

Notice of Funding Opportunity

Application due Wednesday, May 29, 2024

HRSA

Health Resources & Services Administration








Federal Office of Rural Health Policy, Community-Based Division

Radiation Exposure Screening and Education Program (RESEP)

Opportunity number: HRSA-24-009



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Before you begin

If you believe you are a good candidate for this funding opportunity, secure your [SAM.gov](#) and [Grants.gov](#) registrations now. If you are already registered, make sure your registration is active and up-to-date.

SAM.gov registration (this can take several weeks)

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

[See Step 2: Get Ready to Apply](#)

Grants.gov registration (this can take several days)

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

[See Step 2: Get Ready to Apply](#)

Apply by Wednesday, May 29, 2024

Applications are due by 11:59 p.m. Eastern Time on Wednesday, May 29, 2024.



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



Step 1:

Review the Opportunity

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Basic information

Health Resources and Services Administration (HRSA)

Federal Office of Rural Health Policy, Community-Based Division

Support organizations to screen and educate people exposed to radiation related to the mining of uranium and U.S. testing of nuclear weapons.

Summary

Support organizations to screen and educate people exposed to radiation related to the mining of uranium and U.S. testing of nuclear weapons, specifically:

- Public information about radiogenic cancers and diseases
- Medical screenings
- Referrals and follow-up services for medical treatment
- Helping applicants to document Radiation Exposure Compensation Act (RECA) claims

Funding detail

Application Type: New

Expected total available funding: \$1,700,000 in FY 2024

Expected number and type of awards: Up to 8 new grants

Funding range per award: Up to \$250,000 each budget period

We plan to fund awards in 12-month budget periods for a total three-year period of performance of September 1, 2024 to August 31, 2027.



Have questions?
See [Contacts and Support](#).

Key facts

Opportunity Name:

Radiation Exposure
Screening and Education
Program (RESEP)

Opportunity Number:

HRSA-24-009

Federal Assistance Listing:

93.257

Statutory Authority:

Section 417C of the Public
Health Service Act (42
U.S.C. 285a-9)

Key dates

NOFO issue date:

March 28, 2024

Application deadline:

Wednesday, May 29, 2024
at 11:59 p.m. ET

Informational call:

April 10, 2024

Expected award date:

by September 1, 2024

Expected start date:

September 1, 2024

Eligibility

Who can apply

Eligible applicants

Only these types of domestic organizations (see note) may apply:

Nonprofit entities

- Nonprofits having a 501(c)(3) IRS status
- Nonprofits with an IRS status other than 501(c)(3)

Public entities

- State governments, including the District of Columbia, domestic territories, and freely associated states.
 - This includes state health departments.
- County governments
 - This includes county health departments.
- City or township governments
- Special district governments

Health care organizations

- National Cancer Institute-designated cancer centers
- Department of Veterans' Affairs hospitals or medical centers
- Federally Qualified Health Centers (FQHC), community health centers, nonprofit or hospital-owned Rural Health Clinics
- Hospitals

Tribes and tribal organizations

- Native American tribal governments
- Native American tribal organizations
- Entities applying on behalf of programs provided through the Indian Health Service or through tribal contracts, compacts, grants, or cooperative agreements with the IHS and that are determined appropriate to raising the health status of American Indians.

Tribal exception: HRSA is aware that tribes and tribal organizations may have an established infrastructure without separation of services recognized by filing for EINs or UEI. In case of tribes and tribal governments, only a single EIN or UEI located in a HRSA-designated rural area is necessary to meet the network requirements. Tribes and tribal entities under the same tribal governance must still meet the network criteria of three or more entities under the single EIN or UEI are committed to the proposed approach as evidenced by a signed letter of commitment. [Please see Attachment 8: Tribal EIN Exception Request for information on how to request this exception.](#)

Note: “Domestic” means the fifty states, the District of Columbia, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, Guam, the U.S. Virgin Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, or the Republic of Palau.

Other eligibility criteria

Successful applications must target populations located in the states cited in the [Radiation Exposure Compensation Act](#).

Cost sharing

This program has no cost-sharing requirement. If you choose to share in the costs of the project, we will not consider it during merit review. We will hold you accountable for any funds you add, including through reporting.

Program description

Purpose

Support organizations to screen and educate people exposed to radiation related to the mining of uranium and U.S. testing of nuclear weapons.

Objectives

- Creating and sharing public information and education programs about detecting, preventing, and treating radiogenic cancers and diseases
- Providing medical screenings to qualifying individuals for cancer and other radiogenic diseases
- Providing individuals screened with referrals and follow-up services for medical treatment
- Helping applicants to document claims as described in section 5(a) of the [Radiation Exposure Compensation Act \(RECA\)](#) (42 U.S.C. 2210 note)

Background

Between July 1945 and November 1962, the United States conducted a total of 227 above-ground and 828 below-ground nuclear weapons tests. These above-ground tests released radioactive material into the atmosphere, which then fell to the ground as nuclear fallout.

At the time, the dangers of radiation exposure were not known, and people living near the test sites were not given any warnings or advised to evacuate. Workers and residents had radiation exposure from touching fallout on the ground, breathing polluted air, eating polluted foods, and drinking polluted water. It is known that people exposed to the radiation are at risk for certain cancers and other serious health problems.

To address these issues, the Radiation Exposure Compensation Act Amendments of 2000 introduced Section 417C under the Public Health Service Act. Section 417C authorizes grants for Education, Prevention, and Early Detection of Radiogenic Cancers and Diseases to achieve the objectives of this program.

Section 417C authorizes grants to agencies of states and local governments and other eligible entities to carry out programs for: individual cancer screening; appropriate referrals for medical treatment of individuals screened; public information development and dissemination; and facilitating putative applicants in the

documentation of certain claims described in the Radiation Exposure Compensation Act.

The Radiation Exposure Compensation Act (RECA) created the RECA program. RECA establishes lump sum compensation awards for people who contracted specified diseases in defined populations. To learn more about this program, run by the Department of Justice, see [Radiation Exposure Compensation Act](#) at their website.

We encourage you to monitor proposed legislation that may affect RECA while preparing your application, as changes to RECA may affect the activities that can be funded under this HRSA grant program.

Activities

Required activities and services for qualifying individuals

For this section, please note clinical activities related to medical screenings, examinations and/ or referrals are eligible to be provided under this program to qualifying individuals only. For the purposes of this notice, the phrase “qualifying individuals” means eligible individuals (see [Civil Division | Radiation Exposure Compensation Act \(justice.gov\)](#) described under section 4(a)(1)(A)(i) or 5(a)(1)(A) of the [Radiation Exposure Compensation Act \(42 U.S.C. 2210 note\)](#), as implemented by [28 C.F.R. part 79](#). Further guidance on qualifying individuals will be provided in the Notice of Award and based on relevant enacted legislation at that time.

