

The purpose of this amendment is to include the CFDA number (93.262), clarify the application package and forms that are to be completed in Grants.gov and provide additional contact information for assistance.

I. Funding Opportunity Description

Title: World Trade Center Non-Responder Program

Funding Opportunity Number: CDC-RFA-OH08-801

Catalog of Federal Domestic Assistance Number: 93.262

Application Deadline: August 25, 2008

Authority: Awards are made under the authorization of Public Law 110-161, the Consolidated Appropriations Act of 2008.

Purpose: The purpose of this announcement is to solicit applications for the provision of screening, referral and treatment services for residents, students, and others in the community, related to the September 11, 2001 terrorist attacks in New York City. These individuals are referred to hereafter as the 'non-responder population.' Since September 11, 2001, the Department of Health and Human Services, CDC, and NIOSH have been active in assessing the health impact of the World Trade Center disaster. There is currently a program in place to provide health assessment examinations, diagnosis, and treatment for first response emergency personnel (the responder population) in the New York City (NYC) area.

Awardee Activities

1. Immediately provide for accessible health assessments, eligibility confirmation, diagnostic, referral and treatment services (including medications and durable medical equipment) to the non-responder population for health conditions associated with WTC dust/debris exposure.
2. Identify the organizational components required to support access to these services, including personnel, examination venues, maintenance of patient records, data platforms and management, compliance with applicable laws, assurance of quality care, coordination of healthcare benefits, and programmatic recordkeeping.
3. Provide referral and treatment services with grant funds only as the Payor of Last Resort. Private health insurance (self-funded or employer-funded), workers'

- compensation insurance (employer-funded), and government-funded health insurance (Medicare and Medicaid) shall be used first before grant funds are used. Applicants should demonstrate their capacity to determine insurance status and to seek reimbursement from outside payers. Funds shall not be used to supplant existing activities or for the treatment of the responder population.
4. Establish service information and patient management systems as needed in order to accommodate intake, referral, prompt healthcare services, and reporting of the services provided to the non-responder population. In carrying out these activities, collaborate with other WTC-related healthcare providers, as appropriate and needed.
 5. Develop a written Management and Prioritization Plan which identifies the projected service delivery area, explains how the assessment of potential non-responder patient needs will be determined, provides a strategy to ensure meeting those needs, and provides a section focused on ensuring prioritization and management of this program's health services delivery to meet those needs, within the broader context of all organizational activities and responsibilities. The applicant should state an estimate for the number of non-responders to be served with the requested funds and provide a justification based on an estimation of the projected costs to provide health assessment examinations, and the costs to provide treatment for the expected World Trade Center-related conditions that will be identified.
 6. Provide patient encounter reporting on health assessment examinations and treatment to NIOSH for quality assurance.
 7. Establish and maintain information and data management systems that will ensure the provision to NIOSH of electronic data in a uniform fashion.

II. Award Information

Type of Award: New

Award Mechanism: Grant

Activity Code: E11

Fiscal Year Funds: 2008

Approximate Current Fiscal Year Funding: \$10,000,000

Approximate Total Project Period Funding: \$30,000,000 (This amount is an estimate and is subject to availability of funds).

Approximate Number of Awards: 1-3

Approximate Average Award: up to \$3,000,000 to \$10,000,000 (This amount is for the first 12-month budget period, and includes both direct and indirect costs.)

Floor of Individual Award Range: \$3,000,000

Ceiling of Individual Award Range: \$10,000,000 (This ceiling is for the first 12-month budget period.)

Anticipated Award Date: September 29, 2008
Budget Period Length: 12 months
Project Period Length: 3 years

Continuation of Funding:

Throughout the project period, CDC's commitment to continuation of awards will be conditioned on the availability of funds, evidence of satisfactory progress provided through the quarterly reports described later in this announcement, and the determination that continued funding is in the best interest of the Federal government.

III. Eligibility Information

III.1. Eligible Applicants:

Entities that currently provide referral and/or health services and treatment as described above, and entities that can provide these services at the beginning of the grant award, are eligible to apply for funding under this program. This will include all types of entities that have or can quickly acquire the needed expertise and licensing/authorities to deliver the proposed health services, and can meet all applicable health referral and services and treatment-related standards and requirements at the time the grant is awarded.

III. 2. Cost Sharing or Matching

Cost sharing or matching funds are not required for this program.

III. 3. Supplanting Existing Resources Not Allowed

Awardees may not use award funds derived from this solicitation to supplant existing resources that have been allocated or awarded now or in the future by other agencies, institutions or organizations to perform the same or similar activities.

III. 4. Special Requirements and Notes

Unresponsive applications will not be forwarded for further consideration and applicants will be notified that their application did not meet the submission requirements. Examples of unresponsive applications include applications which a) are not submitted by the application deadline (See section "IV.3. Submission Dates and Times" for more information on deadlines); b) exceed the award ceiling; c) do not address all requested topics in their Narrative or Budget, including provision of the Management and Prioritization Plan (see Section I. Awardee Activities above) or d) exceed the allowed page limit or other technical requirements.

