

Transcript for ET3 Model Notice of Funding Opportunity and Application Review

Greetings and welcome to today's Emergency Triage, Treat, and Transport (ET3) Model Notice of Funding Opportunity and application review webinar. My name is Chris Hanson and I will be your facilitator for today. Please note all lines have been placed on mute to prevent any background noise and today's webinar is being recorded. The recording and transcript will be made available in the near future on the Model website.

A few housekeeping notes to start. You can access the closed captioning functionality of this webinar by opening the multimedia panel in the lower right-hand corner of your screen. And granting permission for the website to access your computer. You can also close this window by selecting the X on the right-hand side of the multimedia panel. If you have any technical difficulties during the event, please drop a question into the Q & A panel and our host will answer your question as quickly as possible.

A copy of today's presentation slides can be downloaded directly from WebEx using the following steps. Click "File" on the toolbar in the upper left-hand corner of the screen, select "Save" from the menu choices, select "Document" from the sub-menu, select the location where you'd like to save the file, and then select the "Save as type" dropdown and select PDF. WebEx defaults to their own digital language, so you have to change the "Save as type" to PDF prior to downloading the slides in order to view them later.

Questions can be asked using the Q & A function on the right-hand side. Click on the panel options, the little three dots at the bottom right-hand corner of the screen, and select Q & A. Address your questions to all panelists and click "Send." We're only addressing NOFO questions during this webinar. If your question pertains to other aspects of the ET3 Model, please send it through email to the ET3 Model mailbox at ET3model@cms.hhs.gov. We have a pretty full hour of content today so we may not be able to answer questions live today; however, we'll compile all the submitted questions into a Q & A document that will be made available in the near future on the Model website.

A short post-event feedback survey will appear in your internet browser once you exit the webinar. Please consider completing this survey to help us improve future presentations.

We have a very knowledgeable panel of presenters from CMS with us today. From the CMS Innovation Center, which manages the ET3 Model, we have Alexis Lilly, who's the ET3 Model lead, Laura Rumley, who's the lead for the Notice of Funding Opportunity or NOFO, and Tina Cooley, who's the ET3 lead Project Officer. The CMS Office of Acquisition and Grants Management, which you hear referred to as OAGM, administers all grant programs within CMS. From OAGM we have three talented grants management specialists joining us: Gabriel Nah, Linda Gmeiner, and Angela Reviere. Welcome to all of our presenters.

So let me pass the baton to Alexis to get us started. Alexis, over to you.

Thank you, Chris. The focus of today's webinar is the Medical Triage Line Notice of Funding Opportunity or NOFO, which is available to state and local governments, their designees, or other entities that operate or have authority over a public safety answer point or PSAP. This afternoon, members of the ET3 Model team will provide a high-level overview of the ET3 Model and NOFO, including application and program requirements. Our grants management specialists joining us today will provide an overview of the application and submission information, as well as the federal award administration.

Finally, we will provide some next steps and resources that potential Applicants can use to better understand the model and complete the NOFO application. I'm going to briefly review the goal and structure of the ET3 Model. If you've not done so already, please visit our website for materials, including previous webinars, factsheets, and FAQs pertinent to both the ET3 Model and the NOFO. These materials can help you prepare to submit your application.

The ET3 Model aims to reduce expenditures and preserve or enhance quality of care by providing person-centered care, such that beneficiaries receive the appropriate level of care delivered safely at the right time and place, while having greater control over their health care through the availability of more options. Encouraging appropriate utilization of services that meet health care needs effectively, and increasing efficiency in emergency medical services, EMS system, to more readily respond to and focus on high-acuity cases. The ET3 Model may help make EMS systems more efficient and will provide beneficiaries broader access to the care they need. Beneficiaries who receive treatment from alternative destinations may also save on out-of-pocket costs. An individual can always choose to be brought to an emergency department if they prefer.

Historically, Medicare has only paid for emergency ground ambulance services when the ambulance transports the beneficiary to a covered destination, usually an emergency department or ED. This creates an incentive to bring beneficiaries to a high-acuity, high-cost setting even when a lower-acuity, low-cost setting may more appropriately meet an individual's needs. Here you can see the ET3 Model Interventions diagram that includes the Medical Triage Line NOFO. These interventions realign incentives and create some flexibility for participating ambulance providers and suppliers to address emergency health care needs of Medicare beneficiaries following a 911 call.

