

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES



Federal Office of Rural Health Policy
Community-Based Division

Black Lung Data and Resource Center

Funding Opportunity Number: HRSA-20-028
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).

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for fiscal year (FY) 2020 Black Lung Data and Resource Center (BLDRC). The purpose of this program is to improve patient-level data collection and analysis, clinic operations, and the quality and breadth of services provided by the Black Lung Clinics Program (BLCP) recipients. There exists a need to strengthen BLCP recipients' ability to examine and treat respiratory diseases and pulmonary impairments in active and inactive U.S. coal miners, which will be achieved through the provision of programmatic assistance and resources and to better understand the health status and needs of active and inactive U.S. coal miners through data analysis.

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| Funding Opportunity Title: | Black Lung Data and Resource Center |
| Funding Opportunity Number: | HRSA-20-028 |
| Due Date for Applications: | March 6, 2020 |
| Anticipated Total Annual Available FY 2020 Funding: | \$125,000 |
| Estimated Number and Type of Award: | Up to one cooperative agreement |
| Estimated Award Amount: | Up to \$125,000 per year |
| Cost Sharing/Match Required: | No |
| Period of Performance: | July 1, 2020 through June 30, 2025 (five years) |
| Eligible Applicants: | Any state or public or private entity may apply. 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: Thursday, January 16, 2020

Time: 2-3 p.m. ET

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

Participant Code: 6427582

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

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 800-391-9853 and the passcode is 6427582.

The Technical Assistance call is open to the general public. The purpose of the call is to review the Notice of Funding Opportunity (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 Data and Resource Center 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 Data and Resource Center (BLDRC) program. The purpose of this program is to improve patient-level data collection and analysis, clinic operations, and the quality and breadth of services provided by the Black Lung Clinics Program (BLCP) recipients. There exists a need to strengthen BLCP recipients' ability to examine and treat respiratory diseases and pulmonary impairments in active and inactive U.S. coal miners, which will be achieved through the provision of programmatic assistance and resources and to better understand the health status and needs of active and inactive U.S. coal miners through data analysis.

For the performance period July 1, 2020 through June 30, 2025, the BLDRC will partner with HRSA, BLCP recipients, and other federal partners to focus on strengthening the operational efficiencies of BLCP recipients, improve the quality and breadth of services BLCP recipients provide, and increase the number of U.S. coal miners served. The BLDRC will conduct data collection and analysis and provide programmatic assistance to BLCP recipients to achieve these goals. The BLDRC will work with BLCP recipients and stakeholders to address long-standing challenges and barriers to medical, outreach, educational, and benefits counseling services for U.S. coal miners. The BLDRC will also assist with the collection and analysis of information on the demographics and clinical status of coal miners with Coal Mine Dust Lung Diseases (CMDLD), or black lung diseases, especially Coal Workers Pneumoconiosis (CWP) and its most severe form, Progressive Massive Fibrosis (PMF).

2. Background

This program is authorized by Sec. 427(a) of the Federal Mine Safety and Health Act of 1977, as amended (30 U.S.C. 937). HRSA established the program in FY 2014 to strengthen the operations and quality of the BLCP through the use of data and programmatic assistance and the promotion and dissemination of best practices. The program's establishment aligns with the original intent of the authorizing legislation, which gave authority to the Department of Labor (DOL) and the U.S. Department of Health & Human Services (HHS) to improve mine safety and health standards by working with states and the mining industry.

Currently, no single comprehensive, national dataset that contains information on active, inactive, retired, and disabled U.S. coal miners who have worked in surface and underground mines exists. As a result, it is difficult to ascertain both the total number of active, inactive, retired, and disabled U.S. coal miners, as well as the complete health and wellness profile of U.S. coal miners. Given the limited data available, and the fact that BLCP recipients treat active, inactive, retired, and disabled coal miners who work (or worked) in surface and underground coal mines, the provision of programmatic assistance to improve operations and improve data collection and analysis on the demographic and clinical status of U.S. coal miners should enhance the operations of BLCP recipients.

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 cooperative agreement. A cooperative agreement is a financial assistance mechanism where substantial involvement is anticipated between HRSA and the recipient during performance of the contemplated project.

