

U.S. Department of Health and Human Services



Health Resources & Services Administration

**Bureau of Primary Health Care
Health Center Program**

Fiscal Year 2022 Accelerating Cancer Screening

Funding Opportunity Number: HRSA-22-154

Funding Opportunity Type: New

Assistance Listings (AL) Number: 93.224

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2022

Application Due Date: June 15, 2022

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 may take up to 1 month to complete.

Issuance Date: May 4, 2022

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Contact: <https://hrsa.force.com/support/s/>

Telephone: (301) 594-4300

AxCS technical assistance webpage: <https://bphc.hrsa.gov/programopportunities/accelerating-cancer-screening>

See [Section VII](#) for a complete list of agency contacts.

Authority: Public Health Service Act § 330(e), (g), (h), and/or (i), 42 USC § 254b(e), (g), (h), and/or (i), as appropriate.

508 COMPLIANCE DISCLAIMER

Note: Persons using assistive technology may not be able to fully access information in this file. For assistance, please email or call one of the HRSA staff listed in [Section VII. Agency Contacts](#).

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications from HRSA-funded health centers for the fiscal year (FY) 2022 Accelerating Cancer Screening (AxCS) funding opportunity under the Health Center Program. The purpose of this program is to support health centers to increase equitable access to cancer screening and referral for care and treatment by enhancing patient education, case management, outreach, and other enabling services, in close partnership or coordination with National Cancer Institute (NCI)-designated Cancer Centers that will deploy outreach specialists and patient navigators for populations served by health centers.

Funding Opportunity Title:	Fiscal Year (FY) 2022 Accelerating Cancer Screening
Funding Opportunity Number:	HRSA-22-154
Due Date for Applications (Grants.gov only):	June 15, 2022 (11:59 p.m. ET)
Anticipated Total Annual Available FY 2022 Funding:	Approximately \$5 million
Estimated Number and Type of Awards:	Up to 10 grants
Estimated Award Amount:	Up to \$500,000 per award
Cost Sharing/Match Required:	No
Period of Performance:	September 1, 2022 through August 31, 2024 (2 years)
Eligible Applicants:	Organizations that are Health Center Program operational (H80) grant award recipients and that partner with an NCI-designated Cancer Center. See Section III of this notice of funding opportunity (NOFO) for complete eligibility information.

Application Guide

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in [HRSA's SF-424 Application Guide](#), available online, except where instructed in this NOFO to do otherwise.

Technical Assistance

Application resources, including example forms and documents, as well as a frequently asked questions document, are available at <https://bphc.hrsa.gov/programopportunities/accelerating-cancer-screening>. HRSA will hold a pre-application technical assistance (TA) webinar that will include an overview of these instructions and address questions on the application process and AxCS objectives. Refer to "Apply for a Grant", available at <http://www.hrsa.gov/grants/apply>, for general (i.e., not AxCS specific) information on a variety of application and submission components.

The [HRSA Primary Health Care Digest](#) is a weekly email newsletter containing information and updates pertaining to the Health Center Program, including competitive funding opportunities. Organizations interested in seeking funding under the Health Center Program are encouraged to have several staff subscribe.

Health center strategic partners are available to assist you in preparing a competitive application, including the National Training and Technical Assistance Partners ([NTTAPs](#)), Primary Care Associations ([PCAs](#)), and Health Center Controlled Networks ([HCCNs](#)). The HRSA-supported [Telehealth Resource Centers](#) offer technical assistance and coaching specific to advancing the use of telehealth. For a list of HRSA-supported PCAs, NTTAPs, and HCCNs, refer to HRSA's [Strategic Partnerships webpage](#).

Applicant Page Limit Checklist

The purpose of this worksheet is to give you a tool to ensure the number of pages you attach to Standard Forms is within the specified page limit (do not submit this worksheet as part of your application). The Standard Forms do not count against the page limit; however, attachments to the Standard Forms do count toward the page limit. For example, the Budget Narrative Attachment Form does not count; however, the entire length of your attachment to that form does count against the page limit.

Standard Form Name (Forms themselves do not count against the page limit)	Attachment File Name (Unless otherwise noted, attachments count against the page limit)	Required OR Optional Attachment	Section of the NOFO or Application Package	# of Pages Applicant Instruction – enter the number of pages of the attachment to the Standard Form
Application for Federal Assistance (SF-424 - Box 14)	Areas Affected by Project (Cities, Counties, States, etc.)	Optional	Application Package	<i>My attachment = # pages</i>
Application for Federal Assistance (SF-424 - Box 16)	Additional Congressional District	Optional	Application Package	<i>My attachment = # pages</i>
Application for Federal Assistance (SF-424 - Box 20)	Is the Applicant Delinquent On Any Federal Debt?	Required, if "Yes"	Application Package	<i>My attachment = # pages</i>
Attachments Form	Attachment 1: Project Work Plan	Required	Section IV.2.v	<i>My attachment = # pages</i>
Attachments Form	Attachment 2: Partnership Documentation	Required	Section IV.2.v	<i>My attachment = # pages</i>
Attachments Form	Attachment 3: Letters of Support	Optional	Section IV.2.v	<i>My attachment = # pages</i>

Standard Form Name <i>(Forms themselves do not count against the page limit)</i>	Attachment File Name <i>(Unless otherwise noted, attachments count against the page limit)</i>	Required OR Optional Attachment	Section of the NOFO or Application Package	# of Pages <i>Applicant Instruction – enter the number of pages of the attachment to the Standard Form</i>
Attachments Form	Attachment 4: Summary of Contracts and Agreements	Optional	Section IV.2.v	<i>My attachment = # pages</i>
Attachments Form	Attachment 5: Equipment List	Optional	Section IV.2.v	<i>My attachment = # pages</i>
Attachments Form	Attachment 6: Other Relevant Documents	Optional	Section IV.2 v	<i>My attachment = # pages</i>
Project/Performance Site Location Form	Additional Performance Site Location(s)	Optional	Application Package	<i>My attachment = # pages</i>
Project Narrative Attachment Form	Project Narrative	Required	Section IV.2ii	<i>My attachment = # pages</i>
Budget Narrative Attachment Form	Budget Narrative	Required	Section IV.2.iv	<i>My attachment = # pages</i>
# of Pages Attached to Standard Forms				<i>Applicant Instruction</i> Total the number of pages in the boxes above.
Page Limit for HRSA-22-154 is 60 pages				My total = ## pages

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity for HRSA-funded health centers to apply for FY 2022 Accelerating Cancer Screening (AxCS) funding. AxCS funding will support health centers to increase equitable access to cancer screening and referral for care and treatment¹ by enhancing patient education, case management, outreach, and other enabling services, in close partnership or coordination with National Cancer Institute (NCI)-designated Cancer Centers that will deploy outreach specialists and patient navigators for populations served by health centers.

For more details, see [Program Requirements and Expectations](#).

2. Background

The Health Center Program is authorized by the Public Health Service Act (PHS Act) § 330 ([42 USC § 254b](#)). For the purpose of this NOFO, health centers are defined as those receiving Health Center Program operational funding under sections 330(e), (g), (h) and/or (i), otherwise referred to as H80 funding. AxCS funding will be awarded to health centers under the same subsection(s) of section 330 as their H80 award.

AxCS funding is being made available through the Alcee L. Hastings Program for Advanced Cancer Screening in Underserved Communities.

Cancer is the second leading cause of death in the United States, with nearly 600,000 deaths annually.² In 2021, there were an estimated 281,550 breast cancers and 14,480 cervical cancers diagnosed in women³ and 149,500 colorectal cancers diagnosed in men and women.⁴ Breast, cervical, and colorectal cancer can be prevented or detected early through appropriate screening and timely follow-up care of an abnormal cancer screening test result. Yet, disparities in screening and follow-up care after an abnormal cancer screening test result persist by race/ethnicity, socioeconomic status, and health care access.⁵ Disruptions in cancer care during the COVID-19 pandemic resulted in

¹ For the purpose of this NOFO, referral for care and treatment is defined as assisting patients with accessing appropriate follow-up care (e.g., diagnostic services, therapies, clinical trials) within 30 days of receiving an abnormal screening test result.

