self-certification form attesting that the state, taken as a whole, has met the minimum FY 2005 requirements. This certification was already sent to the Department of Homeland Security via the State Administrative Agents and awardees are instructed to submit a copy of that certification with the application as **Attachment 1**.

State certification is required to receive FY 2006 preparedness funds. “Taken as a whole” recognizes that not every community, individual responder or healthcare entity will have completed all of the requirements. The “taken as a whole” standard means that most have and that good faith efforts are underway to achieve full compliance.

Awardees are further instructed to include a statement, as **Attachment 2**, that the state is adopting NIMS at the state/ territorial level for all government departments and agencies; as well as promoting and encouraging NIMS adoption by associations, utilities, non-

governmental organizations (NGOs) and private sector incident management and response organizations and hospitals. This will be verified through site visits conducted by HHS/HRSA staff related to the NBHPP program.

HRSA can withhold funds to states that fail to certify that the FY 2005 requirements have been met.

### **G). Targeted Funds to Urban Areas and Associated Sub-state Regions**

It is recognized that the majority of hospital care and the necessary specialty care for victims of bioterrorism or natural disasters lies in the major urban areas of each state and their outlying areas. To ensure a seamless coordinated response from the major urban areas to the outlying areas it is imperative that urban hospitals and health systems extend their operations into surrounding areas to move patients, share equipment, supplies and professionals. To encourage collaboration at the tier 2 and tier 3 levels in and around major urban areas, States will focus their efforts on a city and the surrounding sub-state regions (previously identified for the cooperative agreement) anchored by that city.

States will provide designated major urban areas, and the surrounding sub-state regions (see appendix F), an increase of 10% for surge capacity and capability building over the FY 2005 funding spent in these areas. For example, if State A spent \$1,000,000 in the designated major urban area(s) and their sub-state region(s) in FY 2005, then at least \$1,100,000 must be spent in the major urban area(s) and surrounding sub-state region(s) in FY 2006.

## **II. Award Information**

### **TYPE OF AWARD**

Funding will be provided in the form of cooperative agreements. HRSA responsibilities in the cooperative agreement, in addition to the required program monitoring and technical assistance provided include but are not limited to:

- Making available the services of NBHPP personnel as participants in the planning and development of all phases of the project which include joint establishment of priorities as to where to direct technical assistance; setting priorities on national and regional meetings of significance to attend; input on surveys/questionnaires developed; and review of the semi-annual and year end reports on a state and national level.
- Participating in the development of agendas for local and Advisory Committee meetings and emergency preparedness meetings conducted during the period of the Cooperative Agreement.
- Reviewing and approving methods and timeline to be established for accomplishing the scope of work to include review of planned activities, performing site visits and discussing findings with grantee.
- Assisting in the establishment of Federal interagency contacts that are also focused on data system development and linkage so that emergency preparedness development is integrated into these efforts.
- Participating in the dissemination of project activities and products through utilization of the NBHPP agencies and list serves.

- Facilitating effective communication and accountability regarding the NBHPP project with special attention to new program initiatives and policy development in the public health and medical field relating to NBHPP issues.

### **SUMMARY OF FUNDING**

The NBHPP will provide funding during Federal fiscal year (FY) 2006. The anticipated project period and budget period will be Sept. 1, 2006 – Aug. 31, 2007.

Approximately \$450,396,032 is expected to be available to fund 62 awardees for the activities outlined in this funding opportunity. The NBHPP will notify all grantees as soon as possible once the funding levels are determined.

## **III. Eligibility Information**

### **1. ELIGIBLE APPLICANTS**

Current awardees are eligible to apply for funding. They are: health departments of all 50 States, the District of Columbia, the Nation's three largest municipalities (New York City, Los Angeles county and Chicago), the Commonwealths of Puerto Rico and the Northern Mariana Islands, the territories of American Samoa, Guam and the U.S. Virgin Islands, the Federated States of Micronesia, and the Republics of Palau and the Marshall Islands. Awardees will be notified as to their FY 2006 funding amount in a cover letter. The distribution of funds will be to the State or political subdivision of a State (cities and counties are considered political subdivisions of States).

Hospitals of all kinds, outpatient facilities, health centers, rural health facilities, Tribes, EMS and poison control centers should work with the appropriate state health department to acquire funding through this program. These entities are vital partners in the development and sustainment of surge capacity and as such all states are encouraged to work with them and other appropriate partners, to the extent possible.

### **2. COST SHARING/MATCHING**

Not applicable to this award

### **3. OTHER**

Not applicable to this award

## **IV. Application and Submission Information**

### **1. ADDRESS TO REQUEST APPLICATION PACKAGE APPLICATION MATERIALS**

The application and submission process has changed significantly. HRSA is *requiring* applicants for this funding opportunity to apply electronically through Grants.gov. All applicants *must* submit in this manner unless the applicant is granted a written exemption from this requirement in advance by the Director of HRSA's Division of Grants Policy. Grantees must request an exemption in writing from [DGPClearances@hrsa.gov](mailto:DGPClearances@hrsa.gov), and provide details as to why they are technologically unable to submit electronically though the

Grants.gov portal. Make sure you specify the announcement number for which you are seeking relief. As indicated in this guidance, HRSA and its Grants Application Center (GAC) will only accept paper applications from applicants that received prior written approval.

Refer to Appendix A for detailed application and submission instructions. Pay particular attention to Section 3, which provides detailed information on the competitive application and submission process.

Applicants must submit proposals according to the instructions in Appendix A, using this guidance in conjunction with Public Health Service (PHS) Application Form 5161-1. These forms contain additional general information and instructions for grant applications, proposal narratives, and budgets. These forms may be obtained from the following sites by:

(1) Downloading from <http://www.hrsa.gov/grants/forms.htm>

Or

(2) Contacting the HRSA Grants Application Center at:

The Legin Group, Inc.

901 Russell Avenue, Suite 450

Gaithersburg, MD 20879

Telephone: 877-477-2123

[HRSAGAC@hrsa.gov](mailto:HRSAGAC@hrsa.gov)

Instructions for preparing portions of the application that must accompany Application Form 5161-1 appear in the “Application Format” section below.

## **2. CONTENT AND FORM OF APPLICATION SUBMISSION**

### **APPLICATION FORMAT REQUIREMENTS**

See Appendix A, Section 4 for detailed application submission instructions. These instructions must be followed.

The total size of all uploaded files may not exceed the equivalent of 80 pages when printed by HRSA, approximately 10 MB. This 80-page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support. Standard forms are NOT included in the page limit.

Applications that exceed the specified limits (approximately 10 MB, or that exceed 80 pages when printed by HRSA) will be deemed non-compliant. All non-compliant applications will be returned to the applicant without further consideration.

### **APPLICATION FORMAT**

Applications for funding must consist of the following documents in the following order:

## SF 424 Non Construction – Table of Contents

 It is mandatory to follow the instructions provided in this section to ensure that your application can be printed efficiently and consistently for review.  
 Failure to follow the instructions may make your application non-compliant. Non-compliant applications will not be given any consideration and those particular applicants will be notified.

 For electronic submissions, applicants only have to number the electronic attachment pages sequentially, resetting the numbering for each attachment, i.e., start at page 1 for each attachment. Do not attempt to number standard OMB approved form pages.  
 For electronic submissions no table of contents is required for the entire application. HRSA will construct an electronic table of contents in the order specified.  
 When providing any electronic attachment with several pages, add table of content page specific to the attachment. Such page will not be counted towards the page limit.

 For paper submissions (when allowed), number each section sequentially, resetting the page number for each section. i.e., start at page 1 for each section. Do not attempt to number standard OMB approved form pages.  
 For paper submissions ensure that the order of the forms and attachments is as specified below.

Application Section	Form Type	Instruction	HRSA/Program Guidelines
Application for Federal Assistance (SF-424)	Form	Pages 1, 2 & 3 of the SF-424 face page.	Not counted in the page limit
Project Summary/Abstract	Attachment	Can be uploaded on page 2 of SF-424 - Box 15	Required attachment. Counted in the page limit. Refer guidance for detailed instructions. Provide table of contents specific to this document only as the first page
Additional Congressional District	Attachment	Can be uploaded on page 2 of SF 424 - Box 16	As applicable to HRSA; not counted in the page limit
HHS Checklist Form PHS-5161	Form	Pages 1 & 2 of the HHS checklist.	Not counted in the page limit
Project Narrative Attachment Form	Form	Supports the upload of Project Narrative document	Not counted in the page limit
Project Narrative	Attachment	Can be uploaded in Project Narrative Attachment form.	Required attachment. Counted in the page limit. Refer guidance for detailed instructions. Provide table of contents specific to this document only as the first page

Application Section	Form Type	Instruction	HRSA/Program Guidelines
SF-424A Budget Information - Non-Construction Programs	Form	Page 1 & 2 to supports structured budget for the request of Non construction related funds	Not counted in the page limit
SF-424B Assurances - Non Construction Programs	Form	Supports assurances for non construction programs	Not counted in the page limit
Disclosure of Lobbying Activities (SF-LLL)	Form	Supports structured data for lobbying activities.	Not counted in the page limit
Other Attachments Form	Form	Supports up to 15 numbered attachments. This form only contains the attachment list	Not counted in the page limit
Attachment 1-15	Attachment	Can be uploaded in Other Attachments form 1-15	Refer to the attachment table provided below for <b>specific</b> sequence. Counted in the page limit

**🔔 To ensure that attachments are organized and printed in a consistent manner, follow the order provided below. Note that these instructions may vary across programs.**

**🔔 Additional supporting documents, if applicable, can be provided using the available rows. Do not use the rows assigned to a specific purpose in the program guidance.**  
**🔔 Merge similar documents into a single document. Where several pages are expected in a particular attachment, place a table of contents page specific to that attachment at the beginning. Table of contents page will not be counted in the page limit.**

Attachment Number	Attachment Description (Program Guidelines)
Attachment 1	Copy of NIMS Certification Letter sent to Department of Homeland Security
Attachment 2	Statement of promoting and encouraging NIMS adoption by Specific Agencies listed on page 12
Attachment 3	Position descriptions (that include the roles, responsibilities, and qualifications of proposed project staff)
Attachment 4	Biographical Sketches (for any key employed personnel)
Attachment 5	Letter stating application was developed in coordination with the state hospital association or representative(s) of the healthcare community (see page 7)
Attachment 6	Evidence of Non Profit status and invention related documents, if applicable.
Attachment 7	Line Item Budget Narrative Justification
Attachment 8	Other Relevant Documents. Include here any other documents that are relevant to the application, including letters of support. Letters of support must be dated. Include only letters of support which specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.) Letters of agreements and support must be dated. List all other support letters on one page.

<b>Attachment Number</b>	<b>Attachment Description (Program Guidelines)</b>
Attachment 9	Tables, charts, etc. Other significant documents to provide further information about the proposal, not included elsewhere in the table of contents

### **i. APPLICATION FACE PAGE**

Use Public Health Service (PHS) Application Form 5161-1 provided with the application package. Prepare this page according to instructions provided in the form itself. For information pertaining to the Catalog of Federal Domestic Assistance, the Catalog of Federal Domestic Assistance Number is 93.889.

### **DUNS NUMBERS**

All applicant organizations are required to have a Data Universal Numbering System (DUNS) number in order to apply for a grant from the Federal Government. The DUNS number is a unique nine-character identification number provided by the commercial company, Dun and Bradstreet. There is no charge to obtain a DUNS number. Information about obtaining a DUNS number can be found at <http://www.hrsa.gov/grants/dunscrr.htm> or call 1-866-705-5711. Please include the DUNS number in item 8c of the SF-424/5161 face page. Applications *will not* be reviewed without a DUNS number.

Additionally, the applicant organization is required to register with the Federal Government's Central Contractor Registry (CCR) in order to do electronic business with the Federal Government. Information about registering with the CCR can be found at <http://www.hrsa.gov/grants/dunscrr.htm>.

### **ii. TABLE OF CONTENTS**

The application should be presented in the order of the Table of Contents provided earlier. Again, for electronic applications no table of contents is necessary as it will be generated by the system. (Note: the Table of Contents will not be counted in the page limit).

### **iii. APPLICATION CHECKLIST**

Use application Form 5161-1 provided with the application package.

### **iv. BUDGET**

Use application Form 5161-1 provided with the application package. Please complete sections A and B of SF 424A with specific instructions that follow.

#### **Form SF-424A Specific Instructions: Detailed Budget Required**

These forms will represent the full one-year project period of Federal assistance requested. If additional information and/or clarification are required, please contact the Grants Management Specialist identified in section VII of this guidance titled "Agency Contacts."

Use the accompanying instructions. This form contains sections A (Budget Summary) through F (Other Budget Information). For each part of Section B, Budget Categories, it is required that applicants submit on additional sheet(s) a justification for each individual budget category itemized (6a-j). Applicants typically identify the specific needs but often fail to write a justification of those needs. These detailed budget justifications require the applicant to show specific references to the project plan that would relate to how the requested dollar amount was developed.

If the applicant plans to enter into a contract, the applicant's budget justification should include an itemized budget (direct and indirect costs) for each contractual agreement as well

as a summarized scope of work. The total budget for each subcontract should be reflected in the applicant's itemized budget under the "Contractual" budget item. Grantees must perform a substantive role in carrying out project activities and not merely serve as a conduit for an award to a contractor.

#### **v. BUDGET JUSTIFICATION**

Provide a narrative that explains the amounts requested for each line in the budget. The budget justification should specifically describe how each item will support the achievement of proposed objectives. The budget period is for ONE year. Line item information must be provided to explain the costs entered in appropriate form, Application Form 5161-1. **The budget justification must clearly describe each cost element and explain how each cost contributes to meeting the project's objectives/goals.** Be very careful about showing how each item in the "other" category is justified. The budget justification **MUST** be concise. Do **NOT** use the justification to expand the project narrative.

##### **Allowable Costs**

The NBHPP may support reasonable and necessary costs of cooperative agreement projects within the scope of approved activities. Allowable costs may include salaries, equipment and supplies, travel, contracts, consultants, and other direct costs, as well as indirect costs. The NBHPP adheres to administrative standards reflected in the Code of Federal Regulations, 45 CFR Part 92 and 45 CFR Part 74.

Include the following in the Budget Justification narrative:

***Personnel Costs:*** list all individuals being compensated for salary and/or fringe benefits under Federal project dollars with their title and role described. Indicate the percentage of yearly salaries and fringe benefits funded under this project.

Awardees are reminded that the NBHPP still adheres to a fifteen-percent cost cap on all direct costs that collectively include personnel, fringe, travel, supplies and equipment.

***Indirect Costs:*** Indirect costs are those costs incurred for common or joint objectives which cannot be readily identified but are necessary to the operations of the organization, e.g., the cost of operating and maintaining facilities, and administrative salaries. If an organization applying for an assistance award does not have an indirect cost rate, the applicant may wish to obtain one through HHS's Division of Cost Allocation (DCA). Visit DCA's website at: <http://rates.psc.gov/> to learn more about rate agreements, the process for applying for them, and the regional offices which negotiate them.

***Fringe Benefits:*** List the components that comprise the fringe benefit rate, for example health insurance, taxes, unemployment insurance, life insurance, retirement plan, tuition reimbursement. The fringe benefits should be directly proportional to that portion of personnel costs that are allocated for the project.

***Consultant Costs:*** Give name and institutional affiliation, qualifications of each consultant, if known, and indicate the nature and extent of the consultant service to be performed. Include expected rate of compensation and total fees, travel, per diem, or other related costs for each consultant.

**Travel:** List travel costs according to local and long distance travel. For local travel, the mileage rate, number of miles, reason for travel and staff member/consumers completing the travel should be outlined. The budget should also reflect the travel expenses associated with participation in meetings and other proposed trainings or workshops such as the annual awardee meeting. Include funding in the budget for a **minimum of three persons** to attend the NBHPP Awardee meeting (the BT / Hospital Preparedness Coordinator, a representative of the hospital association and another individual with a designated role in the project). Attendance at this meeting is a **requirement** of the NBHPP grant program.

Listed below is information cost estimates that applicants may find helpful in preparing the cost estimates for their application.

2006-2007: Grantee Meeting  
Lodging: 3 nights; Per Diem: 4 days  
Travel to Washington, D.C. area

**Equipment:** Clearly explain and justify each piece of equipment, indicating the purpose and cost of each item being requested.

