

Notice of Funding Opportunity
Application due February 11, 2025

HRSA

Health Resources & Services Administration

Health Resources and Services Administration (HRSA)






Community-Based Division

Black Lung Clinics Program

Opportunity number: HRSA-25-040



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Before you begin

If you believe you are a good candidate for this funding opportunity, secure your [SAM.gov](#) and [Grants.gov](#) registrations now. If you are already registered, make sure your registrations are active and up-to-date.

SAM.gov registration (this can take several weeks)

You must have an active account with SAM.gov. This includes having a Unique Entity Identifier (UEI).

[See Step 2: Get Ready to Apply](#)

Grants.gov registration (this can take several days)

You must have an active Grants.gov registration. Doing so requires a Login.gov registration as well.

[See Step 2: Get Ready to Apply](#)

Apply by the application due date

Applications are due by 11:59 p.m. Eastern Time on February 11, 2025.



To help you find what you need, this NOFO uses internal links. In Adobe Reader, you can go back to where you were by pressing Alt + Left Arrow (Windows) or Command + Left Arrow (Mac) on your keyboard.



Step 1:

Review the Opportunity

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Basic information

Federal Office of Rural Health Policy

Health Resources and Services Administration (HRSA)

Community-Based Division

Providing quality medical, outreach, educational, and benefits counseling services to reduce the morbidity and mortality associated with black lung disease.

Summary

The Black Lung Clinics Program (BLCP) funds clinics that support active and retired coal miners who have or may contract occupation related coal mine dust lung disease (CMDLD), also known as black lung disease. Clinics provide support through:

- Medical services.
- Outreach services.
- Educational services.
- Benefits counseling services.

Funding details

Application types: Competing continuation, New

Expected total available funding in FY 2025: \$12,000,000

Expected number and type of awards: Up to 15 grants. We expect to make one award per service area.

Funding range per award: Varies by service area

We plan to fund awards in five 12-month budget periods for a total five-year period of performance from July 1, 2025 to June 30, 2030.

The program and awards depend on the appropriation of funds and are subject to change based on the availability and amount of appropriations.



Have questions?

Go to [Contacts and Support](#).

Key facts

Opportunity name: Black Lung Clinics Program

Opportunity number: HRSA-25-040

Announcement version: New

Federal assistance listing: 93.965

Statutory authority: Sec. 427(a) of the Federal Mine Safety and Health Act of 1977 (30 U.S.C. 937(a)), 42 C.F.R. part 55a

Key dates

NOFO issue date: December 12, 2024

Informational webinar: December 19, 2024

Application deadline: February 11, 2025, at 11:59 p.m. Eastern Time (ET)

Expected award date is by: June 1, 2025

Expected start date: July 1, 2025

See [other submissions](#) for other time frames that may apply to this NOFO.

Eligibility

Who can apply

You can apply if you are a state, or public or private entity.

Types of eligible organizations

These types of domestic* organizations may apply:

- Public institutions of higher education.
- Private institutions of higher education.
- Nonprofits with or without a 501(c)(3) IRS status.
- For-profit organizations, including small businesses.
- State, county, city, township, and special district governments, including the District of Columbia, domestic territories, and the freely associated states. This includes state health departments.
- Independent school districts.
- Federally Qualified Health Centers (FQHC), community health centers, Rural Health Clinics (RHCs) and hospitals, including Rural Emergency Hospitals
- Native American tribal governments
- Native American tribal organizations

Applicant organizations that are federally recognized tribes or tribal organizations are eligible to apply if conducting all proposed activities within federally recognized tribal areas. Documentation of federally recognized tribal status must be included for this consideration provided in [[attachment 1](#)].

Individuals are not eligible applicants under this NOFO.

* “Domestic” means the 50 states, the District of Columbia, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, Guam, the U.S. Virgin Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau.

Other eligibility criteria

We expect to make one award per service area. You must follow these guidelines in your application:

- You must propose to serve the entirety of the service area you are applying to cover, as outlined below in Table A.

- You must propose only one service area unless you are a state entity and propose to serve the entire state.
- HRSA recognizes that more than one clinic may be providing complementary services to coal miners in a given state or county. If you are proposing to serve Service Areas A, J, E, F, or G, you must detail how you intend to avoid duplicating efforts of other black lung clinics in the states or counties where there is overlap.

Note: Any individual applicant can request the full amount allocated to the service area they are proposing to serve.

Table A: Current BLCP funding allocations and service areas*

Service Areas	Counties per FY24 Apps	FY24 Funding Amount
Service Area A:	Arizona: Apache, Coconino, Navajo	\$401,684
Service Area B:	Kentucky: Bell, Breathitt, Boyd, Clay, Estill, Floyd, Jackson, Johnson, Harlan, Knott, Knox, Laurel, Lawrence, Lee, Leslie, Letcher, Magoffin, Martin, McCreary, Owsley, Perry, Pike, Whitley, Wolfe	\$ 767,927
Service Area C:	Ohio: Belmont, Carroll, Columbiana, Harrison, Jefferson, Mahoning, Monroe, Stark, Tuscarawas, Washington; West Virginia: Brooke, Hancock, Marshall, Ohio, Tyler, Wetzel	\$437,129
Service Area D:	Ohio: Athens, Coshocton, Fairfield, Gallia, Guernsey, Hocking, Holmes, Jackson, Licking, Meigs, Morgan, Muskingum, Noble, Perry, Ross, Vinton	\$437,129
Service Area E:	Pennsylvania: Allegheny, Armstrong, Beaver, Butler, Cambria, Clarion, Clearfield, Fayette, Greene, Indiana, Jefferson, Lawrence, Somerset, Washington, Westmoreland	\$531,643
Service Area F:	Pennsylvania: Fayette, Greene, Washington	\$543,456
Service Area G:	Pennsylvania: Adams, Bedford, Berks, Blair, Bradford, Bucks, Cambria, Cameron, Carbon, Centre, Chester, Clearfield, Clinton, Columbia, Cumberland, Dauphin, Delaware, Elk, Franklin, Fulton, Huntingdon, Indiana, Jefferson, Juniata, Lackawanna, Lancaster, Lebanon, Lehigh, Luzerne, Lycoming, McKean, Mifflin, Monroe, Montgomery, Montour, Northampton,	\$424,883

Service Areas	Counties per FY24 Apps	FY24 Funding Amount
	Northumberland, Perry, Philadelphia, Pike, Potter, Schuylkill, Snyder, Somerset, Sullivan, Susquehanna, Tioga, Union, Wayne, Wyoming, York	
Service Area H:	Tennessee: All counties	\$342,614
Service Area I:	Wyoming: All counties; North Dakota: all counties Montana: All counties; Utah: all counties;	\$437,129
Service Area J:	Colorado: All counties; Arizona: Apache, Coconino, Maricopa, Navajo, Yavapai	\$1,086,913
Service Area K:	Illinois: All counties; Indiana: All counties	\$1,122,357
Service Area L:	Kentucky: Butler, Christian, Daviess, Henderson, Hopkins, Logan, McLean, Muhlenberg, Ohio, Todd, Union, Webster	\$1,098,727
Service Area M:	New Mexico: All counties	\$862,442
Service Area N:	Virginia: Buchanan, Dickenson, Lee, Russell, Scott, Smyth, Tazewell, Washington, Wise	\$1,122,356
Service Area O:	West Virginia: Barbour, Boone, Braxton, Cabell, Clay, Fayette, Grant, Greenbrier, Harrison, Jackson, Kanawha, Lincoln, Lewis, Logan, Marion, McDowell, Mercer, Mineral, Mingo, Monongalia, Monroe, Nicolas, Preston, Putnam, Raleigh, Randolph, Roane, Summers, Taylor, Tucker, Upshur, Webster, Wyoming	\$2,162,010

*Service areas represent counties served by current BLCP recipients and funding amounts reflect the amounts BLCP recipients received in FY 2024.

