

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES



Federal Office of Rural Health Policy
Community-Based Division

Black Lung Clinics Program

Funding Opportunity Number: HRSA-20-027
Funding Opportunity Types: New and Competing Continuation
Assistance Listings (CFDA) Number: 93.965

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2020

Application Due Date: March 6, 2020

*Ensure your SAM.gov and Grants.gov registrations and passwords are current immediately!
HRSA will not approve deadline extensions for lack of registration.
Registration in all systems, including SAM.gov and Grants.gov,
may take up to 1 month to complete. In addition, ensure your DUNS Number is visible to the public
for verification the registration is current. Failure to comply can delay the processing of your
application.*

Issuance Date: December 6, 2019

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Authority: Sec. 427(a) of the Federal Mine Safety and Health Act of 1977, as amended (30 U.S.C. 937), 42 C.F.R. part 55a.

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for fiscal year (FY) 2020 Black Lung Clinics Program. The purpose of this program is to reduce the morbidity and mortality associated with occupationally-related coal mine dust lung disease through the provision of quality medical, outreach, educational, and benefits counseling services.

Funding Opportunity Title:	Black Lung Clinics Program
Funding Opportunity Number:	HRSA-20-027
Due Date for Applications:	March 6, 2020
Anticipated Total Annual Available FY 2020 Funding:	\$11,000,000
Estimated Number and Type of Awards:	Up to 15 awards, one per service area
Estimated Award Amount:	Varies, subject to the availability of appropriated funds
Cost Sharing/Match Required:	No
Period of Performance:	July 1, 2020 through June 30, 2025 (5 years)
Eligible Applicants:	Any state, public, or private entity. See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.

Application Guide

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in HRSA's *SF-424 Application Guide*, available online at <http://www.hrsa.gov/grants/apply/applicationguide/sf424guide.pdf>, except where instructed in this NOFO to do otherwise.

Technical Assistance

HRSA has scheduled the following technical assistance:

Webinar

Day and Date: Monday, January 13, 2020

Time: 2-3 p.m. ET

Call-In Number: 1-888-942-9711

Participant Code: 6427582

Weblink: https://hrsa.connectsolutions.com/black_lung_clinics_program_ta/

Note: you must dial into the conference line to participate in the question portion of the webinar. No pre-registration is required.

For your reference, the technical assistance webinar will be recorded and available for 90 days. Request the link to view the webinar 24 hours after the live event by emailing blacklung@hrsa.gov. The webinar audio will be available for playback within one hour of the end of the call and will be available until March 6, 2020. The phone number to hear the recorded call is 888-673-3565 and the passcode is 6427582.

The Technical Assistance call is open to the general public. The purpose of the call is to review the NOFO and to provide any clarifying information that may be necessary regarding the application process. There will be a Question and Answer session at the end of the call to answer any questions. While the call is not required, it is highly recommended for any organization interested in applying for the Black Lung Clinics Program.

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Black Lung Clinics Program (BLCP). BLCP's primary goal is to reduce the morbidity and mortality associated with occupationally-related coal mine dust lung disease (CMDLD)¹ through the provision of medical, outreach, educational, and benefits counseling services. All applicants, at a minimum, must provide certain services to coal miners in their service area (see [Section IV.3.1](#)). The additional guidelines to the minimum required services are intended to ensure that all service areas receive a level of services commensurate with current efforts in those areas and that the quality and breadth of services delivered to coal miners is sustained (see [Section IV.3.2](#)).

2. Background

BLCP is authorized by Section 427(a) of the Federal Mine Safety and Health Act of 1977 (30 U.S.C. 937), as amended, and accompanying regulations found in 42 CFR Part 55a. Through BLCP, public, private, and state entities provide medical, outreach, educational, and benefits counseling services to active, inactive, and disabled coal miners² throughout the country with the goal of reducing the morbidity and mortality associated with occupationally-related CMDLD. Per statutory authority, funding allocations to BLCP recipients must take into account *(1) The number of miners to be served and their needs; and (2) the quality and breadth of services to be provided.*³ Since the program's inception, BLCP recipients have served as critical access points for coal miners seeking education and medical services pertaining to their occupationally-related lung disease and guidance on how to apply for state and federal Black Lung benefits. Between July 1, 2018 and June 30, 2019, BLCP recipients reported serving over 13,000 coal miners across 15 states.⁴

After decades of steady decline following the enactment of the Federal Coal Mine Safety and Health Act of 1969, the national prevalence of Coal Workers' Pneumoconiosis (CWP), and its most severe form, Progressive Massive Fibrosis (PMF), is on the rise.^{5,6} Investigators from the National Institute for Occupational Safety and Health (NIOSH) report that the national prevalence of CWP in miners with 25 years or more of tenure now exceeds 10 percent, and in central Appalachia, over 20 percent of long-tenured miners have CWP.⁶ This recent data highlights the continued need for BLCP services.

¹ CMDLD is used here to refer to a spectrum of lung diseases caused by inhaling coal mine dust that includes coal workers' pneumoconiosis, mixed dust pneumoconiosis, silicosis, dust-related diffuse fibrosis, and chronic obstructive pulmonary disease. See, e.g., Petsonk E. L., et al (2013), "Coal Mine Dust Lung Disease: New Lessons from an Old Exposure," *American Journal of Respiratory and Critical Care Medicine* 187(11), pp. 1178-1184. <https://doi.org/10.1164/rccm.201301-0042CI>

² Per 42 CFR part 55a, a "coal miner" is defined as: *Any individual who works or has worked in or around a coal mine or coal preparation facility in the extraction or preparation of coal. The term also includes an individual who works or has worked in coal mine construction or transportation in and around a coal mine, to the extent that the individual was exposed to coal dust as a result of employment.*

³ 42 CFR part 55(a)

⁴ According to annual performance data submitted to HRSA by the award recipients

⁵ Blackley, D.J. et al. (2016) "Resurgence of Progressive Massive Fibrosis in Coal Miners — Eastern Kentucky, 2016," *Morbidity and Mortality Weekly Report* 65(49):1385–1389 <https://www.cdc.gov/mmwr/volumes/65/wr/mm6549a1.htm#>

⁶ Blackley, D.J. et al. (2018) "Continued Increase in Prevalence of Coal Workers' Pneumoconiosis in the United States, 1970–2017," *American Journal of Public Health* 108(9): 1220-1222 <https://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2018.304517>

II. Award Information

1. Type of Application and Award

Types of applications sought: New and Competing Continuation

HRSA will provide funding in the form of a grant.

2. Summary of Funding

HRSA expects approximately \$11,000,000 to be available annually to fund up to 15 recipients. Funding amounts by service area are based on FY 2019 amounts. The period of performance is July 1, 2020 through June 30, 2025 (5 years). Funding beyond the first year is subject to the availability of appropriated funds for BLCP in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government. HRSA may reduce recipient funding levels beyond the first year if the recipient is unable to fully achieve the goals listed in application.

All HRSA awards are subject to the Uniform Administrative Requirements, Cost Principles, and Audit Requirements at [45 CFR part 75](#).

HRSA will allocate funds to service areas based on the level of BLCP funding that each service area received in FY 2019. Applicants applying to serve a particular service area should propose a level of services commensurate with current efforts in that service area, though limited exemptions may be considered. This approach intends to minimize service disruptions, ensure continuity of care to coal miners in service areas currently served by BLCP recipients, and address the resurgence in CWP and its most severe form PMF while maintaining alignment with program regulations.⁷

It is anticipated that one award will be made per service area. Applicants must propose to serve the entirety of the service area they are applying to cover, as outlined below in Section II.2.Table A. Applicants may only propose to serve one service area unless the applicant is a state entity and proposes to serve the entire state. Applicants may propose to serve additional counties so long as they demonstrate how they will avoid duplication of services. HRSA recognizes that more than one clinic may be providing complementary services to coal miners in a given state or county. **Applicants proposing to serve Service Areas A, J, E, F, or G must detail how they intend to avoid duplicating efforts of other black lung clinics in the states or counties where there is overlap** (see [Section IV.3.4](#) for more information).

