

Administration for Community Living

Administration on Aging

Alzheimer's Disease Programs Initiative - Dementia Capability in Indian Country
HHS-2020-ACL-AOA-ADPI-0418
Application Due Date: 06/09/2020

Alzheimer's Disease Programs Initiative - Dementia Capability in Indian Country
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Department of Health & Human Services
Administration for Community Living

ACL Center:	Administration on Aging
Funding Opportunity Title:	Alzheimer's Disease Programs Initiative - Dementia Capability in Indian Country
Announcement Type:	Modification
Funding Opportunity Number:	HHS-2020-ACL-AOA-ADPI-0418
Primary CFDA Number:	93.470
Due Date for Letter of Intent:	**04/13/2020**
Due Date for Applications:	**06/09/2020**
Date for Informational Conference Call:	**04/21/2020**

Applications that fail to meet the application due date will not be reviewed and will receive no further consideration. You are strongly encouraged to submit your application a minimum of 3-5 days prior to the application closing date. Do not wait until the last day in the event you encounter technical difficulties, either on your end or, with https://www.grants.gov. Grants.gov can take up to 48 hours to notify you of a successful submission.

Executive Summary

NOTICE: THE PUBLISHED ANNOUNCEMENT IS MODIFIED

Modification (dated April 27, 2020):

SECTION II: AWARD INFORMATION

1. This section has been updated to clarify the program budget information. Each funded program will be for a three year program period with three budget periods with a value of $250,000 for each budget period.

   Funding Instrument Type: Cooperative Agreement

   Estimated Total Funding: $1,000,000

   Expected Number of Awards: 4

   Award Ceiling: $250,000 Per **Budget** Period

   Award Floor: $200,000 Per **Budget** Period

   Each funded program will be for a 36-month project period with three 12 month budget periods with a federal funding level of $200,000 to $250,000 for each budget period, pending progress toward required program milestones and availability of federal funds.

2. **SECTION IV.3 SUBMISSION DATES AND TIMES**

   The **due date** of applications has been **extended**. The original due date was Tuesday, May 26, 2020, the **new due date for applications is Tuesday, June 9, 2020.**

The start date of grant awards is August 1, 2020.

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Cooperative agreements under this Alzheimer's Disease Programs Initiative (ADPI) funding opportunity announcement (FOA) are intended to support and promote the development and implementation of dementia-capable home and community-based service (HCBS) systems in **Indian Country**. The Dementia Capability in Indian Country program is intended to support federally recognized tribes, tribal organizations and/or consortiums representing federally recognized tribes in these target activities. The dementia-capable systems resulting from activities under this program are expected to provide quality, person-centered services and supports that help individuals living with dementia and their caregivers remain independent and safe in their communities.

Applicants for the 36-month Dementia in Indian Country cooperative agreement are those entities that are presently responsible for the provision of and actively providing home and community services in tribal communities (i.e. tribes, tribal organizations and/or consortiums representing federally recognized tribes). Applicants will propose to enhance existing service systems with dementia services, resulting in the provision of services to Tribal Elders and their caregivers through a dementia-capable system. Responsive applications will demonstrate tribal leadership support and the authority to conduct the activities proposed in their application. Applicants are expected to develop a three-year program that includes dementia capable supports and services for elders living with dementia and their caregivers as well as dementia education and training of the greater tribal communities. Eligible applicants will collaborate with relevant subject matter experts and community and government entities to design and implement culturally competent quality, person centered services and support programs. Applicants will propose three year programs that include project milestones that will demonstrate continued progress toward stated goals. Funding beyond the first year funding will be contingent until progress toward and completion of stated program milestones.

Additional Application Elements

Highlights of additional program requirements to which applicants are subject are noted below with further information outlined in the full funding opportunity description:

- Inclusion of proposed program milestones for each year;
- Proposing implementation of a minimum of one dementia-specific evidence-based or evidence-informed intervention during the course of the grant (ACL definitions of evidence-based and evidence informed are provided in this funding opportunity announcement);
- 10% cost sharing/match;
- Dedication of a percentage of TOTAL grant funds to the provision of direct services as defined in the announcement (Year one 25% Year Two 35%, Year Three 45%);
- Phased program implementation;
- Pass through projects are prohibited;
- Primary grantee and partners complete initial and then annual Dementia Capability Assessment;
- Robust, third-party, program evaluation, including anticipated program outcomes and measures to demonstrate program impact on persons living with dementia and their

caregivers;
- Data collection, and
- Participation in technical assistance opportunities.

Emailed Letters of Intent are requested (but not required) to be submitted 10 days after the funding opportunity announcement posting date.

ACL will host an informational conference call in relation to this FOA; the call will be recorded and made available to the public immediately following the call.

Call Date: April 21, 2020

Call Time: 3:00-4:00 pm (est)

Conference Line #: 800-369-1989

Participant Code: 3650051

Instant Replay available until May 24, 2020 at 800-627-3229, passcode 5986

Please direct any questions about the programmatic goals and objectives of this FOA to erin.long@acl.hhs.gov.

I. Funding Opportunity Description

The National Institute on Aging defines dementia, a major cause of impairment among older adults, as the loss of cognitive functioning, thinking, remembering, and reasoning and behavioral abilities, to the extent that it interferes with a person's daily life and activities.

Dementia is an umbrella term under which many different types of cognitive impairment fall. Alzheimer's disease is the most common form of dementia; vascular dementia is the second most common. Estimates of the percentage of older persons with dementia vary, but its prevalence increases with age. Impairment, resulting from dementia, ranges in severity from the mildest stage, when it is just beginning to affect a person's functioning, to the most severe stage, when the person must depend completely on others for basic activities of daily living.

A study in 2016 revealed that American Indians, Native Alaskans (AI/AN) and African Americans are at the highest risk of developing dementia. Age is the most common risk factor for dementia, as the number of Native Americans reaching older ages continues to increase the expectation is that there will be more tribal elders with dementia. Other risk factors for dementia include, but are not limited to, diabetes, high blood pressure, and heart disease, all of which are common in AI/AN communities. [1] There are 573 federally recognized tribes across the United States, each with unique cultures, traditions and languages. Some tribes do not have a term that translates to dementia. [2] The Centers for Disease Control and Prevention estimates that between 2014 and 2060 the number of AI/AN 65 and older will grow to five times its current size. [3] Tribes would benefit from culturally competent supports and services and educational resources to support tribal elders and their caregivers.

A number of conditions cause dementia-like symptoms, including dehydration, malnutrition, hearing loss, and depression. Medication mismanagement can also result in the appearance of dementia. People with dementia and their caregivers use a broad range of home and community-based services (HCBS) available from public and private sector programs. People

living in the community with Alzheimer's disease and related dementias (ADRD) are at an increased risk of unmet needs, malnutrition, injury and various forms of neglect and exploitation. [4] Caring for people with advanced dementia is defined by the severity of their functional and cognitive impairment and their reliance on other trusted individuals to make their decisions as well as their inability to live alone and increased burden on families and caregivers. Elders demonstrate dementia thru certain behaviors, including repetitive speech, wandering, and sleep disturbances all of which are core clinical features of ADRD. If untreated, these behaviors can accelerate disease progression, worsen functional decline and quality of life, cause significant caregiver distress, and result in earlier nursing home placement. [5]

Alzheimer's disease is responsible, at least in part, for an estimated 60 percent of cases of dementia. [6] The CDC reports that one in six AI/ANs aged 45 and older has reported difficulties in memory or thinking. [7] Individuals are living longer because of advances in medicine and technology, as well as social and environmental conditions [8] and thus advancing to ages at which they are at increased risk of developing ADRD.

Estimates are that about half of older persons with dementia do not have an accurate diagnosis or any diagnosis. [9] CDC estimates that only one in three AI/ANs that have experienced memory loss have talked to their doctors about it. [10] It is critically important to identify these conditions correctly to provide for appropriate referrals to dementia-capable services that are supportive of individuals living with dementia and their family caregivers. Given the impact of the dementia on people and communities, the HCBS service systems that wish to be dementia-capable should consider adopting key aspects of a dementia-capable HCBS model.

A dementia-capable HCBS system should:

1. Identify people with possible dementia and recommend that they see a physician for a timely, accurate diagnosis and to rule out reversible causes of dementia or conditions that resemble it.
2. Ensure that program eligibility and resource allocation take into account the impact of cognitive disabilities.
3. Ensure that staff communicate effectively with people with dementia and their caregivers and provide services that are person- and family-centered, offer self-direction of services, and are culturally appropriate.
4. Educate workers to identify possible dementia, and understand the symptoms of dementia and appropriate services.
5. Educate the public about brain health, including information about the risk factors associated with developing dementia, first signs of cognitive problems, management of symptoms if individuals have dementia, support programs, and opportunities to participate in research.
6. Implement quality assurance systems that measure how effectively providers serve people with dementia and their caregivers.
7. Encourage development of dementia-friendly communities, which include key parts of dementia-capability.

Information on how HCBS providers can become dementia-capable, thus increasing their ability to help people with dementia and their caregivers can be found in ACL's paper entitled Demen tia Capable States and Communities: Lessons Learned from Administration on Aging Grantees.

Dementia-capable services within a home and community-based system (HCBS) are those that build upon and integrate existing programs from both private and public sectors.

Public sector partners/programs include, but are not limited to, tribes or tribal organizations, Area Agencies on Aging, Centers for Medicare & Medicaid Services (CMS), Centers for Disease Control and Prevention and the Department of Veterans Affairs.

The ACL's Alzheimer's Disease Programs Initiative (ADPI) is informed by the work and recommendations of National Alzheimer's Project Act Advisory Council and is dedicated to filling gaps in services, through the provision of HCBS to both targeted special populations and targeted training at both the State and Community levels. The ADPI is implemented with authority contained within Title IV of the Older Americans Act.

The ADPI is **not intended as a program funding "research"; in fact, "research" projects will not be funded**. The program is designed to pilot much-needed dementia-capable HCBS programs to communities, evaluate program outcomes and using program outcome data to garner support to sustain successful initiatives beyond the federal program period. The ADPI program is intended to advance **non-clinical**, social models of HCBS in support of persons with dementia and their caregivers. It is through programs such as this that the Administration for Community Living (ACL) demonstrates its commitment to its mission to maximize the independence, well-being, and health of older adults, people with disabilities, and their families and caregivers.

1. Centers for Disease Control and Prevention. Healthy Brain Initiative: Road Map for Indian Country. Accessed March 2, 2020 at https://www.cdc.gov/aging/healthybrain/pdf/HBI-Road-Map-for-Indian-Country-508.pdf.
2. Winchester, Blythe, Dementia in Indian Country. Accessed March 2, 2020 at https://www.ihs.gov/newsroom/ihs-blog/november2018/dementia-in-indian-country/.
3. Centers for Disease Control and Prevention. Healthy Brain Initiative: Road Map for Indian Country. Accessed March 2, 2020 at https://www.cdc.gov/aging/healthybrain/pdf/HBI-Road-Map-for-Indian-Country-508.pdf
4. Gould, E., Maslow,K.,LePore,M.,et al. Identifying and Meeting the Needs of Individuals With Dementia Who Live Alone. Accessed January 22, 2020 at https://nadrc.acl.gov/node/79 .
5. Gitlin LN, Kales HC, Lyketsos CG. Non-pharmacologic Management of Behavioral Symptoms in Dementia. JAMA. 2012;308(19):2020-2029.oi:10.1001/jama.2012.36918.
6. Alzheimer's Association. 2019 Alzheimer's Disease Facts and Figures. Accessed January 30, 2020 at https://www.alz.org/media/Documents/alzheimers-facts-and-figures-2019.pdf.
7. Centers for Disease Control and Prevention. Healthy Brain Initiative: Road Map for Indian Country. Accessed March 2, 2020 at https://www.cdc.gov/aging/healthybrain/pdf/HBI-Road-Map-for-Indian-Country-508.pdf.
8. Alzheimer's Association. 2019 Alzheimer's Disease Facts and Figures. Accessed January 30, 2020 at https://www.alz.org/media/Documents/alzheimers-facts-and-figures-2019.pdf.
9. Alzheimer's Association. 2019 Alzheimer's Disease Facts and Figures. Accessed January 30, 2020 at https://www.alz.org/media/Documents/alzheimers-facts-and-figures-2019.pdf.

10. Centers for Disease Control and Prevention. Healthy Brain Initiative: Road Map for Indian Country. Accessed March 2, 2020 at https://www.cdc.gov/aging/healthybrain/pdf/HBI-Road-Map-for-Indian-Country-508.pdf.