Additional requirements for current BLCP recipients

Current BLCP recipients whose period of performance ends June 30, 2025 should request a funding amount less than or equal to the amount allocated to the service area they propose to serve, as listed in [Table A](#).

Exceptions:

- If you previously served a service area on behalf of a consortium, but you are now applying to serve that area separately, request a funding amount that is less than or equal to the amount received under the consortium.

- If you previously served a service area separately, but you are now applying to serve that area on behalf of a consortium, request a funding amount that is less than or equal to the combined amount that each individual BLCP recipient received in FY 2024.

Under both of these exceptions, you should demonstrate how you will ensure continuity of care to coal miners in the service area you served during FY 2020 through 2024.

Funding requirements for new BLCP applicants

New applicants should request a funding amount less than or equal to the amount allocated to your proposed service area, as listed in [Table A](#).

Completeness and responsiveness criteria

We will review your application to make sure it meets these basic requirements to move forward in the competition.

We will not consider an application that:

- Is from an organization that does not meet all eligibility criteria.
- Requests funding above the award ceiling shown in the funding range.
- Is submitted after the deadline.

Application limits

You may not submit more than one application. If you submit more than one application, we will only accept the last on-time submission.

Cost sharing

This program has no cost-sharing requirement. If you choose to share in the costs of the project, we will not consider it during [merit review](#). We will hold you accountable for any funds you add, including through [reporting](#).

Program description

Purpose

The Black Lung Clinic Program's primary goal is to reduce the morbidity and mortality associated with occupation related coal mine dust lung disease (CMDLD), also known as black lung disease, by providing:

- Medical services.
- Outreach services.
- Educational services.
- Benefits counseling services.

All recipients are required to provide certain services to coal miners in their service area. We also provide additional [requirements](#) to the minimum required services, to make sure that the quality and breadth of services coal miners receive is sustained in all service areas.

Background

After decades of steady decline following the enactment of the Federal Coal Mine Safety and Health Act of 1969, the national prevalence of Coal Workers' Pneumoconiosis (CWP) and its most severe form, Progressive Massive Fibrosis (PMF), is rising. Investigators from the National Institute for Occupational Safety and Health (NIOSH) report that nationally, more than 10% of people who have been coal miners for at least 25 years now have CWP. This trend is even more pronounced in central Appalachia, where over 20% of these miners have CWP.^[1] Research also shows that relatively young coal miners are being affected by CWP, even though they have spent their entire careers working under modern dust control regulations.^[2] This recent data highlights the continued need for BLCP services.

Through the Black Lung Clinics Program, public, private, and state entities provide medical, outreach, educational, and benefits counseling services to active, inactive, and disabled coal miners. The goal of these services is to reduce the morbidity and mortality associated with occupation related CMDLD.

Funding allocations to BLCP recipients must take into account:

- The number of miners to be served and their needs.
- The quality and breadth of services to be provided.

Since the program's inception, BLCP recipients have served as critical access points for coal miners seeking education and medical services pertaining to their occupation

related lung disease, and guidance on how to apply for state and federal black lung benefits.

Program requirements and expectations

This program includes both minimum required services and additional requirements for further services. The minimum required services are the same for all recipients. The additional requirements vary depending on which service area you are serving.

Minimum required BLCP services

All recipients must provide the following services to coal miners in their service areas:

Access to medical staff.

- Your staff must include a contracted or onsite board-certified physician with special training or experience in the diagnosis and treatment of respiratory diseases who has at least one year of experience in the diagnosis and treatment of respiratory diseases. Staff may also include non-physician primary care providers working under the direct supervision of the clinic physician.
- Your staff must include a patient care coordinator. This person may be a lay health care worker or trained health care personnel.
 - The coordinator is responsible for helping the clinic physician maintain contact with the patient's primary care physician and encouraging patients to participate in the prescribed treatment.

Patient education and outreach.

- You must deliver current, evidence-based information to coal miners in a variety of formats and forums. Topics should include risks associated with coal mine dust lung exposure, the recent resurgence in CWP and PMF, and available medical and compensation services.

Lung function testing.

- You must offer onsite resting spirometry and oximetry, with or without a bronchodilator challenge. Staff must have training in the proper interpretation of results and NIOSH certification in spirometry.

Chest imaging.

- You must offer posteroanterior chest x-rays (CXR) conducted by a contracted or onsite board-certified radiologist and interpreted by a NIOSH-certified B-reader. You must do your best to meet International Labour Organization (ILO) technical standards. Facilities must also be contracted or onsite.

Pulmonary rehabilitation.

- You must offer accredited Phase II and Phase III pulmonary rehabilitation services onsite, through contract, or by referral.

Lung disease treatment.

- You must provide current, evidence-based information and treatment of coal mine dust-induced lung disease. Treatment might include medications, nutrition counseling, vaccinations, smoking cessation services, and referrals to specialty care.
- You must also evaluate and treat (or refer) coal miners for commonly associated conditions, including chronic obstructive pulmonary disease (COPD), hearing loss, substance abuse, depression, hypertension, diabetes, and cardiovascular disease.

Compensation counseling.

- You must help miners file federal black lung, state worker's compensation, and Social Security Disability Insurance claims as appropriate. Your compensation counselors should have a minimum of a high school diploma and training to competently help with claims.

Department of Labor (DOL) examination.

- You must be able to refer patients to an approved and certified DOL medical examiner. We will expect you to meet timeliness goals as described in the [DOL Employment Law Guide for Black Lung Compensation](#).

Data collection.

- You must collect patient-level data as prescribed by HRSA and report across all project years.

Technical assistance.

- You must participate in programmatic technical assistance from the Black Lung Data and Resource Center to enhance operations, improve the quality and breadth of services you provide, and increase the number of U.S. coal miners served. We will provide further information about this requirement upon receipt of award.

Additional requirements

We provide additional requirements to the minimum required services to make sure that the quality and breadth of services coal miners receive is sustained in all service areas. These additional requirements add detail to the minimum requirements and explain our expectations for your specific service area.

In some cases, the additional requirements replace the minimum requirements. For example, the minimum requirement for staffing specifies a physician with one year of

experience, but the additional requirements specify a physician with more years of experience respective to the specific service areas outlined in this section.

You may request up to two exemptions from these additional requirements for your service area. You'll find more information about exemptions [in the next section](#).

This approach gives you greater flexibility to tailor services to your patients' needs and your organization's capacity.

Additional requirements for service Areas A through I

If you plan to serve service areas A through I, you should provide the following services and meet the following standards in order to ensure continuity of care:

Staffing.

- Your staff must include an onsite, board-certified physician with special training or experience in the diagnosis and treatment of respiratory diseases with at least two years of experience in the diagnosis and treatment of respiratory diseases.

Patient education and outreach.

- In addition to outreach to miners, you must conduct structured educational activities that involve other community partners within and outside of the black lung community.

Lung function testing and chest imaging.

- You must provide access to full resting pulmonary function testing, including a bronchodilator challenge, lung volume measurements, diffusion capacity, and resting arterial blood gases. Testing equipment and methods must meet American Thoracic Society/European Respiratory Society ([ATS/ERS](#)) standards.

Medical case management.

- Your patient care coordinators should have an associate's degree or at least three years of experience in patient care coordination. Trained nurse care managers or certified nurse assistants are preferred.

Compensation counseling.

- Your compensation counseling staff should have a minimum of a high school diploma and at least three years of experience. They should guide coal miners through the federal black lung benefits process, help interpret legal correspondence, and help interpret DOL medical exam results.

Additional requirements for service areas J through O

If you plan to serve service areas J through O, you should provide the following services and meet the following standards to ensure continuity of care:

Staffing.

- Your staff must include an onsite, board-certified physician with special training or experience in the diagnosis and treatment of respiratory diseases and at least four years of experience, preferably with occupation related lung disease.

Patient education and outreach.