⁷ 42 CFR part 55(a)
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Table A: Current BLCP Funding Allocations and Service Areas*

<u>Service Area</u>	<u>Counties</u>	<u>FY 2019 Funding Amount (\$)</u>
Service Area A:	Arizona: Apache, Coconino, Navajo	\$363,145
Service Area B:	Kentucky: Bell, Breathitt, Boyd, Clay, Estill, Floyd, Jackson, Johnson, Harlan, Knott, Knox, Laurel, Lawrence, Lee, Leslie, Letcher, Magoffin, Martin, McCreary, Owsley, Perry, Pike, Whitley, Wolfe	\$694,248
Service Area C:	Ohio: Belmont, Carroll, Columbiana, Harrison, Jefferson, Mahoning, Monroe, Stark, Tuscarawas, Washington; West Virginia: Brooke, Hancock, Marshall, Ohio, Tyler, Wetzel	\$395,188
Service Area D:	Ohio: Athens, Coshocton, Fairfield, Gallia, Guernsey, Hocking, Holmes, Jackson, Licking, Meigs, Morgan, Muskingum, Noble, Perry, Ross, Vinton	\$395,188
Service Area E:	Pennsylvania: Allegheny, Armstrong, Beaver, Butler, Cambria, Clarion, Clearfield, Fayette, Greene, Indiana, Jefferson, Lawrence, Somerset, Washington, Westmoreland	\$480,634
Service Area F:	Pennsylvania: Fayette, Greene, Washington	\$491,314
Service Area G:	Pennsylvania: Adams, Bedford, Berks, Blair, Bradford, Bucks, Cambria, Cameron, Carbon, Centre, Chester, Clearfield, Clinton, Columbia, Cumberland, Dauphin, Delaware, Elk, Franklin, Fulton, Huntingdon, Indiana, Jefferson, Juniata, Lackawanna, Lancaster, Lebanon, Lehigh, Luzerne, Lycoming, McKean, Mifflin, Monroe, Montgomery, Montour, Northampton, Northumberland, Perry, Philadelphia, Pike, Potter, Schuylkill, Snyder, Somerset, Sullivan, Susquehanna, Tioga, Union, Wayne, Wyoming, York	\$416,549
Service Area H:	Tennessee: All counties	\$309,742

Service Area I:	Wyoming: All counties; North Dakota: all counties Montana: counties; Utah: all counties;	\$395,188
Service Area J:	Colorado: All counties; Arizona: Apache, Coconino, Maricopa, Navajo, Yavapai	\$982,629
Service Area K:	Illinois: All counties; Indiana: All counties	\$1,014,671
Service Area L:	Kentucky: Butler, Christian, Daviess, Henderson, Hopkins, Logan, McLean, Muhlenberg, Ohio, Todd, Union, Webster	\$993,309
Service Area M:	New Mexico: All counties	\$779,694
Service Area N:	Virginia: Buchanan, Dickenson, Lee, Russell, Scott, Smyth, Tazewell, Washington, Wise	\$1,014,671
Service Area O:	West Virginia: Boone, Fayette, Grant, Greenbrier, Kanawha, Lincoln, Logan, McDowell, Mercer, Mingo, Preston, Raleigh, Taylor, Wyoming	\$1,954,576

*Service areas represent counties served by current BLCP recipients and funding amounts reflect the amounts BLCP recipients received in FY 2019.

Funding requirements for current BLCP recipients:

Current BLCP recipients whose period of performance ends June 30, 2020 and are interested in applying for the BLCP grant program should request a funding amount less than or equal to the amount allocated to the service area they propose to serve as listed in Section II.2. Table A above.

Exceptions:⁸

- 1) If an applicant previously served a service area as a part of a consortium, but is now applying to serve that area separately, request a funding amount that is less than or equal to the amount received under the consortium;
- 2) If an applicant previously served a service area(s) separately, but is now applying to serve that area(s) as a consortium, request a funding amount that is less than or equal to the combined amount that each individual BLCP recipient received in FY 2019;

Under both of these exceptions, applicants should demonstrate how they will ensure continuity of care to coal miners in the service area(s) that was served during FY 2017-2019.

Note: any individual applicant can request the full amount allocated to the service area they are proposing to serve.

⁸ These exceptions allow for administrative or organizational changes such as mergers, dissolutions, or closures.

Funding requirements for new BLCP applicants:

New applicants should request a funding amount less than or equal to the amount allocated to the service area they propose to serve, as listed in Section II.2.Table A above.

III. Eligibility Information

1. Eligible Applicants

Any state or public or private entity may apply.

Applicant organizations that are federally recognized tribes or tribal organizations are eligible to apply if conducting all proposed activities within federally recognized tribal areas. Documentation of federally recognized tribal status must be included for this consideration (**Attachment 1**).

A state, or a single entity or consortium within a state, may apply.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

HRSA will consider any application that exceeds the ceiling amount non-responsive and will not consider it for funding under this notice.

HRSA will consider any application that fails to satisfy the deadline requirements referenced in [Section IV.5](#) non-responsive and will not consider it for funding under this notice.

Multiple applications from an organization are not allowable.

If for any reason (including submitting to the wrong funding opportunity number or making corrections/updates) an application is submitted more than once prior to the application due date, HRSA will only accept your **last** validated electronic submission, under the correct funding opportunity number, prior to the Grants.gov application due date as the final and only acceptable application.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA **requires** you to apply electronically. HRSA encourages you to apply through [Grants.gov](http://www.grants.gov) using the SF-424 workspace application package associated with this notice of funding opportunity (NOFO) following the directions provided at <http://www.grants.gov/applicants/apply-for-grants.html>.

The NOFO is also known as “Instructions” on Grants.gov. You must provide your email address when reviewing or preparing the workspace application package in order to receive notifications including modifications and/or republications of the NOFO on Grants.gov before its closing date. Responding to an earlier version of a modified notice may result in a less competitive or ineligible application. *Please note you are ultimately responsible for reviewing the [For Applicants](#) page for all information relevant to desired opportunities.*

2. Content and Form of Application Submission

Section 4 of HRSA’s [SF-424 Application Guide](#) provides instructions for the budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, and abstract. You must submit the information outlined in the Application Guide in addition to the program-specific information below. You are responsible for reading and complying with the instructions included in HRSA’s [SF-424 Application Guide](#) except where instructed in the NOFO to do otherwise. You must submit the application in the English language and in the terms of U.S. dollars (45 CFR § 75.111(a)).

See Section 8.5 of the *Application Guide* for the Application Completeness Checklist.

Application Page Limit

The total size of all uploaded files may not exceed the equivalent of **80 pages** when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support required in the *Application Guide* and this NOFO. Standard OMB-approved forms that are included in the workspace application package do not count in the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. **We strongly urge you to take appropriate measures to ensure your application does not exceed the specified page limit.**

Applications must be complete, within the specified page limit, and validated by Grants.gov under the correct funding opportunity number prior to the deadline to be considered under this notice.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

- 1) You, on behalf of the applicant organization certify, by submission of your proposal, that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- 2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. 3321).
- 3) Where you are unable to attest to the statements in this certification, an explanation shall be included in Attachment 12-15: Other Relevant Documents.

See Section 4.1 viii of HRSA's [SF-424 Application Guide](#) for additional information on all certifications.

Program-Specific Instructions

In addition to application requirements and instructions in Section 4 of HRSA's [SF-424 Application Guide](#) (including the budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, and abstract), include the following:

Programmatic Requirements:

1) Minimum Required BLCP Services

All applicants, at a minimum, must provide the following services to coal miners in their service areas:

- **Staffing:** Contracted or onsite board-certified physician with special training or experience in the diagnosis and treatment of respiratory diseases who has at least one (1) year experience in the diagnosis and treatment of respiratory diseases. Staff may also include non-physician primary care providers working under the direct supervision of the clinic physician.
- **Patient education and outreach:** This should include current, evidence-based information delivered to coal miners in a variety of formats and forums. Education should include risks associated with coal mine dust lung exposure, information on the recent resurgence in CWP and its most severe form, PMF, as well as medical and compensation services available to them.
- **Lung function testing:** This should include onsite resting spirometry and oximetry, with or without a bronchodilator challenge. Staff must have training in the proper interpretation of results and NIOSH certification in spirometry.
- **Chest imaging:** This must include a Postero-Antero chest x-ray (CXR) provided by a contracted or onsite board-certified radiologist and interpreted by a NIOSH-certified B-reader. Every effort must be taken to meet International Labour Organization (ILO) technical standards⁹ and facilities must be contracted or onsite.

