

**NEW MEXICO  
DEPARTMENT OF  
HEALTH**

**Trauma System Fund  
FY 22**



**T r a u m a   S y s t e m   D e v e l o p m e n t  
A p p l i c a t i o n**

# NEW MEXICO DEPARTMENT OF HEALTH TRAUMA SYSTEM FUND APPLICATION

*for*

## TRAUMA SYSTEM DEVELOPMENT

**Guidelines for Applications**

**State Fiscal Year 2022**

**01 July 2021 – 30 June 2022**

### Overview

This document describes the required process for eligible trauma system development projects to receive funding for State Fiscal Year 2022 (FY22). Funding will be issued through a separate agreement between each approved organization and the New Mexico Department of Health (DOH) Direct Purchase Order (DPO) process.

In 2006, the New Mexico Legislature passed House Bill 266, the Trauma System Fund Authority Act (TSFAA), in response to a 2005 Governor's Trauma Task Force study on the crisis in trauma care in New Mexico. The Task Force committee's report "New Mexico TRAUMA CARE CRISIS 2006." described the crisis and mitigation recommendations that prompted the TSFAA to establish a Trauma System Fund Authority (TSFA). The TSFA has clear direction and purpose to sustain existing trauma centers; support the development of new trauma centers; develop a statewide trauma system; and, distribute the trauma system fund created by the TSFA.

The TSFA established general guidelines for trauma system development funding use. However, the TSFA delegated the application process and the review of all applications to the Trauma Advisory and System Stakeholders Committee (TASSC). TASSC presents prioritized funding recommendations to the TSFA, which has final authority for funding allocations.

This document provides guidance for completing the application and describes the procedures for application submission and funding approval.

### Funding Focus

The Governor's Task Force Report stated that a trauma system matches the needs of the traumatically injured person to the facility with the resources to treat the patient and achieve the best possible outcome. A trauma system is an organized, pre-planned approach to caring for the severely injured patient, which facilitates optimal outcomes (i.e., life vs. death, health vs. disability). It includes a continuum of care: injury prevention, emergency medical services, community hospital emergency departments, hospital-based trauma centers, hospital inpatient care, rehabilitation, and outpatient follow-up treatment. Applicants for funding must address how proposed projects will provide support to trauma system development in New Mexico and are in alignment with the New Mexico Department of Health Strategic Plan as presented in the TSFA System Development Application appendix.

### Accountability

This section describes requirements for agencies applying for TSFA funding for FY22. Funding will be allocated through a Direct Purchase Order (DPO) Award letter between each approved organization and the DOH. **No DPO Award Letter Agreement task may be started until the entity has received an Award Letter Agreement signed by a representative of the Department of Health.**

Receipt of funds is deliverable based. All funded agencies must submit documentation of the project's phases or its completion by submitting reports, receipts for purchases, and/or other documents as required by the DPO Award letter in a format designated by the DOH Emergency Medical Systems Bureau (EMSB). **If your agency is governed by a county or tribal authority, a letter from the authority, signed by the authority, for permission to submit this application must accompany this application. The letter should acknowledge that the authority recognizes that any DPO issued is deliverable based.**

Funded agencies or facilities whose projects result in personnel certification or a certificate of course completion must demonstrate proof of successful certification or course completion by submitting documentation as specified in the DPO Award Letter. It is the responsibility of the funded agencies or facilities to submit a record of all costs and activities related to the administration of the project to the DOH EMSB DPO Monitor as detailed in the finalized DPO Award Letter. To ensure accountability and to maintain an informed TSFA membership, the DPO Monitor shall then provide the TSFA with updates detailing project status.

All funded agencies must participate in their local trauma system development meetings (ReTrACs, RACS, liaisons and others) for the purposes of trauma system development and strategic planning.

Work on any funded project cannot begin until the DPO Award Letter has been received by the Entity and DOH. EMSB cannot accept receipts or other documentation dated prior to the date of the DPO Award Letter.