Funding Opportunity Requirements

GENERAL PROGRAM REQUIREMENTS/COMPONENTS

All applicants to this funding opportunity announcement are subject to the General program items listed below and must consider and include all of them in the development of their application, work and evaluation plans.

Phased Implementation -

Successful applicants will propose a phased approach for implementation of their projects. A description of the phases follows:

Planning Phase: The period during which the grantee refines their proposed program Work Plan and Evaluation Plan, based on the plans contained in their original application. The resulting plans will be the ACL/AoA approved roadmap for the grantee to accomplish the goals, objectives, and relevant milestone of the ACL/AoA funded program. During the planning phase, and prior to entering the implementation phase, all grantees and their partners will complete ACL's Dementia-Capability Assessment to establish a baseline for program evaluation activities.

Applicants are to propose a planning phase of not more than 6 months from the notification date of the grant award. During this planning phase, grantees will be able to access no more than 15 percent of total grant funding to refine and expand on the work and evaluation plans submitted with their applications. ACL/AoA will be actively involved during the planning phase of the grant, to ensure that all ACL program objectives outlined in the Funding Opportunity Announcement are addressed. To conclude the planning phase the grantee must have received ACL/AoA's approval of their work and evaluation plans and uploaded those plans into the reporting system, the grantee and all relevant partners will have completed the initial Dementia-Capability Assessment and participated in a "Planning Phase Exit Conference". Upon completion of those steps, grantees will progress to the Implementation Phase and access the remaining 85 percent of cooperative agreement funding.

Implementation Phase: The period during which the grantees implement their approved plan for accomplishing the goals, objectives, and relevant milestones, as well as the evaluation of planned program activities. All grantees and their partners will complete annual Dementia-Capability Assessments, each Fall, over the course of the grant period.

The grantee may not advance to the Implementation Phase without ACL/AoA staff approved work and evaluation plans, initial dementia-capability assessments completed by the grantee and each partner, as well as a "Planning Phase Exit Conference". Upon ACL/AoA approval of the aforementioned documents and completion of the assessments and the exit conference, the grantee will begin the implementation phase of the grant period.

Milestone Model

The three-year grant program uses a program milestones model to demonstrate program progress and support program continuation. For this program, milestones are the points in the project where targeted project outcomes are occurring and signaling program progress. Each applicant will include at least one milestone for each budget year and include the steps toward achieving those milestones in their work plan. In addition to the availability of funding, progress in achieving milestone targets will be included in the considerations for funding program continuation years.

Examples of program milestones include:

Year One (Focus on Capacity Building):

- Develop or adapt existing dementia training and education program to create culturally competent program designed to build awareness of dementia in Indian Country;
- Train program partners to conduct trainings;
- Train home and community based service providers, family caregivers and community members.

Year Two (Focus on Intervention Implementation):

- Select evidence-based or evidenced informed intervention for delivery;
- Train staff in intervention delivery;
- Enroll participants in intervention and conduct trainings.

Year Three (Focus on Program Sustainability):

- Sustain education and intervention programs;
- Implement program sustainability plan.

Use of Evidence-Based/Evidence Informed Intervention

All programs must identify, by name, and describe the dementia specific evidence-based or evidence informed intervention they propose to implement, how it fits into their proposed overall program and the intended beneficiaries. The chosen intervention must fit the definitions outlined below.

Evidence-based programs or interventions: have been tested through randomized controlled trials and are: 1) effective at improving, maintaining, or slowing the decline in the health or functional status of older people or family caregivers; 2) suitable for deployment through community-based human services organizations and involve non-clinical workers and/or volunteers in the delivery of the intervention; 3) the research results have been published in a peer-reviewed scientific journal; and 4) the intervention has been translated into practice and is ready for distribution through community-based human services organizations.

Evidence-informed interventions: have substantive research evidence that demonstrates an ability to improve, maintain, or slow the decline in the health and functional status of older people or family caregivers. For the purposes of this announcement, an evidence-informed intervention is one that has: 1) been tested by at least one quasi-experimental

design with a comparison group, with at least 50 participants; OR 2) is an adaptation or translation of a **single** evidence-based intervention.

Evidence-based dementia specific interventions adapted for cultural competency are considered evidence- informed. Examples of culturally competent evidence-informed dementia specific interventions would include REACH Community, which was modified to create *REACH into Indian Country* and The SAVVY Caregiver in Indian Country. The state of Wisconsin has used the evidence-informed Music and Memory programs to support elders living with dementia and their caregivers.

Examples of dementia-specific evidence-based and evidence informed services/interventions implemented through ACL state and community grant programs can be found in ACL's NADRC's paper entitled Grantee-Implemented Evidence-Based and Evidence-Informed Inter ventions. Best Practice Caregiving, a free online database of proven dementia programs for family caregivers, is another excellent resource for identifying dementia specific evidence-based interventions.

Evidence –based and evidence informed interventions implemented through the program should have positive impact/outcomes for persons living with dementia and their caregivers. Applicants must identify in the project narrative and in the project evaluation plan the intended, measurable outcomes (i.e. increased knowledge, improved quality of life, reduced depression and stress/burden) of the proposed dementia-specific intervention, as well as providing estimates of persons served by each programmatic component. ACL's National Alzheimer's and Dementia Resource Center (NADRC) created a compendium of Evaluation Measures Resources that could provide assistance in identifying desired measurable outcomes of program activities.

Direct Service Requirement

All successful applicants are required to dedicate a portion of the **total program budget** to the provision of direct services to persons living with dementia and caregivers. All funded projects will dedicate the following percentage of the total program budget to direct services: Year 1: 25%, Year 2: 35%, Year 3: 45%.

Direct services come in many forms, in addition to training and education other direct services include, but are not limited to, respite, home health aides and companion services. A definition of direct service is provided in the funding opportunity announcement Appendix. Budget narratives included in the program application must include clear identification of the lines within the budget where the funds for the required direct services will reside.

Data Collection

Grantees are required to collect information on services provided under the authority of existing or future approved data collections.

Evaluation

All successful grant applications **MUST** include a plan for a robust, **third-party** evaluation. A third-party entity is one that is not engaged in proposed program activities beyond development and implementation of the program's evaluation plan and reports. Individuals or organizations involved in the development or implementation of **any** component of the proposed program would not qualify as "third party" evaluator.

At the beginning of funded projects, grantees and their partners are required to conduct a baseline assessment of the dementia-capability of their existing systems. The National Alzheimer's and Dementia Resource Center's (NADRC) developed the Dementia Capability Assessment Tool to measure the dementia capability of grantees and their partners.

The assessment gives grantees and their partners the opportunity to create measures they can use in future program evaluations. It also helps to refine program goals, objectives and milestones, as well as monitoring and reporting. The baseline information will provides a basis to track program progress toward enhanced dementia-capability and document progress. Grantees will agree to conduct annual follow-up assessments in each year of program funding throughout the duration of the program. Grantees submit the annual follow-up assessment with each Fall Semi-Annual Report, and a final assessment at the end of the grant period. Use of a progressive assessment model will ensure that, at the conclusion of the grant period, programs will be able to document their progress by reporting on the aspects of their project that were successful and those that were not, as well as the lessons learned.

Applications are scored on the inclusion of a **robust, third-party, project evaluation plan**. Evaluations should, at a minimum, determine the effectiveness and impact of program strategies and the processes used to execute project goals at both the systems development and consumer (service provision) level. Applicants should include outcome measures that demonstrate the impact of the program on persons living with dementia and caregivers in the proposed program and evaluation plans (**ACL will NOT fund any project that does not include measurable outcomes**). *All proposed projects will include at least one project component through which they will demonstrate impact on the quality of life of persons living with dementia.*

More information on evaluation expectations are in Section V of this funding opportunity announcement.

Technical Assistance

Successful applicants are to draw on the expertise of ACL/AoA program staff and existing AoA-sponsored resources to develop, implement, and sustain their strategic work plans. All grantees are required to participate in technical assistance activities as they pertain to the program development, management and integration. This includes, but is not limited to, participation in regularly scheduled technical assistance conference calls, web casts, learning collaboratives and one-on-one technical assistance opportunities initiated by ACL/AoA staff, resource center staff or the grantees.

Statutory Authority

Title IV of the Older Americans Act.

Statutory Authority

Older Americans Act

II. Award Information

Funding Instrument Type:	Cooperative Agreement
Estimated Total Funding:	$1,000,000

Expected Number of Awards:	4
Award Ceiling:	$250,000 Per Budget Period
Award Floor:	$200,000 Per Budget Period
Length of Project Period:	36-month project period with three 12-month budget periods

The projects will be 36 month awards with three 12 month budget periods. Funded 3 year programs will be designed in single year increments with well-defined required milestones. Continuation funding for each year is contingent upon both the achievement of annual program milestones and the availability of federal funding.

III. Eligibility Information

1. Eligible Applicants

Domestic public or private non-profit entities including state and local governments, Indian tribal governments and organizations (American Indian/Alaskan Native/Native American), faith-based organizations, community-based organizations, hospitals, and institutions of higher education.

2. Cost Sharing or Matching

Cost Sharing / Matching Requirement: Yes
The federal match required for the Dementia Capability in Indian Country program is 10% (cash and/or in-kind). All applicants are required to comply with the 10% match requirement outlined in the funding opportunity announcement (FOA).

There are two types of match: 1) non-federal cash and 2) non-federal in-kind. In general, costs borne by the applicant and cash contributions of any and all third parties involved in the project, including sub-grantees, contractors and consultants, are considered matching funds.

Volunteered time and use of facilities to hold meetings or conduct project activities may be considered in-kind (third-party) donations.

Budgetary funds provided from the applicant agency's budget for costs associated with the project are an example of a non-federal cash match.

All proposed matching funds must be directly connected to proposed program activities and cannot come from other Federal sources.

ACL discourages applicant agencies exceeding the minimum match requirement.

Applications with a match greater than the minimum required will not receive more favorable consideration under the review. Match is one of the responsiveness criteria as noted in Section III, 3 Application Disqualification Factors.

3. Responsiveness and Screening Criteria

Application Responsiveness Criteria

All applications will go through an initial programmatic screening to verify that the applicant

meets the minimum responsiveness criteria.

Applications will be reviewed to establish responsiveness to the following criteria.

All applications will go through an initial programmatic screening to verify that the applicant meets the funding opportunity announcement criteria. Those applicants that do not meet the minimum responsiveness criteria outlined below will be "screened out" and will not be forwarded for panel review.

The responsive project applicant:

1. Is presently responsible for the provision of and actively providing home and community services in the tribal community the applicant proposes to support with dementia services;
2. Names the tribe(s) that the application activities are designed to support and provides evidence of tribal authority to provide proposed supports and services.;
3. Demonstrates capacity to deliver person-centered services persons of all ages with dementia;
4. Identifies annual programmatic milestones and demonstrates infrastructure and intent to pursue those milestones, including a well-articulated plan;
5. Includes work and evaluation plans that demonstrate the intent to meet program direct service and outcome measure requirements;
6. Includes budget and budget narrative/justification that demonstrate intent to meet cost sharing/match and direct service requirements;
7. Provides letters of commitment from key partners and collaborators named in the proposal that include identification of their specific role in the project;
8. Includes a robust, **third-party**, evaluation plan - including a letter of commitment from the proposed third-party evaluator;
9. Includes outcome measures (including target numbers) in the proposed program work and evaluation plans (**ACL will NOT fund any project that does not include measurable outcomes);**
10. Names at least one dementia specific evidence-based or evidence informed intervention (that complies with the ACL provided definition) directed at persons with dementia and/or caregivers that will be implemented through program activities:
    1. Demonstrates intent to implement it in the project narrative and the proposed work and evaluation plans;
11. Does not propose conduit or pass-through funding for another agency to lead the project. No project partner will be proposed to receive more than 20% of the primary grantee's Federal budget.

Application Screening Criteria

All applications will be screened to assure a level playing field for all applicants. Applications that fail to meet the three screening criteria described below will not be reviewed and will receive no further consideration.

In order for an application to be reviewed, it must meet the following screening requirements:

1. Applications must be submitted electronically via http://www.grants.gov by 11:59 p.m.,

Eastern Time, by the **due date listed in section IV.3 Submission Dates and Times.**

2. The Project Narrative section of the Application must be **double-spaced**, on 8.5" x 11" plain white paper with **1" margins** on both sides, and a **standard font size of no less than 11 point, preferably Times New Roman or Arial.**
3. The Project Narrative must not exceed 20 pages. **Project Narratives that exceed 20 pages** will have the additional pages removed and only the first 20 pages of the Project Narrative will be provided to the merit reviewers for funding consideration. NOTE: The Project Work Plan, Letters of Commitment, and Vitae of Key Project Personnel **are not counted** as part of the Project Narrative for purposes of the 20-page limit.