⁹ ILO International Classification of Radiographs of Pneumoconiosis (rev. 2011), http://www.ilo.org/safework/areasofwork/occupational-health/WCMS_108548/lang-en/index.htm

- **Pulmonary rehabilitation:** This must include accredited Phase II and Phase III pulmonary rehabilitation services provided onsite, through contract, or by referral.
- **Medical case management:** This should include a patient care coordinator who may be a lay health care worker or trained health care personnel. The coordinator is responsible for assisting the clinic physician(s) in maintaining contact with the patient's primary care physician and assuring optimum patient participation in the prescribed treatment. Current, evidence-based information and treatment of coal mine dust induced lung diseases (e.g., medications, nutrition, vaccinations, smoking cessation, and referrals to specialty care) should be provided. Applicants must also evaluate and treat (or refer) coal miners for commonly associated conditions, including chronic obstructive pulmonary disease (COPD), hearing loss, substance abuse, depression, hypertension, diabetes, and cardiovascular disease.
- **Compensation counseling:** Compensation counselors should have a minimum of a high school diploma and training to competently assist miners in filing federal black lung, state worker's compensation, and Social Security Disability Insurance claims as appropriate.
- **Department of Labor (DOL) examination:** The applicant must have the ability to refer patients to an approved and certified DOL medical examiner and strive to meet timeliness goals.
- **Data collection:** Applicants must have the ability to collect patient-level data as prescribed by HRSA and report across all project years.
- **Technical Assistance:** Applicants must participate in programmatic technical assistance from the Black Lung Data and Resource Center in order to enhance operations, improve the quality and breadth of services BLCP recipients provide, and increase the number of U.S. coal miners served. HRSA will provide further information upon receipt of award.

2) **Additional Guidelines to the Minimum Required BLCP Services**

The additional guidelines to the minimum required services are intended to ensure that all service areas receive a level of services commensurate with current efforts in those areas and that the quality and breadth of services delivered to coal miners is sustained.

Applicants may request up to two exemptions the additional guidelines to the minimum required services below for their service area in **Attachment 2**. Please see Section IV.3.3 below for more information. This approach will give applicants greater flexibility to tailor services to their patients' needs and organization's capacity.

a. **Service Areas A through I ONLY:**

In addition to the **Minimum Required BLCP Services** outlined above, and in order to sustain the quality and breadth of services provided to coal miners, applicants applying to **Service Areas A through I** should provide the following services and meet the following standards in order to ensure continuity of care:

- **Staffing:** Onsite, board-certified physician with special training or experience in the diagnosis and treatment of respiratory diseases with at least two (2) years of experience in the diagnosis and treatment of respiratory diseases.
- **Patient education and outreach:** In addition to outreach to miners, applicants should conduct structured educational activities that involve other community partners within and outside of the black lung community.
- **Lung function testing and chest imaging:** Access to full resting pulmonary function testing, including a bronchodilator challenge, lung volume measurements, diffusion capacity, and resting arterial blood gases. Testing equipment and methods must meet American Thoracic Society/European Respiratory Society (ATS/ERS)^{10,11} standards.
- **Medical case management:** Patient care coordinators should have an Associate degree or at least three (3) years of experience in patient care coordination. Trained nurse care managers or certified nurse assistants are preferred.
- **Compensation counseling:** Staff should have a minimum of a high school diploma and at least three (3) years of experience. They should guide coal miners through the federal black lung benefits process, assist with interpretation of legal correspondence, and DOL medical exam results.

b. Service Areas J through O ONLY:

In addition to the **Minimum Required BLCP Services** outlined above, and in order to sustain the quality and breadth of services provided to coal miners, applicants applying to **Service Areas J through O** should provide the following services and meet the following standards in order to ensure continuity of care:

- **Staffing:** Onsite, board-certified physician with special training or experience in the diagnosis and treatment of respiratory diseases with at least four (4) years of experience, preferably with occupationally-related lung disease.
- **Patient education and outreach:** In addition to outreach to miners and structured educational activities that involve other community partners within and outside of the black lung community, applicants should facilitate educational workshops or presentations at local and national conferences.
- **Lung function and other testing:** Access to full resting pulmonary function testing, cardiopulmonary exercise testing with metabolic cart, as well as bronchodilator challenge, lung volume measurements, diffusion capacity, and resting and exercise arterial blood gases testing. Testing equipment and methods must meet American Thoracic Society/European Respiratory Society (ATS/ERS)^{12,13} standards. Capacity to conduct onsite chest x-ray with B-reader interpretation and capability to do advanced chest imaging.
- **Medical case management:** Nurse case manager or certified medical assistant with five (5) years of experience to provide assistance for medical follow-up of patients.

¹⁰ American Thoracic Society <https://www.thoracic.org/statements/pulmonary-function.php>

¹¹ European Respiratory Society <https://www.ers-education.org/guidelines.aspx>

¹² American Thoracic Society <https://www.thoracic.org/statements/pulmonary-function.php>

¹³ European Respiratory Society <https://www.ers-education.org/guidelines.aspx>

- **Compensation counseling:** Providers with medical/legal expertise to write expert medical reports and provide expert testimony and supplemental reports. Ability to refer patients for legal assistance provided by a licensed attorney specializing in Black Lung Benefits claims.
- **DOL examination:** Onsite DOL medical exams by an approved provider. Must meet all criteria by the DOL under 20 CFR part 725 to perform “complete and qualitative” medical exams as well as provide treatment under the Federal Mine Safety and Health Act of 1977, as amended. In addition, HRSA-funded entities are strongly encouraged to (1) adhere to the performance measures as outlined in DOL-Office of Workers’ Compensation Programs (OWCP) performance measures as it relates to the Black Lung Program, (2) to submit documents relevant to active black lung benefits claims electronically into Claimant Online Access Link (C.O.A.L.), and (3) to follow other procedures and training related to diagnostic and medical providers.

3) **Exemptions to the additional guidelines to the minimum required services:**

HRSA recognizes that not all of the additional guidelines to the minimum required services may be appropriate or feasible for applicants due to organizational, clinical, or environmental factors and the fluid nature of the target population.

As a result, applicants may request **up to two exemptions** to the additional guidelines for their service area in a separate attachment (**Attachment 2**). If HRSA staff determines that an applicant’s request is justified, the applicant will not be penalized for adjusting the additional guideline from their project narrative.

Note: Applicants may not request exemptions from any of the Minimum Required BLCP Services.

In order to consider the proposed exemption, applicants must include the following in the attachment:

- A detailed description of the requested exemption(s);
- A detailed justification for the exemption(s), including why it is necessary to the applicant’s ability to carry out the goals of the BLCP and how it will affect the applicant’s work, staffing plans, and budget;
- A detailed justification for why they intend to reduce or eliminate the service or staffing guideline;
- A description of how and where coal miners in their service area(s) will learn about and access the same or a higher quality version of the service(s) (including distance to the nearest facility/ies offering the service); and
- A detailed description for how the applicant will compensate for the reduced or eliminated service by either enhancing or adding to the other services they provide to coal miners.

Applicants should not propose the following changes:

- Receipt of a funding amount greater than the FY 2019 funding amount allocated to the applicant's service area¹⁴ (as defined by [Section II.2.Table A](#));
- Provision of services to fewer counties than the ones listed in the applicant's service area (see [Section II.2.Table A](#)); and/or
- Elimination or reduction of any of the **Minimum Required BLCP Services**, as outlined above in [Section IV.3.1](#).

Each exemption request should not exceed one page, single-spaced. HRSA staff reserve the right to disapprove or seek clarification on any proposed exemption(s) if they appear to significantly harm access or quality of services provided to coal miners; violate BLCP program regulations (as defined by 42 CFR part 55(a)); or otherwise negatively impact the goals of the BLCP. If HRSA disapproves or seeks clarification on a proposed exemption(s), they will notify the BLCP recipient upon issuance of the award by placing a condition on the grant. The BLCP recipient will then be required to submit a revised budget and/or scope of project to HRSA in the Electronic Handbooks (EHBs).

4) **Duplication of Efforts in Service areas A, J, E, F, or G:**

HRSA recognizes that more than one clinic may be providing complementary services to coal miners in a given county. Applicants proposing to serve **Service Areas A, J, E, F, or G** must detail how they intend to avoid duplicating efforts of other black lung clinics in the states or counties where there is overlap **in Attachment 3**.

The narrative should not exceed one page single-spaced and must include all efforts the applicant will take to avoid duplication. This may include, but is not limited to, direct contact with the other awardee(s) in the service area, coordination or collaboration on education or outreach events, MOUs/MOAs or referrals to medical or benefits counseling services, clarification of complimentary services provided, and/or a description of unique services provided in the states or counties where there is overlap.

5) **Consortium coordination:**

If you intend to form a consortium with one or more entities, you must submit a Letter of Commitment (LOC) or a Memorandum of Agreement (MOA) with the application that, at a minimum, includes a(n):

- affirmation of each consortium member's commitment to and support of the project;
- outline of the frequency and method of communication (e.g., in-person, e-mail, etc.) between consortium members; and
- description of the proposed process for soliciting and incorporating input from each consortium member into decision-making, problem solving, and urgent or emergency situations.

¹⁴ Unless, as noted earlier in this funding opportunity announcement, the applicant is proposing to apply as a single entity or a consortium for the purposes of the FY 2020-2025 award cycle, in which case they must request a funding amount that is less than or equal to the combined amount that each individual BLCP recipient received in FY 2019.

