

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES



Health Resources & Services Administration

Federal Office of Rural Health Policy
Community Based Division

Radiation Exposure Screening and Education Program

Funding Opportunity Number: HRSA-20-029

Funding Opportunity Types: Competing Continuation, New

Assistance Listings (CFDA) Number: 93.257

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2020

Application Due Date: October 28, 2019

*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.*

Issuance Date: July 19, 2019

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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 (HRSA) is accepting applications for fiscal year (FY) 2020 Radiation Exposure Screening and Education Program. The purpose of this program is to support eligible entities in order 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 putative applicants in the documentation of Radiation Exposure Compensation Act (RECA) claims.

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| Funding Opportunity Title: | Radiation Exposure Screening and Education Program |
| Funding Opportunity Number: | HRSA-20-029 |
| Due Date for Applications: | October 28, 2019 |
| Anticipated Total Annual Available FY 2020 Funding: | \$1,834,000 |
| Estimated Number and Type of Awards: | Up to eight grants |
| Estimated Award Amount: | Up to \$250,000 per year subject to the availability of appropriated funds |
| Cost Sharing/Match Required: | No |
| Period of Performance: | September 1, 2020 through August 31, 2023 (3 years) |
| 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, community health center or hospital; agencies of any State and local governments; certain Indian Health Service programs and non- profit organizations.</p> <p>See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.</p> |

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: Friday, September 20, 2019

Time: 2:30 p.m. – 4 p.m.

Call-In Number: 1-888-606-9541

Participant Code: 5565378

Weblink: <https://hrsa.connectsolutions.com/resep-ta/>

Playback Number: 1-866-352-6820

Passcode: 202019

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Radiation Exposure Screening and Education Program (RESEP). This grant program is administered by the Health Resources and Services Administration's Federal Office of Rural Health Policy (FORHP) and was developed in consultation with the National Institutes of Health (NIH) and the Indian Health Service (IHS).

The purpose of this program is to: inform and educate the public about services offered through the RESEP program; 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 putative applicants in the documentation of Radiation Exposure Compensation Act (RECA) claims.

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 where as a result, people were exposed to radiation. 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. Additionally, according to the National Institute of Occupational Safety and Health, uranium miners have a significantly above normal cause of death from lung cancer and respiratory diseases.¹

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 facilitating putative applicants in the documentation of RECA claims 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. RESEP encourages and supports appropriate health care organizations to improve the knowledge base and health status of adversely affected persons.

Pursuant to the RECA Amendment of 2000, P.L. 106-245, Section 8, RECA will sunset 22 years after the date of the enactment on July 9, 2022, at which time the Department

¹ <https://www.cdc.gov/niosh/pgms/worknotify/uranium.html>

of Justice will cease accepting all RECA claims^{2,3}. Prior to the July 9, 2022 deadline, RESEP recipients will prioritize the provision of outreach and education of RESEP services in an effort to screen as many eligible individuals and devote resources to support the facilitation and filing of RECA claims. After the July 9, 2022 deadline, RESEP recipients will focus on public education and information dissemination on radiogenic diseases; screening eligible individuals for cancer and other radiogenic diseases; and provide appropriate referrals for medical treatment.

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: Competing Continuation, New

HRSA will provide funding in the form of a grant.

2. Summary of Funding

HRSA expects approximately \$1,834,000 to be available annually to fund eight recipients. You may apply for a ceiling amount of up to \$250,000 total cost (includes both direct and indirect, facilities and administrative costs) per year. The actual amount available will not be determined until enactment of the final FY 2020 federal appropriation. This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds in a timely manner. The period of performance is September 1, 2020 through August 31, 2023 (3 years). Funding beyond the first year is subject to the availability of appropriated funds for RESEP 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

The following entities are eligible to apply for the funds described in this notice of funding opportunity:

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

² <https://www.justice.gov/civil/common/reca>

³ Section 8(a) of RECA, as amended by P.L. 106-24 5 provides a filing deadline that is 22 years after the date of enactment of the 2000 amendments (July 10, 2000).

- 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; or
- Nonprofit organizations.

Additionally, only the entities 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.

Individuals eligible for RECA compensation are categorized by the context in which they were placed at risk of exposure to radiation. Those contexts are defined by Sections 4 and 5 of the RECA, codified at 42 U.S.C. § 2210 note (2012) and by DOJ implementing regulations published at 28 C.F.R. Part 79, and in 28 CFR part 79⁴ (see below footnote 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

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.

