Notice of Funding Opportunity

Application due Friday, September 18, 2026

ASPR
Administration for Strategic Preparedness and Response

Center for Preparedness
Office of Health Care Readiness

Trauma Care Readiness and Coordination Program Cooperative Agreement

Opportunity number: EP-U3R-26-002

Department of Health & Human Services · USA

Contents

Before you begin

If you believe you are a good candidate for this funding opportunity, secure your SAM.gov and Grants.gov registrations now. If you are already registered, make sure your registrations are active and up to date.

SAM.gov registration (this can take several weeks)

You must have an active account with SAM.gov. This includes having a Unique Entity Identifier (UEI).

See Step 2:Get Ready to Apply

Grants.gov registration (this can take several days)

You must have an active Grants.gov registration. Doing so requires a Login.gov registration as well.

See Step 2:Get Ready to Apply

Apply by the application due date

Applications are due by 11:59 p.m. Eastern Time on Friday, September 18, 2026.

To help you find what you need, this NOFO uses internal links. In Adobe Reader, you can go back to where you were by pressing Alt + Left Arrow (Windows) or Command + Left Arrow (Mac) on your keyboard.

Step 1:
Review the Opportunity

In this step

Basic information

Administration for Strategic Preparedness and Response (ASPR)

Center for Preparedness

Office of Health Care Readiness

Scaling tested models to improve emergency medical services and trauma care.

Summary

The Trauma Care Readiness and Coordination Program is a cooperative agreement program designed to strengthen trauma system resilience in support of ASPR's vision, which is, "A resilient nation where every community is prepared for disasters and public health emergencies while supported by a secure domestic medical supply chain, gold standard science, and a rapid, accountable federal response that protects lives and strengthens national security." The program strengthens trauma system resilience through support for the design, implementation, and evaluation of innovative, replicable, and scalable trauma system models.

Goals

This cooperative agreement will develop conditions for scaling tested models to improve Emergency Medical Services (EMS)[1] and trauma care. The overall goals of this program are to:

- Promote scalable, replicable trauma care models.
- Increase situational awareness of regional EMS and trauma capacity.
- Achieve more efficient patient movement, reducing time from 911 call to arrival of the patient at the trauma center.
- Increase access to EMS and trauma care for medically underserved populations.[2] We use the Public Health Service (PHS) Act definition of "medically underserved populations," which is "the population of an urban or rural area designated by the Secretary as an area with a shortage of personal health services or a population group designated by the Secretary as having a shortage of such services."

Have questions?
Go to Contacts and Support.

Key facts

Opportunity name:
Trauma Care Readiness and Coordination Program Cooperative Agreement

Opportunity number:
EP-U3R-26-002

Federal assistance listing:
93.817

Statutory authority numbers:
Section 1204 [PDF] of the Public Health Service Act (title 42 USC § 300d-6 [PDF]); Title VI of Division G of the Consolidated and Continuing Appropriations Act, 2015 and Public Health Service Act, Section 311 (42 U.S.C. 243)

Key dates

Application deadline:
September 18, 2026

Expected award date:
September 30, 2026

Expected start date:
September 30, 2026

- Improve patient outcomes.
- Generate greater evidence base for future investment in regional trauma care.

Funding details

Type: Cooperative agreement

Expected total funding: $2M

Expected awards: 4

Funding range: $300K to $500K

Fiscal years: 2026 through 2028

Funding strategy

ASPR will award a total of $2,000,000 to up to four recipients that will each execute two or more of the required pilot project activities. ASPR will provide at least $300,000 per recipient during the first year. Funding in the two subsequent years will be subject to the availability of funds.

Eligibility

Eligible applicants

Only these types of applicants, as defined in Section 1204 of the Public Health Service Act, or their bona fide agents may apply:

- A State or consortia of States.[3] We use the PHS Act definition of "State," which is "each of the several States, the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands."
- An Indian Tribe or Tribal organization, as defined in 25 USC § 5304(e).[4]
- A consortium of level I, II, or III trauma centers designated by applicable State or local agencies within an applicable State or region, and as applicable, other emergency services providers.[5],[6], [7]
- A consortium or partnership of nonprofit Indian Health Service, Indian Tribal, and urban Indian[8] trauma centers.

Under this cooperative agreement, one of the eligible members of a consortia of States, a consortium of level I, II, or III trauma centers, or a consortium or partnership of nonprofit Indian Health Service, Indian Tribal, and urban Indian trauma centers will submit the cooperative application on behalf of the consortia, consortium, or partnership, as applicable, and be designated as the applicant.

Cost sharing and match

This program requires State,[9] consortia of State applicants, and other State entities to contribute $1 for every $3 we award you in federal funds.

To calculate the match requirement, divide the federal share by 3.

For example: Divide $300,000 by 3. Your match would be $100,000.

Cost sharing exceptions

The match requirement does not apply for:

- An Indian Tribe or Tribal organization, as defined in 25 USC § 5304(e).[10]
- A consortium of level I, II, or III trauma centers designated by applicable State or local agencies within an applicable State or region, and as applicable, other emergency services providers.[11], [12], [13]

- A consortium or partnership of nonprofit Indian Health Service, Indian Tribal, and urban Indian trauma centers.

Types of cost sharing

You can meet your match requirement through any combination of:

- Cash or in-kind contributions (non-cash) by the State, consortia of States, or other State entities.
- Cash or In-kind contributions (non-cash) from public or private entities.

You must not use federal funds to meet match requirements.

Cost sharing commitments

You must follow through on your promise of cost sharing funds. This includes amounts more than the required minimum. We put these commitments in the Notice of Award (NoA).

If you do not provide your promised amount, we may decrease your award amount. You will have to report your funds when you fill out your annual Federal Financial Reports. This accounting is subject to ongoing monitoring, oversight, and audit.

Program description

Purpose

A trauma system is, "...an organized, inclusive approach to facilitating and coordinating a multidisciplinary system response to severely injured patients."[14] Coordination across prehospital entities (e.g., EMS) and hospitals signal an effective trauma system, where patients can get the right level of care they need. Access to trauma care in the United States is inconsistent. For example, 1 in 3 Americans live in a region with incomplete trauma care,[15] and 30 million Americans live over 60 minutes from a trauma care center.[16]

The Trauma Care Readiness and Coordination Program supports ASPR's goal of strengthening state and local preparedness by funding and supporting efforts to improve coordination across EMS, pre-hospital providers, and hospitals.[17] Through this program, ASPR will help recipients test scalable models that improve trauma system readiness and patient access to the right level of care, ultimately improving health outcomes and saving lives.

Recipients will carry out a minimum of two defined activities to strengthen trauma system resilience. Through these activities, recipients will make progress toward identifying scalable, sustainable models to achieve short, medium, and long-term outcomes, increasing trauma readiness and coordination across the nation.

A more extensive outline of the program's inputs, activities, outputs, intended short-term and medium-term outcomes, and goals can be found in Appendix A.

Outcomes

We expect you to advance the following key outcomes through this cooperative agreement, as applicable based on the specific activities you choose.