- You should facilitate educational workshops or presentations at local and national conferences.

Lung function and other testing.

- You must provide access to full resting pulmonary function testing and cardiopulmonary exercise testing with metabolic cart, as well as bronchodilator challenge, lung volume measurements, diffusion capacity, and resting and exercise arterial blood gases testing.
- Testing equipment and methods must meet American Thoracic Society/European Respiratory Society ([ATS/ERS](#)) standards.
- You must also be able to conduct onsite chest x-ray with B-reader interpretation and be able to do advanced chest imaging.

Medical case management.

- Your staff must include a nurse case manager or certified medical assistant with five years of experience to assist with medical follow-up of patients.

Compensation counseling.

- Your staff must include providers with medical and legal expertise to write expert medical reports and provide expert testimony and supplemental reports.
- You must be able to refer patients for legal assistance provided by a licensed attorney specializing in black lung benefits claims.

DOL examination.

- You must provide onsite DOL medical exams by an approved provider. This provider must meet all criteria by the DOL under [20 CFR part 725](#) to perform “complete and qualitative” medical exams as well as provide treatment under the Federal Mine Safety and Health Act of 1977, as amended.
- We also encourage you to do the following:
 - Follow the performance measures as outlined in DOL-Office of Workers’ Compensation Programs (OWCP).
 - Submit documents relevant to active black lung benefits claims electronically into Claimant Online Access Link (C.O.A.L.).
 - Follow other procedures and training related to diagnostic and medical providers.

Exemptions to additional requirements

We know that not all of the additional requirements to the minimum required services may be appropriate or feasible for applicants, due to organizational, clinical, or environmental factors and the fluid nature of the target population.

As a result, you may request up to two exemptions from the additional requirements for your service area by providing the requested information in [attachment 6](#).

If you request an exemption to an additional requirement, you are not expected to address that additional requirement in your [project narrative](#). Your application will not be scored on the exemptions to additional requirements requested, as long as the exemptions from the additional requirements for your service area requested include no more than two exemptions and include all requested information to support the exemptions indicated in [attachment 6](#).

Note that you may not request exemptions from any of the minimum required BLCP services. The minimum required services are mandatory for all recipients. You should address all of them in your project narrative.

To request an exemption, include the following in the attachment:

- A detailed description of the requested exemption(s).
- A detailed justification for the exemption(s), including why you intend to reduce or eliminate the service or staffing guideline and how it will affect work, staffing plans, and budget.
- A description of how and where coal miners in your service area will learn about and access the same or a higher quality version of the service. Include the distance to the nearest facility that offers that service.
- A detailed description of how you will compensate for the reduced or eliminated service by enhancing or adding to the other services you provide to coal miners.

Do not propose the following changes:

- A funding amount greater than the FY 2024 funding amount allocated your service area (see [Table A](#)).
- Provision of services to fewer counties than the ones listed in your service area (see [Table A](#)).
- Elimination or reduction of any of the [minimum required BLCP services](#).

Each exemption request should not exceed one page, single-spaced.

We reserve the right to disapprove or seek clarification on any proposed exemptions if they appear to:

- Significantly harm access or quality of services provided to coal miners.

- Violate BLCP program regulations as defined by 42 CFR part 55a.
- Otherwise negatively impact the goals of the BLCP.

If we disapprove or seek clarification on a proposed exemption, we will notify you upon issuance of the award by placing a condition on the grant. You will then be required to submit a revised budget and/or scope of project to us in the Electronic Handbooks (EHBs).

Duplication of efforts in service areas A, J, E, F, or G

We recognize that more than one clinic may provide complementary services to coal miners in a given county. If you propose to serve service areas A, J, E, F, or G, you must detail how you will avoid duplicating efforts of other black lung clinics in the states or counties where there is overlap.

Include this information in [attachment 7](#).

This attachment should not exceed one page single-spaced and must include all efforts you will take to avoid duplication. This may include, but is not limited to:

- Direct contact with the other awardees in the service area.
- Coordination or collaboration on education or outreach events.
- Memoranda of understanding (MOUs), memoranda of agreement (MOAs), or referrals to medical or benefits counseling services.
- Clarification of how your services complement or support services provided by other clinics in the service area.
- A description of unique services provided in the states or counties where there is overlap.

Partner organization coordination

If you intend to form a consortium with one or more other entities, you must submit a letter of commitment (LOC) or a memorandum of agreement (MOA) with your application that, at a minimum:

- Affirms each consortium member's commitment to and support of the project.
- Specifies the frequency and method of communication (for example, in-person, e-mail, etc.) between consortium members.
- Includes a description of the proposed process for including input from each consortium member into decision making, problem solving, and urgent or emergency situations.

This information must be submitted with your LOC or MOA in [attachment 3](#).

Please note that your LOC or MOA represents a promise to provide the specified organizational resources for the success of the project. An LOC or MOA is not the same as a letter of support.

Award information

Funding policies and limitations

Policies

- We will only make awards if this program receives funding. If Congress appropriates funds for this purpose, we will move forward with the review and award process.
- HRSA will allocate funds to service areas based on the level of BLCF funding that each service area received in FY 2024. If you are applying to serve a particular service area, you should propose a level of services commensurate with current efforts in that service area, though limited exemptions may be considered. This approach intends to minimize service disruptions, ensure continuity of care to coal miners in areas currently served by BLCF recipients, and address resurgence in CWP and PMF while maintaining alignment with program regulations.
- Support beyond the first budget year will depend on:
 - Appropriation of funds.
 - Satisfactory progress in meeting the project's objectives.
 - A decision that continued funding is in the government's best interest.
- If we receive more funding for this program, we consider options such as:
 - Fund more applicants from the rank order list
 - Extend the period of performance
 - Award supplemental funding

General limitations

- For guidance on some types of costs we do not allow or restrict, see Project Budget Information in Section 3.1.4 of the [Application Guide](#). You can also see 45 CFR part 75, or any superseding regulation, [General Provisions for Selected Items of Cost](#).
- You cannot earn profit from the federal award. See [45 CFR 75.400\(g\)](#).
- Congress's current appropriations act includes a salary limitation, which applies to this program. As of January 2024, the salary rate limitation is \$221,900. This limitation may be updated.

Program-specific statutory or regulatory limitations

You cannot use funds:

- To acquire real property.
- For construction.
- To pay for equipment costs not directly related to the award.
- For any activities associated with lobbying or advocacy efforts, including planning for or conducting lobbying or advocacy events.

See [Manage Your Grant](#) for other information on costs and financial management.

Indirect costs

Indirect costs are costs you charge across more than one project that cannot be easily separated by project. For example, this could include utilities for a building that supports multiple projects.

To charge indirect costs you can select one of two methods:

Method 1 – Approved rate. You currently have an indirect cost rate approved by your cognizant federal agency.

Method 2 – *De minimis* rate. Per [2 CFR 200.414\(f\)](#), if you have never received a negotiated indirect cost rate, you may elect to charge a *de minimis* rate. If you choose this method, costs included in the indirect cost pool must not be charged as direct costs.

This rate is 15% of modified total direct costs (MTDC). See [2 CFR 200.1](#) for the definition of MTDC. You can use this rate indefinitely.

Program income

Program income is money earned as a result of your award-supported project activities. You must use any program income you generate from awarded funds for approved project-related activities. Find more about program income at [45 CFR 75.307](#).



Step 2:

Get Ready to Apply

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Get registered

SAM.gov

You must have an active account with SAM.gov to apply. This includes having a Unique Entity Identifier (UEI). SAM.gov registration can take several weeks. Begin that process today.

To register, go to [SAM.gov Entity Registration](#) and select Get Started. From the same page, you can also select the Entity Registration Checklist to find out what you will need to register.

When you register or update your SAM.gov registration, you must agree to the [financial assistance general certifications and representations](#). You must agree to those for grants specifically, as opposed to contracts, because the two sets of agreements are different. You will have to maintain your registration throughout the life of any award.