Submit the LOC/MOA with the application as **Attachment 4**. Please note that a LOC/MOA represents a promise to provide the specified organizational resources for the success of the project. A LOC/MOA is not the same as a Letter of Support. A LOC/MOA is from a consortium member organization providing substantial commitment and support to the project. In addition, you must provide a detailed narrative including:

- the work that the consortium will engage in;
- how that work aligns with this funding opportunity; and
- how the formation of the consortium will result in systemic improvements in miner health and safety.

i. Project Abstract

See Section 4.1.ix of HRSA’s [SF-424 Application Guide](#). Please use the following outline to complete the requested abstract content described below. The project abstract must be **single-spaced** and is limited to **one page in length**.

ABSTRACT HEADING CONTENT
Applicant Organization Information Organization Name, Address, Facility/Entity Type, and Website Address (<i>if applicable</i>)
Designated Project Director Information Project Director Name & Title, Contact Phone Numbers (<i>Voice, Fax</i>), and E-Mail Address
Project Title: Name of the project
Funding Amount Requested: The dollar amount requested
ABSTRACT BODY CONTENT
Need(s) to be Addressed Brief description of the project’s proposed need(s) and the proposed service area (see Section II. 2. Table A).
Project Activities/Services Brief description of the proposed project’s activities and/or services.
Expected Outcomes Brief description of the proposed project’s expected outcomes.
Funding Preference If requesting a funding preference (see Section V.2.), applicants must explicitly request a qualifying funding preference and cite the qualification as defined by Part 55a, Subpart A, § 55a.103. HRSA highly recommends you include this language: “ <i>Applicant organization name</i> is requesting a funding preference based on state preference. <i>Applicant organization name</i> is a state entity”. If applicable, you need to provide supporting documentation in Attachment 5 .

ii. Project Narrative

This section provides a comprehensive framework and description of all aspects of the proposed project. It should be succinct, self-explanatory, consistent with forms and attachments, and well organized so that reviewers can understand the proposed project.

Successful applications will contain the information below. Please use the following section headers for the narrative:

- *INTRODUCTION -- Corresponds to Section V's Review Criterion #1 "Need"*

Briefly describe the purpose of the proposed project, summarizing the project goals, objectives, and expected outcomes. Please include the service area that you are applying to serve in this section, as listed in [Section II.2](#).Table A, as well as the names of any additional counties you intend to serve.

- *NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion #1 "Need"*

Please provide the following information to demonstrate the needs of your organization, patient population, and community:

- **Number of coal miners in service area:** Provide the best estimate of the number of active, inactive, and retired coal miners residing in the service area you are proposing to serve based on all available data from the U.S. Department of Labor, U.S. Energy Information Administration, and other relevant national, state, and local resources. Current recipients should cite their most recent Performance Improvement Management System (PIMS) data including number of miners served and any other supporting data points. New applicants should cite the number of miners served across the last calendar year from their Electronic Medical Records (EMR).
- **Health care access and utilization in service area:** Describe current patterns for obtaining health care in the service area you are proposing to serve and the role of your organization (e.g., approximately what percentage of retired and active coal miner patients seek their primary and/or specialty care at the applicant site). Please differentiate between each employment status (e.g., retired, disabled, inactive, or active) of coal miner served.
- **Unmet health needs in service area:** Describe unmet health needs in the service area you are proposing to serve. Cite and use publicly available local data where possible and compare them to state and/or national data. Only use indicators that are relevant to the proposed project (e.g., specific health status indicators [including those related to the prevalence and/or severity of CMDLD in your proposed service area, if available], age, employment status, insurance coverage, poverty level, transportation access, etc.). Current recipients should cite their most recent PIMS data including number of miners served and any other supporting data points. New applicants should cite the number of miners served across the last calendar year from their EMR and any other supporting data points.

- **Health care and social services in service area:** Provide an overview of the current health care and social services available within and around the service area you are proposing to serve. Clearly describe both the number and type of relevant services (e.g., pulmonary and respiratory health care, compensation counseling, legal services, etc.) available to coal miners within and around your proposed service area, and the relationship of these services to your organization/proposed project.

Describe the potential impact of your project on existing providers (e.g., changes in referral and practice patterns, provider reimbursement impact, etc.) who are located within or around your proposed service area but are not part of your project.

Provide a clear, well-reasoned justification for why other grant programs and/or resources within or around your proposed service area are unable to fill the health care gaps you have identified. Your local health department and/or State Office of Rural Health may be valuable resources for acquiring the data and information necessary to respond to this section.

- **Other:** You may include any other relevant information that demonstrates the need for BLCP services in the service area you are proposing to serve. This includes publicly available data from state and federal data sources or for current BLCP recipients, PIMS data. New applicants may cite the number of miners served across the last calendar year from their EMR.

▪ *METHODOLOGY -- Corresponds to Section V's Review Criterion #2 "Response"*

Please use the following subheadings for this section: "Methods for Delivering Minimum Required BLCP Services"; "Methods for Delivering the Additional Guidelines to the Minimum Required Services for Proposed Service Area"; and "Payer of Last Resort".

Please propose what methods will be used to meet each of the minimum required BLCP services and, as applicable, each of the additional guidelines to the minimum required services for the service area you are proposing to serve as outlined in [Section IV](#). If you are requesting an exemption(s) to any of the additional guidelines to the minimum required services, please note it/them here, but do not go into detail.

Additionally, per statute, the BLCP is the payer of last resort.¹⁵ As such, all BLCP recipients must make every effort to pursue alternate sources of payment and use program income in a manner consistent with award requirements. Provide descriptions of the following:

¹⁵ 42 CFR Part 55a

- How you will ensure charges for services rendered are in alignment with the description in post-award requirements ([Section VI. Award Administration Information](#)) of this opportunity;
 - Your organizational capacity to coordinate billings with multiple payers/sources of funding; and
 - The procedures and reasonable efforts for collecting payments from third-party payers.
- *WORK PLAN -- Corresponds to Section V's Review Criteria #2 "Response" and #4 "Impact"*

Applicants should provide a clear and coherent work plan in **Attachment 6** that is aligned with the project's and overall BLCP's goals and objectives.

The work plan should be in a table format (see example below) and include, at a minimum, the following components:

- **Activities:** All minimum required activities, as outlined in [Section IV.3.1](#), should be included. Additionally, account for all additional guidelines to the minimum required services for the service area you are proposing to serve as outlined in [Section IV.3.2](#) unless you are requesting an exemption as outlined in [Section IV.3.3](#).
- **Responsible individual and/or organization:** For each activity, list the individual and/or organization responsible for carrying out the activity.
- **Timeline:** Include a timeline for implementation and completion of each activity during the five-year period of performance.
- **Process measures** (as defined by CDC's Workplace Health Promotion Evaluation):¹⁶ For each activity, list the process measures you will use to evaluate the outputs the activities will generate.
- **Outcome measures** (as defined by CDC's Workplace Health Promotion Evaluation):¹⁶ For each activity, list the short, intermediate, and long-term outcome measures you will use to evaluate your project's effectiveness.
- **Dissemination Activities:** Describe specific, detailed plans and methods for disseminating project activities and outcomes to various target audiences, including program stakeholders (e.g., policymakers, researchers, etc.) and the general public, where appropriate.

Activities	Responsible Individuals	Timeline	Process Measures	Outcome Measures	Dissemination Activities

¹⁶ CDC Workplace Health Promotion Evaluation, <http://www.cdc.gov/workplacehealthpromotion/model/evaluation/index.html>

Applicants should clearly describe the extent to which the proposed project has a public health impact and the project will be effective, if funded. This may include, but is not limited to: the effectiveness of plans for dissemination of project results, the impact results may have on coal miners in the service area, the extent to which project results may be national in scope, and the sustainability of the program beyond the federal funding.

- *RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion #2 "Response"*

Discuss challenges that you are likely to encounter in designing and implementing the activities described in the work plan, and what methods or approaches you will use to resolve such challenges. You should be as specific as possible in both the identification of potential or documented challenges (e.g., barriers to transportation, workforce recruitment and retention, linguistic or cultural, socioeconomic, geographic, etc.) and your specific plans to reduce or eliminate each one of them.

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criteria #3 "Evaluative Measures" and #5 "Resources/Capabilities"*

Please use the following sub-headings when responding to this section: "Logic Model" and "Data Collection Strategy"

- **Logic Model:** You are required to submit a logic model that pictorially illustrates the relationship between the resources invested in a program and the desired outcomes. A logic model shows the logical relationship among the resources invested, the activities that take place, and the benefits or changes that result. Include your project's logic model and narrative description in **Attachment 7**.

