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

Federal Office of Rural Health Policy
Community Based Division

Radiation Exposure Screening and Education Program

Announcement Type: New; Competing Continuation
Funding Opportunity Number: HRSA-17-025

Catalog of Federal Domestic Assistance (CFDA) No. 93.257

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2017

Application Due Date: March 6, 2017

Ensure SAM.gov and Grants.gov registrations and passwords are current immediately!
Deadline extensions are not granted for lack of registration.
Registration in all systems, including SAM.gov and Grants.gov,
may take up to one month to complete.

Issuance Date: January 5, 2017

Modified on 1/19/2017 - Update on Page 23 changed criteria # 6 title & Update on Page 25 Priority Point paragraph

Jennifer Burges
Program Coordinator, Federal Office of Rural Health Policy
E-mail: JBurges@hrsa.gov
Telephone: (301) 945-3985
Fax: (301) 443-2803

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), Federal Office of Rural Health Policy is accepting applications for fiscal year (FY) 2017 Radiation Exposure Screening and Education Program (RESEP). 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 documentation of Radiation Exposure Compensation Act (RECA) claims.

Funding Opportunity Title:	Radiation Exposure Screening and Education Program
Funding Opportunity Number:	HRSA-17-025
Due Date for Applications:	March 6, 2017
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, 2017
Eligible Applicants:	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 Indian Health Service programs and non-profit organizations. [See Section III-1 of this FOA for complete eligibility information.]

Application Guide

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

Technical Assistance

The Federal Office of Rural Health Policy (FORHP) will hold a technical assistance webinar on Thursday, January 19, 2017 2:30 - 4:00 PM EST to assist applicants in preparing their applications. FORHP strongly recommends that potential applicants read this FOA prior to the webinar and have the FOA available during the webinar.

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: 866-822-5192 (participants must call in to verbally ask questions)
Passcode: 47535883
Conference Leader's name: Jennifer Burges

Prior to joining, please test your web connection:
https://hrsa.connectsolutions.com/common/help/en/support/meeting_test.htm.
Note: You must dial into the conference line to hear the audio portion of the webinar. No registration is required. To access the webinar recording, visit
http://www.hrsa.gov/grants/index.html

Table of Contents

I. Program Funding Opportunity Description

1. Purpose

This announcement solicits applications for the Radiation Exposure Screening and Education Program. This grant program was developed in consultation with the National Institutes of Health (NIH) and Indian Health Service (IHS). Within HRSA, the Federal Office of Rural Health Policy (FORHP) administers the program, hereinafter referred to as the Radiation Exposure Screening and Education Program (RESEP).

The purpose of this program is to: develop education programs in line with RESEP goals; 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. While all the aforementioned are goals and required components of RESEP, a priority should be to assist and successfully file new RECA claims. In program year 2015, RESEP clinics contributed to filing an average of 35 successful RECA claims per clinic.

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 adversely affected persons.

3. Other Program Elements

A. 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.

B. 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 an 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. It is encouraged that you use the DOJ template privacy form, which will be provided upon award, in order to better track RECA claims.

C. 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.

D. 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.

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

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, 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 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.

c) Medical Screening
Program applicants must develop protocols for screening patients at risk of developing cancers and other diseases as a result of the exposure to radiation that meet recommended standards. The U.S. Preventive Services Task Force (USPSTF) at the Agency for Healthcare Research and Quality (AHRQ) 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://www.ahrq.gov/sites/default/files/publications/files/cpsguide.pdf.   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.

d) Depression Screening

Program applicants must utilize the screening recommendations for depression by consulting the SAMHSA-HRSA Center for Integrated Health Solutions (CIHS) Screening Tools (http://www.integration.samhsa.gov/clinical-practice/screening-tools). According to CIHS, depression is a common and often goes untreated. RESEP clients should be considered as a higher risk for depression by the screening provider. Use of PHQ2 for initial screening purposes is acceptable then followed by use of PHQ9 if screened positive. If positive, then appropriate treatment and referral services will be provided.

e) 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(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 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.