² Centers for Disease Control and Prevention. *An Update on Cancer Deaths in the United States*. Atlanta, GA: US Department of Health and Human Services, Centers for Disease Control and Prevention, Division of Cancer Prevention and Control; 2021.

³ Cancer Stat Facts. Seer.cancer.gov. Updated September 27, 2021. Accessed December 8, 2021. <https://seer.cancer.gov/statfacts/>.

⁴ Cancer Stat Facts: Colorectal Cancer. Seer.cancer.gov. Updated September 27, 2021. Accessed December 8, 2021. <https://seer.cancer.gov/statfacts/html/colorect.html>.

⁵ American Association for Cancer Research. *Cancer Disparities Progress Report 2020*. Philadelphia: American Association for Cancer Research; 2020. 59-72. Accessed December 6, 2021. <https://cancerprogressreport.aacr.org/disparities/chd20-contents/chd20-disparities-in-cancer-screening-for-early-detection/>.

reductions in breast, cervical, and colorectal cancer screening.⁶ Disparities in cancer care were exacerbated during the pandemic in communities less likely to use telehealth.⁷

Health centers are a key point of entry to screening for breast, cervical, and colorectal cancer. In 2020, over 1.4 million female health center patients had a mammogram to screen for breast cancer, and over 3.8 million health center patients were screened for cervical cancer.⁸ Additionally, over 2.4 million health center patients were screened for colorectal cancer.⁹ Health center non-clinical enabling services, including translation, transportation, outreach and education, case management, care coordination, and eligibility assistance can help to reduce disparities in access to cancer screening and referral for care and treatment for underserved populations.

NCI-designated Cancer Centers¹⁰ (Cancer Centers) are scientific leaders in the efforts to reduce the unequal burden of cancer through basic, clinical translational, and population science research, and serve their communities and the broader public by integrating training and education for biomedical researchers and health care professionals. Cancer Centers disseminate evidence-based findings to their communities and study how they can be translated to benefit similar populations around the country. Cancer Centers also provide public education and outreach programs on cancer prevention and screening, with special attention to the needs of underserved populations.

As part of your AxCS project, you will leverage the community outreach and engagement resources of the Cancer Centers to increase access and address barriers to cancer screening and referral for care and treatment.

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: New.

HRSA will provide funding in the form of a grant.

⁶ Mayo M, Potugari B, Bzeih R, Scheidel C, Carrera C, Shellenberger RA. Cancer Screening During the COVID-19 Pandemic: A Systematic Review and Meta-analysis. *Mayo Clin Proc Innov Qual Outcomes*. 2021;5(6):1109-1117. doi:10.1016/j.mayocpiqo.2021.10.003.

⁷ Schmidt AL, Bakouny Z, Bhalla S, et al. Cancer Care Disparities during the COVID-19 Pandemic: COVID-19 and Cancer Outcomes Study. *Cancer Cell*. 2020 Dec 14;38(6):769-770. [www.cell.com/cancer-cell/fulltext/S1535-6108\(20\)30554-7](https://www.cell.com/cancer-cell/fulltext/S1535-6108(20)30554-7). Accessed December 23, 2021.

⁸ U.S. Department of Health and Human Services, Health Resources and Services Administration, Health Center Data and Reporting, available at <https://data.hrsa.gov/tools/data-reporting>.

⁹ U.S. Department of Health and Human Services, Health Resources and Services Administration, Health Center Data and Reporting, available at <https://data.hrsa.gov/tools/data-reporting>.

¹⁰ There are 71 NCI-designated Cancer Centers, located in 36 states and Washington, D.C. For a list of NCI-designated cancer centers, see <https://www.cancer.gov/research/infrastructure/cancer-centers>.

2. Summary of Funding

HRSA estimates approximately \$5 million will be available to fund approximately 10 recipients. You may apply for a ceiling amount of up to \$500,000 total (includes both direct and indirect costs), to be spent over the 2-year period of performance (e.g., \$250,000 in year 1 and \$250,000 in year 2). The period of performance is September 1, 2022 through August 31, 2024 (2 years).

HRSA may adjust the final award amounts based on the number of fundable applications.

If funded, HRSA will award AxCS funding as a new grant award, separate from your H80 award. Under [45 CFR § 75.302](#), you must document use of AxCS funds separately and distinctly from other Health Center Program funds and other federal award funds. If funded, you must maintain your H80 award status throughout the 2-year period of performance to maintain your AxCS funding.

While AxCS funding will be issued as a new award, all uses of AxCS funds must align with your current Health Center Program scope of project. See [Appendix A](#) for information about reviewing and/or updating your scope of project, if needed. When implementing your AxCS project, you must comply with all Health Center Program requirements as described in the [Health Center Program Compliance Manual](#), and applicable law.¹¹

Additional funding to support cancer screening may be made available beyond the 2 years of funding under this NOFO. If additional funding is made available, HRSA will assess your performance on the [AxCS objectives](#) and activities through various means, which may include biannual reports and your calendar year 2023 Uniform Data System (UDS) data. Performance assessments may result in increased, level, reduced, or no funding beyond the initial 2-year funding period. If AxCS funding is continued, this initial award may be supplemented and/or additional funding may be made available under your H80 award.

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

Organizations eligible for AxCS funding are Health Center Program operational (H80) grant award recipients¹² that partner with an NCI-designated Cancer Center.

¹¹ Requirements are stated in 42 U.S.C. § 254b (section 330 of the PHS Act), and in applicable program regulations (42 CFR parts [51c](#) and [56](#), as appropriate) and grants regulations (HHS Grants Policy Statement and [45 CFR part 75](#)).

¹² Funded under sections 330(e), (g), (h), and/or (i) of the PHSA.

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 of \$500,000 non-responsive and will not consider it for funding under this notice.

HRSA will consider any application that does not include the Project Narrative described in [Section IV.2.ii](#), and the Project Work Plan and partnership documentation¹³ with a Cancer Center described in [Section IV.2.v](#) 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.

HRSA will only accept your **last** validated electronic submission under HRSA-22-154 in Grants.gov, before the application due date as the final and only acceptable application.¹⁴

IV. Application and Submission Information

1. Address to Request Application Package

HRSA **requires** you to apply electronically through [Grants.gov](#) using the SF-424 workspace application package associated with this notice of funding opportunity (NOFO) following the directions provided at [Grants.gov: HOW TO APPLY FOR GRANTS](#).

The NOFO is also known as “Instructions” on Grants.gov. You must select “Subscribe” and provide your email address for HRSA-22-154 in order to receive notifications including modifications, clarifications, and/or republications of the NOFO on Grants.gov. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. *You are ultimately responsible for reviewing the [For Applicants](#) page for all information relevant to this NOFO.*

¹³ The partnership documentation must include a commitment from the Cancer Center to deploy trained and supervised outreach specialists and patient navigators to improve cancer screening and referral within the health center’s service area.

¹⁴ Grants.gov has compatibility issues with Adobe Reader DC. Direct questions pertaining to software compatibility to Grants.gov. See [Section VII](#) for contact information.

2. Content and Form of Application Submission

Application Format Requirements

Section 4 of HRSA's [SF-424 Application Guide](#) provides general instructions for the budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, etc. You must submit the information outlined in the HRSA *SF-424 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 HRSA *SF-424 Application Guide* for the Application Completeness Checklist.

The following application components must be submitted in Grants.gov:

- Application for Federal Assistance (SF-424)
- Project Abstract
- Project/Performance Site Locations
- Grants.gov Lobbying Form
- Key Contacts
- Project Narrative Attachment Form
- Budget Information – Non-Construction Programs (SF-424A)
- Budget Narrative Attachment Form (include a Table of Personnel to be Paid with Federal Funds)
- Attachments

Application Page Limitation

The total size of all uploaded files may not exceed the equivalent of 60 pages when printed by HRSA. The page limit includes the project and budget narratives and attachments. Note that effective April 22, 2021, the abstract is no longer an attachment that counts in the page limit. The abstract is the standard form "Project Abstract Summary." Standard OMB-approved forms do not count in the page limit. However, if you use an OMB-approved form that is not included in the application package for HRSA-22-154, it may count against the page limit. Therefore, HRSA strongly recommends that you only use the Grants.gov workspace forms associated with this NOFO to avoid exceeding the page limit. The indirect cost rate agreement does not count in the page limit. **It is important to take appropriate measures to ensure that your application does not exceed the specified page limit.**

Applications must be complete, within the specified page limit, validated by Grants.gov, and submitted under HRSA-22-154 before the deadline.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

- 1) You certify on behalf of the applicant organization, 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 USC § 3321).
- 3) If you are unable to attest to the statements in this certification, you must include an explanation in *Attachment 6: Other Relevant Documents*.