A logic model is not a work plan. A work plan is an "action guide" with a timeline that is used during program implementation. Find information on how to distinguish between a logic model and a work plan at the following website: https://www.cdc.gov/eval/tools/logic_models/index.html.

- **Data Collection Strategy:** Describe your strategy to collect, analyze, and track organizational and patient-level data to measure process and impact/outcomes. Explain how you will use data to inform your project development and service delivery. Describe the sources of the data you are utilizing.

- *ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion #5 "Resources/Capabilities"*

Describe a clear, comprehensive plan for staffing that meets the educational and professional requirements of the project and those by relevant certification bodies in **Attachment 8**. Staffing plans should include, at a minimum, a board-certified physician with special training or experience in the diagnosis and treatment of respiratory diseases, a compensation counselor, and a patient care coordinator. In addition, the staffing plan should include position descriptions for other staff, which may include a dietician, audiologist, physical therapist, and a pharmacist, among others.

All staffing plans should include the following components:

- The number and types of staff, qualification levels, and full-time equivalents (FTEs);
- The information necessary to illustrate both the capabilities (current experience, skills, knowledge, and experience with previous work of a similar nature) of key staff listed above and the requirements that the applicant has established to fill other key positions;
- Job descriptions for each of the key staff mentioned above; and
- Staffing needs should have a direct link to the activities proposed in the project narrative and budget portion of the application.

Describe the abilities and contributions of the applicant organization(s). Provide information on the applicant organization's current mission and structure, scope of current activities, as well as an organizational chart (**Attachment 9**). Clearly explain how all of these aspects contribute to the organization's ability to meet program requirements and expectations. This includes, but is not limited to, financial and accounting management systems in place and capacity to exercise administrative and programmatic direction over the project.

You may also include letters of support in **Attachment 10**, although this is not required. A letter of support is from a non-consortium organization and indicates awareness and acceptance of the proposed project.

NARRATIVE GUIDANCE	
To ensure that you fully address the review criteria, this table provides a crosswalk between the narrative language and where each section falls within the review criteria. Any attachments referenced in a narrative section may be considered during the objective review.	
<u>Narrative Section</u>	<u>Review Criteria</u>
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology	(2) Response
Work Plan	(2) Response and (4) Impact
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures and (5) Resources/Capabilities
Organizational Information	(5) Resources/Capabilities
Budget and Budget Narrative	(6) Support Requested – the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the support requested.

iii. Budget

See Section 4.1.iv of HRSA’s [SF-424 Application Guide](#). Please note: the directions offered in the SF-424 Application Guide may differ from those offered by Grants.gov. Follow the instructions included in the Application Guide and the additional budget instructions provided below. A budget that follows the Application Guide will ensure that, if HRSA selects the application for funding, you will have a well-organized plan and by carefully following the approved plan can avoid audit issues during the implementation phase.

Reminder: The Total Project or Program Costs are the total allowable costs (inclusive of direct **and** indirect costs) incurred by the recipient to carry out a HRSA-supported project or activity. Total project or program costs include costs charged to the award and costs borne by the recipient to satisfy a matching or cost-sharing requirement, as applicable.

Your proposed budget may not exceed the amount allocated to the service area you propose to serve, as listed in [Section II.2. Table A](#).

The Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019 (P.L. 115-245), Division B, § 202, pursuant to the Continuing Appropriations Act, 2020, and Health Extenders Act of 2019 (P.L. 116-59), Division A, § 101(8), states, “None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II.” See Section 4.1.iv Budget – Salary Limitation of HRSA’s [SF-424 Application Guide](#) for additional information. Note that these or other salary limitations may apply in the following FY, as required by law.

iv. Budget Narrative

See Section 4.1.v. of HRSA’s [SF-424 Application Guide](#).

v. Attachments

Provide the following items in the order specified below to complete the content of the application. **Unless otherwise noted, attachments count toward the application page limit.** Indirect cost rate agreements and proof of non-profit status (if applicable) will not count toward the page limit. You must clearly label **each attachment**.

Attachment 1: Federally Recognized Tribe(s) or Organizations (if applicable)

Applicant organizations that are federally-recognized tribes or organizations are eligible to apply if all proposed activities will be conducted within federally-recognized tribal areas. You must submit documentation of your federally-recognized tribal status.

Attachment 2: Exemption(s) to the Additional Guidelines to the Minimum Required Services (if applicable)

You may propose up to two exemptions from the additional guidelines to the minimum required services for their service area using the instructions in [Section IV.3.3](#).

Attachment 3: Duplication of Efforts in Service areas A and J or E, F, and G (if applicable)

Applicants proposing to serve **Service Areas A and J or E, F, and G** must detail how they intend to avoid duplicating efforts of other black lung clinics in the states or counties where there is overlap. The narrative should not exceed one page single-spaced and must include all efforts the applicant will take to avoid duplication. See [Section IV.3.4](#) for additional guidance.

Attachment 4: Consortium Plan (if applicable)

See [Section IV.3.5](#) for additional guidance. Attach a Letter of Commitment (LOC) or a Memorandum of Agreement (MOA) with the application that, at a minimum:

- affirms each consortium member’s commitment to and support of the project;
- outlines the frequency and method of communication (e.g., in-person, e-mail, etc.) between consortium members;
- describes the proposed process for soliciting and incorporating input from each consortium member into decision-making, problem solving, and urgent or emergency situations; and

- provides a detailed narrative of the work that the consortium will engage in; how that work aligns with this funding opportunity; and how the formation of the consortium will result in systemic improvements in miner health and safety.

Attachment 5: Request for Funding Preference (if applicable)

To receive a funding preference, include a statement that you are eligible for a funding preference and identify the preference. Include documentation of this qualification. See [Section V.2](#).

Attachment 6: Work Plan

Attach the work plan for the project that includes all information detailed in [Section IV.3.ii. Project Narrative](#). The work plan should be in table format, and at a minimum include the activities, responsible individual and/or organization, timeline, process measure(s), and outcome measure(s). Do not exceed more than 15 pages.

Attachment 7: Logic Model

You are required to submit a logic model and narrative that illustrates the inputs, activities, outputs, outcomes, and impact of the project.

Attachment 8: Staffing Plan and Job Descriptions for Key Personnel

See Section 4.1 of HRSA's [SF-424 Application Guide](#). Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff. Also, please include a description of your organization's timekeeping process to ensure that you will comply with the federal standards related to documenting personnel costs.

Attachment 9: Organizational Chart

Provide a one-page figure that depicts the organizational structure of the applicant.

Attachment 10: Letters of Support (not required)

Attach and clearly label a list of non-consortium organizations providing substantial support and/or relevant resources to the project, if applicable. Provide the organization name, contact person(s), full address, phone number(s), fax number, e-mail address, and a brief, one to two-sentences, account of the relevant support/resource(s) provided. If an applicant would like to submit letters of support, they can include them here.

Attachment 11: For Multi-Year Budgets - 5th Year Budget

After using columns (1) through (4) of the SF-424A Section B for a 5-year period of performance, you will need to submit the budget for the 5th year as an attachment. Use the SF-424A Section B, which does not count in the page limit; however, any related budget narrative does count. See Section 4.1.iv of HRSA's [SF-424 Application Guide](#).

Attachments 12 – 15: Other Relevant Documents

Include here any other documents that are relevant to the application.

3. Dun and Bradstreet Data Universal Numbering System (DUNS) Number and System for Award Management

You must obtain a valid DUNS number, also known as the Unique Entity Identifier, for your organization/agency and provide that number in the application. You must also register with the System for Award Management (SAM) and continue to maintain active SAM registration with current information at all times during which you have an active federal award or an application or plan under consideration by an agency (unless the applicant is an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or has an exception approved by the agency under 2 CFR § 25.110(d)).

HRSA may not make an award to an applicant until the applicant has complied with all applicable DUNS and SAM requirements and, if an applicant has not fully complied with the requirements by the time HRSA is ready to make an award, HRSA may determine that the applicant is not qualified to receive an award and use that determination as the basis for making an award to another applicant.

If you have already completed Grants.gov registration for HRSA or another federal agency, confirm that the registration is still active and that the Authorized Organization Representative (AOR) has been approved.

The Grants.gov registration process requires information in three separate systems:

- Dun and Bradstreet (<http://www.dnb.com/duns-number.html>)
- System for Award Management (SAM) (<https://www.sam.gov>)
- Grants.gov (<http://www.grants.gov/>)

For further details, see Section 3.1 of HRSA's [SF-424 Application Guide](#).

SAM.GOV ALERT: For your SAM.gov registration, you must submit a [notarized letter](#) appointing the authorized Entity Administrator. The review process changed for the Federal Assistance community on June 11, 2018.

