

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Health Resources and Services Administration**

Office of Rural Health Policy
Community Based Division

Radiation Exposure Screening and Education Program

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FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2014

Application Due Date: February 14, 2014

*Ensure your Grants.gov registration and passwords are current immediately!
Deadline extensions are not granted for lack of registration.
Registration may take up to one month to complete.*

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Authority: Section 417C of the Public Health Service Act (42 U.S.C. 285a-9), as amended.

EXECUTIVE SUMMARY

The Health Resources and Services Administration, Office of Rural Health Policy is accepting applications for fiscal year (FY) 2014 Radiation Exposure Screening and Education Program (RESEP). The purpose of this program is to make grants to eligible entities to carry out programs to develop education programs; disseminate information on radiogenic diseases and the importance of early detection; screen eligible individuals for cancer and other radiogenic diseases; provide appropriate referrals for medical treatment; and facilitate documentation of Radiation Exposure Compensation Act (RECA) claims. This grant program was developed in consultation with the National Institutes of Health (NIH) and Indian Health Service (IHS). Within Health Resources and Services Administration, the Office of Rural Health Policy (ORHP) administers the program, hereinafter referred to as the Radiation Exposure Screening and Education Program.

Funding Opportunity Title:	Radiation Exposure Screening and Education Program
Funding Opportunity Number:	HRSA-14-046
Due Date for Applications:	February 14, 2014
Anticipated Total Annual Available Funding:	\$1,500,000
Estimated Number and Type of Awards:	8 grants
Estimated Award Amount:	Up to \$300,000 per year
Cost Sharing/Match Required:	No
Length of Project Period:	3 years
Project Start Date:	September 1, 2014
Eligible Applicants:	<p>Only the organizations located in the high-impact States cited in the Radiation Exposure Compensation Act (42 U.S.C. 2210 and Public Law 106 245); i.e., Arizona, Colorado, Idaho, Nevada, New Mexico, North Dakota, Oregon, South Dakota, Texas, Utah, Washington, or Wyoming are eligible to apply. Entities include: National Cancer Institute designated cancer centers; Department of Veterans Affairs (VA) hospitals and medical centers; Federally Qualified Health Centers, hospitals, and medical centers; agencies of State and local governments; certain IHS programs and non-profit organizations.</p> <p>[See Section III-1 of this FOA for complete eligibility information.]</p>

All applicants 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 funding opportunity announcement to do otherwise.

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I. Funding Opportunity Description

1. Purpose

Section 417C of the Public Health Service Act, as amended, authorizes the Secretary of Health and Human Services, acting through the Administrator of the Health Resources and Services Administration (HRSA), to make grants to eligible entities for the purpose of carrying out programs to: develop education programs; disseminate information on radiogenic diseases and the importance of early detection; screen eligible individuals for cancer and other radiogenic diseases; provide appropriate referrals for medical treatment; and facilitate documentation of Radiation Exposure Compensation Act (RECA) claims. This grant program was developed in consultation with the National Institutes of Health (NIH) and Indian Health Service (IHS). Within HRSA, the Office of Rural Health Policy administers the program, hereinafter referred to as the Radiation Exposure Screening and Education Program.

A successful applicant measures effectiveness and quality of services and continuously evolves their programs to achieve the greatest impact. A successful RESEP applicant collaborates with other organizations while maintaining the integrity of federally funded programs by continuing to fulfill the mission, and comply with applicable laws, regulations and program expectations. Applicants must provide a detailed description of a program designed to: 1) determine individuals' basic eligibility to apply for RECA compensation; 2) screen patients for radiogenic cancers and diseases; 3) provide further testing and/or referrals, as indicated, for the diagnosis and treatment of patients screened; and 4) develop and disseminate public information and education programs for the detection, screening, prevention and treatment of radiogenic cancers and diseases.

The following are the descriptions of the components of a successful RESEP program. Each applicant must propose a program that includes the following components. (Refer to Section IV under Methodology.)

- Outreach

Each applicant must conduct outreach activities designed to inform the public of services available through the program. Efforts must be made to locate and attract as many eligible individuals in the applicant's service area as possible. Outreach activities may include radio, television, print media, public announcements, community meetings/events, direct contact with individuals, and any other suitable forms of communication.

- Education

Each applicant must develop and conduct an education program to disseminate public information on the detection, prevention, and treatment of radiogenic cancers and other radiogenic disease, which should include at least the following elements:

- Early warning symptoms of the disease
- Disease processes and causation
- 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
- Available compensation programs

The education component of the proposed program should strive to establish a close rapport with the community and reach the majority of eligible individuals in the state or service delivery area. Educational materials that are distributed must reflect the current state of scientific knowledge about radiogenic diseases.

- **Medical Screening**

Program applicants must develop standards for screening patients at risk of developing cancers and other diseases as a result of the exposure to radiation. The U.S. Preventive Services Task Force (USPSTF) at the Agency for Healthcare Research and Quality is recognized as the “gold standard for clinical preventative services.” It is recommended that the RESEP medical screening protocols minimally include the USPSTF guidelines for screening individuals potentially eligible for compensation under RECA legislation. These guidelines are available online at: <http://odphp.osophs.dhhs.gov/pubs/guidecps/>. Program applicants are encouraged to obtain input from 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 a physician; and follow-up and case-management plans.

- **Depression Screening**

Program applicants must utilize the screening recommendations for depression established by the US Preventative Services Task Force (USPSTF) in the “Guide to Clinical Preventive Services.” According to the “Guide to Clinical Preventive Services,” depression is a common and costly mental health problem that is frequently seen in general medical settings and is present in about 5 to 13% of patients that are seen by primary care physicians. The prevalence of this condition among the general population is about 3 to 5%. RESEP clients are thought to be atypical clients and should be considered by the screening provider to be of higher risk.

The prevailing standard, according to the Agency for Healthcare Research and Quality, for the diagnosis of depression is the opinion of an examining psychiatrist that a patient’s symptoms meet the criteria described in the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV). For the RESEP program, the two-question case-finding instrument is the recommended approach for detecting depression. For the two-question instrument, a “yes” response to either of the following two questions is a considered a positive test: (1) During the past month, have you often been bothered by feeling down, depressed, or hopeless?” and (2) During the past month, have you often been bothered by little interest or pleasure in doing things?”