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

Program Requirements and Expectations

Program Requirements

You must propose to use AxCS funds to achieve two objectives:

1. Increase the number and percentage of patients screened for at least one of the following cancer types: cervical,¹⁵ breast,¹⁶ or colorectal cancer.¹⁷
2. Increase the number of patients assisted with accessing appropriate follow-up care (e.g., diagnostic services, therapies, clinical trials) within 30 days of receiving an abnormal cancer screening test result.¹⁸

You will also track the percentage of patients that you refer for care and treatment for whom you receive a report from the provider to whom the patient was referred.

You will advance progress on the AxCS objectives by implementing at least one activity within each of the four focus areas:

1. Access and affordability;
2. Patient experience;
3. Screening; and
4. Workforce development.

You are required to establish or enhance a partnership with an NCI-designated Cancer Center that leverages Cancer Center expertise, including Cancer Center trained and supervised outreach specialists and patient navigators, to improve cancer screening

¹⁵ Cervical cancer: Screening. Recommendation: Cervical Cancer: Screening | United States Preventive Services Taskforce. <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/cervical-cancer-screening>. Published August 21, 2018. Accessed December 21, 2021.

¹⁶ Breast cancer: Screening. Recommendation: Breast Cancer: Screening | United States Preventive Services Taskforce. <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/breast-cancer-screening>. Published January 11, 2016. Accessed December 21, 2021.

¹⁷ Colorectal cancer: Screening. Recommendation: Colorectal Cancer: Screening | United States Preventive Services Taskforce. <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/colorectal-cancer-screening>. Published May 18, 2021. Accessed December 21, 2021.

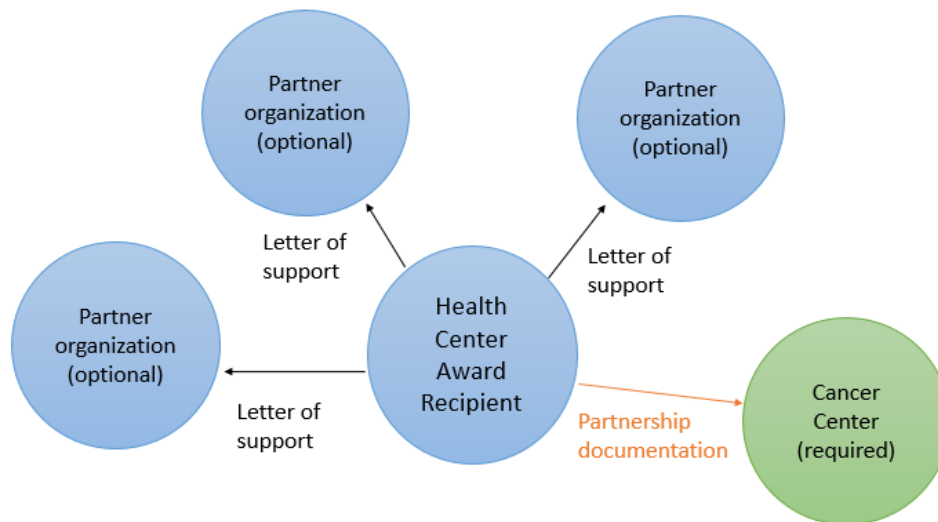
¹⁸ For more information, see Cancer Control Continuum available at <https://cancercontrol.cancer.gov/about-dccps/about-cc/cancer-control-continuum>.

and referral for care and treatment within your service area. You may use AxCS funds to contract with Cancer Centers to train new and existing health center personnel to build capacity in these areas within your health center. You will leverage Health Center Program and Cancer Center resources to assess and address barriers to cancer screening through outreach, patient education, case management, and other enabling services that will support the AxCS objectives. In collaboration with the Cancer Center, you may establish additional objectives and measures of success that you will collect and monitor throughout the period of performance.

You may propose a project that focuses only on the required partnership with a Cancer Center, or you may also partner with other health centers, state/local health departments, Native American Tribal organizations, and/or community and faith-based organizations to leverage community outreach and engagement resources to increase cancer screening and referral for care and treatment. Health centers may use AxCS funds to purchase training and/or technical assistance from Cancer Centers and other partner organizations. You must clearly describe any training or technical assistance contractual or consulting costs in your budget request and ensure that all procurement costs are consistent with federal procurement standards and cost principles.¹⁹

Refer to *Figure A* for a visual representation of the documented partnership between the health center award recipient, the required NCI-designated Cancer Center, and optional partnering organizations.

Figure A



Program Expectations

¹⁹ See [45 CFR part 75 Subpart D: Procurement Standards](#) and [45 CFR part 75 Subpart E: Cost Principles](#).

Post-award oversight of your AxCS award may include Project Work Plan status updates, interim data reports, or participation in site visits or targeted technical assistance. Additional details will be provided on the terms of award.

HRSA expects that you will leverage AxCS funds to address issues of equity²⁰ in cancer screening and referral for care and treatment, including applying an understanding of intersectionality and how multiple forms of discrimination affect individuals' lived experiences. Individuals and communities often belong to more than one group that has been historically underserved, marginalized, or adversely affected by persistent poverty and inequality. Individuals at the nexus of multiple identities often experience unique forms of discrimination or systemic disadvantages, including in their access to needed services.²¹

Consider your team's cultural and clinical competence, and the barriers to patients seeking cancer screening and care and treatment, including social risk factors such as food insecurity, housing insecurity, financial strain, lack of transportation/access to public transportation;²² and other social determinants that may affect access to care, contribute to poor health outcomes, and exacerbate health disparities.²³ Addressing Social Determinants of Health (SDOH) is a HRSA objective to improve health and well-being of individuals and the communities in which they reside.

Telehealth²⁴ can be an important tool for delivering services and resources to patients, including cancer screening and referral for care and treatment. You are encouraged to use telehealth in your proposed service delivery plan when feasible and appropriate. Additional general information on telehealth can be found at <https://telehealth.hhs.gov/>. Information specific to your health center scope of project is available at <https://bphc.hrsa.gov/sites/default/files/bphc/programrequirements/pdf/telehealth-pal.pdf>.

In addition, if you use broadband or telecommunications services for the provision of health care, HRSA strongly encourages you to seek discounts through the Federal Communication Commission's Universal Service Program. For information about such discounts, see <https://www.usac.org/rural-health-care/>. Patients may also be eligible for free or low cost mobile or broadband services through the Universal Service Lifeline program at <https://www.lifelinesupport.org/>.

²⁰ See the [HRSA Office of Health Equity](#) and [National Standards for Culturally and Linguistically Appropriate Services \(CLAS\) in Health and Health Care](#) for additional information.

²¹ See Executive Order 13988 on Preventing and Combating Discrimination on the Basis of Gender Identity or Sexual Orientation, 86 FR 2023, at § 1 (Jan. 20, 2021), <https://www.govinfo.gov/content/pkg/FR-2021-01-25/pdf/2021-01761.pdf>.

²² See the [2021 UDS Manual](#) for additional information.

²³ The PRAPARE Assessment Tool or PhenX Toolkit may support your health center with collecting data needed to understand and act on patients' social determinants of health. For additional information, see <https://www.nachc.org/research-and-data/prapare/> or <https://www.phenxtoolkit.org/collections/view/6>.

²⁴ Telehealth is the use of electronic information and telecommunications technologies to support and promote, at a distance, health care, patient and professional health-related education, health administration, and public health. Technologies include video conferencing, the internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications.