Medical screening

You must develop or have protocols that meet recommended standards for screening patients at risk of developing cancers and other diseases from exposure to radiation. We encourage you to get input from specialists such as oncologists and pulmonologists who regularly work in consultation with the program. The screening protocols must include, at a minimum:

- A medical and occupational history.
- A physical and mental health examination by a nurse practitioner, physician’s assistant, or physician.
- Follow-up and case-management plans.

Depression screening

You must use the screening recommendations for depression in the [Patient Health Questionnaire](#). You can use:

- The Patient Health Questionnaire PHQ2 for initial screening purposes
- The Patient Health Questionnaire (PHQ-9) as a follow up screener for people that screen positive

You must provide appropriate treatment and referral services for those identified as having a depressive disorder.

Medical and radiation exposure history

Providers and clinic staff should:

- Be well trained in obtaining a potential radiation exposure history
- Have special knowledge of radiation exposures related to uranium mines or U.S. nuclear weapons testing

The medical and radiation exposure history of clients should document relevant exposure histories, such as:

- Dates of exposures
- Places of residence
- Occupations
- Places of employment

You must document a review of symptoms relevant to each organ system, such as respiratory and circulatory, in the medical record.

The provider must be alert to symptoms that suggest radiation exposure related pulmonary and renal conditions and/or cancers, such as:

- Multiple myeloma
- Lymphoma
- Leukemia
- Thyroid
- Female or male breast
- Esophagus
- Liver
- Lung
- Urinary bladder
- Kidney

- Colon
- Stomach
- Pharynx
- Small intestine
- Pancreas
- Bile duct
- Gallbladder
- Salivary gland
- Brain
- Ovary

Physical examination

You must perform and document a complete physical examination in the medical record for each patient.

The examiner should be alert to any physical findings that suggest the presence of the cancers listed in the previous subsection, as well as any other radiogenic disease.

Follow-up

You must ensure there is follow-up on the patient's care.

Follow-up includes activities such as:

- Regular check-ins with the patient via telephone
- Reporting test results to the patient and their primary care physician
- Periodic re-evaluation in the clinic
- Connection to legal services
- Benefits counseling

Case management

You must ensure management of each patient's care.

Case management consists of all the follow-up activities listed in the previous section and also includes:

- Tracking patient's progress
- Periodically re-evaluating within the clinic

The case manager must ensure that all operative, consultative, procedural, and pathology reports are maintained in the patient's medical record, as well as all physician hospital and health care facility discharge summaries.

Diagnostic testing

When the results of a history and physical examination or screening test suggest the possibility of disease, you must arrange for further diagnostic testing.

Such diagnostic testing procedures could include:

- A chest x-ray (CXR)
- Pulmonary function testing (PFT)
- Arterial blood gases (ABG)
- Laboratory studies
- Imaging studies
- Endoscopies
- Biopsies

Based on the findings of the history, physical examination, and other relevant screening tests, a licensed medical professional may order these procedures to rule in or out the possibility of disease.

Referrals for medical treatment

You must demonstrate evidence of formal referral agreements with appropriate entities, such as hospitals, providers, and specialists. These agreements are to promptly evaluate and treat patients in the event of a confirmatory diagnosis of cancer or non-malignant radiogenic disease.

Patients must have access to a board-certified oncologist, pulmonologist, and nephrologist, or at a minimum, a board-certified internist knowledgeable about and experienced with radiogenic related conditions and disease.

Referrals for treatment of depression

You must demonstrate evidence of formal referral agreements with appropriate professionals to promptly evaluate and treat patients for depression according to the Diagnostic and Statistical Manual of Mental Disorders (DSM-V).

Documentation assistance

We expect you to include activities that will assist people who may be eligible for compensation under RECA with the documentation of claims as described in section 5(a) of RECA, to the extent consistent with the Department of Justice's administration of the RECA program.

Specifically, we expect you to help people apply for RECA compensation by providing written medical documentation of relevant diseases as described in section 5(a) of RECA and support in submitting their documentation.

Alternatively, you can refer people to a place where such assistance is available. If you choose to do so, you must have written arrangements with other entities for such assistance.

You can learn more about the program at the [DOJ website](#). You can also call them at 1-800-729-7327 or email at Civil.RECA@usdoj.gov.

Additional activities and services outreach

You must conduct outreach and education activities to locate and attract as many qualifying individuals in your service area as possible.

Outreach and education activities may also be provided to general rural populations located in the proposed service area (not specific to qualifying individuals) to address contemporary environmental exposures resulting from radiation related to the mining of uranium and U.S. testing of nuclear weapons.

Outreach and education activities may include radio and television ads, print media, social media, public announcements, community meetings and events, direct contact, and other suitable forms of communication.

Public information and education

You must develop and disseminate a public information and education program for detecting, preventing, and treating radiogenic cancers and other radiogenic diseases. It must cover the following topics:

- Early warning symptoms of the disease
- Disease processes and causation
- Recommended frequency of screening
- Specific preventive and self-care procedures, including smoking cessation, proper nutrition, weight control, and exercise
- Where and when to report to a physician or a nurse to obtain screening and medical intervention

Your education component should strive to establish a close rapport with the community and reach individuals in your service area. This includes qualifying individuals and may also include general rural populations located in the proposed service area (not specific to qualifying individuals located in the proposed service area). Your educational materials must reflect the current state of scientific knowledge about radiogenic diseases and may include public information and education addressing contemporary environmental exposures resulting from radiation related to the mining of uranium and U.S. testing of nuclear weapons.

Program data collection

If you receive an award, you will report measures to a centralized program outcomes reporting system. We will finalize the measures and provide you with a final set of measures at award. To prepare data collection, consider the draft measures included in the [appendix](#).

Funding policies and limitations

Policies

- This program depends on the appropriation of funds. If funds are appropriated for this purpose, we will move forward with the review and award process.
- Support beyond the first budget year will depend on:
 - Appropriation of funds
 - Satisfactory progress in meeting the project's objectives
 - A decision that continued funding is in the government's best interest
- You must have policies, procedures, and financial controls in place. You must comply with legal requirements and restrictions, including those that limit specific uses of funding.
- You must allocate travel funds for 1 one staff member to attend a two-day grantee meeting and include the cost of this as a budget line item. To determine estimated travel costs to Washington, D.C., see the [U.S. General Services Administration](#) (GSA) per diem rates for FY 2024.

Limitations

- For guidance on some types of costs we do not allow or restrictions on them, see Budget in section 4.1.iv of the [Application Guide](#). You can also see 45 CFR part 75, [General Provisions for Selected Items of Cost](#).
- For-profit organizations cannot earn profit from the federal award. See [45 CFR 75.216\(b\)](#).

You cannot use funds:

- To acquire real property
- For construction
- To pay for equipment costs not directly related to the award

See [Manage Your Grants](#) for other information on costs and financial management.

Indirect costs

Indirect costs are those incurred for a common or joint purpose across more than one project and that cannot be easily separated by project (like utilities for a building that supports multiple projects). Learn more at [45 CFR 75.414](#), Indirect Costs.