- **Medical and Occupational History**

Providers and clinic staff should be well trained in obtaining an occupational history. Special knowledge of uranium or metal mining jobs is desirable. The medical and occupational history should document the date of exposure(s), place(s) of residence, occupation(s), and place(s) of employment. A review of symptoms relevant to each organ system (i.e., respiratory, circulatory, etc.) should be documented in the medical record. The provider should be alert to symptoms suggestive of occupationally-acquired pulmonary and renal diseases and the following cancers: multiple myeloma, lymphoma, leukemia, thyroid, female or male breast, esophagus, liver, lung, urinary bladder, kidney, colon, stomach, pharynx, small intestine, pancreas, bile ducts, gall bladder, salivary gland, brain, and ovary.

- **Physical Examination**

A complete physical examination should be performed and documented in the medical record for each patient. The examiner should be alert to any physical findings that suggest the presence of the aforementioned cancers and disease.

- **Follow-up**

Programs must ensure follow-up on the patient's care. Follow-up includes such activities as: maintenance of contact with patient via telephone; reporting of test results to the patient and his/her primary care physician; and periodic re-evaluation in the clinic.

- **Case Management**

Programs must ensure management of each patient's care. Case management consists of follow-up activities, including but not limited to: (a) reporting of test results to the patient and their primary care physician; (b) following-up with patient and specialty provider to ensure care was received; (c) tracking patient's progress; and (d) periodically re-evaluating in the clinic. The case manager should ensure that all operative, consultative, procedural, and pathology reports are maintained in the patient's medical record as well as all physicians' 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, the program must arrange for further diagnostic testing. Diagnostic testing procedures may include, but are not limited to: a chest x-ray (CXR), pulmonary function testing (PFT), arterial blood gases (ABG), laboratory studies, imaging studies, endoscopies, and biopsies. Based on findings of the history and physical examination, and other relevant screening tests, these procedures may be ordered by a licensed medical professional to rule in/out the possibility of disease.

- **Referrals for Medical Treatment**

The program must demonstrate evidence of formal agreements with appropriate entities (i.e., hospitals, providers, specialists) to promptly evaluate and treat patients in the event of a confirmatory diagnosis of cancer or non-malignant radiogenic disease (occupationally-acquired pulmonary and renal 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 cancers and non-malignant pulmonary and renal disease.

- **Referrals for Treatment of Depression**

The program must demonstrate evidence of formal referral agreements with psychiatrists to promptly evaluate and treat patients for depression according to the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV).

- **Eligibility Assistance**

Each applicant's program must include activities to assist individuals who may be eligible for compensation under RECA. Each patient should have his/her health condition assessed to determine the eligibility for RECA benefits. Each program must help individuals potentially eligible for RECA benefits with the medical documentation of their condition. Programs must inform patients about U.S. Department of Justice standards for eligibility and provide them with assistance in completing the application forms or explicitly refer them to a place where such assistance is available. Information on eligibility or compensable illnesses is available by calling 1-800-729-7327.

Applicants must include in their project the provision of eligibility information from other programs (such as those administered by the Department of Labor). Applicants that are not planning to provide these services directly must have written arrangements with other entities for such assistance with applications and legal services.

Other Program Elements

1) Staffing

There must be a licensed physician, physician assistant, or nurse practitioner on staff. Other professional staff could include: registered nurses, patient education specialists, case managers, patient care coordinators, and outreach coordinators.

2) Data Collection

Applicants receiving funding under the RESEP must collect, update, and maintain demographic and utilization information on each individual seen by the applicant, including age, gender, race/ethnicity, insurance status, date and type of exposure, dates and types of screening procedures done, the dates and types of referrals made (provider specialty, facility, reason for referral - diagnosis and/or treatment), and the dates and types of radiogenic cancers diagnosed, and nonmalignant radiogenic diseases. Data should also be collected regarding the number of individuals contacted by type of outreach activity and the number of individuals receiving a education program on the detection, prevention, and treatment of radiogenic cancers and other radiogenic diseases. Applicants must also maintain the necessary data systems that are able to track individuals in terms of their screening, final diagnosis and participation in the RECA compensation program.

3) Finance

At a minimum, the program must maintain financial systems that provide for internal controls, safeguard assets, ensure stewardship of Federal funds, maintain adequate cash flow to support operations, assure access to care, and maximize revenue from non-Federal sources. Financial

systems should be routinely reviewed and updated to assure that the organization remains financially sound, competitive, and aware of changes in the local, state, and national health care environment.

IMPORTANT: Grant funds may not be used to supplant other provider/third party coverage payments available to the patient. See 417C (e) (“nothing in this section shall be construed to affect any coverage obligation of a governmental or private health plan or program relating to an individual referred to under subsection (b)(1).”)

Given the limited availability of Federal resources, an important component of fulfilling this mandate is the maximization of revenue from all sources. Revenue maximization requires: an adequate and competitive fee schedule and a corresponding schedule of discounts; prompt and accurate billing of third party payers; billing of patients in accordance with the schedule of discounts; and timely follow-up on all uncollected amounts. RESEP programs must maximize revenue and participate in favorable enhanced or cost-based reimbursement programs for which they are eligible.

It is important to note that a healthier country is one in which more Americans are able to access the care they need to prevent the onset of disease and manage disease when it is present. Insurance coverage is strongly related to better health outcomes for both children and adults. Access to insurance improves health outcomes by helping people obtain preventive and screening services, prescription drug benefits, mental health and other services, and by improving continuity of care.

The Affordable Care Act (ACA), the health care law of 2010, creates new state-based marketplaces, also known as exchanges, to offer millions of Americans new access to affordable health insurance coverage. Individuals with incomes between 100 to 400 percent FPL may be eligible to receive advance payments of premium tax credits and/or cost-sharing reductions to help pay for the cost of enrolling in a qualified health insurance plan and paying for coverage of essential health benefits. In states that choose to participate in the ACA expansion of Medicaid to non-disabled adults with incomes of up to 133 percent of Federal Poverty Level (FPL), this provision will provide new coverage options for many individuals who were previously ineligible for Medicaid. In addition, the law helps make prevention affordable and accessible for Americans by requiring health plans to cover certain recommended preventive services without cost sharing.