HRSA program involvement will include:

- Working with the recipient to synthesize feedback from BLCP recipients on their current operational processes such as funding and reimbursement programs, DOL timeliness and National Institute of Occupational Safety and Health (NIOSH) certifications, staff recruitment and retention, telehealth or telemedicine; medical, outreach, educational, and benefits counseling services provided to U.S. coal miners; and patient-level data collection systems to determine areas of programmatic assistance needed;
- Facilitating communication with BLCP recipients to implement programmatic assistance to enhance operations, improve the quality and breadth of services BLCP recipients provide, and increase the number of U.S. coal miners served;
- Facilitating collaboration with key federal partners, including DOL and NIOSH, to determine how BLCP recipients can better capture clinical issues and emerging trends related to black lung disease through data collection and analysis;
- Incorporating the data recommendations and analysis into relevant Federal Office of Rural Health Policy (FORHP) and HRSA programs, in addition to the BLCP;
- Reviewing project information prior to deliverable completion; and
- Disseminating deliverables to key stakeholders within and outside the black lung community.

The cooperative agreement recipient's responsibilities will include:

- Collecting, synthesizing, and analyzing HRSA and other federal entities' (e.g., Department of Energy, Mine Safety and Health Administration, DOL, and NIOSH) data sources to understand the burden of black lung disease nationwide;
- Supporting federal partnerships and build collaboration among stakeholders;
- Soliciting and synthesizing BLCP recipients' feedback on their current operational processes such as funding and reimbursement programs, DOL timeliness and NIOSH certifications, staff recruitment and retention, telehealth or telemedicine; medical, outreach, educational, and benefits counseling services provided to U.S. coal miners; and patient-level and aggregate data collection systems to determine areas of programmatic assistance needed and method of delivery;
- Partnering with HRSA to determine how BLCP award recipients can better capture clinical issues and emerging trends related to black lung disease through their patient-level data collection and analysis;

- Providing programmatic assistance, onsite and virtually as appropriate, for BLCP recipients to enhance operations, improve the quality and breadth of services BLCP recipients provide, and increase the number of U.S. coal miners served. This may include, but is not limited to:
 - Webinars or podcasts at recurring intervals to provide guidance on compliance with regulations, certifications updates, emergent disease trends, and other topics as identified
 - Conference calls at recurring intervals to resolve chronic BLCP challenges
 - Creation of data sheets including executive summaries and infographics or other print materials to be used in outreach activities;
 - Creation and maintenance of a digital reference library for programmatic assistance materials;
- Facilitating presentations, onsite and virtually, during program meetings and assist with public dissemination of programmatic information;
- Developing data privacy and sharing agreements and analyze and disseminate patient-level and aggregate data collected by black lung clinics;
- Responding in a timely manner to HRSA requests for project updates related to data analysis and programmatic assistance provided;
- Adhering to HRSA guidelines pertaining to acknowledgement and disclaimer on all products produced by HRSA award funds; and
- Other activities that have the potential to enhance BLCP recipients' operations.

2. Summary of Funding

HRSA expects approximately \$125,000 to be available annually to fund one recipient. You may apply for a ceiling amount of up to \$125,000 total cost (includes both direct and indirect, facilities and administrative costs) per year. 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 Black Lung Data and Resource Center in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

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

III. Eligibility Information

1. Eligible Applicants

Any state or public or private entity may apply. See 42 CFR Part 55a, Subpart A, § 55a.102.

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.4](#) non-responsive and will not consider it for funding under this notice.

NOTE: 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](#) 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 **50 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 8-15: 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:

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 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 |
| Funding Amount Requested: The dollar amount requested |
| ABSTRACT BODY CONTENT |
| Need(s) to be Addressed Brief description of the project's proposed need(s). |
| 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, 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 7 . |

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, including the project goals, objectives, and expected outcomes, including how the proposed project will enhance understanding of the U.S. coal miner population, enhance operations, improve the quality and breadth of services BLCP recipients provide, and increase the number of U.S. coal miners served.

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

Briefly describe existing available data on the U.S. coal worker population, the current incidence and prevalence of CMDLDs, including CWP and PMF, and challenges and barriers Black Lung clinics face including, but not limited to, funding and reimbursement; DOL timeliness and NIOSH certifications, staff recruitment and retention, telehealth or telemedicine; issues related to the provision of medical, outreach, educational, and benefits counseling services; and patient-level data collection efforts. Include how demographic information and clinical status of coal miners is collected and how that data could be used to enhance operations, improve the quality and breadth of services BLCP recipients provide, and increase the number of U.S. coal miners served.