Unsuccessful submissions will require authenticated verification from http://www.grants.gov indicating system problems existed at the time of your submission. For example, you will be required to provide an http://www.grants.gov submission error notification and/or tracking number in order to substantiate missing the application deadline.

IV. Application and Submission Information

1. Address to Request Application Package

Application materials can be obtained from http://www.grants.gov or https://www.acl.gov/grants/applying-grants.

Please note, ACL requires applications for all announcements to be submitted electronically through http://www.grants.gov in Workspace. Grants.gov Workspace is the standard way for organizations and individuals to apply for federal grants in Grants.gov. An overview and training on Grants.gov Workspace can be found here at: https://www.grants.gov/web/grants/applicants/workspace-overview.html

The Grants.gov registration process can take several days. If your organization is not currently registered, please begin this process immediately. **For assistance with http://www.grants.gov, please contact them at** support@grants.gov **or 800-518-4726 between 7:00 a.m. and 9:00 p.m. Eastern Time.**

- At the http://www.grants.gov website, you will find information about submitting an application electronically through the site, including the hours of operation. ACL strongly recommends that you do not wait until the application due date to begin the application process because of the time involved to complete the registration process.
- All applicants must have a DUNS number (http://fedgov.dnb.com/webform/) and be registered with the System for Award Management (SAM, www.sam.gov) and maintain an active SAM registration until the application process is complete, and should a grant be made, throughout the life of the award. **Effective June 11, 2018, when registering or renewing your registration, you must submit a notarized letter appointing the authorized Entity Administrator. Please be sure to read the FAQs located at** www.sam.gov **to learn more.** Applicants should allot sufficient time prior to the application deadline to finalize a new, or renew an existing registration. This action should allow you time to resolve any issues that may arise. Failure to comply with these requirements may result in your inability to submit your application or receive an award. Maintain documentation (with dates) of your efforts to register or renew at least two weeks before

the deadline. See the SAM Quick Guide for Grantees at: https://www.sam.gov /sam/ transcript/ SAM_Quick_ Guide_Grants_ Registrations-v1.6. ;pdf.

Note: Once your SAM registration is active, allow 24 to 48 hours for the information to be available in Grants.gov before you can submit an application through Grants.gov. This action should allow you time to resolve any issues that may arise. Failure to comply with these requirements may result in your inability to submit your application or receive an award.

- **Note**: Failure to submit the correct EIN Suffix can lead to delays in identifying your organization and access to funding in the Payment Management System.
- Effective October 1, 2010, HHS requires all entities that plan to apply for and ultimately receive federal grant funds from any HHS Operating/Staff Division (OPDIV/STAFFDIV) **or receive subawards directly from the recipients of those grant funds** to:

1. Register in SAM prior to submitting an application or plan;
2. Maintain an active SAM registration with current information at all times during which it has an active award or an application or plan under consideration by an OPDIV; and
3. Provide its DUNS number in each application or plan to submit to the OPDIV.

Additionally, all first-tier subaward recipients must have a DUNS number at the time the subaward is made.

- Since October 1, 2003, The Office of Management and Budget has required applicants to provide a Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number when applying for federal grants or cooperative agreements. It is entered on the SF-424. It is a unique, **nine-digit identification number**, which provides unique identifiers of single business entities. The DUNS number is *free and easy* to obtain.
- Organizations can receive a DUNS number at no cost by calling the dedicated toll-free DUNS Number request line at 866-705-5711
- You must submit all documents electronically, including all information included on the SF424 and all necessary assurances and certifications.
- After you electronically submit your application, you will receive an automatic acknowledgement from http://www.grants.gov that contains http://www.grants.gov tracking number. The Administration for Community Living will retrieve your application form from http://www.grants.gov.

U.S. Department of Health and Human Services
Administration for Community Living
Erin Long
Office of Supportive and Caregiver Services
E-mail: erin.long@acl.hhs.gov

2. Content and Form of Application Submission

Letter of Intent

Due Date for Letter of Intent: **04/13/2020**

Applicants are requested, **but not required**, to submit a letter of intent to apply for this funding opportunity to assist ACL in planning for the application independent review process. The purpose of the letter of intent is to allow our staff to estimate the number of independent reviewers needed and to avoid potential conflicts of interest in the review. The letter need only indicate intent to apply for program funding, no additional application details are necessary. The deadline for submission of the letter of intent is 15 days after the publication of the funding opportunity announcement.

Letters of intent should be sent to:

Erin Long, U.S. Department of Health and Human Services Administration for Community Living at erin.long@acl.hhs.gov

Project Narrative

The Project Narrative must be double-spaced, on 8.5" x 11" paper with 1" margins on both sides, and a standard font size of no less than 11 point, preferably Times New Roman or Arial. You can use smaller font sizes to fill in the Standard Forms and Sample Formats. The suggested length for the Project Narrative is 20 to 20 pages; 20 pages is the maximum length allowed. Project Narratives that exceed 20 pages will have the additional pages removed and only the first 20 pages of the Project Narrative will be provided to the merit reviewers for funding consideration. The Project Work Plan, Letters of Commitment, and Vitae of Key Personnel are not counted as part of the Project Narrative for purposes of the 20-page limit, but all of the other sections noted below are included in the limit.

The sample components of the Project Narrative counted as part of the 20 page limit include:

- Summary/Abstract
- Problem Statement
- Goal(s) and Objective(s)
- Proposed Intervention
- Special Target Populations and Organizations
- Outcomes
- Project Management
- Evaluation
- Dissemination
- Organizational Capability

The Project Narrative is the most important part of the application, since it will be used as the primary basis to determine whether your project meets the minimum requirements for grants under the authorizing statutes. The Project Narrative should provide a clear and concise description of your project. ACL recommends that your project narrative include the following components:

Summary/Abstract

This section should include a brief (265 words maximum) description of the proposed project, including: goal(s), milestones, outcomes, and products to be developed. Detailed instructions for completing the summary/abstract are included in the "Instructions for Completing the Project Summary/Abstract."

Problem Statement

In this section **eligible** applicants should describe, in both quantitative and qualitative terms, the nature and scope of the particular problem or issue the proposed program is designed to address in the community you serve, including how the project will potentially affect older adults and/or people with disabilities, their families, and caregivers as well as the health care and home and community-based service system within which they are operating.

Problem Statements must include descriptions of:

- The impact of Alzheimer's disease and related dementias (ADRD) on the community and population that you serve;
- The trainings and services presently available to address behavioral symptom management, if any;
- The existing dementia-capability of the home and community-based service system within which you operate and how it pertains to the target population;
- Describe existing service gaps that the applicant will address through the proposed program, and
- The management, systems, financial or other challenges requiring attention in order to implement and sustain programs funded under this opportunity.

Goals and Objectives

This section should consist of a description of the project's goal(s) and major objectives.

In this section applicants should:

- Identify your proposed project goal(s) and major objectives (i.e. **proposed annual project milestones)** including the projected total number of individuals who will likely benefit from services provided this proposed project;
- Identify how you plan to address the major challenges stated in the problem statement;
- Describe partnerships, collaborations and innovative activities that will be implemented in support of goal/objective achievement, including the project implementation of dementia-specific evidence-based/evidence informed intervention(s);
- Explain how you will build program awareness and conduct outreach and identify participants;
- Explain anticipated outcomes and the planned measures to demonstrate program outcomes; and
- Describe the sustainability plan for program elements that are deemed successful.

Proposed Intervention

This section should provide a clear and concise description of the project designed to use to address the problem described in the "Problem Statement". You should also describe the rationale for the proposed activities, including factors such as: "lessons learned" for similar

projects previously tested in your community, or in other areas of the country; factors in the larger environment that have created the "right conditions" for the intervention (e.g., existing social or economic factors that you will be able to take advantage of, etc.). Applicants should also note any major barriers you anticipate encountering, and how your project will be able to overcome those barriers. Be sure to describe the role and makeup of any strategic partnerships you plan to involve in implementing the program, including other organizations, supporters, and/or consumer groups.

PLEASE NOTE: **All interventions proposed to meet the dementia specific evidence-based or evidence informed requirement must comply with the ACL standards defined in this funding opportunity announcement.**

Special Target Populations and Organizations

This section should describe how you plan to target and engage relevant and necessary organizations (i.e. Indian Health Service, Title VI programs, Tribal Council, National Indian Council on Aging, etc.) in a meaningful way in the planning and implementation of the proposed project.

Outcomes

This section of the project narrative **must clearly identify the measurable outcome(s)** that will result from the project. **(NOTE: ACL will not fund any project that does not include measurable outcomes). Each project must include AT LEAST ONE outcome measure to demonstrate their project's impact on the Quality of Life of a person with dementia.**

This section should also describe how the project's findings might benefit the field at large, (e.g., how the findings could help other organizations throughout the nation to address the same or similar problems.) List measurable outcomes in the work plan grid ("Project Work Plan – Sample Template") under "Measurable Outcomes" in addition to any discussion included in the narrative along with a description of how the project might benefit the field at large. In 2018 the National Alzheimer's and Dementia Resource Center (NADRC) published a compendium of Evaluation Measure Instruments intended to help providers of dementia-related services identify appropriate and well-researched measures in support of their program evaluation plans.

Applicants are encouraged to consider including a completed program activities matrix in their proposal package, the activities matrix would include: Program area being addressed, Activity proposed, Responsibility for activity, Manner of identification program participants, Participant target numbers, Desired outcomes/tools to measure activity outcomes. A sample grants activity matrix is included in the FOA appendix.

A "measurable outcome" is an observable end-result that describes how a particular intervention benefits consumers. It may demonstrate functional status, mental well-being, knowledge, skill, attitude, awareness or behavior. Desirable outcomes from projects targeting individuals living with dementia and their caregivers include, but are not limited to: change in quality of life of the person living with dementia, change in unmet needs, change in stress and/or burden, change in caregiver self-efficacy, a change in the responsiveness or cost-effectiveness of a service delivery system. **A measurable outcome is not a measurable "output", such as: the number of clients served; the number of training sessions held; or the number of service units**

provided.

You should keep the focus of this section on describing what outcome(s) will be produced by the project. You should use the Evaluation section noted below to describe how the outcome(s) will be measured and reported.

Your application will be scored on the clarity and nature of your proposed outcomes, not on the number of outcomes cited.

Project Management

This section should include a clear delineation of the roles and responsibilities of project staff, consultants and partner organizations, and how they will contribute to achieving the project's objectives and outcomes. It should specify who would have day-to-day responsibility for key tasks such as: leadership of project; monitoring the project's on-going progress, preparation of reports; communications with other partners and ACL. It should also describe the approach that will be used to monitor and track progress on the project's tasks and objectives.

Evaluation

This section should describe the method(s), techniques, and tools that will be used by the **third party** evaluator to: 1) determine whether the proposed intervention achieved its anticipated outcome(s), and 2) document the "lessons learned" – both positive and negative - from the project that will be useful to people interested in replicating the intervention, if it proves successful. The third-party evaluator will develop and submit an evaluation report to the grantee which will be submitted to the funder as a project deliverable.

Individuals or organizations involved in the development of any component of the proposed program would not qualify as "third-party" evaluator.

The third-party program evaluation plan will include a matrix (as an application appendix) that reflects the following program components: Activity proposed, Responsibility for activity, Manner of identification program participants, Participant target numbers, desired outcomes/tools to measure activity outcomes. A list of appropriate and well researched measurement tools that assess outcomes of importance to dementia-related programs can be found in the National Alzheimer's and Dementia Resource Center's (NADRC) compendium of Evaluation ;Measures Instruments. A sample activity matrix is included in the FOA Appendix. The third-party evaluator will not be expected to collect or analyze the required Dementia Capability Assessments, the National Alzheimer's and Dementia Resource Center team is responsible for this activity.

The development and implementation of a quality assurance (QA) program which ensures continuous quality improvement should be included in this section. The QA program description will include techniques and tools to demonstrate project outcomes, methods for monitoring and tracking progress toward program goal(s) and objectives, and documentation of both positive and negative lessons learned. This section will include the role in program evaluation of the initial and annual (each Fall) completion of the Dementia Capability Quality Assessment of the grantee and its partners.

In December 2016 the NADRC conducted a webinar entitled "Writing ;an ;Effective ;Work ;Plan ;and ;Evaluation ;Plan" that may be useful in the development of an evaluation plan.

Webinar attendees learned: (1) learn how to write project objectives, activities and tasks; (2) learn key elements of an evaluation plan; (3) understand the importance of providing specific details in the work plan and evaluation plan; and (4) find out about available tools and resources.