Outreach efforts would ensure that families and communities understand these new developments and would provide eligible individuals the assistance they need to secure and retain coverage as smoothly as possible during the transition and beyond. You are encouraged to share information with your beneficiaries about these options and to assist them, to the extent it is an appropriate activity under your grant, in enrolling in available insurance plans or in finding other available sources of payment for the services you provide.

The best place to learn more about the Health Insurance Marketplace and enroll in coverage is at HealthCare.gov. Grantees should direct individuals, families, and partners to HealthCare.gov to access educational information and create accounts, complete an online application, shop for

qualified health plans, and enroll in coverage. The site is also available in Spanish at CuidadoSalud.gov (<https://www.cuidadodesalud.gov/es/>).

A wide range of enrollment and education assistance is available. Individuals can go to localhelp.healthcare.gov to find a trained in-person assistor in their community, use the live chat function on HealthCare.gov, or contact the Health Insurance Marketplace call center toll free at 1-800-318-2596 (TTY 1-855-889-4325), which is available 24/7 in 150 languages. For more information on the marketplaces and the health care law, visit <http://www.healthcare.gov/>. In addition, for professionals learning about the Marketplace and helping people apply, get the latest resources at <http://marketplace.cms.gov/>.”

4) Quality Assurance Program

There must be approaches for determining whether all services provided are effective and in accordance with medical practice standards. A quality assurance program should be developed that includes the capacity to: (a) evaluate patient satisfaction and medical error reporting, and (b) examine access, quality of clinical care, quality of work force, cost and productivity.

2. Background

This program is authorized by Section 417C of the Public Health Service Act (42 U.S.C. 285a-9), as amended.

From 1945 through 1962, the United States conducted a series of above ground nuclear arms tests. People were exposed to radiation resulting from the nuclear arms testing. The people exposed included those who participated onsite in a test involving the atmospheric detonation of a nuclear device within the official boundaries of the Nevada or Trinity Test Sites and those who were physically present in one of the affected areas downwind of the Nevada Test Site. In addition, uranium mine employees were exposed to large doses of radiation and other airborne hazards in the mine environment that together are presumed to have produced an increased incidence of lung cancer and respiratory diseases among these mine workers.

The RECA Amendments of 2000 amended Subpart I of Part C of Title IV of the Public Health Service Act to add Section 417C, Grants for Education, Prevention, and Early Detection of Radiogenic Cancers and Diseases. Section 417C authorizes grants to states, local governments and other eligible organizations to initiate and support programs for: individual cancer screening; appropriate referrals for medical treatment of individuals screened; public information development and dissemination; and the facilitation of RECA claims documentation to aid the thousands of individuals adversely affected by the mining, transport and processing of uranium, and the testing of nuclear weapons for the Nation’s weapons arsenal (See Section X for RECA Definitions, Eligibility and Screening).

The RESEP encourages and supports appropriate healthcare organizations to improve the knowledge base and health status of persons, who were adversely affected by the mining, milling, or transporting of uranium and the testing of nuclear weapons for the Nation’s weapons arsenal.

II. Award Information

1. Type of Award

Funding will be provided in the form of a grant.

2. Summary of Funding

This program will provide funding for Federal fiscal years 2014-2016. Approximately \$1,500,000 is expected to be available annually to fund eight grantees. Applicants may apply for a ceiling amount of up to \$300,000 per year. The project period is three (3) years. Funding beyond the first year is dependent on the availability of appropriated funds for the RESEP Program in subsequent fiscal years, awardee satisfactory performance, and a decision that continued funding is in the best interest of the Federal government.

III. Eligibility Information

1. Eligible Applicants

The following entities are eligible to apply for the funds described in this funding opportunity announcement. Only the organizations located in the high-impact States cited in the Radiation Exposure Compensation Act (42 U.S.C. 2210 and Public Law 106 245); i.e., Arizona, Colorado, Idaho, Nevada, New Mexico, North Dakota, Oregon, South Dakota, Texas, Utah, Washington, or Wyoming are eligible to apply.

- National Cancer Institute-designated cancer centers;
- Department of Veterans' Affairs hospitals or medical centers;
- Federally Qualified Health Centers (FQHC), community health centers, or hospitals;
- Agencies of any State or local government, including any State department of health, that currently provides direct health care services;
- IHS health care facilities, including programs provided through tribal contracts, compacts, grants, or cooperative agreements with the IHS and that are determined appropriate to raising the health status of Indians; and
- Nonprofit organizations

Individuals eligible for RECA compensation are categorized by the nature of their exposure to radiation as defined by 42 U.S.C. 2210 and Public Law 106-245, Radiation Exposure Compensation Act Amendments of 2000, sections 4(a) (1) (A) (i) and 5(a) (1) (A), and in 28 CFR Part 79 (http://www.access.gpo.gov/nara/cfr/waisidx_10/28cfr79_10.html). (See Section X for more in-depth descriptions and definitions.) In general, these categories include:

- Uranium miners
- Uranium millers;
- Ore transporters;
- Downwinders, i.e., those who were physically present downwind of atmospheric nuclear tests; and

- Onsite participants, i.e., those who participated onsite in a test involving the atmospheric detonation of a nuclear device.

2. Cost Sharing/Matching

There is no cost sharing or matching requirement for this program.

3. Other

Applications that exceed the ceiling amount will be considered non-responsive and will not be considered for funding under this announcement.

Any application that fails to satisfy the deadline requirements referenced in Section IV.3 will be considered non-responsive and will not be considered for funding under this announcement.

NOTE: Multiple applications from an organization are not allowable.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA *requires* applicants for this funding opportunity announcement to apply electronically through Grants.gov. Applicants must download the SF424 application package associated with this funding opportunity following the directions provided at Grants.gov.

Applicants are also responsible for reading the Grants.gov Applicant User Guide, available online at <http://www.grants.gov/documents/19/18243/GrantsGovApplicantUserGuide.pdf>.

This Guide includes detailed information about using the Grants.gov system and contains helpful hints for successful submission.