The model consists of three interventions. Transport to an Alternative Destination, also referred to as TAD, and Treatment in Place, also referred to as TIP, interventions as described in the original request for applications, or RFA, and the Medical Triage Line, which is also referred to as the Triage Intervention.

We will walk through the three interventions starting with the Medical Triage Line, or Triage Intervention, in the upper right-hand corner of the diagram. This intervention is a separate component of the ET3 Model offered through the Notice of Funding Opportunity. Someone

who calls 911 with a low-acuity condition may be triaged to discuss their concerns with Triage Line Staff. This could result in a recommendation to a Community Resource, a recommendation for the Caller to follow up with their doctor, or it could result in being triaged back to the 911 dispatch and an ambulance service initiated. By triaging these Callers, this intervention is expected to contribute to the overall ET3 Model goals to provide the right care at the right time and place while reducing health care utilization and costs associated with avoidable ED visits and hospitalizations.

Participating ambulance suppliers and providers in the Model may offer TAD or TIP interventions if an ambulance is dispatched to the scene. An individual could either be transported to the ED as a covered destination under traditional Medicare, or be transported to an Alternative Destination under the ET3 Model.

Alternatively, an individual could receive Treatment in Place by a Qualified Health Care Partner, either on the scene of the 911 response or through telehealth.

During the next segment of our presentation, we will discuss what potential Applicants should consider before submitting an application in response to the ET3 Model NOFO, such as eligibility requirements and Core Functions of the Medical Triage Line. We will not be providing an in-depth review of the NOFO. Applicants should refer back to the NOFO for additional details. The ET3 Model NOFO will fund up to 40 two-year cooperative agreements available to state or local governments, their designees, or other entities that operate or have authority over one or more public safety answering points in Geographic Regions where ambulance suppliers and providers are participating in the ET3 Model.

Through the NOFO, CMS will fund Recipients to establish or expand a Medical Triage Line allowing existing PSAPs to redirect Callers with non-emergency conditions to appropriate care alternatives. Award amounts will vary based on the needs demonstrated and populations served by each Applicant in its response to the NOFO, with individual awards not to exceed \$1.175 million. The period of performance will be divided into two stages: pre-implementation during year 1, and implementation and operation year 2.

An entity must meet all of the following criteria in order to be eligible to apply for this NOFO. You must be a state or local government entity or designee, or another entity that operates or has authority over a PSAP. A designee or other entity must be one of the eligible entities. You must have the authority to implement a Medical Triage Line in your Geographic Region, propose to implement or expand a Medical Triage Line in a Geographic Region that includes at least one zip code in a model Participant's model region. You must operate or have authority over the PSAP that receives 911 calls in a Geographic Region that includes at least one zip code in a model Participant's model region, as well as the authority to implement the Triage Intervention of the ET3 Model integrated with the PSAP. A full list of model Participants is available on the ET3 Model website.

As mentioned, award amounts will vary based on the needs demonstrated and population

served by each Applicant in their response to the NOFO, with individual awards not to exceed \$1.175 million. The ET3 Model NOFO will provide two types of funding: implementation and milestone funding. The implementation funding is available for both performance years and allows recipients to address structural barriers to care transformation, including the development of care teams and protocols, establishing reporting systems, and hiring and training personnel.

During the implementation and operation period of the model, the CMS Innovation Center will offer the opportunity for entities to receive milestone funding designated to sustain care transformation.

During year 2, a Recipient can access milestone funding. It will be awarded as one-time funding in amount equivalent of up to 25% of the total award. This funding will be restricted and is not guaranteed. It is subject to availability of funds. This availability is based on the Recipient's demonstrated performance in establishing or maintaining a functional triage line and timely reporting of required data to CMS during year 1.

In the example shown on this slide, if the total award amount for two years totaled \$1 million, total milestone funding would be \$250,000, and total pre-implementation and implementation and operation funding would be \$750,000. A Recipient will only be able to draw down milestone funding if they demonstrate satisfactory establishment of a functional Medical Triage Line at the time of their noncompeting continuation application and complete all required reporting in year 1.