Dissemination

This section should describe the method that will be used to disseminate the project's results and findings in a timely manner and in easily understandable formats, to parties who might be interested in using the results of the project to inform practice, service delivery, program development, and/or policy-making, including and especially those parties who would be interested in replicating the project.

Organizational Capacity Statement

Each application should include an organizational capability statement and vitae for key project personnel. The organizational capability statement should describe how the applicant agency (or the particular division of a larger agency which will have responsibility for this project) is organized, the nature and scope of its work and/or the capabilities it possesses, including dementia-capability. It should also include the organization's capability to sustain some or all project activities after federal financial assistance has ended.

This description should cover capabilities of the applicant agency not included in the program narrative, such as any current or previous relevant dementia specific experience and/or the record of the project team in preparing cogent and useful reports, publications, and other products. If appropriate, include an organization chart showing the relationship of the project to the current organization. Please attach short vitae for key project staff only. Neither vitas nor an organizational chart will count towards the narrative page limit. Also include information about any contractual organization(s) that will have a significant role(s) in implementing project and achieving project goals.

Other

N/A

Budget Narrative/Justification

The Budget Narrative/Justification can be provided using the format included in the document, "Budget Narrative/Justification – Sample Format." Applicants are encouraged to pay particular attention to this document, which provides an example of the level of detail sought.

A combined multi-year Budget Narrative/Justification, as well as a detailed Budget Narrative/Justification for each year of potential grant funding, is required. The budget narrative/justification will detail where federal and non-federal funds will be expended over the course of the proposed project.

The budget narrative/justification breakdown should reflect the structure of the project team. Primary grantee personnel and other related programmatic costs would be outlined in the main sections of the budget, while contract or subgrantee detail (including personnel and other costs) would be included in the contract section of the budget.

The budget narrative/justification must indicate the budget lines where the applicant expects the direct service expenditures to occur - to demonstrate intent to meet the program requirement of

dedication of the program budget to direct services (Year 1: 25%, Year 2: 35%, Year 3: 45%.).

The budget narrative/justification must demonstrate the budget lines that will include the required match dollars. Match dollars must be directly connected to program activities articulated in the narrative, work and evaluation plans.

Work Plan

The Project Work Plan should reflect and be consistent with the Project Narrative and Budget and should cover all three (3) years of the project period. It should include a statement of the project's overall goal and objective, program milestones, anticipated outcome(s), people served and the major tasks/action steps that will be pursued to achieve the goal, milestones and outcome(s). For each major task / action step, the work plan should identify timeframes involved (including start- and end-dates), and the lead person responsible for completing the task. Please use the "Project Work Plan - Sample Template" format as a reference and resource.

In December 2016 the NADRC conducted a webinar entitled "Writing ;an ;Effective ;Work ;Plan ;and ;Evaluation ;Plan" that may be useful in the development of a work plan. Webinar attendees learned: (1) how to write project objectives, activities and tasks; (2) the key elements of an evaluation plan; (3) how understand the importance of providing specific details in the work plan and evaluation plan; and (4) information about available tools and resources.

Letters of Commitment from Key Participating Organizations and Agencies

Include confirmation of the commitments to the project (should it be funded) made by key collaborating organizations and agencies in this part of the application. Any organization that is specifically named to have a significant role in carrying out the project should be considered an essential collaborator and letters included. Signed letters of commitment detailing organization's roles in the proposed project should be scanned and included as attachments to the applications. A copy of negotiated indirect cost rate letters should accompany letters of commitment from collaborators/agencies that anticipate collection of a negotiated indirect cost expenses.

A signed letter of commitment from the Third Party Evaluator is required and considered part of the responsiveness criteria.

3. Submission Dates and Times

Due Date for Applications: **06/09/2020**
Date for Informational Conference Call: 04/21/2020
ACL will host an informational conference call in relation to this FOA.

April 21, 2020 from 3:00 pm – 4:00 pm EST.

The dial-in information is below:

Toll Free Number: 800- 369-1989 Passcode: 3650051

A recording will be available soon after the call concludes at the following number:

Toll Free Playback Number: 800-627-3229

Playback will be available for 60 days

Applications that fail to meet the application due date will not be reviewed and will receive no further consideration.

You are strongly encouraged to submit your application a minimum of 3-5 days prior to the application closing date. ***Do not wait until the last day in the event you encounter technical difficulties***, either on your end or, with http://www.grants.gov. Grants.gov can take up to 48 hours to notify you of a successful submission.

In addition, if you are submitting your application via Grants.gov, you must (1) be designated by your organization as an Authorized Organization Representative (AOR) and (2) register yourself with Grants.gov as an AOR. Details on these steps are outlined at the following Grants.gov web page: http://www.grants.gov/web/grants/register.html.

After you electronically submit your application, you will receive from Grants.gov an automatic notification of receipt that contains a Grants.gov tracking number. (This notification indicates receipt by Grants.gov only.) If you are experiencing problems submitting your application through Grants.gov, please contact the Grants.gov Support Desk, toll-free, at 1-800-518-4726. You must obtain a Grants.gov Support Desk Case Number and must keep a record of it.

If you are prevented from electronically submitting your application on the application deadline because of technical problems with the Grants.gov system, please contact the person listed under For Further Information Contact in section VII of this notice and provide a written explanation of the technical problem you experienced with Grants.gov, along with the Grants.gov Support Desk Case Number. ACL will contact you after a determination is made on whether your application will be accepted.

Note: We will not consider your application for further review if you failed to fully register to submit your application to Grants.gov before the application deadline or if the technical problem you experienced is unrelated to the Grants.gov system.

Unsuccessful submissions will require authenticated verification from http://www.grants.gov indicating system problems existed at the time of your submission. For example, you will be required to provide an http://www.grants.gov submission error notification and/or tracking number in order to substantiate missing the cut off date.

Grants.gov (http://www.grants.gov) will automatically send applicants a tracking number and date of receipt verification electronically once the application has been successfully received and validated in http://www.grants.gov.

4. Intergovernmental Review

This funding opportunity announcement is not subject to the requirements of Executive Order 12372, "Intergovernmental Review of Federal Programs."

5. Funding Restrictions

The following activities are not fundable:

- Construction and/or major rehabilitation of buildings

- Basic research (e.g. scientific or medical experiments)
- Continuation of existing projects without expansion or new and innovative approaches

Note: A recent Government Accountability Office (GAO) report has raised considerable concerns about grantees and contractors charging the Federal Government for additional meals outside of the standard allowance for travel subsistence known as per diem expenses. Executive Orders on Promoting Efficient Spending (E.O. 13589) and Delivering Efficient, Effective and Accountable Government (E.O. 13576) have been issued and instruct Federal agencies to promote efficient spending. Therefore, if meals are to be charged in your proposal, applicants should understand such costs must meet the following criteria outlined in the Executive Orders and HHS Grants Policy Statement:

- *Meals are generally unallowable except for the following:*
    - *For subjects and patients under study (usually a research program);*
    - *Where specifically approved as part of the project or program activity, e.g., in programs providing children's services (e.g. Head Start);*
    - *When an organization customarily provides meals to employees working beyond the normal workday, as a part of a formal compensation arrangement,*
    - *As part of a per diem or subsistence allowance provided in conjunction with allowable travel; and*
    - *Under a conference grant, when meals are necessary and integral part of a conference, provided that meal costs are not duplicated in participants' per diem or subsistence allowances. (Note: conference grant means the sole purpose of the award is to hold a conference.)*

6. Other Submission Requirements

Letters of intent should be emailed to erin.long@acl.hhs.gov .

V. Application Review Information

1. Criteria

Applicants must document all of their source material. If any text, language and/or materials are from another source, the applicant must make it clear the material is being quoted and where the text comes from. The applicant must also cite any sources when they obtain numbers, ideas, or other material that is not their own. If the applicant fails to comply with this requirement, regardless of the severity or frequency of the plagiarism, the reviewers shall reduce their scores accordingly even to the degree of issuing no points at all.

Applications are scored by assigning a maximum of 100 points across the desired review criteria:

1. Project Relevance & Current Need
2. Approach
3. Budget

4. Project Impact
5. Organizational Capacity

Project Relevance & Current Need	Maximum Points:15

1. Does the application provide a clear understanding of the dementia-capability of the system within which they are operating, if any?
2. Does the application provide a clear description of the need to dementia-capability for the population it serves?
3. Does the proposed project clearly and adequately identify the relevance of the priority areas, as described in this Funding Opportunity Announcement (FOA), in relation to current community needs?
4. Does the application describe:
    1. Their understanding of the population of individuals living with Alzheimer's or a related dementia and their caregivers in their community?
    2. The extent and nature of the needs of that population?
    3. Existing services for persons living with dementia and their caregivers in their community?
5. Is the proposed project justified in terms of the most recent, relevant, and available information and knowledge?

Approach	Maximum Points:30

Goals/Objectives (10 Points)

1. Does the applicant identify proposed project goal(s) and major objectives and program milestone targets?
    1. Are they reasonable and likely to be achieved?
2. Does the applicant outline how they plan to address the major challenges identified in the problem statement?
3. Does the applicant describe partnerships, collaborations and innovative activities that will be implemented in support of goal/objective achievement, including the dementia specific evidence-based/evidence informed intervention(s) to be implemented in the project?
4. Does the applicant explain how they will build awareness and conduct outreach for program activities and identify program participants?
5. Does the applicant explain anticipated outcomes and the measures to demonstrate program outcomes?
6. Has the applicant stated clear and meaningful goals, objectives and milestones for the proposed program?
7. Does the application include measurable performance outcome goals and indicators related to ease of access, responsiveness to persons with dementia and their family caregivers, efficiency and effectiveness?
8. Does the project take into account barriers and opportunities that exist in the larger

environment that may influence project success?

Work/Management Plan (10 Points)

1. Is the project work plan clear and comprehensive, covering ALL years of the proposed project?
2. Does the applicant fully describe their methods for achieving program objectives?
3. Does the applicant fully describe program milestones for each year?
4. Does the applicant provide measurable targets for maximum population coverage of dementia-capable information, education and services?
5. Does the work plan include specific objectives and tasks that are linked to measurable outcomes?
    1. **Does the application include at least one measurable outcome linked to the Quality of Life of people with dementia?**
6. Does the work plan include training for and implementation of at least one dementia specific evidence-based/evidence-informed intervention that meets ACL definitions?
    1. Are dementia specific evidence-based/evidence informed intervention(s) included as components of the proposed work plan?
7. Does it include sensible and feasible timeframes for the accomplishment of the tasks presented?
8. Does the work plan include a commitment to conduct an initial Dementia Capability Assessment at the beginning of the project and reassess each fall over the course of the program?
9. Does the proposal include a clear and coherent management plan, including plans for administration, collaboration and coordination of program activities with other related services or programs?
10. Are the roles and responsibilities of project staff, consultants and partners clearly delineated and linked to specific objectives and tasks?
11. Does the project work plan include production and submission of a summary report or manual describing how the project was conducted and goals were achieved, as well as ways in which barriers to goal achievement were addressed?
12. Does the project work plan include the development and submission of an evaluation report developed by a third-party evaluator?

Methods of Addressing the Problem (10 Points)

1. Does the application fully describe how people with ADRD and their family will have access to a wide range of person-centered HCBS that promote independence in the community?
2. Does the application identify and fully describe how they plan to provide at least one dementia specific evidence-based or evidence-informed intervention in the provision of service?
3. Does the application fully describe their implementation and use of a quality assurance and improvement process that will help ensure delivery of quality, dementia capable services?
4. Does the application fully describe how people with ADRD and their family are accessing a wide range of person-centered HCBS that promote independence in the

community through the existing project proposed for expansion?
5. Does the applicant specify services chosen, summarize the rationale for those services and the methods they propose to use in service development, pilot testing and evaluation?

Budget	Maximum Points:15

1. Does the budget and associated narrative cover the entirety of the proposed project?
2. Is it clear that the applicant is not proposing conduit or pass-through funding for another agency to lead the project? No project partner will be proposed to receive more than 20% of the primary grantee's Federal budget. (Conduit or pass through proposals are subject to screening out).
    1. Does the budget clearly delineate between resources dedicated to the Primary Grantee their contractors/sub-grantees (i.e. all contracted funding, including staff should be outlined under contracts in the budget)?
    2. Has the applicant included letters of commitment for project partners, as well as negotiated indirect cost rate letters for those who are claiming those costs?
    3. Has the applicant budget complied with salary limitations with no hourly rates exceeding an annual salary rate of $192,300 exclusive of fringe?
3. Does the budget reflect the 10% match (cash and/or in-kind) match requirement?
4. Does the application reflect an understanding that the applicant agrees to expend the required level of the TOTAL grant funds for the provision of direct services to persons with ADRD and their caregivers?
    1. **Does the budget identify where in the budget the direct services will be allocated?**
5. Is the time commitment of the proposed Project Director and other key project personnel sufficient to assure proper direction, management and timely completion of the project?
    1. Are the budget amounts proposed for personnel proportionate to other activities, given the scope of the proposal?
    2. Does the proposed budget include time and financial resources for the lead agency staff to ensure engagement in and oversight of program activities?
6. Is the budget justified with respect to the adequacy and reasonableness of resources requested?
7. Are budget line items clearly delineated and consistent with work plan objectives?