Funds for projects must be expended by May 15, 2022. The DPO Monitor must receive all documentation of completed deliverables by May 15, 2022. Funding recipients who cannot complete projects by May 15, 2022 must submit a written request to re-allocate funds into the next fiscal year to the DPO Monitor detailing the reason for non-completion and expected completion date. The DPO Monitor must receive the request prior to March 1, 2022. The DPO Monitor will then present the request to the TSFA at their next regularly scheduled meeting. However, if the DPO deliverables are incomplete and the DPO Monitor does not receive a request for an amended completion date, the TSFA may deny future funding.

**Applicants awarded funding will be required to attend a telephone conference with the EMSB and EMS Regional Offices to discuss expectations of the DPO scope of work, deliverable due dates, deliverable final reports, deliverable completion documentation and invoicing.**

### **Eligible Costs**

Eligible costs will be considered for funding. Priorities for trauma funding will include, in no particular order: equipment, training, improvement of injury data collection, support for traumatic injury prevention programs, and rehabilitation programs.

Examples of trauma specific eligible costs are but are not limited to: educational offerings culminating in an emergency medicine certificate, CEU or license; purchase of equipment that allows sustainable educational classes; injury prevention equipment or programs; rehabilitation equipment or programs; trauma equipment for the field or hospital; telemedicine programs; or data collection.

Examples of costs that are **NOT** eligible for funding include items such as FTE positions, fringe benefits, indirect costs, office supplies, land purchases, purchase or maintenance costs of vehicles, construction costs, and day-to-day operating expenses (fuel, rent, insurance payments, food, etc). Partial reimbursement for existing salaries is an allowable cost when services being delivered are otherwise allowable, for example, education, training, or other programs as listed above.

TSFA reserves the right to change or amend eligible costs.

### **Incurred Costs and Unfunded Applications**

The TSFA reserves the right to reject any or all applications and is not liable for any costs incurred by the applicant. Any costs incurred in the preparation of the application shall be borne by the applicant.

Submission of an application does not ensure funding from the TSFA. If projects are funded, any project costs incurred prior to the effective date of the Direct Purchase Order (DPO) Award letter will not be reimbursed.

### **Assistance in Preparing Applications**

Your EMS Regional Office is available to assist you in completing a quality, competitive application. When utilizing the EMS Regional Office, all **applications must be submitted to them by December 7, 2020. All applications will be reviewed, approved, and signed by the applicant's EMS Regional Office prior to submission to the EMSB.** The EMS Regional Office attest to your participation in area ReTrACs, RACs, or liaison committees, or submit sign in sheets of attendance to these meetings. Attendance is required and must be attested to. **Submission to the EMS Regional Office is NOT submission to the EMS Bureau.**

Please contact your EMS Regional Office:

**EMS Region I 505.270.9278**

**EMS Region II 575.524.2167**

**EMS Region III 575.769.2639**

The EMSB, in collaboration with the EMS Regional Offices, will offer telephone conferences to all applicants to answer questions and to suggest strategies for completing a successful application.

# APPLICATION PROCESS

## Application Submission

- The submission deadline to the EMS Regional Offices for review and Regional Office signatures is close of business December 7, 2020.
- **Completed applications must be in the EMSB office by the close of business January 7, 2021.**
- Submit one (1) original application and three (3) copies. Do not bind or staple the applications. The original application must be single-sided. You may use double-sided printing for the copies. Incomplete, handwritten, late, or faxed applications will be rejected, as will letters of support submitted separately from the application. Documents cannot be replaced, deleted, or modified after the due date.

Submit the completed application to:

Michael Guinn, RN  
State Trauma Coordinator  
NM DOH EMS Bureau  
1301 Siler Road, Building F  
Santa Fe, NM 87507

## Application Content

**NOTE: This is a revised application. Please read each section carefully and structure your response to address the topic. Cutting and pasting from past applications may provide inappropriate responses.**

- **Please use 1 application per project**

Applications must be **typed**, or **computer generated** on letter-sized paper with content described below. The original application must contain original signatures. **The EMSB will reject incomplete, handwritten, or faxed applications.**

A completed application must include: (Brief examples from frequently missed sections are included. Please adapt your answers as necessary.)