In the section of the budget narrative that addresses year 2, the Recipient must distinguish between milestone funding, and implementation and operation funding. Please refer to the NOFO for additional information regarding the use of funding.

Now, I will turn the presentation over to Tina Cooley, who will provide some additional information on application requirements and the NOFO.

Thank you, Alexis. As defined above, Triage Line Staff must be health care professionals, designated as a registered nurse or an individual who holds an equivalent or more advanced clinical licensure, and carries out the triage Core Functions and if applicable, Optional Functions of the Medical Triage Line.

Applicants who propose to staff the Medical Triage Line with Triage Line Staff who have training and experience specific to emergency medical care will receive preference. Recipients must ensure that all Triage Line Staff are licensed and in good standing within their state or Geographic Region, are not suspended or debarred from participation in any federal health program, and are not currently under state or federal investigation related to their health care practice.

Per the NOFO, the Medical Triage Line must implement triage Core Functions with the Recipient's existing PSAP. Recipients may choose to directly connect eligible Callers to an

external Medical Triage Line via a Warm Handoff, as long as external partners or receiving entities meet the requirements of this NOFO, as well as applicable state and local regulations and requirements. This may include transferring the Caller to another PSAP, another emergency medical dispatch center, or another service provided by a Caller's insurer or usual source of care. NOFO funding may not be used to operate or support an existing non-emergency publicly available line, such as 311 or 211, and may not be used to operate or support separate non-emergency telephone access.

Each Recipient must have a Resource List comprised of Community Resources. The recipient must inform Callers that they are making recommendations for them, and that they have the right to choose the care they receive. The Resource List must be viewed by the Recipient and updated on at least a semi-annual basis. The Recipient must include on its list a clinic that accepts sliding-fee scale payments. Community Resources on the Resource List must have capacity and capability to meet Caller needs as identified by the Recipient.

A Recipient's determination as to which individuals or entities are included on the Resource List may not take into account or be conditioned upon whether the individual or entity is serving or agreed to serve as a supplemental funding source to Recipient, or the volume or value of referrals between a Recipient and the individual or entity.

Recipients must make the Resource List available to CMS or its contractors if requested during an audit.

On your screen, you will see the NOFO timeline. On March 12th, the NOFO was released on the Grants.gov website and is now open and available for submission on that site. The NOFO application is due no later than May 11th at 3:00 p.m. Eastern time. The project and budget period for each cooperative agreement awarded will be two years from the date of the award and will start on September 10th of this year. The estimated project period is September 10th, 2021, through September 9th, 2023. The project period will consist of two one-year budget periods. Year 1 is a 12 month pre-implementation stage from September 10th, 2021, to September 9th, 2022; and year 2 is a 12-month implementation and operation stage from September 10th, 2022, to September 9th, 2023. Now I will turn the presentation over to Laura Rumley, who will provide information on the NOFO application support and requirements.

Thank you, Tina. During the next segment of the presentation, we'll provide an overview of the application requirements and submission process. Please note, we'll not be discussing every required element of the NOFO application. Interested Applicants will need to refer back to the NOFO for comprehensive information. First, we'll provide an overview of the application requirements that are described in detail in Section D2 of the Notice of Funding Opportunity.

The required application components shown on your screen are designed to provide each Applicant with the opportunity to provide CMS with the information needed to understand your community, its needs, and how your organization proposes to use the cooperative agreement funding to improve quality of care and reduce costs associated with treating the

ET3 Model population. As you can see, all Applicants must submit a number of required materials to include standard forms, a multifaceted Project Narrative, a Budget Narrative, and a business assessment.

First, the Applicant must provide a one-page project abstract summary, which includes the goals of the project, the total budget, and a description of how the funds will be used if awarded.

The abstract should be clear, accurate, concise, and not reference other parts of the application.

You see on your screen now the application rubric. This is how the review panelists are going to assign points to each section of your application. Please note the optional elements that will allow for additional points towards the total score of your application.

Now I'm going to talk about the Project Narrative. The Project Narrative is probably one of the most important parts of your application. In this, you must articulate in detail the goals, measurable objectives and milestones of your project, in accordance with NOFO instructions and content requirements.