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: New; Competing Continuation.

Funding will be provided in the form of a grant.

2. Summary of Funding

Approximately $1,500,000 is expected to be available annually to fund 8 recipients. You may apply for a ceiling amount of up to $300,000 per year. The project period is September 1, 2017 through August 31, 2020 (3 years). Funding beyond the first year is dependent on 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.

Effective December 26, 2014, all administrative and audit requirements and the cost principles that govern federal monies associated with this award are subject to the Uniform Guidance 2 CFR part 200 as codified by HHS at 45 CFR part 75, which supersede the previous administrative and audit requirements and cost principles that govern federal monies.

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

Cost sharing/matching is not required 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.4* will be considered non-responsive and will not be considered for funding under this announcement.

NOTE: Multiple applications from an organization are not allowable.

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

IV. APPLICATION and Submission Information

1. Address to Request Application Package

HRSA *requires* applicants for this FOA to apply electronically through Grants.gov. You must download the SF-424 application package associated with this FOA following the directions provided at http://www.grants.gov/applicants/apply-for-grants.html.

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 FOA to do otherwise.

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 FOA. Standard OMB-approved forms that are included in the application package are NOT included in the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) will not be counted 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 the announcement.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification
1) The prospective recipient certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
2) Where the prospective recipient is unable to attest to any of the statements in this certification, such prospective recipient shall attach an explanation to this proposal.

See Section 4.1 viii of HRSA's *SF-424 Application Guide* for additional information on this and other certifications.

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

i.   *Project Abstract*
See Section 4.1.ix of HRSA's *SF-424 Application Guide.*
Provide a summary of the application. It must include a brief description of the proposed project including the needs to be addressed, the proposed services, and the population group(s) to be served. Refer also to the information requested in the 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 -- Corresponds to Section V's Review Criterion(a) #1 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 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; and 4) develop and disseminate public information and education programs for the detection, screening, prevention and treatment of radiogenic cancers and diseases. Please refer to the Purpose section for a detailed explanation.

- *NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion(a) #2 Needs Assessment*
  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:

  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. 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 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, 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. 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.

- *METHODOLOGY -- Corresponds to Section V's Review Criterion(a) #3 Methodology*
  Propose methods that will be used to address the stated needs and meet each of the previously described program requirements and expectations in this FOA. Describe the proposed service delivery model and the services to be provided.

  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 and local health services delivery programs and programs serving the same population. Describe both formal and informal arrangements.
  c. 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.
  d. 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.
  e. Adequately describe the program in place or proposed for the delivery of required services.
  f. Demonstrate that the proposed service delivery model is appropriate and responsive to the identified unmet needs of the target population.
  g. 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. Refer to Section I Purpose.
  h. Describe arrangements for unduplicated services at a specific geographic area where a significant number of eligible individuals are located.
  i. 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.
  j. Propose a plan for project sustainability after the period of federal funding ends. You are expected to sustain key elements of your 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.

- *WORK PLAN -- Corresponds to Section V's Review Criterion(a) #4 Work Plan*

You 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/business 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. As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing and implementing all activities. **Use a timeline** that includes completion dates for 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/Business Plan. All currently funded award recipients must also explain their progress in the Health Care/ Business Plan.

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

- 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(a) #5 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 -- Corresponds to Section V's Review Criterion(a) #6 Evaluation and Technical Support Capacity*

  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 staff, 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, with different cultural groups (e.g., race, ethnicity, language) 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 how those obstacles will be addressed.