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**

Use the Standard OMB-approved Project Abstract Summary Form that is included in the workspace application package. Do not upload the abstract as an attachment or it will count toward the page limitation. For information required in the Project Abstract Form, see Section 4.1.ix. of HRSA's [SF-424 Application Guide](#). In addition, provide your Health Center Program grant number (H80CSXXXXX – **reminder: this is an eligibility factor**) and a brief summary of how your proposed project will increase access and address barriers to cancer screening and referral to care and treatment, and a brief description of your proposed partnerships, including your required partnership with an NCI-designated Cancer Center.

NARRATIVE GUIDANCE

To ensure that you fully address the review criteria, the table below provides a crosswalk between the narrative language and where each section falls within the review criteria. Any forms or attachments referenced in a narrative section will be considered during the objective review.

Narrative Section	Review Criteria
Need section of the Project Narrative	(1) Need
Response section of the Project Narrative Attachment 1: Project Work Plan	(2) Response
Collaboration section of the Project Narrative Attachment 2: Partnership Documentation Attachment 3: Letters of Support Attachment 4: Summary of Contracts and Agreements	(3) Collaboration
Resources/Capabilities section of the Project Narrative	(4) Resources/Capabilities
Evaluative Measures section of the Project Narrative	(5) Evaluative Measures

Narrative Section	Review Criteria
Support Requested section of the Project Narrative Forms: SF-424A Budget Information Form, Attachment 5: Equipment List Form (if applicable) Budget Narrative	(6) Support Requested

ii. Project Narrative

This section provides a comprehensive description of all aspects of the proposed project. It should be succinct, self-explanatory, consistent with forms and attachments, and organized in alignment with the sections and format below so that reviewers can understand the proposed project.

Use the following section headers for the narrative: Introduction, Need, Response, Collaboration, Resources/Capabilities, Evaluative Measures, and Support Requested.

INTRODUCTION

- 1) Identify the cancer type(s) that you are proposing to address through your AxCS project. At a minimum, you must address breast, cervical, and/or colorectal cancer screening through your project.

Note: If you propose to increase screening and referral for care and treatment for more than one cancer type, you must provide information related to each proposed cancer type throughout your Project Narrative. To ensure thorough responses, you may choose to organize requested Project Narrative information using cancer type sub-headers.

- 2) Identify your proposed AxCS project partners, including:
 - a) Required: NCI-designated Cancer Center.
 - b) Optional: Other health centers, state/local health departments, Native American Tribal organizations, and community and faith-based organizations, if any.

Note: Any partners' contributions to your AxCS project must be clearly reflected in all applicable sections of your Project Narrative. For example, if you partner with another health center, the NEED section must reflect both health centers' service areas, and the RESPONSE section must reflect all partners' proposed contributions to your AxCS project.

NEED – Corresponds to [Section V.1 Review Criterion 1: NEED](#)

Information provided in the NEED section must:

- Be specific to the cancer type(s) you propose to address in the [INTRODUCTION](#) section

- Serve as the basis for, and align with, the activities, focus areas, and objectives described throughout the application.
 - Be used to inform and improve the delivery of the proposed services.
- 1) Provide data that describes the impact of the selected cancer type(s) in your service area. Data must include prevalence, death rate, and screening rate, and should be provided by race/ethnicity where possible. Include national data for comparison. Data sources may include but are not limited to, your current needs assessment²⁵ and community health needs assessments (such as those conducted by a state/local health department, NCI-designated Cancer Center, hospital, or other organization in the service area), and [Service Area Status](#).
 - 2) Describe barriers to maximizing equitable access to cancer screening and referral for care and treatment in your service area. Include identified workforce, care integration, care coordination, community outreach and education, assistance with enrollment in affordable health insurance, and other program and technology-related needs, as applicable.
 - 3) Describe the health-related social needs of health center patients in your service area that affect equitable access to cancer screening and referral for care and treatment.¹ Address the following, referencing your UDS data, as applicable, or other data sources:
 - a) Language access challenges
 - b) Cultural barriers
 - c) Housing insecurity
 - d) Food insecurity
 - e) Financial strain
 - f) Lack of transportation/access to public transportation
 - g) Other SDOH
 - 4) Describe changes in cancer screening, including UDS data, and changes in referral for care and treatment in your service area between 2019 and 2021 that may be attributed to the COVID-19 pandemic.

RESPONSE – Corresponds to [Section V.1 Review Criterion 2: RESPONSE](#)

- 1) Upload a 2-year project work plan in Grants.gov as Attachment 1 that describes activities that you will conduct to increase cancer screening and referral for care and treatment. Refer to [Section IV.2.v. Attachments](#) for detailed guidance.
- 2) Referencing your work plan, describe how AxCS-supported activities will:
 - a) Address unmet needs or barriers (described in the NEED section) to achieve increases in cancer screening and referral for care and treatment.
 - b) Enhance or expand strategies, including use of enabling services, to improve the patient experience (e.g., activate and engage patients, build trusting

²⁵ See [Chapter 3: Needs Assessment](#) of the Compliance Manual.

- relationships, build partnership with families and caregivers, provide patient-centered care coordination).
- c) Promote equity in access to cancer screening and referral for care and treatment for current patients, Health Center Program statutorily-defined special populations (migratory and seasonal agricultural workers, people experiencing homelessness, and residents of public housing), as applicable, and other residents of your health center's service area.
 - d) Address the impact of COVID-19 on cancer screening and referral for care and treatment.
 - e) Leverage health IT, including electronic health record (EHR) systems and telehealth, to improve equitable access and quality of cancer screening and referral for care and treatment, including closing referral loops.
- 3) If applicable, describe any changes in scope required to implement your AxCS project and how they are necessary for the project's success, including changes to your Form 5A: Services Provided, Form 5B: Service Sites, and/or Form 5C: Other Activities/Locations.

Access the technical assistance materials on the [Scope of Project resource webpage](#) and contact your Health Center Point of Contact for guidance in determining if a scope adjustment or change in scope will be necessary.²⁶ See [Appendix A](#) for additional guidance.

- 4) Describe how the proposed personnel (e.g., direct hire and contracted) listed in the [Budget Narrative](#) are essential to successfully implement the proposed project, including clearly describing each individuals' role in the proposed project. Reference the staff details listed in the Budget Narrative, as applicable.

COLLABORATION – Corresponds to [Section V.1 Review Criterion 3: COLLABORATION](#)

- 1) Describe how you will leverage Cancer Center trained and supervised outreach specialists and patient navigators to improve cancer screening and referral for care and treatment within your service area, as defined in the required partnership documentation with the NCI-designated Cancer Center.
- 2) Describe how you will leverage the resources of your Cancer Center partner, as defined in the required partnership documentation with the NCI-designated Cancer Center, to:
 - a) Build capacity of health center staff in the areas of outreach and patient navigators that will last beyond the funding period.
 - b) Facilitate referrals of individuals in need of cancer screening, referral for care and treatment, and other comprehensive primary care services to your health center.
 - c) Share data on relevant cancer statistics (e.g., cancer prevalence, screening rates) to support health center program planning and quality improvement.

²⁶ You can view your scope of project in the Approved Scope section of your H80 grant folder in EHBs.

- 3) As applicable, describe how you will leverage the resources of any AxCS partners beyond the required NCI-designated Cancer Center, as defined in the LOS, to:
 - a) Address health center patients' barriers to cancer screening and referral for care and treatment.
 - b) Strengthen and improve care coordination, community engagement, and population health.
 - c) Share data, if applicable, on relevant cancer statistics in the service area (e.g., cancer prevalence, screening rates) to support health center program planning and quality improvement.
- 4) In Attachment 2: Partnership Documentation, provide documentation of the required partnership, such as a memorandum of understanding (MOU), with an NCI-designated Cancer Center that defines the nature of the relationship and describes specific collaboration and/or coordinated activities in support of your project. This attachment must:
 - a) Clearly document the Cancer Center's commitment to deploy trained and supervised outreach specialists and patient navigators to improve cancer screening and referral within your health center's service area if the project is funded.
 - b) Be current and include a signature from the Cancer Center's CEO or other appropriate key management staff member.
- 5) If applicable, in Attachment 3: Letters of Support, provide letters of support from partnering health centers, state/local health departments, Native American Tribal organizations, and/or community and faith-based organizations. Letters of support must define the nature of the relationship and describe specific collaboration and/or coordinated activities in support of your project. Letters of support must be current, include a signature, and be addressed to your health center's board, CEO, or other appropriate key management staff member.
- 6) If applicable, in Attachment 4: Summary of Contracts and Agreements, provide a brief summary of all other formal written contracts or agreements that includes the following for each contact or agreement:
 - a) Name of the contract or agreement organization,
 - b) Type of contract or agreement,
 - c) Brief description of the purpose and scope of the contract or agreement, and
 - d) Timeframe for each contract or agreement.