You determine indirect costs using one of two methods:

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

Method 2 – *De minimis* rate. [Per 45 CFR 75.414\(f\)](#), if you have never received a negotiated indirect cost rate, you may elect to charge a *de minimis* rate.

This rate is 10% of modified total direct costs (MTDC). See [45 CFR 75.2](#) for the definition of MTDC. You can use this rate indefinitely. If you use this rate, you must use it for all federal awards unless you negotiate a rate.

Program income

Program income is money earned as a result of your award-supported project activities. You will have to use those funds to add to approved project activities. Find more about program income at [45 CFR 75.307](#).



Step 2:

Get Ready to Apply

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Get registered

SAM.gov

You must have an active account with SAM.gov. This includes having a Unique Entity Identifier (UEI). SAM.gov registration can take several weeks. Begin that process today.

To register, go to [SAM.gov Entity Registration](#) and click Get Started. From the same page, you can also click on the Entity Registration Checklist for the information you will need to register.

Grants.gov

You must also have an active account with [Grants.gov](#). You can see step-by step instructions at the Grants.gov [Quick Start Guide for Applicants](#).

Find the application package

The application package has all the forms you need to apply. You can find it online. Go to [Grants Search at Grants.gov](#) and search for opportunity number HRSA-24-009.

After you select the opportunity, we recommend that you click the Subscribe button to get updates.

Application writing help

Visit HHS [Tips for Preparing Grant Proposals](#).

Visit [HRSA's How to Prepare Your Application page](#) for more guidance.

Join the webinar

We will provide general information about this funding opportunity at an informational conference call. It will be held on:

- April 10, 2024
- 3 to 4 p.m. ET

Join on your computer, mobile app, or room device:

[Join the Zoom meeting](#)

Meeting ID: 160 109 0193

Passcode: 40665987

Or call in (audio only):

[833-568-8864](tel:833-568-8864)

Meeting ID: 160 109 0193

Passcode: 40665987

We will record the webinar. Please email FORHPRESEP@hrsa.gov to access the recording.

Need help? See [Contacts and Support](#).



Step 3:

Write Your Application

In this step

Application contents and format

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Application contents and format

Applications include five main components. This section includes guidance on each.

There is a 40-page limit for the overall application.

Submit your information in English and express budget figures using U.S. dollars.

Make sure you include each of these:

Components	Submission Format	Included in the page limit?
Project abstract	Use the Project Abstract Summary Form	No
Project narrative	Use the Project Narrative Attachment form	Yes
Budget narrative	Use the Budget Narrative Attachment form	Yes
Attachments	Insert each in the Other Attachments form.	Yes for Attachment 1, Attachment 2, and Attachment 5. No for all other attachments.
Other required Forms	Upload using each required form.	No

Required format

You must format your narratives and attachments using our required formats for fonts, size, margins, etc. See the formatting guidelines in section 4.2 of the [Application Guide](#).

Project abstract

Complete the information in the Project Abstract Summary Form. Include a short description of your proposed project. Include the needs you plan to address, the proposed services, and the population groups you plan to serve. For more, see section 4.1.ix of the [Application Guide](#).

At the top, include your:

- Organization name and full address
- Entity type/type of facility
- Website URL if you have one
- Project director's name, title, phone numbers, and email address
- Proposed service region, which includes states, cities, and counties

In the body of the abstract:

- Briefly describe the population you will serve.
- Include any underserved populations who have historically suffered from poorer health outcomes, health disparities, and other inequities.
- Describe your project.
- Clearly identify and describe your organization’s proposed project goals, and objectives, as it relates to community needs.
- Select one of the following options to describe how you learned about this funding opportunity:
 - State Office of Rural Health
 - HRSA news release
 - Grants.gov
 - HRSA project officer
 - HRSA website
 - Technical assistance provider
 - State/local health department
 - Other (please explain)

Project narrative

In this section, you will describe all aspects of your project. Use the section headers and the order listed in the following subsections.

Introduction

See merit review criterion 1: [Need](#)

Briefly describe the purpose of your project.

Organizational information

See merit review criterion 5: [Resources and capabilities](#)

Briefly describe your organization’s mission, structure, and the scope of your current activities. Explain how they support your ability to carry out the program requirements.

You will also include a project organizational chart in [Attachment 5](#).

- Discuss how you will follow the approved plan, account for federal funds, and record all costs to avoid audit findings.
- Identify and describe the health care providers that will be committed to serving your population. Be sure to include the status of formal written plans or existing agreements for partners to provide any of the services and activities in program

description, [activities](#). If you do not plan to provide any service or activity through collaborative arrangements show how you will handle them within the program.

- You will provide supporting documentation of those agreements in [Attachment 4](#).
- Describe why your organization is the appropriate entity to establish this program. You can describe your staff skills, capacity, and clinical outcomes.
- Describe your organization's prior experience working with the target population, addressing the identified problem, and developing and implementing appropriate clinical systems.
- Describe your management team structure and process for hiring key management staff.
- Describe your proposed or existing accounting and internal control systems. Demonstrate how they provide sound financial management procedures and are appropriate to the size of the organization, funding requirements, and staff skills available.
- Include a description of your organization's timekeeping process to ensure that you will comply with the federal standards related to documenting personnel costs.
- Provide information to assure us that within 90 days of the award of the grant, you will have a facility available that is ready for occupancy and adequate to serve your proposed population and service area and you will have providers available to serve at the facility. Explain how the facility's condition, size, space, and location are suitable.
- Discuss existing or planned infrastructure in terms of equipment and supplies. Include equipment for screening and diagnosis.
- Explain existing resources in the community that you can rely upon to develop and sustain the program.
- List the personnel you have currently identified to staff the program.
- Describe your system for patient follow-up.
- Explain your organizational capacity to provide outreach prevention and education services.

Need

See merit review criterion 1: [Need](#)

This section will help reviewers understand whom you will serve.

- Provide an overview of the service area. Identify counties or census tracts, as appropriate, and its unique characteristics. These characteristics might include local mines, test sites, or reservations.
- Explain the target population you will serve.
- Demonstrate that persons residing in the service area need RESEP services. This should include documentation that clearly shows the lack of available health care services for persons with possible radiogenic cancers and other radiogenic diseases within your proposed service area.
- Outline the needs of the community. Describe and document the target population and its unmet health needs. Use and cite demographic data whenever possible to support the information provided. Identify the type of patients or individuals targeted for RESEP services such as:
 - Uranium miners, millers, and ore transporters
 - People who were physically present in affected areas
 - People who participated onsite in a test involving the atmospheric detonations of a nuclear device within the proposed service area
 - Other known contemporary environmental exposures resulting from radiation related to the mining of uranium and the U.S. testing of nuclear weapons present in the service area that effect the needs of the community, as applicable
- Describe the perceived and tangible barriers of the target population to accessing RESEP services. These might include:
 - Cultural or language barriers
 - Access issues related to managed care
 - Lack of health care providers with expertise in diagnosing, managing, and rehabilitating patients with radiogenic-related diseases
 - Inability to access facilities with the appropriate diagnostic and rehabilitative equipment
 - Other unique or special treatment needs or service delivery considerations for the populations you plan to serve
- Describe how the target population currently accesses radiogenic-related services. Include data to support an assessment that even with an efficient program, there is unmet demand for RESEP services at the site.