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

Propose methods that you will use to provide programmatic assistance and patient-level and aggregate data collection and analysis in order to strengthen the operational efficiencies of BLCP recipients, improve the quality and breadth of services BLCP recipients provide, and increase the number of U.S. coal miners served. As appropriate, include development of effective tools and strategies for ongoing programmatic assistance, collaborations, clear communication, patient-level data collection and analysis, and information sharing/dissemination involving BLCP recipients, other federal agencies, and stakeholders. Include a plan to disseminate reports, products, and/or project outputs so key target audiences receive the project information.

Include a description of any innovative methods that you will use to address the stated needs.

- *WORK PLAN -- Corresponds to Section V's Review Criteria #2 "Response"*

Provide a clear and coherent work plan in Attachment 1. The work plan should describe the activities or steps that you will use to achieve each of the objectives proposed during the entire period of performance (July 1, 2020 – June 30, 2025). Use a timeline that includes each activity and identifies responsible staff. The work plan must be in a table format and include a timeline divided into quarters, beginning with the project start date (July 1, 2020) and ending with the project end date (June 30, 2025). It must detail each activity, when it will be completed, and the responsible staff members, including time devoted to the project to achieve project objectives. As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities, including developing the application. If you will make subawards or expend funds on contracts, describe how your organization will monitor program activities and ensure proper documentation of funds.

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

Discuss challenges that you are likely to encounter in designing and implementing the activities described in the work plan, and approaches that you will use to resolve such challenges.

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criteria #3 "Evaluative Measures," #4 "Impact," and #5 "Resources/Capabilities"*

Describe the organizational expertise in and experience with CMDLDs, including CWP and PMF. This should include a description of the current experience, skills, and knowledge of the organization, including individuals on staff, materials published, and previous work related to the study and publication of CMDLD incidence and prevalence as well as primary, secondary, and tertiary prevention.

Describe the organizational capacity to solicit, analyze, and disseminate programmatic feedback and to provide programmatic assistance. This should include a description of the methods used to build trust and collaboration, collect feedback and program challenges, synthesize results, determine priority, and implement assistance. Describe the current experience, skills, and knowledge of staff and the implementation of previous work of a similar nature.

Describe the organizational expertise and experience in patient-level and aggregate data collection, analysis, and dissemination. This should include a plan to safeguard data privacy and sharing, data sharing agreements, methods of analysis, and examples of previous dissemination techniques and materials published. You must describe any potential obstacles to data collection and your plan to address those obstacles.

Describe the extent to which the proposed project has an impact on BLCP recipients, including but not limited to strengthening the operational efficiencies of BLCP recipients, improving the quality and breadth of services BLCP recipients provide, and increasing the number of U.S. coal miners served as well as the broader public health community.

Describe the plan for the program performance evaluation that will contribute to continuous quality improvement. The program performance evaluation should monitor ongoing processes and the progress towards the goals and objectives of the project. Include descriptions of the inputs (e.g., organizational profile, collaborative partners, key personnel, budget, and other resources), key processes, and expected outcomes of the funded activities.

Describe the systems and processes that will support your organization's performance management requirements and methods for ensuring the project is effective through tracking and analysis of performance outcomes, including a description of how the organization will collect and manage data (e.g., assigned skilled staff, data management software) in a way that allows for accurate and timely reporting of performance outcomes. Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature. You must describe any potential obstacles for implementing the program performance evaluation and program effectiveness as well as your plan to address those obstacles.

- **ORGANIZATIONAL INFORMATION** -- Corresponds to Section V's Review Criteria #5 "Resources/Capabilities" and #6 "Support Requested"

Succinctly describe your organization's current mission and structure, the scope of current activities, and how these elements all contribute to the organization's ability to conduct the program requirements and meet program expectations. Discuss how the organization will follow the approved plan, as outlined in the application, to properly account for federal funds, and document all costs to avoid audit findings. Describe how you will routinely assess the unique programmatic assistance and data collection and analysis needs of BLCF recipients and the medical, outreach, educational, and benefits counseling services needs of U.S. coal miners to improve program performance.

| 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 |
| Resolution of Challenges | (2) Response |
| Evaluation and Technical Support Capacity | (3) Evaluative Measures, (4) Impact, and (5) Resources/Capabilities |
| Organizational Information | (5) Resources/Capabilities and (6) Support Requested |
| 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.