The first part of the Project Narrative is for a description of the administrative framework you propose to use to implement, monitor and operate your Medical Triage Line. Here, your narrative must include implementation tasks that will be conducted and the ability of each administrative component to successfully operate the proposed intervention; all key personnel, including identifying one individual to serve as project director; all past experience implementing cooperative agreements or proposed interventions; any management controls and coordination mechanisms that will be used to ensure the timely and successful execution and operation of the proposed intervention; an organizational chart attached as an appendix to identify the reporting relationships of key personnel assigned to oversee this intervention; and experience with designing triage lines, data sharing and managing cooperative agreement funds.

The next part of the application is the Implementation Plan. This is where you will outline your proposed intervention design, the required triage Core Functions, and your required Community Resources. Please remember to include: an overall description of the Medical Triage Line function and scope of service; a description of the proposed Geographic Region in which the Medical Triage Line will operate; whether you are submitting a new or expanded line proposal; the hours of operation of the Medical Triage Line; if not open 24/7, a plan to identify and operate during times of high volumes of low-acuity calls; a description of the staffing plan for the Medical Triage Line; an overview of any new or updated existing protocols; a description of quality improvement and/or quality assurance processes; how the triage line process will be communicated with Callers, including obtaining Caller consent; a description of your plan for developing and maintaining a Resource List; and a plan for successfully implementing the proposed intervention within the context of laws, regulations or policies in

your proposed Geographic Region.

Following the Implementation Plan section is a description of the impact a Medical Triage Line will have on a Geographic Region. In this description, the Applicant must include the expected usage in their first year of operation, and a description of how individuals and the community will benefit. And you are required to provide information such as: the total population of the Geographic Region, the annual number of ED visits and ground emergency transports, the approximate number or percentage of 911 calls that will be routed to the Medical Triage Line and may result in a Caller being directed to a Community Resource, designated Community Resources that will meet the needs of the community and Medicare Fee-For-Service beneficiaries, the effect of the Optional Functions on the community, and the impact on the community EMS system after the Medical Triage Line has been established or expanded.

Next, we ask that you describe your organization's plan to support the Medical Triage Line after the end of the model, referred to in the NOFO as a Sustainability Plan. Your Sustainability Plan should include your organization's plan for continuing Medical Triage Line interventions after the two-year performance period ends. Please remember to include: a strategy for sustaining services after the period of performance ends; details regarding any current funding sources, and how that funding will be maintained; identification of Community Resources, payers and others that can share in the ongoing investment required to maintain services; a strategy for identifying alternative sources of ongoing funding to support access by Callers with no health insurance; an approximate annual number of uninsured Callers, and a description of the engagement strategy with various potential Community Resources that serve the uninsured; and a description of how the activities proposed in the application will compliment and not duplicate activities currently funded. Please note that Applicants with existing sources of funding or plans to secure additional funding are eligible to receive more points on their application.

Along with the required components of the application, there are two optional components. Applicants can provide a detailed description of their proposed approach for Optional Functions of the Medical Triage Line. If choosing not to implement the Optional Functions, Applicants can state "not applicable" in this section.

If Optional Functions are to be included, the Applicant must summarize the Optional Functions by providing the following: a summary of applicable functions, a process for Warm Handoffs, a transportation coordination plan, a scheduling process, a plan to jointly monitor the outcome of follow-up referrals in the capacity of each Community Resource for new appointments and acceptance of Warm Handoffs.

Additional points may be earned on the application for the inclusion of an Interoperability Plan that details the ability to share patient data among key stakeholders. To foster interoperability between the PSAP, Medical Triage Line, and other care management systems, the Applicant may elect to build upon their Medical Triage Line or implement a method of

information sharing between the PSAP, Triage Line Staff, Community Resources, Caller's usual source of care, Caller's insurance company and/or other stakeholders outlined in the application.

Applicants who propose an Interoperability Plan with the capability of identifying the Caller's usual source of care and/or insurance provider, as well as a plan to triage that Caller back to their usual source of care, will receive preference. Applicants are required to set forth their data sharing plan and capacity.