- Describe the service area and target populations' knowledge of their risks to radiogenic related cancers and other radiogenic conditions and diseases and of the RESEP program.

Approach

See merit review criterion 2: [Response](#)

- Your appropriate and persuasive plans for public education on the risk of radiogenic disease based on specific exposures.
- Describe your plans to have effective tools and strategies for ongoing staff training, outreach, collaborations, clear communication, and information sharing with efforts to involve patients, families, and communities. You can include any existing tools and strategies you have.
- Describe your plans to coordinate enabling services for the target population. These might include transportation of patients to RESEP clinics or mobile mammography units.
- Provide a clear overview of the partnerships or collaborative organizations you propose as part of your project. Roles and responsibilities of each partner should clearly reflect the ways each partner will help provide activities and services.
- Consider partnerships to fully address the scope and reach of RESEP activities and services. This includes partnerships that target populations:
 - That qualify for RESEP screening, referral, and follow-up services
 - That do not qualify for RESEP screening, referral, and follow-up services
 - This includes collaboration with partners to work with populations affected by radiation exposure resulting from contemporary exposures related to the mining of uranium and U.S. testing of nuclear weapons to provide radiation exposure prevention public information and education activities **only**.
- **Please note:** Direct clinical services provided under this program, such as medical screenings and referrals, are only authorized to be provided to qualifying individuals. Describe in detail your referral systems and protocols.

Work plan

See merit review criteria 2: [Response](#) and 4: [Impact](#)

- Describe how you'll achieve each of the objectives during the period of performance.
- Describe your work plan. The description should include:
 - An appropriate timeline for proposed activities during the project's funding cycle

- A brief description of each activity or step you identify
 - Who will be responsible for overseeing implementation for each activity step
 - Detail of the support and collaboration with key stakeholders to plan, design, and implement all steps and activities as needed, identify how key stakeholders will help plan, design, and carry out all activities, including the application
- You will also include a more detailed work plan in your [attachments](#).

Note: In the event RECA is reauthorized, HRSA may request an updated work plan.

Resolving challenges

See merit review criterion 2: [Response](#)

Discuss challenges that you are likely to encounter in designing and carrying out the activities in the work plan. Explain approaches that you'll use to resolve them.

Describe any barriers to your program, such as access to care or providers, including financial or language barriers, unique challenges to tribal entities, and any geographical isolation issues.

Evaluation and technical support capacity

See merit review criteria 3: [Evaluation measures](#) and 5: [Resources and capabilities](#)

Describe your plan for measuring performance of your proposal, if funded. Your plan should meet the following requirements.

Monitoring processes and collecting Data

- Show how you will monitor ongoing processes and the progress towards your goals and objectives.
- Include descriptions of the inputs, key processes, and expected outcomes of the funded activities.
 - Inputs might include organizational profile, collaborative partners, key personnel, budget, and other resources.
- Describe the systems and processes that will track performance outcomes.
- Describe how you will collect and manage data for accurate and timely reporting of performance outcomes.
 - This could include assigned skilled staff and data management software.
- Describe the data collection strategy to collect, analyze, and track data to measure process and outcomes.

- Describe your processes and data systems to track people from initial contact and screening through final diagnosis and participation in the RECA compensation program.
- Describe current experience, skills, and knowledge, including your staff members, materials published, and previous work related to evaluation, monitoring, and tracking data.
- Describe any evaluation barriers and your plan to address them.

Process improvement

- Explain how you will use data to inform program development and service delivery.
- Discuss a performance improvement system that includes reducing patient risk, improving patient satisfaction, credentialing and privileging, and incident reporting that integrates planning, management, leadership, and governance into the performance measurement processes.
- Describe your plan for how you measure success of the RESEP including whether you meet your stated objectives.
- Describe your quality improvement mechanisms to ensure culturally and linguistically appropriate services.

Input and feedback

- Describe your process for receiving input from recipients of RESEP services about the services you provide, including conducting patient satisfaction surveys.
- Discuss your plan for ensuring that you receive input from the service area and target population.
- Focus input on services to be provided, program policies, and service satisfaction.

Budget and budget narrative

See merit review criterion 6: [Support requested](#)

Your budget should follow the instructions in section 4.1.iv of the [Application Guide](#) and any specific instructions listed in this section. Your budget should show a well-organized plan.

Reminder: The total project or program costs are all allowable (direct and indirect) costs used for the HRSA activity or project. This includes costs charged to the award and non-federal funds used to satisfy any matching or cost-sharing requirement (which may include maintenance of effort, if applicable).

The budget narrative supports the information you provide in Standard Form 424-A. See [other required forms](#). The merit review committee reviews both.

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

- If the costs are reasonable and consistent with your project's purpose and activities.
- The restrictions on spending funds. See [funding policies and limitations](#).

To create your budget narrative, see detailed instructions in section 4.1.v of the [Application Guide](#).

Attachments

Place your attachments in order in the Other Attachments form.

Attachment 1: Work plan

Counts toward page limit.

Attach the project's work plan. Make sure it includes each year of the grant program's three-year project period and includes everything required in the [project narrative](#) section. This attachment is required in addition to the description provided in the project narrative work plan section.

The work plan must:

- Outline the person responsible for carrying out each activity.
- Include a timeline for all three years of the period of performance. The minimum timeline increment is by quarter.

We recommend that you use a tabular format and the sample headings outlined here:

- Goals and objectives
- Key action steps (including target population where applicable)
- Activities
- Outputs, data source, and evaluation methods (these might include the direct products or deliverables of program activities and how you will evaluate them)
- Outcome and measurement (these might include the result of a program, typically describing a change in people or systems)
- Person and service area responsible
- Performance period and completion date

Attachment 2: Staffing plan and job descriptions

Counts toward page limit.

See Section 4.1.vi of the [Application Guide](#).

Include a staffing plan that shows the staff positions that will support the project and key information about each. Justify your staffing choices, including education and experience qualifications and your reasons for the amount of time you request for each staff position.

For key personnel, attach a one-page job description. It must include the role, responsibilities, and qualifications.

Attachment 3: Biographical sketches

Does not count towards the page limit.

Include biographical sketches for people who will hold the key positions you describe in Attachment 2. For key personnel, include no more than two-page biographical sketches. Do not include personally identifiable information (e.g., addresses, SSNs, etc.). If you include someone you have not hired yet, include a letter of commitment from that person with the biographical sketch.

Attachment 4: Letters of agreement and memoranda of understanding

Does not count towards the page limit.

Provide any documents that describe working relationships between your organization and others you refer to in the proposal. Documents that confirm actual or pending contracts or agreements should clearly describe the roles of the contractors and any deliverable. Make sure you sign and date any letters of agreement. If letters of support are required for eligibility, include them in this attachment.