- B. Project description (A brief and concise sentence or two describing your project)
- Be as specific as possible; for example: Our project is to conduct a 1-hour educational offering about bicycle safety at Einstein Middle School during Parent/Child Day, Nov 2 and purchase 50 bike helmets to distribute during this event to children who are at risk for injury.
- C. Project analysis
- 1) Describe the problem this project addresses
    - Example: Children whose parents cannot afford bike helmets or children who just do not wear bike helmets can sustain injuries. Our service responded to 17 bike injury calls last year. Twelve children were not wearing helmets and sustained head injuries requiring transport to the hospital. Children need bike helmets and need education to convince them to wear helmets.
  - 2) Provide evidence-based project support
    1. Example: Use of a bicycle helmet can prevent or lessen the severity of brain injury during a bicycle crash. (AM Academy of Pediatrics: PEDIATRICS Vol. 108 No. 4 October 2001, pp. 1030-1032)
    2. The applying agency must include a statement of efficacy supported by a statement of the scope of impact for services:
      - How many trauma runs the agency completes per year
      - How many trauma patients are seen in the ED if the applicant is a hospital
      - The population of the agency's service area
      - If applying for education funding, state how many people in the service area need the education or face expiration of licenses or certifications within the fiscal year of the application
      - Include any other pertinent information
    3. Include reasons why your specific entity needs the equipment or education requested.

D. Project logistics

- 1) A detailed description of the steps you will take to complete the project
- 2) A timeline for completion of each phase or section of the project

E. Project impact

- 1) A description of how the project supports the NM DOH Strategic Plan (included in Appendix A)
- 2) A description of how the project will improve the trauma system
- 3) A description of how results will be measured and reported to the assigned DPO monitor at the EMSB

F. Project cost summary

- Add all costs of the project, for example: 1 hour of teaching at \$30.00, 2 hours to distribute bike helmets at \$30.00, and 94 bike helmets \$10.00 each for \$940.00 Project cost = \$1,000.00. Total request from TSFA = \$1,000.00.

Example:

Project components	Anticipated cost	Actual request from TSFA
Teaching	\$30.00	\$30.00
Distributing helmets	\$30.00	\$30.00
Purchase helmets	\$940.00	\$940.00
Total project cost	\$1,000.00	\$1,000.00

**PLEASE REVIEW YOUR ARITHMETIC**

Detailed budget

- Include a detailed budget narrative detailing specific expenditures.
- Include amounts and sources of cash.
- Quote pages for equipment and/or services- quote pages should be on the vendor’s letterhead, contain the date of the quote, and signature of the person authorized to issue the quote. Pages from catalogs may be used to justify costs. Each quote page must be attached to the Project cost summary table (E) in the order that the item or equipment is listed in the Project cost summary table. Descriptions of the items must match, as must the quantity requested and cost of each item.
- Number each quote page to correspond to the number of the Project component. If more than one item is listed on each quote page, highlight and number the item that corresponds to the Project component.
- The project cost summary table and quote page(s) will become the DPO Award Letter scope of work if the application is funded.
- If the project cost summary table and quotes do not match or are not included in the application, the application will be rejected.

G. Use of partial funding: Prioritization of project components if funding request is partially granted.

- There is a potential that TSFA may not grant full funding but may grant partial funding for certain aspects of the project. TSFA asks that you prioritize those parts of the project you will complete if TSFA awards partial funding. If you will not accept less than full funding, please state so, but be aware that this statement may preclude your organization from receiving any funding.

H. Letters of collaboration/support

- A minimum of three project specific letters of collaboration/support
- **If the project involves other entities, ex. the high school, then the collaborating entity should submit a letter of support for the project.** Each collaborative relationship specifically referred to in the application must be documented with a Letter of Collaboration from the partnering entity that describes mutual participation in the planning of the proposed activities, as well as capability and commitment to carry them out as delineated. Letters must address HOW the project will strengthen trauma system partnerships within the project area.
- No letters of collaboration/support will be considered if submitted separately from the application.
- **Obvious form letters WILL NOT be accepted.**

I. Provide previous years’ TSFA funding and funding amounts. Attaching deliverables from past projects is not necessary.

J. Provide disclosure of a funding request to the EMS Fund Act for the same project, portions of the project, or for a similar project.