    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, 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 and 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: FORHP created specific performance measures that award recipients 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. PIMS are separate and in addition to the above outlined requirement. Award recipients 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 -- Corresponds to Section V's Review Criterion(a) #7 Organizational Information*
The applicant must provide information on the organization's current mission and structure, scope of current activities, and an organizational and consortium 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. Explain how the organization fits into the service area and its service delivery network.

   b. 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.

   c. Describe the organizational structure and the philosophy behind the design of the organizational structure (including sponsorship or corporate affiliation, if appropriate).

   d. Identify unique characteristics that display capacity of the organization to meet the needs of the program, and provide significant accomplishments of the organization.

   e. Include in **Attachment 6** evidence of the relevant stakeholders and partners support for the organization and the proposed new program (e.g., contracts, letters of agreement, Memoranda of Understanding, etc.).

   f. Provide a consortium member list of your intended RESEP partners and clinics and include it in **Attachment 5**. For each member include organization name, contact person, full address, phone number(s), and email address. The chart should depict the structure of the RESEP project's consortium partners and should describe general RESEP activities being carried out by the listed clinics/partners.

2) Facilities and Administration

   a. 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.

   b. 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.
- Inclusion of an agreement from site sponsor/mobile site host to allow applicant organization to provide services at specified location **Attachment 4**.
- 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.

NARRATIVE GUIDANCE

In order to ensure that the Review Criteria are fully addressed, this table provides a crosswalk between the narrative language and where each section falls within the review criteria.

Narrative Section	**Review Criteria**
Introduction	(1) Introduction
Needs Assessment	(2) Needs Assessment

Methodology	(3) Methodology
Work Plan	(4) Work Plan
Resolution of Challenges	(5) Resolution of Challenges
Evaluation and Technical Support Capacity	(6) Evaluation and Technical Support Capacity
Organizational Information	(7) Organizational Information
Budget and Budget Narrative	(8) Budget and Budget Narrative

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. Please follow the instructions included in the Application Guide and, *if applicable*, the additional budget instructions provided below.

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 Consolidated Appropriations Act, 2016, Division H, § 202, (P.L. 114-113) 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." Please 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 FY 2017, as required by law.

iv. Budget Narrative

See Section 4.1.v. of HRSA's *SF-424 Application Guide*.

v. Attachments

Please 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. **Each attachment must be clearly labeled**.

Attachment 1: Summary Progress Report
> Provide an update on approved activities for fiscal year (FY) 2016. This is applicable only to current award recipients.

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

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 who is not yet hired, please include a letter of commitment from that person with the biographical sketch.

Attachment 4: Letters of Agreement 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, including MOU/MOAs. Documents that confirm actual or pending contractual agreements should clearly describe the roles of the contractors and any deliverable. Letters of agreement must be dated.

Attachment 5: Project Organizational Chart
> Provide a one-page figure that depicts the organizational structure of the project. Additionally, if a consortium or multiple entities is being utilized to carry out RESEP activities, include a chart that identifies how decisions will be made and which RESEP activities will be carried out by which partners and facilities. Provide a list of all consortium members that includes: the organization's name and type (i.e., community health center, hospital, health department, etc.); the name of the key person from the organization that will be working on the project; organization contact information; anticipated responsibility in the project; current role in the health care system; and the Employer ID Number (EIN).

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 (must be dated). Include only letters of support which specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.)

Attachment 7: Proof of Nonprofit Status
> Include a letter from the IRS or eligible state entity that provides documentation of profit status. In place of the letter documenting non-profit status, public entities must, however, submit an official signed letter on city, county, state, or Tribal

government letterhead identifying them as a public entity. Tribal government entities should verify their federally-recognized status via the Bureau of Indian Affairs website: http://www.bia.gov.

Attachment 8: Request for Priority Points
Include a description of the funding priority you are applying for and any relevant information.

Attachment 9: Summary Progress Report
ACCOMPLISHMENT SUMMARY (FOR COMPETING CONTINUATIONS ONLY)
A well-planned accomplishment summary can be of great value by providing a record of accomplishments. It is an 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 during the review process; therefore, you are advised to include previously stated goals and objectives in your application and emphasize the progress made in attaining these goals and objectives. Because the Accomplishment Summary is considered when applications are reviewed and scored, competing continuation applicants who do not include an Accomplishment Summary may not receive as high a score as applicants who do.