2. Content and Form of Application Submission

Section 4 of HRSA's [SF-424 Application Guide](#) provides instructions for the budget, budget justification, 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. All applicants are responsible for reading and complying with the instructions included in HRSA's [SF-424 Application Guide](#) except where instructed in the funding opportunity announcement to do otherwise.

Application Page Limit

The total size of all uploaded files may not exceed the equivalent of 80 pages when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support required in the *Application Guide* and this FOA. Standard OMB-approved forms are NOT included in the page limit. **We strongly urge you to print your application to ensure it does not exceed the specified page limit.**

Applications must be complete, within the specified page limit, and submitted prior to the deadline to be considered under the announcement.

Program-specific Instructions

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

Application Format

i. Project Abstract

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

ii. Project Narrative

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

Use the following section headers for the Narrative:

- ***INTRODUCTION***

This section should briefly describe the purpose of the proposed program. As a reminder, applicants must provide a description of a program designed to: 1) determine individuals' basic eligibility to apply for RECA compensation; 2) screen patients for radiogenic cancers and diseases; 3) provide further testing and/or referrals, as indicated, for the diagnosis and treatment of patients screened; and 4) develop and disseminate public information and education programs for the detection, screening, prevention and treatment of radiogenic cancers and diseases.

- ***NEED***

This section outlines the needs of your community and/or organization. This section should help reviewers understand the rural community and/or population that will be served by the proposed project. The following items must be addressed within the need section of the application:

Identify the individuals to be served.

- a. The individuals to be served must be identified. Provide a description of the service area (identify counties or census tracts, as appropriate) and target population. Include reliable data on the population of eligible individuals who will be educated and screened, and with whom you will perform appropriate follow-up. Cite sources of data or estimates.
- b. Describe unique characteristics of the service area/target population (e.g., local mines, test sites, or reservations) and health indicators. Describe a specific geographic area where a significant number of eligible individuals are located.

- c. Identify and describe the health care providers that will be committed to serving the population in this program and provide letters or memoranda of agreement or contracts that documents providers' commitment of resources (e.g., funds, services, personnel, facilities) that will augment Federal grant funds in Attachment 4.
- d. Describe the target population and its need for RESEP-related health services, using information on race, ethnicity, age/sex breakdown, primary languages, income distribution, medical insurance coverage rates, and the presence of other special populations (e.g., Medicaid participation rate, active, former, and retired uranium miners, persons who were adversely affected by the mining, milling, or transporting of uranium and the testing of nuclear weapons for the Nation's weapons arsenal). The information must demonstrate a critical mass of persons in need of RESEP services.
- e. Describe the health status and treatment needs of the target population including perceived and tangible barriers to accessing RESEP services (e.g., 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; inability to access facilities with the appropriate diagnostic and rehabilitative equipment) and other unique or special treatment needs or service delivery considerations for the populations to be served.
- f. 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.
- g. Identify the type of patients, e.g., uranium miners, millers, ore transporters, individuals who were physically present in affected areas, individuals who participated onsite in a test involving the atmospheric detonations of a nuclear device) within the proposed service area.
- h. Demonstrate that a significant number of individuals eligible for RESEP reside within the proposed service area, including documenting the lack of available health care services for persons with possible radiogenic cancers and other radiogenic diseases within the proposed service area

- *METHODOLOGY*

Propose methods that will be used to meet the program requirements and expectations outlined in Section I of this announcement.

- a. Describe the organization's approach to meeting the service area and user needs.
 - 1) Explain how the organization fits into the service area and its service delivery network.
 - 2) Describe the roles of patients, community, staff, in establishing and developing the proposed program.

- 3) Include in Attachment 6 evidence of the community's support for the organization and the proposed new program (e.g., contracts, letters of agreement, Memoranda of Understanding etc.).
- b. Describe the proposed service delivery model and the services to be provided.
- 1) Provide a summary of the proposed service delivery model (e.g., mobile, fixed, freestanding, and hospital-based or combination).
 - 2) Describe how the proposed model is responsive to community needs (i.e., the applicant provides a service delivery plan that address the priority health and social problems for all the life cycles of the target population).
 - 3) Discuss the extent to which program activities are coordinated and integrated with the activities of other Federally-funded, state and local health services delivery programs and programs serving the same population. Describe both formal and informal arrangements.
 - 4) Describe how the proposed program is a cost-effective approach to meeting the health care needs of the target population given the level of health care resources currently available in the service area.
 - 5) Discuss how the proposed model will assure that all persons will have ready access to the required health services either directly on-site or through established arrangements.
 - 6) Adequately describe the program in place or proposed for the delivery of required services.
 - 7) Demonstrate that the proposed service delivery model is appropriate and responsive to the identified unmet needs of the target population.
 - 8) Delineate appropriate core services that must include: outreach, education, screening and early detection, referrals for medical treatment, RECA eligibility assistance, quality assurance, data collection, finance, and performance reports are appropriately and persuasively described. Refer to Section I Purpose.
 - 9) Describe arrangements for unduplicated services at a specific geographic area where a significant number of eligible individuals are located.
 - 10) Discuss how applicant is equipped to provide services at multiple locations (that serve widely dispersed populations) to ensure that all eligible individuals throughout the service area have access to services.

- *WORK PLAN*

The applicant should articulate a clear approach within the work plan for widely disseminating results of the program to targeted audiences.

The work plan should describe the activities or steps that will be used to achieve each of the activities proposed in the methodology section. The work plan also includes a **health care plan** that is specific, measurable, and has time-limited objectives and action plans related to health needs/issues and quality improvement activities within the practice that are specific to the new program for which Federal funding is being requested. Use a time line that includes each activity and identifies responsible staff. The following should be addressed in this section: clinically related Management Information System (MIS); administrative or

management issues may also be described in the Health Care Plan. All currently funded grantees must also explain their progress in the Health Care Plan.

The **Business Plan** should be formatted in the categories of Administrative, Governance, Fiscal, and MIS. Applicants should use this section to outline goals and objectives specific to the program for which Federal funding is requested. The Business Plan should also indicate how the goals and objectives are tied into the overall operational business goals of the organization. Fiscal, administrative, MIS and leadership activities are, in general, described in the Business Plan. All currently funded grantees must also explain the progress of the organization in the Business Plan.