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: Work Plan

Attach the work plan for the project that includes all information detailed in Section IV.2.ii. Project Narrative. The work plan should be in table format, at a minimum include the activities, responsible individual and/or organization, timeline, process measure(s), and outcome measure(s), and no more than 15 pages.

Attachment 2: Project Organizational Chart

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

Attachment 3: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1. of HRSA's [SF-424 Application Guide](#))

The staffing plan must include:

- Each staff member's name, title, affiliation, and full-time equivalents (FTEs);
- Descriptions of the positions that will be funded with BLDRC funds; and
- Qualifications, roles, and responsibilities of each staff member who will be filling the positions.

Keep each job description to one page in length as much as is possible. 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 4: Biographical Sketches of Key Personnel

Include biographical sketches for persons occupying the key positions described in Attachment 2, not to exceed two pages in length per person. In the event that a biographical sketch is included for an identified individual not yet hired, include a letter of commitment from that person with the biographical sketch.

Attachment 5: Letters of Agreement or Memoranda of Understanding (if applicable)

Provide any documents that describe working relationships between your organization and other entities and programs cited in the proposal. Documents that confirm actual or pending contractual or other agreements should clearly describe the roles of the contractors and any deliverable. Make sure any letters of agreement are signed and dated.

Attachment 6: 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](#).

Attachment 7: Request for Funding Preference

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](#).

Attachments 8 – 15: Other Relevant Documents (optional; not scored during the objective review)

Include here any other documents that are relevant to the application, including letters of support. Letters of support must be dated and specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.).

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. Late applications are neither reviewed nor considered. See Section 8.2.5 – Summary of emails from Grants.gov of HRSA’s [SF-424 Application Guide](#) for additional information.

5. Intergovernmental Review

The BLDRC is subject to the provisions of Executive Order (EO) 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, at no more than \$125,000 per year (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 or conducting lobbying or advocacy events. You must clearly account for funds and attest to their use in accordance with this restriction. Further guidance will be provided 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 BLDRC has six review criteria. See the review criteria outlined below with specific detail and scoring points.

Criterion 1: NEED (25 points) – Corresponds to Section IV’s “Introduction” and “Needs Assessment”

The extent to which the application demonstrates:

- The current incidence and prevalence of CMDLDs, including CWP and PMF;
- The current status and issues related to the provision of medical, outreach, educational, and benefits counseling services for U.S. coal miners and data collection efforts, including but not limited to: funding and reimbursement, DOL timeliness and NIOSH certifications, staff recruitment and retention, telehealth or telemedicine, and how demographic information and clinical status of coal miners is collected and reported;
- The purpose of the proposed project, including the project goals, objectives, and expected outcomes;
- Documentation of existing available data on the U.S. coal worker population;
- How the proposed project will enhance understanding of the U.S. coal miner population; and
- How the proposed project will strengthen the operational efficiencies of BLCP recipients, improve the quality and breadth of services BLCP recipients provide, and increase the number of U.S. coal miners served.

Criterion 2: RESPONSE (25 points) – Corresponds to Section IV’s “Methodology,” “Work Plan,” and “Resolution of Challenges”

The extent to which the application demonstrates:

- How the work plan describes the project’s goals and objectives for programmatic assistance and how they will strengthen the operational efficiencies of BLCP recipients, improve the quality and breadth of services BLCP recipients provide, and increase the number of U.S. coal miners served within the given time periods;
- How the work plan describes the project’s goals and objectives for patient-level and aggregate data collection, analysis, and dissemination and how they will strengthen the operational efficiencies of BLCP recipients, improve the quality and breadth of services BLCP recipients provide, and increase the number of U.S. coal miners served within the given time periods;
- How they will improve the ability of BLCP award recipients to collect and report meaningful patient-level data on U.S. coal miners and identify and recommend a more consistent and unified approach to collect and report data within the BLCP;
- What methods will be used to disseminate reports, products, and/or project outputs to key target audiences;
- Innovative methods that will be used to address the stated needs of the project;
- Meaningful support and collaboration with key stakeholders in planning, designing, and implementing all program activities as well as any collaborative activities undertaken to complete this application;
- Challenges that they are likely to encounter in designing and implementing the activities described in the work plan, and approaches that they will use to resolve such challenges; and
- Key personnel have adequate time devoted to the project to achieve project objectives.