Include the roles and responsibilities for each health care provider that will support the project. Clearly reflect the ways each health care provider will support RESEP activities and services.

Attachment 5: Project organizational chart

Counts toward page limit.

Provide a one-page diagram that shows the project's organizational structure.

Attachment 6: Proposed outreach clinics

Does not count towards the page limit.

- Provide a list of proposed outreach clinics and events.
- Include the location, target population, and estimated number of participants.
- If possible, include the months or grant year quarter the activities will take place.
- For location, include at least the city and state.

Attachment 7: EIN exception request

Does not count towards the page limit.

Submit only if applicable.

Generally, you cannot apply for multiple projects using the same UEI (previously DUNS) number and/or EIN. However, we recognize a growing trend towards greater consolidation within the rural health care industry and the possibility that multiple organizations may share the same UEI and/or EIN with its parent organization. As a result, we may allow separate applications associated with a single UEI or EIN, if you provide the following to us in this attachment:

- Names, street addresses, EINs, and/or UEI numbers of your organizations.
- Name, street address, EIN, and/or UEI number of the parent organization.
- Names, titles, email addresses, and phone numbers for points of contact at each of your organizations and the parent organization.
- Proposed HRSA-24-009 service areas for each of your organizations.
- Assurance that the organizations will each be responsible for the planning, program management, financial management, and decision making of their respective projects, independent of each other and the parent organization.
- Signatures from the points of contact at each of your organizations and the parent organization.

A single organization or parent organization cannot submit multiple applications even if the projects are different. If the parent organization applies using the legal and/or “doing business as” name of the parent or satellite sites, for the purposes of this program, it is still considered an application submitted by the parent organization and thus, multiple applications are not allowed. Applications associated with the same UEI number or EIN should be independently developed and written. We reserve the right to deny this request if you provide insufficient information or if we receive nearly identical application content from organizations using the same EIN or UEI.

Attachment 8: Tribal EIN exception request

Does not count towards the page limit.

Submit only if applicable.

For Tribal exceptions requests, include:

- Names, titles, email addresses, and phone numbers for points of contact at your and network partner organizations
- Justification for multiple applications from the network partner organizations under the same EIN and/or UEI
 - For example, unique focus area or services provided, or a lack of other appropriate entities

Attachment 9: Other relevant documents

Does not count towards the page limit.

Optional.

If you need to provide more details about your proposal, you can provide other documents in this attachment. These might include Gantt charts, PERT charts, or flow charts.

Other required forms

You will need to complete some required forms. Upload the required forms listed here at Grants.gov. You can find them in the NOFO [application package](#) or review them and any available instructions at [Grants.gov Forms](#).

Forms	Submission Requirement
Application for Federal Assistance (SF-424)	With the application.
Budget Information for Non-Construction Programs (SF-424A)	With the application.
Grants.gov Lobbying Form	With the application.
Project/Performance Site Location Form	With the application.
Key Contacts Form	With the application.
Disclosure of Lobbying Activities (SF-LLL)	If applicable, with the application or before award.



Step 4:

Learn About Review and Award

In this step

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Application review

Initial review

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

- Is from an organization that does not meet all eligibility criteria
- Requests funding above the award ceiling shown in the [funding range](#)
- Is submitted after the [deadline](#)

Also, we will not review any pages over the page limit.

Merit review

A panel reviews all applications that pass the initial review. The members use the criteria listed in the following subsections.

Criterion	Total number of points = 100
1. Need	25 points
2. Response	20 points
3. Evaluation measures	15 points
4. Impact	20 points
5. Resources and capabilities	10 points
6. Support requested	10 points

Criterion 1: Need

25 points

See project narrative [introduction](#) and [need](#) sections.

- Describes unique characteristics of the service area, target population, and health indicators.
- Describes specific geographic areas where a significant number of qualifying individuals are located.
- Asserts the strength and feasibility of the organization's need to establish RESEP-related health services.
- Uses information on race, ethnicity, age, sex breakdown, primary languages, income distribution, medical insurance coverage rates, and the presence of other

special populations adversely affected by radiation related to the mining of uranium and U.S. testing of nuclear weapons.

- Describes the health status and treatment needs of the target population including perceived and tangible barriers to accessing RESEP services. These barriers might include:
 - Cultural or language issues
 - Access issues related to managed care or reimbursement
 - Lack of health care providers with expertise in diagnosing, managing, and rehabilitating patients with radiogenic-related diseases and conditions
 - Inability to access facilities with the appropriate diagnostic and rehabilitative equipment
 - Other unique or special treatment needs or service delivery considerations for the populations to be served
- Describes how the target population currently accesses radiogenic-related services and provides clear evidence that documents any lack of available health care services for persons with possible radiogenic cancers and other radiogenic diseases and conditions within the proposed service area.
- Identifies the type of people in the target population, including both qualifying individuals, in addition to general rural populations located in the proposed service area (not specific to qualifying individuals).
- The application clearly demonstrates that a significant number of qualifying individuals reside within the proposed service area and are clearly included as a priority population the project proposes to serve.

Criterion 2: Response

20 points

See project narrative [approach](#), [work plan](#), and [resolving challenges](#) sections.

Under this criterion, reviewers will determine the extent to which the proposed project responds to the identified needs. This includes the strength of the activities described in the application to meet the proposed goals and objectives and address identified needs as they relate to RESEP. Specifically, the proposal:

- Describes the effective tools and strategies in place or to be developed for ongoing staff training, outreach, collaborations, clear communication, and information sharing with efforts to involve patients, families, and communities.
- Describes the partnerships or collaborative organizations proposed as part of this project.

- Describes how the program will meet the goals and objectives of this funding opportunity.
- Describes the approaches that mitigate potential challenges to implementing the proposed work plan.

Criterion 3: Evaluation measures

15 points

See project narrative [evaluation and technical support capacity](#) section.

Evidence that the project's evaluative measures and/or project's performance measurement will be able to assess:

- The extent that RESEP program objectives have been met
- The extent these can be attributed to the project
- The strength of the plan to measure performance and whether program objectives are able to be met, which includes:
 - Project's evaluative measures and/or performance measurement
 - Monitoring processes and collecting data
 - Process improvement
 - Input and feedback
 - Ability to assess that program activities produced results

Criterion 4: Impact

20 points

See project narrative [work plan](#) section.

The extent to which the proposed project will be effective as it relates to:

- The proposed activities and/or steps described in the proposal's work plan
- Ability of the proposed activities or steps described to impact the target population
- Strength of the proposal's ability to fully address activities

Criterion 5: Resources and capabilities

10 points

See project narrative [organizational information](#) and [evaluation and technical support capacity](#) sections.

- The capabilities of the applicant organization and the quality and availability of facilities and personnel to serve the target population and fulfill the needs of the proposed project and requirements of RESEP
- The extent to which the proposal identifies unique the characteristics of the applicant organization that show its ability to meet the needs of the program
- The extent to which the proposal includes evidence of the relevant stakeholders and partners' support for the implementation of the proposed project, such as contracts, letters of agreement, memoranda of understanding, etc.
- The extent the proposal includes evidence that identifies the capability and commitment of the current board, administration, and/or management to develop and sustain provision of RESEP services and activities

Criterion 6: Support requested

10 points

See [budget narrative](#) section and the budget forms in [required forms](#).

