



Administration for Community Living

Administration on Disabilities

Human Dignity and Civil Rights for People with Disabilities

HHS-2019-ACL-AOD-DNHC-0362

Application Due Date: 08/19/2019

Human Dignity and Civil Rights for People with Disabilities
HHS-2019-ACL-AOD-DNHC-0362
TABLE OF CONTENTS

- I. [Funding Opportunity Description](#)
- II. [Award Information](#)
- III. [Eligibility Information](#)
 - 1. Eligible Applicants
 - 2. Cost Sharing or Matching
 - 3. Responsiveness and Screening Criteria
- IV. Application and Submission Information
 - 1. [Address to Request Application Package](#)
 - 2. [Content and Form of Application Submission](#)
 - 3. [Submission Dates and Times](#)
 - 4. [Intergovernmental Review](#)
 - 5. [Funding Restrictions](#)
 - 6. [Other Submission Requirements](#)
- V. [Application Review Information](#)
 - 1. Criteria
 - 2. Review and Selection Process
 - 3. Anticipated Announcement Award Date
- VI. [Award Administration Information](#)
 - 1. Award Notices
 - 2. Administrative and National Policy Requirements
 - 3. Reporting
 - 4. FFATA and FSRS Reporting
- VII. [Agency Contacts](#)
- VIII. [Other Information](#)

**Department of Health & Human Services
Administration for Community Living**

ACL Center:	Administration on Disabilities
Funding Opportunity Title:	Human Dignity and Civil Rights for People with Disabilities
Announcement Type:	Modification
Funding Opportunity Number:	HHS-2019-ACL-AOD-DNHC-0362
Primary CFDA Number:	93.631
Due Date for Applications:	08/19/2019
Date for Informational Conference Call:	N/A

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

Dignity resides in every human being throughout life and every person is unequivocally valuable and deserving of the opportunities and freedom to flourish throughout their life. People with disabilities are not exceptions, as disability is part of the human experience. Yet as people with disabilities seek medical treatment they routinely confront barriers to equal access to health care from conception through natural death. The U.S. Department of Health and Human Services (HHS) remains committed to defending and protecting all human life. In particular, people with intellectual disabilities and/or developmental disabilities (ID/DD) are often denied life-saving medical treatments as a result of inaccurate predictions of life expectancy and perceptions that lives lived with disability are of a lesser quality. Hospital policies, bioethical standards, and medical protocols all too often are leveraged to limit and deny equal access to care and accurate information about their health and well-being (Carlson, Smith & Wilker, 2012). Through this funding opportunity, the Administration on Disabilities seeks to ensure individuals with ID/DD across the age span have equal access to all forms of health care.

Definition of Intellectual Disabilities and Developmental Disabilities

Intellectual disability (ID) is characterized by significant limitations in both intellectual functioning and in adaptive behavior, which covers many everyday social and practical skills.

Developmental disability (DD) is, as defined under the Developmental Disabilities Assistance and Bill of Rights Act 2000 (DD Act), a severe, chronic disability of an individual that:

- "(i) is attributable to a mental or physical impairment or combination of mental and physical impairments;
- (ii) is manifested before the individual attains age 22;

- (iii) is likely to continue indefinitely;
- (iv) results in substantial functional limitations in 3 or more of the following areas of major life activity:
 - Self-care.
 - Receptive and expressive language.
 - Learning.
 - Mobility.
 - Self-direction.
 - Capacity for independent living.
 - Economic self-sufficiency; and
- (v) reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated."

Both ID/DD begins during the developmental period, may impact day-to-day functioning, and begin/impact/last throughout a person's lifetime. Data from the NHIS-D (1994-1995) indicate the prevalence of ID/DD in adults at 1.58% (Larson et al, 2001).

Civil Rights in Health Care for Individuals with ID/DD

The major federal disability civil rights laws applicable to health care are the Rehabilitation Act of 1973, the Americans with Disabilities Act (ADA) of 1990 as amended by the ADA Amendments Act of 2008, and Section 1557 of the Affordable Care Act (ACA) of 2010.