K. Include disclosure of a funding request to another source or sources for the same project or portions of the same project.

### **Application Review, Evaluation Process and Criteria**

All application projects will be categorized as having a local, EMS region, or statewide impact. All completed applications will be reviewed, evaluated, and prioritized employing the following evaluation process. Reviewers will assign a competitive numerical value to each application based on content and completeness. The highest attainable score for each section is located on the application to the right of the section heading. The reviewers will also assign a numerical value for the priority of each project based on needs of the region. The Trauma System Fund Authority will have final approval on project funding.

#### **Local and regional projects will be reviewed, evaluated, and prioritized by:**

- Affiliated EMS Regional Office and the EMSB
- TASSC TSFA Review Committee will review application(s), taking into consideration recommendations from the affiliated Regional Offices and the EMSB
- TASSC Committee, taking into consideration recommendations from TASSC TSFA application review committee
- TSFA for final approval and allocation of funds

#### **Statewide projects will be reviewed, evaluated, and prioritized by:**

- All EMS Regional Offices and the EMSB
- The Trauma Advisory and System Stakeholder Committee (TASSC) TSFA application review committee taking into consideration recommendations from the EMS Regional Offices, and the EMSB
- TASSC Committee, taking into consideration recommendations from TASSC TSFA application review committee
- TSFA for final approval and allocation of funds

#### **Evaluation criteria include, but are not limited to:**

- Project service area
- Type of organization providing service
- Project description
- Description of the problem
- Evidence/research basis for project
- Project timeline
- Project's impact on the trauma system
- Total cost of project
- Strength of letters of collaboration/support
- Past performance
- Project's priority as determined by regional need

The maximum points for each answer are located to the right of the section.

# **T r a u m a   S y s t e m   D e v e l o p m e n t A p p l i c a t i o n**

**Begins on the next page**

**Please return typed or computer-generated  
application  
to the NM Department of Health**

**Attention:  
Michael Guinn, RN  
State Trauma Coordinator  
NM DOH EMS Bureau  
1301 Siler Road, Building F  
Santa Fe, NM 87507**



**NEW MEXICO TRAUMA SYSTEM FUND APPLICATION**  
*for*  
**TRAUMA SYSTEM DEVELOPMENT**  
 State Fiscal Year 2021  
 01 July 2020 – 30 June 2021

**Due Date:**  
**January 7, 2021**

**AMOUNT REQUESTED \$**

**Instructions:** Every question must be answered. If a section does not apply to your organization, put N/A in the blank. **Send one (1) original application with original signatures and three (3) copies to the following address. Applications must be in the EMSB office by close of business January 7, 2021. The EMSB will reject INCOMPLETE, HANDWRITTEN, LATE, OR FAXED APPLICATIONS.** Documents cannot be replaced, deleted, or modified after the due date.

**NM Department of Health**  
**EMS Bureau/Trauma Program**  
**1301 Siler Road, Building F**  
**Santa Fe, New Mexico 87507**  
**505-476-8223**

If you have any questions, or need assistance with the application process, please contact your EMS Regional Director or the State Trauma Coordinator at the address above.

**Applying Agency / Service / Organization**

**Agency Name:**

**Street / Mailing Address**

**Address:**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip	+4

**Applicant/Contact:**

**Contact Person for this Application**

**Title**

<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone #	Fax Phone #	E-mail Address

**Check (X) appropriate Regional EMS Office affiliation:**




Region I

Region II

Region III

**Fiscal Information**

**County / Municipality / Hospital / Other**

**Address:**

**Street / Mailing Address**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip	+4

**Fiscal Agent Contact Person:**

**Name**

**Title**

<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone #	Fax Phone #	E-mail Address

Incomplete, handwritten or faxed applications will not be accepted



Your EMS Regional Office is available to assist you in completing a professional, competitive application. The Regional Office must sign the application, or the application will not be accepted. Please contact your EMS Regional Office:

**EMS Region I – 505.270.9278**  
**EMS Region II – 575.524.2167**  
**EMS Region III – 575.769.2639**

**Service area of project**

- |   |   |
|---|---|
| <input type="checkbox"/> County-wide or counties-wide | <input type="checkbox"/> EMS Region III |
| <input type="checkbox"/> EMS Region I                 | <input type="checkbox"/> Local          |
| <input type="checkbox"/> EMS Region II                | <input type="checkbox"/> Statewide      |

**Applicant's agency / service / organization:** (check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Community-Based  | <input type="checkbox"/> Hospital                      |
| <input type="checkbox"/> Educational      | <input type="checkbox"/> Injury Prevention             |
| <input type="checkbox"/> EMS Service      | <input type="checkbox"/> Non-Profit                    |
| <input type="checkbox"/> Fire Department  | <input type="checkbox"/> Rehabilitation                |
| <input type="checkbox"/> First Responders | <input type="checkbox"/> Volunteer Service             |
| <input type="checkbox"/> For-Profit       | <input checked="" type="checkbox"/> Other: Please list |

**Proposed trauma system development project:** (check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Community Education   | <input type="checkbox"/> Trauma Quality Improvement            |
| <input type="checkbox"/> Data Management       | <input type="checkbox"/> Trauma Related Professional Education |
| <input type="checkbox"/> Injury Prevention     | <input type="checkbox"/> Trauma Research                       |
| <input type="checkbox"/> Rehabilitation        | <input type="checkbox"/> Upgrading Service                     |
| <input type="checkbox"/> Trauma Care Equipment | <input type="checkbox"/> Other: Please list                    |

Participation in area ReTrACs, RACs, or liaison committees **50%=15 points, 75%=30 points, 100%=50 points**

Region  I  II  III

I certify that the applicant has attended at least (circle one) **0% 50% 75% 100%**  
of ReTrACs, RACs, or liaison meetings.

I have reviewed this application and provided recommendations to the applicant.  Yes  No

Name  Signature: \_\_\_\_\_ Date \_\_\_\_\_  
Print

Title

<b>A. Project description</b>	<b>10 points</b>
Use one or two sentences to describe your project:	

<b>B. Project analysis</b>	<b>20 points</b>
1) In detail, describe the problem the project will address	
2) Justify that the project is evidence based and <b><u>justify your entity's need for this service. State the numbers of patients your entity transports per year. If asking for education, state how many personnel need the education and state their level of licensure.</u></b>	
<i>Refer to Application Process, Application Content, Section B. Project analysis, 1-2 for instructions</i>	
If EMS Service, number of transports per year; if Hospital, how many trauma patients seen in ED:	
If applying for education funding, number of personnel needing education with level of licensure	



**E. Project cost summary: list project components and budget amounts below** **40 points**

**Administrative costs cannot exceed 10% of the project cost**

Verify all expenditures on an attached price quote page(s) on the vendor's letterhead. The quote page should include a description of the service or equipment, the cost of the service or equipment, a date the quote originated, and a signature of the person authorized to issue the quote. Catalogue pages may substitute for a quote page.

*Refer to Application Process, Application Content, Section E. Project cost summary, for instructions*

	Project Components	Anticipated Cost	Corresponding Quote page # (one quote per page or highlight the specific item)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
	<b>Total cost</b>		

**F. Use of partial funding** **10 points**

**If TSFA partially funds your project, what parts of the project can you complete with 75% funding, 50% funding, 25% funding?** There is a potential that TSFA may not grant full funding but may grant partial funding for certain aspects of the project. TSFA asks that you prioritize those parts of the project you will complete if TSFA awards partial funding. If your organization will not accept less than full funding, please state so, but be aware that this statement may preclude your organization from receiving any funding. **List on a separate budget page, the parts of the project and budget associated with each part you will complete if funded at 75%, 50% and 25%. Label that page F1.**

**If unable to complete project with less than 100% funding, please explain why below:**

*Refer to Application Process, Application Content, Section G. Use of partial funding, for instructions*




## ASSURANCES

The following are required assurances associated with your Statewide Trauma System Development Funding project for Fiscal Year 2022:

- We agree that funds received through this distribution will be used only for the purposes stated in the application and under the conditions expressed in the resultant DPO Award Letter or its approved amendment(s);
- We understand and agree to comply with all applicable requirements of the New Mexico Department of Health;
- We agree that the information contained in this application is true and correct to the best of our knowledge; and,
- We agree to participate in trauma planning committees as referenced on guidelines, Accountability.