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

(1)   The period covered (dates).

(2)   Specific Objectives - Briefly summarize the specific objectives of the project as actually funded.

(3)   Results - Describe the program activities conducted for each objective. Include both positive and negative results or technical problems that may be important.

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://fedgov.dnb.com/webform/pages/CCRSearch.jsp)
- 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*.

Applicants that fail to allow ample time to complete registration with SAM or Grants.gov 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 FOA is *March 6, 2017 at 11:59 P.M. Eastern Time*.

See Section 8.2.5 – Summary of e-mails 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

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).")

Funds under this announcement may not be used 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 may not be used to purchase vehicles.

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.

The General Provisions in Division H of the Consolidated Appropriations Act, 2016 (P.L. 114-113) apply to this program. Please see Section 4.1 of HRSA's SF-424 Application Guide for additional information. Note that these or other restrictions will apply in FY 2017, as required by law.

All program income generated as a result of awarded funds must be used for approved project-related activities.

You are required to have the necessary policies, procedures and financial controls in place to ensure that your organization complies with the all federal funding requirements and prohibitions such as lobbying, gun control, abortion, etc. The effectiveness of these policies, procedures and controls is subject to audit.

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 you in understanding the standards against which your application will be judged. Critical indicators have been developed 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. Review criteria are outlined below with specific detail and scoring points.

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

Review criteria are used to review and rank applications. The Radiation Exposure Screening and Education Program has 8 review criteria:

Criterion 1: Introduction (5 points) – Corresponds to Section IV's Introduction
Ability of the application to briefly describe the purpose of the proposed project and how the program will 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; and 4) develop and disseminate public information and education programs for the detection, screening, prevention and treatment of radiogenic cancers and diseases. **The applicant must explicitly address all four topic areas in this section.**

Criterion 2: Needs Assessment (10 points) – Corresponds to Section IV's Needs Assessment
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. 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.

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

Criterion 3: Methodology (15 points) – Corresponds to Section IV's Methodology
The extent to which the program responds to the "Needs Assessment" section and creates effective strategies to address these needs:

1) Asserts the strength and feasibility of the organization's proposed approach to meeting the service area and user needs.

2) Outlines evidence of the stakeholder's support and partner commitment for the organization and the proposed new program (Letters of Support included in Attachment 6).

3) Describes the strength and feasibility of the proposed service delivery model and the services to be provided (e.g., mobile, fixed, freestanding, telehealth, and hospital-based or combination).

4) 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.

5) 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).

6) Ascertains 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.

7) Provides evidence that all persons will have ready access to the required health services either directly on-site or through established arrangements.

8) Asserts the strength of the program in place or proposed for the delivery of required services.

9) Demonstrates that the proposed service delivery model is appropriate and responsive to the identified unmet needs of the target population.

10) 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.

11) Describes the strength and feasibility of arrangements for unduplicated services at a specific geographic area where a significant number of eligible individuals are located.

12) 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. Including MOUs with partners that may help perform services.

13) Provides a clear and feasible plan for project sustainability after the period of federal funding ends.

14) Addresses efforts to be payer of last resort.

Criterion 4: WORK PLAN (20 points) – Corresponds to Section IV's Work Plan
The extent to which the application provides clear evidence of a positive impact on the health of the user population and detailed information on how the methodology is being implemented to meet purposed activities.

1) Degree to which the application includes a clear and coherent work plan that is aligned with the programs goals, objectives, and strategies. Appropriateness of the work plan in identifying responsible individual(s) and organization(s).

Appropriateness of associated process and outcome measures for each activity and respective goal.

2) Degree to which the applicant's work plan displays a detailed timeline for each activity throughout the 3 years of the grant and provides feasible and relevant activities to achieve the intended goals and objectives.