Section 504 of the Rehabilitation Act and Section 1557 of the ACA prohibit health care entities from discriminating against persons with disabilities in their programs if the entities receive federal funding. Because Congress exercised its powers under the Commerce Clause and the Fourteenth Amendment to the Constitution in passing the ADA, the ADA prohibit disability-based discrimination by public and private entities, regardless of whether they receive federal funding. While these laws require equitable treatment of approximately sixty-one million Americans with disabilities (including individuals with ID/DD), reports and research studies indicate that this population experiences health care inequities, including discrimination in medical care and treatments such as organ transplants and mental health referrals for severe depression and suicidal ideation.

Need for Resources

In the instance of civil rights in health care for individuals with ID/DD, there is an evident dissonance between clinical practice and individual rights. With the disconnect between medical care and individual rights for the ID/DD community, there are some procedures that have processes in place to ensure the civil rights in health care for people with disabilities. For example, Connecticut's sterilization statute, *Conn. Gen. Stat. § 45a-691*, requires that a person must be 18 years of age and be able to give informed consent to be able to undergo sterilization.

Whenever a person is unable to give informed consent, the probate court has jurisdiction to determine whether sterilization shall be permitted (Carlson, Smith, Wilker, 2012). The state has

a multi-tiered application and determination process to define informed consent as it relates to the patient.

While the processes are in place for some medical procedures, many medical treatments and services still lack the protocols and processes in place to ensure civil rights in health care for people with ID/DD. In recent years, a handful of high-profile cases have highlighted the disparities faced by people with developmental disabilities needing organ transplants, leading states, including California, Maryland, and New Jersey to passing laws banning organ transplant discrimination on the basis of disability. In February 2019, the United States Department of Health and Human Services (HHS) successfully resolved a complaint against the University of North Carolina Health Care system after a patient was denied an opportunity to be placed on the United Network for Organ Sharing list on the basis of his intellectual disability.

Research indicates that the lack of protocols around disability diagnosis continues to exist in prenatal testing, raising questions about the adequacy of training for medical professionals to ensure parents receive a representation about the valuable lives of children with disabilities that is not based on stereotypes or discriminatory quality of life assumptions. As a health professional's communication impacts a parents' understanding and experiences, it is critical for services offering prenatal testing to have guidance/protocols/policies about how to support parents caring for babies and children with disabilities.

As individuals with ID/DD are living longer lives, many unknown health effects related to aging are becoming relevant. Of particular concern to aging people with ID/DD are the effects of long-term use of medications, and the additional risk when such pharmaceuticals are combined with a sedentary lifestyle (Peterson, Gordon & Hurvitz, 2012; Strax et al., 2010). In addition, rates of dementia in aging adults with ID/DD are increasing. This is particularly well documented for people with Down syndrome (DS). Current estimates suggest that more than half of the population of people with Down Syndrome over the age of 50 will experience dementia. (Zigman & Lott, 2007). Women with Down Syndrome appear to enter menopause earlier than their peers, increasing their risks for dementia and early mortality (Coppus et al., 2012). Individuals with ID/DD who have neuromuscular disorders (e.g., cerebral palsy) are more likely to experience a range of problems as they age, including increased pain levels, sarcopenia, osteoporosis, and arthritis (Strax, Luciano, Dunn, & Quevedo, 2010). Osteoporosis is further exacerbated by medications often prescribed to people with ID/DD (e.g., phenytoin, SSRIs). These medications can lead to increased bone loss when coupled with a sedentary lifestyle and poor nutrition (Strax et al., 2010). Health care guidelines and protocols specific for people with ID/DD who experience age-related conditions (e.g., cancer, arthritis, and hypertension) are not currently available (McCallion & McCarron, 2004).

End of life up until natural death care for people with ID/DD deserves more attention (Sinai, Bohnen, & Strydom, 2012). Hospice and palliative care is underutilized by people with ID/DD (Freidman, Helm, & Woodman, 2012). Barriers include ones that are common across populations such as late diagnosis of a terminal illness; however, others are specific to people with ID/DD, such as challenges with obtaining informed consent or lack of knowledge on the part of palliative care professionals (Friedman et al., 2012). In addition, lack of referral and mental health support for counseling to address common occurrence of depression as illness, further limits daily activities for people with disabilities. Disability service providers may also have a hard time meeting the end of life needs of people with ID/DD. In a survey of agencies that provide some type of support service to older adults with ID/DD, only 19% of the

respondents reported that their agency had a model to provide effective end of life care up until natural death (Botsford & Heller, 2004).