- How reasonable the proposed budget is for each year of the period of performance in relation to the objectives, the complexity of the activities, and the anticipated results
- Whether costs, as outlined in the budget and required resources sections, are reasonable and align with the scope of work
- Whether key staff have adequate time devoted to the project to achieve project objectives

Risk review

Before making an award, we review the risk that you will not manage federal funds in prudent ways. We need to make sure you've handled any past federal awards well and demonstrated sound business practices. We:

- Review any applicable past performance.
- Review audit reports and findings.
- Analyze the cost of the budget.
- Assess your management systems.

- Ensure you continue to be eligible.
- Make sure you comply with any public policies.

We may ask you to submit additional information.

As part of this review, we use SAM.gov Entity Information [Responsibility/Qualification](#) to check your history for all awards likely to be over \$250,000. You can comment on your organization's information in SAM.gov. We'll consider your comments before making a decision about your level of risk.

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

For more details, see [45 CFR 75.205](#).

Selection process

When making funding decisions, we consider:

- Merit review results, which are key in making decisions but are not the only factor
- The amount of available funds
- Assessed risk
- The larger portfolio of agency-funded projects, including the diversity of project types and geographic distribution

We may:

- Fund out of rank order
- Fund applications in whole or in part
- Fund applications at a lower amount than requested
- Decide not to allow a prime recipient to subaward if they may not be able to monitor and manage subrecipients properly
- Choose to fund no applications under this NOFO

Award notices

We issue Notices of Award (NOA) on or around the [start date](#) listed in the NOFO.

See Section 5.4 of the [Application Guide](#) for more information.



Step 5: Submit Your Application

In this step

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Application submission and deadlines

See [find the application package](#) to make sure you have everything you need.

Make sure you are current with SAM.gov and UEI requirements. When you register or update your SAM.gov registration, you must agree to the [financial assistance general certifications and representations](#), and specifically with regard to grants. Make sure that your SAM.gov registration is accurate for both contracts and grants, as these registrations differ. See [get registered](#). You will have to maintain your registration throughout the life of any award.

Deadlines

Application

You must submit your application by May 29, 2024, at 11:59 p.m. ET.

Multiple applications

Generally, you may not submit multiple applications under the same [Unique Entity Identifier \(UEI\)](#) (previously DUNS) number and/or EIN.

You may only submit multiple applications under the same Unique Entity Identifier (UEI) number and/or EIN, if each proposes distinct projects and an appropriate EIN Exception Request is submitted with your application. We will only review your last validated application for each distinct project before the deadline.

For more information about UEI/EIN exceptions request, please see Attachment 7: [EIN exception request](#) and Attachment 8: [Tribal EIN exception request](#).

Submission method

Grants.gov

You must submit your application through Grants.gov. [See get registered](#).

For instructions on how to submit in Grants.gov, [Quick Start Guide for Applicants](#). Make sure that your application passes the Grants.gov validation checks, or we may not get it. Do not encrypt, zip, or password protect any files.

See [Contacts and Support](#) if you need help.

Other submissions

Intergovernmental review

If your state has a process, you will need to submit application information for intergovernmental review under [Executive Order 12372](#). Under this order, states may design their own processes for obtaining, reviewing, and commenting on some applications. Some states have this process and others do not.

To find out your state's approach, see the [list of state single points of contact](#). If you find a contact on the list for your state, contact them as soon as you can to learn their process. If you do not find a contact for your state, you do not need to do anything further.

This requirement never applies to American Indian and Alaska Native tribes or tribal organizations.

Mandatory disclosure

You must submit any information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. See Mandatory Disclosures, [45 CFR 75.113](#).

To tell us about a violation, write to us:

HRSA via attachment as part of your application

AND

Office of Inspector General at grantdisclosures@oig.hhs.gov.

For full details, visit [HHS OIG Grant Self Disclosure Program](#)

Application checklist

Make sure that you have everything you need to apply:

Component	How to Upload	Included in page limit?
<input type="checkbox"/> Project abstract	Use the Project Abstract Summary Form.	Yes
<input type="checkbox"/> Project narrative	Use the Project Narrative Attachment form.	Yes
<input type="checkbox"/> Budget narrative	Use the Budget Narrative Attachment form.	Yes
Attachments	Insert each in a single Other Attachments form.	
<input type="checkbox"/> Work plan		Yes
<input type="checkbox"/> Staffing plan and job descriptions		Yes
<input type="checkbox"/> Biographical sketches		No
<input type="checkbox"/> Letters of agreement and MOUs		No
<input type="checkbox"/> Project organizational chart		Yes
<input type="checkbox"/> Proposed outreach clinics		No
<input type="checkbox"/> EIN exception request		No
<input type="checkbox"/> Tribal EIN exception request		No
<input type="checkbox"/> Other relevant documents		No
Other required forms	Upload using each required form.	
<input type="checkbox"/> Application for Federal Assistance (SF-424)		No
<input type="checkbox"/> Budget Information for Non-Construction Programs (SF-424A)		No
<input type="checkbox"/> Grants.gov Lobbying Form		No
<input type="checkbox"/> Project/Performance Site Location Form		No
<input type="checkbox"/> Key Contacts Form		No
<input type="checkbox"/> Disclosure of Lobbying Activities (SF-LLL)		No



Step 6: Learn What Happens After Award

In this step

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Post-award requirements and administration

Administrative and national policy requirements

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

- All terms and conditions in the Notice of Award
- The regulations listed [45 CFR part 75](#), Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards
- The termination provisions in 45 CFR 75.372. No other specific termination provisions apply
- The HHS [Grants Policy Statement](#) (GPS). This document has terms and conditions tied to your award. If there are any exceptions to the GPS, they'll be listed in your Notice of Award
- All federal statutes and regulations relevant to federal financial assistance, including those highlighted in [HHS Administrative and National Policy Requirements](#)
- See the requirements for performance management in [2 CFR 200.301](#)

Non-discrimination and assurance

If you receive an award, you must follow all applicable nondiscrimination laws. You agree to this when you register in SAM.gov. You must also submit an Assurance of Compliance ([HHS-690](#)). To learn more, see the [Laws and Regulations Enforced by the HHS Office for Civil Rights](#).

Contact the [HHS Office for Civil Rights](#) for more information about obligations and prohibitions under federal civil rights laws or call 1-800-368-1019 or TDD 1-800-537-7697.

The HRSA Office of Civil Rights, Diversity, and Inclusion (OCRDI) offers technical assistance, individual consultations, trainings, and plain language materials to supplement OCR guidance. Visit [OCRDI's website](#) to learn more about how federal civil rights laws and accessibility requirements apply to your programs, or contact OCRDI directly at HRSACivilRights@hrsa.gov.