Project Impact	Maximum Points:25

Project Outcomes (9.5 Points)

1. Are the expected project benefits/results clear, realistic, and consistent with the objectives and purpose of the project?
2. Are the proposed outcomes quantifiable and measurable, consistent with the definition of the project outcome contained in the program announcement
3. Does the evaluation plan include the required measure designed to assess program outcomes related to the **Quality of Life in the person living with dementia**?

4. Has the applicant agreed to work with AoA/ACL and comply with any OMB approved reporting requirements and to submit reports according to the required schedule?
5. Does the application provide measurable targets for achieving maximum population coverage of dementia capable information, referral and access for each year of the cooperative agreement period?

Project Evaluation (9.5 Points) (ACL will not fund any project that does not include measurable outcomes.)

1. Does the application include a robust, third-party, evaluation plan?
2. **Does the applicant name and include a letter of commitment from the proposed third-party evaluator (an individual or organization whose role in the project has zero connection to program implementation)? Applications that do not name and include a letter of commitment for a third-party evaluator will be screened out.**
3. Does the evaluation plan include well-articulated intended program targets, outcomes and outcome measures?
4. Does the project evaluation reflect a thoughtful and well-designed approach that will be able to successfully measure whether or not the project has achieved it proposed outcomes?
5. Does the plan include the qualitative and/or quantitative methods necessary to reliably measure outcomes?
6. Is the evaluation designed to capture "lessons learned" from the overall effort?
7. Does the applicant include the development and submission of an evaluation report developed by a third-party evaluator?

Dissemination (3 points)

1. Does the application describe the method and related financial resources that will be used to disseminate the project's results and findings in a timely manner and in easily understandable formats?
2. Is there a dissemination plan to get relevant and easy to use information about the program, the services they are providing?
3. Does the project plan include efforts to deliver information on project efforts (i.e. program deliverables, conference presentations, web-based methods, media outreach, etc.)?

Sustainability (3 points)

1. Does the application include a plan to ensure sustainability of the grantee's dementia capable HCBS system?
2. Is sustainability sufficiently addressed in the work plan?
3. Is there a clear and realistic plan to try to identify resources and avenues through which program activities can continue after Federal Financial assistance has ended?
4. Is sustainability of the program beyond the program period likely?

Organizational Capacity	Maximum Points:15

Organizational Capacity (8 Points)

1. Does the application identify themselves as the appropriate agency to develop community dementia capability?
2. Does the applicant organization clearly identify their capacity for carrying out the proposed project and evaluation?
3. Do the proposed project director(s), key staff and consultants have the dementia capability background, experience, and other qualifications required to carry out their designated roles?
4. Do key staff have time commitments allocated that are sufficient to carry out a project of this scope?
5. Are letters from participating organizations included, as appropriate, and do they express the clear commitment and areas of responsibility of those organizations, consistent with the work plan description of their intended roles and contributions?
6. **Is it clear that the applicant is not proposing conduit or pass-through funding for another agency to lead the project?**

Organization and Management (7 Points)

1. Does the applicant demonstrate the commitment to lead the project?
2. Does the application adequately describe organizational ability to work with other state and community based entities?
3. Does the application demonstrate the organization's intent/capability to sustain some or all project activities after Federal financial assistance has ended?
4. Does the applicant demonstrate commitment and ability to comply with the timeline, content and format of all required Federal data collection and reporting requirements?

2. Review and Selection Process

As required by 2 CFR Part 200 of the Uniform Guidance, effective January 1, 2016, ACL is required to review and consider any information about the applicant that is in the Federal Awardee Performance and Integrity Information System (FAPIIS), https://www.fapiis.gov before making any award in excess of the simplified acquisition threshold (currently $150,000) over the period of performance. An applicant may review and comment on any information about itself that a federal awarding agency has previously entered into FAPIIS. ACL will consider any comments by the applicant, in addition to other information in FAPIIS, in making a judgment about the applicant's integrity, business ethics, and record of performance under federal awards when completing the review of risk posed by applicants as described in 2 CFR Section 200.205 Federal Awarding Agency Review of Risk Posed by Applicants (https:// www.ecfr.gov/ cgi-bin/ text-idx?node=se2.1.200_1205&rgn=div8).

An independent review panel of at least three individuals will evaluate applications that pass the screening and meet the responsiveness criteria if applicable. These reviewers are experts in

their field, and are drawn from academic institutions, non-profit organizations, state and local governments, and federal government agencies. Based on the Application Review Criteria as outlined under section V.1, the reviewers will comment on and score the applications, focusing their comments and scoring decisions on the identified criteria.

Final award decisions will be made by the Administrator, ACL. In making these decisions, the Administrator will take into consideration: recommendations of the review panel; reviews for programmatic and grants management compliance; the reasonableness of the estimated cost to the government considering the available funding and anticipated results; and the likelihood that the proposed project will result in the benefits expected.

3. Anticipated Announcement Award Date

Award notices to successful applicants are expected to be sent around July 15, 2020 for an anticipated start date of August 1, 2020.

VI. Award Administration Information

1. Award Notices

Successful applicants will receive an electronic Notice of Award. The Notice of Award is the authorizing document from the U.S. Administration for Community Living authorizing official, Office of Grants Management. Acceptance of this award is signified by the drawdown of funds from the Payment Management System. Unsuccessful applicants are generally notified within 30 days of the final funding decision and will receive a disapproval letter via e-mail or U.S. mail. Unless indicated otherwise in this announcement, unsuccessful applications will not be retained by the agency and will be destroyed.

2. Administrative and National Policy Requirements

The award is subject to HHS Administrative Requirements, which can be found in 45 CFR Part 75 and the Standard Terms and Conditions, included in the Notice of Award as well as implemented through the HHS Grants Policy Statement.
Recipients of federal financial assistance (FFA) from HHS must administer their programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age and, in some circumstances, religion, conscience, and sex. This includes ensuring programs are accessible to persons with limited English proficiency. The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. Please see the appendix for this announcement to review the entire policy and guidelines.
A standard term and condition of award will be included in the final notice of award; all applicants will be subject to a term and condition that applies the terms of 48 CFR section 3.908 to the award and requires the grantees inform their employee in writing of employee whistleblower rights and protections under 41 U.S.C. 4712 in the predominant native language of the workforce.

3. Reporting

Program Progress Reporting - Program Progress Reports are due semi-annually (within 30 days following each six month period), effective with the start date of the award. This report must be submitted, in the required format, as a "grant note" using an authorized GrantSolutions account.

Effective March 1, 2011, ACL requires the submission of the SF-425 (Federal Financial Report). The reporting cycle will be reflected in the Notice of Award. The ACL program progress report is due semi-annually from the start date of the award and is due within 30 days of the reporting period end date. The final progress report and SF-425 reports are due 90 days after the end of the project period.

Grantees are required to complete the federal cash transactions portion of the SF-425 within the Payment Managements System as identified in their award documents for the calendar quarters ending 3/31, 6/30, 9/30, and 12/31 through the life of their award. In addition, the fully completed SF-425 will be required as denoted in the Notice of Award terms and conditions.

4. FFATA and FSRS Reporting

The Federal Financial Accountability and Transparency Act (FFATA) requires data entry at the FFATA Subaward Reporting System (http://www.FSRS.gov) for all sub-awards and sub-contracts issued for $25,000 or more as well as addressing executive compensation for both grantee and sub-award organizations.
For further guidance please follow this link to access ACL's Terms and Conditions: https://www.acl.gov/grants/managing-grant#

VII. Agency Contacts

Project Officer

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Grants Management Specialist

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VIII. Other Information

The Paperwork Reduction Act of 1995 (P.L. 104-13)

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The project description and Budget Narrative/Justification is approved under OMB control number 0985-0018. Public reporting burden for this collection of information is estimated to average 10 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed and reviewing the collection information.

Appendix

Accessibility Provisions for All Grant Application Packages and Funding Opportunity Announcements

Recipients of federal financial assistance (FFA) from HHS must administer their programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age and, in some circumstances, religion, conscience, and sex. This includes ensuring programs are accessible to persons with limited English proficiency. The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. Please see https://www.hhs.gov/ civil-rights/for-providers/ provider-obligations/ index.html and http://www.hhs.gov/ ocr/civilrights/understanding/ section1557/index.html.

- Recipients of FFA must ensure that their programs are accessible to persons with limited English proficiency. HHS provides guidance to recipients of FFA on meeting their legal obligation to take reasonable steps to provide meaningful access to their programs by persons with limited English proficiency. Please see https://www.hhs.gov/civil-rights/ for-individuals/ special-topics/limited-english-proficiency/fact-sheet-guidance/index.html and https://www.lep.gov. For further guidance on providing culturally and linguistically appropriate services, recipients should review the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care at https://minorityhealth.hhs.gov/ omh/ browse.aspx?lvl=2&lvlid=53.
- Recipients of FFA also have specific legal obligations for serving qualified individuals with disabilities. Please see http://www.hhs.gov/ ocr/civilrights/understanding/ disability/index.html.
- HHS funded health and education programs must be administered in an environment free of sexual harassment. Please see https://www.hhs.gov/ civil-rights/for-individuals/ sex-discrimination/index.html; https://www2.ed.gov/about/offices/list/ocr/docs/shguide.html; and https://www.eeoc.gov/ eeoc/publications/upload/ fs-sex.pdf.
- Recipients of FFA must also administer their programs in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws. Collectively, these laws prohibit exclusion, adverse treatment, coercion, or other discrimination against persons or entities on the basis of their consciences, religious beliefs, or moral convictions. Please see https://www.hhs.gov/ conscience/conscience-protections/ index.html and

https://www.hhs.gov/conscience /religious-freedom/index.html.

Please contact the HHS Office for Civil Rights for more information about obligations and prohibitions under federal civil rights laws at https://www.hhs.gov/ocr/about-us/ contact-us/index.html or call 1-800-368-1019 or TDD 1-800-537-7697.

Instructions for Completing Required Forms

This section provides step-by-step instructions for completing the four (4) standard Federal forms required as part of your grant application, including special instructions for completing Standard Budget Forms 424 and 424A. Standard Forms 424 and 424A are used for a wide variety of Federal grant programs, and Federal agencies have the discretion to require some or all of the information on these forms. ACL does not require all the information on these Standard Forms. Accordingly, please use the instructions below in lieu of the standard instructions attached to SF 424 and 424A to complete these forms.

a. Standard Form 424

1. **Type of Submission:** (REQUIRED): Select one type of submission in accordance with agency instructions.

- Preapplication
- Application
- Changed/Corrected Application – If ACL requests, check if this submission is to change or correct a previously submitted application.

2. **Type of Application**: (REQUIRED) Select one type of application in accordance with agency instructions.

- New
- Continuation
- Revision

3. **Date Received:** Leave this field blank.

4. **Applicant Identifier**: Leave this field blank

5a **Federal Entity Identifier**: Leave this field blank

5b. **Federal Award Identifier**: For new applications leave blank. For a continuation or revision to an existing award, enter the previously assigned Federal award (grant) number.

6. **Date Received by State:** Leave this field blank.

7. **State Application Identifier:** Leave this field blank.

8. **Applicant Information**: Enter the following in accordance with agency instructions:

a. Legal Name: (REQUIRED): Enter the name that the organization has registered with the System for Award Management (SAM), formally the Central Contractor Registry. Information on registering with SAM may be obtained by visiting the Grants.gov website (https://www.grants.gov) or by going directly to the SAM website (www.sam.gov).

b. Employer/Taxpayer Number (EIN/TIN): (REQUIRED): Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service. In addition, we encourage the organization to include the correct suffix used to identify your organization in order to properly align access to the Payment Management System.

c. Organizational DUNS: (REQUIRED) Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained by visiting the Grants.gov website (https://www.grants.gov). Your DUNS number can be verified at https://fedgov.dnb.com/webform/.
d. Address: (REQUIRED) Enter the complete address including the county.

e. Organizational Unit: Enter the name of the primary organizational unit (and department or division, if applicable**)** that will undertake the project.

f. Name and contact information of person to be contacted on matters involving this application: Enter the name (First and last name required), organizational affiliation (if affiliated with an organization other than the applicant organization), telephone number (Required), fax number, and email address (Required) of the person to contact on matters related to this application.