Grants.gov

You must also have an active account with [Grants.gov](#). You can see step-by-step instructions at the Grants.gov [Quick Start Guide for Applicants](#).

Find the application package

The application package has all the forms you need to apply. You can find it online. Go to [Grants Search at Grants.gov](#) and search for opportunity number HRSA-25-040.

After you select the opportunity, we recommend that you click the Subscribe button to get updates.

Application writing help

Visit HHS [Tips for Preparing Grant Proposals](#).

Visit [HRSA's How to Prepare Your Application](#) page for more guidance.

See [Apply for a Grant](#) for other help and resources.

Join the webinar

For more information about this opportunity, [join the webinar](#) on December 19, 2024 at 1:00 ET.

If you are not able to join through your computer, you can call in:

- **Phone number:** 833 568 8864
- **Meeting ID:** 161 592 6783
- **Passcode:** 76814232

We will record the webinar. If you are not able to join live, you can request a recording by emailing blacklung@hrsa.gov.

Have questions? Go to [Contacts and Support](#).



Step 3:

Write Your Application

In this step

Application contents and format

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Application contents and format

Applications include 6 main components. This section includes guidance on each.

Application page limit: 70 pages

Submit your information in English and express whole number budget figures using U.S. dollars.

Make sure you include each of these:

Components	Submission format
Project abstract	Use the Project Abstract Summary form.
Project narrative	Use the Project Narrative Attachment form.
Budget narrative	Use the Budget Narrative Attachment form.
Attachments	Insert each in the Attachments form.
Other required forms	Upload using each required form.

Required format

You must format your narratives and attachments using our required formats for fonts, size, color, format, and margins. See the formatting guidelines in Section 3.2 of the [Application Guide](#).

Project abstract

Complete the information in the Project Abstract Summary form.

The project abstract must include:

- Organization name and full address.
- Entity type/type of facility.
- Website URL if you have one.
- Proposed service region, which includes states, cities, and counties.
- Dollar amount being requested for your project.
- Brief description of the population you will serve.
- Brief description of the service area where your project will work.
- Your organization's proposed project goals and objectives.

- Expected outcomes of the proposed project.
- If you are requesting a funding preference, you must explicitly request a qualifying funding preference and cite the qualification as defined by [part 55a, subpart A, 55a.103](#).
 - We highly recommend you include this language: “[Applicant organization name] is requesting a funding preference based on state preference. [Applicant organization name] is a state entity.” If applicable, you need to provide supporting documentation in your [attachments](#).

For more information, see Section 3.1.2 of the [Application Guide](#).

Project narrative

In this section, you will describe all aspects of your project. Project activities must comply with the [non-discrimination requirements](#).

Use the section headers and the order listed.

Introduction

See merit review criterion 1: [Need](#)

Need

Include a detailed needs assessment that covers all of the following information.

- **Number of coal miners in service area:** Provide the best estimate of the number of active, inactive, and retired coal miners residing in the service area you are proposing to serve. Base your estimate on all available data from the U.S. Department of Labor, U.S. Energy Information Administration, and other relevant national, state, and local resources.
 - Current recipients should cite their most recent patient level data, including number of miners served and any other supporting data points.
 - New applicants should cite the number of miners served across the last calendar year from their Electronic Medical Records (EMR).
- **Health care access and utilization in service area:** Describe current patterns for obtaining health care in the service area you are proposing to serve and the role of your organization in providing care.
 - State approximately what percentage of retired and active coal miner patients seek their primary and/or specialty care at your organization.
 - Please include information on the employment status (such as retired, disabled, inactive, or active) of the coal miners you serve.

- **Unmet health needs in service area:** Describe unmet health needs in the service area you are proposing to serve. Cite publicly available local data where possible and compare them to state and/or national data.
 - Only use indicators that are relevant to the proposed project, such as specific health status indicators (including those related to the prevalence and severity of CMDLD), age, employment status, insurance coverage, poverty level, and transportation access.
 - Current recipients should cite their most recent patient level data, including number of miners served and any other supporting data points.
 - New applicants should cite the number of miners served across the last calendar year from their EMR and any other supporting data points.
- **Health care and social services in service area:** Provide an overview of the current health care and social services available within and around the service area you are proposing to serve.
 - Clearly describe both the number and type of relevant services (for example, pulmonary and respiratory health care, compensation counseling, or legal services) available to coal miners within and around your proposed service area.
 - Describe the relationship of these existing services to your organization and proposed project.
 - Describe the potential impact of your project on existing providers who are located within or around your proposed service area but are not part of your project. For example, you could discuss changes in referral and practice patterns or provider reimbursement impact.
 - Provide a clear, well-reasoned justification for why other grant programs and resources within or around your proposed service area are unable to fill the health care gaps you have identified. Your local health department and State Office of Rural Health may be valuable resources for acquiring supporting information.
- **Other:** You may include any other relevant information that demonstrates the need for BLCP services in the service area you are proposing to serve. This includes publicly available data from state and federal data sources or, for current BLCP recipients, patient level data. New applicants may cite the number of miners served across the last calendar year from their EMR.

Approach

See merit review criterion 2: [Response](#). Please use the sub-sections that follow to organize this section.

Methods for delivering minimum required BLCP services

- Tell us how you will address your stated needs and [provide the minimum required BLCP services](#).
- As it makes sense, include strategies for ongoing staff training, teamwork, and information sharing. Also include strategies for outreach and collaboration efforts to involve patients, families, and communities.
- If it applies, include a plan to distribute reports, products, or project outputs to target audiences.

Methods for delivering additional guidelines to the minimum required services

- Tell us how you will deliver the services required under the [additional guidelines](#) to the minimum required services. If you propose any [exemptions to the additional guidelines](#), note those exemptions here.

Continuation of services

- Propose a plan for continuing the project when federal funding ends. We expect you to keep up key strategies or services and actions that have led to improved practices and outcomes for the target population.

Payer of last resort

- Per statute, the BLCP is the payer of last resort. As such, all BLCP recipients must make every effort to pursue alternate sources of payment and use program income in a manner consistent with award requirements. Provide descriptions of the following:
 - How you will ensure charges for services rendered are in alignment with the description in post-award requirements.
 - Your organizational capacity to coordinate billings with multiple sources of funding.
 - Your procedures and reasonable efforts for collecting payments from third-party payers.

Work plan

See merit review criteria 2: [Response](#) and 4: [Impact](#)

- Describe your work plan. The description should include:

- A brief description of how you will achieve each of the objectives during the period of performance.
- A brief description of each activity, including all minimum required activities and, if applicable, additional requirements for the service area you are proposing to serve.
- An appropriate timeline for proposed activities during the project's funding cycle, beginning with the project start date (July 1, 2025) and ending with the project end date (June 30, 2030).
- Who will be responsible for overseeing implementation for each activity.
- A list of the short, immediate, and long-term outcomes expected, including measures or benchmarks you will use to help monitor progress for each activity and assess your project's effectiveness.

You will also include a version your work plan as part of [attachment 1](#). It is highly recommended that your work plan in attachment 1 is in table format.

Resolving challenges

See merit review criterion 2: [Response](#)

Discuss challenges that you are likely to encounter in your work plan and explain approaches that you will use to resolve them.

Performance reporting and assessment

See merit review criteria 3: [Performance reporting and assessment](#) and 5: [Resources and capabilities](#)

Include a narrative that discusses all the following aspects of performance reporting and program assessment. Please include:

- A Data Collection Strategy that describes your strategy to collect, analyze, and track organizational and patient-level data to measure process and impact/outcomes.
 - Explain how you will use data to inform your project development and service delivery.
 - Describe the sources of the data you are utilizing.
- See [reporting](#) for more information.