Note: Title 2 of the United States Code Section 1611 states that an organization described in Section 501(c)(4) of the Internal Revenue Code that engages in lobbying activities is not eligible to receive Federal funds constituting a grant, loan, or an award.

Note: This announcement is only for non-research activities supported by CDC. If research is proposed, the application will not be reviewed. For the definition of research, please see the CDC Web site at the following Internet address:

<http://www.cdc.gov/od/science/regs/hrpp/researchDefinition.htm>

IV. Application and Submission Information

IV.1. Address to Request Application Package

To apply for this funding opportunity use the non-research **PHS 5161-1** application forms package posted in www.Grants.gov.

Application Receipt Deadline Date: August 25, 2008

IV.2. Content and Form of Submission

A Project Abstract must be submitted with the application forms. All electronic project abstracts must be uploaded in a PDF file format when submitting via Grants.gov. The abstract must be submitted in the following format:

- **Maximum of 2-3 paragraphs.**
- **Font size: 12 point unreduced, Times New Roman**
- **Single spaced**
- **Paper size: 8.5 by 11 inches**
- **Page margin size: One inch**

The Project Abstract must contain a summary of the proposed activity suitable for dissemination to the public. It should be a self-contained description of the project and should contain a statement of objectives and methods to be employed. It should be informative to other persons working in the same or related fields and insofar as possible understandable to a technically literate lay reader. This Abstract must not include any proprietary/confidential information.

A project narrative must be submitted with the application forms. All electronic narratives must be uploaded in a PDF file format when submitting via Grants.gov.

The narrative must be submitted in the following format:

Maximum number of pages: 100. If your narrative exceeds the page limit, only the first pages which are within the page limit will be reviewed.

- Font size: 12 point unreduced, Times New Roman
- Single spaced
- Paper size: 8.5 by 11 inches
- Page margin size: One inch
- Number all narrative pages; not to exceed the maximum number of pages.

The narrative should address activities to be conducted over the entire project period and must include the following items in the order listed:

- A. Executive Summary
- B. Background and Need [include a summary of current health services (screening, diagnostic, referral and treatment) and related capabilities]
- C. Health Assessment, Diagnostic, Referral, and Treatment Services Plan
- D. Project Activity Task/Time Line (include time points reflecting the initiation of specific health services)
- E. Management and Prioritization Plan
- F. Management Plan for Data and Patient Records
- G. Protocol for Implementing Payor of Last Resort
- H. Description of existing resources: Key health screening, diagnostic, referral and treatment personnel; Facilities; Equipment

Budget Narrative

A Budget Narrative must be completed as a separate document with the application forms. The recommended guidance for completing a detailed budget narrative can be found on the CDC website at the following Internet address:

<http://www.cdc.gov/od/pgo/funding/budgetguide.htm>

The information requested below should be included in the application appendices - not to exceed 50 pages - and which will not be counted toward the 100-page Narrative page limit. **All appendices must be uploaded as PDF documents. Appendix material must be uploaded in the application using the form in the Grants.gov application package titled “Other Attachment Forms.”** Each applicant must submit:

- A. Curriculum Vitae of health professionals considered key to project success
- B. Copy of the Indirect Cost Rate Agreement currently in place or a statement indicating none is in place currently.
- C. Any additional documentation related to section “VI.2. Administrative and National Policy Requirements”.

Letters of Support (optional) also may be included in the appendices.

V. Application Review Information

V. 1. Criteria

1. Narrative (60 points): The areas to be evaluated include:
 - Proposed awardee activities designed to meet the program goals
 - Adequacy, reasonableness and feasibility of the Management and Prioritization Plan
 - Proposal to manage the Payor of Last Resort requirement

- The technical merit of the methods, procedures, and systems proposed to meet the objectives of this announcement (including quality assurance and quality control procedures),
 - The proposed timeline, including clear process and quantitative outcome measures by which progress will be assessed
 - Current service capacity and the service area targeted
2. Program Personnel (20 points): Evaluation will be based on:
 - Specific tasks and roles for key personnel
 - Qualifications, experience, and time commitment of key health professionals set forth in the Narrative
 3. Program Coordination (20 points): Evaluation will focus on:
 - The capability of the proposed administrative structure to manage the screening, diagnostic, referral and treatment activities.
 4. Program Budget (not scored): Evaluation will focus on the extent to which the budget is reasonable, justified, and consistent with the intended use of federal program funds. The Budget Narrative must include justification for the number and type of personnel to be funded through this grant. The Budget Narrative must also include projections of the number of non-responders that will receive health assessments and the number of non-responders that will be treated under the program, as well as a cost justification for these numbers.