⁴ https://www.ecfr.gov/cgi-bin/text-idx?SID=a9bd4478e0a8d0f6163c6586c0153238&mc=true&tpl=/ecfrbrowse/Title28/28cfr79_main_02.tpl

IV. Application and Submission Information

1. Address to Request Application Package

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

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

2. Content and Form of Application Submission

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

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

Application Page Limit

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

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

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

- 1) You, on behalf of the applicant organization certify, by submission of your proposal, that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.

- 2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. 3321).
- 3) Where you are unable to attest to the statements in this certification, an explanation shall be included in **Attachment 9: Other Relevant Documents**.

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

Program Requirements

A) 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, social media, public announcements, community meetings/events, direct contact with individuals, and any other suitable forms of communication.

B) 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 diseases, which should, at minimum, include 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.

C) Medical Screening

Program applicants must develop protocols that meet recommended standards for screening patients at risk of developing cancers and other diseases as a result of the exposure to radiation.

It is highly recommended that the RESEP medical screening protocols include the U.S. Preventive Services Task Force guidelines for screening individuals potentially eligible for compensation under RECA legislation.

These guidelines are available online at:

<http://www.ahrq.gov/sites/default/files/publications/files/cpsguide.pdf>. Program applicants are highly 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.

D) Depression Screening

Program applicants must utilize the screening recommendations for depression in the Patient Health Questionnaire. Use of the Patient Health Questionnaire PHQ2 for initial screening purposes is acceptable; use of the Patient Health Questionnaire (PHQ-9) is acceptable as a follow up screener for individuals that screen positive. Appropriate treatment and referral services should be provided for those identified as having a depressive disorder.

E) Medical and Occupational History

Providers and clinic staff should be well trained in obtaining an occupational history and should possess special knowledge of uranium or metal mining jobs. The medical and occupational history of clients should document the date(s) 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.

F) 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.

G) 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.

H) 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 physician hospital and health care facility discharge summaries.

I) 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.

J) 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.

K) Referrals for Treatment of Depression

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

L) Eligibility Assistance

Each applicant's program must include activities to assist individuals who may be eligible for compensation under RECA. Each patient should have their health condition assessed to determine 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 or at civil.reca@doj.gov. 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.

M) RECA Claims Deadline

Pursuant to the Radiation Exposure Compensation Act Amendments of 2000, P.L. 106-245, all RECA claims applications must be filed before July 9, 2022, at which point the Department of Justice will no longer accept RECA claims applications. It is strongly encouraged that you address this upcoming claims deadline by detailing the following through your application narrative and work plans:

- *For pre-RECA claims deadline activities* - an emphasis on providing outreach and education regarding the 2022 RECA deadline, and

increasing the number of radiogenic screenings and medical referrals and emphasis on successful filings of new RECA claims.

- *For post-RECA claims deadline activities* - how the program will shift activities and resources from RECA-related filings to solely education and information dissemination, radiogenic screenings, and medical referrals and treatment.

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](#).

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***
You must provide a description of a program designed to: 1) determine individuals' basic eligibility to apply for RECA compensation and facilitate documentation; 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; 4) develop and disseminate public information and education programs for the detection, screening, prevention and treatment of radiogenic cancers and disease; and 5) how the program will change and what its activities will look like after the RECA claims deadline of July 2022.
- ***NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion #1 Need***
This section outlines the needs of your community and/or organization. You must describe and document the target population and its unmet health needs. Use and cite demographic data whenever possible to support the information provided. Discuss any relevant barriers in the service area that the project hopes to overcome. This section will help reviewers understand the community that you will serve with the proposed project. The following items must be addressed within the need section of the application:
 - a. Describe the target population and its need for RESEP-related health services, using information on race, ethnicity, age/sex breakdown, primary languages, income distribution, and the presence of other special populations (e.g., 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.

- b. Provide a description of the service area (identify counties or census tracts, as appropriate) and its unique characteristics (e.g., local mines, test sites, or reservations). Include reliable data on the population of eligible individuals who will be educated and screened, and with whom you will perform appropriate follow-up. 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. Cite data sources as applicable.
 - c. Identify and describe the health care providers that will be committed to serving the population in this program and provide letters of support, memoranda of agreement or contracts that document providers' commitment of resources (e.g., funds, services, personnel, and facilities) that will augment federal grant funds in **Attachment 4**.
 - d. 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 barriers; access issues related to managed care; lack of health care providers with expertise in diagnosing, managing, and rehabilitating patients with radiogenic-related diseases; inability to access facilities with the appropriate diagnostic and rehabilitative equipment) and other unique or special treatment needs or service delivery considerations for the populations to be served. 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. 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.
 - e. Describe the service area/target populations' knowledge of their risks to radiogenic cancers and other radiogenic diseases and of the RESEP program and RECA.
 - f. Describe your efforts to increase awareness of the RECA claims deadline, including the challenges and successes to this effort.
- ***METHODOLOGY -- Corresponds to Section V's Review Criterion # 2 Response*** Propose methods that you will use to address the stated needs and meet each of the previously described program requirements and expectations in this NOFO. Include a description of any innovative methods that you will use to address the stated needs.