Organizational information

See merit review criterion 5: [Resources and capabilities](#)

- Describe a clear, comprehensive plan for staffing that meets the educational and professional requirements of the project and those by relevant certification bodies in [Attachment 2](#). Staffing plans should include, at a minimum:
 - Board-certified physician with special training or experience in the diagnosis and treatment of respiratory diseases.
 - Compensation counselor.
 - Patient care coordinator.
- The staffing plan should also include position descriptions for other staff, which may include a dietician, audiologist, physical therapist, and a pharmacist, among others.
- All staffing plans should include the following components:
 - The number and types of staff, qualification levels, and full-time equivalents (FTEs).
 - The information necessary to illustrate both the capabilities (current experience, skills, knowledge, and experience with previous work of a similar nature) of key staff.
 - Job descriptions for each of the key staff.
 - Clear alignment with the activities proposed in the project narrative and project budget.
- Describe the abilities and contributions of your organization to the project. This should include information that addresses your organization's current mission, structure and scope of current activities.
- Your organization must also be clearly reflected in the organizational chart provided in [attachment 5](#).
- Clearly describe existing systems within your organization (for example, financial and accounting management systems, capacity to exercise administrative and programmatic direction over the project, etc.) will support the organization's ability to meet BLCR requirements and expectations.

Budget and budget narrative

See merit review criterion 6: [Support requested](#)

Your budget should follow the instructions in Section 3.1.4. Project Budget Information - Non-Construction Programs (SF-424A) of the [Application Guide](#) and the instructions listed in this section. Your budget should show a well-organized plan.

HHS now uses the definitions for [equipment](#) and [supplies](#) in 2 CFR 200.1. The new definitions change the threshold for equipment to the lesser of the recipient's capitalization level or \$10,000 and the threshold for supplies to below that amount.

The total project or program costs are all allowable (direct and indirect) costs used for the HRSA award activity or project. This includes costs charged to the award and non-federal funds used to satisfy a matching or cost-sharing requirement (which may include maintenance of effort, if applicable).

You cannot use program funds to pay for membership dues and fees for the National Coalition of Black Lung and Respiratory Disease Clinics, Inc.

The **budget narrative** supports the information you provide in Standard Form 424-A. See [other required forms](#). It includes an itemized breakdown and a clear justification of the requested costs. The merit review committee reviews both.

As you develop your budget, consider:

- If the costs are reasonable and consistent with your project's purpose and activities.
- The restrictions on spending funds. See [funding policies and limitations](#).
- The number of coal miners to be served, as well as the quality and breadth of proposed activities.
- Conference attendance and travel budgets, and how they will enhance the quality and breadth of services provided to coal miners.

To create your budget narrative, see detailed instructions in Section 3.1.5 of the [Application Guide](#).

Attachments

Place your attachments in order in the Attachments Form. See [application checklist](#) to determine if they count toward the page limit.

Attachment 1: Work plan

Attach the project's work plan. Make sure it includes everything required in the corresponding [project narrative](#) section.

This attachment is required in addition to the description provided in the project narrative work plan section.

We recommend that you format your work plan as a table and use these headings:

- Goals and objectives.
- Key action steps (including target population where applicable).

- Activities.
- Outputs, data sources, and program assessment methods. These might include the direct products or deliverables of program activities and how you will assess them.
- Outcomes and measurements. These might include the result of a program, typically describing a change in people or systems.
- Person and service area responsible.
- Performance period and completion date.

Attachment 2: Staffing plan and job descriptions

See Section 4.1.vi of the [Application Guide](#).

Include a clear, comprehensive staffing plan that shows the staff positions that will support the project and key information about each.

- Justify your staffing choices, including education and experience qualifications and your reasons for the amount of time you request for each staff position.
- Staffing needs should have a direct link to the activities proposed in the project narrative and budget.
- Include the number and types of staff, qualification levels, and full-time equivalents (FTEs).
- Include a description of your organization's timekeeping process to ensure that you will comply with the federal standards related to documenting personnel costs.
- For each key staff position, both filled and unfilled, attach a one-page job description. It must include the person's role, responsibilities, and qualifications.
- Staffing plans should include, at a minimum:
 - A board-certified physician with special training or experience in the diagnosis and treatment of respiratory diseases.
 - A compensation counselor.
 - A patient care coordinator.

Attachment 3: Consortium plan (if applicable)

Attach a Letter of Commitment (LOC) or a Memorandum of Agreement (MOA) with the application that, at a minimum:

- Affirms each consortium member's commitment to and support of the project.
- Specifies the frequency and method of communication (for example, in-person, e-mail, etc.) between consortium members.

- Describes the proposed process for including input from each consortium member into decision-making, problem solving, and urgent or emergency situations.
- Details narrative of the work that the consortium will engage in, including how that work aligns with this funding opportunity, and how the formation of the consortium will result in systemic improvements in miner health and safety.

Attachment 4: Funding preference (if applicable)

Provide a statement that you are eligible for a funding preference. Include documents that prove you qualify for the funding preference.

See [selection process](#) for information about how these apply.

Attachment 5: Project organizational chart

Provide a one-page diagram that shows the project's organizational structure.

Attachment 6: Exemptions to the additional requirements (if applicable)

You may propose up to two exemptions from the additional requirements to the minimum requested services for your service area. See the [program description](#) for more information about how exemptions work and what you need to include in this attachment.

Attachment 7: Duplication of efforts in service areas A and J, or E, F, and G (if applicable)

If you are proposing to serve **service areas A and J** or **E, F, and G**, you must submit a one-page narrative detailing how you intend to avoid duplicating efforts of other black lung clinics in the states or counties where there is overlap.

Attachment 8: Supporting organizations (if applicable)

Attach a list of any additional supporting non-consortium organizations providing substantial support or relevant resources to the project. Additional supporting organizations should include organizations who are not formally identified as a part of the group of organizations who has signed an LOC or MOA as referenced in [Attachment 3](#) above. For each organization, provide:

- Organization name.
- Point of contact.

- Full address.
- Phone number.
- Email address.
- A one- to two-sentence description of the relevant support provided.

If you would like to submit letters of support from any of these organizations, you can include them with this attachment.

Attachment 9: For multi-year budgets — fifth-year budget

For the fifth budget year, submit a copy of Section B of the SF-424A as an attachment. We do not count this in the page limit however, any related budget narrative does count. See Section 4 of the [Application Guide](#).

Attachment 10: Federally recognized tribe or organization (if applicable)

Applicant organizations that are federally recognized tribes or organizations are eligible to apply if all proposed activities will be conducted within federally recognized tribal areas. If you are applying as a federally recognized tribe or organization, you must submit documentation of your federally recognized tribal status in this attachment.

Attachment 11-15: Other relevant documents (optional)

If you need to provide more details about your proposal, you can provide other documents in attachments 11-15.

Other required forms

You will need to complete some other forms. Upload the following forms at [Grants.gov](#). You can find them in the NOFO [application package](#) or review them and any available instructions at [Grants.gov Forms](#).

Forms	Submission Requirement
Application for Federal Assistance (SF-424)	With application.
Budget Information for Non-Construction Programs (SF-424A)	With application.

Forms	Submission Requirement
Disclosure of Lobbying Activities (SF-LLL)	If applicable, with the application or before award.
Budget Narrative Attachment Form	With application



Step 4:

Learn About Review and Award

In this step

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Application review

Initial review

We review your application to make sure it meets [eligibility criteria](#), including the [completeness and responsiveness criteria](#). If your application does not meet these criteria, it will not be funded.

We will not review any pages that exceed the page limit.

Merit review

A panel reviews all applications that pass the initial review. The members use these criteria.

Criterion	Total number of points = 100
1. Need	10 points
2. Response	45 points
3. Performance reporting and assessment	10 points
4. Impact	10 points
5. Resources and capabilities	15 points
6. Support requested	10 points

Criterion 1: Need

10 points

See Project Narrative [Introduction](#) section.

