

the mechanism(s) that will be utilized to convene the partners for constructive planning and implementation.

Factor 3: Evaluation Plan—10 points

A clear but brief statement of program goals and how progress toward meeting those goals will be assessed.

Factor 4: Background—10 points

Adequacy of demonstrated knowledge of emergency medical response/care systems, and utilization of volunteers.

Factor 5: Supporting Documentation—5 points

Adequacy of supporting documentation that the MRC unit planning group is appropriately connected to local government entities (e.g., Mayor's office, City Council, County Executive, County Council, Fire Department, Department of Emergency Planning and Response) and appropriate local organizations such as the Citizen Corps Council (if one has been officially established), American Red Cross, civic organizations (e.g., Kiwanis, Rotary, Siroptomist, Lions, Clubs); veterans organizations, health professions organizations, and faith-based groups, etc.

Factor 6: Statement of Willingness to Share Information with OSG—5 points

A clear statement that the CA recipient is willing to contribute information on the progress, lessons learned, best practices, etc. to the OSG at 6-month intervals.

Factor 7: Sustainability Plan—5 points

This area should address, in as much detail as possible, the applicant's plan for how the MRC unit will continue to exist and thrive in the years beyond the applicant's funding eligibility (Year 4 and beyond).

Reporting and Other Requirements

General Reporting Requirements: A CA recipient under this notice will submit: (1) A six-month progress report to the OSG; (2) an annual Financial Status Report; and (3) a final progress report and Financial Status Report in the format established by the OSG, in accordance with provisions of the general regulations which apply under 45 CFR Part 74.51—74.52, with the exception of State and local governments to which CFR Part 92, Subpart C reporting requirements apply.

The OSG has established the following requirements for inclusion in the annual and/or final report(s):

- A summary of the status of development of the MRC unit (not to exceed 5 pages in the main report),

including the major activities and accomplishments, objectives met and not met, lessons learned, and an evaluation plan update;

- Copy of organizational chart and brief narrative description of the structure of the MRC unit, including its chain-of-command;
- Copy of policies and procedures (e.g., scope of operations, criteria for mobilization and demobilization, recruitment, and verification of credentials) for the local MRC unit;
- Copy of risk/vulnerability assessment (a copy of such an assessment prepared by other entities in the community and to which the MRC unit is linked may be submitted);
- Resource availability and needs assessment; and
- Copy of database of appropriately credentialed volunteers who are committed to participate as members of the MRC unit.

Public Health System Reporting Requirements

This program is subject to the Public Health Systems Reporting Requirements. Under these requirements, a community-based, non-governmental applicant must prepare and submit a Public Health System Impact Statement (PHSIS). The PHSIS is intended to provide information to state and local health officials to keep them apprised on proposed health services CA applications submitted by community-based non-governmental organizations within their jurisdictions.

Community-based, non-governmental applicants are required to submit, no later than the Federal due date for receipt of the application, the following information to the head of the appropriate State and local health agencies in the area(s) to be impacted:

- (a) A copy of the face page of the application (SF 424); and (b) a summary of the project (PHSIS), not to exceed one page, which provides: (1) A description of the population to be served; (2) a summary of the services to be provided; and (3) a description of the coordination planned with state or local health agencies. Copies of the letters forwarding the PHSIS to these authorities must be contained in the application materials submitted to the OSG.

State Reviews: This program is subject to the requirements of Executive Order 12372, which allows states the option of setting up a system for reviewing applications from within their states for assistance under certain Federal programs.

Because of the importance of coordination of emergency medical

response and public health improvement at the state and community levels, the OSG, for purposes of this announcement, is establishing a special mechanism to enable designated state points of contact to provide comments in an orderly and uniform way to the OSG for purposes of according scores to applications from their respective states for applications submitted under this notice. The application kit available under this notice will contain a list of state points of contact. Applicants (other than federally recognized Indian tribes) should contact their state contact point as early as possible to alert them to the prospective applications and receive any necessary instructions on the state process. The due date for state process recommendations is 15 working days after the application deadline established by the OMH Grants Management Officer.

The OSG does not guarantee that it will accommodate or explain its responses to state process recommendations received after that date.

Provision of Smoke-Free Workplaces and Non-use of Tobacco Products by Recipients of PHS CA.

HHS strongly encourages all CA recipients to provide a smoke-free workplace and to promote the non-use of all tobacco products. In addition, Public Law 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities (or in some cases, any portion of a facility) in which regular or routine education, library, day care, health care, or early childhood development services are provided to children.

Definitions

For the purposes of this CA program, the following definitions are provided:

Citizen Corps Council: A Citizen Corps Council established at the community or county level within the overall framework of the Citizen Corps, USA Freedom Corps. The Citizen Corps Council structure falls within the overall purview of FEMA.

Cooperative Agreement (CA): An award instrument of financial assistance where "substantial involvement" is anticipated between the HHS awarding agency and the recipient during performance of the contemplated project or activity. "Substantial involvement" means that the recipient can expect Federal programmatic collaboration or participation in managing the award.

Community-based: The locus of control and decision making powers are located at the community level,