3) Extent to which the applicant demonstrates how they will monitor the project (outputs and outcomes). Presence and appropriateness of specific measures to assure effective performance of the proposed grant-funded activities and on-going quality assurance/quality improvement strategies that will assist in the early identification and modification of ineffective efforts.

4) Extent to which purposed methods and activities will lead to positive improvements on health.

Criterion 5:   RESOLUTION OF CHALLENGES (15 points) – Corresponds to Section IV's Resolutions and Challenges

1) Extent to which the application demonstrates a comprehensive understanding of potential challenges likely to be encountered in designing and implementing the activities described in the Work Plan.

2) Appropriateness of proposed approaches to resolve the identified potential challenges and the strength of the plan for how problem areas or unmet objectives will be remedied after they are identified.

Criterion 6:   EVALUATION AND TECHNICAL SUPPORT CAPACITY (10 points) – Corresponds to Section IV's Evaluation and Technical Support Capacity

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 7: ORGANIZATIONAL INFORMATION (20 points) – Corresponds to Section IV's Organizational Information

1) Outline the capabilities of the applicant organization, including organizational structure, history of serving individuals with radiogenic cancers, and the organization's mission statement and the date the organization was founded.

2) Describes the quality and availability of facilities, including a comprehensive network member chart and existing resources in the community that RESEP can rely upon to develop and sustain the program.

3) Description of current infrastructure in terms of equipment and/or supplies. That there will be adequate equipment for screening and diagnosis, and an appropriate system for patient follow-up.

4) Identifies unique characteristics that display capacity of the organization to meet the needs of the program, and provide significant accomplishments of the organization.

5) 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.

6) Details the extent to which currently identified project personnel are qualified by training and/or experience to implement and carry out the projects, including proper staff composition.

7) Details how services will be provided (i.e. staff providers, contract, referral, etc.). Additionally, describes arrangements with other providers in the service area for accepting referrals and an appropriate system for patient follow-up.

8) Describes suitable existing and/or potential facility space that will be used to accommodate the RESEP, that, within 90 days of the award of the grant, 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. Including full facility description in terms of staffing, number of exam rooms, and services to be provided and inclusion of an agreement from site sponsor/mobile site host to allow applicant organization to provide services at specified location

9) Describes 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, and performance reports.

Criterion 8: BUDGET AND BUDGET NARRATIVE (5 points) – Corresponds to Section IV's Budget and Budget Narrative
The reasonableness of the proposed budget for each year of the project period in relation to the objectives, the complexity of the research activities, and the anticipated results.

1) The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work. 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.

2) The extent to which key personnel have adequate time devoted to the project to achieve project objectives.

3) Demonstrates projected patient revenue 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 objective review provides advice to the individuals responsible for making award decisions. The highest ranked applications receive priority consideration for award within available funding. In addition to the ranking based on merit criteria, HRSA approving officials also may apply other factors in award selection, (e.g., geographical distribution), if specified below in this FOA. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below.

Please see Section 5.3 of HRSA's *SF-424 Application Guide* for more details.

For this program, HRSA will use priority points.

Priority Points
This program includes a funding priority (**Attachment 8**). A funding priority is defined as the favorable adjustment of combined review scores of individually approved applications when applications meet specified criteria. An adjustment is made by a set, pre-determined number of points. The funding factor will be determined by HRSA Staff. The Radiation Exposure Screening and Education Program has one funding priority with a maximum of 2 points possible:

Priority 1: Successful RECA Claims Experience (2 Points)
An applicant will be given a funding priority if: the proposed Radiation Exposure Screening and Education Program has experience filing successful RECA claims.

3. Assessment of Risk and Other Pre-Award Activities

The Health Resources and Services Administration 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).