The panel will review your application for how well it:

- Describes the problem and its contributing factors.
- Includes a well-supported estimate of the number of active, inactive, and retired coal miners residing in the service area based on available data from the U.S. Department of Labor, U.S. Energy Information Administration, and other national, state, and local resources.
- Details current patterns for obtaining health care in the service area and the role of the applicant organization. The application should state approximately what percentage of coal miner patients seek their primary and/or specialty care at the applicant site.

- Describes unmet health needs in the service area.
- Provides indicators that are relevant to the proposed project. For example, indicators might include specific health status indicators, age, employment status, insurance coverage, poverty level, and transportation access.
- Provides an overview of the current health care and social services available within and around the service area, as well as the relationship of these services to application's proposed project. Applications should include the number and type of relevant services (for example, pulmonary and respiratory health care, compensation counseling, legal services, etc.) available to coal miners within and around the service area.
- Describes the potential impact of the project on existing providers that are located within or around the service area but are not part of the application's project. For example, changes in referral and practice patterns, provider reimbursement impact, etc.
- Provides a clear and well-reasoned justification for why other grant programs and resources within or around the service area are unable to fill the health care and social service gaps identified by the application.

Criterion 2: Response

45 points

See Project Narrative [Approach](#), [work plan](#), [minimum required services](#), [additional requirements](#), and [resolving challenges](#) sections.

Sub-Criterion One (15 points): Minimum Required BLCP Services (ALL Applicants)

The panel will review your application for how well it:

- Describes how services are conducted under a contracted or onsite board-certified physician who:
 - Has special training or experience in the diagnosis and treatment of respiratory diseases.
 - Has at least one year of experience in the diagnosis and treatment of respiratory diseases. **Note:** *Staff may also include mid-level providers working under the direct supervision of the clinic physician.*
- Describes a plan to provide current, evidence-based information to coal miners in a variety of formats. Education should include risks associated with coal mine dust lung exposure, information on the resurgence of CWP and PMF, and information about available medical and compensation services.

- Details how the project will provide onsite resting spirometry and oximetry, with or without a bronchodilator challenge, and ensure staff have training in the proper interpretation of results and NIOSH certification in spirometry.
- Describes the clinic's provision of posteroanterior chest x-rays (CXR) that are provided by a contracted or onsite board-certified radiologist and interpreted by a NIOSH-certified B-reader. The application should also describe the applicant's efforts to meet ILO technical standards for facilities contracted or onsite.
- Details how accredited Phase II and Phase III pulmonary rehabilitation services will be provided to coal miners, onsite, through contract, or by referral.
- Describes how medical case management will be provided. This should include current, evidence-based treatment of coal mine dust lung diseases and referral to specialty care when appropriate.
- Details provision of current, evidence-based information and treatment of coal mine dust-induced lung diseases.
- Describes provision of evaluation and treatment (or referral) of coal miners for commonly associated conditions.
- Ensures compensation counselors have a minimum of a high school diploma and training to competently assist miners in filing federal black lung, state worker's compensation, and Social Security Disability Insurance claims.
- Details how the applicant will refer patients to an approved and certified DOL medical examiner and meet [DOL](#) timeliness goals. Includes the names and provider IDs of the approved DOL providers.
- Describes a plan to make sure the staffing and resources necessary to collect and report patient-level data to HRSA are in place.
- Describes a plan to participate in programmatic technical assistance from the Black Lung Data and Resource Center in order to enhance operations, improve the quality and breadth of services provided, and increase the number of U.S. coal miners served.

Sub-Criterion Two (A) (15 points): Additional Services Based on Service Area for Areas A through I:

If your application indicates service area A through I, the panel will review your application for how well it:

- Describes the supervision of services by:
 - An onsite board-certified physician with special training or experience in the diagnosis and treatment of respiratory diseases and,
 - Has at least two years of experience in the diagnosis and treatment of respiratory diseases.

- Describes how the applicant intends to conduct structured educational activities that involve community partners within and outside of the black lung community.
- Details how the clinic:
 - Has access to full resting pulmonary function testing, including a bronchodilator challenge, lung volume measurements, diffusion capacity, and resting arterial blood gases.
 - Testing equipment and methods must meet American Thoracic Society/ European Respiratory Society (ATS/ERS) standards.
 - Describes a plan to make sure patient care coordinators have an associate's degree or at least three years of experience in patient care coordination. Trained nurse care managers or certified nurse assistants are preferred.
- Ensures compensation counselors have a minimum of a high school diploma and at least three years of experience. They should guide coal miners through the federal black lung benefits process, assist with interpretation of legal correspondence and DOL medical exam results.

Sub-Criterion Two (B) (15 Points): Additional Services Based on Service Area for service areas J through O:

If your application indicates service area J through O, the panel will review your application for how well it:

- Describes the supervision of services by:
 - An onsite, board-certified pulmonologist or internal or family medicine physician and
 - Has at least four years of experience, preferably with occupation related lung disease.
- Describes how, in addition to outreach to miners and structured educational activities that involve other community partners within and outside of the black lung community, the applicant will facilitate educational workshops or presentations at local and national conferences.
- Describes how the clinic:
 - Has access to full resting pulmonary function testing, cardiopulmonary exercise testing with metabolic cart, as well as bronchodilator challenge, lung volume measurements, diffusion capacity, and resting and exercise arterial blood gases testing.
 - Has testing equipment and methods that meet American Thoracic Society/ European Respiratory Society (ATS/ERS) standards.
 - Has the capacity to provide onsite chest x-rays with B-reader interpretation.
 - Has the capability to do advanced chest imaging.

- Ensures a case manager or certified medical assistant has five years of experience and is available to provide assistance for medical follow-up of patients.
- Describes the provision of compensation counseling services by providers with medical or legal expertise to write expert medical reports and provide expert testimony and supplemental reports. Details the applicant's ability to refer patients for legal assistance provided by a licensed attorney specializing in back lung benefits claims.
- Provides an overview of the provision of onsite DOL medical exams by an approved provider. Applicants must demonstrate how they will meet all criteria by the DOL under 20 CFR part 725 to perform "complete and qualitative" medical exams as well as provide treatment under the Federal Mine Safety and Health Act of 1977, as amended.

Sub-Criterion Three (5 points): Payer of Last Resort (All Applicants)

The panel will review your application for how well it:

- Describes how charges for services rendered will be in alignment with the description in [post-award requirements](#), as they relate to the applicant's role as payer of last resort.
- Describes the applicant's organizational capacity to coordinate billings with multiple sources of funding.
- Details the procedures and reasonable efforts for collecting payments from third-party payers.

Sub-Criterion Four (5 points): Work Plan (All Applicants)

The panel will review your application for how well it:

- Provides a clear and coherent work plan in the [attachments](#), which includes, at a minimum, the following components:
- Activities: All [minimum required BLCP services](#). Additionally, as applicable, all [additional requirements](#) to the minimum required services for the service area the applicant is proposing to serve, unless they are requesting an [exemption\(s\)](#).
 - Responsible individual and/or organization for each activity.
 - Timeline: For each activity completed during the five-year period of performance.
 - Measures or Benchmarks: to be used to assess the outputs activities will generate, including the short, intermediate, and long-term measures or benchmarks.

Sub-Criterion Five (5 points): Resolution of Challenges (All Applicants)

The panel will review your application for how well it:

- Discusses challenges that they are likely to encounter in designing and implementing the activities described in the work plan, as well as the methods or approaches they will use to resolve such challenges.
 - Applicants should be as specific as possible in both the identification of potential or documented challenges (such as barriers to transportation, workforce recruitment and retention challenges, linguistic or cultural barriers, and socioeconomic or geographic barriers) and their specific plans to reduce or eliminate each one of them.

Criterion 3: Performance reporting and assessment

10 points

See Project Narrative [performance reporting and assessment](#) section.