In accordance with the Federal Government's efforts to reduce reporting burden for recipients of federal financial assistance, the general certification and representation requirements contained in the Standard Form 424B (SF-424B) – Assurances – Non-Construction Programs, and the Standard Form 424D (SF-424D) – Assurances – Construction Programs, have been standardized federal-wide. Effective January 1, 2020, the updated common certification and representation requirements will be stored and maintained within SAM. Organizations or individuals applying for federal financial assistance as of January 1, 2020, must validate the federally required common certifications and representations annually through SAM located at [SAM.gov](#).

If you fail to allow ample time to complete registration with SAM or Grants.gov, you will not be eligible for a deadline extension or waiver of the electronic submission requirement.

4. Submission Dates and Times

Application Due Date

The due date for applications under this NOFO is *March 6, 2020 at 11:59 p.m. ET*. HRSA suggests submitting applications to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov of HRSA’s [SF-424 Application Guide](#) for additional information.

5. Intergovernmental Review

BLCP is a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

See Section 4.1 ii of HRSA’s [SF-424 Application Guide](#) for additional information.

6. Funding Restrictions

You may request funding for a period of performance of up to five years. You must request a funding amount per year less than or equal to the amount allocated to the service area you propose to serve, as listed in [Section II.2.Table A](#) (inclusive of direct **and** indirect costs). Awards to support projects beyond the first budget year will be contingent upon congressional appropriation, satisfactory progress in meeting the project’s objectives, and a determination that continued funding would be in the best interest of the Federal Government.

The General Provisions in Division B of the Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019 (P.L. 115-245), pursuant to the Continuing Appropriations Act, 2020, and Health Extenders Act of 2019 (P.L. 116-59), Division A, § 101(8), are in effect at the time this NOFO is posted. Please see Section 4.1 of HRSA’s [SF-424 Application Guide](#) for additional information. Note that these or other restrictions will apply, as required by law in subsequent appropriations acts for FY 2020. HRSA will issue an NOA that references the final FY 2020 appropriations act.

You cannot use funds under this notice for the following purposes:

- Membership dues and fees for the National Coalition of Black Lung and Respiratory Disease Clinics, Inc., and any activities associated with lobbying or advocacy efforts including planning for or conducting lobbying or advocacy events. All recipients must clearly account for funds and attest to their use in accordance with this restriction. HRSA will provide further guidance upon receipt of award.

You are required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding including statutory restrictions on use of funds for lobbying, executive salaries, gun control, abortion, etc. Like those for all other applicable grants requirements, the effectiveness of these policies, procedures, and controls is subject to audit.

All program income generated from awarded funds must be used for approved project-related activities. The program income alternative applied to the award(s) under the program will be the addition/additive alternative. You can find post-award requirements for program income at [45 CFR § 75.307](#).

V. Application Review Information

1. Review Criteria

HRSA has procedures for assessing the technical merit of applications to provide for an objective review and to assist you in understanding the standards against which your application will be reviewed. HRSA has critical indicators for each review criterion to assist you in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation.

These criteria are the basis upon which the reviewers will evaluate and score the merit of the application. The entire proposal will be considered during objective review,

Review criteria are used to review and rank applications. The BLCP has six review criteria. See the review criteria outlined below with specific detail and scoring points.

Criterion 1: NEED (15 points) – Corresponds to Section IV’s “Introduction,” and “Needs Assessment”

The quality and extent to which the application does the following:

- Describes the purpose of the proposed project, summarizing the project goals, objectives, and expected outcomes.
- Provides the best estimate of the number of active, inactive, and retired coal miners residing in the service area the applicant is proposing to serve, based on all available data from the U.S. Department of Labor, U.S. Energy Information Administration, and other national, state, and local resources.
- Details current patterns for obtaining health care in the service area the applicant is proposing to serve and the role of the applicant organization (e.g., approximately what percentage of coal miner patients seek their primary and/or specialty care at the applicant site?).
- Describes unmet health needs in the service area the applicant is proposing to serve, using local data where possible and comparing them to state and/or national data.
- Provides indicators that are relevant to the proposed project—examples include, but are not limited to, specific health status indicators (including, if available, those related to the prevalence and/or severity of CMDLD in the proposed service area), age, employment status, insurance coverage, poverty level, transportation access, etc.

- Gives an overview of the current health care and social services available within and around the applicant's proposed service area, including both the **number and type** of relevant services (e.g., pulmonary and respiratory health care, compensation counseling, legal services, etc.) available to coal miners in within and around the proposed service area, and the relationship of these services to the applicant organization/proposed project.
- Describes the potential impact of the applicant's project on existing providers (e.g., changes in referral and practice patterns, provider reimbursement impact, etc.) who are located within or around the proposed service area but are not part of the applicant's project.
- Provides a clear, well-reasoned justification for why other grant programs and/or resources within or around the applicant's proposed service area are unable to fill the health care and social service gaps the applicant has identified.

Criterion 2: RESPONSE (45 points) – Corresponds to Section IV's "Methodology," "Work Plan," and Resolution of Challenges"

The extent to which the proposed project responds to the following:

- **Sub-Criterion One: 15 points: Minimum Required BLCP Services (ALL Applicants):**
 - Describes how services are conducted under a contracted or onsite board-certified physician with special training or experience in the diagnosis and treatment of respiratory diseases who has at least one (1) year experience in the diagnosis and treatment of respiratory diseases. Staff may also include mid-level providers working under the direct supervision of the clinic physician.
 - Describes a clear plan to provide current, evidence-based information delivered to coal miners in a variety of formats and forums. Education should include risks associated with coal mine dust lung exposure, information on the resurgence of CWP and its most severe form, PMF, as well as available medical and compensation services available to them.
 - Details how they will provide onsite resting spirometry and oximetry, with or without a bronchodilator challenge and ensure staff have training in the proper interpretation of results and NIOSH certification in spirometry.
 - Describes the provision of Postero-Antero chest x-ray (CXR) by a contracted or onsite board-certified radiologist and interpreted by a NIOSH-certified B-reader and efforts to meet ILO technical standards and facilities contracted or onsite.
 - Details how accredited Phase II and Phase III pulmonary rehabilitation services will be provided to coal miners, as needed, onsite, through contract, or by referral.
 - Describes how medical case management, including current, evidence-based treatment of coal mine dust lung diseases and referral to specialty care when appropriate, will be provided by a lay health care worker or trained health care personnel.
 - Details provision of current, evidence-based information and treatment of coal mine dust-induced lung diseases.
 - Describes provision of evaluation and treatment (or referral) of coal miners for commonly associated conditions.

- Ensures compensation counselors have a minimum of a high school diploma and training to competently assist miners in filing federal black lung, state worker's compensation, and Social Security Disability Insurance claims as appropriate.
 - Details how the applicant has the ability to refer patients to an approved and certified DOL medical examiner and efforts to meet DOL timelines goals. Includes the name(s) and Provider ID(s) of the approved DOL provider(s) associated with the applicant.
 - Describes a plan to ensure the staffing and resources necessary to collect and report patient-level data to HRSA are in place.
 - Describes a plan to participate in programmatic technical assistance from the Black Lung Data and Resource Center in order to enhance operations, improve the quality and breadth of services provided, and increase the number of U.S. coal miners served.
- **Sub-Criterion Two:**
 - **15 Points: Service Areas A through I (ONLY):¹⁷**
 - Describes the supervision of services by an onsite, board-certified physician with special training or experience in the diagnosis and treatment of respiratory diseases with at least two (2) years of experience in the diagnosis and treatment of respiratory diseases.
 - Describes how the applicant intends to conduct structured educational activities that involve other community partners within and outside of the black lung community.
 - Details how the clinic has access to full resting pulmonary function testing, including a bronchodilator challenge, lung volume measurements, diffusion capacity, and resting arterial blood gases. Testing equipment and methods must meet American Thoracic Society/European Respiratory Society (ATS/ERS) standards.
 - Ensures patient care coordinators have an Associate degree or at least three (3) years of experience in patient care coordination. Trained nurse care managers or certified nurse assistants are preferred.
 - Describes how compensation counselors have a minimum of a high school diploma and at least three (3) years of experience. They should guide coal miners through the federal black lung benefits process, assist with interpretation of legal correspondence and DOL medical exam results.

¹⁷ See [Section IV.3.3.](#): Exemptions to the Additional Guidelines to the Minimum Required Services for additional guidance.