9. **Type of Applicant:** (REQUIRED) Select the applicant organization "type" from the following drop down list.

A. State Government B. County Government C. City or Township Government D. Special District Government E. Regional Organization F. U.S. Territory or Possession G. Independent School District H. Public/State Controlled Institution of Higher Education I. Indian/Native American Tribal Government (Federally Recognized) J. Indian/Native American Tribal Government (Other than Federally Recognized) K. Indian/Native American Tribally Designated Organization L. Public/Indian Housing Authority M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education) N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education) O. Private Institution of Higher Education P. Individual Q. For-Profit Organization (Other than Small Business) R. Small Business S. Hispanic-serving Institution T. Historically Black Colleges and Universities (HBCUs) U. Tribally Controlled Colleges and Universities (TCCUs) V. Alaska Native and Native Hawaiian Serving Institutions W. Non-domestic (non-US) Entity X. Other (specify)

10. **Name of Federal Agency**: (REQUIRED) Enter U.S. Administration for Community Living

11. **Catalog of Federal Domestic Assistance Number/Title:** The CFDA number can be found on page one of the Program Announcement.

12. **Funding Opportunity Number/Title:** (REQUIRED) The Funding Opportunity Number and title of the opportunity can be found on page one of the Program Announcement.

13. **Competition Identification Number/Title:** Leave this field blank.

14. **Areas Affected by Project:** List the largest political entity affected (cities, counties, state etc.)

15. **Descriptive Title of Applicant's Project:** (REQUIRED) Enter a brief descriptive title of the project (This is not a narrative description).

16. **Congressional Districts Of**: (REQUIRED) 16a. Enter the applicant's Congressional District, and 16b. Enter all district(s) affected by the program or project. Enter in the format: 2 characters State Abbreviation – 3 characters District Number, e.g., CA-005 for California 5th district, CA-012 for California 12th district, NC-103 for North Carolina's 103rd district. If all congressional districts in a state are affected, enter "all" for the district number, e.g., MD-all for all congressional districts in Maryland. If nationwide, i.e. all districts within all states are affected, enter US-all. See the below website to find your congressional district: https://www.house.gov/

17. **Proposed Project Start and End Dates**: (REQUIRED) Enter the proposed start date and final end date of the project**. If you are applying for a multi-year grant, such as a 3 year grant project, the final project end date will be 3 years after the proposed start date.** In general, all start dates on the SF424 should be the 1st of the month and the end date of the last day of the month of the final year, for example 7/01/2014 to 6/30/2017. The Grants Officer can alter the start and end date at their discretion.

18. **Estimated Funding:** (REQUIRED) If requesting multi-year funding, enter the full amount requested from the Federal Government in line item 18.a., as a multi-year total. For example and illustrative purposes only, if year one is $100,000, year two is $100,000, and year three is $100,000, then the full amount of federal funds requested would be reflected as $300,000. The amount of matching funds is denoted by lines b. through f. with a combined federal and non-federal total entered on line g. Lines b. through f. represents contributions to the project by the applicant and by your partners during the total project period, broken down by each type of contributor. The value of in-kind contributions should be included on appropriate lines, as applicable.

NOTE: Applicants should review cost sharing or matching principles contained in Subpart C of 45 CFR Part 75 before completing Item 18 and the Budget Information Sections A, B and C noted below.

All budget information entered under item 18 should cover the total project period. For sub-item 18a, enter the federal funds being requested. Sub-items 18b-18e is considered matching funds. The dollar amounts entered in sub-items 18b-18f must total at least 1/3 of the amount of federal

funds being requested (the amount in 18a). For a full explanation of ACL's match requirements, see the information in the box below. For sub-item 18f (program income), enter only the amount, if any, that is going to be used as part of the required match. Program Income submitted as match will become a part of the award match and recipients will be held accountable to meet their share of project expenses even if program income is not generated during the award period.

There are two types of match: 1) non-federal cash and 2) non-federal in-kind. In general, costs borne by the applicant and cash contributions of any and all third parties involved in the project, including sub-grantees, contractors and consultants, are considered **matching funds**. Examples of **non-federal cash match** includes budgetary funds provided from the applicant agency's budget for costs associated with the project. Generally, most contributions from sub-contractors or sub-grantees (third parties) will be non-federal in-kind matching funds. Volunteered time and use of third party facilities to hold meetings or conduct project activities may be considered in-kind (third party) donations.

NOTE: **Indirect charges** may only be requested if: (1) the applicant has a current indirect cost rate agreement approved by the Department of Health and Human Services or another federal agency; or (2) the applicant is a state or local government agency. State governments should enter the amount of indirect costs determined in accordance with HHS requirements. **If indirect costs are to be included in the application, a copy of the approved indirect cost agreement or cost allocation plan must be included with the application. Further, if any sub-contractors or sub-grantees are requesting indirect costs, a copy of the latest approved indirect cost agreements must also be included with the application, or reference to an approved cost allocation plan.**

ACL's Match Requirement:

Under many ACL programs, ACL will fund no more than 75 % of the project's total cost, which means the applicant must cover at least 25% of the project's total cost with non-Federal resources. In other words, for every three (3) dollars received in Federal funding, the applicant must contribute at least one (1) dollar in non-Federal resources toward the project's total cost (i.e., the amount on line 18g.). This â€œthree-to-oneâ€? ratio is reflected in the following formula which you can use to calculate your minimum required match:

FederalFundsRequested*MatchPercentage = Minimum Match Requirement

Inverse Match Percentage

Examples of varying match levels:

1) $100,000(federal funds requested)*5%(match) = $5,263

95%

2) $100,000*25%(match) = $33,333

75%

3) $100,000*35%(match) = $53,846

65%

4) $100,000*45%(match) = $81,818

55%

If the required non-Federal share is not provided by the completion date of the funded project period, ACL will reduce the Federal dollars awarded when closing out the award to meet the match percentage, which may result in a requirement to return Federal funds.

19. **Is Application Subject to Review by State Under Executive Order 12372 Process?** Please refer to IV. Application and Submission Information, 4. Intergovernmental Review to determine if the ACL program is subject to E.O. 12372 and respond accordingly.

20. **Is the Applicant Delinquent on any Federal Debt?** (Required) This question applies to the applicant organization, not the person who signs as the authorized representative. If yes, include an explanation on the continuation sheet.

21. **Authorized Representative**: (Required) To be signed and dated by the authorized representative of the applicant organization. Enter the name (First and last name required) title (Required), telephone number (Required), fax number, and email address (Required) of the person authorized to sign for the applicant. A copy of the governing body's authorization for you to sign this application as the official representative must be on file in the applicant's office. (Certain federal agencies may require that this authorization be submitted as part of the application.)

Standard Form 424A

NOTE: Standard Form 424A is designed to accommodate applications for multiple grant programs; thus, for purposes of this ACL program, many of the budget item columns and rows are not applicable. You should only consider and respond to the budget items for which guidance is provided below. Unless otherwise indicated, the SF 424A should reflect a multi-year budget.

Section A - Budget Summary

Line 5: Leave columns (c) and (d) blank. Enter TOTAL Federal costs in column (e) and total non federal costs (including third party in-kind contributions and any program income to be used as part of the grantee match) in column (f). Enter the sum of columns (e) and (f) in column (g).

Section B - Budget Categories

Column 1: Enter the breakdown of how you plan to use the Federal funds being requested by object class category.

Column 2: Enter the breakdown of how you plan to use the non-Federal share by object class category.

Column 5: Enter the total funds required for the project (sum of Columns 1 and 2) by object class category.

Section C - Non-Federal Resources

Column A: Enter the federal grant program.

Column B: Enter in any non-federal resources that the applicant will contribute to the project.

Column C: Enter in any non-federal resources that the state will contribute to the project.

Column D: Enter in any non-federal resources that other sources will contribute to the project.

Column E: Enter the total non-federal resources for each program listed in column A.

Section D - Forecasted Cash Needs

Line 13: Enter Federal forecasted cash needs broken down by quarter for the first year only.

Line 14: Enter Non-Federal forecasted cash needs broken down by quarter for the first year.

Line 15: Enter total forecasted cash needs broken down by quarter for the first year.

Note: This area is not meant to be one whereby an applicant merely divides the requested funding by four and inserts that amount in each quarter but an area where thought is given as to how your estimated expenses will be incurred during each quarter. For example, if you have initial startup costs in the first quarter of your award reflect that in quarter one or you do not expect to have contracts awarded and funded until quarter three, reflect those costs in that quarter.

Section E – Budget Estimates of Federal Funds Needed for Balance of the Project (i.e. subsequent years 2, 3, 4 or 5 as applicable).

Column A: Enter the federal grant program

Column B (first): Enter the requested year two funding.

Column C (second): Enter the requested year three funding.

Column D (third): Enter the requested year four funding, if applicable.

Column E (forth): Enter the requested year five funding, if applicable.

Section F – Other Budget Information

Line 21: Enter the total Indirect Charges

Line 22: Enter the total Direct charges (calculation of indirect rate and direct charges).

Line 23: Enter any pertinent remarks related to the budget.

Separate Budget Narrative/Justification Requirement

Applicants requesting funding for multi-year grant programs are REQUIRED to provide a combined multi-year Budget Narrative/Justification, as well as a detailed Budget Narrative/Justification for each year of potential grant funding. A separate Budget Narrative/Justification is also REQUIRED for each potential year of grant funding requested.

For your use in developing and presenting your Budget Narrative/Justification, a sample format with examples and a blank sample template have been included in these Attachments. In your Budget Narrative/Justification, you should include a breakdown of the budgetary costs for all of the object class categories noted in Section B, across three columns: Federal; non-Federal cash; and non-Federal in-kind. Cost breakdowns, or justifications, are required for any cost of $1,000 or for the thresholds as established in the examples. The Budget Narratives/Justifications should fully explain and justify the costs in each of the major budget items for each of the object class categories, as described below. Non-Federal cash as well as, sub-contractor or sub-grantee (third party) in-kind contributions designated as match must be clearly identified and explained

in the Budget Narrative/Justification The full Budget Narrative/Justification should be included in the application immediately following the SF 424 forms.

Line 6a: **Personnel**: Enter total costs of salaries and wages of applicant/grantee staff. Do not include the costs of consultants, which should be included under 6h Other.

In the Justification: Identify the project director, if known. Specify the key staff, their titles, and time commitments in the budget justification.

Line 6b: **Fringe Benefits**: Enter the total costs of fringe benefits unless treated as part of an approved indirect cost rate.

In the Justification: If the total fringe benefit rate exceeds 35% of Personnel costs, provide a breakdown of amounts and percentages that comprise fringe benefit costs, such as health insurance, FICA, retirement, etc. A percentage of 35% or less does not require a breakdown but you must show the percentage charged for each full/part time employee.

Line 6c: **Travel**: Enter total costs of all travel (local and non-local) for staff on the project. NEW: Local travel is considered under this cost item not under Other. Local transportation (all travel which does not require per diem is considered local travel). Do not enter costs for consultant's travel - this should be included in line 6h.

In the Justification: Include the total number of trips, number of travelers, destinations, purpose (e.g., attend conference), length of stay, subsistence allowances (per diem), and transportation costs (including mileage rates).

Line 6d: **Equipment**: Enter the total costs of all equipment to be acquired by the project. For all grantees, "equipment" is nonexpendable tangible personal property having a useful life of more than one year and an acquisition cost of $5,000 or more per unit. If the item does not meet the $5,000 threshold, include it in your budget under Supplies, line 6e.

In the Justification: Equipment to be purchased with federal funds must be justified as necessary for the conduct of the project. The equipment must be used for project-related functions. Further, the purchase of specific items of equipment should not be included in the submitted budget if those items of equipment, or a reasonable facsimile, are otherwise available to the applicant or its subgrantees.

Line 6e: **Supplies**: Enter the total costs of all tangible expendable personal property (supplies) other than those included on line 6d.

In the Justification: . For any grant award that has supply costs in excess of 5% of total direct costs (Federal or Non-Federal), you must provide a detailed break down of the supply items (e.g., 6% of $100,000 = $6,000 – breakdown of supplies needed). If the 5% is applied against $1 million total direct costs (5% x $1,000,000 = $50,000) a detailed breakdown of supplies is not needed. Please note: any supply costs of $5,000 or less regardless of total direct costs does not require a detailed budget breakdown (e.g., 5% x $100,000 = $5,000 – no breakdown needed).