These are just *some* examples of existing evidence that show the need to ensure medical professionals have the resources needed to support individuals with ID/DD across the age spectrum and their rights to all forms of health care. The specifics of a particular medical procedure are less important than the legal basis for proposing and ultimately authorizing the use of the procedure (Carlson, Smith, Wilker, 2012). Courts have the ability to respond to new medical procedures while simultaneously remaining true to the rule of law and established Constitutional, statutory and common law requirements.

Research recommends solutions such as medical entities establishing and implementing due process protections to ensure the civil rights of a person with a disability when medical procedures are performed based on the presence of a disability, *and* must be in place for instances of withholding life-saving treatment from those with ID/DD (Carlson, Smith, Wilker, 2012).

I. Funding Opportunity Description

The Administration on Disabilities (AOD) seeks to fund a three-year cooperative agreement for the development, testing and dissemination of resources for the medical community to better support the rights of all individuals with ID/DD to access all forms of health care. The goal of this project is to ensure that Americans with ID/DD experience improved access to health care, life-saving treatments, and to mental health care - leading to greater equitable health care across our nation free from discrimination by carrying out the following three main activities:

- Conduct gap analysis of existing data and research, medical curricula, policies, guidelines, and protocols around medical discrimination issues that exist for the ID/DD population, including in areas such as organ transplants, pre-natal counseling, aging, end of life, mental health referrals, suicide ideation and any others identified by the applicant;
- Convene a panel of partners and stakeholders to use findings from gap analysis to develop and validate protocols to support medical professionals treating patients with ID/DD without discrimination; and
- Conduct national disseminate of protocols to multiple professionals in the medical and allied health fields to raise awareness of the issue and the resources.

Applicants must address the following components into the project proposal:

- *Partnerships in the design and implementation of the project:* Partnering with local, state, and national level organizations, agencies and other relevant stakeholders, including at least one self-advocacy organization and one family led organization, to conduct all three project activities. The DD Act defines “advocacy” as an active support of policies and practices that promote self-determination and inclusion in the community and workforce for individuals with ID/DD and their families. Successful applicants will propose a coordinated approach across various partners. A signed Memorandum of

Understanding (MOU) between the members of the partnership must be submitted as part of the application. The agreement should describe how the entities participated in the development of the application and more importantly, how they plan to work together to ensure the goals and objectives included in the application are achieved. Applicants should demonstrate support of civil rights across the lifespan for people with disabilities.

- *Meaningful and active engagement with self-advocates and family members throughout all phases and aspects of this project.* In addition to the partnership requirement above, it is expected that self-advocates and family members will be fully engaged throughout the life cycle and in all aspects of this project, including in conducting the gap analysis, developing and testing protocols, and national dissemination efforts. Self-advocates and family members are expected to serve in various roles and capacities in the project.
- *Meaning and active engagement with the medical community and subject matter experts throughout all phases and aspects of this project.* In addition to the partnership requirement above, it is expected that members of the medical community, including the health and allied health professions, will be fully engaged throughout the life cycle and in all aspects of this project. Medical professionals should inform the gap analysis, the development and testing of protocols, and national dissemination efforts. Medical professionals are expected to serve in various roles and capacities in the project. Partners should demonstrate support of civil rights across the lifespan for people with disabilities.
- *Conceptual Framework for the Design of the Project.* The project should be guided by a conceptual framework that incorporates a civil rights framework, the core values in the Developmental Disabilities Assistance and Bill of Rights (DD Act) and other relevant evidence or theories related to discrimination and equal access to health care. The application should describe how the conceptual framework will be used to guide all aspects of the project.
- *Evaluation to assess progress and determine outcomes from the project.* It is expected that the project will use process evaluation techniques to analyze how the project activities are delivered to determine, among other things, the extent to which the project is being implemented as planned, how the project activities are being received by the target group, the barriers to implementation, and areas for project improvements/refinements. It is also expected that the project will use summative evaluation techniques to determine project success in meeting the intended outcome of enhancing the health and safety of individuals by increasing their independence, social capital, self-determination, community integration, productivity and participation.
- *Sustainability:* An expected outcome of this project will be sustainability of the efforts to raise awareness about the issue of medical discrimination experienced by the ID/DD and of the resources available to ensure equal access to health care. During the course of the project, efforts should be made to generate the sufficient resources and strategies for organizational sustainability, financial sustainability and/or community sustainability to continue and refine the work.