Applicants are expected to address the following issues in the Business Plan:

- Activities specific to the RESEP;
- Continuous quality improvement (fiscal, MIS, administrative); and
- Plans for attaining and maintaining long-term viability (i.e. financial assets, future requirements for space, personnel).

The Business Plan must also address in narrative form those issues that cannot be captured in a table/chart format, such as the following:

- Audit conditions or exceptions identified in the most recent report.
- Managed care arrangements and their impact on the organization.
- Factors that may have affected, or are expected to affect progress for the new program in either a positive or negative way.
- Partnerships, contractual arrangements, and financial/legal arrangements with other entities.
- Goals and objectives that demonstrate appropriate financial planning in the development of the proposal and for the long-term success of the program.

To accomplish this, the applicant may, for example, present a table that illustrates the health care and business plans of the proposed project. The work plan must outline the **individual responsible** for carrying out each activity and **include a timeline** for all three years of the grant. The work plan for the second and third year of the grant may be less detailed. Sample headings for a table/chart format are outlined below: (*Only charts may be generated in 10 pitch fonts.*)

- Goals/Objectives
- Key Action Steps
- Activities
- Data Source/Evaluation Methods
- Outcome/Measurement
- Person/Area Responsible
- Performance Period/Completion Date
- Comments

- *RESOLUTION OF CHALLENGES*

Discuss challenges that are likely to be encountered in designing and implementing the activities described in the Work Plan and approaches that will be used to resolve such challenges.

Applicants should describe any barriers, such as access to care or providers, including financial or language barriers, and any geographical isolation issues to the RESEP program.

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY*

- a. Describe the mechanism for receiving input from program users about what and how services are provided. Discuss the organization's plan for assuring that input is received from the service area/target population to be served. Input should be focused on such areas as services to be provided, program policies, and patient satisfaction.
- b. Describe why the applicant organization is the appropriate entity to establish this program (e.g., staff skills, capacity, and clinical outcomes).
- c. Describe the organization's prior experience in working with the target population, in addressing the identified problem, and developing and implementing appropriate clinical systems.
- d. Describe the management team structure and process for hiring key management staff.
- e. Describe the proposed or existing accounting and internal control systems. Demonstrate how they are in accord with sound financial management procedures and are appropriate to the size of the organization, funding requirements, and staff skills available.
- f. Describe the proposed processes, mechanisms and data systems to track individuals from initial contact and screening through final diagnosis and participation in the RECA compensation program.
- g. Demonstrate the existence of formal written plans for collaborative arrangements with media, educators, oncologists, cancer centers, radiologists, hospitals, rehabilitation services, legal services and benefits counselors that are available and accessible to users (a copy of all formal arrangements (signed Memorandum of Understanding, contracts, referral agreements) must be included in Attachment 4). If these types of collaborative arrangements do not exist, applicant demonstrates that these activities are handled within the program (e.g., rehabilitation services, patient education; oncology services; legal services; and benefits counseling).
- h. Demonstrate appropriate collaborations and partnerships in the service area (including other Federally-funded organizations) to assure a seamless continuum of education and health care service delivery and access to appropriate specialty

care for the target population (e.g., signed Memorandum of Understanding, contracts, referral agreements included in Attachment 4).

- i. Describe the plan for how the success of the RESEP will be evaluated. A successful plan will specify how the applicant will assess whether stated objectives were met through program activities.
- j. 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 evaluation processes of program effectiveness.
- k. Describe quality improvement mechanisms to assure culturally and linguistically appropriate services and a process to obtain patient feedback including conducting patient satisfaction surveys.
- l. Describe a case management system that demonstrates care coordination at all levels of health care including a description of clinical staffing pattern (e.g., number and mix of providers and clinical support staff) and a description of the mechanism to be used for the recruitment and retention plan for achieving the proposed staffing pattern.

Please note: ORHP created specific performance measures that grantees will be required to report within the Performance Improvement Measurement System (PIMS) located in HRSA's Electronic Handbook (EHB). This data helps HRSA to determine the larger impact of its Rural Health Programs and in particular will help determine the impact of the Radiation Exposure Screening and Education Program. Grantees will be expected to provide data on these measures annually (see section VI.3 Reporting). Applicants should have personnel to help collect, analyze, and report the data.

- *ORGANIZATIONAL INFORMATION*

The applicant must provide information on the organization's current mission and structure, scope of current activities, and an organizational chart (Attachment 5), and describe how these all contribute to the ability of the organization to conduct the program requirements and meet program expectations.

- 1) Description of the Organization

- a. Provide a history of the organization in regard to its experience in serving individuals with radiogenic cancers, as well as the organization's mission statement and the date the organization was founded.

- b. Describe the organizational structure and the philosophy behind the design of the organizational structure (including sponsorship or corporate affiliation, if appropriate).
- c. Identify unique characteristics and significant accomplishments of the organization.

2) Facilities and Administration

Describe the proposed staffing and facility. Discuss comprehensiveness and continuity of care, including:

- How services will be provided – via staff providers, contract and/or through referral.
- Other professional staff could include: registered nurses, patient education specialists, case managers, patient care coordinators and outreach coordinators.
- Staff composition – There must be a licensed physician, physician assistant, or nurse practitioner on staff.

Describe the state of readiness and the program’s current assets that will support development of RESEP services. Specifically, successful applicants demonstrate:

- Existing and/or potential facility space that will be modified to accommodate the RESEP.
- That, within 90 days of the award of the grant, a facility will be available, ready for occupancy and adequate to serve the proposed population/service area and providers will be available to serve at this facility.
- Existing or potential matching funds and the time allowance to allocate the funds (helpful, but not required).
- Personnel currently identified to staff the RESEP program.
- Existing infrastructure in terms of equipment and/or supplies.
- Existing resources in the community that RESEP can rely upon to develop and sustain the program.
- Capacity to serve affected populations in the high impact states of Arizona, Colorado, Idaho, Nevada, New Mexico, North Dakota, Oregon, South Dakota, Texas, Utah, Washington, Wyoming.
- Evidence of current operation of a clinic for patients with radiogenic cancers and occupationally related diseases.
- Capability and commitment of the current Board, administration and management to develop and sustain the RESEP.
- That it has arrangements with other providers in the service area for accepting referrals.
- That the facility is fully described in terms of staffing, number of exam rooms, and services to be provided.
- At a minimum, that within 90-days of a grant award: (1) staff/provider(s) will be recruited and hired; (2) the facility will be available (e.g., provide lease agreements, floor plans in your Attachment 5); and (3) services will be available to the target

population. The ORHP will consider a waiver for a longer startup period on a case-by-case basis for good cause.

