Frequently Asked Questions (FAQ)

1. **How does this Funding Opportunity Announcement differ from those in the past?**

   The focus of this FOA includes both prehospital and hospital based emergency care and current or new applicants can apply. The objectives and focus areas have changed from previous FOAs.

2. **On the SF424 Form, it appears that applicants need to upload Additional Congressional District and Additional Performance Site documents. Can you explain what this means further and where do we find this information?**

   Here is a link to the instructions and guidance for completing the SF424 [http://www.grants.gov/web/grants/form-instructions/sf-424-instructions.html](http://www.grants.gov/web/grants/form-instructions/sf-424-instructions.html).

   According to the instructions, if all congressional districts in a state are affected, enter “all” for the district number, e.g., MD-all for all congressional districts in Maryland. If nationwide, i.e. all districts within all states are affected, enter US-all. If the program/project is outside the US, enter 00-000. This optional data element is intended for use only by programs for which the area(s) affected are likely to be different than place(s) of performance reported on the SF-424 Project/Performance Site Location(s) Form. It is not required that the applicant attach an additional list of Program/Project Congressional Districts, unless needed.

3. **Would current recipients of HRSA grants be prohibited from receiving a new award because they are already receiving HRSA funds even if they scored the highest during the peer review?**

   No. The HRSA EMSC program may award up to 3 NEW grant awards per state per fiscal year.

4. **Will the technical assistance webinar be recorded?**

   Yes. The December 17th technical assistance webinar and all related FAQs will be posted on HRSA’s site at [http://www.HRSA.gov/grants](http://www.HRSA.gov/grants).

5. **I have some questions about how to complete the grant application?**

   Visit the Grants.gov site for resources, tutorials, FAQs and more. As a first step, we encourage applicants to view the Tools and Tips at [http://www.grants.gov/web/grants/applicants/applicant-tools-and-tips.html](http://www.grants.gov/web/grants/applicants/applicant-tools-and-tips.html)
6. Would the accredited schools of medicine be broadly defined to include accredited schools of dentistry?
   No. The legislation specifies accredited schools of medicine and state governments.

7. Can an organization be permitted to submit one Category I application *and* one Category II application?
   No. The FOA on page 5 says: “Multiple applications from an organization are not allowable.”

8. Can someone be a co-PI on more than one application?
   It is possible to be a co-PI as long as it is in a different Category. The FOA states on page 5: “A Principal Investigator (PI) cannot be named as the PI in multiple applications in each category described in this FOA. A PI may only submit a maximum of one application in each category. An individual applying as a PI may not be listed with more than 10 percent effort as a co-investigator in more than one application per category.”

   A PI can submit no more than one per Category, but still only one per organization is allowed. An applicant may submit an application as PI under their organization for one category grant and they may also be listed as a co-PI for a grant in the OTHER Category, so long as the application is not from the same organization. For example, someone could submit as PI from their organization as a Category 2. They could also be listed as a co-PI for a Category 1 grant, so long as the organization submitting that Category 1 is a different organization.

9. Is it OK to have more than one PI on an application (i.e. Can you submit with co PIs)
   Yes

10. On page 10, it says “A Letter of Support from the EMSC State Partnership award recipients should be included to demonstrate integration throughout the project.” How do I know who the EMSC State Partnership manager is for my state?
    Because sometimes there is turnover, please contact Diane Pilkey at dpilkey@hrsa.gov if you find that the contact has changed and need help identifying the new contact.

11. On page 9. The FOA says: By 2019, specific to the proposed project the outcomes or strategy of the application should include metrics relevant to the four focus areas: Does that mean we have to include metrics for ALL 4 focus areas?
    No, just metrics to at least one of the four focus areas (on page 2).

12. What should the biographical sketch look like?
    Please refer to page 39 of the SF-424 guide linked to from the FOA. The url for that guide is: http://www.hrsa.gov/grants/apply/applicationguide/sf424guide.pdf There is no prescribed format noted in the guidance document, but the FOA states to keep the length to no more than two pages.
13. If we have grant funding from a grant not associated with EMSC but need additional funding are we eligible for this grant?
   Yes may apply so long as the project goals and objective are aligned with the EMSC goals and objectives for this TI funding opportunity.

14. Are there recommendations on the proportion of pages that should go to each required part of the grant?
   No. Pay attention to how the criteria are scored to ensure you are including the required elements.

15. Is a specific aims page required?
   No

16. Do we need to submit a letter of intent?
   No

17. Does Appendix 10 count toward the page limit?
   Yes

18. Are previous awards listed elsewhere?
   Yes, see page 1 of the FOA for the link to a list of prior awards.

19. Can you give any insight into the expertise of the panel members that are evaluating the proposals?
   The Division of Independent Review seeks panel reviewers with pediatric, emergency care and experience in the field as well as former TI grantees.

20. Can a project be just an intervention or should it have an evaluation and dissemination component?
   The FOA starting on page 7 describes the required components of the application which include aims, methods, outcome measures, an evaluation plan and a dissemination plan.

21. Please note there was a change to the indirect cost rates which is discussed on page 5 of the FOA.
   Limitations on indirect cost rates: Any non-federal entity that has never received a negotiated indirect cost rate, (except a governmental department or agency unit that receives more than $35 million in direct federal funding) may elect to charge a de minimis rate of 10% of modified total direct costs (MTDC) which may be used indefinitely. If chosen, this methodology once elected must be used consistently for all federal awards until such time as a non-federal entity chooses to negotiate for a rate, which the non-federal entity may apply to do at any time. See 45 CFR 75, HHS’s codification of the Uniform Guidance at http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=1&SID=4d52364ec83fab994c665943dadf9cf7&ty=HTML&h=L&r=PART&n=pt45.1.75 See particularly §75.414 (f) Indirect (F&A) costs.