RESOURCES/CAPABILITIES – Corresponds to [Section V.1 Review Criterion 4: RESOURCES/CAPABILITIES](#)

- 1) Describe your past efforts, alone and/or in collaboration with other partners, to increase the number and percentage of patients accessing cancer screening and referral for care and treatment, including the success of those efforts.
- 2) Describe your capabilities and expertise to carry out the proposed project, including:

- a) Your capacity to manage the collaboration with AxCS partners to accomplish the AxCS objectives, including how past partnership experiences have informed the proposal.
 - b) Your organizational systems for tracking and closing referral loops.
 - c) The skills and experience of the proposed project personnel, as indicated in your Budget Narrative.
 - d) The capability of key management staff to provide the operational and clinical oversight necessary to increase patients accessing cancer screening and referral for care and treatment.
- 3) Describe how you will ensure culturally affirming care that takes into account individual patient preferences, culture, values, and needs (including linguistic accessibility needs) to facilitate equitable access to cancer screening and referral for care and treatment.
 - 4) Describe resources that you will leverage to support project implementation in addition to your required Cancer Center partnership, such as Health Center Program technical assistance resources (e.g., PCAs, NTTAPs, HCCNs); other national, state, or local organization resources (e.g., American Cancer Society, state breast and cervical cancer control programs, community-based organizations); or federal resources (e.g., Centers for Disease Control and Prevention, including the National Breast and Cervical Cancer Early Detection Program or other National Cancer Institute resources).
 - 5) Describe how you plan to sustain increased cancer screening and enhanced referral tracking efforts if funding is not continued after the 2-year period of performance for this award.

EVALUATIVE MEASURES – Corresponds to [Section V.1 Review Criterion 5: EVALUATIVE MEASURES](#)

- 1) Provide baseline UDS data for calendar year 2021 and estimated data showing increases in the number and percentage of patients accessing cancer screening for each cancer type that you are proposing to address by December 31, 2023 (as will be reflected in your 2023 UDS report)²⁷:
 - a) Number and percentage of women screened for cervical cancer.
 - b) Number and percentage of women who had a mammogram to screen for breast cancer.
 - c) Number and percentage of adults screened for colorectal cancer.

Describe how you determined your estimates and why you consider them achievable by December 31, 2023.

Note: 2023 UDS data will be segmented (e.g., race/ethnicity, language, age group). If available, you may provide segmented baseline data and corresponding

²⁷ See [2021 UDS Manual](#) for definitions of baseline and estimates.

segmented estimated data in alignment with your identified needs and proposed plans.

- 2) Provide baseline data for calendar year 2021 and estimated data showing increases by December 31, 2023 for each cancer type that you are proposing to address:
 - a) Number of women assisted with accessing appropriate follow-up care within 30 days of receiving an abnormal cervical cancer screening test result.
 - b) Number of women assisted with accessing appropriate follow-up care within 30 days of receiving an abnormal breast cancer screening test result.
 - c) Number of adults assisted with accessing appropriate follow-up care within 30 days of receiving an abnormal colorectal cancer screening test result.

If this data is not available for 2021, explain how baseline data will be calculated to include in the first biannual progress report.

Describe how you determined your estimates and why you consider them achievable by December 31, 2023.

- 3) Describe how your Quality Improvement/Quality Assurance (QI/QA) program will support the proposed AxCS project, including:
 - a) How you include or will incorporate cancer screening and referral for care and treatment activities and data into your QI/QA program.
 - b) How your QI/QA program will support evolution of your cancer screening and referral for care and treatment activities commensurate with the evolving needs of your patient population and service area.
 - c) How you will use QI/QA reports for AxCS project improvement.
 - d) How you include or will incorporate into your QI/QA procedures and processes current clinical guidelines, standards of care, and standards of practice in the provision of cancer screening and referral for care and treatment.

SUPPORT REQUESTED – Corresponds to [Section V.1 Review Criterion 6: SUPPORT REQUESTED](#)

- 1) Provide a budget that:
 - a) Is consistent across all documents (i.e. SF-424A, Budget Narrative).
 - b) Aligns with the proposed AxCS project to increase cancer screening and referral for care and treatment (as outlined in the [RESPONSE](#) section and the project work plan).
 - c) Will reasonably support an increased number and percentage of patients accessing cancer screening and referral for care and treatment (see the [EVALUATIVE MEASURES](#) section) commensurate with the proposed activities.

iii. Budget

Follow the instructions included in Section 4.1.iv of HRSA's [SF-424 Application Guide](#) and the additional budget instructions provided below. A budget that follows the *Guide* will ensure that, if HRSA selects your application for funding, you will have a well-

organized plan and, by carefully following the approved plan, may 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) you incur to carry out a HRSA-supported project or activity. Total project or program costs include costs charged to the award and costs borne by you to satisfy a matching or cost-sharing requirement as applicable.

In addition, AxCS requires the following:

Budget Information Form for Non-Construction Programs (SF-424A): You must present the total budget for the project, which includes requested AxCS funds (up to \$500,000) and any non-federal funds that will support the proposed project. You have discretion about how you propose to allocate the total budget between AxCS federal funds and other funding that supports the project, provided that the projected budget complies with all applicable HHS policies and other federal requirements.²⁸

- In Section A, under New or Revised Budget, enter the AxCS funding requested in the Federal column. The maximum amount you may request cannot exceed \$500,000. Provide the federal funding request for each type of section 330 funding you currently receive. Funding must be requested and will be awarded proportionately to your current Health Center Program funding. The funding types are Community Health Center (e), Migrant Health Center (g), Health Care for the Homeless (h), and/or Public Housing Primary Care (i). No new types may be added for this purpose. Enter all other project costs in the Non-Federal column. Estimated Unobligated Funds are not applicable for this funding opportunity.
- In Section B – Budget Categories, enter an object class category (line item) budget, broken out by federal and nonfederal funding. The amounts for each category in the Federal and Non-Federal columns, as well as the totals, should align with the Budget Narrative.
- In Section C – Non-Federal Resources, enter the amount of all other sources of funding for the proposal, not including the federal funding request. The total in Section C must be consistent with the Non-Federal Total in Section A. When providing Non-Federal Resources by funding source, include other federal funds supporting the proposed project in the “other” category.
- In Section E – Federal Funds Needed for Balance of the Project, you may leave this section blank.

As required by the Consolidated Appropriations Act, 2022 (P.L. 117-103), Division H, § 202, “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” (currently \$203,700 as of January 2022). See Section 4.1.iv Budget – Salary Limitation of HRSA’s [SF-424 Application Guide](#) for additional information. Note

²⁸ See [Chapter 17: Budget](#) of the Compliance Manual.

that these or other salary limitations may apply in the following fiscal years, as required by law.

iv. **Budget Narrative**

AxCS requires a detailed budget narrative that outlines federal and non-federal costs by object class category. See Section 4.1.v of HRSA's [SF-424 Application Guide](#). The sum of line item costs for each category must align with those presented on the SF-424A Budget Information Form.

You must also provide a year 1 and year 2 federal and non-federal budget by object class category so HRSA can see how expenditures will break out over the 2-year period of performance. **If funding continues beyond the initial 2-year funding period, dependent on performance, continued funding would be based on your year 2 level of support as requested in your budget narrative and approved project activities.** See the [AxCS technical assistance webpage](#) for an example budget narrative.

Your budget narrative must:

- Demonstrate that you will use AxCS funds for costs that will advance progress on the AxCS [objectives](#).
- Clearly detail proposed costs for each line item on the SF-424A Budget Information Form for Non-Construction Programs, with calculations for how you derive each cost.
- Not include [ineligible costs](#).
- Provide HRSA with sufficient information to determine that you will use AxCS funds separately and distinctly from other Health Center Program support (e.g., H80 awards).
- Provide a year 1 and year 2 breakdown.
- Provide a table of personnel to be paid with federal funds.