You must also propose a plan for project sustainability after the period of federal funding ends. HRSA expects recipients to sustain key elements of their projects,

e.g., strategies or services and interventions, which have been effective in improving practices and those that have led to improved outcomes for the target population.

Please address how the program will look both before and after the July 2022 RECA claims deadline.

- a. Provide a summary of the proposed service delivery model (e.g., mobile, fixed, freestanding, and hospital-based or combination) and 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).
- b. Discuss the extent to which program activities are coordinated and integrated with the activities of other federally-funded, state, local, and tribal health services delivery programs and programs serving the same population. Describe both formal and informal arrangements.
- c. 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.
- d. Describe the existing or proposed program for the delivery of required services.
- e. Demonstrate that the proposed service delivery model is appropriate and responsive to the needs of the target population.
- f. 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. These core services must also be appropriately and persuasively described.
- g. Describe arrangements for unduplicated services at a specific geographic area where a significant number of eligible individuals are located.
- h. Discuss how you are 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.
- i. Demonstrate how you will provide outreach to the target population and community around the RECA claims deadline. For previously awarded programs, describe your past efforts in providing outreach and screenings in connection with the submission of RECA claims; include how your efforts will increase considering the July 2022 RECA claims deadline.
- j. Provide a list of proposed outreach clinics/events. Include the location (town and state), target population and estimated number of participants and if

possible, the timeframe (i.e. specific months or which quarter of the respective grant year) for the proposed activities in **Attachment 8**.

▪ ***WORK PLAN -- Corresponds to Section V's Review Criteria #2 Response and #4 Impact***

Describe the activities or steps that you will use to achieve each of the objectives proposed during the entire period of performance in the Methodology section. Use a time line that includes each activity and identifies responsible staff identify meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities, including developing the application. The work plan is strongly encouraged to show separate activities for pre- and post- RECA claims deadline.

HRSA strongly suggests using a table to illustrate the proposed project work plan. The work plan must outline the individual responsible for carrying out each activity and include a time line (quarterly at minimum) for all 3 years of the period of performance. HRSA recommends using the sample table headings outlined below: (Only charts may be generated in 10-point font.)

- Goals/Objectives
- Key Action Steps (including target population where applicable)
- Activities
- Outputs/Data Source/Evaluation Methods (i.e. the direct products or deliverables of program activities, how they are evaluated)
- Outcome/Measurement (i.e. the result of a program, typically describing a change in people or systems)
- Person/Area Responsible
- Performance Period/Completion Date

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

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, unique challenges to tribal entities, and any geographical isolation issues to the RESEP program.

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

You must 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.

You must describe the systems and processes that will support your organization's performance management requirements through effective tracking 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. As appropriate, describe the data collection strategy to collect, analyze and track data to measure process and impact/outcomes, and explain how the data will be used to inform program development and service delivery. You must describe any potential obstacles for implementing the program performance evaluation and your plan to address those obstacles.

- 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. Include in **Attachment 4** a copy of all formal arrangements, e.g., signed Memorandum of Understanding, contracts and referral agreements. If these types of collaborative arrangements do not exist, show how you will demonstrate how these activities are handled within the program (e.g., rehabilitation services, patient education; oncology services; legal services; and benefits counseling).
- h. Describe the plan for how you evaluate success of the RESEP. A successful plan will specify how you will assess whether stated objectives were met through program activities.