- Inclusion in your Attachment 4, agreement from site sponsor to allow applicant organization to provide services at specified location.
- The facility's condition, size, space, and location are suitable for the purposes of the RESEP. Applicant fully describes the program in place or proposed for the delivery of required services.
- A proposed health care delivery system that includes appropriate core services, that must include outreach, education, screening and early detection, referrals for medical treatment, RECA eligibility assistance, quality assurance, data collection, finance, performance reports.
- That there will be adequate equipment for screening and diagnosis, and an appropriate system for patient follow-up.
- Appropriate and persuasive plans for public education on the risk of radiogenic disease based on specific exposures.

iii. Attachments

Please provide the following items in the order specified below to complete the content of the application. Please note that these are supplementary in nature, and are not intended to be a continuation of the project narrative. Unless otherwise noted, attachments count toward the application page limit. **Each attachment must be clearly labeled.**

1) Attachment 1: Summary Progress Report

Provide an update on approved activities for fiscal year (FY) 2013. This is applicable only to current grantees.

2) Attachment 2: Job Descriptions for Key Personnel

Provide a staffing plan explaining the staffing requirements necessary to complete the project, the qualification levels for the project staff, and rationale for the amount of time requested for each staff position. Provide the job descriptions for key personnel listed in the application that describes the specific roles, responsibilities, and qualifications for each proposed project position. Keep each to one page if possible.

3) Attachment 3: 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. In the event that a biographical sketch is included for an identified individual who is not yet hired, please include a letter of commitment from that person with the biographical sketch. This will count against the 80-page limit.

4) Attachment 4: Letters of Agreement/Memoranda and/or Description(s) of Pending Agreements

Contracts (project specific). Provide any documents that describe working relationships between the applicant agency and other agencies and programs cited in the proposal. Documents that confirm actual or pending contractual agreements should clearly describe

the roles of subcontractors and any deliverable. Letters of agreements must be dated. The letters of agreement will count against the 80-page limit.

5) Attachment 5: Project Organizational Chart

Provide a one-page figure that depicts the organizational structure of the project, including subcontractors and other significant collaborators.

6) Attachment 6: Letters of Support and Other Relevant Documents: Include here evidence of community support and any other documents that are relevant to the application, including letters of support. Include only letters of support which specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.)

3. Submission Dates and Times

Application Due Date

The due date for applications under this funding opportunity announcement is *February 14, 2014 at 11:59 P.M. Eastern Time*. Applications completed online are considered formally submitted when the application has been successfully transmitted electronically by the organization’s Authorized Organization Representative (AOR) through Grants.gov and validated by Grants.gov on or before the deadline date and time.

4. Intergovernmental Review

The Radiation Exposure Screening and Education Program is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100.

5. Funding Restrictions

Applicants responding to this announcement may request funding for a project period of up to three (3) years, at no more than \$300,000 per year. 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.

Grant funds may not be used to supplant other provider/third party coverage payments available to the patient. See 417C (e) (“nothing in this section shall be construed to affect any coverage obligation of a governmental or private health plan or program relating to an individual referred to under subsection (b) (1).”)

V. Application Review Information

1. Review Criteria

Procedures for assessing the technical merit of applications have been instituted to provide for an objective review of applications and to assist the applicant in understanding the standards against which each application will be judged. Critical indicators have been developed for each review criterion to assist the applicant in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. Review criteria are outlined below with specific detail and scoring points.

Applicants should pay strict attention to addressing all these criteria, as they are the basis upon which the reviewers will evaluate their application. Applications will be reviewed and ranked according to the following six criteria:

Criterion 1	Need	20 points
Criterion 2	Response	20 points
Criterion 3	Evaluative Measures	15 points
Criterion 4	Impact	15 points
Criterion 5	Resources/Capabilities	20 points
Criterion 6	Support Requested	10 points

Criterion 1: NEED (20 points)

Items under this criterion address the Introduction and Need sections of the Project Narrative.

The extent to which the application:

- 1) Describes unique characteristics of the service area/target population and health indicators (e.g., local mines, test sites, or reservations). Describe a specific geographic area where a significant number of eligible individuals are located.
- 2) Asserts the strength and feasibility of the organization’s need for RESEP-related health services, using information on race, ethnicity, age/sex breakdown, primary languages, income distribution, medical insurance coverage rates, and the presence of other special populations (e.g., Medicaid participation rate, active, former, and retired uranium miners, persons who were adversely affected by the mining, milling, or transporting of uranium and the testing of nuclear weapons for the Nation’s weapons arsenal). The information must demonstrate a critical mass of persons in need of RESEP services.
- 3) Describes the health status and treatment needs of the target population including perceived and tangible barriers to accessing RESEP services (e.g., 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, inability to access facilities with the appropriate diagnostic and rehabilitative equipment) and other unique or special treatment needs or service delivery considerations for the populations to be served.

- 4) Describes 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.
- 5) Identifies the type of patients, e.g., uranium miners, millers, ore transporters, individuals who were physically present in affected areas, individuals who participated onsite in a test involving the atmospheric detonations of a nuclear device) within the proposed service area.
- 6) Demonstrates that a significant number of individuals eligible for RESEP reside within the proposed service area.
- 7) Provides clear evidence that documents a lack of available health care services for persons with possible radiogenic cancers and other radiogenic diseases within the proposed service area.

Criterion 2: RESPONSE (20 points)

Items under this criterion address the Methodology, Work Plan, and Resolution of Challenges sections of the Project Narrative.