Data Collection Strategy

The panel will review your application for how well it:

- Describes the strategy to collect, analyze, and track organizational and patient-level data to measure process and impact/outcomes.
- Explains how data will inform project development and service delivery.
- Describes the ability to collect patient-level data and report to HRSA across all project years. See [Reporting](#) section for more information about the types of data awardees will regularly report to HRSA.

Criterion 4: Impact

10 points

See Project Narrative [Work plan](#) section.

The panel will review your application for:

- How effective the proposed project is likely to be based on how well the application describes:
 - A clear plan to achieve project goals and objectives.
 - Expected project outcomes.
 - Measures or benchmarks used to monitor project progress.
- How strong of a public health impact it is likely to have, including:
 - How effective the applicant's plans for sharing project results will be.
 - How likely the project will have an impact on the community or coal miners will be.
 - How likely the program is to continue beyond the federal funding.

Criterion 5: Resources and capabilities

15 points

See Project Narrative [Organizational information](#) and [Performance reporting and assessment](#) sections.

Staffing Plan

The panel will review your application to determine the extent to which:

- Project staff have the education, training, and experience to carry out the project.
- The staffing plan includes, at a minimum:
 - A board-certified physician with special training or experience in the diagnosis and treatment of respiratory diseases.
 - A compensation counselor.
 - A patient care coordinator.
- The staffing plan includes the number and types of staff, qualification levels, full-time equivalents (FTEs), and the information necessary to illustrate the capabilities of key staff.
- Staffing needs have a direct link to the activities proposed in the project narrative and budget.

Organizational Information

The panel will review your application for:

- How well the abilities and contributions described by the applicant organization align to able to fulfill the needs of the proposed project.
- How strongly the applicant's current mission, structure, scope of activities, and organizational chart will contribute to the organization's ability to meet BLCR requirements and expectations.
- How well the applicant's existing systems (for example, financial and accounting management systems, capacity to exercise administrative and programmatic direction over the project, etc.) support the organization's ability to meet BLCR requirements and expectations.

Criterion 6: Support requested

10 points

See [Budget and budget narrative](#) section.

The panel will review your application to determine:

- How reasonable the proposed budget is for each year of the period of performance.
- The extent to which costs are reasonable and align with the project's scope.
- The extent to which key staff have adequate time devoted to the project to achieve project objectives.
- If the number of coal miners to be served, as well as the quality and breadth of proposed activities, are detailed.
- The reasonableness of proposed conference attendance and travel budgets, and how they will enhance the quality and breadth of services provided to coal miners.
- If the amount of funding requested is less than or equal to the amount of funding allocated to the service area.

We do not consider **voluntary** cost sharing during merit review.

Risk review

Before making an award, we review your award history to assess risk. We need to ensure all prior awards were managed well and demonstrated sound business practices. We:

- Review any applicable past performance.
- Review audit reports and findings.
- Analyze the budget.
- Assess your management systems.
- Ensure you continue to be eligible.
- Make sure you comply with any public policies.

We may ask you to submit additional information.

As part of this review, we use SAM.gov Entity Information [Responsibility / Qualification](#) to check your history for all awards likely to be more than \$250,000 over the period of performance. You can comment on your organization's information in SAM.gov. We will consider your comments before making a decision about your level of risk.

If we find a significant risk, we may choose not to fund your application or to place specific conditions on the award.

For more details, see [45 CFR 75.205](#).

Selection process

When making funding decisions, we consider:

- The amount of available funds.
- Assessed risk.
- Merit review results. These are key in making decisions but are not the only factor.
- The larger portfolio of HRSA-funded projects, including the diversity of project types and geographic distribution.
- The funding preferences listed.

We may:

- Fund out of rank order.
- Fund applications in whole or in part.
- Fund applications at a lower amount than requested.
- Decide not to allow a recipient to subaward if they may not be able to monitor and manage subrecipients properly.
- Choose to fund no applications under this NOFO.

Funding preferences

This program includes funding preferences, imposed by part 55a, subpart A, 55a.103. If we determine that your application meets these criteria, we will move it up in our ranking of fundable applications. Qualifying for a funding preference does not guarantee that you will receive funding. HRSA staff will determine the funding preference and will grant it to any qualified applicant that demonstrates they meet the criteria for the preference(s) as follows:

Name of the funding preference: State Preference

Qualifications to meet the funding preferences: State applicants will be given preference over other entities that apply in the same state.

Award notices

We issue Notices of Award (NOA) on or around the [start date](#) listed in the NOFO. See Section 4 of the [Application Guide](#) for more information.

By drawing down funds, you accept the terms and conditions of the award.



Step 5: Submit Your Application

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Application submission and deadlines

Your organization's authorized official must certify your application. See the section on [finding the application package](#) to make sure you have everything you need.

Make sure you are current with SAM.gov and UEI requirements. When you register or update your SAM.gov registration, you must agree to the [financial assistance general certifications and representations](#), and specifically with regard to grants.

Make sure that your SAM.gov registration is accurate for both contracts and grants, as these registrations differ. [See information on getting registered](#). You will have to maintain your registration throughout the life of any award.

Deadlines

You must submit your application by February 11, 2025, at 11:59 p.m. ET.

Grants.gov creates a date and time record when it receives the application.

Submission method

Grants.gov

You must submit your application through Grants.gov. You may do so using Grants.gov Workspace. This is the preferred method. For alternative online methods, see [Applicant System-to-System](#).

For instructions on how to submit in Grants.gov, see the [Quick Start Guide for Applicants](#). Make sure that your application passes the Grants.gov validation checks, or we may not get it. Do not encrypt, zip, or password protect any files.

Have questions? Go to [Contacts and Support](#).

Other submissions

Intergovernmental review

If your state has a process, you will need to submit application information for intergovernmental review under [Executive Order 12372](#). Under this order, states may design their own processes for obtaining, reviewing, and commenting on some applications. Some states have this process and others do not.

To find out your state's approach, see the [list of state single points of contact](#). If you find a contact on the list for your state, contact them as soon as you can to learn their

process. If you do not find a contact for your state, you do not need to do anything further.

This requirement never applies to American Indian and Alaska Native tribes or tribal organizations.

Application checklist

Make sure that you have everything you need to apply:

Component	How to upload	Included in page limit?
<input type="checkbox"/> Project abstract	Use the Project Abstract Summary Form.	No
<input type="checkbox"/> Project narrative	Use the Project Narrative Attachment form.	Yes
<input type="checkbox"/> Budget narrative	Use the Budget Narrative Attachment form.	Yes
Attachments	Insert each in the Attachments form in this order.	
<input type="checkbox"/> 1. Work plan		Yes
<input type="checkbox"/> 2. Staffing plan and job descriptions		Yes
<input type="checkbox"/> 3. Partner organization plan		Yes
<input type="checkbox"/> 4. Funding preference		Yes
<input type="checkbox"/> 5. Project organizational chart		Yes
<input type="checkbox"/> 6. Exemptions to the additional requirements		No
<input type="checkbox"/> 7. Duplication of efforts in service areas		No
<input type="checkbox"/> 8. Supporting organizations		Yes
<input type="checkbox"/> 9. Multi-year budgets, fifth-year budget		No
<input type="checkbox"/> 10. Federally recognized tribe or organization		No
<input type="checkbox"/> 11. Other relevant documents		Yes
<input type="checkbox"/> 12. Other relevant documents		Yes
<input type="checkbox"/> 13. Other relevant documents		Yes
<input type="checkbox"/> 14. Other relevant documents		Yes
<input type="checkbox"/> 15. Other relevant documents		Yes

Component	How to upload	Included in page limit?
<p><u>Other required forms*</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Application for Federal Assistance (SF-424) <input type="checkbox"/> Budget Information for Non-Construction Programs (SF-424A) <input type="checkbox"/> Disclosure of Lobbying Activities (SF-LLL), optional <input type="checkbox"/> Project/Performance Site Location(s) <input type="checkbox"/> Grants.gov Lobbying Form <input type="checkbox"/> Key Contacts 	<p>Upload using each required form.</p>	<p>No</p> <p>No</p> <p>No</p> <p>No</p> <p>No</p> <p>No</p>

* Only what you attach in these forms counts towards the page limit. The forms themselves do not count.