Line 6f: **Contractual**: Regardless of the dollar value of any contract, you must follow your established policies and procedures for procurements and meet the minimum standards established in the Code of Federal Regulations (CFR's) mentioned below. Enter the total costs of all contracts, including (1) procurement contracts (except those which belong on other lines such as equipment, supplies, etc.). Note: The 33% provision has been removed and line item budget detail is not required as long as you meet the established procurement standards. Also include any awards to organizations for the provision of technical assistance. Do not include payments to individuals on this line. Please be advised: A subrecipient is involved in financial assistance activities by receiving a sub-award and a subcontractor is involved in procurement activities by receiving a sub-contract. Through the recipient, a subrecipient performs work to accomplish the public purpose authorized by law. Generally speaking, a sub-contractor does not seek to accomplish a public benefit and does not perform substantive work on the project. It is merely a vendor providing goods or services to directly benefit the recipient, for example procuring landscaping or janitorial services. In either case, you are encouraged to clearly describe the type of work that will be accomplished and type of relationship with the lower tiered entity whether it be labeled as a subaward or subcontract.

In the Justification: Provide the following three items – 1) Attach a list of contractors indicating the name of the organization; 2) the purpose of the contract; and 3) the estimated dollar amount. If the name of the contractor and estimated costs are not available or have not been negotiated, indicate when this information will be available. The Federal government reserves the right to request the final executed contracts at any time. If an individual contractual item is over the small purchase threshold, currently set at $100K in the CFR, you must certify that your procurement standards are in accordance with the policies and procedures as stated in 45 CFR Part 75 for states, in lieu of providing separate detailed budgets. This certification should be referenced in the justification and attached to the budget narrative.

Line 6g: **Construction**: Leave blank since construction is not an allowable costs for this program.

Line 6h: **Other**: Enter the total of all other costs. Such costs, where applicable, may include, but are not limited to: insurance, medical and dental costs (i.e. for project volunteers this is different from personnel fringe benefits), non-contractual fees and travel paid directly to individual consultants, postage, space and equipment rentals/lease, printing and publication, computer use,

training and staff development costs (i.e. registration fees). If a cost does not clearly fit under another category, and it qualifies as an allowable cost, then rest assured this is where it belongs.

Note: A recent Government Accountability Office (GAO) report number 11-43, has raised considerable concerns about grantees and contractors charging the Federal government for additional meals outside of the standard allowance for travel subsistence known as per diem expenses. If meals are to be charged towards the grant they must meet the following criteria outlined in the Grants Policy Statement:

- *Meals are generally unallowable except for the following:*
- *For subjects and patients under study(usually a research program);*
- *Where specifically approved as part of the project or program activity, e.g., in programs providing children's services (e.g., Headstart);*
- *When an organization customarily provides meals to employees working beyond the normal workday, as a part of a formal compensation arrangement;*
- *As part of a per diem or subsistence allowance provided in conjunction with allowable travel; and*
- *Under a conference grant, when meals are a necessary and integral part of a conference, provided that meal costs are not duplicated in participants' per diem or subsistence allowances (Note: the sole purpose of the grant award is to hold a conference).*

  In the Justification: Provide a reasonable explanation for items in this category. For example, individual consultants explain the nature of services provided and the relation to activities in the work plan or indicate where it is described in the work plan. Describe the types of activities for staff development costs.

Line 6i: **Total Direct Charges**: Show the totals of Lines 6a through 6h.

Line 6j: **Indirect Charges**: Enter the total amount of indirect charges (costs), if any. If no indirect costs are requested, enter "none." Indirect charges may be requested if: (1) the applicant has a current indirect cost rate agreement approved by the Department of Health and Human Services or another federal agency; or (2) the applicant is a state or local government agency. **State governments should enter the amount of indirect costs determined in accordance with DHHS requirements.** An applicant that will charge indirect costs to the grant must enclose a copy of the current rate agreement. Indirect Costs can only be claimed on Federal funds, more specifically, they are to only be claimed on the Federal share of your direct costs. Any unused portion of the grantee's eligible Indirect Cost amount that are not claimed on the Federal share of direct charges can be claimed as un-reimbursed indirect charges, and that portion can be used towards meeting the recipient match.

Line 6k: **Total**: Enter the total amounts of Lines 6i and 6j.

Line 7: **Program Income**: As appropriate, include the estimated amount of income, if any, you expect to be generated from this project that you wish to designate as match (equal to the amount shown for Item 15(f) on Form 424). **Note:** Any program income indicated at the bottom of Section B and for item 15(f) on the face sheet of Form 424 will be included as part of non-Federal match and will be subject to the rules for documenting completion of this pledge. If program income is expected, but is not needed to achieve matching funds, **do not** include that portion here or on Item 15(f) of the Form 424 face sheet. Any anticipated program income that will not be applied as grantee match should be described in the Level of Effort section of the Program Narrative.

c. Standard Form 424B – Assurances (required)

This form contains assurances required of applicants under the discretionary funds programs administered by the Administration for Community Living. Please note that a duly authorized representative of the applicant organization must certify that the organization is in compliance with these assurances.

d. Certification Regarding Lobbying (required)

This form contains certifications that are required of the applicant organization regarding lobbying. Please note that a duly authorized representative of the applicant organization must attest to the applicant's compliance with these certifications.

Proof of Nonprofit Status (as applicable)

Non-profit applicants must submit proof of non-profit status. Any of the following constitutes acceptable proof of such status:

- A copy of a currently valid IRS tax exemption certificate.
- A statement from a State taxing body, State attorney general, or other appropriate State official certifying that the applicant organization has a non-profit status and that none of the net earnings accrue to any private shareholders or individuals.
- A certified copy of the organization's certificate of incorporation or similar document that clearly establishes non-profit status.

Indirect Cost Agreement

Applicants that have included indirect costs in their budgets must include a copy of the current indirect cost rate agreement approved by the Department of Health and Human Services or another federal agency. This is optional for applicants that have not included indirect costs in their budgets.

Budget Narrative/Justification - Sample Format

NOTE: Applicants requesting funding for a multi-year grant program are REQUIRED to provide a detailed Budget Narrative/Justification for EACH potential year of grant funding requested.

Object Class Category	Federal Funds	Non-Federal Cash	Non-Federal In-Kind	TOTAL	Justification
Personnel	$47,700	$23,554	$0	$71,254	**Federal** Project Director (name) = .5 FTE @ $95,401/yr = $47,700 **Non-Fed Cash** Officer Manager (name) = .5FTE @ $47,108/yr = $23,554 **Total** 71,254
Fringe Benefits	$17,482	$8,632	$0	$26,114	**Federal** Fringe on Project Director at 36.65% = $17,482 FICA (7.65%) Health (25%) Dental (2%) Life (1%) Unemployment (1%) **Non-Fed Cash** Fringe on Office Manager at 36.65% = $8,632 FICA (7.65%) Health (25%) Dental (2%) Life (1%) Unemployment (1%)
Travel	$4,707	$2,940	$0	$7,647	**Federal** Local travel: 6 TA site visits for 1 person Mileage: 6RT @ .585 x 700 miles $2,457 Lodging: 15 days @ $110/day

					$1,650 Per Diem: 15 days @ $40/day $600 Total $4,707 **Non-Fed Cash** Travel to National Conference in (Destination) for 3 people Airfare 1 RT x 3 staff @ $500 $1,500 Lodging: 3 days x 3 staff @ $120/day $1,080 Per Diem: 3 days x 3 staff @ $40/day $360 Total $2,940
Equipment	$10,000	$0	$0	$10,000	No Equipment requested OR: Call Center Equipment Installation = $5,000 Phones = $5,000 Total $10,000
Supplies	$3,700	$5,670	$0	$9,460	**Federal** 2 desks @ $1,500 $3,000 2 chairs @ $300 $600 2 cabinets @ $200 $400 **Non-Fed Cash** 2 Laptop computers $3,000 Printer cartridges @ $50/month $300 Consumable supplies (pens, paper, clips etc…) @ $180/month $2,160 Total $9,460
Contractual	$30,171	$0	$0	$30,171	(organization name, purpose of contract and estimated dollar amount) Contract with AAA to provide

					respite services: 11 care givers @ $1,682 = $18,502 Volunteer Coordinator = $11,669 Total $30,171 *If contract details are unknown due to contract yet to be made provide same information listed above and:* A detailed evaluation plan and budget will be submitted by (date), when contract is made.
Other	$5,600	$0	$5,880	$11,480	**Federal** 2 consultants @ $100/hr for 24.5 hours each = $4,900 Printing 10,000 Brochures @ $.05 = $500 Local conference registration fee (name conference) = $200 Total $5,600 **In-Kind Volunteers** 15 volunteers @ $8/hr for 49 hours = $5,880
Indirect Charges	$20,934	$0	$0	$20,934	21.5% of salaries and fringe = $20,934 IDC rate is attached.
TOTAL	$140,294	$40,866	$5,880	$187,060	

Budget Narrative/Justification - Sample Template

NOTE: Applicants requesting funding for a multi-year grant program are REQUIRED to provide a detailed Budget Narrative/Justification for EACH potential year of grant funding requested.

Object Class Category	**Federal Funds**	**Non-Federal Cash**	**Non-Federal In-Kind**	**TOTAL**	**Justification**
Personnel					
Fringe Benefits					
Travel					
Equipment					
Supplies					
Contractual					

Other					
Indirect Charges					
TOTAL					

Project Work Plan - Sample Template

Instructions for Completing the Project Summary/Abstract

- All applications for grant funding must include a Summary/Abstract that concisely describes the proposed project. It should be written for the general public.
- To ensure uniformity, limit the length to 265 words or less, on a single page with a font size of not less than 11, doubled-spaced.
- The abstract must include the project's goal(s), objectives, overall approach (including target population and significant partnerships), anticipated outcomes, products, and duration. The following are very simple descriptions of these terms, and a sample Compendium abstract.

Goal(s) - broad, overall purpose, usually in a mission statement, i.e. what you want to do, where you want to be.

Objective(s) - narrow, more specific, identifiable or measurable steps toward a goal. Part of the planning process or sequence (the "how") to attain the goal(s).

Outcomes - measurable results of a project. Positive benefits or negative changes, or measurable characteristics among those served through this funding (e.g., clients, consumers, systems, organizations, communities) that occur as a result of an organization's or program's activities. These should tie directly back to the stated goals of the funding as outlined in the funding opportunity announcement.

(Outcomes are the end-point)

Products - materials, deliverables.

- A model abstract/summary is provided below:

The Delaware Division of Services for Aging and Adults with Physical Disabilities (DSAAPD), in **partnership** with the Delaware Lifespan Respite Care Network (DLRCN) and key stakeholders will, in the course of this two-year project, expand and maintain a statewide coordinated lifespan respite system that builds on the infrastructure currently in place.
The **goal** of this project is to improve the delivery and quality of respite services available to families across age and disability spectrums by expanding and coordinating existing respite systems in Delaware. The **objectives** are: 1) to improve lifespan respite infrastructure; 2) to improve the provision of information and awareness about respite service; 3) to streamline access to respite services through the Delaware ADRC; 4) to increase availability of respite services. Anticipated **outcomes** include: 1) families and caregivers of all ages and disabilities will have greater options for choosing a respite provider; 2) providers will demonstrate increased ability to provide specialized respite care; 3) families will have streamlined access to information and satisfaction with respite services; 4) respite care will be provided using a variety of existing funding sources and 5) a sustainability plan will be developed to support the project in the future.

The expected **products** are marketing and outreach materials, caregiver training, respite worker training, a Respite Online searchable database, two new Caregiver Resource Centers (CRC), an annual Respite Summit, a respite voucher program and 24/7 telephone information and referral services.

- All applications for grant funding must include a Summary/Abstract that concisely describes the proposed project. It should be written for the general public.
- To ensure uniformity, limit the length to 265 words or less, on a single page with a font size of not less than 11, doubled-spaced.
- The abstract must include the project's goal(s), objectives, overall approach (including target population and significant partnerships), anticipated outcomes, products, and duration. The following are very simple descriptions of these terms, and a sample Compendium abstract.

Goal(s) - broad, overall purpose, usually in a mission statement, i.e. what you want to do, where you want to be.

Objective(s) - narrow, more specific, identifiable or measurable steps toward a goal. Part of the planning process or sequence (the "how") to attain the goal(s).

Outcomes - measurable results of a project. Positive benefits or negative changes, or measurable characteristics that occur as a result of an organization's or program's activities. (Outcomes are the end-point)

Products - materials, deliverables.