The extent to which the application:

- 1) Asserts the strength and feasibility of the organization's proposed approach to meeting the service area and user needs.
- 2) Describes the strength of community involvement as evidenced by the roles of patients, community, and staff in establishing and developing the proposed program.
- 3) Outlines evidence of the community's support for the organization and the proposed new program (Letters of Support included in Attachment 6).
- 4) Describes the strength and feasibility of the proposed service delivery model and the services to be provided. (e.g., mobile, fixed, freestanding, and hospital-based or combination).
- 5) Defines the responsiveness of the proposed model to community needs as evidenced by a service delivery plan that addresses the priority health and social problems for all the life cycles of the target population.
- 6) Explains the extent to which program activities are coordinated and integrated with the activities of other Federally-funded, state and local health services programs and programs serving the same population (as evidenced by both formal and informal arrangements).
- 7) Ascertain the strength and feasibility of the proposed program as a cost-effective approach to meeting the health care needs of the target population given the level of health care resources currently available in the service area.

- 8) Provides evidence that all persons will have ready access to the required health services either directly on-site or through established arrangements.
- 9) Asserts the strength of the program in place or proposed for the delivery of required services.
- 10) Demonstrates that the proposed service delivery model is appropriate and responsive to the identified unmet needs of the target population.
- 11) Provides clear evidence of appropriate core services that must include: outreach, education, screening and early detection, referrals for medical treatment, RECA eligibility assistance, quality assurance, data collection, finance, and performance reporting capability.
- 12) Describes the strength and feasibility of arrangements for unduplicated services at a specific geographic area where a significant number of eligible individuals are located.
- 13) Provides clear evidence that the applicant is equipped to provide services at multiple locations (that serve widely dispersed populations) to ensure that all eligible individuals throughout the service area have access to services.

Criterion 3: EVALUATIVE MEASURES (15 points)

Items under this criterion address the Evaluation and Technical Support Capacity section of the Project Narrative.

The extent to which the application:

- 1) Describes the strength of the plan to evaluate RESEP and assess whether stated objectives were met through program activities.
- 2) Outlines the strength of the 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 evaluation processes of program effectiveness.
- 3) Defines the strength of the quality improvement mechanisms to assure culturally and linguistically appropriate services and a process to obtain patient feedback including conducting patient satisfaction surveys.
- 4) Asserts the strength of the case management system that demonstrates care coordination at all levels of health care including a description of clinical staffing pattern (e.g., number and mix of providers and clinical support staff) and a description of the mechanism to be used for the recruitment and retention plan for achieving the proposed staffing pattern.

Criterion 4: IMPACT (15 points)

Items under this criterion address the Work Plan section of the Project Narrative.

The extent to which the application provides clear evidence of a positive impact on the health of the user population and the strength of the plan for how problem areas or unmet objectives will be remedied after they are identified.

Criterion 5: RESOURCES/CAPABILITIES (20 points)

Items under this criterion address the Evaluation and Technical Support Capacity and Organizational Information section of the Project Narrative.

Details the extent to which project personnel are qualified by training and/or experience to implement and carry out the projects. Outline the capabilities of the applicant organization and quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project. For competing continuations, past performance will also be considered.

Criterion 6: SUPPORT REQUESTED (10 points)

Items under this criterion address the Organizational Information section of the Project Narrative.

The extent to which the application:

- 1) Provides a proposed budget that is appropriate for the scope of the proposed activities.
- 2) Provides a budget for each year of the three year project period that is reasonable in terms of the (1) total cost per user/encounter, (2) Federal request versus total budget, and (3) scope of the services proposed.
- 3) Demonstrates projected patient income that is reasonable based on the patient mix and the number of projected users and encounters.
- 4) Demonstrates that Federal funds are not being used to supplant other sources of revenue to support the proposed program. It is extremely important that applicant aggressively pursues third party billing and collection.

2. Review and Selection Process

The Division of Independent Review is responsible for managing objective reviews within HRSA. Applications competing for Federal funds receive an objective and independent review performed by a committee of experts qualified by training and experience in particular fields or disciplines related to the program being reviewed. In selecting review committee members, other factors in addition to training and experience may be considered to improve the balance of the committee, e.g., geographic distribution. Each reviewer is screened to avoid conflicts of interest and is responsible for providing an objective, unbiased evaluation based on the review criteria noted above. The committee provides expert advice on the merits of each application to program officials responsible for final selections for award.

Applications that pass the initial HRSA eligibility screening will be reviewed and rated by a panel based on the program elements and review criteria presented in relevant sections of this

program announcement. The review criteria are designed to enable the review panel to assess the quality of a proposed project and determine the likelihood of its success. The criteria are closely related to each other and are considered as a whole in judging the overall quality of an application.

3. Anticipated Announcement and Award Dates

It is anticipated that awards will be announced prior to the start date of September 1, 2014.

VI. Award Administration Information

1. Award Notices

The Notice of Award will be sent prior to the start date of September 1, 2014. See section 5.4 of HRSA's *SF-424 Application Guide* for additional information.

2. Administrative and National Policy Requirements

See section 2 of HRSA's *SF-424 Application Guide* for information.

3. Reporting

The successful applicant under this funding opportunity announcement must comply with the Section 6 of HRSA's *SF 424 Application Guide*. In addition, please comply with the following program specific reporting requirement:

a. Audit Requirements

The program must ensure that an annual independent financial audit is performed in accordance with Federal audit requirements at 45 CFR 74.26. Audits on non-profit organizations must follow the most recent Federal guidelines pertaining to the auditing of non-profit institutions and, specifically, to the auditing of recipients of Federal awards to such institutions. The program should issue a memorandum of engagement for an annual independent financial audit, which will be performed in compliance with the applicable Federal guidelines. Comply with audit requirements of 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 http://www.whitehouse.gov/omb/circulars_default.

b. Payment Management Requirements

Submit a quarterly electronic Federal Financial Report (FFR) Cash Transaction Report via the Payment Management System. The report identifies cash expenditures against the authorized funds for the grant or cooperative agreement. The FFR Cash Transaction Reports must be filed within 30 days of the end of each calendar quarter. Failure to submit the report may result in the inability to access award funds. Go to <http://www.dpm.psc.gov> for additional information.

c. Status Reports

1) **Federal Financial Report.** The Federal Financial Report (SF-425) is required within 90 days of the end of each budget period. The report is an accounting of expenditures

under the project that year. Financial reports must be submitted electronically through EHB. More specific information will be included in the Notice of Award.