Step 6: Learn What Happens After Award

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Post-award requirements and administration

Administrative and national policy requirements

There are important rules you need to know if you get an award. You must follow:

- All terms and conditions in the Notice of Award (NOA). We incorporate this NOFO by reference.
- The regulations at [45 CFR part 75](#), Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards, and any superseding regulations. Effective October 1, 2024, HHS adopted the following superseding provisions:
 - [2 CFR 200.1](#), Definitions, Modified Total Direct Cost.
 - [2 CFR 200.1](#), Definitions, Equipment.
 - [2 CFR 200.1](#), Definitions, Supply.
 - [2 CFR 200.313\(e\)](#), Equipment, Disposition.
 - [2 CFR 200.314\(a\)](#), Supplies.
 - [2 CFR 200.320](#), Methods of procurement to be followed.
 - [2 CFR 200.333](#), Fixed amount subawards.
 - [2 CFR 200.344](#), Closeout.
 - [2 CFR 200.414\(f\)](#), Indirect (F&A) costs.
 - [2 CFR 200.501](#), Audit requirements.
- The HHS [Grants Policy Statement](#) (GPS). Your NOA will reference this document. If there are any exceptions to the GPS, they'll be listed in your NOA.
- All federal statutes and regulations relevant to federal financial assistance, including those highlighted in [HHS Administrative and National Policy Requirements](#).
- The requirements for performance management in [2 CFR 200.301](#).
- You are expected to be the payer of last resort, per regulation 42 CFR part 55(a). BLCR recipients must make reasonable efforts to pursue available means of coverage for services (public or private insurance, federal funding, etc.).
- You must use effective strategies to coordinate with third-party payers that are ultimately responsible for covering the cost of services provided to eligible or covered persons. Third party sources include Worker's Compensation, U.S.

Department of Labor, Federal Black Lung Benefits, Medicaid, State Children's Health Insurance Programs, Medicare, including Medicare Part D, basic health plans, and private insurance. Subcontractors providing Medicaid eligible services must be Medicaid certified.

- Where third-party payers (including government agencies) are authorized or under a legal obligation to pay all or a portion of such charges, all services covered by that reimbursement plan will be billed and every reasonable effort will be made to obtain payment.
- In accordance with the regulations in 42 CFR part 55(a), all BLCR recipients must provide an assurance that charges for services rendered shall be made as follows:
 - All recipients must provide assurance that charges will be billed for services and, where appropriate, third-party payers will pay all or a portion of such charges. No person (coal miner or family member) will be denied services due to an inability to pay.
 - A schedule should be maintained listing fees or payments for the provision of services, designed to cover reasonable costs of operations.
 - A schedule of discounts adjusted on the basis of a patient's ability to pay must be maintained. The schedule of discounts must provide for a full discount to individuals and families with annual incomes at or below the poverty line established in accordance with section 673(2) of the Community Services Block Grant Act (42 U.S.C. 9902(2)) (except that nominal fees for service may be requested, but not required, from individuals and families with annual incomes at or below the poverty line). No discounts will be provided to individuals with annual incomes greater than twice the poverty line.
 - Where third-party payers (including government agencies) are authorized or under a legal obligation to pay all or a portion of such charges, all services covered by that reimbursement plan will be billed and every reasonable effort will be made to obtain payment.

Non-discrimination legal requirements

If you receive an award, you must follow all applicable nondiscrimination laws. You agree to this when you register in SAM.gov. You must also submit an Assurance of Compliance ([HHS-690](#)). To learn more, see the [Laws and Regulations Enforced by the HHS Office for Civil Rights](#).

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. 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

[Executive Order on Worker Organizing and Empowerment \(E.O. 14025\)](#) encourages worker organizing and collective bargaining to promote equality of bargaining power between employers and employees.

You can support these goals by developing policies and practices that you could use to promote worker power.

Cybersecurity

You must create a cybersecurity plan if your project involves both of the following conditions:

- You have ongoing access to HHS information or technology systems.
- You handle personal identifiable information (PII) or personal health information (PHI) from HHS.

You must base the plan based on the [NIST Cybersecurity Framework](#). Your plan should include the following steps:

Identify:

- List all assets and accounts with access to HHS systems or PII/PHI.

Protect:

- Limit access to only those who need it for award activities.
- Ensure all staff complete annual cybersecurity and privacy training. Free training is available at 405(d): [Knowledge on Demand \(hhs.gov\)](#).
- Use multi-factor authentication for all users accessing HHS systems.
- Regularly backup and test sensitive data.

Detect:

- Install antivirus or anti-malware software on all devices connected to HHS systems.

Respond:

- Create an incident response plan. See [Incident-Response-Plan-Basics_508c.pdf \(cisa.gov\)](#) for guidance.
- Have procedures to report cybersecurity incidents to HHS within 48 hours. A cybersecurity incident is:
 - Any unplanned interruption or reduction of quality, or
 - An event that could actually or potentially jeopardize confidentiality, integrity, or availability of the system and its information.

Recover:

- Investigate and fix security gaps after any incident.

Reporting

If you are funded, you will have to follow the reporting requirements in Section 4 of the [Application Guide](#). The NOA will provide specific details.

You must also follow these program-specific reporting requirements:

- Progress reports each year.
- Annual performance reports through [Electronic Handbooks](#).
- Status reports each year. All BLCR recipients will be required to collect and report patient-level data annually to HRSA through a system housed and maintained by HRSA. Recipients must extract patient-level data from the recipient's EMR across each project year and report using HRSA-provided tools and systems. Measures include demographics, visit information, pulmonary and other diagnoses, smoking history, work history, pulmonary function testing, chest imaging, arterial blood gas, other clinical services, benefits counseling services, and screening participation information. We will aggregate the data collected from a centralized program outcomes reporting system to demonstrate overall impact of the program.



Contacts and Support

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Agency contacts

Program and eligibility

Anna Feins

Management Analyst, Community Based Division

Attn: Black Lung Clinics Program

Federal Office of Rural Health Policy

Health Resources and Services Administration

Email your questions to: BlackLung@hrsa.gov

Call: 301-287-0251

Financial and budget

Kimberly Dews

Grants Management Specialist

Division of Grants Management Operations, OFAM

Health Resources and Services Administration

Email your questions to: kdews@hrsa.gov

Call: 301-443-0655

HRSA Contact Center

Open Monday – Friday, 7 a.m. – 8 p.m. ET, except for federal holidays.

Call: 877-464-4772 / 877-Go4-HRSA

TTY: 877-897-9910

[Electronic Handbooks Contact Center](#)

Grants.gov

Grants.gov provides 24/7 support. You can call 1-800-518-4726, search the [Grants.gov Knowledge Base](#), or [email Grants.gov for support](#). Hold on to your ticket number.

SAM.gov

If you need help, you can call 866-606-8220 or live chat with the [Federal Service Desk](#).

Helpful websites

- [HRSA Grants page](#)
- [HHS Tips for Preparing Grant Proposals](#)
- [HRSA Black Lung Clinics Program page](#)

Endnotes

1. Blackley, D.J. et al. (2018) “Continued Increase in Prevalence of Coal Workers’ Pneumoconiosis in the United States, 1970–2017,” *American Journal of Public Health* 108(9); 1220-1222
<https://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2018.304517> ↑
2. Shekarian, Y., Rahimi, E., Shekarian, N., et al. (2021). “An analysis of contributing mining factors in coal workers’ pneumoconiosis prevalence in the United States coal mines, 1968-2018,” *International Journal of Coal Science & Technology* 8, 1227-1237. <https://doi.org/10.1007/s40789-021-00464-y> ↑