V. 2. Review and Selection Process

An objective review panel will evaluate complete and responsive applications according to the criteria listed in the “V.1. Criteria” section above. The applications will be reviewed by individuals having expertise in the fields of screening, diagnosis and treatment, and healthcare delivery/administration.

The following factors will affect the funding decision:

- Score and rank as determined by the objective review panel
- Availability of funds

VI. 2. Administrative and National Policy Requirements

Successful applicants must comply with the administrative requirements outlined in 45 CFR Part 74 and Part 92, as appropriate. The following [additional requirements](#) apply to this project:

- [AR-6: Patient Care](#)
- [AR-8: Public Health System Reporting Requirements](#)
- [AR-9: Paperwork Reduction Act Requirements](#)
- [AR-10: Smoke-Free Workplace Requirements](#)
- [AR-12: Lobbying Restrictions](#)
- [AR-13: Prohibition on Use of CDC Funds for Certain Gun Control Activities](#)
- [AR-14: Accounting System Requirements](#)

- [AR 23: Compliance with 45 C.F.R. Part 87](#)
- [AR-24: Health Insurance Portability and Accountability Act Requirements](#)

VI.3. Reporting Requirements

The grantee must provide CDC with an annual interim progress report via www.grants.gov:

1. The interim progress report is due no less than 90 days before the end of the budget period. The progress report will serve as the non-competing continuation application, and must contain the following elements:
 - a. Standard Form (“SF”) 424S Form.
 - b. SF-424A Budget Information-Non-Construction Programs.
 - c. Budget Narrative.
 - d. Indirect Cost Rate Agreement.
 - e. Project Narrative.

Additionally, the grantee must provide CDC with an original, and two copies of the following reports. Electronic submissions are accepted:

1. Quarterly Program Progress Reports providing the information detailed below. Failure to submit such reports timely may affect future funding.
 - a. A comparison of actual accomplishments with the goals and objectives established for the period in the program timeline
 - b. Services delivery data, including:
 - i. Number of individuals applying for services.
 - ii. Number of individuals found eligible to receive services.
 - iii. Number of patients screened.
 - iv. Number of patients diagnosed for specific conditions.
 - v. Number of patients referred to other treatment centers.
 - vi. Number of patients directly serviced:
 1. Types and numbers of services provided.
 2. Total costs by service type charged to the grant.
 - vii. Insurance status of patients served in iii and iv above.
 - viii. Amount of third-party reimbursements received.
 - ix. Any additional data the awardee assesses to be critical to the program.
 - c. A programmatic report in narrative form should accompany this information, including:
 - i. Explanations as to why established goals were not met,
 - ii. What steps are being taken to remedy this, and
 - iii. Other pertinent information.
2. Quarterly Financial Status Reports are due within 45 days of the end of each project quarter. Failure to submit such reports timely may affect future funding. .
3. Final performance and Financial Status reports, no more than 90 days after the end of the project period. Failure to submit such reports timely may affect future funding.

4. Reports must be submitted to the attention of the Grants Management Specialist listed in the “VII. Agency Contacts” section of this announcement.

VII. Contacts

For information on Grants.gov registration and the Grants.gov application submission process, contact:

Grants.gov
www.grants.gov
1-800-518-4726, 7:00am – 9:00pm, EST
support@grants.gov

For general questions, contact:

Technical Information Management Section
Department of Health and Human Services
CDC Procurement and Grants Office
2920 Brandywine Road, MS E-14
Atlanta, GA 30341
Telephone: 770-488-2700

For program technical assistance, contact:

W. Allen Robison, Ph.D.
Scientific Program Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
National Institute for Occupational Safety and Health
1600 Clifton Road, Mailstop E-75
Atlanta, Georgia, 30333
Telephone: 404-498-2530
E-mail: WRobison@cdc.gov

For financial, grants management, or budget assistance, contact:

Peter Grandillo, Jr.
Acquisition and Assistance Field Branch
Centers for Disease Control and Prevention
626 Cochran's Mill Road
Pittsburgh, PA 15236-0070
Telephone: (412) 386-6834
FAX: (412) 386- 6429
Email: png2@cdc.gov

For assistance in completing the SF-424A, Budget Information for Non-Construction Program Form, contact:

Sylvia Dawson
Centers for Disease Control and Prevention
2920 Brandywine Road
Atlanta GA 30341
Telephone: (770) 488-4785
FAX: (770) 488-2828
Email: snd8@cdc.gov

Annie Harrison-Camacho
Centers for Disease Control and Prevention
2920 Brandywine Road
Atlanta GA 30341
Telephone: (770) 488-2098
FAX: (770) 488-2828
Email: atc4@cdc.gov

Edna Green
Centers for Disease Control and Prevention
2920 Brandywine Road
Atlanta GA 30341
Telephone: (770) 488-2858
FAX: (770) 488-2828
Email: ecg4@cdc.gov