- Strengthened partnerships between trauma centers, EMS, and public health agencies.
- Increased situational awareness of regional EMS and improved trauma systems access (e.g., trauma capacity or specialty surgical capability monitoring, transport time prediction, decision support for trauma).
- Regional patient movement policies, improved systems for early transfer initiation, prioritization of transfers, and availability of consultation.

- Improved regional resource tracking and utilization.
- Improved time to transfer and efficient load-balancing during system strain.
- Improved data quality, completeness, and integration across data systems.
- Improved trauma system parameters (e.g., trauma protocols, time to transfer, appropriate distribution during times of surge, improved compliance with trauma transfer protocols).
- Increased regional capability and capacity to conduct and participate in research.

Activities

This section describes activities you will carry out as part of this cooperative agreement. Recipients must use funds to conduct at least two of the following six activities, in addition to producing a final report.

Activity 1

Strengthen coordination and communication with key trauma partners (e.g., EMS, medical facilities, trauma centers, public health, safety services, and other entities [e.g., health care coalitions]) in a region to improve situational awareness and emergency medical and trauma system access.

- Example outputs include but are not limited to: Approaches to improve situational awareness and emergency medical and trauma system access.

Activity 2

Create mechanisms that operate throughout the region to improve the care and the coordinated and timely transfer of trauma patients to the medically appropriate facility.

- Example outputs include but are not limited to: Regional communication and transport protocols, systems, and consultation.

Activity 3

Improve tracking of prehospital and hospital resources (e.g., bed capacity, transport capacity and capability, emergency department capacity, trauma center capacity, on-call specialist coverage, ambulance diversion status) and coordination of such tracking with regional communications and hospital destination decisions.

- Example outputs include but are not limited to: Resource tracking and protocols, including common data elements and destination decision protocols, diversion data, hospital boarding or capacity data.

Activity 4

Create and/or implement a consistent regional hospital, prehospital, and interfacility data management system to consistently share relevant data.

- Example outputs include, but are not limited to: New or enhanced regional data management system, including data sharing agreements, that:
  - Submit data to the National Emergency Medical Services Information System (NEMSIS), the National Trauma Data Bank (NTDB), and others.
  - Report data to Federal and State databanks and registries.
  - Include specific information for risk-informed decision-making and evaluation of key elements of prehospital care, hospital destination decisions (including initial hospital and interfacility decisions), and relevant health outcomes.

Activity 5

Establish, implement, and disseminate – or use existing evidence-based or evidence-informed practices across facilities – to improve health outcomes, including injury management and patient surge capabilities.

- Example outputs include but are not limited to: Defined and disseminated regional clinical and operational protocols for rapid assessment, rapid transfer, patient load distribution, and surge management.

Activity 6

Conduct activities to facilitate clinical research, as applicable.

- Example outputs include but are not limited to: Infrastructure to facilitate trauma care-related clinical research within the region, data collection, analysis, and outcomes.

Note: Funding through this NOFO may not be used to directly fund research; however, funding may be used to build capacity for research and knowledge sharing.

Final Report

Not later than 90 days after the completion of a pilot project, you will submit a report to the Secretary, through the ASPR Trauma Care Readiness and Coordination Program Project Officer, containing the results of an evaluation of the program. The report must include all activities you completed as part of the program, including identifying:

- The impact of the regional, accountable emergency care and trauma system on patient health outcomes for various critical care categories, such as trauma, stroke, cardiac emergencies, neurological emergencies, and pediatric emergencies.
- Opportunities for improvement, including recommendations for how to improve the effectiveness and efficiency of the program (or lack thereof).
- Methods of assuring the long-term financial sustainability of the emergency care and trauma system.
- The barriers to developing regionalized, accountable emergency care and trauma systems, as well as the methods to overcome such barriers.
- Recommendations on the utilization of available funding for future regionalization efforts.
- Any evidence-based or evidence-informed strategies developed or utilized.

Federal program requirements

In completing the activities above, you must satisfy the following requirements to maintain eligibility for funds:

- You must comply with cooperative agreement administrative requirements.
- You must submit the following:
  - Progress reports.
  - Program and financial data by the deadline. Refer to reporting for more information.
  - Progress in achieving evidence-based benchmarks and objective standards.
  - Performance measures data.
  - Accomplishments highlighting the activities' impact and value.
  - Final report.

- You must have fiscal and programmatic systems in place to document accountability and improvement.
- You must maintain all program documentation for purposes of data verification and validation.

Termination provision

The Federal Award may be terminated in whole or in part at any time prior to the end of the period of performance by the HHS Awarding Agency/ASPR if the non-Federal entity fails to comply with the terms and conditions of award. For more information, please refer to 2 CFR 200.340. Pursuant to 2 CFR 200.340, the recipient agrees by accepting this award that continued funding for the award is contingent upon the availability of appropriated funds, recipient satisfactory performance, compliance with the Terms and Conditions of the award, and a decision by the agency that the award continues to effectuate program goals or agency priorities.

Funding policies and limitations

You may use funds only for reasonable program purposes. Funds may be used to cover the costs of: personnel, consultants, equipment, supplies, grant-related travel, and other grant-related costs.

General policies

- All activities proposed in your application and budget narrative must align with applicable law, including but not limited to statutes, executive orders, federal regulations and applicable judicial holdings. Accordingly, discretionary awards shall not be used to fund, promote, encourage, subsidize, or facilitate; racial preferences or other forms of racial discrimination by the recipient, including activities where race or intentional proxies for race will be used as a selection criterion for employment or program participation; denial by the recipient of the sex binary in humans, or the belief that sex is a chosen or mutable characteristic; illegal immigration; or any other initiatives that compromise public safety. If an application does not align, the application will not receive funding to the extent permitted by law and applicable court orders.
- Trauma care funding must support activities that fall under the pilot projects outlined in Section 1204 of the PHS Act. These activities should work to create tested models to improve emergency medical services and trauma care.

- You may not use funds for individual health care entities to meet the Centers for Medicare and Medicaid Services (CMS) Conditions of Participation.
- For guidance on unallowable or restricted costs, refer to 2 CFR part 200.403.
- You must receive prior approval from your Grants Management Specialist (GMS) to use funds for:
  - Changes in the work plan or budget.
  - Meals.
  - Carryover of funds.
- Ask your cognizant agency if you have questions about indirect costs. The cognizant agency is the federal agency that approved your indirect cost proposal.
- Refer to 2 CFR part 200.407 for additional actions needing prior approval and the HHS Grants Policy Statement and CDC's Prior Approvals Resource for further guidance.

Specific policies

Clothing and personal protective equipment

- You may not use funds to purchase promotional clothing or other promotional material.
- You may purchase clothing used for personal protective equipment or response purposes, if it can be re-issued.

Meals

- You should exercise due diligence in reviewing meals served at meetings, training exercises, and similar events to ensure that this activity has been included in approved plans and budgets. Refer to 2 CFR 200.432, Conferences, for more information. The criteria for determining allowable expenses for upcoming meetings and conferences where meals will be served are:
  - Meals must be a necessary part of a working meeting (or training), integral to full participation in the business of the meeting (i.e., meals may not be taken elsewhere without attendees missing essential formal discussions, lectures, or speeches concerning the purpose of the meeting or training).
  - Meal costs are not duplicated in participants' per diem or subsistence allowances.