- **15 Points: Service Areas J through O (ONLY):**¹⁸
 - Describes the supervision of services an onsite, board-certified pulmonologist or internal or family medicine physician with at least four (4) years of experience, preferably with occupationally-related lung disease.
 - Describes how in addition to outreach to miners and structured educational activities that involve other community partners within and outside of the black lung community, the applicant will facilitate educational workshops or presentations at local and national conferences.
 - Describes how the clinic has access to full resting pulmonary function testing, cardiopulmonary exercise testing with metabolic cart, as well as bronchodilator challenge, lung volume measurements, diffusion capacity, resting and exercise arterial blood gases testing; testing equipment and methods that meet American Thoracic Society/European Respiratory Society (ATS/ERS) standards; has onsite chest x-ray with B-reader interpretation; and has the capability to do advanced chest imaging.
 - Ensures the case manager or certified medical assistant has five (5) years of experience and will be available to provide assistance for medical follow-up of patients.
 - Describes the provision of compensation counseling services by providers with medical/legal expertise to write expert medical reports and provide expert testimony and supplemental reports. Details ability to refer patients for legal assistance provided by a licensed attorney specializing in Black Lung Benefits claims.
 - Provides an overview of the provision of onsite DOL medical exams by an approved provider. Applicants must demonstrate how they will meet all criteria by the DOL under 20 CFR part 725 to perform “complete and qualitative” medical exams as well as provide treatment under the Federal Mine Safety and Health Act of 1977, as amended.

- **Sub-Criterion Three: 5 Points: Payer of Last Resort**
 - Provides descriptions of the following:
 - How the applicant will ensure charges for services rendered is in alignment with the description in post-award requirements ([Section VI](#). Award Administration Information) of this opportunity.
 - The applicant’s organizational capacity to coordinate billings with multiple payers/sources of funding; and
 - The procedures and reasonable efforts for collecting payments from third-party payers.

¹⁸ See [Section IV.3.3.](#): Exemptions to the Additional Guidelines to the Minimum Required Services for additional guidance.

- **Sub-Criterion Four: 5 Points: Work Plan**
 - Provides a clear and coherent work plan in **Attachment 6** that is aligned with the project's and overall BLCP's goals and objectives.
 - The work plan is in a table format and includes, at a minimum, the following components:
 - **Activities:** All Minimum Required BLCP Services, as outlined in [Section IV.3.1](#) should be included. Additionally, as applicable, accounting for all additional guidelines as outlined in [Section IV.3.2](#) to the minimum required services for the service area the applicant is proposing to serve, unless they are requesting an exemption(s) as outlined in [Section IV.3.3](#).
 - **Responsible individual and/or organization:** For each activity, the applicant list the individual and/or organization responsible for carrying out the activity.
 - **Timeline:** For each activity completed during the five-year period of performance, the applicant lists a timeframe for implementation and completion.
 - **Process measures (as defined by CDC's Workplace Health Promotion Evaluation):**¹⁹ For each activity, the applicant lists the process measures they will use to evaluate the outputs the activities will generate.
 - **Outcome measures (as defined by CDC's Workplace Health Promotion Evaluation):**¹⁹ For each activity, the applicant lists the short, intermediate, and long-term outcome measures they will use to evaluate their project's effectiveness.
 - **Dissemination Activities:** Where appropriate, describes specific, detailed plans and methods for disseminating project activities and outcomes to various target audiences, including program stakeholders (e.g., policymakers, researchers, etc.) and the general public.
- **Sub-Criterion Five: 5 Points: Resolution of Challenges**
 - Discusses challenges that they are likely to encounter in designing and implementing the activities described in the work plan, and what methods or approaches they will use to resolve such challenges.
 - Applicants should be as specific as possible in both the identification of potential or documented challenges (e.g., barriers to transportation, workforce recruitment and retention, linguistic or cultural, socioeconomic geographic, etc.) and their specific plans to reduce or eliminate each one of them.

¹⁹ CDC Workplace Health Promotion Evaluation, <http://www.cdc.gov/workplacehealthpromotion/model/evaluation/index.html>

Criterion 3: EVALUATIVE MEASURES (5 points) – Corresponds to Section IV’s “Evaluation and Technical Support Capacity”

The quality and extent to which the application does the following:

- **Logic Model (please reference Attachment 7):**
 - Pictorially illustrates the relationship between the resources invested in a program and the desired outcomes.
 - Shows the logical relationship among the resources invested, the activities that take place, and the benefits or changes that result.
- **Data Collection Strategy:**
 - Describes the applicant’s strategy to collect, analyze, and track organizational and patient-level data to measure process and impact/outcomes.
 - Explains how data will inform their project development and service delivery.
 - Describes the applicant’s ability to collect patient-level and report to HRSA across all project years.

Criterion 4: IMPACT (10 points) – Corresponds to Section IV’s “Work Plan”

The extent to which the proposed project has a public health impact and the project will be effective, if funded. This may include the effectiveness of plans for dissemination of project results, the impact results may have on coal miners in the service area, the extent to which project results may be national in scope, and the sustainability of the program beyond the federal funding.

Criterion 5: RESOURCES/CAPABILITIES (15 points) – Corresponds to Section IV’s “Organizational Information”²⁰

The quality and extent to which the application does the following:

- **Staffing Plan:**
 - Describes a clear, comprehensive plan for staffing that meets the educational and professional requirements of the project and those by relevant certification bodies in **Attachment 8**.
 - Includes, at a minimum, a board-certified physician with special training or experience in the diagnosis and treatment of respiratory diseases; a compensation counselor; and a patient care coordinator in the staffing plan.
 - Describes position descriptions for other staff, which may include a dietician, audiologist, physical therapist, and a pharmacist, among others in the staffing plan.
 - The staffing plan includes the following components:
 - The number and types of staff, qualification levels, and full-time equivalents (FTEs)

²⁰ See [Section IV.3.5.](#): Consortium coordination for additional guidance.

- The information necessary to illustrate both the capabilities (current experience, skills, knowledge, and experience with previous work of a similar nature) of key staff listed above and the requirements that the applicant has established to fill other key positions if the grant is awarded
 - Job descriptions for each of the key staff mentioned above
 - Demonstrates how staffing needs have a direct link to the activities proposed in the project narrative and budget portion of the application.
- **Organizational Information:**
 - Describes the abilities and contributions of the applicant organization(s).
 - Provides information on the applicant organization's current mission and structure and scope of current activities.
 - Provides an organizational chart (**Attachment 9**).
 - Explains how all of these aspects contribute to the organization's ability to meet BLCP program requirements and expectations. This includes, but is not limited to, financial and accounting management systems in place and capacity to exercise administrative and programmatic direction over the project.

Criterion 6: SUPPORT REQUESTED (10 points) – Corresponds to Section IV's "Budget" and "Budget Narrative"

The reasonableness of the proposed budget for each year of the period of performance in relation to the goals of the BLCP; the number of coal miners to be served and their needs; and the quality and breadth of the proposed activities.

Additionally:

- The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the level of effort and scope of work proposed.
- The extent to which key personnel have adequate time devoted to the project to achieve project objectives.
- The extent to which the applicant justifies the reasonableness of their proposed conference attendance and travel budgets and how they will enhance the quality and breadth of services provided to coal miners.
- The extent to which the applicant requests a funding amount less than or equal to the amount of funding allocated to the service area that they are applying to serve (as outlined in [Section II.2.Table A](#)).

2. Review and Selection Process

The objective review process provides an objective evaluation to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below. In addition to the ranking based on merit criteria, HRSA staff will apply other factors (e.g., geographical distribution) described below in selecting applications for award. See Section 5.3 of HRSA's [SF-424 Application Guide](#) for more details.

Funding Preferences

This program provides a funding preference for some applicants, as authorized by Part 55a, Subpart A, § 55a.103 (see [Section IV.3.i](#) Abstract and [Section IV.3.v: Attachment 5](#)). Applicants receiving the preference will be placed in a more competitive position among applications that can be funded. Applications that do not receive a funding preference will receive full and equitable consideration during the review process. HRSA staff will determine the funding preference and will grant it to any qualified applicant that demonstrates they meet the criteria for the preference(s) as follows:

Name of the funding preference: State Preference

State applicants will be given preference over other entities that apply in the same state.

3. Assessment of Risk

HRSA may elect not to fund applicants with management or financial instability that directly relates to the organization's ability to implement statutory, regulatory or other requirements ([45 CFR § 75.205](#)).

HRSA reviews applications receiving a favorable objective review for other considerations that include past performance, as applicable, cost analysis of the project/program budget, assessment of your management systems, ensuring continued applicant eligibility, and compliance with any public policy requirements, including those requiring just-in-time submissions. HRSA may ask you to submit additional programmatic or administrative information (such as an updated budget or "other support" information) or to undertake certain activities (such as negotiation of an indirect cost rate) in anticipation of an award. However, even at this point in the process, such requests do not guarantee that HRSA will make an award. Following review of all applicable information, HRSA's approving and business management officials will determine whether HRSA can make an award, if special conditions are required, and what level of funding is appropriate.