**Supplies:** List the items that the project will use, e.g., office supplies, educational supplies, computer supplies, etc. Office supplies could include paper, pencils, and the like. Educational supplies may be pamphlets and educational videotapes. Remember, they must be listed separately. All supplies must have their costs listed and their need justified.

**Subcontracts:** If a Subcontract is being requested, provide a separate budget justification. Complete this contractual budget justification in the same manner as the overall project budget justification. List and explain all expenses in detail.

**Other:** Software related to Data Activities; publication costs; fees provided to speakers at meetings convened in relation to this grant.

#### **vi. STAFFING PLAN AND PERSONNEL REQUIREMENTS**

Applicants must present a staffing plan and provide a justification for the plan that includes education and experience qualifications and rationale for the amount of time being requested for each staff position. Position descriptions that include the roles, responsibilities, and qualifications of proposed project staff must be included in **Attachment 3**. Copies of biographical sketches for any key employed personnel that will be assigned to work on the proposed project must be included in **Attachment 4**.

#### **vii. ASSURANCES**

The fourth section of Application Form 5161-1 contains SF 424B and SF 424D, and concerns **Assurances**. NBHPP applicants need to complete only **SF 424B** provided with the application package.

### **viii. CERTIFICATIONS**

The fifth section of Form 5161-1 deals with **Certifications** and sets forth certain requirements for grantees which have been legislatively implemented since the SF-424 assurances pages were last revised. This section must be completed by all applicants and is provided with the application package.

### **ix. PROGRAM NARRATIVE**

This section provides a comprehensive framework and description of all aspects of the proposed program. It should be succinct, self-explanatory and well organized so that reviewers can understand the proposed project. Awardees should assume that reviewers will have limited or no prior knowledge of hospital preparedness work to date.

The outcome of the objective cooperative agreement review process depends solely on information provided in the program narrative. The reviewers are required to evaluate a proposal based only upon the information provided in the application. Any other information may not be considered in the review.

Attachments are used to provide supporting documentation such as tables, charts, position descriptions, biographical sketches, and letters describing participation and support. Substantive information corresponding to the review criteria must be contained within the program narrative.

#### **a) INTRODUCTION**

The following guidance lays out a six tiered response system, discusses the components of each tier and asks awardees to describe or discuss how their States tier system is structured. Each State will describe their current system as well as gaps and challenges. States will describe how they and appropriate stakeholders intend to fill the gaps.

Use the following section headers as outline for writing the Narrative portion of the application. Applications that fail to follow this format will have difficulty during the objective review process and as a result may not be awarded full funding.

For the past four years the NBHPP has focused on building specific capacities in the healthcare system to enable an effective response to many types of disasters. In FY 2006, it is evident that much progress has been made in the building of those capacities and the time has come to refocus attention of the healthcare community on building a capability-based Tiered Response System. In that vein, the program is moving to capabilities based planning. This program realignment is consistent with other Federal preparedness programs and will enable States, sub-State regions and local areas to integrate their plans across multiple disciplines and jurisdictions, implement healthcare response plans in a coordinated and succinct fashion, and provide a level of commonality across the country.

This realignment continues to build on the work of the past four years. It is the intention that this system will provide a comprehensive and common framework in which to house and organize all that work and the activities described within this guidance to move the country forward.

**b) Program Summary and FY 2006 Goal(s) Statement**

Awardees should provide a three to five page overview of progress made in the past four years with NBHPP funding, challenges that have been encountered and a goal(s) for the coming funding cycle. Goal(s) should be specific, measurable, attainable and time framed.

**c) Tiered Response Systems**

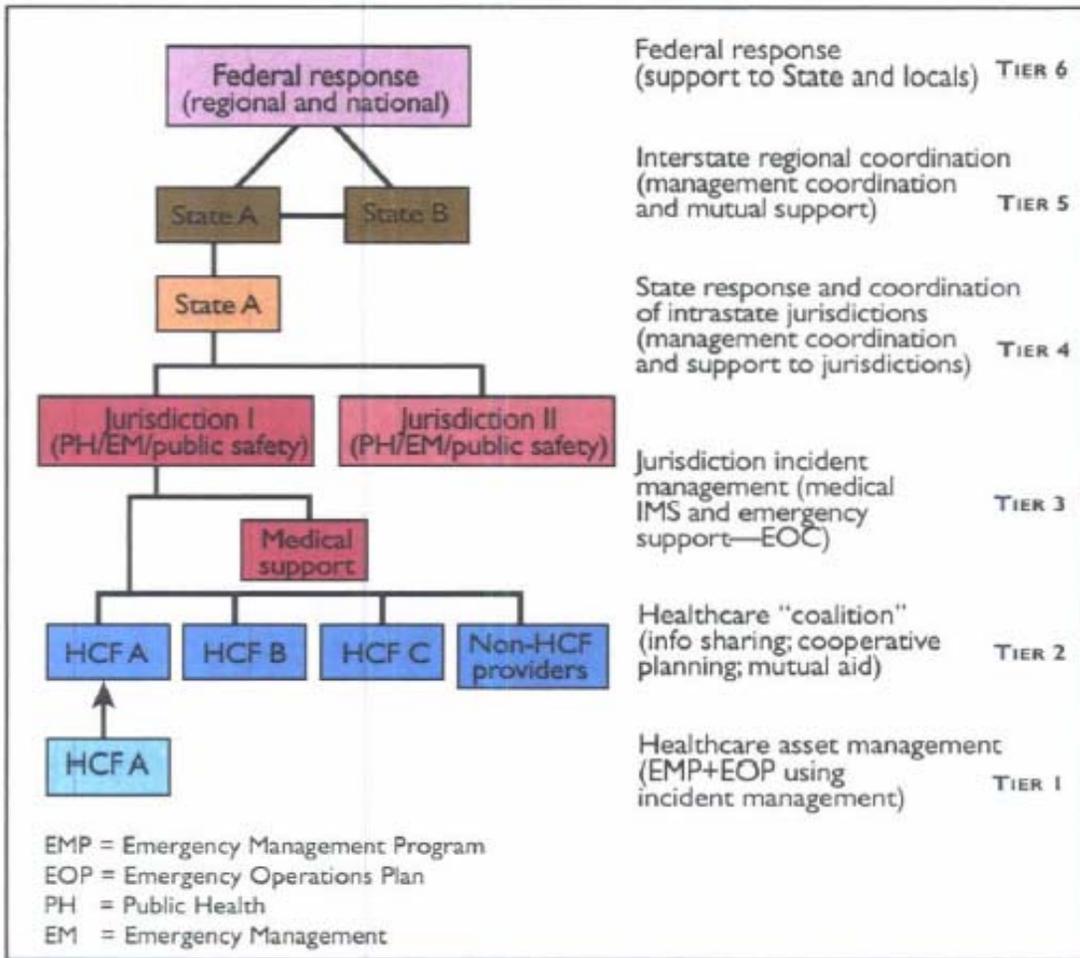
The following diagram was published by the Department of Health and Human Services in 2004 in a manual entitled *Medical Surge Capacity and Capability: A Management System for Integrating Medical and Health Resources During Large- Scale Emergencies*. The manual provides a blueprint for healthcare response that is being adopted by the NBHPP.

It should be noted that this concept does not differentiate between funded entities and non-funded entities; therefore when addressing these sections awardees should describe the system as a whole as it exists in the State.

Awardees will use this section to clearly articulate the tiered regional response capability that exists in the State according to the following structure and nomenclature. Given the previous four years of funding awardees are expected to describe the system that exists in their State through Tier 5 which should include the state's integration with Federal response.

For tiers 2, 3, and 4 awardees should explain, to the extent possible, the coordination/integration with the capabilities established in local jurisdictions through the DHS funded Metropolitan Medical Response System (MMRS) Program, regionally through the DHS funded Urban Area Security Initiative (UASI) urban areas, and at the State level, the DHS State Homeland Security Grant Program (SHSG).

**Figure I-2. MSCC Management Organization Strategy**



*Medical Surge Capacity and Capability: A Management System for Integrating Medical and Health Resources During Large-Scale Emergencies.* August 2004, CNA Corporation through a contract with US Department of Health and Human Services.

The six-tier construct above depicts the various levels of health and medical asset management during response to mass casualty or complex incidents. The tiers range from the individual healthcare facility (HCF) and its integration into a local healthcare coalition (hospitals, clinics, health centers and other points of entry into the healthcare system that exist within the HRSA defined sub-State regions previously established for this cooperative agreement), to the coordination of Federal assistance. Each tier must be effectively managed internally in order to coordinate and integrate externally with other tiers.

### **Tier 1 – Management of Individual Healthcare Assets**

Tier 1 is the primary site of hands-on medical evaluation and treatment. It includes hospitals, integrated healthcare systems, clinics, alternative care facilities, private practitioner offices, nursing homes with medical services, hospice, rehabilitation facilities, psychiatric and mental health facilities, and Emergency Medical Services (EMS). The Medical Reserve Corps and State and Federal healthcare assets (e.g., Veterans Affairs Hospitals) that are co-located within

a jurisdiction also fall into Tier 1 because they may become local assets for emergency response.

To maximize overall MSCC, efforts must extend beyond optimizing internal HCF operations and focus on integrating individual HCFs with each other and with non-medical organizations. Patient evaluation and care in emergencies or disasters is provided primarily at community-based hospitals, integrated healthcare systems, private physician offices, and other point-of-service medical facilities. These assets, therefore, must be centrally involved in the development of MSCC strategies. Such integration ensures that decisions affecting all aspects of the community response are made with direct input from medical practitioners, thus establishing medical care, along its continuum, as an essential component of incident management.

The basic capability of Tier 1 is to maximize medical surge capacity and capability (MSCC) within each healthcare asset ensuring the safety of personnel and other patients, and the integrity of the facility. This is best accomplished by optimizing an entity's emergency operation plan to effectively manage internal resources and to integrate with external response assets and partners.

1. Describe how healthcare assets maximizes medical surge capacity and capability (MSCC) ensuring the safety of personnel and other patients, the integrity of the facility, manages internal resources and integrates with external response assets and partners.
2. Awardees will provide a map of the State that clearly delineates sub-State regions as well as the locations of the healthcare entities in the area.

## **Tier 2 – Management of the Healthcare Coalition**

The healthcare coalition organizes individual healthcare assets into a single functional unit. Its goal is to maximize MSCC across the coalition through *cooperative planning, information sharing, and management coordination*. The coalition ensures that health and medical assets have the information and data they need at a level of detail that will enable them to optimally provide MSCC.

In addition to hospitals, the coalition may include long-term care facilities, rural healthcare facilities, private physician offices, clinics, health centers and any other health or medical asset that may be brought to bear during a major medical response. Its reach may extend beyond the geographic area of the primary responding jurisdiction (Tier 3), especially in rural settings.

An integral component of the coalition response is medical mutual aid—the redistribution of personnel, facilities, equipment, or supplies to HCFs in need during times of crisis. Mutual aid provides surge capacity and capability that is immediately operational, reliable, and cost-effective.

The basic capability of Tier 2 is to establish a coalition of healthcare entities within a defined geographic area to provide a mechanism to formally establish processes for requesting and receiving mutual aid during preparedness planning. It also allows such issues as staff credentialing, liability, reimbursement, and transfer of patient responsibility to be addressed in preparedness planning, thus ensuring a rapid distribution of aid when it is needed.

1. Describe how the healthcare facilities within the defined sub-State regions, already established for this cooperative agreement, coordinate the utilization and or movement of medical resources (e.g., personnel, facilities, equipment, supplies) to sites of greatest need inside and outside of the sub-State region.
2. Discuss mutual aid and cooperative agreements among healthcare facilities (HCFs) within those sub-State regions and how those regions interface with each other. Discuss how these sub-State regions interface with the jurisdiction's incident management system.

### **Tier 3 – Jurisdiction Incident Management**

Jurisdiction incident management (Tier 3) is the primary site of integration of healthcare facilities (HCFs) with fire/EMS, law enforcement, emergency management, public health, public works, and other traditional response agencies. It provides the structure and support necessary for medical assets to maximize MSCC, and it allows direct input by medical representatives into jurisdictional action planning and decision-making. In addition, it links local medical assets with State and Federal support.

It is the most critical tier for integrating the full range of disciplines that may be needed in a mass casualty or complex medical event. The focus of Tier 3 is to describe how to effectively coordinate and manage diverse disciplines in support of medical surge demands. This requires healthcare assets to be recognized as integral members of the responder community and to participate in management, operations, and support activities. In other words, health and medical disciplines must move from a traditional support role based on an Emergency Support Function (ESF), of the NRP, to part of a unified incident management system. This is especially important during events that are primarily health and medical in nature, such as infectious disease outbreaks.

The basic capability of Tier 3 is the integration of health and medical assets into the functional organization of incident management in the traditional emergency response community. This is accomplished through a well-organized and tested jurisdiction Emergency Operations Plan (EOP).

1. Discuss how healthcare facilities, within the defined sub-State regions already established for this cooperative agreement, integrate with other response disciplines (e.g., public health, public safety, emergency management) through an incident management system to maximize jurisdictional medical surge capacity and capability.
2. Describe the activities undertaken to date to train and exercise hospital and other healthcare provider staff in the National Incident Management System (NIMS) and how healthcare incident management system fits into the jurisdictional emergency management system.

### **Tier 4 – Management of State Response and Coordination of Intrastate Jurisdictions**

Tier 4 encompasses all State agencies that are responsible for emergency management, public health, and public safety preparedness and response. It addresses situations in which the State is considered the lead incident management authority, and those in which the State coordinates multi jurisdictional incident management (Tier 3).

The basic capability of Tier 4 is to ensure that the State Emergency Management Program (EMP) fully integrates public health and acute-care medicine with traditional response disciplines (e.g., fire/EMS, law enforcement). An important focus of the State EMP should be developing management processes that facilitate integration between State-based and local or jurisdictional authorities.

1. Describe State-level processes, tools, and/or systems that coordinate incident management activities among affected sub-State jurisdictions and/or coordinate mutual aid support.
2. Discuss any standardized procedures that have been developed for reporting medical and health data (i.e., what, when, where, and how) and for requesting mutual aid.

### **Tier 5 – Interstate Regional Management Coordination**

Tier 5 describes the processes by which States assist one another and coordinate management and response activities during times of crisis. It includes State-level agencies that oversee emergency management, public health, medical and public safety emergency preparedness and response.

Tier 5 describes how to maximize interstate coordination to support MSCC. In the past, interstate coordination generally depended on ad hoc arrangements, goodwill at the time of an incident, and other less-than predictable mechanisms. However, this changed when Congress enacted the Emergency Management Assistance Compact in 1996 (Public Law 104-321). EMAC, as it is commonly known, has now been accepted by almost all States and provides legal authority, financial mechanisms, and operational guidance to establish the ability to request and receive emergency assistance from other States.

The basic capability of Tier 5 is establish and ensure effective regional response through an open exchange of information, incident management coordination, and mutual aid support.

1. Describe how your State maximizes interstate coordination to support medical surge capacity and capability in terms of movement of patients, equipment, personnel and other response components. Awardees should also address the use of interstate drills and exercises.
2. Describe how your state integrates with the Federal response under ESF 8 of the NRP.