The development and dissemination of the medical protocols will ensure that Americans with ID/DD experience improved access to health care, life-saving treatments, and to mental health care, leading to greater equitable health care across our nation free from discrimination by:

- Enhancing the health and safety of individuals with ID/DD by ensuring equal access to medical care and interventions.
- Strengthening the knowledge, skills, retention, and advancement of the health care professionals treating patients with ID/DD as well as strengthening the knowledge of community partners who serve individuals with ID/DD.
- Strengthening and elevating the leadership roles that self-advocacy organizations, family led organizations, and other peer support networks working together with families and others must play in improving and ensuring equal health care access for individuals with ID/DD.
- Enhancing the effectiveness and coordination of efforts by the state, the DD Act network and others to anticipate, avoid, investigate, reduce and remediate civil rights violations in the health care system for people with ID/DD.
- Engaging self-advocates and family members in meaningful ways to carry out the project.

Statutory Authority

The Developmental Disabilities Assistance and Bill of Rights Act of 2000 (DD Act of 2000), Section 161(2) (D) (v) (42U.S.C. 15081)

II. Award Information

Funding Instrument Type:	Cooperative Agreement
Estimated Total Funding:	\$442,868
Expected Number of Awards:	1
Award Ceiling:	\$500,000 Per Budget Period
Award Floor:	\$380,000 Per Budget Period
Length of Project Period:	36-month project period with three 12-month budget periods

The ACL project officer agrees to execute the responsibilities of the cooperative agreement outlined below:

1. Perform the day-to-day federal responsibilities of managing a grant initiative and work with the grantee to ensure that the minimum requirements for the grant are met. Conduct monthly conference calls to ensure goals and objectives are being met.
2. Work cooperatively with the grantee to clarify the programmatic and budgetary issues to be addressed by the grantee's project, and, as necessary, collaborate with grantee to achieve a mutually agreed upon solution to any needs identified by the grantee or ACL.

3. Share information with the grantee about other federally sponsored projects and other activities relevant to the interests of the grantee and their activities.
4. Work with the grantee on the development and implementation of performance measures and quality assurance systems to ensure that performance is measured and continuous improvement occurs.
5. Provide technical advice on grantee work products to ensure they are accurate, objective, unbiased, and of high professional quality, and that they do not violate federal, departmental, or agency grant rules.
6. Attend and participate in major project events as appropriate.

The grantee will agree to execute the responsibilities of the cooperative agreement outlined below:

1. Fulfill all of the requirements of the grant initiative as detailed in this program announcement.
2. Collaborate with ACL in any in-scope modifications and execution of the work plan initially within 45 days of the award.
3. Document the impact of overall project activities and ensure quality assurance systems are in place.
4. Share information with ACL, the ID/DD network, national, state and local partner organizations, and other entities as appropriate.
5. Work with the ACL Projects of National Significance project officer to evaluate performance results reported semi-annually and jointly develop strategies to address those areas requiring improvement.
6. Submit resumes of potential key staff hires as detailed under HHS grants prior approval requirements.
7. Report semi-annually on project accomplishments, challenges, and progress towards measurable objectives.
8. Work with the ACL Projects of National Significance program project officer to brand this work in such a way that appropriately recognizes and acknowledges ACL's financial contributions to its activities.

The Government retains all rights to all data and reports compiled as a result of this grant. No information furnished to or generated by the grantee in the performance of this grant shall be released to the public by the grantee without the prior approval of the project officer.

Once a cooperative agreement is in place, requests to modify or amend it or the work plan may be made by ACL or the awardee at any time as long as it stays within the original confines of the proposed project description. Major changes may affect the integrity of the competitive review process. Modifications and/or amendments of the Cooperative Agreement or work plan shall be effective upon the execution of an award notice. When an award is issued the cooperative agreement terms and conditions from the program announcement are incorporated by reference unless ACL is authorized under the Terms and Conditions of award, 45 CFR Part

75, or other applicable regulation or statute to make unilateral amendments.