Award decisions are discretionary and are not subject to appeal to any HRSA or HHS official or board.

Effective January 1, 2016, HRSA is required to review and consider any information about your organization that is in the [Federal Awardee Performance and Integrity Information System \(FAPIIS\)](#). You may review and comment on any information about your organization that a federal awarding agency previously entered. HRSA will consider any of your comments, in addition to other information in [FAPIIS](#) in making a judgment about your organization's integrity, business ethics, and record of performance under federal awards when completing the review of risk posed as described in 45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants.

HRSA will report to FAPIIS a determination that an applicant is not qualified ([45 CFR § 75.212](#)).

VI. Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award (NOA) prior to the start date of July 1, 2020. See Section 5.4 of HRSA's [SF-424 Application Guide](#) for additional information.

2. Administrative and National Policy Requirements

See Section 2.1 of HRSA's [SF-424 Application Guide](#).

Requirements of Subawards

The terms and conditions in the NOA apply directly to the recipient of HRSA funds. The recipient is accountable for the performance of the project, program, or activity; the appropriate expenditure of funds under the award by all parties; and all other obligations of the recipient, as cited in the NOA. In general, the requirements that apply to the recipient, including public policy requirements, also apply to subrecipients under awards. See [45 CFR § 75.101 Applicability](#) for more details.

Data Rights

All publications developed or purchased with funds awarded under this notice must be consistent with the requirements of the program. Pursuant to 45 CFR § 75.322(b), the recipient owns the copyright for materials that it develops under an award issued pursuant to this notice, and HHS reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use those materials for federal purposes, and to authorize others to do so. In addition, pursuant to 45 CFR § 75.322(d), the Federal Government has the right to obtain, reproduce, publish, or otherwise use data produced under this award and has the right to authorize others to receive, reproduce, publish, or otherwise use such data for federal purposes, e.g., to make it available in government-sponsored databases for use by others. If applicable, the specific scope of HRSA rights with respect to a particular federally supported effort will be addressed in the NOA. Data and copyright-protected works developed by a subrecipient also are subject to the Federal Government's data rights.

3. Reporting

Award recipients must comply with Section 6 of HRSA's [SF-424 Application Guide](#) and the following reporting and review activities:

- 1) **Progress Reports.** The recipient must submit a progress report to HRSA on an **annual** basis. Further information will be available in the Notice of Award.
- 2) **Integrity and Performance Reporting.** The NOA will contain a provision for integrity and performance reporting in [FAPIIS](#), as required in [45 CFR part 75 Appendix XII](#).

Other required reports and/or products

- a. **Audit requirements** of the Office of Management and Budget (OMB) Circular A-133. Information on the scope, frequency, and other aspects of the audits can be found on the Internet at:
https://www.whitehouse.gov/omb/circulars_default
- b. **Payment management requirements**, including submission of a quarterly electronic Federal Financial Report (FFR) Cash Transaction Report via the Payment Management System. This report identifies cash expenditures against authorized funds for the cooperative agreement. The recipient must file FFR Cash Transaction Reports within 30 days of each calendar quarter. Failure to submit the report may result in the inability to access award funds. Visit <https://www.dpm.psc.gov/> for more information.
- c. **Status reports.** HRSA/FORHP has developed patient-level BLCP performance measures to assess the impact the program is having on the target populations and to enhance ongoing quality improvement. All BLCP recipients will be required to collect and report patient-level data to HRSA through a system housed and maintained by HRSA annually. Recipients must extract patient-level data from the recipient's EMR across each project year and report using HRSA-provided tools and systems. Measures include demographics, visit information, pulmonary and other diagnoses, smoking history, work history, pulmonary function testing, chest imaging, arterial blood gas, other clinical services, benefits counseling services, and screening participation information.

Payer of last resort/billing for services. The BLCP award recipient is expected to be the payer of last resort, per regulations.²¹ BLCP recipients must make reasonable efforts to pursue available means of coverage for services (public or private insurance, federal funding, etc.). In accordance with the regulations,²² all BLCP recipients must provide an assurance that charges for services rendered shall be made as follows:

- A schedule should be maintained listing fees or payments for the provision of services, designed to cover reasonable costs of operations;
- A schedule of discounts adjusted on the basis of a patient's ability to pay must be maintained. The schedule of discounts must provide for a full discount to individuals and families with annual incomes at or below the poverty line established in accordance with section 673(2) of the Community Services Block Grant Act (42 U.S.C. 9902(2)), (except that nominal fees for service may be requested, but not required, from individuals and families with annual incomes at or below the poverty line). No discounts will be provided to individuals with annual incomes greater than twice the poverty line; and

²¹ 42 CFR part 55(a)

²² 42 CFR part 55(a)

- Where third-party payers (including government agencies) are authorized or under a legal obligation to pay all or a portion of such charges, all services covered by that reimbursement plan will be billed and every reasonable effort will be made to obtain payment.

All recipients must provide assurance that charges will be billed for services, and where appropriate, third party payers will pay all or a portion of such charges. Furthermore, no person (coal miner or family member) will be denied services because of inability to pay.

BLCP recipients are required to use effective strategies to coordinate with third party payers that are ultimately responsible for covering the cost of services provided to eligible or covered persons. Third party sources include Worker's Compensation, U.S. Department of Labor, Federal Black Lung Benefits, Medicaid, State Children's Health Insurance Programs, Medicare, including Medicare Part D, basic health plans, and private insurance. Subcontractors providing Medicaid eligible services must be Medicaid certified. Where third-party payers (including Government Agencies) are authorized or under a legal obligation to pay all or a portion of such charges, all services covered by that reimbursement plan will be billed and every reasonable effort will be made to obtain payment.

VII. Agency Contacts

You may request additional information and/or technical assistance regarding business, administrative, or fiscal issues related to this NOFO by contacting:

Potie Pettway
Grants Management Specialist
HIV/AIDS and Rural Health Branch
Division of Grants Management Operations,
Office of Federal Assistance and Management
Health Resources and Services Administration
5600 Fishers Lane, Room 18-105J.6
Rockville, MD 20857
Telephone: (301) 443-1014
Fax: (301) 443-9810
E-mail: ppettway@hrsa.gov

You may request additional information regarding the overall program and/or technical assistance related to this NOFO by contacting:

Krista M. Mastel, MPH, CPH
Public Health Analyst
Attn: Black Lung Clinics Program
Federal Office of Rural Health Policy
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 17W59D
Rockville, MD 20857
Telephone: (301) 443-0491
E-mail: blacklung@hrsa.gov

You may need assistance when working online to submit your application forms electronically. Always obtain a case number when calling for support. For assistance with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, 7 days a week, excluding federal holidays at:

Grants.gov Contact Center
Telephone: 1-800-518-4726 (International Callers, please dial 606-545-5035)
Email: support@grants.gov
Self-Service Knowledge Base: <https://grants-portal.psc.gov/Welcome.aspx?pt=Grants>

Successful applicants/recipients may need assistance when working online to submit information and reports electronically through HRSA's Electronic Handbooks (EHBs). For assistance with submitting information in HRSA's EHBs, contact the HRSA Contact Center, Monday–Friday, 8 a.m. to 8 p.m. ET, excluding federal holidays at:

HRSA Contact Center
Telephone: (877) 464-4772
TTY: (877) 897-9910
Web: <http://www.hrsa.gov/about/contact/ehbhelp.aspx>

VIII. Other Information

Technical Assistance

HRSA has scheduled following technical assistance:

Webinar

Day and Date: Monday, January 13, 2020
Time: 2-3 p.m. ET
Call-In Number: 1-888-942-9711
Participant Code: 6427582
Weblink: https://hrsa.connectsolutions.com/black_lung_clinics_program_ta/

Note: you must dial into the conference line to participate in the question portion of the webinar. No pre-registration is required.

For your reference, the technical assistance webinar will be recorded and available for 90 days. Request the link to view the webinar 24 hours after the live event by emailing blacklung@hrsa.gov. The webinar audio will be available for playback within one hour of the end of the call and will be available until March 6, 2020. The phone number to hear the recorded call is 888-673-3565 and the passcode is 6427582.

The Technical Assistance call is open to the general public. The purpose of the call is to review the NOFO and to provide any additional or clarifying information that may be necessary regarding the application process. There will be a Question and Answer session at the end of the call to answer any questions. While the call is not required, it is highly recommended for any organization interested in applying for the Black Lung Clinics Program.

Tips for Writing a Strong Application

See Section 4.7 of HRSA's [SF-424 Application Guide](#).