- Meeting participants (majority) are traveling from a distance of more than 50 miles.
- You may not pay for guest meals (i.e., meals for non-essential attendees).

Personnel

- With prior approval, you may use funds for personnel overtime included in the award.
- You may not use funds for payment or reimbursement of staff backfilling costs.

Temporary reassignment authority

- During a declared public health emergency, HHS may authorize the temporary reassignment of federally funded state, tribal, and local personnel upon request. This provision is applicable to state, tribal, or local public health department or agency personnel whose positions are funded, in full or in part, under programs authorized by the PHS Act.[18] If authorized, you may request temporary reassignment for qualified state, tribal, and local personnel.
- The following reassignment conditions apply:
  - Reassignment must be voluntary.
  - Locations for reassignment must be covered under the public health emergency.
  - Any reassignment over 30 days must be reauthorized.

Other limitations

- You may not use funds for research; however, funding may be used to build capability and capacity for research and knowledge sharing. If implementing Activity 6, funds may be used for:
  - Infrastructure to facilitate trauma care-related clinical research within the region.
  - Activities that increase regional capability and capacity to conduct and participate in research.
- You may not use funds for clinical care. For the purposes of this NOFO, we define clinical care as "directly managing the medical care and treatment of patients."
- You may use funds for minor alteration and renovation (A&R) activities.[19]

- You may not use funds for construction or major renovation.
  - We define real property A&R as work required to change the interior arrangements or installed equipment in an existing facility so that you may more effectively use it for its designated purpose or adapt it for an alternative use to meet a programmatic requirement.
  - Minor A&R may include:
    - Changes to physical characteristics (e.g., interior dimensions, surfaces), internal environments (e.g., ventilation, acoustics), or utility services.
    - Installation of fixed equipment (e.g., fume hoods, biological safety cabinets).
    - Replacement, removal, or reconfiguration of interior features (e.g., non-load bearing walls, doors, windows) to place equipment in a permanent location.
    - Making unfinished space suitable for purposes other than human occupancy (e.g., storage of pharmaceuticals).
    - Alterations to meet accessibility requirements.
- You may not use funds to purchase a house or other living quarters for those under quarantine.
- You may not use funds for collection costs, and related legal costs.
- The salary rate limitation in the current appropriations act applies to this program. As of January 2026, salaries may not exceed the rate of $228,000 USD per year. We update this limitation when it changes.

Indirect costs

Indirect costs are for a common or joint purpose across more than one project and cannot be easily separated by projects. Refer to 2 CFR 200.414, Indirect Costs, for more information.

To charge indirect costs you can select one of two methods:

Method 1 – Approved rate. You currently have an indirect cost rate approved by the cognizant federal agency.

Method 2 – *De minimis* rate. If you do not have a current negotiated indirect cost rate, you may elect to charge a *de minimis* rate (see 2 CFR 200.414(f)). This rate is 15% of modified total direct costs (MTDC). See the definition of MTDC (2 CFR 200.1). You can use this rate indefinitely.

Statutory authority

- Section 1204 of the Public Health Service Act (title 42 USC § 300d-6).
- Title VI of Division G of the Consolidated and Continuing Appropriations Act, 2015 and Public Health Service Act, Section 311 (42 U.S.C. 243).

Step 2:
Get Ready to Apply

In this step

Get registered

SAM.gov

You must have an active account with SAM.gov. This includes having a Unique Entity Identifier (UEI). SAM.gov registration can take several weeks. Begin that process today. To register, go to SAM.gov entity registration and click 'Get Started.' From the same page, you can also click on the 'Entity Registration Checklist' for the information you will need to register.

Grants.gov

You must also have an active account with Grants.gov. You can follow step-by step instructions at the Grants.gov Quick Start Guide for Applicants.

Need Help? Refer to Contacts and Support.

Find the application package

The application package has all the forms you need to apply. Go to Grants Search at Grants.gov and search for opportunity number EP-U3R-26-002.

If you cannot use Grants.gov to download application materials or have other technical difficulties, including issues with application submission, contact Grants.gov for assistance. The Grants.gov Support Center is available 24 hours a day, 7 days a week, except federal holidays. The Grants.gov Support Center is available by phone at 1-800-518-4726 or by email at support@grants.gov.

To get updates on changes to this NOFO, select 'Subscribe' from the 'View Grant Opportunity' page for this NOFO on Grants.gov.

Join an informational webinar

Join a webinar about this opportunity. Please access the link early and register to receive the virtual attendance information.

Link to register: ASPR Trauma Care Readiness and Coordination Cooperative Agreement Program Notice of Funding Opportunity (NOFO) Informational Webinar

Date: August 27, 2026

Time: 2:30 p.m. to 3:30 p.m. ET

Step 3:
Build Your Application

In this step

Application contents and format

Applications include five main components. This section includes guidance on each. Make sure you include each of these:

Component	Submission Format
Project abstract	Use the Project Abstract Summary form.
Project narrative	Use the Project Narrative Attachment form.
Budget narrative	Use the Budget Narrative Attachment form.
Attachments	Insert each in the Attachments form.
Standard forms	Upload using each required form.

Project abstract

Page limit: 1 page

File name: Project Abstract Summary

Provide a self-contained summary of your proposed project, including the purpose, a summary with information about the two or more required activities you are addressing, and outcomes. Do not include any proprietary or confidential information. We use this information when we receive public information requests about funded projects.

Project narrative

Page limit: 20 pages

File name: Project Narrative

Submit a project narrative that addresses all your proposed activities (at least two) and the planned outputs for each activity over the full period of performance. Follow the section order and instructions below.

Purpose

In two or three sentences, describe how your project will support the design, implementation, and evaluation of new or existing innovative and scalable trauma system models that will improve access to trauma care.

Background

Describe relevant background information, including existing trauma system infrastructure, standards, and data in your region, and opportunities for improvement. This section must help reviewers understand how your proposed activities will advance program goals and outcomes and strengthen trauma system resilience.

Objectives and activities

Describe the strategies you will use and activities you will implement to advance program goals and outcomes. Explain whether they are:

- Existing evidence-based strategies.
- Other strategies, with a reference to where you describe how you will evaluate them in your evaluation and performance measurement plan.

You must also include:

- **Activities.** List the two or more activities you plan to address through your project to achieve the desired program outcomes, in addition to intermediate activities and planned outputs.
- **Challenges.** List challenges or barriers that you anticipate for the period of performance, including any budgetary issues that might hinder the success or completion of the project as originally proposed and approved.
- **Strengths and weaknesses.** Report on any strengths and weaknesses identified from current programs and any previous exercises and/or real-world incidents. Report on any corrective actions taken to address weaknesses to date.
- **Serving medically underserved populations.** Describe your plan to address the health care needs of medically underserved populations (the term "medically underserved population" means the population of an urban or rural area designated by the Secretary as an area with a shortage of personal health services or a population group designated by the Secretary as having a shortage of such services[20]) through your project. For the medically underserved population(s) your project will serve, specify the medically underserved population ID(s) using the Health Resources and Services Administration Medically Underserved Area and Medically Underserved Population tool, as well as datasets or other inputs you used to identify these populations in your region. Eligible applicants who are Indian Tribe or Tribal organizations or a consortium or partnership of nonprofit Indian Health Service, Indian

Tribal, and urban Indian trauma centers may provide Health Professional Shortage Area[21] ID(s) using the Health Resources and Services Administration Health Workforce Shortage Areas tool instead of providing medically underserved population ID(s). Please refer to Appendix B for recommended tools.