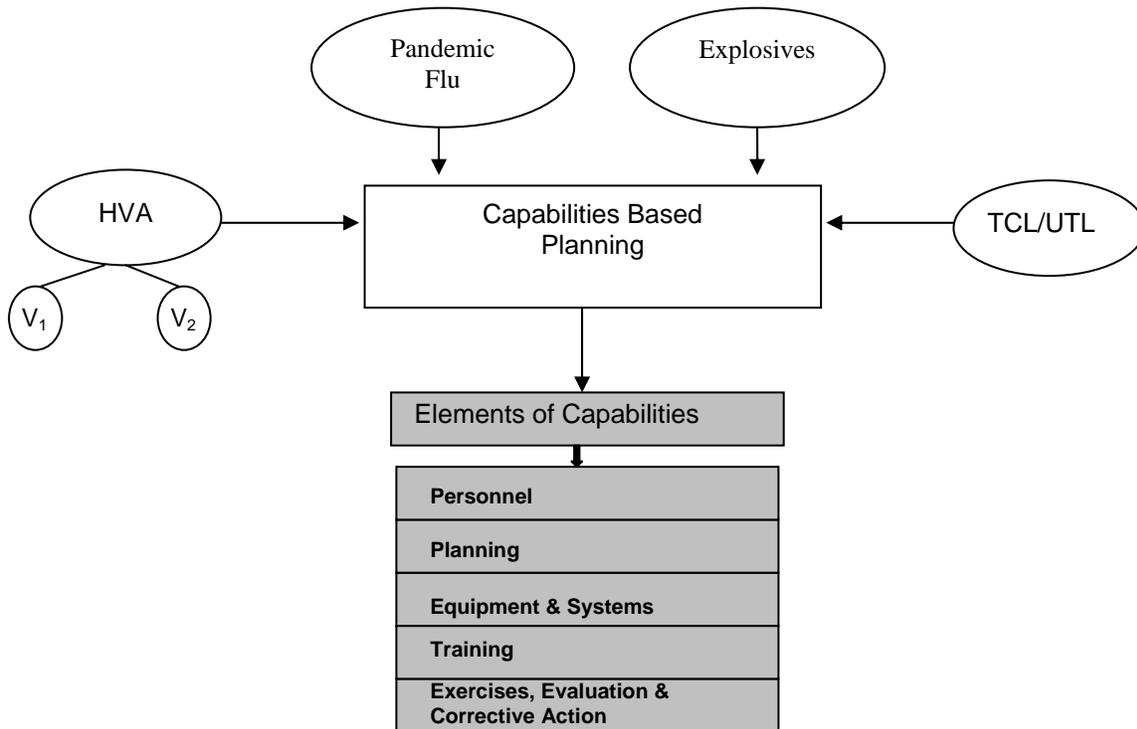
Applicants will describe what currently exists in terms of the flexibility of these tiers to address four scenarios. All awardees **must** address pandemic influenza and an explosive event as two of the system flexibilities and then choose two (2) of the highest ranked scenarios from the Hazard Vulnerability Assessment (HVA) performed during the FY 2005 budget cycle. Awardess must clearly articulate what the additional two scenarios are that are

being addressed and the rationale behind these selections. In addition to addressing the system flexibilities that will change to meet different scenarios, awardees should also incorporate the differences needed for personnel, equipment, supplies and other capabilities to address the scenarios.

#### **d) Capabilities Based Planning**

Implementing a common, shared approach to achieving national preparedness requires the Nation to re-orient its programs and efforts in support of the National Preparedness Goal and the National Priorities. The Goal establishes a vision for preparedness, identifies Target Capabilities, provides a description of each capability, and presents guidance on the levels of capability that Federal, State, local, and Tribal entities will be expected to develop and maintain. Capabilities-based planning is a process by which to achieve the Goal and the capabilities it outlines. Capabilities-based planning is defined as, “planning, under uncertainty, to provide capabilities suitable for a wide range of threats and hazards while working within an economic framework that necessitates prioritization and choice.” This planning approach assists leaders at all levels to allocate resources systematically to close capability gaps, thereby enhancing the effectiveness of preparedness efforts. Capabilities-based planning will provide a means for the Nation to achieve the Goal and National Priorities by answering three fundamental questions: “How prepared do we need to be?”, “How prepared are we?”, and “How do we prioritize efforts to close the gap?” At the heart of the Goal and the capabilities-based planning process is the TCL. The capabilities included in the TCL are listed in Figure 1.

The capabilities-based planning process makes significant use of the TCL which provides additional levels of detail on the underlying tasks and resources for achieving these capabilities. Each level of government or geographic area will not be expected to develop and maintain all 37 capabilities to the same level. Capability-based planning necessitates the prioritization of resources and initiatives among the various capabilities. Given limited time and resources, jurisdictions will be expected to target their planning efforts on the most critical capability gaps. The expectation will vary based upon the risk and needs of different levels of government and geographic areas. Community hazard vulnerability assessments completed in FY 2005 will drive the capabilities needed by the local, regional and State entities. For example, a community with a toxic chemical manufacturer must utilize the HVA, measure the potential health consequences of a chemical release and develop/acquire the capabilities needed for the health system response to the specific consequences.



Applicants will describe what currently exists in terms of the capability elements for four scenarios. All awardees **must** address pandemic influenza and an explosive event as two of the system flexibilities and then choose up to two (2) of the highest ranked scenarios from the Hazard Vulnerability Assessment (HVA) performed during the FY 2005 budget cycle. Awardees must clearly articulate what the additional two scenarios are that are being addressed and the rationale behind these selections.

For each of the capability elements listed below there are a number of components associated with that element that awardees must address in the application. It must be noted that each of the categories must be addressed; if a category is left unaddressed it may affect the overall award and review of the application. Components have been color coded and a legend provided that explains:

- Which components are to be prioritized in terms of applying funds and activities to accomplish,
- Which components will be eligible for funding but must be clearly linked to an HVA and gap analysis to show that there is still an unmet need, and
- Which components are required but should require little money to accomplish.

Personnel – **ESAR VHP** / EMAC / MRC / Other volunteers / Medical Advance or Strike Teams

Planning – **Alternate Care Sites (AHRQ Site selection tool)** / Mobile Medical Facilities/ Mass Fatality Plans/ Evacuation Plans

Equipment and Systems – **Bed Availability Tracking System (HAVBED/AHRQ)** / Patient Tracking and Movement / *Decontamination / Isolation / Pharmaceutical Caches / Interoperable Communications / PPE / Hospital Labs*

**Training** – Competency based

**Exercises, Evaluations and Corrective Actions** – Awardees will have to demonstrate their capabilities through State and sub-State regional exercises.

**Bold** – Priorities for FY 2006

*Italicized* – Components / Priorities that need to be clearly linked to an HVA and gap analyses to prove an ongoing unmet need, for further funding

Normal font – Components / Priorities that should require smaller amounts of money to accomplish

## **Personnel**

- a. **Hospital BT Coordinator ( see page 8)**
- b. **ESAR VHP (required of all awardees)** – All States have received supplemental awards to begin building State-based volunteer registries. As was witnessed in the hurricanes of 2005, volunteer registration systems with advance credential verification are indispensable in quickly identifying and providing qualified healthcare personnel to respond in various areas of the country. Awardees must continue to build and (test) these State systems to ensure their effective intra- and inter-State operability. Awardees will describe:
  - Current status of the ESAR VHP integrated system for the advance registration and credential verification of volunteer healthcare professionals;
  - Current status of EMAC, Medical Reserve Corps, and other mutual aid agreements that exist for volunteers, and the degree to which these efforts are integrated into the ESAR VHP system;
  - The ability of the ESAR VHP system to register and verify credentials of health professionals participating in structured State-based emergency response teams as well as individual volunteers;
  - The ability of the ESAR VHP system to share data across State lines and with Federal partners;
  - Current status of State plans in place for deploying health volunteers;
  - Current status of mutual aid compacts and MOUs with other healthcare, public health and first responder agencies to maximize health professional surge capacity; and
  - Activities to be undertaken during this funding cycle to further the development of an operational ESAR VHP system.

Additional activities for funding consideration under this capability include:

- Development of medical strike teams either at the facility level or teams to go out of the facilities.

- Development of mutual aid compacts and MOU with other healthcare, tier 2 and tier 3 public health and first responder agencies to maximize surge
- Development and operationalization of ESAR VHP systems

## Planning

- a) **Alternate Care Sites (required of all awardees)** – Awardees must have the ability to provide surge capacity outside of the hospital setting as has been demonstrated through recent public health emergencies. Many States have undertaken very thoughtful and deliberate processes for identifying off site or alternate care sites within a certain radius of healthcare facilities. An important concept for States to keep in mind is that while selecting these sites planning must consider that Federal assets exist that can be brought to bear but require an “environment of opportunity” for set up and operation and may not be available for 72 hours. Awardees should clearly articulate:
- How many sites have been identified at the State and sub-State regional level?
  - What type of facilities are being considered?
  - What can the facilities accommodate in terms of the numbers of patients and level of care, (i.e. triage, basic care and stabilization, trauma level type care, patients transferred from hospitals, medical needs shelters etc)?
  - What staffing plans have been developed for these facilities?
  - What are the plans for supply and re-supply of the facilities?
  - What are the plans for the security of the site? and
  - What are the plans for patient movement to the sites and from the sites to more definitive care sites either within or outside of the State?
- b) **Mobile Medical Facilities** – Awardees must have the ability to surge outside of the hospital or healthcare system has been demonstrated through recent public health emergencies. Awardees are not required to purchase mobile medical facilities but for some jurisdictions this may be a viable option until large population centers can be evacuated to outlying less affected areas with intact healthcare delivery systems. Awardees will describe:
- What activities have been undertaken to establish mobile medical facilities in the State?
  - What activities have been undertaken to provide for the staffing, supply and re-supply of the facilities and associated training of medical teams associated with these facilities?
  - If these facilities exist in the State how many of them are available, where are they positioned?
  - What are they capable of handling in terms of numbers of patients and level of care provided (triage, primary care, tertiary care, trauma etc)
  - What capabilities do they possess (i.e., Do they possess the capability to perform surgery? Do they have a lab? Can they provide x-ray services? Do they possess an ICU? Do they have pharmacy services?)
  - How long can these assets be deployed to the field before they would need to be re-supplied?

- What plans, MOU's and other arrangements exist for the transfer and use of the facilities and any associated medical teams, equipment and supplies within the State and between adjoining States as may be needed in an emergency?

Additional activities for funding consideration under this capability include:

- Development of facility based Fatality Plans for hospitals and other healthcare entities.
- Development or refinement of patient evacuation plans. This also includes air and ground transportation of patients requiring referral to hospitals for specialty care not available at the receiving hospital and integration with Federal capabilities.
- Costs associated with the selection and certification of alternative care sites.

## Equipment and Systems

- Bed Availability Tracking System (required of all awardees)** – As Stated on page 8 of the guidance, the development and enhancement of bed tracking systems are a required activity for all awardees. Characteristics have been outlined that all systems must contain whether or not bed tracking currently exists. In addition awardees will discuss:
  - What activities to date have been undertaken to develop bed tracking systems at the State, sub-State regional and local level?
  - If bed tracking systems currently exist in the State are the systems capable of reporting on the bed types as outlined in the Program Requirements section of this guidance?
  - How the tracking system is implemented during an event, how many times a day reports are asked for and the chain of reporting that happens from the hospital level to the State EOC?
- Interoperable Communication Systems (required of all awardees)** – Another integral component to successful healthcare preparedness and response is an integrated interoperable communication system that links hospitals, EMS and other healthcare entities with public health at a minimum and other first response partners. By definition, communications interoperability refers to the ability of public safety agencies to talk across disciplines and jurisdictions via radio communications systems, to exchange voice and/or data with one another on demand, in real time, when needed, and as authorized.

When procuring equipment for communication system development and expansion, a standards-based approach should be used to begin migration to multi-jurisdictional and multi-disciplinary interoperability. Specifically, all new voice systems should be compatible with the ANSI/TIA/EIAA-102 Phase 1 (Project 25 or P25) SAFECOM suite of standards. This recommendation is intended for government owned or leased land mobile public safety radio equipment and its purpose is to make sure that such equipment or systems are capable of interoperating with other public safety land mobile equipment or systems.

The first priority of Federal funding for improving public safety communications is to provide basic, operable communications within a department with safety as the overriding consideration. Funding requests by agencies to replace or add radio equipment to an existing non- P25 system will be considered if there is an explanation as to how their radio selection will allow for improving interoperability or eventual migration to interoperable systems. This guidance does not preclude funding of non-Project 25 equipment when there are compelling reasons for using other solutions. Absent these compelling reasons, SAFECOM intends that Project 25 equipment will be preferred for digital systems to which the standard applies. The SAFECOM grant guidance materials are available in their entirety on the SAFECOM website in the electronic library. <http://www.safecomprogram.gov> OR [http://www.safecomprogram.gov/SAFECOM/library/grant/1016\\_safecomgrant.htm](http://www.safecomprogram.gov/SAFECOM/library/grant/1016_safecomgrant.htm)

Awardees will address:

- What protocols exist at the State, sub-State regional and local levels for redundancy in communications systems to ensure communication during an event when power is lost and facilities possibly become isolated from other entities?
- What training/education on the equipment and protocols takes place for personnel involved with a response to include efforts incorporating communication plans in tabletop or operational exercises?
- What primary and secondary communication capabilities exist for patient tracking and information dissemination between healthcare and other response entities?
- What are the means for establishing and exchanging voice communications amongst participating hospitals and healthcare organizations in any given region/State (i.e., dedicated radio frequency and radios, VOIP, satellite phones)? and
- What are the means for establishing and exchanging data information amongst participating hospitals and healthcare system in any given region/State?

c) **Hospital Laboratories (required of all awardees)** – Awardees will expand upon efforts that have been underway for the past 3 years, but in addition to these activities hospital labs need to be ready to handle the increase in diagnostics that will need to be reported to local health departments and labs within the Laboratory Response Network (LRN) on a 24-7-365 basis. Awardees will discuss:

- What systems are currently in place to ensure hospital labs have the capability to report and receive reports 24-7 with local health departments and LRN sites?
- How are lab personnel incorporated into drills and exercises on terrorism preparedness?

- Discuss the numbers of laboratories and the Biological Safety Levels (BSL) of them in your State and how these laboratories will interface with hospitals.

Additional activities for funding consideration under this capability include:

- Security **upgrades** to existing facilities. Since all JCAHO hospitals are required to have security as part of JCAHO accreditation, the NBHPP will **no longer fund new** security systems for facilities. Upgrades to existing systems may be requested but must be clearly linked to the activities in this application.
- Upgrades to hospital lab systems to enhance the ability to receive, handle, package and ship suspicious samples, as well as to accommodate the increased reporting and receiving of data with multiple entities to include public health, LRN labs and others.
- Enhancement of interoperable communications systems.
- Enhancement of or development of bed tracking systems that are consistent with the standards in this guidance.
- Upgrades and enhancements to PPE, Isolation and Decontamination equipment that are clearly linked to HVAs and gap analyses that show where and why sufficient quantities do not currently exist
- Developing State capacity to collect and analyze data to determine the status and progress of the State and subrecipients in meeting the NBHPP performance measures. Sub-State collection measures are appropriate funding activities as well but awardees are reminded that the ultimate reporting requirements are the responsibility of the State or awardee.
- Purchasing software, or hiring a consultant/contractor to develop internet-based software systems to build infrastructure at the State, sub-State regional and local level for electronic collection and storage of data with the condition that the system be capable of transmitting State level data to the HHS.
- Purchasing software for use at the State, sub-State regional and local level with the condition that subrecipients commit to submitting data to the State in accordance with federal and State submission requirements.
- Establishing or enhancing stand alone caches of ventilators, air way circuitry, IV pumps, monitors, pulse oximeters etc. available in each participating hospital to manage an initial influx of critically ill or injured patients. These caches must be clearly linked to HVAs and gap analyses that show where and why sufficient quantities do not currently exist.
- Establishing or enhancing caches of specific categories of pharmaceuticals available on site in hospitals (i.e. broad spectrum and specific antibiotics, burn creams, pressors, analgesics and sedatives, H2 blockers, paralytics, induction agents, psychotropic medications etc.). These caches must be clearly linked to HVAs and gap analyses that show where and why sufficient quantities do not currently exist.

## **Training**

FY 2006 training requirements will necessitate compliance with NIMS Integration Center (NIC) requirements as found on <http://www.fema.gov/txt/nims/TrainingGdlMatrix.txt>

Awardees should work to document compliance with these requirements through a mechanism deemed efficient and practical.

The Hospital Incident Command System (HICS) is currently undergoing significant updates and revisions and is due to be released in the Spring 2006; training efforts for 2006 should focus on incorporating both NIMS and HICS training elements into training plans.

**Competency Based Training (required of all awardees)** – As in previous years all training that is supported through cooperative agreement dollars and delivered through the NBHPP must be competency based.

Training is considered to be competency-based when:

- Training is tied to/ determined by the desired competencies based upon expected functions during an emergency.
- Targeted competencies are carefully selected based upon expected function during an emergency, matched to learner need and clearly communicated prior to the offering.
- What constitutes “achievement” is clearly communicated and tied to actual performance.
- The information/theory disseminated is directly and clearly linked to the competency addressed and available in a variety of formats.
- Opportunities for practice are evident with the process, rationale, and benefits clearly presented to participants. Such practice opportunities match the specific competencies, context of training and anticipated outcomes.
- Participative learning is evident.
- Opportunities for the exchange of constructive feedback are evident in the course of the offering.
- Delivery methods are appropriate given the targeted competencies, the characteristics of the participants and availability of equipment/resources.