- i. 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 for program effectiveness.
 - j. Describe quality improvement mechanisms to assure culturally and linguistically appropriate services and a process you will use to obtain patient feedback, including conducting patient satisfaction surveys.
 - k. Describe how the quality improvement plan will change after the 2022 RECA claims deadline.
- **ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion 5 Resources/Capabilities**
Succinctly describe your organization's current mission and structure, scope of current activities, and how these elements all contribute to the organization's ability to conduct the program requirements and meet program expectations. Include an organizational chart (**Attachment 5**).
- a. Discuss how the organization will follow the approved plan, as outlined in the application, properly account for the federal funds, and document all costs to avoid audit findings.
 - b. Describe how you will routinely assess and improve the unique needs of target populations of the communities served.
 - c. Describe the state of readiness and the program's current assets that will support development of RESEP services. Specifically, successful applicants will demonstrate:
 - 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 infrastructure in terms of equipment and/or supplies.
 - Existing resources in the community that RESEP can rely upon to develop and sustain the program.
 - Personnel currently identified to staff the RESEP program.
 - The facility's condition, size, space, and location are suitable for the purposes of the RESEP. You fully describe the program in place or proposed for the delivery of required services.
 - 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.

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

iii. Budget

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

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

In addition, the Radiation Exposure Screening and Education Program requires the following:

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 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](#).

Attachment 2: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1. of HRSA's [SF-424 Application Guide](#))

Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff. Also, please include a description of your organization's timekeeping process to ensure that you will comply with the federal standards related to documenting personnel costs.

Attachment 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 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 4: Letters of Agreement, Memoranda of Understanding, and/or Description(s) of Proposed/Existing Contracts (project-specific)

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 5: Project Organizational Chart

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

Attachment 6: Tables, Charts, etc.

To give further details about the proposal (e.g., Gantt or PERT charts, flow charts).

Attachment 7: Progress Report (FOR COMPETING CONTINUATIONS-ONLY)

A well-documented progress report is a required and important source of material for HRSA in preparing annual reports, planning programs, and communicating program-specific accomplishments. The accomplishments of competing continuation applicants are carefully considered; therefore, you should include previously stated goals and objectives in your application and emphasize the progress made in attaining these goals and objectives. HRSA program staff

reviews the progress report after the Objective Review Committee evaluates the competing continuation applications.

The progress report should be a brief presentation of the accomplishments, in relation to the objectives of the program during the current period of performance. The report should include:

- (1) The period covered (dates).
- (2) Specific objectives - Briefly summarize the specific objectives of the project.
- (3) Results - Describe the program activities conducted for each objective. Include both positive and negative results or technical problems that may be important.

Attachment 8: Proposed Outreach Clinics

Provide a list of proposed outreach clinics/events. Include the location (town and state), target population and estimated number of participants and if possible the months or grant year quarter the activities will take place.

Attachment 9: Other Relevant Documents (if applicable)

In this section, provide any other documents that are relevant to the application. This attachment will count towards the 80-page limit.

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.

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 *October 28, 2019 at 11:59 p.m. ET*. HRSA suggests submitting applications to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's [SF-424 Application Guide](#) for additional information.

5. Intergovernmental Review

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

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

6. Funding Restrictions

You may request funding for a period of performance of up to 3 years, at no more than \$250,000 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) 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. Awards will be made subsequent to enactment of the FY2020 appropriation. The NOA will reference the FY2020 appropriation act and any restrictions that may apply. Note that these or other restrictions will apply in the next fiscal year, as required by law. You cannot use funds under this notice for the following purposes:

Grant funds may not be spent, either directly or through contract, to pay for the purchase, construction, major renovation or improvement of facilities or real property.

Grant funds shall not be used to take the place of current funding for activities described in the application. The award recipient must agree to maintain non-federal funding for grant activities at a level that is not less than expenditures for such activities during the fiscal year prior to receiving the grant.

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 as a result of 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, except for the progress report submitted with a competing continuation application, which will be reviewed by HRSA program staff after the objective review process.

Review criteria are used to review and rank applications. The Radiation Exposure Screening and Education Program has six review criteria. See the review criteria outlined below with specific detail and scoring points.

Criterion 1: NEED (20 points) – Corresponds to Section IV's Introduction and Needs Assessment

The extent to which the application demonstrates the problem and associated contributing factors to the problem.

- 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.
- 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., 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.

- 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.
- 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. 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.
- 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 and demonstrates that a significant number of individuals eligible for RESEP reside within the proposed service area.

Criterion 2: RESPONSE (25 points) – Corresponds to Section IV's Methodology, Work Plan and Resolution of Challenges 3, 4 & 5

The extent to which the proposed project responds to the "Purpose" included in the program description. The strength of the proposed goals and objectives and their relationship to the identified project. The extent to which the activities (scientific or other) described in the application are capable of addressing the problem and attaining the project objectives.