Project Coordinator	Authorized Fiscal Person, for example; CEO, CFO, County/City Manager, or Tribal Governor or President
Name:	Name:
Title:	Title:
Address:	Address:
City, State, Zip:	City, State, Zip:
Telephone:	Telephone:
Cell:	Cell :
Fax :	Fax :
Email :	Email:
Signature :	Signature:
Date :	Date:

Alternate Project Coordinator	Medical Director or Program Director (if required for the project as per scope of practice)
Name:	Name:
Title:	Title:
Address:	Address:
City, State, Zip:	City, State, Zip:
Telephone:	Telephone:
Cell:	Cell :
Fax :	Fax :
Email :	Email:
Signature :	Signature:
Date :	Date:



**NEW MEXICO TRAUMA SYSTEM FUND**  
*for*  
**STATEWIDE TRAUMA SYSTEM DEVELOPMENT**  
**Request for Applications**  
**for State Fiscal Year 2022**  
**01 July 2021 – 30 June 2022**

## APPLICANT CHECKLIST

Please review the following checklist to assure that you have addressed pertinent information and included required additional pages with your application. If any essential elements listed below are not included in the application, the EMSB will request that the application be corrected. The application must be corrected and submitted by the due date, or it will be considered incomplete and not reviewed for funding. A 'no' answer to any question will disqualify the application.

Essential elements:

**Have you completed or included in your application:**

	YES	NO
<b>1. Application submitted before the due date</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Application typed and mailed, shipped or hand delivered</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. Original signatures on the Assurance page</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4. If dictated by scope of practice, is there a Medical Director or Program Director original signature (Assurances page)</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5. EMS Regional Office original or electronic signature (section EMS REGIONAL OFFICE USE ONLY)</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>6. Quote pages labeled and consistent with budget page (section E)</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7. A minimum of 3 project specific letters of collaboration/support (section G) <u>OBVIOUS FORM LETTERS WILL NOT BE ACCEPTED.</u></b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8. If governed by a county, tribal authority or other entity, letter of permission to submit application included (section K)</b>	<input type="checkbox"/>	<input type="checkbox"/>

Please review this checklist to assure that you have addressed pertinent information and included required documentation.

**YES**

**NO**

<b>1. Requested funding amount indicated in the space provided on Trauma System Development Application page 1</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Proper applying agency/service/organization contact information</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. Regional EMS Office affiliation</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4. Fiscal agent information</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5. Indication of service area of project</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>6. Type of Agency / Service / Organization</b>	<input type="checkbox"/>	<input type="checkbox"/>

7. The type of project	<input type="checkbox"/>	<input type="checkbox"/>
8. Project description (section A)	<input type="checkbox"/>	<input type="checkbox"/>
9. Project analysis (section B)	<input type="checkbox"/>	<input type="checkbox"/>
10. Project logistics (section C)	<input type="checkbox"/>	<input type="checkbox"/>
11. Prioritization of project components if awarded less than 100% funding (section F)	<input type="checkbox"/>	<input type="checkbox"/>
12. Funding history (sections H, I, J)	<input type="checkbox"/>	<input type="checkbox"/>
13. Completed Substitute W-9 attached	<input type="checkbox"/>	<input type="checkbox"/>

**APPENDIX A**  
**DOH STRATEGIC PLAN 2014 to 2018**

**GOAL:**

**Improved health outcomes for the people of New Mexico**

**Resource:**

<http://nmhealth.org/opa/documents/NMDOH-OPA-Accreditation-Plan-Strategic-2014-2018-EN.pdf>