- **Sustainment.** Describe how you plan to institutionalize and sustain activities beyond the period of performance without continued ASPR funding.

Partner engagement

Describe how you plan to engage partners across the trauma care delivery system to support trauma care coordination and readiness. You must address how you will engage partners that reflect your region's specific health care needs, including the needs of medically underserved populations.

Evaluation and performance measurement plan

ASPR expects to release information on required performance measures following the posting of the funding announcement. Performance measures are intended to help you demonstrate progress toward meeting program outcomes, support program evaluation activities, help you develop your final report, and inform reporting to internal and external partners (e.g., ASPR leadership, Congress, the public).

General performance measures will capture information applicable to all Trauma Care Readiness and Coordination Program recipients regardless of activity selection, including how cooperative agreement funds were allocated across program activities and the key partner entity types engaged to carry out program activities. Activity-specific performance measures will capture program outcome data associated with the two or more activities you choose to conduct. Example themes for activity-specific performance measures include:

- **Trauma partner coordination.** These measures address coordination and communication with key trauma partners across multiple disciplines to develop approaches that improve situational awareness and emergency medical and trauma system access.
- **Patient transfer mechanisms.** These measures capture the creation of regional communication, transport, and consultation mechanisms to increase situational awareness and establish patient movement policies for coordinated transfer of trauma patients.

- **Resource tracking and communication.** These measures capture improvements in tracking and communication of prehospital and hospital resources to improve regional visibility, patient transfer, and load-balancing.
- **Regional data systems and sharing.** These measures address the creation or implementation of a consistent regional data management system to improve data quality, completeness, and integration with federal and state databanks and registries.
- **Evidence-based practices.** These measures address the establishment and dissemination of evidence-based clinical and operational protocols to improve trauma system parameters.
- **Research-enabling capability and capacity.** These measures capture the development of infrastructure that supports increased regional capability and capacity to conduct and participate in research.

We will collect performance measure data once a year following the completion of the budget period. We reserve the right to adjust performance measure themes and requirements once we release the required performance measures.

For your application, briefly describe how you plan to fulfill the following requirements:

- **Data collection.** At a high level, describe your plan to collect performance measure data. For example, you may describe who will collect and report performance measure data, anticipated data sources, your ability to respond to general and activity-specific measures, and anticipated barriers as well as mitigation strategies.
- **Performance evaluation.** At a high level, outline how you will evaluate and measure your performance. Describe how you will share findings with key partners, as well as your plan to use findings to improve program quality. Describe how evaluation and performance measurement will contribute to developing scalable, replicable trauma care models and a greater evidence base for regional trauma care.

Organizational capacity

Describe your ability to implement your proposed activities.
This includes describing:

- Relevant management, administrative, and technical experience and capacity to implement the activities and achieve outcomes.
- Experience and capacity to implement the evaluation plan.

- Current staffing (e.g., shortages, availability, expertise).
- Project management structure, including staff roles.
- Additional capabilities you plan to build on to meet period of performance requirements and advance the program's outcomes.
- Information about any contractual organization(s) that will have a significant role(s) in implementing the project and achieving the project goals.
- You must provide curricula vitae (CV) for key project staff and a copy of the organizational chart for your project. Refer to attachments.
- Neither the CV nor organization chart will count towards the project narrative page limit.

Budget narrative

Page limit: None

File name: Budget Narrative

The budget narrative supports the detailed Fiscal Year (FY) 2026 Budget Period 1 work plan for all activities and information you provide in Standard Form 424-A. Refer to standard forms.

It includes added detail and justifies your proposed costs. As you develop your budget, consider:

- If the costs are reasonable, allocable, allowable, and consistent with your project's purpose and activities.
- The restrictions on spending funds. Refer to funding policies and limitations.

To create your budget narrative, prepare a document that includes each of the categories listed below. Under each, show the line-item budget detail followed by a justification that describes why you need the cost, how you arrived at the cost, and any calculations needed for understanding. Pay particular attention to justifying equipment or high-cost requests. In your justification, provide a statement on how applicants will institutionalize and sustain activities past the period of performance and in the event of funding fluctuation. Please include a statement indicating that you will be receiving matching funds from the state. Each item must also be described in your detailed FY 2026 Budget Period 1 work plan. Verify the budget narrative includes the minimum elements outlined in the Centers for Disease Control and Prevention (CDC) Budget Preparation Guidelines.

Categories

- Salaries and wages.
- Fringe benefits.
- Consultant costs.
- Equipment.
- Supplies.
- Travel.
- Other categories.
- Contractual costs.
- Match.

Totals

- Total direct costs.
- Total indirect costs.

Attachments

You will upload attachments in Grants.gov using the Attachments Form. Attachments do not have page limits unless specifically required below.

Table of contents

File name: Table of Contents

Attach a table of contents that guides a reader through your entire application. Include all the documents in the application and headings in the project narrative section.

Detailed FY 2026 Budget Period 1 work plan

File name: Detailed FY 2026 Budget Period 1 Work Plan

Submit a detailed FY 2026 Budget Period 1 work plan documenting how you will carry out the activities you outlined in your project narrative and meet NOFO requirements. Your work plan should reiterate which activities you will address, your intermediate activities and expected outputs, and how you will prioritize activities. Include timelines and interim milestones.

- Your activities should align with cooperative agreement requirements (Refer to the Activities section) and Section 1204 of the Public Health Service Act.

You will complete this work plan and save it to upload in the Attachments Form.

Indirect cost rate agreement

File name: Indirect Cost Agreement

If you include indirect costs in your budget using an approved rate, include a copy of your current indirect cost agreement approved by the HHS Cost Allocation Services (CAS) office or your cognizant agency. If you use the *de minimis* rate, you do not need to submit this attachment.

Organizational chart

Filename: Organizational Chart

Provide a one-page diagram that shows the full project's organizational structure. Include all aspects, not just the applicant organization.

Curricula vitae of key project personnel

Filename: Curricula Vitae

Provide CV for key project staff. Each CV should not exceed five pages.

Statement of assurance

Filename: Statement of Assurance

Provide a statement of assurance that affirms the applicant and the applicable emergency medical and trauma system:

- Has coordinated with applicable State Office of Emergency Services (or equivalent State office or Tribal entity).
- Includes consistent indirect and direct medical oversight of prehospital, hospital, and interfacility transport throughout the region.
- Coordinates prehospital treatment and triage, hospital destination, and interfacility transport throughout the region.
- Includes a categorization or designation system for special medical facilities throughout the region that is integrated with transport and destination protocols.
- Includes a regional medical direction, patient tracking, and resource allocation system that supports day-to-day emergency care and surge capacity and is integrated with other components of the national and State emergency preparedness system.