15 points: Purpose of the proposed project and how the program will:

- Determine individuals' basic eligibility to apply for RECA compensation and facilitate documentation.
- Screen patients for radiogenic cancers and diseases
- Provide further testing and/or referrals, as indicated, for the diagnosis and treatment of patients screened; and
- Develop and disseminate public information and education programs for the detection, screening, prevention and treatment of radiogenic cancers and diseases

10 points: RECA Claims Deadline

- How the program will change and what it will look like after the 2022 RECA claims deadline.

Criterion 3: EVALUATIVE MEASURES (15 points) – Corresponds to Section IV's Evaluation and Technical Support Capacity

The strength and effectiveness of the method proposed to monitor and evaluate project results.

Evidence that the evaluative measures will be able to assess: 1) the extent that program objectives have been met, and 2) to what extent these can be attributed to the project.

- Describes the strength of the plan to evaluate RESEP and assess whether stated objectives were met through program activities for pre-RECA claims deadline.
- 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.
- 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.
- 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.

Criterion 4: IMPACT (20 points) – Corresponds to Section IV's Work Plan

The extent to which the proposed project has a public health impact and the project will be effective, if funded. The applicant demonstrates the:

- Impact results may have on the community or target population.
- Strength of the change of program from pre- to post-RECA claims deadline.

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

The extent to which project personnel are qualified by training and/or experience to implement and carry out the project.

- The capabilities of the applicant organization, and the quality and availability of

facilities and personnel to fulfill the needs and requirements of the proposed project.

- The extent the applicant identifies unique characteristics that display capacity of the organization to meet the needs of the program, and provide significant accomplishments of the organization.
- The extent the application includes evidence of the relevant stakeholders and partners' support for the organization (e.g., contracts, letters of agreement, Memoranda of Understanding, etc.) including capability and commitment of the current Board, administration and management to develop and sustain the RESEP.

Criterion 6: SUPPORT REQUESTED (5 points) – Corresponds to Section IV's Budget and Budget Narrative

The reasonableness of the proposed budget for each year of the period of performance in relation to the objectives, complexity of research activities, and the anticipated results.

- The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.
- The extent to which key personnel have adequate time devoted to the project to achieve project objectives.

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.

3. Assessment of Risk

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

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

determine whether HRSA can make an award, if special conditions are required, and what level of funding is appropriate.

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

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

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

VI. Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award (NOA) prior to the start date of September 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 NOA.
- 2) **Payment Management Requirements.** The recipient must 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.
- 3) **Federal Financial Report.** The recipient must submit a 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 HRSA's Electronic Handbooks (EHBs). More specific information will be included in the NOA.
- 4) **Final Report(s).** The recipient must submit 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 award recipient achieved the mission, goal and strategies outlined in the program; award recipient's objectives and accomplishments; barriers encountered; and responses to summary questions regarding the award recipient's overall experiences over the entire project period. The final report must be submitted on-line by recipients in the Electronic Handbooks (EHBs) system at <https://grants.hrsa.gov/webexternal/home.asp>.
- 5) **Bi-Monthly Outreach Report.** The recipient must submit a bi-monthly outreach report. The Report details dates, locations and number of participants at outreach events. Reports must be submitted electronically through EHB. More specific information will be included in the Notice of Award.
- 6) **RESEP Performance Measures.** A performance measures report is required during the budget period in the Performance Improvement Measurement System (PIMS). FORHP/HRSA has developed a set of standard measures, PIMS, to assess the overall impact that FORHP programs have on rural communities and to enhance ongoing quality improvement. Recipients are required to collect, report and analyze data on PIMS through EHB after each budget period. Data collected from PIMS will be aggregated by HRSA to demonstrate overall impact of

the program. Upon award, recipients will be notified of specific performance measures required for reporting.

- 7) **Integrity and Performance Reporting.** The NOA will contain a provision for integrity and performance reporting in [FAPIIS](#), as required in [45 CFR part 75 Appendix XII](#).

VII. Agency Contacts

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

Ann Maples
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 443-2963
Email: amaples@hrsa.gov

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

Megan Lincoln
Program Coordinator, Community-Based Division
Attn: Radiation Exposure Screening and Education Program
Federal Office of Rural Health Policy
Health Resources and Services Administration
5600 Fishers Lane, Room 17W-25D
Rockville, MD 20857
Telephone: (301) 443-2702
Email: mlincoln@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

Webinar

Day and Date: Friday, September 20, 2019

Time: 2:30 p.m. – 4 p.m.

Call-In Number: 1-888-606-9541

Participant Code: 5565378

Weblink: <https://hrsa.connectsolutions.com/resep-ta/>

Playback Number: 1-866-352-6820

Passcode: 202019

Tips for Writing a Strong Application

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