Format the budget narrative to have all columns fit on an 8.5 x 11 page when printed.

v. **Attachments**

Provide the following items in the order specified below. **Unless otherwise noted, attachments count toward the application page limitation.** Your indirect cost rate agreement (provided in Attachment 6: Other Relevant Documents, if applicable) will not count toward the page limitation. **Clearly label each attachment.** You must upload attachments into Grants.gov. Any *hyperlinked* attachments will *not* be reviewed/opened by HRSA. Merge similar documents (e.g., letters of support) into a single file.

Attachment 1: Project Work Plan (Required for Eligibility)

You must submit a project work plan that outlines your proposed 2-year plan. A sample project work plan is available on the [AxCS technical assistance webpage](#).

Your project work plan should include the following three fields:

- **Focus Area Field:** Include all of the following four focus areas:

1. Access and affordability;
 2. Patient experience;
 3. Screening; and
 4. Workforce development.
- **Activity Field:** Include at least one activity for each focus area. To allow you to fully describe your proposed project, there is no maximum number of activities, but keep in mind that this attachment counts toward your application page limit. To support development of your activities, below are example activity areas organized by focus area:
 1. Access and affordability
 - Outreach
 - Care coordination
 - Eligibility assistance
 - Enhancing virtual care capabilities
 - Transportation
 - Mobile units
 - Patient navigation
 2. Patient experience
 - Patient engagement and activation
 - Collaboration with families and caregivers
 3. Screening
 - Tracking patient screening, referrals, and follow-up
 - Enhancing health IT workflows
 4. Workforce development
 - Workforce recruitment
 - Workforce training
 - Workforce engagement
 - **Timeframe Field:** Indicate if you will complete the proposed activity in year 1 or year 2. If an activity is ongoing throughout the 2-year period of performance, indicate 'ongoing' as the completion date.

Attachment 2: Partnership Documentation (Required for Eligibility)

Upload current, dated, and signed partnership documentation from an NCI-designated Cancer Center (e.g., MOU). See the [Collaboration](#) section of the Project Narrative for required details.

Attachment 3: Letters of Support (If Applicable)

Upload current, dated, and signed letters of support to provide evidence of commitment to the project from partnering organizations. See the [Collaboration](#) section of the Project Narrative for details on required documentation.

Attachment 4: Summary of Contracts and Agreements (If Applicable)

Upload a summary of all other contracts and agreements. See the [Collaboration](#) section of the Project Narrative for details on required documentation.

Attachment 5: Equipment List (If Applicable)

If you request to use AxCS funds for equipment on your SF-424A, provide the required details in an Equipment List. A blank Equipment List is available on the [AxCS technical assistance webpage](#).

Each proposed equipment purchase must be listed separately and align with the Budget Narrative. Total equipment costs may not exceed \$250,000. Any equipment purchased with AxCS funds must support your AxCS project work plan, be procured through a competitive process, and be maintained, tracked, and disposed of in accordance with [45 CFR part 75](#).

Equipment includes moveable items that are non-expendable, tangible personal property (including information technology systems) having a useful life of more than 1 year and a per-unit acquisition cost that equals or exceeds the lesser of the capitalization level established by the applicant for its financial statement purposes, or \$5,000. Moveable equipment can be readily shifted from place to place without requiring a change in the utilities or structural characteristics of the space. Permanently affixed equipment (e.g., heating, ventilation, and air conditioning (HVAC), generators, and lighting) is categorized as minor alteration or renovation (A/R), and is not allowed.

If applicable, you should report yearly license renewals for existing EHRs or health information technology in “Other Costs” in your budget, not as equipment. You should report licenses for EHRs or health information technology, as part of an EHRs or health information technology system purchase, as part of the overall equipment purchase.

For each item on the Equipment List, provide the following information:

- **Type** – Select clinical or non-clinical.
- **Item Description** – Provide a description of each item.
- **Unit Price** – Enter the price of each item.
- **Quantity** – Enter of the number of each item to be purchased.
- **Total Price** – The system will calculate the total price by multiplying the unit price by the quantity entered.

The selection of all equipment should be based on a preference for recycled content, non-hazardous substances, non-ozone depleting substances, energy and water efficiency, and consideration of final disposal (disposed in a manner that is safe, protective of the environment, and compliant with all applicable regulations), unless there are conflicting health, safety, and performance considerations. You are strongly encouraged to employ the standards established by either the Electronic Product Environmental Assessment Tool (EPEAT) or Energy Star, where practicable, in the procurement of equipment. Following these standards will mitigate the negative effects on human health and the environment. Additional information for these standards can be found at <http://www.epeat.net> and <http://www.energystar.gov>.

Attachment 6: Other Relevant Documents (If Applicable)

Upload an indirect cost rate agreement, if applicable. Include other relevant documents to support the proposed project, as desired. You are encouraged to consider the effect on your application's page length when providing additional documents.

3. Unique Entity Identifier (UEI) and System for Award Management (SAM)

The UEI, a “new, non-proprietary identifier” assigned by the System for Award Management ([SAM.gov](https://sam.gov)), has replaced the *Data Universal Numbering System (DUNS) number.

Effective April 4, 2022:

- Register in SAM.gov and you will be assigned your UEI (SAM) within SAM.gov.
- You will no longer use UEI (DUNS) and that number will not be maintained in any Integrated Award Environment (IAE) systems (SAM.gov, CPARS, FAPIIS, eSRS, FSRS, FPDS-NG). For more details, visit the following webpages: [Planned UEI Updates in Grant Application Forms](#) and [General Service Administration's UEI Update](#).

The UEI, a “new, non-proprietary identifier” assigned by the System for Award Management ([SAM.gov](https://sam.gov)), will replace the Data Universal Numbering System (DUNS) number.

For more details, visit the following webpages: [Planned UEI Updates in Grant Application Forms](#) and [General Service Administration's UEI Update](#).

You must register with 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 you are an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or you have an exception approved by the agency under 2 CFR § 25.110(d)). For your SAM.gov registration, you must submit a [notarized letter](#) appointing the authorized Entity Administrator.

If you are chosen as a recipient, HRSA will not make an award until you have complied with all applicable SAM requirements. If you have not fully complied with the requirements by the time HRSA is ready to make an award, you may be deemed not qualified to receive an award, and HRSA may 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.

Currently, the Grants.gov registration process requires information in two separate systems:

- System for Award Management (SAM) (<https://sam.gov/content/home> | [SAM.gov Knowledge Base](#))
- Grants.gov (<https://www.grants.gov/>)

For more details, see Section 3.1 of HRSA's [SF-424 Application Guide](#).

In accordance with the Federal Government's efforts to reduce reporting burden for recipients of federal financial assistance, the general certification and representation requirements contained in the Standard Form 424B (SF-424B) – Assurances – Non-Construction Programs, and the Standard Form 424D (SF-424D) – Assurances – Construction Programs, have been standardized. Effective January 1, 2020, the forms themselves are no longer part of HRSA's application packages instead, the updated common certification and representation requirements will be stored and maintained within SAM. Organizations or individuals applying for federal financial assistance as of January 1, 2020, must validate the federally required common certifications and representations annually through [SAM.gov](https://sam.gov).

If you fail to allow ample time to complete registration with SAM or Grants.gov, you will not be eligible for a deadline extension or waiver of the electronic submission requirement.

4. Submission Dates and Times

Application Due Date

The due date for applications under this NOFO is *June 15, 2022 at 11:59 p.m. ET*. HRSA suggests submitting applications to Grants.gov at least **3 calendar days before the deadlines** 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 Health Center Program is 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 2 years, at no more than \$500,000 per application (inclusive of direct **and** indirect costs).

The General Provisions in Division H of the Consolidated Appropriations Act, 2022 (P.L. 117-103) apply to this program. See Section 4.1 of HRSA's [SF-424 Application Guide](#) for additional information. Note that these or other restrictions will apply in following fiscal years, as required by law.