Criterion 3: EVALUATIVE MEASURES (10 points) – Corresponds to Section IV’s “Evaluation and Technical Support Capacity”

The extent to which the application demonstrates the strength and effectiveness of:

- The methods for program performance evaluation that will contribute to continuous quality improvement;
- The methods to monitor and evaluate ongoing processes and the progress of the project toward the goals;
- Descriptions of the inputs, key processes, and expected outcomes of the funded activities;
- Systems and processes that support the organization’s performance management requirements by effectively tracking performance outcomes, including how data will be collected and managed to ensure accurate and timely reporting of performance outcomes; and
- Solutions for overcoming potential obstacles for implementing program performance evaluation.

Evidence that the evaluative measures will be able to assess project results include:

- to what extent the program objectives have been met;
- to what extent these can be attributed to the project; and
- continuous quality improvement.

Criterion 4: IMPACT (15 points) – Corresponds to Section IV’s “Evaluation and Technical Support Capacity”

The extent to which the proposed project:

- has an impact on BLCP recipients and public health, and
- the proposed project will be effective, if funded.

This may include: the effectiveness of plans for programmatic assistance, stakeholder engagement or collaboration, patient-level data collection and analysis, dissemination of project results, proposed analytics or resource materials, and the impact results may have on BLCP recipients and/or the larger public health community.

Criterion 5: RESOURCES/CAPABILITIES (15 points) – Corresponds to Section IV’s “Evaluation and Technical Support Capacity” and “Organizational Information”

The extent to which the application demonstrates:

- The organizational expertise in and experience with CMDLDs, including CWP and PMF;
- How the staffing plan directly links to the activities proposed in their work plan;
- Strategies to address current barriers and challenges related to medical, outreach, educational, and benefits counseling services and patient-level data collection efforts;
- The organizational capacity to solicit, analyze, and disseminate programmatic feedback and provide programmatic assistance, including a description of the methods used to build trust and collaboration, collect feedback and program challenges, synthesize results, determine priority, and implement assistance;
- The organizational expertise and experience in patient-level and aggregate data collection, analysis, and dissemination, including a plan to safeguard data privacy and sharing, data sharing agreements, methods of analysis, and examples of previous dissemination techniques and materials published as well as any potential obstacles to data collection and methods to address those obstacles;
- How the proposed staffing plan contributes to the ability of the organization to meet program expectations and fulfill the cooperative agreement recipient’s responsibilities outlined in [Section II.1](#);
- How they will routinely assess programmatic assistance and data collection and analysis needs of BLCP recipients and the medical, outreach, educational, and benefits counseling services needs of U.S. coal miners to improve program performance;
- Their organization’s current mission and structure, and scope of current activities; and

- If applying as a consortium:
 - Consortium member responsibilities and the process for soliciting and incorporating feedback from consortium members;
 - Addresses potential challenges for the consortium and identifies approaches to avoid such challenges; and
 - Includes Letters of Commitment or Memoranda of Understanding from all consortium members.

Criterion 6: SUPPORT REQUESTED (10 points) – Corresponds to Section IV’s “Organizational Information,” “Budget,” and “Budget Narrative”

- The extent to which the proposed plan properly accounts for federal funds and documents all costs to avoid audit findings;
- The reasonableness of the proposed budget for each year of the period of performance in relation to the objectives, the complexity of the research activities, and the anticipated results;
- The extent to which the budget does not exceed \$125,000 per year; and
- The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.

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 approving officials 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. 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

This program provides a funding preference for some applicants, as authorized by Part 55a, Subpart A, § 55a.103. 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.

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 Report(s)**. The recipient must submit a progress report to HRSA on an **annual** basis. Further information will be available in the Notice of Award.
- 2) **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 FFR Cash Transaction Reports must be filed 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.

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
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 443-1014
Email: 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 Data and Resource Center
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: Thursday, January 16, 2020

Time: 2-3 p.m. ET

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

Participant Code: 6427582

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

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 800-391-9853 and the passcode is 6427582.

Tips for Writing a Strong Application

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