2) **Progress Report(s)**. The awardee must submit a progress report to HRSA on an annual basis. For multi-year awards: Submission and HRSA approval of your Progress Report(s) triggers the budget period renewal and release of subsequent year funds. Further information will be provided in the award notice.

3) **Final Report(s)**

A final report is within 90 days after the project period ends. The final report collects program-specific goals and progress on strategies; core performance measurement data; impact of the overall project; the degree to which the grantee achieved the mission, goal and strategies outlined in the program; grantee objectives and accomplishments; barriers encountered; and responses to summary questions regarding the grantee's overall experiences over the entire project period. The final report must be submitted on-line by awardees in the Electronic Handbooks (EHBs) system at <https://grants.hrsa.gov/webexternal/home.asp>.

4) **RESEP Performance Measures, Performance Reporting, and Annual Data Collection**

HRSA's reporting requirements for The Radiation Exposure Screening and Education Program (RESEP) include national performance measures that were developed in accordance with the requirements of the Government Performance and Results Act (GPRA) of 1993 (Public Law 103-62). This Act requires the establishment of measurable goals for Federal programs that can be reported as part of the budgetary process, thus linking funding decisions with performance.

The RESEP Performance Measures consist of two long-term and annual output measures; and one annual efficiency measure, described below:

Long-Term Measures

- 1) Percent of Radiation Exposure Compensation Act (RECA) claimants screened at RESEP centers.
- 2) Percent of patients screened at RESEP clinics who receive RECA claims.

Annual Output Measures

- 1) Total number of individuals screened per year.
- 2) Total number of telephone inquiries to RESEP clinics based on expanded nationwide outreach efforts.

Annual Efficiency Measure

- 1) Average cost of the program per individual screened.
- 2) Performance Report

d. Transparency Act Reporting Requirements

New awards issued under this funding opportunity announcement are subject to the reporting requirements of the Federal Funding Accountability and Transparency Act (FFATA) of 2006 (Pub. L. 109–282), as amended by section 6202 of Public Law 110–252, and implemented by 2 CFR Part 170. Grant and cooperative agreement recipients must report information for each first-tier subaward of \$25,000 or more in Federal funds and executive total compensation for the recipient’s and subrecipient’s five most highly compensated executives as outlined in Appendix A to 2 CFR Part 170 (available online at <http://www.hrsa.gov/grants/ffata.html>). Competing Continuation awardees may be subject to this requirement and will be so notified in the Notice of Award.

VII. Agency Contacts

Applicants may obtain additional information regarding business, administrative, or fiscal issues related to this funding opportunity announcement by contacting:

Inge Cooper
Grants Management Specialist
HRSA Division of Grants Management Operations, OFAM
Parklawn Building, Room 11 A-02
Rockville, MD 20857
Telephone: (301) 594-4236
Fax: (301) 443-6686
icooper@hrsa.gov

Additional information related to the overall program issues and/or technical assistance regarding this funding announcement may be obtained by contacting:

Karen Beckham
Senior Public Health Analyst
Attn: Radiation Exposure Screening and Education Program
HRSA, Office of Rural Health Policy
Parklawn Building, Room 5A-55
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-0502
Fax: (301) 443-2803
Email: kbeckham@hrsa.gov

Applicants may need assistance when working online to submit their application forms electronically. Applicants should 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, seven days a week, excluding Federal holidays at:

Grants.gov Contact Center
Telephone: 1-800-518-4726 (International Callers, please dial 606-545-5035)
E-mail: support@grants.gov

iPortal: <http://grants.gov/iportal>

Successful applicants/awardees 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 Call Center, Monday-Friday, 9:00 a.m. to 5:30 p.m. ET:

HRSA Contact Center
Telephone: (877) 464-4772
TTY: (877) 897-9910
E-mail: CallCenter@HRSA.GOV

VIII. Other Information

Technical Assistance Conference Call

The Office of Rural Health Policy will hold a Technical Assistance Call on January 14, 2014 at 2:00 p.m. Eastern Time to assist applicants in preparing their application.

The Adobe Connect webinar and call-in information is outlined below:

Meeting Name: Radiation Exposure Screening and Education Program
To join the meeting as a "guest", click the URL: <https://hrsa.connectsolutions.com/resep/>
Toll-free number: 1-800-857-1144
Passcode: 4725996
Conference Leader's name: Karen Beckham

The Technical Assistance Call is open to the general public. The purpose is to go over the grant guidance, and to provide any additional or clarifying information that may be necessary regarding the application process. There will be a Q&A session at the end to answer any questions. While participation is not required, it is highly recommended that anyone who is interested in applying for the RESEP grant program plan to listen to the call. It is most useful to the applicants when the grant guidance is easily accessible during the call and if questions are written down ahead of time for easy reference.

For your reference, the call will be recorded and available for playback within one hour of the end of the call and will be available until February 14, 2014. The phone number to hear the recorded call is 1-866-467-2407.

Helpful Web Sites:

Additional information about RESEP is available on HRSA's Office of Rural Health Policy website at <http://www.hrsa.gov/ruralhealth/about/community/resepgrant.html>.

Information and resources on the HRSA's Office of Rural Health Policy Programs may be found at <http://ruralhealth.hrsa.gov/>.

ORHP funds a State Office of Rural Health (SORH) in every state. The mission of the State Offices is to help their individual rural communities build health care delivery systems. The list of State Offices of Rural Health may be found at <http://www.hrsa.gov/ruralhealth/about/directory/index.html>

The Rural Assistance Center (RAC) offers grantees access to many services including information on available programs, funding and research available to provide quality rural health services to rural residents. You may contact the RAC at <http://www.raconline.org/> or by calling 1-800-270-1898. You may also send an e-mail to: info@raconline.org or send a fax at 1-800-270-1913.

Information on the Department of Justice Radiation Exposure Compensation Program may be found at <http://www.usdoj.gov/civil/torts/const/reca/> or 1-800-729-7327.

Information on the Department of Labor Energy Employees Occupational Illness Compensation Program may be found at <http://www.dol.gov/owcp/energy/>

IX. Tips for Writing a Strong Application

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