Examples of training activities that may be used and/or combined in competency based training include:

- Oral presentations
- Simulation activities
- Project work
- Group activities
- Demonstrations
- Shadowing/coaching
- Distance/on line learning or other forms of asynchronous learning

- Role plays
- Practical placements

Awardees will:

- Describe the capabilities and competencies that will be focused on with training dollars, the training and evaluation methodology to be used, and linkages with drills or exercises.
- Applicants should identify the number of personnel targeted for training by professional group and the estimated funding required for accomplishing these tasks.
- Include in their application the name and contact information for the person “responsible” for overseeing training coordination and programming.

### **Exercises, Evaluations and Corrective Actions**

**Terrorism Preparedness Exercises (required of all awardees)** – Hospitals as well as other healthcare entities must be full and present partners in planning, conducting, participating in and evaluating preparedness exercises and drills that occur at sub-State regional and State levels. After action reports must be reviewed for lessons learned and those lessons used to further enhance current facility based emergency operations plans and local emergency operations plans that have healthcare entities at the core.

Awardees will discuss:

- What sub-State regional drills and exercises are planned for the FY 2006 budget cycle;
- How many hospitals, rural health facilities, health centers, and other health care entities will participate;
- What will the exercises and drill focus on (pandemic influenza, biologic agents, chemicals, explosive scenarios etc)
- The role that healthcare facilities play in development, participation, evaluation and after action reports of these exercises; and
- How the awardee will ensure that lessons learned from after action reports are shared back to the healthcare facilities and that the emergency operations plans of those facilities are then modified.

Additional activities for funding consideration under this capability include:

- Enhancement and upgrade of response plans based on AARs.
- Release time for staff to attend drills and exercises. Salaries for back filling are not allowed costs under the cooperative agreement.
- Development costs associated with exercises and drills.

## **b) METHODOLOGY/ WORK PLAN**

Based on current system flexibilities, gaps that exist in any of the Tiers and the capability elements, awardees will identify activities to be addressed in FY 2006. Awardees will propose methods that will be used to accomplish these activities, as well as the previously-described program requirements and in this grant announcement.

Describe the steps that will be used to achieve each of the activities proposed in the application. The applicant must also indicate the specific methods to be used to evaluate progress in each area of activity.

Identify plans for utilization of advisory committees, special task forces or teams in the accomplishment of project objectives. Describe the composition of these groups and how they are related to the jurisdiction's overall homeland security advisory committee (e.g. committee that looks at all Federal grants- DOJ, HHS, DHS). Identify the key agencies and/or organizations that will contribute to or participate in the project. Describe the role of each collaborating agency, demonstrating consistency with the proposed project objectives.

**Include a timeline that identifies each activity, responsible staff for the activity, deliverables and allocation of funds to the activity.**

## **c) RESOLUTION OF CHALLENGES**

Discuss challenges that are likely to be encountered in designing and implementing the activities described in the work plan, and approaches that will be used to resolve such challenges. How will awardees leverage and coordinate with other homeland security activities available in the State?

## **d) EVALUATION AND TECHNICAL SUPPORT CAPACITY**

Describe evaluation activities to measure the progress of the cooperative agreement at the State, sub-State regional and local level. Awardees will address how healthcare evaluation activities will be coordinated with other homeland security evaluation activities including Target Capability Assessments and other public health evaluation activities to provide a comprehensive integrated evaluation strategy across the spectrum of response.

## **e) ORGANIZATIONAL INFORMATION**

Provide information on the applicant agency's current mission and structure, scope of current activities, and an organizational chart, and describe how these all contribute to the ability of the organization to conduct the program requirements and meet program expectations. Awardees should clearly articulate the coordination intersects with public health and other homeland security offices and activities in the State.

## **x. ATTACHMENTS**

Please provide the following items to complete the content of the application. **Please note that these are supplementary in nature, and are not intended to be a continuation of the project narrative.** Be sure each attachment is clearly labeled.

**Attachment 1:** Copy of NIMS Certification Letter sent to Department of Homeland Security.

**Attachment 2:** Statement of promoting and encouraging NIMS adoption by Specific Agencies listed on page 12

**Attachment 3: Job Descriptions for Key Personnel**

Keep each to one page in length as much as is possible. Item 6 in the Program Narrative section of the PHS 5161-1 Form provides some guidance on items to include in a job description.

**Attachment 4: Biographical Sketches of Key Personnel**

Include biographical sketches for persons occupying the key positions described in Attachment 3, not to exceed two pages in length. In the event that a biographical sketch is included for an identified individual who is not yet hired, please include a letter of commitment from that person with the biographical sketch.

**Attachment 5: Letters of Agreement and/or Description(s) of Proposed/Existing Contracts (project specific)**

Provide any documents that describe working relationships between the applicant agency and other agencies and programs cited in the proposal. Documents that confirm actual or pending contractual agreements should clearly describe the roles of the subcontractors and any deliverable. Letters of agreements must be dated. Include a letter stating application was developed in coordination with the state hospital association or representative(s) of the healthcare community (see page 7).

**Attachment 6:** Evidence of Non Profit status and invention related documents, if applicable.

**Attachment 7: Line Item Budget Narrative Justification**

**Attachment 8: Other Relevant Documents**

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

**Attachment 9: Tables, charts, etc.**

Other significant documents to provide further information about the proposal, not included elsewhere in the table of contents.

**3. SUBMISSION DATES AND TIME**

**Application Due Date**

The due date for applications under this cooperative agreement announcement is **July 10, 2006 at 8:00 P.M. ET**. Applications will be considered as meeting the deadline if they are E marked on or before the due date. Please consult Appendix A, Section 3 for detailed instructions on submission requirements.

The Chief Grants Management Officer (CGMO) or a higher level designee may authorize an extension of published deadlines when justified by circumstances such as acts of God (e.g. floods

or hurricanes), widespread disruptions of mail service, or other disruptions of services, such as a prolonged blackout. The authorizing official will determine the affected geographical area(s).

Applications must be submitted by 8:00 P.M. ET. **To ensure that you have adequate time to follow procedures and successfully submit the application, we recommend you register immediately in Grants.gov (see Appendix B) and complete the forms as soon as possible, as this is a new process and may take some time.**

**Please refer to the Appendix B for important specific information on registering, and Appendix A, Section 3 for important information on applying through Grants.gov.**

#### **LATE APPLICATIONS**

Applications which do not meet the criteria above are considered late applications. The HRSA shall notify each late applicant that its application will not be considered in the current competition.

#### **4. INTERGOVERNMENTAL REVIEW**

The NBHPP is a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100. Executive Order 12372 allows States the option of setting up a system for reviewing applications from within their States for assistance under certain Federal programs. Application packages made available under this guidance will contain a listing of States which have chosen to set up such a review system, and will provide a State Single Point of Contact (SPOC) for the review. Information on States affected by this program and SPOC may also be obtained from the Grants Management Officer listed in the AGENCY Contact(s) section, as well as from the following Web site: <http://www.whitehouse.gov/omb/grants/spoc.html>.

All applicants other than federally recognized Native American Tribal Groups should contact their SPOC as early as possible to alert them to the prospective applications and receive any necessary instructions on the State process used under this Executive Order.

Letters from the SPOC in response to Executive Order 12372 are due sixty days after the application due date.

#### **5. FUNDING RESTRICTIONS**

Applicants responding to this announcement may request funding for a project period of up to 1 year.

Funds under this announcement may not be used for the following purposes:

- New construction
- To supplant existing preparedness resources

#### **6. OTHER SUBMISSION REQUIREMENTS**

As stated in Section IV.I., except in rare cases HRSA will no longer accept applications for grant opportunities in paper form. Applicants submitting for this funding opportunity are **required** to submit **electronically** through Grants.gov. To submit an application electronically, please use the <http://www.Grants.gov> apply site. When using Grants.gov you will be able to download a

copy of the application package, complete it off-line, and then upload and submit the application via the Grants.gov site.

As soon as you read this, whether you plan on applying for a HRSA grant later this month or later this year, it is incumbent that your organization ***immediately register*** in Grants.gov and become familiar with the Grants.gov site application process. If you do not complete the registration process you will be unable to submit an application. The registration process can take up to one month, so you need to begin immediately.

To be able to successfully register in Grants.gov, it is necessary that you complete all of the following required actions:

- Obtain an organizational Data Universal Number System (DUNS) number
- Register the organization with Central Contractor Registry (CCR)
- Identify the organization's E-Business POC (Point of Contact)
- Confirm the organization's CCR "Marketing Partner ID Number (M-PIN)" password
- Register an Authorized Organization Representative (AOR)
- Obtain a username and password from the Grants.gov Credential Provider

Instructions on how to register, tutorials and FAQs are available on the Grants.gov web site at [www.grants.gov](http://www.grants.gov). Assistance is also available from the Grants.gov help desk at [support@grants.gov](mailto:support@grants.gov) or by phone at 1-800-518-4726.

More specific information, including step-by-step instructions on registering and applying, can be found in the Addendum to this guidance.

**Formal submission of the electronic application:** Applications completed online are considered formally submitted when the Authorizing Official electronically submits the application to HRSA through Grants.gov. However, to complete the submission requirements, a hard-copy of the SF-424/5161 Face Sheet must be printed, signed, and submitted to the HRSA Grants Application Center. The SF-424/5161 must be printed from theGrants.gov.

For an application submitted electronically, the signed SF-424/5161 must be sent to the HRSA GRANTS APPLICATION CENTER at the following address and received by HRSA by no later than five days after the date of submission in Grants.gov:

The HRSA Grants Application Center  
The Legin Group, Inc.  
Attn: *National Bioterrorism Hospital Preparedness Program*  
Program Announcement No. HRSA-06-067  
CFDA No. 93.889  
901 Russell Avenue, Suite 450  
Gaithersburg, MD 20879  
Telephone: 877-477-2123

Applications will be considered as having met the deadline if: (1) the application has been successfully transmitted electronically by your organization's Authorizing Official through

Grants.gov on or before the deadline date and time, and (2) the signed SF-424/5161 Face Sheet is received by HRSA no later than five days after the date of submission in Grants.gov.

It is incumbent on applicants to ensure that the Authorized Official is available to submit the application to HRSA by the application due date. We will not accept submission or re-submission of incomplete, rejected or otherwise delayed applications after the deadline.

Again, please understand that we will not consider additional information and/or materials submitted after your initial application. You must therefore ensure that all materials are submitted together.

## **V. Application Review Information - Required**

### **1. Review Criteria**

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

Review Criteria are used to review and rank applications. The NBHPP has 6 criteria:

**1. NEED (10%)** - The extent to which the application describes the problem and associated contributing factors to the problem.

**2. RESPONSE (25%)** - The extent to which the proposed project responds to the “Purpose” included in the program description. The clarity of the proposed goals and objectives and their relationship to the identified project. The extent to which the activities (scientific or other) described in the application are capable of addressing the problem and attaining the project objectives.

**3. EVALUATIVE MEASURES (25%)** - The effectiveness of the methods proposed to monitor and evaluate the project results. Evaluative measures must be able to assess 1) to what extent the program objectives have been met and 2) to what extent these can be attributed to the project.

**4. IMPACT (10%)** - The extent and effectiveness of plans for dissemination of project results and/or the extent to which project results may be national in scope and/or degree to which the project activities are replicable, and/or the sustainability of the program beyond the Federal Funding.

**5. RESOURCES/CAPABILITIES (20%)** - The extent to which project personnel are qualified by training and/or experience to implement and carry out the projects. The capabilities of the applicant organization, and quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project.

**6. SUPPORT REQUESTED (10%)** - The reasonableness of the proposed budget in relation to the objectives, the complexity of the activities, and the anticipated results.

## **2. Review and Selection Process**

Applications will be reviewed internally by primary and secondary reviewers using an objective scoring process. Independent review will not be necessary since these are formula grants.

# **VI. Award Administration Information**

## **1. Award Notices**

Each applicant will receive written notification of the outcome of the objective review process, including a summary of the expert committee's assessment of the application's merits and weaknesses, and whether the application was selected for funding. Applicants who are selected for funding may be required to respond in a satisfactory manner to Conditions placed on their application before funding can proceed. Letters of notification do not provide authorization to begin performance.

The Notice of Grant Award sets forth the amount of funds granted, the terms and conditions of the grant, the effective date of the grant, the budget period for which initial support will be given, the non-Federal share to be provided (if applicable), and the total project period for which support is contemplated. Signed by the Grants Management Officer, it is sent to the applicant agency's Authorized Representative, and reflects the only authorizing document. It will be sent prior to the start date of September, 2006.

## **2. Administrative and National Policy Requirements**

Successful applicants must comply with the administrative requirements outlined in 45 CFR Part 74 or 45 CFR Part 92, as appropriate.

## **PUBLIC POLICY ISSUANCE**

### **HEALTHY PEOPLE 2010**

**Healthy People 2010** is a national initiative led by HHS that sets priorities for all HRSA programs. The initiative has two major goals: (1) To increase the quality and years of a healthy life; and (2) Eliminate our country's health disparities. The program consists of 28 focus areas and 467 objectives. HRSA has actively participated in the work groups of all the focus areas, and is committed to the achievement of the Healthy People 2010 goals.

Copies of the Healthy People 2010 may be obtained from the Superintendent of Documents or downloaded at the Healthy People 2010 website:

<http://www.health.gov/healthypeople/document/>.

### **Smoke Free Environment**

The Public Health Service strongly encourages all award recipients to provide a smoke-free workplace and to promote the non-use of all tobacco products. Further, Public Law 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities (or in some cases,

any portion of a facility) in which regular or routine education, library, day care, health care or early childhood development services are provided to children.

### **3. Reporting**

The successful applicant under this guidance must:

- a. Comply with audit requirements of Office of Management and Budget (OMB) Circular A-133. Information on the scope, frequency, and other aspects of the audits can be found on the Internet at [www.whitehouse.gov/omb/circulars](http://www.whitehouse.gov/omb/circulars);
- b. Submit a quarterly electronic PSC-272 via the Payment Management System. The reports identify cash expenditures against the authorized funds for the grant. Failure to submit the report may result in the inability to access grant funds. The PSC-272 Certification page should be faxed to the PMS contact at the fax number listed on the 272 form, or it may be submitted to the:  

Division of Payment Management  
HHS/ASAM/PSC/FMS/DPM  
PO Box 6021  
Rockville, MD 20852  
Telephone: (877) 614-5533;
- c. Submit a Financial Status Report. A financial status report is required within 90 days of the end of each grant year. The report is an accounting of expenditures under the project that year. More specific information will be included in your award notice;
- d. Submit a Progress Report(s).

#### **Semi-Annual Performance Report**

Within 30 days following the end of six months from the award date, a semi-annual performance report shall be submitted. A standardized semi-annual report form will be sent to all successful applicants. Semi-Annual Reports should be e-mailed to Ms. Mickey Reynolds and the HRSA project officer.

#### **Final Report**

Within 90 days following the end of the project period a final report will be due which shall contain information and data of interest to the NBHPP program, HHS, and other States. A standardized final report form will be sent to all successful applicants. Final Reports should be e-mailed to Ms. Mickey Reynolds or Ms. Shonda Kast and the HRSA project officer.

### **4. Performance Review**

HRSA's Office of Performance Review (OPR) serves as the agency's focal point for reviewing and enhancing the performance of HRSA funded programs within communities and States. On a regularly scheduled basis, HRSA grantees are required to participate in a performance review of their HRSA funded program(s) by a review team from one of the ten OPR regional divisions. Grantees should expect to participate in a performance review at some point during their project period. When a grantee receives more than one HRSA grant, each of the grantee's HRSA funded programs will be reviewed during the same performance review.

The purpose of performance review is to improve the performance of HRSA funded programs. Through systematic pre-site and on-site analysis, OPR works collaboratively with grantees and HRSA Bureaus/Offices to measure program performance, analyze the factors impacting performance, and identify effective strategies and partnerships to improve program performance, with a particular focus on outcomes. Upon completion of the performance review, grantees are expected to prepare an Action Plan that identifies key actions to improve program performance as well as addresses any identified program requirement issues. Performance reviews also provide direct feedback to the agency about the impact of HRSA policies on program implementation and performance within communities and States.