[45 CFR part 75](#) and the [HHS Grants Policy Statement](#) (HHS GPS) include information about allowable expenses. You cannot use funds under this notice for the following costs:

- Costs already supported by H80 operational grant or related supplemental funding (e.g., H8F);
- Purchase or upgrade of an electronic health record (EHR) that is not certified by the Office of the National Coordinator for Health Information Technology;²⁹
- Minor alteration/renovation activities;
- New construction activities, including additions or expansions;
- Purchase and/or installation of trailers and pre-fabricated modular units;
- Facility or land purchases; or
- Vehicle purchases (with the exception of mobile units that are allowed).

Under existing law and consistent with Executive Order 13535 (75 FR 15599), health centers are prohibited from using federal funds to provide abortion services (except in cases of rape or incest, or when the life of the woman would be endangered). This includes all funds awarded under this notice and is consistent with past practice and long-standing requirements applicable to awards to health centers.

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 all other applicable grants requirements, the effectiveness of these policies, procedures, and controls is subject to audit.

Be aware of the requirements for HRSA recipients and subrecipients at 2 CFR § 200.216 regarding prohibition on certain telecommunications and video surveillance services or equipment. For details, see the [HRSA Grants Policy Bulletin Number: 2021-01E](#).

All program income generated as a result of awarded funds must be used for approved project-related activities. You can find post-award requirements for program income at [45 CFR § 75.307](#). The non-federal share of the project budget includes all program income sources such as fees, premiums, third party reimbursements, and payments that are generated from the delivery of services, and from other revenue sources such as state, local, or other federal grants or contracts; private support; and income generated from fundraising, and donations/contributions.

In accordance with Section 330(e)(5)(D) of the PHS Act relating to the use of non-grant funds, health centers shall use non-grant funds, including funds in excess of those originally expected, “as permitted under this section [section 330],” and may use such funds “for such other purposes as are not specifically prohibited under this section [section 330] if such use furthers the objectives of the project.”

²⁹ The Centers for Medicare and Medicaid Services and the Office of the National Coordinator for Health Information Technology have established standards and other criteria for structured data. For additional information, refer to <https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Certification.html>

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. Reviewers will use both the Project Narrative and Review Criteria sections to assess your application. The entire proposal will be considered during objective review.

Six review criteria are used to review and rank Accelerating Cancer Screening applications. Below are descriptions of the review criteria and their scoring points.

Criterion 1: NEED (20 points) – *Corresponds to [Section IV.2.ii NEED](#)*

- The extent to which the applicant uses data to clearly define the impact of each selected cancer type in the service area compared to national benchmarks, including the prevalence, death rates, and screening rates, by race/ethnicity where possible.
- The strength of the applicant's understanding of barriers to maximizing equitable access to cancer screening and referral for care and treatment in the service area.
- The strength of the applicant's understanding of the health-related social needs of health center patients in the service area that affect equitable access to cancer screening and referral for care and treatment, addressing the following, as applicable:
 - Language access challenges
 - Cultural barriers
 - Housing insecurity
 - Food insecurity
 - Financial strain
 - Lack of transportation/access to public transportation
 - Other SDOH
- The strength of the applicant's understanding of changes in cancer screening, including UDS data, and changes in referral for care and treatment in the service area between 2019 and 2021 that may be attributed to the COVID-19 pandemic.

Criterion 2: RESPONSE (20 points) – *Corresponds to [Section IV.2.ii RESPONSE](#)*

- The strength of the project work plan and appropriateness of proposed activities to address identified needs to achieve increases in cancer screening and referral

for care and treatment.

- The strength of the applicant's plan to enhance or expand strategies, including use of enabling services, to improve the patient experience.
- The extent to which the applicant's plan will promote equity in access to cancer screening and referral for care and treatment for current patients, Health Center Program statutorily-defined special populations, as applicable, and other residents of the applicant's service area.
- The extent to which the planned activities address the impact of COVID-19 on cancer screening and referral for care and treatment.
- The extent to which the applicant's plan to leverage health IT, including EHR and telehealth, will drive improvements in equitable access and quality of cancer screening and referral for care and treatment.
- If applicable, the extent to which the applicant justifies any proposed changes in scope as necessary to successfully implement the proposed project.
- The degree to which the proposed personnel, as listed in the Budget Narrative are clearly described and both essential and sufficient to successfully implement the proposed project.

Criterion 3: COLLABORATION (20 points) – Corresponds to [Section IV.2.ii](#)
COLLABORATION

- The strength of the applicant's plan to deploy NCI-designated Cancer Center trained and supervised outreach specialists and patient navigators to improve cancer screening and referral for care and treatment within the service area.
- The strength of the applicant's plan to leverage the resources of the required NCI-designated Cancer Center partner to:
 - Build capacity of health center staff in the areas of outreach and patient navigators that will last beyond the funding period.
 - Facilitate referrals of individuals in need of cancer screening, referral for care and treatment, and other comprehensive primary care services to the health center.
 - Share data on relevant cancer statistics (e.g., cancer prevalence, screening rates) to support health center program planning and quality improvement.
- If the applicant proposes to partner with organizations in addition to the NCI-designated Cancer Center, the strength of the applicant's plan to leverage the resources of these partners to:
 - Address health center patients' barriers to cancer screening and referral for care and treatment.
 - Strengthen and improve care coordination, community engagement, and population health.

- Share data, if applicable, on relevant cancer statistics in the service area (e.g., cancer prevalence, screening rates) to support health center program planning and quality improvement.
- The extent to which the documentation provided in Attachment 2: Partnership Documentation:
 - Defines the nature of the relationship with the Cancer Center,
 - Describes specific collaboration and/or coordinated activities in support of the AxCS project,
 - Documents the Cancer Center's commitment to deploy trained and supervised outreach specialists and patient navigators to improve cancer screening and referral within the health center's service area, and
 - Is current and signed.
- The extent to which the documentation provided in Attachment 3: Letters of Support, if applicable:
 - Defines the nature of the relationship with partnering health centers, state/local health departments, Native American Tribal organizations, and/or community and faith-based organizations,
 - Describes specific collaboration and/or coordinated activities in support of the AxCS project, and
 - Is current and signed.
- The extent to which the documentation provided in Attachment 4: Summary of Contracts and Agreements, if applicable, provides a summary of all other formal written contracts or agreements in support of the AxCS project.

Criterion 4: RESOURCES/CAPABILITIES (15 points) – Corresponds to [Section IV.2.ii RESOURCES/CAPABILITIES](#)

- The extent of the applicant's past efforts, alone and/or in collaboration with other partners, to increase the number and percentage of patients accessing cancer screening and referral for care and treatment, including the ability to leverage the success of those efforts.
- The extent of the applicant's documented and demonstrated capabilities and expertise to carry out the AxCS project, including:
 - The capacity to manage the collaboration with AxCS partners to accomplish the AxCS objectives, including how past partnership experiences have informed the proposal.
 - The organizational systems for tracking and closing referral loops.
 - The skills and experience of the proposed project personnel.
 - The capability of key management staff to provide the operational and clinical oversight necessary to increase patients accessing cancer screening and referral for care and treatment.

- The strength of the applicant’s plan to ensure culturally affirming care to facilitate equitable access to cancer screening and referral for care and treatment.
- The strength of the applicant’s plan to leverage resources to support project implementation.
- The strength of the applicant’s plan to sustain increased cancer screening and enhanced referral tracking efforts if funding is not continued after the 2-year AxCS period of performance.

Criterion 5: EVALUATIVE MEASURES (15 points) – Corresponds to [Section IV.2.ii](#)
EVALUATIVE MEASURES

- For each cancer type that you propose to address, the reasonableness of the estimated increase(s) in screening given the identified need, proposed activities, and requested funding.
- For each cancer type that you propose to address, the reasonableness of the estimated increase(s) in the number of patients assisted with accessing appropriate follow-up care within 30 days of receiving an abnormal cancer screening test result, given the identified need, proposed activities, and requested funding.
- The strength of the applicant’s current inclusion or plan to incorporate the following into their Quality Improvement/Quality Assurance (QI/QA) program:
 - Cancer screening and referral for care and treatment activities and data.
 - Support for the evolving cancer screening and referral for care and treatment needs of the patient population and service area.
 - Use of QI/QA reports to improve the proposed project over time.
 - Current clinical guidelines, standards of care, and standards of practice in the provision of cancer screening and referral for care and treatment.