Reporting

If you are successful, you will have to follow the reporting requirements in Section 6 of the [Application Guide](#). The NOA will provide specific details.

You must also follow these program-specific reporting requirements:

We will require progress reports each year.

Bi-Monthly Outreach Report:

- You must submit a bi-monthly outreach report.
- The report details dates, locations, and number of participants at outreach events. You will submit them electronically through the Electronic Handbook System (EHB).

RESEP Performance Measures:

- You will submit a performance measures report for each budget period in a centralized program outcomes reporting system.
- We will aggregate the data collected from a centralized program outcomes reporting system to demonstrate overall impact of the program.
- Upon award, we will notify you of specific performance measures required.
- See program description, [program data collection](#) and [appendix](#) for more information.

Integrity and Performance Reporting:

- The NOA will contain a provision for integrity and performance reporting in SAM.gov Entity Information [Responsibility / Qualification](#) (formerly named FAPIIS), as [45 CFR part 75 Appendix I, F.3.](#) and [45 CFR part 75 Appendix XII](#) require.

Subawards

If you receive an award, you must follow the terms and conditions in the NOA. You'll also be responsible for how the project, program, or activity performs, how you and others spend award funds, and all other duties.

In general, subrecipients must comply with the award requirements, including all public policy requirements, that apply to you. You must make sure your subrecipients comply with these requirements. [45 CFR 75.101 Applicability](#) gives details.



Contacts and Support

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Agency contacts

Business, administrative, or fiscal Issues

Eric Brown, Grants Management Specialist

Division of Grants Management Operations, OFAM

Health Resources and Services Administration

Call: (301) 945-9844

Email: ebrown@hrsa.gov

Program issues or technical assistance

Sachi Khushu, Program Coordinator, Community-Based Division

Attn: Radiation Exposure Screening and Education Program

Federal Office of Rural Health Policy Health Resources and Services Administration

Call: (301) 443-2466

Email: FORHPRESEP@hrsa.gov

HRSA contact center

Open Monday – Friday, 7 a.m. – 8 p.m. ET, except for federal holidays.

Call: 877-464-4772 / 877-Go4-HRSA

TTY: 877-897-9910

Grants.gov

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

SAM.gov

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

Helpful websites

- [HRSA's How to Prepare Your Application page](#)
- [HRSA Application Guide](#)
- [HRSA Grants page](#)
- [HHS Tips for Preparing Grant Proposals](#)
- [Radiation Exposure Compensation Act](#) on the DOJ website.

Appendix: RESEP Outcomes Reporting System

The following measures are subject to change. They have been included to make you aware of the types of data reporting that may be required.

HRSA will provide additional information upon award.

Tables and categories

- Demographics
- Annual program data screening
- Annual program data outreach

Measures

Demographics

- Please provide the number of RESEP program users in your service population by age, gender, race, and ethnicity.
- The number of individuals recorded within each category of this measure is reflective of the total population who have sought services from your organization's RESEP facility and/or facilities.
- If the number of people is zero (0), please put zero (0) in the appropriate section.
- Do not leave any sections blank.
- There should not be a N/A (not applicable) response since all measures are applicable.

For the number of total users by race:

Hispanic or Latino ethnicity

- Column A (Hispanic/Latino):
 - Report the number of persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, broken down by their racial identification and including those Hispanics/Latinos born in the United States.
 - Do not count persons from Portugal, Brazil, or Haiti whose ethnicity is not tied to the Spanish language.
- Column B (Non-Hispanic/Latino):
 - Report the number of all other people except those for whom there are neither racial nor Hispanic/Latino ethnicity data.
 - If a person has chosen a race (described in the next subsection) but has not made a selection for the Hispanic /non-Hispanic question, the patient is presumed to be non-Hispanic/Latino.
- Column C (Unreported/Refused to Report):
 - Only one cell is available in this column. Report on Line 7, Column C only those patients who left the entire race and Hispanic/Latino ethnicity part of the intake form blank.
- People who self-report as Hispanic/Latino but do not separately select a race must be reported on Line 7, Column A as Hispanic/Latino whose race is unreported or refused to report.
- Health centers may not default these people to “White,” “Native American,” “more than one race,” or any other category.

Race

All people must be classified in one of the racial categories (including a category for persons who are “Unreported/Refused to Report”).

This includes individuals who also consider themselves to be Hispanic or Latino.

People who self-report race, but do not separately indicate if they are Hispanic or Latino, are presumed to be non-Hispanic/Latino and are to be reported on the appropriate race line in Column B.

People sometimes categorized as “Asian/Other Pacific Islander” in other systems are divided into three separate categories:

- Line 1, Asian

- Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Indonesia, Thailand, or Vietnam
- Line 2a, Native Hawaiian
 - Persons having origins in any of the original peoples of Hawaii.
- Line 2b, Other Pacific Islander
 - Persons having origins in any of the original peoples of Guam, Samoa, Tonga, Palau, Truk, Yap, Saipan, Kosrae, Ebeye, Pohnpei or other Pacific Islands in Micronesia, Melanesia, or Polynesia
- Line 2, Total Native Hawaiian/Other Pacific Islander
 - Must equal lines 2a+2b
- American Indian/Alaska Native (Line 4)
 - Persons who trace their origins to any of the original peoples of North and South America (including Central America) and who maintain Tribal affiliation or community attachment.
- More than one race (Line 6)
 - “More than one race” should not appear as a selection option on your intake form.
 - Use this line only if your system captures multiple races (but not a race and an ethnicity) and the person has chosen 2 or more races.
 - This is usually done with an intake form that lists the races and tells the person to “check 1 or more” or “check all that apply.”
 - “More than 1 race” must not be used as a default for Hispanics/Latinos who do not check a separate race.
 - They are to be reported on Line 7 (Unreported/Refused to Report), as noted in the previous subsection.

Table: Age Group

1	Demographics	Number
	Age Group – Number of Medical Users	
	Under 40	
	40-44	
	45-49	
	50-54	
	55-59	
	60-64	
	65-69	
	70-74	
	75-79	
	80-84	
	85+	

Table: Gender

2	Gender – Number of Total Users	
	Male	
	Female	

Table: Race

3	Number of users by Race	Hispanic/Latino (a)	Non-Hispanic/Latino (b)	Unreported/Refused to Report Ethnicity (c)	Total (d)
	Asian				
	Native Hawaiian/ Other Pacific Islander				
	Black/African American				
	American Indian/ Alaska Native				
	White				
	More than one race				
	Unreported/ Refused to report race				
	Total of individuals served (automatically calculated)				Equal to the total of the number of individuals in the target population

Annual program data screening

Please refer to each category description for completing reporting for this measure.