For additional information on performance reviews, please visit:  
<http://www.hrsa.gov/performanceview>.

## VII. Agency Contacts

Applicants may obtain additional information regarding business, administrative, or fiscal issues related to this grant announcement by contacting:

Neal Meyerson, MPA  
HRSA Division of Grants Management Operations  
Parklawn Building, Room 11A-16  
Rockville, MD 20857  
Phone: 301-443-5906  
FAX: 301-443-6686  
Email: [nmeyerson@hrsa.gov](mailto:nmeyerson@hrsa.gov)

Additional information related to overall program issues by contacting:

Melissa Sanders  
Branch Chief  
National Bioterrorism Hospital Preparedness Program  
Healthcare Systems Bureau, HRSA  
Parklawn Bldg, Room 13-103  
5600 Fishers Lane  
Rockville, MD 20857  
Telephone: 301/443-0924  
Fax: 301/480-0334 (Attn: Melissa Sanders)  
Email: [msanders@hrsa.gov](mailto:msanders@hrsa.gov)

## VIII. Tips for Writing a Strong Application

**Include DUNS Number.** You must include a DUNS Number to have your application reviewed. Applications *will not* be reviewed without a DUNS number. To obtain a DUNS number, access [www.dunandbradstreet.com](http://www.dunandbradstreet.com) or call 1-866-705-5711. Please include the DUNS number in item 8c of the SF-424/5161 face page.

**Keep your audience in mind.** Reviewers will use only the information contained in the application to assess the application. Be sure the application and responses to the program requirements and expectations are complete and clearly written. **Do not assume that reviewers are familiar with the applicant organization.** Keep the review criteria in mind when writing the application.

**Start preparing the application early.** Allow plenty of time to gather required information from various sources.

**Follow the instructions in this guidance carefully.** Place all information in the order requested in the guidance. If the information is not placed in the requested order, you may receive a lower score.

**Be brief, concise, and clear.** Make your points understandable. Provide accurate and honest information, including candid accounts of problems and realistic plans to address them. If any required information or data is omitted, explain why. Make sure the information provided in each table, chart, attachment, etc., is consistent with the proposal narrative and information in other tables.

**Be organized and logical.** Many applications fail to write successful applications because the reviewers cannot follow the thought process of the applicant or because parts of the application do not fit together.

**Be careful in the use of appendices.** Do not use the appendices for information that is required in the body of the application. Be sure to cross-reference all tables and attachments located in the appendices to the appropriate text in the application.

**Carefully proofread the application.** Misspellings and grammatical errors will impede reviewers in understanding the application. Be sure pages are numbered (including appendices) and that page limits are followed. Limit the use of abbreviations and acronyms, and define each one at its first use and periodically throughout application. Make sure you submit your application in final form, without markups.

**Print out and carefully review an electronic application.** Before submitting electronically, print out the application before submitting it to ensure appropriate formatting and adherence to page limit requirements.

**Ensure that all information is submitted at the same time.** We will not consider additional information and/or materials submitted after your initial submission, nor will we accept e-mailed applications or supplemental materials once your application has been accepted.

# APPENDIX A: HRSA’s Electronic Submission User Guide

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# 1. Introduction

## 1.1 Document Purpose and Scope

Major changes are coming to HRSA's Grant Application Process. For guidances released/posted on or after January 1, 2006, HRSA will no longer accept applications for grant opportunities on paper. Applicants submitting new and competing continuations and a selected number of noncompeting continuation applications will be required to submit electronically through Grants.gov. All applicants must submit in this manner unless the applicant is granted a written exemption from this requirement in advance by the Director of HRSA's Division of Grants Policy.

The purpose of this document is to provide detailed instructions to help applicants and grantees submit applications electronically to HRSA through Grants.gov. The document is intended to be the comprehensive source of all information related to the new processes that HRSA and its customers have to adopt and will be updated periodically. This document is not meant to replace program guidance documents for funding announcements.

## 1.2 Document Organization and Version Control

This document contains 5 sections apart from the Introduction. Following is the summary:

Section	Description
Noncompeting Continuation Application	Provides detailed instructions to existing HRSA grantees for applying electronically using Grants.gov for all noncompeting announcements
Competing Application	Provides detailed instructions to applicant organizations for applying electronically using Grants.gov for all competing announcements
General Instructions for Application Submission	Provides instructions and important policy guidance on application format requirements
Customer Support Information	Provides contact information to address technical and programmatic questions
Frequently Asked Questions (FAQs)	Provides answers to frequently asked questions by various categories

This document is under version control. Please visit <http://www.hrsa.gov/grants> to retrieve the latest published version.

# 2. Noncompeting Continuation Application

## 2.1 Process Overview

Following is the process for submitting a noncompeting continuation application through Grants.gov:

1. HRSA will communicate noncompeting announcement number to the project director (PD) and authorizing official (AO) via email. The announcement number will be required to search for the announcement in Grants.gov.
2. Search for the announcement in Grants.gov Apply (<http://www.grants.gov/Apply>).
3. Download the application package and instructions from Grants.gov. The program guidance is also part of the instructions that must be downloaded.
4. Save a local copy of the application package on your computer and complete all the forms based on the instructions provided in the program guidance.
5. Submit the application package through Grants.gov. (Requires registration)

6. Track the status of your submitted application at Grants.gov until you receive a notification from Grants.gov that your application has been received by HRSA.
7. HRSA Electronic Handbooks (EHBs) software pulls the application information into EHBs and validates the data against HRSA's business rules.
8. HRSA notifies the project director, authorizing official, business official (BO) and application point of contact (POC) by email to check HRSA EHBs for results of HRSA validations and enter additional information, including in some cases performance measures, necessary to process the noncompeting continuation.
9. AO verifies the application in HRSA EHBs, fixes any validation errors, makes necessary corrections and submits the application to HRSA. (Requires registration)
10. AO prints the application face page from HRSA EHBs (not Grants.gov), signs it and mails it to HRSA's Grant Application Center (GAC).
11. HRSA receives the signed face page and scans it into the system saving it with the electronic application.

## **2.2 Grantee Organization Needs to Register with Grants.gov (if not already registered) – See Appendix B**

Grants.gov requires a **one-time** registration by the applicant organization. This is a three step process and should be completed by any organization wishing to apply for grant. If you do not complete this registration process you will not be able to submit an application. The registration process will require some time (anywhere from 5 business days to a month). Therefore, applicants or those considering applying at some point in the future should register immediately. Registration with Grants.gov provides the individuals from the organization the required credentials in order to apply.

If an applicant organization has already completed Grants.gov registration for another Federal agency, this section can be skipped.

For those applicant organizations still needing to register with Grants.gov, registration information can be found on the Grants.gov Get Started website (<http://www.grants.gov/GetStarted>). To be able to successfully register in Grants.gov, it is necessary that you complete all of the following required actions:

- Obtain an organizational Data Universal Number System (DUNS) number
- Register the organization with Central Contractor Registry (CCR)
- Identify the organization's E-Business POC (Point of Contact)
- Confirm the organization's CCR "Marketing Partner ID Number (M-PIN)" password
- Register an Authorized Organization Representative (AOR)
  - Obtain a username and password from the Grants.gov Credential Provider
  - Register the username and password with Grants.gov
  - Get authorized as an AOR by your organization

In addition, if an applicant does not have a Taxpayer Identification Number (TIN) or Employer Identification Number (EIN), allow for extra time. Beginning Oct. 30, 2005, the CCR also validates the EIN against Internal Revenue Service records, a step that will take one to two business days.

Please direct questions regarding Grants.gov registration to the Grants.gov Contact Center at Tel.: 1-800-518-4726. Contact Center hours of operation are Monday-Friday from 7:00 a.m. to 9:00 p.m. Eastern Time.



**It is recommended that this registration process be completed at least two weeks prior to the submittal date of your organization's first Grants.gov submission.**

## 2.3 Project Director and Authorizing Official Need to Register with HRSA EHBs (if not already registered)

In order to access your noncompeting continuation application in HRSA EHBs, existing grantee organizations must register within the EHBs. The purpose of the registration process is to collect consistent information from all users, avoid collection of redundant information and allow for the unique identification of each system user. Note that registration within HRSA EHBs is required only **once for each user for each organization they represent**.

Registration within HRSA EHBs is a two-step process. In the first step, individual users from an organization who participate in the grants process such as applying for noncompeting continuations must create **individual** system accounts. In the second step, the users must associate themselves with the appropriate grantee organization. **To find your organization record use the 10-digit grant number from the Notice of Grant Award (NGA) belonging to your grant.** Note that since all existing grantee organization records already exist within EHBs, there is no need to create a new one.

To complete the registration quickly and efficiently we recommend that you have the following information handy:

1. Identify your role in the grants management process. HRSA EHBs offer the following three functional roles for individuals from applicant/grantee organizations:
  - Authorizing Official (AO),
  - Business Official (BO), and
  - Other Employee (for project directors, assistant staff, AO designees and others).For more information on functional responsibilities refer to the HRSA EHBs online help.
2. 10-digit grant number from the latest NGA belonging to your grant (Box 4b on NGA). You must use the grant number to find your organization during registration. All individuals from the organization working on the grant must use the same grant number to ensure correct registration.

In order to access the noncompeting application, the project director and other participants have to register the specific grant and add it to their respective portfolios. This step is required to ensure that only the authorized individuals from the organization have access to grant data. **Project directors will need the last released NGA in order to complete this additional step.** Again, note that this is a one time requirement.

The project director must give the necessary privileges to the authorizing official and other individuals who will assist in the noncompeting continuation application submission using the administer feature in the grant handbook. The project director should also delegate the “Administer Grant Users” privilege to the authorizing official.

Once you have access to your grant handbook, use the “Noncompeting Continuations” link under the deliverables section to access your noncompeting application.

Note that registration with HRSA EHBs is independent of Grants.gov registration.

For assistance in registering with HRSA EHBs, call 877-GO4-HRSA (877-464-4772) between 9:00 am to 5:30 pm ET or email [callcenter@hrsa.gov](mailto:callcenter@hrsa.gov).

 **You must use your 10-digit grant number (box 4b from NGA) to identify your organization.**

## 2.4 Apply through Grants.gov

### 2.4.1 Find Funding Opportunity

Search for the announcement in Grants.gov **Apply** (<http://www.grants.gov/Apply>).

Enter the announcement number communicated to you in the field *Funding Opportunity Number*. (Example announcement number: 5-S45-06-001)

 **Noncompeting announcements are not available in Grants.gov FIND!**

## 2.4.2 Download Application Package

Download the application package and instructions. In order to view application package and instructions, you will also need to download and install the PureEdge Viewer (<http://www.grants.gov/DownloadViewer>). This small, free program will allow you to access, complete, and submit applications electronically and securely.

 **Please review the system requirements for PureEdge Viewer on the Grants.gov website.**

## 2.4.3 Complete Application

Complete the application using both the built-in instructions and the instructions provided in the program guidance. Ensure that you save a copy of the application on your local computer.

 **Ensure that you provide your 10-digit grant number (box 4b from NGA) in the Federal Award Identifier field (box 5b in SF424 or box 4 in SF424 R&R)**

Please direct questions regarding PureEdge to Grants.gov. Contact the Grants.gov Contact Center at Tel.: 1-800-518-4726. Contact Center hours of operation are Monday-Friday from 7:00 a.m. to 9:00 p.m. Eastern Time.

For assistance with program guidance related questions, please contact the program contact listed on the program guidance.

 **You can complete the application offline – you do not have to be connected to the Internet.**

## 2.4.4 Submit Application

The "Submit" button on the application package cover page will become active after you have downloaded the application package, completed all required forms, attached all required documents, and saved your application package. Click on the "Submit" button once you have done all these things and you are ready to send your completed application to Grants.gov.

Review the provided application summary to confirm that the application will be submitted to the program you wish to apply for. To submit, you will be asked to Log into Grants.gov. Once you have logged in, your application package will automatically be uploaded to Grants.gov. A confirmation screen will appear once the upload is complete. Note that a Grants.gov Tracking number will be provided on this screen. Please record this number so that you may refer to it for all subsequent help.

Please direct questions regarding application submission to the Grants.gov Contact Center at Tel.: 1-800-518-4726. Contact Center hours of operation are Monday-Friday from 7:00 a.m. to 9:00 p.m. Eastern Time.

 **You must be connected to the Internet and must have a Grants.gov username and password to submit the application package.**

## 2.4.5 Verify Status of Application

Once Grants.gov has received your submission, Grants.gov will send email messages to advise you of the progress of your application through the system. Over the next 24 to 48 hours, you should receive two emails. The first will confirm receipt of your application by the Grants.gov system ("Received"), and the second will indicate that the application has either been successfully validated ("Validated") by the system prior to transmission to the grantor agency or has been rejected due to errors ("Rejected with Errors").

In case of any errors, you must correct the application and resubmit it to Grants.gov. If you are unable to resubmit because the opportunity has since closed, **contact the HRSA Call Center** at 877-GO4-HRSA (877-464-4772) between 9:00 am to 5:30 pm ET or email [callcenter@hrsa.gov](mailto:callcenter@hrsa.gov). You may be asked to provide a copy of the “Rejected with Errors” notification you received from Grants.gov.

You can check the status of your application(s) anytime after submission, by logging into Grants.gov using the black 'Applicants' link at the top of any page, and clicking on the 'Check Application Status' link.

If there are no errors, the application will be downloaded by HRSA. On successful download at HRSA, the status of the application will change to “Received by Agency” and you will receive an additional email from Grants.gov. Subsequently within two to three business days the status will change to “Agency Tracking Number Assigned.”

 **It is recommended that you check the status of your application in Grants.gov until the status is changed to “Agency Tracking Number Assigned”.**

## 2.5 Verify in HRSA Electronic Handbooks

For assistance in registering with or using HRSA EHBs, call 877-GO4-HRSA (877-464-4772) between 9:00 am to 5:30 pm ET or email [callcenter@hrsa.gov](mailto:callcenter@hrsa.gov).

 **Grant Project Director must be registered in HRSA EHBs and have access to the specific grant for which the noncompeting application is being submitted for further actions.**

### 2.5.1 Verify Status of Application

Once your application is received by HRSA, it will be processed to ensure that the application is submitted for the correct funding announcement, with the correct grant number and grantee organization. Upon this processing, which is expected to take up to two to three business days, HRSA will assign a unique tracking number to your application. This tracking number will be posted to Grants.gov and the status of your application will be changed to “Agency Tracking Number Assigned”. Note the HRSA tracking number and use it for all correspondence with HRSA. At this point, your application is ready for review and submission in HRSA EHBs.

You should also receive an email from HRSA EHBs confirming the successful receipt of your application at HRSA. The email is sent to the project director, authorizing official, point of contact for the application and the business official – all from the submitted application. The email is also sent to the current project director listed on the NGA. Because email is not always reliable, please check the HRSA EHBs or Grants.gov to see if the application is available for review in HRSA EHBs.

 **Because email is not reliable, check HRSA EHBs within two to three business days from submission within Grants.gov for availability of your application.**

### 2.5.2 Manage Access to Your Application

You must be registered in HRSA EHBs to get access to your application. To ensure that only the right individuals from the organization get access to the application, you must follow the process described earlier.

The project director, using the Administer feature in the grant handbook, must give the necessary privileges to the authorizing official and other individuals who will assist in the submission of the noncompeting continuation application. Project directors must also delegate the “Administer Grant Users” privilege to the authorizing official so that future administration can be managed by the authorizing official.

Once you have access to your grant handbook, use the “Noncompeting Continuations” link under the deliverables section to access your noncompeting application.

### 2.5.3 Check Validation Errors

HRSA EHBs will apply HRSA's business rules to the application received through Grants.gov. All validation errors are recorded and displayed to the applicant. To view the validation errors use the 'Grants.gov Data Validation Comments' link on the application status page in HRSA EHBs.

### 2.5.4 Fix Errors and Complete Application

Applicants must review the errors in HRSA EHBs and make necessary changes. Applicants must also complete the detailed budget and other required forms in HRSA EHBs and assign an AO registered in HRSA EHBs to the application. HRSA EHBs will show the status of each form in the application package and all forms must be complete before submission.