- Addresses pediatric concerns related to integration, planning, preparedness, and coordination of emergency medical services for infants, children, and adolescents.

Applicants must describe the extent to which they comply with each of the above requirements.

Consortium of level I, II, or III trauma centers designated by applicable State or local agencies within an applicable State or region, and as applicable, other emergency service providers and consortium or partnership of nonprofit Indian Health Service, Indian Tribal, and urban Indian trauma centers applicants must also include a description of, and evidence of, coordination with the applicable State Office of Emergency Medical Services (or equivalent State Office) or applicable such office for a Tribe or Tribal organization.

Letters of agreement

Required for all consortia or partnership applicants.

File name: Letters of Agreement

Include signed letters of agreement from all consortia or partnership members to support the consortia or partnership application. This confirms the commitments they have made to the project (should it be funded).

Letter of support

Required for all consortia or partnership applicants.

File name: Letter of Support

Include a letter of support from the applicable State Office of Emergency Services (or equivalent State office or Tribal entity), demonstrating the applicant has coordinated with the applicable State Office of Emergency Services (or equivalent State office or Tribal entity).

Bona fide agent documentation

Optional.

Filename: Bona Fide Agent

You will submit this attachment only if the applicant is a bona fide agent of an otherwise eligible organization. As part of this attachment, you must submit documentation that establishes the validity of the agent and proves its designation as an authorized representative of the eligible organization. Documents could include an authorizing statute, an executive designation

letter, or a binding agreement between the bona fide agent and represented organization.

Standard forms

You will need to complete some standard forms. Upload the standard forms listed below at Grants.gov. You can find them in the NOFO application package or review them and their instructions at Grants.gov Forms.

Forms	Submission requirement
Application for Federal Assistance (SF-424)	With application.
Budget Information for Non-Construction Programs (SF-424A)	With application.
Assurances- Non-Construction Programs (SF-424B)	With application.
Disclosure of Lobbying Activities (SF-LLL)	With application.

Step 4:
Learn about Review and Award

In this step

Application review

Initial review

We review each application to make sure it meets basic requirements. We will not consider an application that:

- Is from an organization that does not meet all eligibility criteria.
- Is submitted after the deadline.
- Is not submitted through Grants.gov.
- Does not include all components required in the application checklist.
- Does not use the formatting requirements, including spacing, font size, etc.

We will not review any pages that exceed the page limit.

Merit Review

Merit review is a review by those with expertise in the programmatic subject matter area for eligible applications. Reviewers may include federal and/or non-federal reviewers. The merit review panel will evaluate eligible applications in accordance with the review criteria and provide recommendations to the individuals responsible for making award decisions.

Review Criteria

Eligible applications must meet all requirements defined in the NOFO. You will be evaluated against the following review criteria:

Background and approach

The extent to which you as the applicant:

- Describe how the project will support the design, implementation, and evaluation of new or existing innovative and scalable trauma system models that will improve access to trauma care.
- Describe core background information related to the project.
- Describe overall activities, outputs, and outcomes.
- Describe activities that are specific, measurable, achievable, relevant, and time based.
- Identify challenges and gaps, in addition to strategies to mitigate them.

- Show that the proposed use of funds is an efficient and effective way to implement the objectives and activities and achieve the outcomes during the period of performance.
- Present a work plan that supports ASPR's vision to strengthen trauma system resilience.
- Present a budget that supports the submitted work plan and complies with CFR requirements.
- Provide the required attachments (e.g., templates) and information for the application.
- We will conduct a thorough review of the work plan and budget to ensure they align with the required activities.

Evaluation and performance measurement

The extent to which you as the applicant:

- Describe your ability to collect data on the process and forthcoming performance measures, both general and activity specific.
- Describe clear monitoring and evaluation procedures and how you will incorporate evaluation and performance measurement into planning, implementation, and reporting of project activities.
- Describe how you will report performance measurement and evaluation findings and how you will use them to demonstrate the required outcomes as you carry out your selected activities.
- Describe how evaluation and performance measurement will contribute to developing scalable, replicable trauma care models and a greater evidence base for regional trauma care.

Note: ASPR reserves the right to adjust performance measure themes and requirements once the required performance measures are released, following the posting of the funding announcement. Applicants may refine their evaluation and performance measurement strategy after guidance is provided.

Applicant's organizational capacity to implement the approach

The extent to which you as the applicant:

- Demonstrate your relevant management, administrative, and technical experience and capacity to implement the activities and achieve the project outcomes.
- Demonstrate experience and capacity to implement the evaluation plan.

- Provide a staffing and project management structure that will be sufficient to achieve the project outcomes and clearly defines staff roles.
- Provide information about any contractual organization(s) that will have a significant role(s) in implementing the project and achieving the project goals.
- Provide an organizational chart, statement of fact, letters of agreement (if applicable), letter of support (optional), and bona fide agent documentation (optional) for your project.
- Provide CV for key project staff. Each CV should not exceed five pages.
- Neither the CV nor organization chart will count towards the project narrative page limit.

Budget

The extent to which you as the applicant:

- Propose an itemized budget that is adequately justified and consistent with this NOFO and your proposed activities.
- Map the activity to each item in the budget justification.

Application review criteria	Possible points = 100
Background and approach	50
Evaluation and performance measurement	20
Organizational and capacity to implement the approach	20
Budget	10

Application review criteria	Possible points = 100
Background and approach	**50**
• ***Purpose:*** Applicant clearly describes how their project will support the design, implementation, and evaluation of new or existing innovative and scalable trauma system models that will improve access to trauma care.	5
• ***Background:*** Applicant provides the core background information needed to help reviewers understand how the applicant's project will support trauma care system readiness and coordination.	5
• ***Objectives and activities:*** ◦ Applicant sufficiently describes the strategies they will use and activities they will implement to advance program outcomes. This includes outlining the two or more required activities, intermediate activities, and planned outputs. ◦ Applicant clearly describes challenges and/or barriers that that they anticipate for the period of performance. ◦ Applicant clearly describes the strengths and weaknesses they identified from current programs and previous exercises and/or real-world incidents. ◦ Applicant describes their plan to address the health care needs of medically underserved populations through their project, including the medically underserved population ID(s) or health professional shortage area ID(s), as well as datasets or other inputs they used to identify these populations in your region. ◦ Applicant demonstrates a plan to sustain core capabilities and contribute to the program's long-term outcomes beyond the period of performance without reliance on continued ASPR funding, including a description of how the applicant will institutionalize activities so that key functions remain operational after the period of performance.	20
• ***Partner Engagement:*** Applicant clearly describes how they plan to engage partners to support trauma care coordination and readiness, including those who support the needs of medically underserved populations.	5
• ***Detailed FY 2026 Budget Period 1 Work Plan:*** Applicant describes in the work plan and timeline a clear technical approach for each selected activity (at least two), as outlined in the NOFO.	15