- A model abstract/summary is provided below:

The Delaware Division of Services for Aging and Adults with Physical Disabilities (DSAAPD), in **partnership** with the Delaware Lifespan Respite Care Network (DLRCN) and key stakeholders will, in the course of this two-year project, expand and maintain a statewide coordinated lifespan respite system that builds on the infrastructure currently in place. The **goal** of this project is to improve the delivery and quality of respite services available to families across age and disability spectrums by expanding and coordinating existing respite systems in Delaware. The **objectives** are: 1) to improve lifespan respite infrastructure; 2) to improve the provision of information and awareness about respite service; 3) to streamline access to respite services through the Delaware ADRC; 4) to increase availability of respite services. Anticipated **outcomes** include: 1) families and caregivers of all ages and disabilities will have greater options for choosing a respite provider; 2) providers will demonstrate increased ability to provide specialized respite care; 3) families will have streamlined access to information and satisfaction with respite services; 4) respite care will be provided using a variety of existing funding sources and 5) a sustainability plan will be developed to support the project in the future. The expected **products** are marketing and outreach materials, caregiver training, respite worker training, a Respite Online searchable database, two new Caregiver Resource Centers (CRC), an annual Respite Summit, a respite voucher program and 24/7 telephone information and referral services.

APPENDIX

Definitions

Care Transitions: is a person-centered, interdisciplinary approach to integrating health care and social support services for individuals and their caregivers as they move across settings in which individual needs and preferences are identified, comprehensive service plans are developed and activated, individuals are empowered to take an active role in their healthcare and support and connection to resources are provided by options counselors and/or identified care transition staff. Randomized-controlled trials of care transitions activities (or care coordination programs with care transition elements) have shown positive results, such as significant reductions in hospital admissions and re-admissions, hospital costs, and nursing facility days. Some examples of these types of interventions include:

- Care Transitions Intervention
- Guided Care
- Transitional Care Model
- GRACE (Geriatric Resources for Assessment and Care of Elders)
- BOOST (Better Outcomes for Older Adults through Safe Transitions) ? The Bridge Program

Dementia-capable: Means tailored to the unique needs of persons with dementia stemming from conditions such as Alzheimer's disease and related disorders, and their caregivers. In model dementia-capable systems, programs are tailored to the unique needs of people with Alzheimer's disease and related dementias, and their caregivers:

  - Information and assistance services have a method to identify people with possible dementia. Individuals with possible dementia receive a recommendation for follow-up with a physician.
  - Options counseling staff communicate effectively with persons with dementia and their family caregivers and know what services this population is likely to need.
  - Eligibility criteria and resource allocation take into account the impact of dementia on the need for services.
  - Publicly and privately financed services are capable of meeting the unique needs of persons with dementia and their caregivers.
  - Self-directed services ensure that persons with dementia and their caregivers are supported in their decision-making and involve others who can represent the person's best interest when necessary.
  - Workers who interact with persons with dementia and their caregivers have appropriate training in identifying a possible dementia in persons that they serve, the symptoms of Alzheimer's disease and related dementias, the likely illness trajectory, and services needed. Quality assurance systems measure how effectively individual providers, the Aging Network, and LTSS systems serve persons with dementia and their family caregivers.

Direct Service: Direct Services – there are six specific categories of direct services (adult day care, companion services, home health care, personal care, respite, and short-term care in health care facility) into which program direct service activities must fall. Certain trainings also can be counted toward program direct service requirements.

- **Adult Day Care**– an organized program that takes place outside of the home and provides care for the person with dementia in a congregate setting, but is not a residential setting. Services are supervised and include social engagement or health care for elders who require skilled services or physical assistance with activities of daily living. These services may be also referred to as Adult Day Services and Adult Day Health Services.
- **Companion Services**– companion services include non-medical care, supervision and socialization provided to a participant/client. Companions may assist or supervise the individual with such tasks as meal preparation, laundry, light housekeeping, and shopping. Companion services are typically provided in a participant/client's home but may include time spent accompanying participant/client to access services outside of the home. These services may be also referred to as Homemaker Services.
- **Home Health Care** - in-home assistance that addresses medical needs, such as administering medications and physical therapy. These services may be also referred to as Health Maintenance Care.
- **Personal Care** – in-home assistance with daily living activities, including bathing, dressing, eating, meal preparation, and light housekeeping. These services may be also referred to as Personal Assistance.
- **Respite**–an interval of rest or relief OR the result of a direct dementia-specific service or supportive intervention that generates rest or relief for the caregiver and/or care recipient.
- **Short Term Care in Health Facility** –services provided on a short/long-term basis in a residential or assisted living facility, nursing home, or other long-term care institution because of the absence/need for relief of the regular caregiver.

Disability: As defined by the American's with Disability Act Statutory Definition -- With respect to an individual, the term "disability" means (A) a physical or mental impairment that substantially limits one or more of the major life activities of such individual; (B) a record of such an impairment; or (C) being regarded as having such an impairment. 42 U.S.C. § 12102(2); see also 29 C.F.R. § 1630.2(g). A person must meet the requirements of at least one of these three criteria to be an individual with a disability under the Act.

Elder abuse and neglect: can affect people of all ethnic backgrounds and social status and can affect both men and women. The following types of abuse are commonly accepted as the major categories of elder mistreatment:

- Physical Abuse—Inflicting, or threatening to inflict, physical pain or injury on a vulnerable elder, or depriving them of a basic need.
- Emotional Abuse—Inflicting mental pain, anguish, or distress on an elder person through verbal or nonverbal acts.
- Sexual Abuse—Non-consensual sexual contact of any kind, coercing an elder to witness sexual behaviors.
- Exploitation—Illegal taking, misuse, or concealment of funds, property, or assets of a vulnerable elder.
- Neglect—Refusal or failure by those responsible to provide food, shelter, health care or protection for a vulnerable elder.

- Abandonment—The desertion of a vulnerable elder by anyone who has assumed the responsibility for care or custody of that person.

Eligibility Screening: Is a non-binding inquiry into an individual's income and assets, as necessary, and other circumstances in order to determine probable eligibility for programs, services, and benefits, including Medicaid. This screening should be provided to all individuals who may be eligible for publicly funded programs.

Evidence-based programs or interventions: have been tested through randomized controlled trials and are: 1) effective at improving, maintaining, or slowing the decline in the health or functional status of older people or family caregivers; 2) suitable for deployment through community-based human services organizations and involve non-clinical workers and/or volunteers in the delivery of the intervention; 3) the research results have been published in a peer-reviewed scientific journal; and 4) the intervention has been translated into practice and is ready for distribution through community-based human services organizations.

Evidence-informed interventions: have substantive research evidence that demonstrates an ability to improve, maintain, or slow the decline in the health and functional status of older people or family caregivers. For the purposes of this announcement, an evidence-informed intervention is one that has: 1) been tested by at least one quasi-experimental design with a comparison group, with at least 50 participants; OR 2) is an adaptation or translation of a **single** evidence-based intervention.

Long-Term Services and Supports (LTSS): refers to a wide range of in-home, community-based, and institutional services and programs that are designed to help older adults and individuals with disabilities or chronic conditions with activities of daily living or instrumental activities of daily living.

Options Counseling: is a person-centered, interactive, decision-support process whereby individuals receive assistance in their deliberations to make informed long-term support choices in the context of their own preferences, strengths, and values. Essential components of Options Counseling include:

- a personal interview
- assisting with the identification of choices available (including personal, public, and private resources)
- facilitating a decision-support process (weighing pros/cons of various options)
- assisting as requested and directed by the individual in the development of an action plan
- connecting to services (when services are requested and assistance in connecting is requested or needed)
- follow-up

  Options Counseling is available to persons regardless of their income or financial assets. Options Counseling is preferably provided by one person but may be collaboratively provided by more than one person or agency.

Palliative Care: is comprehensive treatment of the discomfort, symptoms and stress of serious illness. The goal is to prevent and ease suffering and improve an individual's quality of life.

Person-centered Planning and Services: are those that empower people with disabilities by focusing on the desires and abilities of the individual. Person-centered Planning and Services most importantly are directed by the individual but often involves a team of family members, friends, and professionals. The individual chooses their team members. This team then identifies the skills and abilities of the individual that can help them achieve their goals of competitive employment, independent living, continuing education, and full inclusion in the community.

They also identify areas in which the individual may need assistance and support and decide how the team can meet those needs. While it is recognized that not all of the elements of a complete person-centered plan can be achieved prior to discharge from the hospital, many elements can be addressed. Elements, such as working with the consumer to develop the most independent living arrangement and providing assistance and supports that are desired by the consumer are included. The consumer with involvement of family members, professionals and others work toward the ultimate discharge plan goal of living as independently as possible with home and community-based services.

Program Eligibility Determination: A determination of the publicly supported benefits or services to which a person is eligible, based on non-financial criteria. This may require a formal assessment to determine the full scope of the individual's needs. It may include a functional assessment of the individual's current health conditions and provide a situational assessment of the client's environment, available resources, and current support. For Medicaid services, this function includes the "Level of Care" determination process.

Public Education and Outreach: Activities related to ensuring that all potential users of long-term support (and their families) are aware of both public and private long-term support options, as well as awareness of the ADRC, especially among underserved and hard-to-reach populations.

Single Entry Point (SEP)/No Wrong Door (NWD): is a system that enables consumers to access long- term and supportive services through one agency or organization. In their broadest form, SEPs perform a range of activities that may include information and assistance, referral, initial screening, nursing facility preadmission screening, assessment of functional capacity and service needs, care planning, service authorization, monitoring, and periodic reassessments. SEPs may also provide protective services. [1]

State: Refers to the definition provided under 45 CFR 74.2 indicating that any of the several States of the United States, the District of Columbia, the Commonwealth of Puerto Rico, any territory or possession of the United States, or any agency or instrumentality of a State exclusive of local governments.

Self-direction: is an approach to providing services (including programs, benefits, supports, and technology) intended to assist an individual so that:

1. services (including the amount, duration, scope, provider, and location of the services are planned, budgeted, and purchased under the control of the individual;

2. the individual is provided with the information and assistance necessary and appropriate to enable the individual to make informed decisions about the individual's care options;
3. the needs, capabilities, and preferences of the individual with respect to services, and the individual's ability to direct and control the individual's receipt of services, are assessed by the area agency on aging (or other agency designated by the area agency on aging) involved;
4. based on the assessment made under subparagraph (C), the area agency on aging (or other agency designated by the area agency on aging) develops together with the individual and the individual's family, caregiver (as defined in paragraph (18)(B)), or legal representative:
    1. a plan of services for the individual that specifies which services the individual will be responsible for directing;
    2. a determination of the role of family members (and others whose participation is sought by such individual) in providing services under the plan; and\
    3. a budget for the services;
    4. the area agency on aging or State agency provides for oversight of such individual's self-directed receipt of services, including steps to ensure the quality of services provided and the appropriate use of funds under this Act.

    Senior or Older Adult: as defined in the Older Americans Act, "an individual who is 60 years of age or older."

    Statewide system: is one in which individuals anywhere in the state have streamlined access to the full array of public and private sector programs and services that promote community living, health and independence.

    Streamlined eligibility processes: ensure that potential beneficiaries of public programs have easy access through one entry point to programs such as Low Income Heating and Assistance

    Program (LIHEAP),Medicaid, Medicare Savings Program, Older Americans Act programs, Senior Housing programs, Supplemental Nutrition Assistance Program (SNAP), and transportation services. The required administrative functions of streamlined eligibility include:

- Screening and intake of persons with dementia and their family caregivers for these programs;
- Assessing a person's needs for these programs;
- Determining whether a person meets or is likely to meet programmatic and financial eligibility requirements;
- Assistance to persons who request it when they choose to apply for any of these programs;
- Developing service plans for these programs as required;
- Ensuring that persons receive the services for which they are found to be eligible.

SAMPLE Indian Country Grant Activities Matrix

Indian Country Grant Number Name of Grant Project: 2020 Activity Matrix

ProgramActivity	**Activity:Exactly what activities are going to be conducted?**	**Responsibility:Who is going to provide the intervention/services?**	**How will program participants be identified and recruited?**	**Outputs: Target numbers of people served**	**Outcomes** *(What will change?)*

AoA-Sponsored Resource Centers

National Alzheimer's and Dementia Resource Center (NADRC) supports

Alzheimer's/dementia program grantees and their community partners' efforts to maintain integrated and sustainable service delivery systems for individuals with ADRD and their family caregivers. Materials developed through the efforts of the resource center can be found at: http://www.nadrc.acl.gov

Technical Assistance Centers for Caregiver Programs and Lifespan Respite - offer comprehensive information and training on a range of issues associated with the development and implementation of family caregiver support and Lifespan Respite Care Programs. Technical Assistance available includes two web sites (http://www.caregiver.orgor http://www.archrespite.org) training materials, fact sheets, policy briefs, workshops, webinars, and specialized technical assistance through phone calls, emails and in-person communication.