### 2.5.5 Submit Application

To submit an application, you must have the 'Submit Noncompeting Continuation' privilege. This privilege must be given by the project director to the authorizing official or a designee. Once all forms are complete, the application can be submitted to HRSA.

 **You will have two weeks from the date the application was due in Grants.gov for submission of the remaining information in HRSA EHBs. The new due date will be listed in HRSA EHBs.**

## 2.6 Submit Signed Face Page

After successful submission, the AO must print the face page of the application from the HRSA EHBs, sign it and mail it to HRSA at the address listed below:

HRSA Grants Application Center

Reference: Announcement Number: <Provide HRSA Announcement Number>

Reference: Grants.gov Tracking Number: <Provide Your Grants.gov Tracking Number>

901 Russell Avenue, Suite 450

Gaithersburg, MD 20879

The face page must be received by HRSA within 5 business days from the date of submission in HRSA EHBs.

Once your signed face page is received by HRSA and saved with the application, you will receive an email receipt of application from HRSA.

 **Face page must be printed from HRSA EHBs and not from Grants.gov application.**

## 3. Competing Application

### 3.1 Process Overview

Following is the process for submitting a competing application through Grants.gov:

1. HRSA will post all competing announcements on Grants.gov FIND (<http://grants.gov/search/>). Announcements are typically posted at the beginning of the fiscal year when HRSA releases its annual Preview, although program guidances are generally not available until later. For more information visit <http://www.hrsa.gov/grants>.
2. When program guidance is available, search for the announcement in Grants.gov Apply (<http://www.grants.gov/Apply>).

3. Download the application package and instructions from Grants.gov. The program guidance is also part of the instructions that must be downloaded.
4. Save a local copy of the application package on your computer and complete all the forms based on the instructions provided in the program guidance.
5. Submit the application package through Grants.gov. (Requires registration)
6. Track the status of your submitted application at Grants.gov until you receive a notification from Grants.gov that your application has been received by HRSA.
7. AO prints the application face page from the local copy, signs it and mails it to HRSA's Grant Application Center (GAC).
8. HRSA receives the signed face page and scans it into the system saving it with the electronic application.

### **3.2 Grantee Organization Needs to Register with Grants.gov (if not already registered) – See Appendix B**

Grants.gov requires a **one-time** registration by the applicant organization. This is a three step process and should be completed by any organization wishing to apply for grant. If you do not complete this registration process you will not be able to submit an application. The registration process will require some time (anywhere from 5 business days to a month). Therefore, applicants or those considering applying at some point in the future should register immediately. Registration with Grants.gov provides the individuals from the organization the required credentials in order to apply.

If an applicant organization has already completed Grants.gov registration for another Federal agency, this section can be skipped.

For those applicant organizations still needing to register with Grants.gov, registration information can be found on the Grants.gov Get Started website (<http://www.grants.gov/GetStarted>). To be able to successfully register in Grants.gov, it is necessary that you complete all of the following required actions:

- Obtain an organizational Data Universal Number System (DUNS) number
- Register the organization with Central Contractor Registry (CCR)
- Identify the organization's E-Business POC (Point of Contact)
- Confirm the organization's CCR "Marketing Partner ID Number (M-PIN)" password
- Register an Authorized Organization Representative (AOR)
  - Obtain a username and password from the Grants.gov Credential Provider
  - Register the username and password with Grants.gov
  - Get authorized as an AOR by your organization

In addition, if an applicant does not have a Taxpayer Identification Number (TIN) or Employer Identification Number (EIN), allow for extra time. Beginning Oct. 30, 2005, the CCR also validates the EIN against Internal Revenue Service records, a step that will take one to two business days.

Please direct questions regarding Grants.gov registration to the Grants.gov Contact Center at Tel.: 1-800-518-4726. Contact Center hours of operation are Monday-Friday from 7:00 a.m. to 9:00 p.m. Eastern Time.

 **It is recommended that this registration process be completed at least two weeks prior to the submittal date of your organization's first Grants.gov submission.**

### **3.3 Apply through Grants.gov**

#### **3.3.1 Find Funding Opportunity**

Search for announcements in Grants.gov **FIND** (<http://grants.gov/search/>) and select the announcement that you wish to apply for. Refer to the program guidance for eligibility criteria.

Please visit <http://www.hrsa.gov/grants> to read annual HRSA Preview.

 **All competing announcements should be available in Grants.gov FIND! When program guidance is release, announcements are made available in Grants.gov APPLY.**

### 3.3.2 Download Application Package

Download the application package and instructions. In order to view application package and instructions, you will also need to download and install the PureEdge Viewer (<http://www.grants.gov/DownloadViewer>). This small, free program will allow you to access, complete, and submit applications electronically and securely.

 **Please review the system requirements for PureEdge Viewer on the Grants.gov website.**

### 3.3.3 Complete Application

Complete the application using both the built-in instructions and the instructions provided in the program guidance. Ensure that you save a copy of the application on your local computer.

 **If you are applying for a competing continuation or a supplemental grant, ensure that you provide your 10-digit grant number (box 4b from NGA) in the Federal Award Identifier field (box 5b in SF424 or box 4 in SF424 R&R)**

Please direct questions regarding PureEdge to Grants.gov. Contact the Grants.gov Contact Center at Tel.: 1-800-518-4726. Contact Center hours of operation are Monday-Friday from 7:00 a.m. to 9:00 p.m. Eastern Time.

For assistance with program guidance related questions, please contact the program contact listed on the program guidance.

 **You can complete the application offline – you do not have to be connected to the Internet.**

### 3.3.4 Submit Application

The "Submit" button on the application package cover page will become active after you have downloaded the application package, completed all required forms, attached all required documents, and saved your application package. Click on the "Submit" button once you have done all these things and you are ready to send your completed application to Grants.gov.

Review the provided application summary to confirm that the application will be submitted to the program you wish to apply for. To submit, you will be asked to Log into Grants.gov. Once you have logged in, your application package will automatically be uploaded to Grants.gov. A confirmation screen will appear once the upload is complete. Note that a Grants.gov Tracking number will be provided on this screen. Please record this number so that you may refer to it for all subsequent help.

Please direct questions regarding application submission to the Grants.gov Contact Center at Tel.: 1-800-518-4726. Contact Center hours of operation are Monday-Friday from 7:00 a.m. to 9:00 p.m. Eastern Time.

 **You must be connected to the Internet and must have a Grants.gov username and password to submit the application package.**

### 3.3.5 Verify Status of Application

Once Grants.gov has received your submission, Grants.gov will send email messages to advise you of the progress of your application through the system. Over the next 24 to 48 hours, you should receive two emails. The first will confirm receipt of your application by the Grants.gov system ("Received"), and the second will indicate that the application has either been successfully validated ("Validated") by the system prior to transmission to the grantor agency or has been rejected due to errors ("Rejected with Errors").

In case of any errors, you must correct the application and resubmit it to Grants.gov. If you are unable to resubmit because the opportunity has since closed, **contact the Director of the Division of Grants Policy** via email at [DGPClearances@hrsa.gov](mailto:DGPClearances@hrsa.gov) and thoroughly explain the situation; include a copy of the “Rejected with Errors” notification.

You can check the status of your application(s) anytime after submission, by logging into Grants.gov using the black 'Applicants' link at the top of any page, and clicking on the 'Check Application Status' link.

If there are no errors, the application will be downloaded by HRSA. On successful download at HRSA, the status of the application will change to “Received by Agency” and you will receive an additional email from Grants.gov.

Once your application is received by HRSA, it will be processed to ensure that the application is submitted for the correct funding announcement, with the correct grant number (if applicable), and applicant/grantee organization. Upon this processing, which is expected to take up to two to three business days, HRSA will assign a unique tracking number to your application. This tracking number will be posted to the Grants.gov and the status of your application will be changed to “Agency Tracking Number Assigned”. Note the HRSA tracking number and use it for all correspondence with HRSA.

 **It is recommended that you check the status of your application in Grants.gov until the status is changed to “Agency Tracking Number Assigned”.**

### **3.4 Submit Signed Face Page**

After successful submission in Grants.gov, the AO must print the face page of the application from Grants.gov, write the Grants.gov Tracking Number in Federal Award Identifier field (box 5b in SF424 or box 4 in SF424 R&R), sign it and mail it to HRSA at the address listed below:

HRSA Grants Application Center

Reference: Announcement Number: <Provide HRSA Announcement Number>

Reference: Grants.gov Tracking Number: <Provide Your Grants.gov Tracking Number>

901 Russell Avenue, Suite 450

Gaithersburg, MD 20879

The face page must be received by HRSA within **5** business days from the date of submission in Grants.gov.

Once your signed face page is received by HRSA and saved with the application, you will receive an email receipt of application from HRSA.

## **4. General Instructions for Application Submission**

 **It is mandatory to follow the instructions provided in this section to ensure that your application can be printed efficiently and consistently for review.**

 **Failure to follow the instructions may make your application non-compliant. Non-compliant applications will not be given any consideration and the particular applicants will be notified.**

### **4.1 Narrative Attachment Guidelines**

 **The following guidelines are applicable to both electronic and paper submissions (when allowed) unless otherwise noted.**

#### **4.1.1 Font**

Please use an easily readable serif typeface, such as Times Roman, Courier, or CG Times. The text and table portions of the application must be submitted in not less than 12 point and 1.0 line spacing. Applications not adhering to 12 point font requirements may be returned. Do not use colored, oversized or folded materials. For

charts, graphs, footnotes, and budget tables, applicants may use a different pitch or size font, not less than 10 pitch or size font. However, it is vital that when scanned and/or reproduced, the charts are still clear and readable.

Please do not include organizational brochures or other promotional materials, slides, films, clips, etc.

### **4.1.2 Paper Size and Margins**

For duplication and scanning purposes, please ensure that the application can be printed on 8 ½” x 11” white paper. Margins must be at least one (1) inch at the top, bottom, left and right of the paper. Please left-align text.

### **4.1.3 Names**

Please include the name of the applicant and 10-digit grant number (if competing continuation, supplemental or noncompeting continuation) on each page.

### **4.1.4 Section Headings**

Please put all section headings flush left in bold type.

### **4.1.5 Page Numbering**

#### **Electronic Submissions**

For electronic submissions, applicants only have to number the electronic attachment pages sequentially, resetting the numbering for each attachment, i.e., start at page 1 for each attachment.

Do not number the standard OMB approved form pages.

#### **Paper Submissions (When allowed)**

Do not number the standard OMB approved forms. Please number each attachment page sequentially. Reset the numbering for each attachment. (Treat each attachment/document as a separate section.)

### **4.1.6 Allowable Attachment or Document Types**

#### **Electronic Submissions**

The following attachment types are supported in HRSA EHBs. Even though grants.gov may allow you to upload any type of attachment, it is important to note that HRSA only accepts the following types of attachments:

.DOC - Microsoft Word

.RTF - Rich Text Format

.TXT - Text

.WPD - Word Perfect Document

.PDF - Adobe Portable Document Format

.XLS - Microsoft Excel

.XFD – PureEdge Form

## **4.2 Application Content Order (Table of Contents)**

When applications were submitted in paper, it was easy to direct the applicants to prepare a table of contents and make it as a part of the application. Applicants did not have any problem in preparing the package that included standard forms as well as attachments. All the pages were numbered sequentially. Preparation instructions were given in the program guidance. With the transition to electronic application receipt, this process has changed significantly. HRSA is using an approach that will ensure that regardless of the mode of submission (electronic or paper when exemptions are granted), all applications will look the same when printed for objective review.

HRSA uses two standard packages from Grants.gov.

SF 424 (otherwise known as 5161) – For service delivery programs  
SF 424 R&R – For research and training programs (programs previously using the 398 or the 6025 and 2590 application packages)

For each package HRSA has defined a standard order of forms and that order is available within the program guidance. The program guidance may also provide applicants with explicit instructions on where to upload specific documents.

If you are applying on paper (when allowed), you must use the program guidance for the order of the forms and all other applicable guidelines.

### **4.3 Page Limit**

HRSA prints your application for review regardless of whether it is submitted electronically or by paper (when allowed).

When your application is printed, the narrative documents may not exceed 80 pages in length unless otherwise stated in the program guidance. These narrative documents include the abstract, project and budget narratives, and any other attachments such as appendices, letters of support required as a part of the guidance. This 80 page limit does not include the OMB approved forms. Note that some program guidances may require submission of OMB approved program specific forms as attachments. These attachments will not be included in the 80 page limit.

Applicants must follow the instructions provided in this section and ensure that they print out all attachments on paper and count the number of pages before submission.

 **Applications, whether submitted electronically or on paper, that exceed the specified limits will be deemed non-compliant. Non-compliant competing applications will not be given any consideration and the particular applicants will be notified. Non-compliant noncompeting applications will have to be resubmitted to comply with the page limits.**

## **5. Customer Support Information**

### **5.1.1 Grants.gov Customer Support**

Please direct ALL questions regarding Grants.gov to Grants.gov Contact Center at Tel.: 1-800-518-4726. Contact Center hours of operation are Monday-Friday from 7:00 a.m. to 9:00 p.m. Eastern Time.

Please visit the following support URL for additional material on Grants.gov website.

<http://www.grants.gov/CustomerSupport>

### **5.1.2 HRSA Call Center**

For assistance with or using HRSA EHBs, call 877-GO4-HRSA (877-464-4772) between 9:00 am to 5:30 pm ET or email [callcenter@hrsa.gov](mailto:callcenter@hrsa.gov).

Please visit HRSA EHBs for online help. Go to:

<https://grants.hrsa.gov/webexternal/home.asp> and click on 'Help'

### **5.1.3 HRSA Program Support**

For assistance with program guidance related questions, please contact the program contact listed on the program guidance. Do not call the program contact for technical questions related to either Grants.gov or HRSA EHBs.

## 6. FAQs

### 6.1 Software

#### 6.1.1 What are the software requirements for using Grants.gov?

Applicants will need to download the PureEdge viewer. Grants.gov website provides the following information:

##### **System Requirements:**

For PureEdge Viewer to function properly, your computer must meet the following system requirements:

Windows 98, ME, NT 4.0, 2000, XP

500 Mhz processor

128 MB of RAM

40 MB disk space

Web browser: Internet Explorer 5.01 or higher, Netscape Communicator 4.5 - 4.8, Netscape 6.1, 6.2, or 7

If you do not have a Windows operating system, you will need to use a Windows Emulation program.

Please visit <http://www.grants.gov/DownloadViewer> for all details and any updates.

#### 6.1.2 Why can't I download PureEdge Viewer onto my machine?

Depending on your organization's computer network and security protocols you may not have the necessary permissions to download software onto your workstation. Contact your IT department or system administrator to download the software for you or give you access to this function.

#### 6.1.3 I have heard that Grants.gov is not Macintosh compatible. What do I do if I use only a Macintosh?

Grants.gov is aware of the issues facing Macintosh users who apply for Federal grants electronically. Grants.gov has provided the following response regarding this issue on its website at <http://www.grants.gov/MacSupport>:

*Grants.gov recognizes that support to users of Non-Windows operating systems and the PureEdge Viewer is often required across a distinct segment of the grant applicant community. Although at this time, the PureEdge Viewer is only available for Windows based installs, Grants.gov offers support for Non-Windows platforms.*

*Grants.gov is working with PureEdge in the development of a Non-Windows compatible viewer. PureEdge has committed to providing a platform independent viewer by November 2006. Information related to the Non-Windows compatible viewer will be posted to this webpage (<http://www.grants.gov/MacSupport>). Please bookmark this page and return at your convenience for more details.*

Grants.gov and NIH have partnered to provide free access to Citrix servers for Macintosh Users who are looking for an alternative to using PC emulation software with the PureEdge forms. A Citrix server connection allows Macintosh users to remotely launch a Windows session on their own machines by using the free Citrix client application. Applicants will need to download and install the free Citrix client application in order to work. This service is now available for use.

Grants.gov website states:

*Beginning December 20, 2005, non-Windows users will be able to download and complete the PureEdge forms by taking advantage of the free Citrix server. Non-Windows users are also able to submit completed grant applications via the Citrix environment.*

For details, please visit <http://www.grants.gov/MacSupport>

#### **6.1.4 What are the software requirements for HRSA EHBs?**

HRSA EHBs can be accessed over the Internet using Internet Explorer (IE) v5.0 and above and Netscape 4.72 and above. HRSA EHBs are 508 compliant.