Screening by type

- 4a. Screening: Please provide the number of initial medical encounters of qualifying individuals who receive an employment history and physical examination by a health care provider. **Number:** ____
- 4b. Re-Screening: Please provide the number of medical encounters that occur at least 1 year after the initial physical examination of a qualifying individual by a health care provider. **Number:** ____
- 4c. Screening Follow-Up Contacts: Please provide the number of users who have received a follow-up contact (face-to-face, calls and letters) with patients, and primary care providers and specialists regarding issues related to follow up after a screening. **Number:** ____
 - This also includes case management, general screening follow-up contacts, contacts regarding patients' questions about their screening exam or results, contacts as a result of a screening exam or test that were done, referral for additional diagnostic testing or treatment, and any other activities related to a RESEP screening.

Referral by type

- 5a. Medical Referrals: Please provide the number of all referrals for diagnosis and/or treatment made as a result of a RESEP screening exam. **Number:** ____
- 5b. Medical Referrals for RECA Diagnostic: Please provide the total number of referrals made, this is the number of patients referred for additional diagnostic testing of a RECA specified disease or cancer. **Number:** ____
- 5c. Medical Referrals for RECA Treatment: Please provide the total number of referrals made, this is the number of patients referred for treatment of a RECA specified disease or cancer. **Number:** ____

Other types of program services

- 6a. Depression Screening: Positive Test and Referral: Please provide the total number of RESEP patients that test positive for depression (according to the two-question instrument in the RESEP guidance under Depression Screening) and were referred for treatment of, either to their primary care, behavioral health, or mental health provider. **Number:** ____

- 6b. RECA Documentation Assistance Encounters: Please provide the total number of all RECA documentation assistance encounters. RECA documentation assistance can be provided to individuals screened through the RESEP clinic, individuals who contact clinics for information about RECA documentation without being screened at that clinic, family members of RECA claimants (living or deceased), and individuals with legal representation. This assistance can be provided through face to- face interactions, telephone encounters, or individual RECA claims assistance. **Number:** ____

Annual program data outreach

Sessions or distributed items

- 7a. Presentations: Please provide the number of formal or informal presentations held (e.g., Community meetings, forums, events, health fairs, education classes) that include information about RESEP (may also include information about RECA). **Number:** ____
- 7b. Individuals Attending Presentations: Please provide the number of individuals who attended the presentations as described in 7a. **Number:** ____
- 7c. Pamphlets/Brochures/Letters Distributed: Please provide the number of items distributed that included information about RESEP (may also include information about RECA). This category can include materials distributed at: community meetings, forums, health fairs or education classes. Letters counted in this category should only be those related to outreach and education, not letters related to screening results or referrals. **Number:** ____
- 7d. Other: Please provide the number of other media types (e.g., e-mails, posters, or flyers) disseminated to inform a target audience about RESEP. The number of items goes in the box. Also, please enter the description of which items and the quantity of each “Other” category item disseminated. **Number:** ____

Individual encounters

- 8a. Face-to-Face: Please provide the number of one-on-one encounters with individuals regarding general, nonmedical questions about RESEP. These face-to-face encounters can include interactions focused on facilitating access and/or informing clients of available RESEP services. These face-to-face encounters can be the result of a range of education and outreach efforts, including RESEP presentations, media activity, publications, or word of mouth. **Number:** ____
- 8b. Telephone/General: Please provide the number of telephone encounters with individuals regarding general, nonmedical questions about RESEP. These telephone encounters can include interactions focused on facilitating access and/or informing clients of available RESEP services. These telephone encounters can

be the result of a range of education and outreach efforts, including RESEP presentations, media activity, publications, or word of mouth. **Number:** ____

Sessions or distributed items by media type

- 9a. Radio: Please provide the number of advertisements, feature stories, or other radio announcements that inform the target audience about RESEP. **Number:** ____
- 9b. TV Spots: Please provide the number of advertisements, feature stories, or other television announcements that inform the target audience about RESEP. **Number:** ____
- 9c. Newspaper: Please provide the number of advertisements or articles that run in printed publications with the aim of reaching the target audience. **Number:** ____
- 9d. Letter: Please provide the number of letters distributed that included information about RESEP or RECA related to outreach and education (not letters related to screening results or referrals). **Number:** ____
- 9e. Social Media: Please provide the number of advertisements or articles that run on social media with the aim of reaching the target audience. **Number:** ____
- 9f. Other: Please provide the number of other media types (e.g., e-mails, posters, or flyers) disseminated to inform a target audience about RESEP. The number of items goes in the box. Also, please enter the description of which items and the quantity of each “Other” category item disseminated. **Number:** ____
- 9g. Geographic Regions Reached via Media Efforts: Please provide the geographic regions reached via your media efforts (i.e., counties, communities, neighborhoods) **Number:** ____

RECA-specified diseases by exposure category

Please refer to each category description for completing reporting for this measure.

- 10. Exposure Activities for Malignant Diseases: Please provide the total number of RECA-specified malignant diseases by exposure activity discovered during the reporting period.
- 11. Exposure Activities for Non-Malignant Diseases: Please provide the total number of RECA-specified non-malignant disease by exposure activity discovered during the reporting period.

Exposure Activities for Malignant Diseases	Uranium Mining	Uranium Milling	Ore Transporting	Downwinder	Onsite Participant	Multiple Activities	Total
Multiple Myeloma							
Small Intestine Cancer							
Pancreatic Cancer							
Non-Hodgkin's Lymphomas							
Leukemia							
Lung Cancer							
Renal Cancer							
Thyroid Cancer							
Breast Cancer							
Esophagus Cancer							
Stomach Cancer							
Pharynx Cancer							
Bile Duct Cancer							
Gall Bladder Cancer							

Exposure Activities for Malignant Diseases	Uranium Mining	Uranium Milling	Ore Transporting	Downwinder	Onsite Participant	Multiple Activities	Total
Salivary Gland Cancer							
Urinary Bladder Cancer							
Brain Cancer							
Colon Cancer							
Ovarian Cancer							
Liver Cancer							

Exposure Activities for Non-Malignant Diseases	Uranium Mining	Uranium Milling	Ore Transporting	Downwinder	Onsite Participant	Multiple Activities	Total
Respiratory Diseases							
Chronic Renal Disease							
Lung Disease Pulmonary Fibrosis							
Fibrosis Cor Pulmonale							
Silicosis							
Pneumoconiosis							

Other diseases (not specified in RECA)

Please refer to each category description for completing reporting for this measure.

- 12. Malignant Diseases Number: Please specify the type of malignant diseases (Not specified in RECA) and the total number discovered.
- 13. Non-Malignant Diseases Number: Please specify the type of non-malignant diseases (i.e., those diseases not specified in RECA) and the number discovered.
- 14. Please provide comments on the Annual Program Data Screening and Outreach Form (500-word limit).

Malignant Diseases:	Number
Pituitary Adenoma	
Uterine Cancer	
Endometrial Cancer	
Prostate Cancer	
Cervical Cancer	

Non-Malignant Diseases:	Number
Depression	
Kidney Mass	
Pneumonia	
Irregular Heartbeat	
Hematuria	
Dysphagia	
Hypertension	
Hypothyroid	
Benign Prostatic Hyperplasia	
Dementia	
Pernicious Anemia	
Liver Nodules	