Application review criteria	Possible points = 100
Evaluation and performance measurement	**20**
• ***Data Collection:*** Applicant demonstrates ability to collect data on the process and forthcoming performance measures.	5
• ***Monitoring and Evaluation:*** Applicant describes clear monitoring and evaluation procedures and how they will incorporate evaluation and performance measurement into project activity planning, implementation, and reporting.	5
• ***Reporting***: ◦ Applicant describes how they will report performance measurement and evaluation findings and how they will use them to demonstrate the required outcomes for continuous program quality improvement. ◦ Applicant describes how evaluation and performance measurement will contribute to developing scalable, replicable trauma care models and a greater evidence base for regional trauma care.	10
Organizational capacity	**20**
• ***Experience and capacity:*** Applicant demonstrates relevant experience and capacity to implement the activities and the evaluation plan.	10
• ***Structure:*** Applicant provides a clear staffing and project management structure that is sufficient to achieve project outcomes and clearly defines staff roles.	10
Budget	**10**
• ***Budget Narrative:*** Applicant's proposed budget is adequately justified and consistent with this NOFO and the applicant's proposed activities. Applicant maps each budget line item to the corresponding project activity in the budget justification.	10

Funding priority

A funding priority is defined as the favorable adjustment of individually approved applications when applicants meet specified criteria. This adjustment shall be up to a total of five additional possible points, given to applicants who serve a "medically underserved population." Eligibility for the adjustment will be determined by reviewing information provided in the project narrative and by confirming the medically underserved population ID using the Health Resources and Services Administration Medically Underserved Area and Medically Underserved Population tool. Eligible applicants who are Indian Tribe or Tribal organizations or a consortium or partnership of nonprofit Indian Health Service, Indian Tribal, and urban Indian trauma centers may also be eligible for funding priority, if applicants meet the criteria of a Health Professional Shortage Area.

Selection process

Based on the application review criteria, the reviewers will comment on and score the applications, focusing their comments and scoring decisions on the identified criteria. Eligible applications must meet all the requirements defined in this NOFO.

ASPR will make all final award decisions. In making these decisions, ASPR will take into consideration:

- Recommendations of the review panel.
- Reviews for programmatic and grants management compliance.
- The reasonableness of the estimated cost to the government considering the available funding and anticipated results.
- The likelihood that the proposed project will result in the benefits expected.

Before final funding decisions are made, ASPR leadership will review awards for consistency with applicable laws and alignment with agency priorities. To the extent permitted by law and applicable court orders, award applications which are aligned with agency priorities will receive a funding preference.

Risk review

Before making an award, we review your ability to carefully manage federal funds. We need to make sure you have handled any past federal awards well and demonstrated sound business practices. We use SAM.gov responsibility/ qualification to check this history for all awards likely to be over $250,000. You can comment on your organization's information in SAM.gov. We will consider your comments before making a decision about your level of risk.

We may ask for additional information prior to award based on the results of the risk review.

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

For more details, refer to 2 CFR 200.206.

Award notices

Each applicant will receive written notification of the outcome of the selection process, including a summary of the merit review committee's assessment of the application's strengths and weaknesses, and whether the application was selected for funding. If you are successful, we will provide a notification through Grants Solutions with a link to your NoA.

The NoA is the only official award document. The NoA tells you the amount of the award, important dates, and the terms and conditions you need to follow. Until you receive the NoA, you do not have permission to start work.

Step 5:
Submit Your Application

In this step

Application submission and deadlines

Refer to find the application package to make sure you have everything you need.

Make sure you are current with SAM.gov and UEI requirements. You will have to maintain your SAM.gov registration throughout the life of the award. Refer to the Get registered section for more information on SAM.gov and UEI requirements.

Deadlines

Application

You must submit your application by Friday, September 18, 2026, at 11:59 p.m. ET.

Grants.gov creates a date and time record when it receives the application. If you submit the same application more than once, we will accept the last on-time submission.

The Chief Grants Management Officer may extend an application due date based on emergency situations, such as documented natural disasters or a verifiable widespread disruption of electronic or mail service.

Submission methods

Grants.gov

You must submit your application through Grants.gov. Refer to the Get registered section.

For instructions on how to submit in Grants.gov, refer to the Quick Start Guide for Applicants. To ensure submission, make sure that your application passes the Grants.gov validation checks. Do not encrypt, zip, or password protect any files.

Refer to Contacts and Support if you need help.

Other submissions

Intergovernmental review

This NOFO is not subject to Executive Order 12372, Intergovernmental Review of Federal Programs. No action is needed.

Mandatory Disclosure

You must submit any information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Refer to 2 CFR 200.113, Mandatory Disclosures.

Send written disclosures to CDC Office of Grants Services at ogspolicy.gov and to the Office of Inspector General at grantdisclosures@oig.hhs.gov.

Application checklist

Make sure that you have everything you need to apply.

Narratives

Component	How to upload	Page limit
☐ Project abstract	Use the Project Abstract Summary Attachment form.	1 page
☐ Project narrative	Use the Project Narrative Attachment form.	20 pages
☐ Budget narrative	Use the Budget Narrative Attachment form. Verify the budget narrative includes the minimum elements outlined in the CDC Budget Preparation Guidelines.	None

Attachments

Insert each in a single Other Attachments form.

Attachments	Page limit
☐ Table of Contents	None
☐ Detailed FY 2026 Budget Period 1 Work Plan	None
☐ Indirect Cost Agreement	None
☐ Organizational Chart	None
☐ Curricula Vitae	None
☐ Statement of Assurance	None
☐ Letters of Agreement (if applicable)	None
☐ Letter of Support (if applicable)	None
☐ Bona Fide Agent documentation (optional)	None

Standard forms

Upload using each required form.

Standard forms	Grants.gov form	Page limit
☐ Application for Federal Assistance (SF-424)	Form SF-424	None
☐ Budget Information for Non-Construction Programs (SF-424A)	Form SF-424A	None
☐ Assurances- Non-Construction Programs (SF-424B)	Form SF-424B	None
☐ Disclosure of Lobbying Activities (SF-LLL)	Form SF-LLL	None

Step 6: Learn What Happens After Award

In this step

Post-award requirements and administration

Administrative and national policy requirements

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

- All terms and conditions in the NoA.
- The rules listed in 2 CFR 200 and 2 CFR 300.
- The HHS Grants Policy Statement. This document has terms and conditions tied to your award. If there are any exceptions to the GPS, they will be listed in your NoA.
- All federal statutes and regulations relevant to federal financial assistance, including those highlighted in HHS Administrative and National Policy Requirements.
- We can take corrective or enforcement actions if your performance is poor, in accordance with 2 CFR 200.339 and 2 CFR 200.340, as appropriate.

Reporting

If you receive an award, you will have to submit financial and performance reports.

Non-discrimination and assurance

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

If you receive an award, you must follow all applicable nondiscrimination laws. You agree to this when you register in SAM.gov. Should you successfully compete for an award, recipients of federal financial assistance from HHS will be required to complete an HHS Assurance of Compliance form (HHS 690) in which you agree, as a condition of receiving the award, to administer your programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, age, sex and disability, and agreeing to comply with federal conscience laws, where applicable. This includes ensuring that entities take meaningful steps to provide meaningful access to persons with limited English proficiency; and ensuring effective communication with persons with disabilities. Where applicable, Title XI and Section 1557 prohibit discrimination on the basis of sexual orientation, and gender identity. The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS.