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: No

3. Responsiveness and Screening Criteria

Application Responsiveness Criteria

Applicants must address the following criteria:

- *Partnerships in the design and implementation of the project:* Partnering with local, state, and national level organizations, agencies and other relevant stakeholders, including at least one self-advocacy organization and one family-led organization, to conduct all three project activities. The DD Act defines “advocacy” as an active support of policies and practices that promote self-determination and inclusion in the community and workforce for individuals with ID/DD and their families. Successful applicants will propose a coordinated approach across various partners. A signed Memorandum of Understanding (MOU) between the members of the partnership must be submitted as part of the application. The agreement should describe how the entities participated in the development of the application and more importantly, how they plan to work together to ensure the goals and objectives included in the application are achieved. Applicants should demonstrate support of civil rights across the lifespan for people with disabilities.
- *Meaningful and active engagement with self-advocates and family members throughout all phases and aspects of this project.* In addition to the partnership requirement above, it is expected that self-advocates and family members will be fully engaged throughout the life cycle and in all aspects of this project, including in conducting the gap analysis, developing and testing protocols, and national dissemination efforts. Self-advocates and family members are expected to serve in various roles and capacities in the project.
- *Meaning and active engagement with the medical community and subject matter experts throughout all phases and aspects of this project.* In addition to the partnership requirement above, it is expected that members of the medical community, including the health and allied health professions, will be fully engaged throughout the life cycle and in all aspects of this project. Medical professionals should inform the gap analysis, the development and testing of protocols, and national dissemination efforts. Medical

professionals are expected to serve in various roles and capacities in the project. Partners should demonstrate support of civil rights across the lifespan for people with disabilities.

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 **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 75 pages. **Project Narratives that exceed 75 pages** will have the additional pages removed and only the first 75 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 75-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
Katherine Cargill-Willis
Administration for Community Living
Phone Number: (202) 795-7322
E-mail: katherine.cargill-willis@acl.hhs.gov

2. Content and Form of Application Submission

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 60 to 75 pages; 75 pages is the maximum length allowed. Project Narratives that exceed 75 pages will have the additional pages removed and only the first 75 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 75-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 75 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

All applications for grant funding must include a summary/abstract that concisely describes the proposed project, including goals, objectives, overall approach (including target population and significant partnerships), anticipated outcomes, products to be developed, and duration. It should be written for an audience that includes the general public. To ensure uniformity, please limit the length to 265 words or less on a single page with a font size of not less than 11, doubled-spaced.

More detailed instructions for completing the summary/abstract, including simple descriptions of terms and a sample abstract, are included in the "Instructions for Completing the Project Summary/Abstract" in Section VIII of this funding opportunity announcement.

Challenges and Opportunities

This section should describe, in both quantitative and qualitative terms, the nature and scope of the particular problem or issue the proposed intervention is designed to address, including how the project will potentially affect older adults and /or people with disabilities, their families and caregivers and the health care and social services systems.

Goals and Objectives

This section should consist of a description of the project's goal(s) and major objectives. Unless the project involves multiple, complex interventions, we recommend you only have one overall goal.

Approach

This section should provide a clear and concise description of the intervention you are proposing to use to address the problem described in the "Problem Statement". You should also provide the rationale for using the particular intervention, 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'll be able to take advantage of, etc.). 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 intervention, including other organizations, supporters, and/or consumer groups.

Special Target Populations and Organizations

This section should describe how you plan to involve organizations in a meaningful way in the planning and implementation of the proposed project. This section should also describe whether, and if so, how the proposed intervention will target disadvantaged populations, including limited-English speaking populations, those of greatest economic need and those of greatest social need.

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).** 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 optional 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.

A “measurable outcome” is an observable end-result that describes how a particular intervention benefits consumers. It demonstrates the functional status, mental well-being, knowledge, skill, attitude, awareness or behavior.) It can also describe a change in the degree to which consumers exercise choice over the types of services they receive, or whether they are satisfied with the way a service is delivered. Additional examples include: a change in the responsiveness or cost-effectiveness of a service delivery system; a new model of support or care that can be replicated in the ACL network; new knowledge that can contribute to the field of community living; a measurable increase in community awareness; or a measurable increase in persons receiving services. 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. It is totally appropriate for a project to have only ONE outcome that it is trying to achieve through the intervention reflected in the project’s design.