Here, you will provide your process for data elements required for reporting, including quarterly, annual and final progress reporting, as well as data related to performance milestones. Please include how you are going to: capture data elements; utilize current technology and software systems; demonstrate progress toward a functional Medical Triage Line; provide program related materials, including documents and training materials; comply with applicable, federal and state privacy laws; participate in The Innovation Center's mandatory model evaluation by the Recipient and Community Resources; and participate in program-level data provision and qualitative evaluation or monitoring tasks.

In addition to the Project Narrative, we ask for a Budget Narrative. This section asks Applicants to outline in detail the proposed use of each model funding type, and whether it will be used under the implementation or milestone funding categories. Your Budget Narrative will need to specify the category of funding — again, whether implementation or milestone — and for which specific activities each type of funding will be used.

Acceptable uses of funding include: Triage Line Staff salaries and fringe benefits; support staff salaries and fringe benefits; contractual expenses related to outsourcing Medical Triage Line responsibilities; software, hardware required to implement a Medical Triage Line; Triage Line Staff training; costs related to updating or establishing new protocols related to the ET3 Model; and administrative costs directly related to collection and reporting of Medical Triage Line data. That's not a comprehensive list; that's an example list of activities that may be used with model funds may be used to support.

The Budget Narrative must include a detailed budget adhering to the format outlined in Appendix I; detailed justifications for each activity cost proposed to be funded under this award with full computations for budget estimates; a description of how each activity supports the goals of the NOFO and is consistent with ET3 Model requirements; proposed project goals to include if the Medical Triage Line will be a new line or an expansion of an existing line; identification of any non-CMS funding sources, the value of such funding, and a description for how the funding will be integrated into the project; and a detailed plan for how milestone funding will be used to support the goals of the ET3 Model.

Once again, now that we've discussed the main application components, we want to show you, again, how each section will be scored. And please note, again, that the optional elements will allow for additional points toward your application.

I want to remind you that this discussion has touched only upon key required elements of the application, but it's not a comprehensive list. Full details are in the Notice of Funding Opportunity. Finally, this is a snapshot of the application timeline. We released the NOFO on March 12th, the application period is currently open, and applications are due on May 11th by 3:00 p.m. Eastern time. We strongly encourage you not to wait until the day applications are due to submit materials to Grants.gov. And we anticipate that the notice of awards will be issued on September 10th, 2021. Thanks for listening, and I'll now turn the webinar over to our Grants Management Official, Gabriel Nah.

Thank you, Laura. Next we will be discussing the application submission requirements, identifying the resources available to help you submit an application successfully through Grants.gov system, and share a brief overview of the grants management process for federal laws and how they are implemented via CMS. Please refer to Appendix 2 application and submission information in the NOFO for additional requirements. I will now turn the application submission section to Linda.

Thank you, Gabe. All application materials are available on www.grants.gov, and your application must be submitted electronically through that website. The application and submission information can be found in Section D, in Appendix 2 of the NOFO. Applications must be submitted to Grants.gov no later than May 11th, 2021, at 3:00 p.m. Eastern time. Applicants will be able to download a copy of the application packet, complete it offline, and then upload and submit the application via the Grants.gov website. At Grants.gov, you can find the NOFO by searching via the CFDA number 93.381. You will be able to click on the link in order to pull up the application.

It can be very common for uploading of your application to take longer than normal. For instance, if there are numerous applications trying to upload at the same time, it can stall the system. So we cannot stress the importance enough for completing your application and uploading it to Grants.gov days or even weeks in advance of the deadline.

An application that is started before 3:00 p.m. on the day it is due — however, not validated for submission until 3:01 p.m. — will be deemed late and your application will be considered ineligible.

The instructions below are specifically for new organizations or organizations that have never applied for a federal grant before. So before your organization can apply for a federal grant, there are several steps the applicant must complete outside of Grants.gov prior to submitting an application.

The Authorized Organizational Representative, also known as the AOR, is the individual named by the Applicant organization who is the person authorized to act for the Applicant and to assume the obligations imposed by the federal laws, regulations, requirements and conditions that apply to grant applications and awards.

The AOR must register with Grants.gov for a user name and password before submitting the

application. Please keep in mind the electronic signature of the individual who is logged in and submits the application to Grants.gov will automatically populate their signature throughout the application. So it is important that the electronic signature match that of the AOR named on the SF424 or it will be returned.