IE 6.0 and above is the recommended browser.

HRSA EHBs use pop-up screens to allow users to view or work on multiple screens. Ensure that your browser settings allow for pop-ups.

In addition, to view attachments such as Word and PDF, you will need appropriate viewers.

#### **6.1.5 What are the system requirements for using HRSA EHBs on a Macintosh computer?**

Mac users are requested to download the latest version of Netscape for their OS version. It is recommended that Safari v1.2.4 and above or Netscape v7.2 and above be used.

Note that Internet Explorer (IE) for Mac has known issues with SSL and Microsoft is no longer supporting IE for Mac. HRSA EHBs do not work on IE for Mac.

In addition, to view attachments such as Word and PDF, you will need appropriate viewers.

### **6.2 Application Receipt**

#### **6.2.1 What will be the receipt date--the date the application is stamped as received by Grants.gov or the date the data is received by HRSA?**

##### **Competing Submissions:**

The submission/receipt date will be the date the application is received by Grants.gov.

##### **Noncompeting Submissions:**

The submission/receipt date will be the date the application is submitted in HRSA EHBs.

#### **6.2.2 When do I need to submit my application?**

##### **Competing Submissions:**

Applications must be submitted to Grants.gov by 8 PM ET on the due date.

##### **Noncompeting Submissions:**

Applications must be submitted to Grants.gov by 8 PM ET on the due date.

Applications must be verified and submitted in HRSA EHBs by 5:00 PM ET on the due date. (2 weeks after the due date in Grants.gov) Refer to the program guidance for specific dates.

### **6.2.3 What emails can I expect once I submit my application? Is email reliable?**

#### **Competing Submissions:**

When you submit your noncompeting application in Grants.gov, it is first received and validated by Grants.gov. Typically, this takes a few hours but it may take up to 48 hours during peak volumes. You should receive two emails from Grants.gov.

The first will confirm receipt of your application by the Grants.gov system (“Received”), and the second will indicate that the application has either been successfully validated (“Validated”) by the system prior to transmission to the grantor agency or has been rejected due to errors (“Rejected with Errors”).

Subsequently, the application will be downloaded by HRSA. This happens within minutes of when your application is successfully validated by Grants.gov and made available for HRSA to download. On successful download at HRSA, the status of the application will change to “Received by Agency” and you will receive another email from Grants.gov.

You will receive an additional email from HRSA once your signed face page is received and processed. This email serves as the official receipt for your application.

Because email is not reliable, you must check the respective systems if you do not receive any emails within the specified timeframes.

#### **Noncompeting Submissions:**

When you submit your noncompeting application in Grants.gov, it is first received and validated by Grants.gov. Typically, this takes a few hours but it may take up to 48 hours during peak volumes. You should receive two emails from Grants.gov.

Subsequently, the application will be downloaded by HRSA. This happens within minutes of when your application is successfully validated by Grants.gov and made available for HRSA to download. On successful download at HRSA, the status of the application will change to “Received by Agency” and you will receive another email from Grants.gov.

Subsequently, it is processed by HRSA to ensure that the application is submitted for the correct funding announcement, with the correct grant number and grantee organization. This may take up to 3 business days. At this point you will receive an email from HRSA confirming the successful receipt of your application and asking the PD and AO to review and resubmit the application in HRSA EHBs.

You will receive an additional email from HRSA once your signed face page is received and processed. This email serves as the official receipt for your application.

Because email is not reliable, you must check the respective systems if you do not receive any emails within the specified timeframes.

 **For more information refer to sections 2.4 and 2.5 in this guide**

### **6.2.4 If a resubmission is required because of Grants.gov system problems, will these be considered "late"?**

#### **Competing Submissions:**

No. But you must **contact the Director of the Division of Grants Policy** via email at [DGPClearances@hrsa.gov](mailto:DGPClearances@hrsa.gov) and thoroughly explain the situation. Include a copy of the “Rejected with Errors” notification you received from Grants.gov.

**Noncompeting Submissions:**

No. But you must **contact the HRSA Call Center** at 877-GO4-HRSA (877-464-4772) between 9:00 am to 5:30 pm ET or email [callcenter@hrsa.gov](mailto:callcenter@hrsa.gov). You may be asked to provide a copy of the “Rejected with Errors” notification you received from Grants.gov.

## **6.3 Application Submission**

### **6.3.1 How can I make sure that my electronic application is presented in the right order for objective review?**

Follow the instructions provided in section 4.2 to ensure that your application is presented in the right order and is compliant with all the requirements.

## **6.4 Grants.gov**

For a list of frequently asked questions and answers maintained by Grants.gov please visit the following URL:

[http://www.grants.gov/GrantsGov\\_UST\\_Grantee!/SSL!/WebHelp/GrantsGov\\_UST\\_Grantee.htm#index.html](http://www.grants.gov/GrantsGov_UST_Grantee!/SSL!/WebHelp/GrantsGov_UST_Grantee.htm#index.html)

## Appendix B – Registering and Applying Through Grants.gov

### Prepare to Apply through Grants.gov:

HRSA, in providing the grant community a single site to Find and Apply for grant funding opportunities, is requiring applicants for this funding opportunity to apply electronically through Grants.gov. By using Grants.gov you will be able to download a copy of the application package, complete it off-line, and then upload and submit the application via the Grants.gov site. You may not e-mail an electronic copy of a grant application to us.

Please understand that we will not consider additional information and/or materials submitted after your initial application. You must therefore ensure that all materials are submitted together.

Note: Except in rare cases, paper applications will NOT be accepted for this grant opportunity. If you believe you are technologically unable to submit an on-line application you MUST contact the Director of the Division of Grants Policy, at [DGPClearances@hrsa.gov](mailto:DGPClearances@hrsa.gov) and explain why you are technologically unable to submit on-line. Make sure you specify the announcement number you are requesting relief for. HRSA and its Grants Application Center (GAC) will only accept paper applications from applicants that received prior written approval.

In order to apply through Grants.gov the Applicant must register with Grants.gov. This is a three step process that must be completed by any organization wishing to apply for a grant opportunity. The registration process will require some time. Therefore, applicants or those considering applying at some point in the future should register **immediately**. Registration in Grants.gov does not require the organization to apply for a grant; it simply provides the organization the required credentials so that the organization may apply for a grant in the future. Registration is required only once.

### **REGISTRATION:**

**GET STARTED NOW AND COMPLETE THE ONE-TIME REGISTRATION PROCESS TO BEGIN SUBMITTING GRANT APPLICATIONS AS SOON AS YOU READ THIS.**

You don't need to be registered to search or to begin selecting, downloading and completing grant applications. Registration is required to submit applications. Therefore, it is essential that your organization be registered prior to attempting to submit a grant application or your organization will not be able to do so. **Be sure to complete the process early as the registration process may take some time (anywhere from 5 days to 1 month).**

### **There are three steps to the registration process:**

Step 1: Register your organization

Step 2: Register yourself as an Authorized Organization Representative

Step 3: Get authorized by your organization to submit grants

These instructions will walk you through the three basic registration steps. Additional assistance is available at Grants.gov at [www.grants.gov](http://www.grants.gov). Individual assistance is available at <http://www.grants.gov/Support> or 1-800-447-8477. Grants.gov also provides a variety of support options through online Help including Context-Sensitive Help, Online Tutorials, FAQs, Training Demonstration, User Guide, and Quick Reference Guides.

Follow this checklist to complete your registration—

#### 1. Register Your Organization

- Obtain your organization's Data Universal Number System (DUNS) number
- Register your organization with Central Contractor Registry (CCR)

- Identify your organization's E-Business POC (Point of Contact)
  
- Confirm your organization's CCR "Marketing Partner ID Number (M-PIN)" password
  
- 2. Register Yourself as an Authorized Organization Representative (AOR)
  - Obtain your username and password
  - Register your username and password with Grants.gov
  
- 3. Get Yourself Authorized as an AOR
  - Contact your E-Business POC to ensure your AOR status
  - Log in to Grants.gov to check your AOR status

The Grants.gov/Apply feature includes a simple, unified application process to enable applicants to apply for grants online. The information applicants need to understand and execute the steps is at <http://www.grants.gov/GetStarted>. Applicants should read the Get Started steps carefully. The site also contains registration checklists to help you walk through the process. HRSA recommends that you download the checklists and prepare the information requested before beginning the registration process. Reviewing information required and assembling it before beginning the registration process will save you time and make the process faster and smoother.

## **REGISTER YOUR ORGANIZATION**

Before you can apply for a grant via Grants.gov, your organization must obtain a Data Universal Number System (DUNS) number and register early with the Central Contractor Registry (CCR).

### **Obtain your organization's DUNS number**

A DUNS number is a unique number that identifies an organization. It has been adopted by the Federal government to help track how Federal grant money is distributed. Ask your grant administrator or chief financial officer to provide your organization's DUNS number.

**-How do you do it?** If your organization does not have a DUNS number, call the special Dun & Bradstreet hotline at 1-866-705-5711 to receive one free of charge.

**- How long will this take?** You will receive a DUNS number at the conclusion of the phone call.

### **Register your organization with CCR**

The CCR is the central government repository for organizations working with the Federal government. Check to see if your organization is already registered at the CCR website. If your organization is not already registered, identify the primary contact who should register your organization.

When your organization registers with CCR, it will be required to designate an E-Business Point of Contact (E-Business POC). The designee authorizes individuals to submit grant applications on behalf of the organization and creates a special password called a Marketing Partner ID Number (M-PIN) to verify individuals authorized to submit grant applications for the organization.

**-How do you do it?** Visit the CCR website at <http://www.ccr.gov>. Check whether your organization is already registered or register your organization right online. Be certain to enter an MPIN number during this process as this is an optional field for the CCR registration but mandatory for Grants.gov.

**- How long will this take?** It may take a few days for you to collect the information needed for your organization's registration, but once you finish the registration process, you can move on to Step 2 the very next business day. Note it will take up to a month for the total registration- therefore this should be done as soon as possible.

## **GET AUTHORIZED as an AOR by Your Organization**

The registration process is almost complete. All that remains is the final step —getting authorized. Even though you have registered, your E-Business POC must authorize you so Grants.gov will know that you are verified to submit applications.

### **- Obtain your E-Business POC authorization**

After your Authorized Organizational Representative (AOR) profile is completed, your organization's E-Business POC will receive an email regarding your requested AOR registration, with links and instructions to authorize you as an AOR.

- **How do you do it?** Instruct your E-Business POC to login to Grants.gov at <http://www.grants.gov/ForEbiz> and enter your organization's DUNS number and M-PIN. They will select you as an AOR they wish to authorize and you will be verified to submit grant applications.

- **How long will this take?** It depends on how long it takes your E-Business POC to log in and authorize your AOR status. You can check your AOR status by logging in to Grants.gov at <http://www.grants.gov/ForApplicants>.

## **REGISTER YOURSELF as an Authorized Organization Representative (AOR)**

Once the CCR Registration is complete, your organization is finished registering. You must now register yourself with Grants.gov and establish yourself as an AOR, an individual authorized to submit grant applications on behalf of your organization. There are two elements required to complete this step — both must be completed to move onto Step 3.

### **1. Obtain your username and password**

In order to safeguard the security of your electronic information, and to submit a Federal grant application via Grants.gov, you must first obtain a username and password from the Grants.gov Credential Provider.

- **How do you do it?** Just register with Grants.gov's Credential Provider at <http://www.grants.gov/Register1>. You will need to enter your organization's DUNS number to access the registration form. Once you complete the registration form you will be given your username and you will create your own password.

- **How long will this take?** Same day. When you submit your information you will receive your username and be able to create your password.

### **2. Register with Grants.gov**

Now that you have your username and password, allow about 30 minutes for your data to transfer from the Credential Provider, then you must register with Grants.gov to set up a short profile.

> **How do you do it?** Simply visit <http://www.grants.gov/Register2> to register your username and password and set up your profile. Remember, you will only be authorized for the DUNS number which you register in your Grants.gov profile.

> **How long will this take?** Same day. Your AOR profile will be complete after you finish filling in the profile information and save the information at Grants.gov.

You have now completed the registration process for Grants.gov. If you are applying for a new or competing continuation you may find the application package through Grants.gov FIND. If you are filling out a non-competing continuation application you must obtain the announcement number through your program office, and enter this announcement number in the search field to pull up the application form and related program guidance. Download the required forms and enter your current grant number in the

appropriate field to begin the non-competing continuation application which you will then upload for electronic submittal through Grants.gov. For continuation applications which require submittal of performance measures electronically, instructions are provided in the program guidance on how to enter the HRSA electronic handbooks to provide this information.

### **How to submit an electronic application to HRSA via Grants.gov/Apply**

a. Applying using Grants.gov. Grants.gov has a full set of instructions on how to apply for funds on its website at <http://www.grants.gov/CompleteApplication>. The following provides simple guidance on what you will find on the Grants.gov/Apply site. Applicants are encouraged to read through the page entitled, "Complete Application Package" before getting started. See Appendix A for specific information.

b. Customer Support. The grants.gov website provides customer support via (800) 518-GRANTS (this is a toll-free number) or through e-mail at [support@grants.gov](mailto:support@grants.gov). The customer support center is open from 7:00 a.m. to 9:00 p.m. Eastern time, Monday through Friday, except federal holidays, to address grants.gov technology issues. For technical assistance to program related questions, contact the number listed in the Program Section of the program you are applying for.

### **Timely Receipt Requirements and Proof of Timely Submission**

a. Electronic Submission. All applications must be received by [www.grants.gov/Apply](http://www.grants.gov/Apply) by 8:00 P.M. Eastern Time on the due date established for each program.

Proof of timely submission is automatically recorded by Grants.gov. An electronic time stamp is generated within the system when the application is successfully received by Grants.gov. The applicant will receive an acknowledgement of receipt and a tracking number from Grants.gov with the successful transmission of their application. Applicants should print this receipt and save it, along with facsimile receipts for information provided by facsimile, as proof of timely submission. When HRSA successfully retrieves the application from Grants.gov, Grants.gov will provide an electronic acknowledgment of receipt to the e-mail address of the AOR. Proof of timely submission shall be the date and time that Grants.gov receives your application.

Applications received by grants.gov, after the established due date and time for the program, will be considered late and will not be considered for funding by HRSA. HRSA suggests that applicants submit their applications during the operating hours of the Grants.gov Support Desk, so that if there are questions concerning transmission, operators will be available to walk you through the process. Submitting your application during the Support Desk hours will also ensure that you have sufficient time for the application to complete its transmission prior to the application deadline. Applicants using dial-up connections should be aware that transmission should take some time before Grants.gov receives it. Grants.gov will provide either an error or a successfully received transmission message. The Grants.gov Support desk reports that some applicants abort the transmission because they think that nothing is occurring during the transmission process. Please be patient and give the system time to process the application. Uploading and transmitting many files, particularly electronic forms with associated XML schemas, will take some time to be processed.

Note the following additional information regarding submission of all HRSA applications through Grants.gov:

- You must submit all documents electronically, including all information typically included on the SF424 and all necessary assurances and certifications.
- Your application must comply with any page limitation requirements described in this program announcement.

- After you electronically submit your application, you will receive an automatic acknowledgement from Grants.gov that contains a Grants.gov tracking number. HRSA will retrieve your application from Grants.gov.

Online applications are required to submit ONLY one form in signed hard copy: the SF-424/5161 Face Sheet, since all other elements of the application have been captured and transmitted electronically. This face page should be sent to HRSA's Grants Application Center at:

The HRSA Grants Application Center  
The Legin Group, Inc.  
Attn: [provide Grants.gov Tracking Number]  
Program Announcement No. [provide HRSA announcement number]  
CFDA No. [provide the CFDA number]  
901 Russell Avenue, Suite 450  
Gaithersburg, MD 20879  
Telephone: 877-477-2123

### **Formal Submission of the Electronic Application**

Applications completed online are considered formally submitted when the Authorizing Official electronically submits the application to HRSA through Grants.gov. However, to complete the submission requirements, a hard-copy of the SF-424/5161 Face Sheet must be printed, signed, and submitted to the HRSA Grants Application Center. For competitive applications, the SF-424/5161 must be printed from Grants.gov.