Project Management

This section should include a clear delineation of the roles and responsibilities of project staff, consultants and project organizations, and how they will contribute to achieving the project's objectives and outcomes. It should specify who would have the day-to-day responsibility for key tasks such as leadership of project; monitoring the project's on-going progress (i.e., measure of performance towards the goals stated in the funding opportunity announcement and for your specific intervention/activities), 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 specific outcomes (e.g., changes in clients, organizations, and/or communities) expected as a result of this funding as well as method(s), techniques and tools that will be used 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.

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 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. 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 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.

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

Below you will find standard language that can be used, or modified as needed, for a one year grants program.

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, anticipated outcome(s), key objectives, and the major tasks / action steps that will be pursued to achieve the goal 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, if desired.

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 this is specifically named to have a significant role in carrying out the project should be considered an essential collaborator. For applications submitted electronically via <http://www.grants.gov>, signed letters of commitment should be scanned and included as attachments. Applicants unable to scan the signed letters of commitment may fax them to the ACL Office of Grants Management at 202-357-3467 by the application submission deadline. In your fax, be sure to

include the funding opportunity number and your agency name.

3. Submission Dates and Times

Due Date for Applications: **08/19/2019**

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.

If for any reason (including submitting to the wrong funding opportunity number or making corrections/updates) an application is submitted more than once prior to the application due date, ACL will only accept your **last** validated electronic submission, under the correct funding opportunity number, prior to the Grants.gov application due date as the final and only acceptable application.

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: katherine.cargill-willis@acl.hhs.gov

Katherine Cargill-Willis
AoD
Washington, DC

V. Application Review Information

1. Criteria

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

- a. Project Relevance & Current Need (15 points)
- b. Approach (45 points)
- c. Evaluation Plan (15 points)
- d. Dissemination (10 points)
- e. Organizational Capacity (10 points)
- f. Budget (5 points)

Budget	Maximum Points:5
--------	------------------

Provides a narrative budget justification that describes how the categorical costs are derived and discusses the necessity, reasonableness, and appropriateness of the costs. (3 points)

Provides a budget with line-item detail and detailed calculations for each budget object class identified on the Budget Information form; detailed calculations that include estimation methods, quantities, unit costs and other similar quantitative detail sufficient for the calculation to be duplicated; a breakout by the funding sources identified in Block 15 of the SF-424. (2 points)

Project Relevance & Current Need	Maximum Points:15
----------------------------------	-------------------

Clearly establishes the need to develop comprehensive protocols and guidelines for medical discrimination issues that exist throughout the entire life span for the ID/DD population using relevant and current research and data, including that collected through planning studies and/or focus groups with individuals with intellectual and developmental disabilities (ID/DD), families and medical providers. (4 points)

Describes how individuals with ID/DD and their family members were consulted in the development of the application and provides evidence that feedback from such representatives was utilized in developing the project proposal, including the goals and goal-related activities. (3 points)

Shows a direct relationship between the needs identified based on research, data and planning studies and feedback from individuals with ID/DD and their family members and the goals and goal-related activities in the project proposal. (3 points)

Describes a conceptual framework for the project that incorporates: (1) civil rights for people with disabilities, (2) the core values in the Developmental Disabilities Assistance and Bill of Rights (DD Act), and any other relevant evidence or theories related to discrimination and equal access to health care – using current studies, data and other sources of information for describing the problem and identifying the need. (3 points)

Describes how the implementation of the project will benefit individuals with ID/DD and enhance and assure equal access to health care for these individuals in the community. (2 points)

Approach	Maximum Points:45
----------	-------------------

Clearly describes an overall strategy and methodology in a well-reasoned manner that will appropriately accomplish the specific goals and objectives for the project to include projected measurable and attainable goals. (5 points)