Now we will review the grants management system and how we administer federal awards here at CMS. This slide provides you with an overview of the HHS grants management process. In this diagram, we are currently in the announcement phase. In the early stages of the process, we developed a funding program based on several initiatives. The planning phase can generally take one year during this process.

The announcement phase started on March 12th, when the NOFO is formally announced, and will go through May 11th, when the applications are due for submission.

The application evaluation phase will begin on May 12th, once all timely applications have been submitted. The negotiation phase will be conducted through the summer and awards are anticipated for issuance on September the 10th.

Once the cooperative agreements are issued, post-award monitoring begins immediately with the Recipient of the award. And after the project period ends, we will then begin with the close-out phase.

What is a grant or a cooperative agreement? Grants and cooperative agreements are defined as a transfer of money, property, services, or anything of value to a recipient in order to accomplish a public purpose. And there is a difference between them. With a grant, there is very little or no interaction between the awarding agency and the Recipient. However, with a cooperative agreement, it includes substantial involvement. In addition, the cooperative agreement is specifically for a public purpose through the support or stimulation that has been authorized by a federal statute or appropriation. The Medical Triage Line ET3 Model will be awarded as a cooperative agreement.

Consideration will be made before awarding this cooperative agreement. The overall cost effectiveness of the Applicant's implementation proposal, the overall quality of the proposal and the ability to meet project goals, and as well, the Applicant's ability to demonstrate a Sustainability Plan.

The amount of funding awarded for each cooperative agreement for the ET3 Model will depend on the individual Applicant's need as demonstrated in its application submitted.

And now I will turn it over to Angela Reviere.

Thank you, Linda. Before your organization can apply for a federal grant, there are several steps you must complete prior to submitting your application through Grants.gov. As a legal entity with an employer identification number, known as the EIN, you are ready to initiate the next steps. First is the DUNS number. Your organization must have a valid Dun & Bradstreet number commonly known as the DUNS number. This is a unique nine-digit identification

number that identifies each physical location of your organization. A DUNS number is accepted at Grants.gov after you have registered at SAM. So it is recommended that you confirm your System for Award Management registration (this is SAM) immediately, as it can take up to five weeks to register.

If your SAM registration has expired, the system will display a deactivated signal instead of displaying a future expiration date. You must be registered with SAM in order to submit your application. When an application is submitted in Grants.gov, the SAM registration status will be validated against the information that is in SAM. If there is a discrepancy between the data in Grants.gov and SAM, SAM will be considered correct and the data stored by Grants.gov will be updated.

Next step is Grants.gov. If you've had a Grants.gov account in the past, ensure that it is active. If your account has been deactivated, you must reactivate. If you're having issues, please contact Grants.gov support center.

The process can take between three business days and five weeks, so please make sure you begin early. If you do not complete your registration by the submission deadline, you are unlikely to be allowed to submit an application. Your organization must also establish user roles in Grants.gov. The Authorized Organizational Representative (the AOR) from your organization, will officially submit the application on behalf of your organization. AORs must register with Grants.gov and complete a profile in order to obtain their user name and password.

All applications will be submitted through Grants.gov. Please familiarize yourself with this system. There are YouTube videos available on the Grants.gov home page. Grants.gov has been updated in the past year, so if you have not used the website in a while, we encourage you to watch these videos.

You will use Work Space platform to register with Grants.gov. Complete the required forms and submit your application. Work Space is the standard way for your organization to apply for federal grants in Grants.gov. An alternative to the YouTube videos, you can go to the home page and click on "Learn Grants," and select "Grants 101." You will find a great overview of the grant lifecycle timeline, grants process, and how you can apply through Grants.gov system. This slide here provides a visual of the summary presentations and videos that we recommend you review prior to submitting your application.

There are different roles and responsibilities for those of us that will be working on this model. The Grants Management Specialist, GMS, is federal staff at OAGM and is the program's primary interface with the Recipient and the Project Officer for financial compliance and administration of grants. The Grants Management Officer, GMO, will sign the notice of award, obligate federal funds, authorizes funding, and will publish the terms and conditions for the award. The Program Officer, or the PO, is federal staff at CMS Innovation Center, known as CMMI, and is the program's primary interface with the recipient and GMS for all programmatic issues.