For an online application, the signed SF-424/5161 must be sent to the HRSA GRANTS APPLICATION CENTER at the above address and received by HRSA by no later than five days after the date of submission in Grants.gov.

Competitive applications will be considered as having met the deadline if: (1) the application has been successfully transmitted electronically by your organization's Authorizing Official through Grants.gov on or before the deadline date and time, and (2) the signed SF-424/5161 Face Sheet is received by HRSA no later than five days after submission in Grants.gov.

### **Performance Measures for Competitive Applications**

Many HRSA guidances include specific data forms and require performance measure reporting. If the completion of performance measure information is indicated in this guidance, successful applicants receiving grant funds will be required, within 30 days of the Notice of Grant Award (NGA), to register in HRSA's Electronic Handbooks (EHBs) and electronically complete the program specific data forms that appear in this guidance. This requires the provision of budget breakdowns in the financial forms based on the grant award amount, the project abstract and other grant summary data, and objectives for the performance measures.

### **Performance Measures for Non-Competing Continuation Applications**

For applications which require submittal of performance measures electronically through the completion of program specific data forms, instructions will be provided both in the program guidance and through an e-mail, notifying grantees of their responsibility to provide this information, and providing instructions on how to do so.

## Appendix C: Relationship of Federal Preparedness Grants to Target Capabilities

37 Target Capabilities and Categories	SHSP	UASI	LETPP	MMRS	CCP	EMPG	Transit	Port	Bus	Rail	Firefighters	NBHPP	BTCDP	PHEPCA
<b>Common Target Capabilities</b>														
Planning	Y	Y	Y	Y	*	Y	Y	Y	Y	Y	Y	Y		Y
Community Preparedness and Participation	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y			
Communications	Y	Y	Y	Y	*	Y	Y	Y	Y	Y	Y	Y		Y
Risk Management	Y	Y			*	Y	Y	Y	Y	Y				
<b>Prevent Mission Area Target Capabilities</b>														
Info Gathering and Recognition of Indicators and Warnings	Y	Y	Y	Y	*		Y	Y	Y	Y				
Law Enforcement Investigation and Operations	Y	Y	Y		*		Y	Y		Y				
Intelligence Analysis and Production	Y	Y	Y		*		Y	Y		Y				
CBRNE Detection	Y	Y	Y	Y	*	Y	Y	Y	Y	Y	Y	Y	Y	
Intelligence / Information Sharing and Dissemination	Y	Y	Y		*	Y	Y	Y	Y	Y				
<b>Protect Mission Area Target Capabilities</b>														
Critical Infrastructure Protection	Y	Y	Y		*		Y	Y	Y	Y				
Epidemiological Surveillance & Investigation	Y	Y		Y								Y	Y	Y
Public Health Laboratory Testing	Y	Y		Y								Y	Y	Y
Food and Agriculture Safety and Defense	Y	Y			*	Y								
<b>Respond Mission Area Target Capabilities</b>														
Onsite Incident Management	Y	Y			*	Y	Y	Y	Y	Y	Y	Y		
Citizen Protection: Evacuation and/or In-Place Protection	Y	Y		Y	*	Y	Y	Y	Y	Y				
Emergency Operations Center Management	Y	Y			*	Y	Y	Y	Y	Y				
Isolation and Quarantine	Y	Y		Y	*	Y	Y	Y		Y		Y		Y
Critical Resource Logistics and Distribution	Y	Y		Y	*	Y	Y	Y	Y	Y				
Urban Search & Rescue	Y	Y		Y	*	Y	Y			Y	Y			
Volunteer Management and Donations	Y	Y			*	Y								
Emergency Public Information and Warning	Y	Y		Y	*	Y	Y	Y	Y	Y				Y
Responder Safety and Health	Y	Y		Y	*	Y	Y	Y	Y	Y	Y	Y	Y	Y
Triage and Pre-Hospital Treatment	Y	Y		Y	*		Y	Y	Y	Y	Y	Y	Y	
Public Safety and Security Response	Y	Y		Y	*	Y	Y	Y	Y	Y	Y			
Medical Surge	Y	Y		Y	*							Y	Y	
Animal Health Emergency Support	Y	Y			*								Y	
Medical Supplies Management and Distribution	Y	Y		Y	*	Y	Y	Y	Y	Y		Y	Y	
Environmental Health	Y	Y		Y	*									Y
Mass Prophylaxis	Y	Y		Y	*	Y	Y	Y	Y	Y		Y	Y	Y
Explosive Device Response Operations	Y	Y			*		Y	Y		Y	Y			
Mass Care	Y	Y		Y	*	Y	Y	Y	Y	Y				
Firefighting Operations/Support	Y	Y		Y	*		Y	Y	Y	Y	Y			
Fatality Management	Y	Y		Y	*	Y	Y	Y	Y	Y		Y		
WMD/Hazardous Materials Response and Decontamination	Y	Y		Y	*	Y	Y	Y	Y	Y	Y	Y	Y	
<b>Recover Mission Area Target Capabilities</b>														
Structural Damage and Mitigation Assessment	Y	Y			*		Y	Y	Y	Y				
Economic & Community Recovery	Y	Y			*	Y	Y	Y	Y	Y				
Restoration of Lifelines	Y	Y			*		Y	Y	Y	Y				

**Appendix D: FY 2006 Federal Preparedness Programs Allowable Cost Matrix**

Allowable Planning Costs	HSGP					Other G&T						HHS		
	SHSP	UASI	LETPP	MMRS	CCP	EMPG	Transit	Port	Bus	Rail	Firefighters	NBHPP	BTCDP	PHEPCA
Public Education & Outreach	Y	Y	Y	Y	Y	Y	Y			Y	Y			Y
Develop and implement homeland security support programs and adopt ongoing DHS National Initiatives	Y	Y	Y	Y	Y	Y	Y			Y				Y
Develop and enhance plans and protocols	Y	Y	Y	Y	Y	Y	Y	Y		Y		Y		Y
Develop or conduct assessments	Y	Y	Y	Y	Y	Y	Y	Y		Y	Y		Y	Y
Establish, enhance, or evaluate Citizen Corps related volunteer programs	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y				Y
Hiring of full- or part-time staff or contract/consultants to assist with planning activities (not for the purpose of hiring public safety personnel fulfilling traditional public safety duties)	Y	Y	Y	Y	Y	Y	Y	Y		Y		Y	Y	Y
Conferences to facilitate planning activities	Y	Y	Y	Y	Y	Y	Y		Y	Y				Y
Materials required to conduct planning activities	Y	Y	Y	Y	Y	Y	Y			Y				Y
Travel/per diem related to planning activities	Y	Y	Y	Y	Y	Y	Y		Y	Y		Y	Y	Y
Overtime and Backfill costs (IAW operational Cost Guidance)	Y	Y	Y	Y	Y	Y	Y		Y	Y				
Other project areas with prior approval from ODP	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y			
<b>Allowable Organizational Activities</b>	<b>SHSP</b>	<b>UASI</b>	<b>LETPP</b>	<b>MMRS</b>	<b>CCP</b>	<b>EMPG</b>	<b>Transit</b>	<b>Port</b>	<b>Bus</b>	<b>Rail</b>	<b>Firefighters</b>	<b>NBHPP</b>	<b>BTCDP</b>	<b>PHEPCA</b>

Overtime for information, investigative, and intelligence sharing activities (up to 25 percent of the allocation)		Y	Y												
Reimbursement for select operational expenses associated with increased security measures at critical infrastructure sites incurred during periods of DHS-declared Code Orange.		Y	Y				Y								
Hiring of full- part-time staff or contractors for emergency management activities.					Y	Y					Y				
Hiring of contractors/consultants for participation in information/intelligence analysis and sharing groups or fusion center activities (limited to 25 percent of the allocation)		Y	Y												
<b>Allowable Equipment Categories</b>	<b>SHSP</b>	<b>UASI</b>	<b>LETP</b>	<b>MMRS</b>	<b>CCP</b>	<b>EMPG</b>	<b>Transit</b>	<b>Port</b>	<b>Bus</b>	<b>Rail</b>	<b>Firefighters</b>	<b>NBHPP</b>	<b>BTCDP</b>	<b>PHEPCA</b>	
Personal Protective Equipment	Y	Y	Y	Y			Y			Y	Y	Y		Y	
Explosive Device Mitigation and Remediation Equipment	Y	Y	Y				Y	Y	Y	Y	Y				
CBRNE Operational Search and Rescue Equipment	Y	Y	Y	Y			Y	Y	Y	Y	Y				
Information Technology	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y	
Cyber Security Enhancement Equipment	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y					
Interoperable Communications Equipment	Y	Y	Y	Y		Y	Y	Y	Y	Y	Y	Y		Y	
Detection Equipment	Y	Y		Y		Y	Y	Y	Y	Y	Y			Y	
Decontamination Equipment	Y	Y		Y			Y		Y	Y	Y	Y		Y	
Medical Supplies and	Y	Y		Y	Y	Y	Y		Y	Y	Y	Y			

Limited Pharmaceuticals															
Power Equipment	Y	Y	Y	Y	Y		Y		Y	Y	Y				
CBRNE Reference Materials	Y	Y	Y	Y	Y	Y	Y		Y	Y	Y		Y	Y	
CBRNE Incident Response Vehicles	Y	Y	Y	Y		Y	Y		Y	Y	Y				
Terrorism Incident Prevention Equipment	Y	Y	Y				Y	Y	Y	Y	Y				
Physical Security Enhancement Equipment	Y	Y	Y			Y	Y	Y	Y	Y					
Inspection and Screening Systems	Y	Y	Y	Y			Y	Y			Y				
Agriculture Terrorism Prevention, Response and Mitigation Equipment	Y	Y		Y											
CBRNE Response Watercraft	Y	Y	Y				Y	Y	Y	Y					
CBRNE Aviation Equipment	Y	Y													
CBRNE Logistical Support Equipment	Y	Y	Y	Y		Y	Y		Y	Y	Y				
Intervention Equipment	Y	Y	Y				Y		Y	Y					
Other Authorized Equipment	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y				
<b>Allowable Training Costs</b>	<b>SHSP</b>	<b>UASI</b>	<b>LETP</b>	<b>MMRS</b>	<b>CCP</b>	<b>EMPG</b>	<b>Transit</b>	<b>Port</b>	<b>Bus</b>	<b>Rail</b>	<b>Firefighters</b>	<b>NBHPP</b>	<b>BTCDP</b>	<b>PHEPCA</b>	
Overtime and backfill for emergency preparedness and response personnel attending ODP-sponsored and approved training classes	Y	Y	Y	Y	Y	Y	Y		Y	Y	Y				
Overtime and backfill expenses for part-time and volunteer emergency response personnel participating in ODP training.	Y	Y	Y	Y	Y	Y	Y		Y	Y	Y				
Training workshops and conferences	Y	Y	Y	Y	Y	Y	Y		Y	Y	Y	Y	Y	Y	Y
Full- or part-time staff or contractors/consultants	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y	Y	Y
Travel	Y	Y	Y	Y	Y	Y	Y		Y	Y	Y	Y	Y	Y	Y
Supplies	Y	Y	Y	Y	Y	Y	Y		Y	Y	Y		Y	Y	Y
Other items	Y	Y	Y	Y	Y	Y	Y		Y	Y	Y				

Allowable Exercise Related Costs	SHSP	UASI	LETP	MMRS	CCP	EMPG	Transit	Port	Bus	Rail	Firefighters	NBHPP	BTCDDP	PHEPCA
	Exercise planning workshop	Y	Y	Y	Y	Y	Y	Y			Y			
Full- or part-time staff or contractors/consultants	Y	Y	Y	Y	Y	Y	Y			Y				Y
Overtime and backfill costs including expenses for part-time and volunteer emergency response personnel participating in ODP exercises	Y	Y	Y	Y	Y	Y	Y			Y				
Travel	Y	Y	Y	Y	Y	Y	Y			Y				Y
Supplies	Y	Y	Y	Y	Y	Y	Y			Y				Y
Other items	Y	Y	Y	Y	Y	Y	Y			Y				
Allowable Management & Administrative Costs	SHSP	UASI	LETP	MMRS	CCP	EMPG	Transit	Port	Bus	Rail	Firefighters	NBHPP	BTCDDP	PHEPCA
	Hiring of full- or part-time staff or contractors/consultants to assist with the management of HSGP, implementation of State Homeland Security Strategy, application requirements, compliance with reporting and data collection requirements.	Y	Y	Y	Y	Y	Y				Y	Y		
Development of operating plans for information collection and processing necessary to respond to DHS/ODP Data calls	Y	Y	Y	Y	Y	Y	Y		Y	Y				
Overtime and backfill costs	Y	Y	Y	Y	Y	Y								Y
Travel	Y	Y	Y	Y	Y	Y	Y		Y	Y				Y
Meeting related expenses	Y	Y	Y	Y	Y	Y	Y		Y	Y				Y
Authorized office equipment	Y	Y	Y	Y	Y	Y	Y		Y	Y	Y			
Recurring expenses such as those associated with cell phones and faxes during the period of performance of the	Y	Y	Y	Y	Y	Y					Y			Y



## **Appendix E: National Incident Management System (NIMS) Compliance Activities for Hospitals (public and private) <sup>2</sup>**

### **Organizational Adoption**

#### Element 1

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

*Example of compliance:*

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

### **Command and Management**

#### Element 2

Incident Command System (ICS)

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

*Example of compliance:*

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

#### Element 3

Multi-agency Coordination System

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

*Example of compliance:*

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

#### Element 4

Public Information System (PIS)

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

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

*Example of compliance:*

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

## **Preparedness Planning**

### Element 5

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

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

### Element 6

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

*Example of compliance:*

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

### Element 7

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

*Example of compliance:*

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

### Element 8

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

*Example of compliance:*

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

## **Preparedness Training**

### Element 9

Complete IS-700: NIMS: An Introduction.

*Example of compliance:*

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

### Element 10

Complete IS-800: NRP: An Introduction.

*Example of compliance:*

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

### Element 11

Complete ICS 100 and ICS 200 training.

*Examples of compliance:*

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

## **Preparedness Exercises**

### Element 12

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

*Example of compliance:*

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

### Element 13

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

*Example of compliance:*

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

#### Element 14

Incorporate corrective actions into preparedness and response plans and procedures.

*Example of compliance:*

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

### **Resource Management**

#### Element 15

Maintain an inventory of organizational response assets.

*Example of compliance:*

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

#### Element 16

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

*Example of compliance:*

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

### **Communications and Information Management**

#### Element 17

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

*Example of compliance:*

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

## Appendix F: Targeted Funding to Urban Areas and Associated Sub-State Regions

The following table delineates the major city in each State being targeted for additional funding allocations. Awardees are instructed that fund are to go to the city AND associated sub-State region (previously defined for the cooperative agreement) at a rate 10% above the FY 2005 funding level.

\*States that have directly funded cities will fund the regions bordering the identified city as noted.

State	City / Sub-State Region
AL	Birmingham
AK	Anchorage
AZ	Phoenix
AR	Little Rock
CA*	<b>CA Regions I, II, V, VI bordering Los Angeles</b>
CO	Denver
CT	Hartford
	New Haven
DE	Dover
DC	Washington, DC
FL	Miami
GA	Atlanta
HI	Honolulu
ID	Boise
IL*	<b>IL Regions 7, 8, 9, 10 bordering Chicago</b>
IN	Indianapolis
IA	Des Moines
KS	Wichita
KY	Louisville
LA	Baton Rouge
	New Orleans
ME	Portland
MD*	<b>MD Region 5 bordering DC Metro Area *</b>
MA	Boston
MI	Detroit
MN	Minneapolis/St Paul
MS	Jackson

MO	St. Louis
MT	Billings
NE	Omaha
NV	Las Vegas
NH	Manchester
NJ	Newark/Jersey City
NM	Albuquerque
NY*	<b>RRC Regions West Chester Medical Center, North Shore University Hospital, University Hospital Stony Brook bordering New York City *</b>
NC	Charlotte
ND	Fargo
OH	Cleveland
OK	Oklahoma City
OR	Portland
PA	Philadelphia
RI	Providence
SC	Columbia
SD	Sioux Falls
TN	Nashville
TX	Houston
UT	Salt Lake City
VT	Burlington
VA*	<b>Northern Region bordering DC Metro Area *</b>
WA	Seattle
WV	Charleston
WI	Milwaukee
WY	Cheyenne