Applications receiving a favorable objective review that HRSA is considering for funding are reviewed for other considerations. These include, as applicable, cost analysis of the project/program budget, assessment of the applicant's management systems, ensuring continued applicant eligibility, and compliance with any public policy requirements, including those requiring just-in-time submissions. You may be asked to submit additional programmatic or grants 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 an award will be made. Following review of all applicable information, the HRSA approving and business management officials will determine whether an award can be made, 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 the applicant that is in the Federal Awardee Performance and Integrity Information System (FAPIIS). An applicant may review and comment on any information about itself that a federal awarding agency previously entered. HRSA will consider any comments by the applicant, in addition to other information in FAPIIS in making a judgment about the applicant's integrity, business ethics, and record of performance under federal awards when completing the review of risk posed by applicants as described in 45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants.

A determination that an applicant is not qualified will be reported by HRSA to FAPIIS (45 CFR § 75.212).

4. Anticipated Announcement and Award Dates

HRSA anticipates issuing/announcing awards prior to the start date of September 1, 2017.

VI. Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award prior to the start date of September 1, 2017. 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*.

3. Reporting

The successful applicant under this FOA must comply with Section 6 of HRSA's *SF-424 Application Guide* **and** the following reporting and review activities:

1) 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.

2) Status Reports
   a) 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.
   b) 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.
   c) 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 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 awardees in the Electronic Handbooks (EHBs) system at https://grants.hrsa.gov/webexternal/home.asp.

3) RESEP Performance Measures, Performance Reporting, and Annual Data Collection. HRSA's reporting requirements for 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
   i) Percent of RECA claimants screened at RESEP centers.
   ii) Percent of patients screened at RESEP clinics who receive RECA claims.

Annual Output Measures
  i)   Total number of individuals screened per year.
  ii) Total number of telephone inquiries to RESEP clinics based on expanded nationwide outreach efforts.
Annual Efficiency Measure
  i)   Average cost of the program per individual screened.
  ii) Performance Report

4)   **Integrity and Performance Reporting.** The Notice of Award will contain a provision for integrity and performance reporting in <u>FAPIIS</u>, as required in <u>45 CFR part 75 Appendix XII.</u>

VII. Agency Contacts

You may obtain additional information regarding business, administrative, or fiscal issues related to this FOA by contacting:

Ann Maples
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-2963
Fax: (301) 443-6343
E-mail: <u>AMaples@hrsa.gov</u>

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

Jennifer Burges
Program Coordinator, Federal Office of Rural Health Policy
Attn: Radiation Exposure Screening and Education Program
Health Resources and Services Administration
5600 Fishers Lane, Room 17W-25C
Rockville, MD 20857
Telephone: (301) 945-3985
Fax: (301) 443-2803
E-mail: <u>JBurges@hrsa.gov</u>

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, 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
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, 8:00 a.m. to 8:00 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:

The Federal Office of Rural Health Policy will hold a technical assistance webinar on Thursday, January 19, 2017 2:30 - 4:00 PM EST to assist applicants in preparing their applications. The technical assistance webinar is open to the general public. The purpose of the webinar is to review the funding opportunity announcement (FOA), and to provide clarifying information that may be necessary. There will be a Q & A session at the end of the call to answer any questions. FORHP strongly recommends that potential applicants read this FOA prior to the webinar and have the FOA available during the webinar. While participation on the webinar is not required, it is highly recommended that anyone who is interested in applying for this program plan to attend the webinar. It is most useful to the applicants when the funding opportunity announcement is easily accessible during the webinar and if questions are written down ahead of time for easy reference.

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: 866-822-5192 (participants must call in to verbally ask questions)
Passcode: 47535883
Conference Leader's name: Jennifer Burges

Prior to joining, please test your web connection:
https://hrsa.connectsolutions.com/common/help/en/support/meeting_test.htm.
Note: You must dial into the conference line to hear the audio portion of the webinar. No registration is required. To access the webinar recording, visit
http://www.hrsa.gov/grants/index.html

Helpful Web Sites:

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

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

FORHP 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 https://nosorh.org/nosorh-members/nosorh-members-browse-by-state/.

Information on the Department of Justice Radiation Exposure Compensation Program may be found at https://www.justice.gov/civil/common/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*.