Contacts and Support

In this step

Agency contacts

Program

Jennifer Hannah
Director
Office of Health Care Readiness
Jennifer.Hannah@hhs.gov
Telephone: 202-245-0722

Grants Management

Percy Jernigan
Supervisory Grants Management Specialist
CDC Office of Grants Services
Ibj7@cdc.gov
Telephone: 770-488-2811

Help with systems

Grants.gov

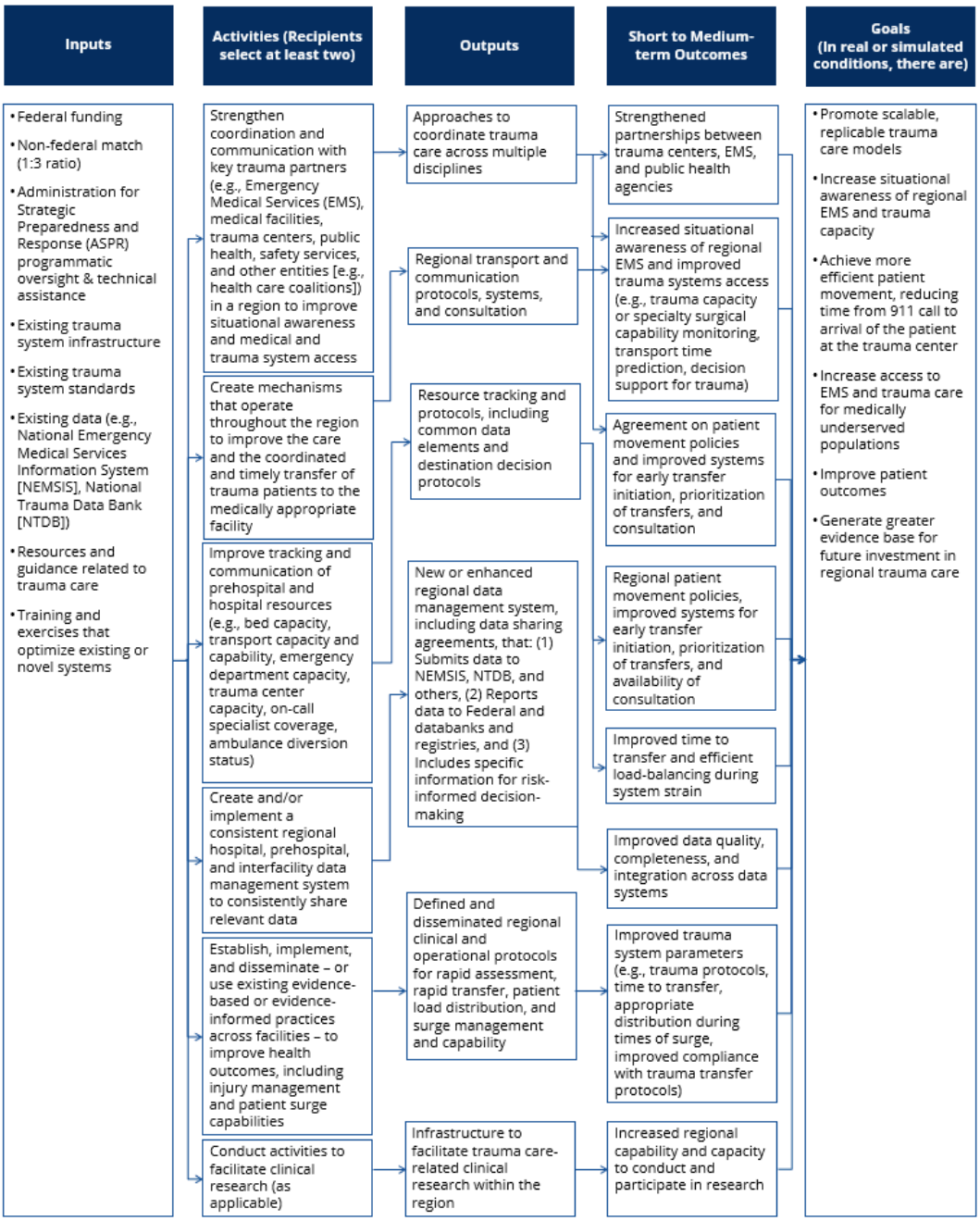
Grants.gov provides 24/7 support. You can call 1-800-518-4726 or email support@grants.gov. Hold on to your ticket number.

SAM.gov

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

Appendices

Appendix A: Conceptual Model



Appendix B: Resources for recipients

Health care readiness partners

Examples of health care readiness partners include:

- State partners that support elements of health care readiness, such as the State Office of EMS, State Mental Health Authority, and the Disaster Behavioral Health Coordinator.
- Regional hubs for health care readiness, such as health care coalitions, Regional Emerging Special Pathogen Treatment Centers, or Regional Disaster Health Response System sites.
- Health care associations, including hospital and other health care associations.
- Sources for clinical specialty expertise, such as the Pediatric Disaster Centers of Excellence, Emergency Medical Services for Children, National Emerging Special Pathogens Training and Education Center, American Burn Association burn centers, and the Regional Pediatric Pandemic Network.[22]
- Sources for protocol development and quality improvement such as Trauma Quality Improvement Program.
- Partners that can support patient movement and definitive care, including through National Disaster Medical System. Additional local and regional patient transportation associations and partners.
- Partners that can support the use of deployable teams and staff augmentation, including Medical Reserve Corps.
- Partners that support critical infrastructure including the Strategic National Stockpile, supply chain associations, blood banks, supply chain manufacturers and partners, and sources for health care security and cybersecurity (e.g., Cybersecurity and Infrastructure Security Agency regional staff).
- Public health partners and community-based health care organizations, such as medical ethics organizations.
- Community organizations that represent and/or serve medically underserved populations.
- National partners such as American Burn Association, American College of Surgeons, America's Blood Centers, Emergency Nurses Association, National Association of Emergency Medical Technicians, National

Association of EMS Physicians, National Association of State EMS Officials, National Rural Health Association.

Relevant resources and websites

- ASPR Technical Resources, Assistance Center, and Information Exchange
- Code of Federal Regulations (CFR)
- Health Resources and Services Administration Medically Underserved Area and Medically Underserved Population Designation tool
- Map of Trauma Centers from the Trauma Center Association of America
- National Health Care Preparedness and Response Capabilities (ASPR) – *forthcoming*
- U.S. Department of Health and Human Services (HHS)
- United States Code (USC)