Criterion 6: SUPPORT REQUESTED (10 points) – Corresponds to [Section IV.2.ii](#)
SUPPORT REQUESTED

- The extent to which the applicant provides a budget that:
 - Is consistent across all documents (i.e. SF-424A, Budget Narrative).
 - Aligns with the proposed AxCS plan to increase cancer screening and referral for care and treatment (as outlined in the RESPONSE section and the work plan).
 - Will result in an increased number and percentage of patients accessing cancer screening and referral for care and treatment (see the [EVALUATIVE MEASURES](#) section) commensurate with the requested funding and proposed activities.

2. Review and Selection Process

The objective review process provides an objective evaluation of applications 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. See section 5.3 of HRSA's [SF-424 Application Guide for more details](#). In addition to the ranking based on merit criteria, HRSA approving officials will apply other factors described below in selecting applications for award.

For this program, HRSA will use distribution of awards and compliance status as award factors as described below.

Rural/Urban Distribution of Awards

Aggregate awards in FY 2022 will be made to ensure that the ratio of rural to urban target populations is not less than two to three or greater than three to two as set forth in section 330(e)(6)(B) of the PHS Act. To ensure this distribution, HRSA may award funding to applications out of rank order.

Compliance Status³⁰

You will not receive AxCS funding if you meet any of the following exclusion criteria at the time HRSA makes funding decisions:

- You are no longer an active H80 award recipient, or
- You have a 30-day condition on your H80 award related to Health Center Program requirement area(s).

3. Assessment of Risk

HRSA may apply special conditions of award or 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.

³⁰ See [Chapter 2: Health Center Program Oversight](#) of the Compliance Manual.

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 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 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 release the Notice of Award (NOA) on or around the start date of September 1, 2022. 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](#).

If you are successful and receive a NOA, in accepting the award, you agree that the award and any activities thereunder are subject to:

- All provisions of [45 CFR part 75](#), currently in effect or implemented during the period of the award,
- Other federal regulations and HHS policies in effect at the time of the award or implemented during the period of award, and
- Applicable statutory provisions.

Accessibility Provisions and Non-Discrimination Requirements

Should you successfully compete for an award, recipients of federal financial assistance (FFA) from HHS must administer their programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age and, in some circumstances, religion, conscience, and sex (including gender identity, sexual orientation, and pregnancy). This includes ensuring programs are accessible to persons with limited English proficiency and persons with disabilities. The HHS Office for Civil Rights (OCR) provides guidance on complying with civil rights laws enforced by HHS. See [Providers of Health Care and Social Services](#) and [HHS Nondiscrimination Notice](#).

- Recipients of FFA must ensure that their programs are accessible to persons with limited English proficiency. For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities

by limited English proficient individuals, see [Fact Sheet on the Revised HHS LEP Guidance](#) and [Limited English Proficiency](#).

- For information on your specific legal obligations for serving qualified individuals with disabilities, including reasonable modifications and making services accessible to them, see [Discrimination on the Basis of Disability](#).
- HHS-funded health and education programs must be administered in an environment free of sexual harassment. See [Discrimination on the Basis of Sex](#).
- For guidance on administering your program in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see [Conscience Protections for Health Care Providers](#) and [Religious Freedom](#).

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

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

Executive Order on Worker Organizing and Empowerment

Pursuant to the [Executive Order on Worker Organizing and Empowerment](#), HRSA strongly encourages applicants to support worker organizing and collective bargaining and to promote equality of bargaining power between employers and employees. This may include the development of policies and practices that could be used to promote worker power. Applicants can describe their plans and specific activities to promote this activity in the application narrative.

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, and it is the recipient's responsibility to monitor the compliance of all funded subrecipients. See [45 CFR § 75.101 Applicability](#) for more details.

3. Reporting

Award recipients must comply with Section 6 of HRSA's [SF-424 Application Guide](#) and the following reporting and review activities:

- i. **Bi-Annual Progress Reports.** You will complete biannual progress reports to describe accomplishments and barriers toward implementing the proposed project. The reports will be informed by your AxCS project work plan. Select biannual reports will also provide data on:
 - The number of patients assisted with accessing appropriate follow-up care (e.g., diagnostic services, therapies, clinical trials) within 30 days of receiving an abnormal cancer screening test result.
 - The percentage of patients with referrals for care and treatment for which you receive a report from the provider to whom the patient was referred.³¹

More information will be available in the NOA.

- ii. **Final Report.** You will submit a final report within 90 days of the end of the period of performance that summarizes lessons learned and key accomplishments. This report may also provide a final count of the number of patients assisted with accessing appropriate follow-up care within 30 days of receiving an abnormal cancer screening test result.
- iii. **Integrity and Performance Reporting.** The NOA will contain a provision for integrity and performance reporting in [FAPIS](#), as required in [45 CFR part 75 Appendix XII](#).

Note that the OMB revisions to Guidance for Grants and Agreements termination provisions located at [2 CFR § 200.340 - Termination](#) apply to all federal awards effective August 13, 2020. No additional termination provisions apply unless otherwise noted.

VII. Agency Contacts

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

Clare Oscar
Grants Management Specialist
Division of Grants Management Operations
Office of Federal Assistance Management (OFAM)
Health Resources and Services Administration
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-8862
Email: COscar@hrsa.gov

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

³¹ For the full definition of this measure, see <https://ecqi.healthit.gov/ecqm/ep/2021/cms050v9>.

Tirzah McClinton and Wendy Bowen
Public Health Analysts
Office of Policy and Program Development
Bureau of Primary Health Care (BPHC)
Health Resources and Services Administration
5600 Fishers Lane
Rockville, MD 20857
Contact: [BPHC Contact Form](#)
Web: [AxCS Technical Assistance webpage](#)

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 dial 606-545-5035)
Email: support@grants.gov
[Self-Service Knowledge Base](#)

VIII. Other Information

Technical Assistance

HRSA will hold a pre-application TA webinar for applicants seeking funding through this opportunity. Visit the [AxCS Technical Assistance webpage](#) for webinar details, instructions for, and copies of forms, frequently asked questions, and other resources that will help you submit a competitive application.

HRSA Primary Health Care Digest

The HRSA [Primary Health Care Digest](#) is a weekly email newsletter containing information and updates pertaining to the Health Center Program, including release of all competitive funding opportunities. You are encouraged to have several staff subscribe.

Federal Tort Claims Act (FTCA) Coverage

FTCA coverage for new services and sites is dependent, in part and where applicable, on HRSA approval of a post-award change in the scope of the project. For more information, review the FTCA Health Center Policy Manual, available at <https://bphc.hrsa.gov/sites/default/files/bphc/ftca/pdf/ftcahcpolicymanualpdf.pdf>.

Tips for Writing a Strong Application

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

Appendix A: Scope of Project

If your scope of project requires changes based on your proposed project, you must submit scope adjustment and change in scope requests outside of the AxCS application, and obtain approval before implementing a new service, service delivery method, or site. Your scope of project includes your Form 5A: Services Provided, Form 5B: Service Sites, and/or Form 5C: Other Activities/Locations. You should allow 60 days for HRSA to review your request. You may use AxCS funds to support a new service, site, or activity once it is added to your approved scope of project. For additional information, see the [Scope of Project webpage](#).

- **Review your Form 5A: Services Provided.** When reviewing this form, consider the following:
 - Your AxCS project work plan may require a change in service delivery methods (e.g., to move screening or diagnostic laboratory services from Column III to Column I).
- **Review your Form 5B: Service Sites.** When reviewing this form, consider the following:
 - If you propose to use AxCS funds to purchase a mobile unit and the mobile unit will not replace a current mobile site, you will need to request a change in scope to add a mobile site to Form 5B.
- **Review your Form 5C: Other Activities/Locations.** A change may be needed if you propose to use AxCS funds to provide services at locations that do not meet the definition of a service site or have irregular or limited timeframes (e.g., home visits, health fairs, portable clinical care).³²

³² See section III.B.1.g: Other Activities of Policy Information Notice 2008-01 for additional information, available at <https://bphc.hrsa.gov/sites/default/files/bphc/programrequirements/pdf/pin2008-01.pdf>.