Non-federal employees are key personnel who represent the grantee. The Authorized Organizational Representative (the AOR) is a designated representative of the Applicant or Recipient organization who has the authority to act on the organization's behalf in matters related to the award and administration of the grant.

The AOR will sign and submit the application. The Principal Investigator or Project Director, PI/PD, is grantee staff and is the individual designated by the Recipient as responsible for the programmatic aspects of the grant, and for day-to-day management of the model.

So once your organization's AOR has submitted the application in Grants.gov, that will end your portion of the application phase. CMS will work directly with the Grants Center of Excellence, specifically the Grant Solutions, where all applications that have been submitted through Grants.gov will be downloaded. CMS will manage the official grant file in electronic format in Grant Solutions. Throughout the project period for the ET3 Model, CMS will issue the notice of award, communicate via official grant notes, and maintain your grant file in Grant Solutions.

Also in Grant Solutions, you are eligible to apply for post-award amendments, such as budget reallocation, carryovers, no cost extensions, as well as your close-out amendment at the end of the award period.

I will now turn the presentation over to Laura, who will provide the next steps and resources for the NOFO application.

Thank you, Linda. Thank you, Gabriel. Thank you, Angela. As we close for today, we'd like to provide some resources that potential Applicants can use to better understand the ET3 Model and complete the NOFO application. So today, we've reviewed some of the key elements of the NOFO application. We reviewed the conditions of participation, including eligibility and the Core Functions that the Medical Triage Line Staff must offer. Finally, we went over the application process and reviewed criteria, including where to find details on application criteria in the NOFO.

Here are some next steps. If you've not done so and you're interested in this opportunity, please download the NOFO and read it thoroughly. It's very important that you read it carefully and follow the application instructions. We would hate to have to disqualify an application for lack of a required element.

Remember, all applications must be submitted through Grants.gov. Please familiarize yourself with this tool. As stated above, there are videos on Grants.gov to help you navigate the site. We encourage you to watch those videos, if you've not been on Grants.gov for a while.

Also insure your registrations are in order. You must be registered in SAM and you must have an EIN number and a Dun & Bradstreet number. Start early with registering your Authorized

Official Representative. Review the application requirements before submission to make sure, again, that all required elements are in your application. And then submit your application no later than May 11th, 2021, at 3:00 p.m. Eastern time.

Questions submitted via the Q & A panel will be answered and posted on the ET3 Model website after this webinar, for those questions that we weren't able to get to today.

When you leave this webinar, you'll see a survey open in your internet browser window. Please complete the short survey to provide feedback on this webinar and provide us with topics you would like to see in future learning activities.

Here are some links to grants policies that will help you in determining acceptable costs, rules around indirect costs and audit requirements, and these will all help you in developing your budget and your Budget Narrative.

And here are some ET3 Model resources. Today's webinar will be posted on the ET3 Model website. There are also two factsheets on the ET3 Model website pertaining to the NOFO, and there's also a list of about 14 frequently asked questions. So refer to the ET3 website for anything that you might not have had answered today, and see if the answer is in our frequently asked questions.

If not, send us an email at the ET3model@cms.hhs.gov, put "NOFO" in the subject line and we will respond to your question as soon as possible. We'll also be sending out latest news and updates about the ET3 Model as a whole via the ET3 Model listserv. If you're not already subscribed to the listserv, it's a good idea to do so.

And if you have questions about the application itself and the forms that you need to fill out, there's support available at support@grants.gov and there's also Grants.gov User Guide.

And now I'll turn it over to Chris Hanson to close us out.

Thank you very much for joining today. We're thrilled to have you, and we look forward to seeing your applications.

Thank you, Laura. And thanks to everyone for joining us today, including our potential Applicants. We hope you found this webinar informative, and this concludes our event for today. As a reminder, if you'd like to download a copy of today's slide presentation, please click on the file in the upper left-hand corner of your screen and follow the prompts (that is "Save", "Document", and don't forget to change that over to a PDF file). You may now disconnect. Thank you, and have a great day.