Endnotes

1. As used in this document EMS is a system of coordinated response and emergency medical care, involving private and public agencies and organizations, communications and transportation networks, trauma systems, hospitals, trauma centers, and specialty centers. For the purposes of this document, the term EMS will encompass prehospital care including ambulance services, paramedic services, and 911 dispatch, as well as specialty transport, including pediatric transport, air transport, and critical care transport. ↕
2. In accordance with section 330(b)(3)(A) of the PHS Act (**42 United States Code (USC) § 254b(b)(3)(A))** , ASPR uses the PHS Act definition of "medically underserved population" which is "the population of an urban or rural area designated by the Secretary as an area with a shortage of personal health services or a population group designated by the Secretary as having a shortage of such services." https://uscode.house.gov/view.xhtml?req=granuleid:USC-1999-title42-section254b&num=0&edition=1999 ↑
3. In accordance with section 1231(3) of the PHS Act (**42 USC § 300d–31** (3)), ASPR uses the PHS Act definition of "State", which is "each of the several States, the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands." https://uscode.house.gov/view.xhtml?req=granuleid:USC-prelim-title42-section300d-31&num=0&edition=prelim ↑
4. In accordance with section 4 of the Indian Self-Determination and Education Assistance Act (**25 USC § 5304(e)**), ASPR uses the definition of "Indian Tribe" or "Tribal organization" which means any Indian tribe, band, nation, or other organized group or community, including any Alaska Native village or regional or village corporation as defined in or established pursuant to the Alaska Native Claims Settlement Act (85 Stat. 688) [43 U.S.C. 1601 et seq.], which is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians. https://uscode.house.gov/view.xhtml?req=granuleid:USC-prelim-title25-section5304&num=0&edition=prelim ↑
5. In accordance with section 1204(b)(2) of the PHS Act (**42 USC § 300d-6** (b)(2)), ASPR uses the PHS Act definition of "region" which means an area within a State, an area that lies within multiple States, or a similar area (such as a multicounty area), as determined by the Secretary. https://uscode.house.gov/view.xhtml?req=(title:42%20section:300d-6%20edition:prelim) ↑
6. In accordance with section 1204(b)(3) of the PHS Act (**42 USC § 300d-6** (b)(3)), ASPR uses the PHS Act definition of "emergency services" which includes acute, prehospital, and trauma care. https://uscode.house.gov/view.xhtml?req=(title:42%20section:300d-6%20edition:prelim) ↑
7. In accordance with section 1231(1) of the PHS Act (**42 USC § 300d–31** (1)), ASPR uses the PHS Act definition of "designated trauma center" which means a trauma center designated in accordance with the modifications to the State plan described in section 1213. https://uscode.house.gov/view.xhtml?req=granuleid:USC-prelim-title42-section300d-31&num=0&edition=prelim ↑
8. In accordance with section 4 of the Indian Health Care Improvement Act (**25 USC § 1603(29)**), ASPR uses the definition of "urban Indian organizations" which means a nonprofit corporate body situated in an urban center, governed by an urban Indian

controlled board of directors, and providing for the maximum participation of all interested Indian groups and individuals, which body is capable of legally cooperating with other public and private entities for the purpose of performing the activities described in section 1653(a) of this title. https://uscode.house.gov/view.xhtml?req=granuleid:USC-1999-title25-section1603&num=0&edition=1999 ↑

9. (NOTE TO SELF: SAME AS ENDNOTE 3) In accordance with section 1231(3) of the PHS Act (**42 USC § 300d–31** (3)), ASPR uses the PHS Act definition of "State", which is "each of the several States, the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands." https://uscode.house.gov/view.xhtml?req=granuleid:USC-prelim-title42-section300d-31&num=0&edition=prelim ↑
10. In accordance with section 4 of the Indian Self-Determination and Education Assistance Act (**25 USC § 5304(e)**), ASPR uses the definition of "Indian Tribe" or "Tribal organization" which means any Indian tribe, band, nation, or other organized group or community, including any Alaska Native village or regional or village corporation as defined in or established pursuant to the Alaska Native Claims Settlement Act (85 Stat. 688) [43 U.S.C. 1601 et seq.], which is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians. https://uscode.house.gov/view.xhtml?req=granuleid:USC-prelim-title25-section5304&num=0&edition=prelim ↑
11. In accordance with section 1204(b)(2) of the PHS Act (**42 USC § 300d-6** (b)(2)), ASPR uses the PHS Act definition of "region" which is "an area within a State, an area that lies within multiple States, or a similar area (such as a multicounty area), as determined by the Secretary." https://uscode.house.gov/view.xhtml?req=(title:42%20section:300d-6%20edition:prelim) ↑
12. In accordance with section 1204(b)(3) of the PHS Act (**42 USC § 300d-6** (b)(3)), ASPR uses the PHS Act definition of "emergency services" which includes acute, prehospital, and trauma care. https://uscode.house.gov/view.xhtml?req=(title:42%20section:300d-6%20edition:prelim) ↑
13. In accordance with section 1231(1) of the PHS Act (**42 USC § 300d–31** (1)), ASPR uses the PHS Act definition of "designated trauma center" which is "a trauma center designated in accordance with the modifications to the State plan described in section 1213." https://uscode.house.gov/view.xhtml?req=granuleid:USC-prelim-title42-section300d-31&num=0&edition=prelim ↑
14. Committee on Military Trauma Care's Learning Health System and Its Translation to the Civilian Sector; Board on Health Sciences Policy; Board on the Health of Select Populations; Health and Medicine Division; National Academies of Sciences, Engineering, and Medicine; Berwick D, Downey A, Cornett E, editors. Washington (DC): National Academies Press (US) ; 2016 Sep 12. ↑
15. " Putting the Pieces Together: A National Effort to Complete the U.S. Trauma System, Part 4: America's Incomplete Trauma System ." *American College of Surgeons* . https://www.facs.org/quality-programs/trauma/systems/trauma-series/part-iv/ ↑
16. Smith, S., & Scantling, D. R. (2025). Improving care and equity in the American trauma system: past, present, and future. *Trauma surgery & acute care open* , *10* (2), e001729. https://tsaco.bmj.com/content/10/2/e001729 ↑
17. As used in this document EMS is a system of coordinated response and emergency medical care, involving private and public agencies and organizations, communications and transportation networks, trauma systems, hospitals, trauma centers, and specialty

centers. For the purposes of this document, the term EMS will encompass prehospital care including ambulance services, paramedic services, and 911 dispatch, as well as specialty transport, including pediatric transport, air transport, and critical care transport. ↕

18. Section 319(e) of the PHS Act authorizes states and tribes to request the temporary reassignment of state, tribal, or local public health department or agency personnel funded under programs authorized by the PHS Act when the HHS Secretary declares a public health emergency. Refer to https://aspr.hhs.gov/legal/pahpa/section201/Pages/default.aspx . ↕
19. HHS Grants Policy Statement [PDF]. https://www.hhs.gov/sites/default/files/hhs-grants-policy-statement-oct-2025.pdf ↑
20. In accordance with section 330(b)(3)(A) of the PHS Act (**42 United States Code (USC) § 254b(b)(3)(A))** , ASPR uses the PHS Act definition of "medically underserved population" which is "the population of an urban or rural area designated by the Secretary as an area with a shortage of personal health services or a population group designated by the Secretary as having a shortage of such services." https://uscode.house.gov/view.xhtml?req=granuleid:USC-1999-title42-section254b&num=0&edition=1999 ↑
21. What Is Shortage Designation? Bureau of Health Workforce, https://bhw.hrsa.gov/workforce-shortage-areas/shortage-designation#hpsas ↑
22. Pediatric Pandemic Network. (n.d.). U.S. Department of Health and Human Services. https://pedspandemicnetwork.org/ ↑