Clearly describes the scope and detail of how work will be accomplished and includes a detailed work plan outlining the personnel, timeline, and quantitative projections of the accomplishments to be achieved by the project and a chronological order of approach with target dates, including the sequence and timing. (5 points)

Describes and provides evidence of a partnership plan that includes all appropriate subject matter experts for all aspects of human life partners, stakeholders, and other organizations with expertise in civil rights, medical discrimination issues, an understanding of the ID/DD population and how the applicant will partner in a coordinated manner with local, state, and national level organizations, agencies and other relevant stakeholders, including at least one self-advocacy organization and one family-led organization, to conduct all three project activities. (3 points)

Describes how the partnership will be organized to carry out the project and provides an overall management plan for the partnership, including methods for communicating across the partners and how they plan to work together to ensure the goals and objectives included in the application are achieved. Describes the major roles and responsibilities of the lead applicant, the partnership members, and the time commitments. (5 points)

Includes a signed Memorandum of Understanding (MOU) between the members of the partnership. The agreement describes how the entities participated in the development of the application and how they plan to work together to ensure the goals and objectives included in the application are achieved. (2 points)

Describes how self-advocates and family members will be fully engaged throughout the life cycle and in all aspects of this project, including their roles in conducting the gap analysis, developing and testing protocols, and national dissemination efforts. (5 points)

Describes how members of the medical community, including the health and allied health professions, will be fully engaged throughout the life cycle and in various roles all aspects of this project, including informing the gap analysis, the development and testing of protocols, and national dissemination efforts.(5 points)

Clearly describes an effective process for identifying, designing, and disseminating medical protocols and guidelines within the health care system to ensure anti-discrimination and equal health care access for individuals with ID/DD. (5 Points)

Provides a reasonable plan to develop and/or use existing proven protocols and tools that helps identify when individuals with ID/DD's civil rights in medical care are at risk and/or violated throughout the lifespan, which will lead to the implementation of developed medical protocols. (5 Points)

Describes an approach that will lead to sustainability of the project and how the project will seek to generate the sufficient resources and strategies for organizational sustainability, financial sustainability and/or community sustainability to continue and refine the work. (5 Points)

Outlines a reasonable and rigorous process evaluation plan to analyze how the project activities are delivered and to determine the extent to which the project is being implemented as planned, how the project activities are being received by the target group, the barriers to implementation, and areas for project improvements/refinements. (7 Points)

Outlines a reasonable and rigorous summative evaluation plan to determine key successful features of the developed protocols for replication and the effectiveness of the protocols in achieving project outcomes:

- Enhancing the health and safety of individuals with ID/DD by ensuring equal access to medical care and interventions throughout life beginning from conception.
- Strengthening the knowledge, skills, retention, and advancement of health care professionals treating patients with ID/DD.
- Strengthening and elevating the leadership roles that self-advocacy organizations, family-led organizations, and other peer support networks working together with families and others must play in improving and ensuring equal health care access for individuals with ID/DD of all ages.
- Enhancing the effectiveness and coordination of efforts by the state, the DD Act network and others to anticipate, avoid, investigate, reduce and remediate civil rights violations in the health care system for people with ID/DD.
- Engaging self-advocates and family members in meaningful ways to carry out the project.
- Wide reach of developed medical care protocols to entities such as IDD/DD community partners and organizations, medical providers, hospitals, clinical practices, and medical education institutions. (8 Points)

Dissemination	Maximum Points:10
----------------------	--------------------------

Provides a plan to disseminate and maintain developed medical protocols via electronic and written materials, in accessible formats. (5 Points)

Provides a plan to disseminate findings from this project for implementation in other sites and/or states. (5 Points)

Organizational Capacity	Maximum Points:10
--------------------------------	--------------------------

The lead agency demonstrates substantial knowledge and expertise in the field of ID/DD populations across all stages of life (from conception to natural death), health care systems and policies, and civil rights in medical care. (5 points)

Provides information about each consortium member, including the lead applicant, their history and relationship with the ID/DD community, and their capacity and ability to implement the proposed project. Provides job descriptions for each key person appointed or to be appointed and biographical sketches of key staff. (5 points)

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](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

Successful applicants will receive an electronic Notice of Award on or around September 27, 2019.

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. 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.

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

Grantees are required to complete the federal cash transactions portion of the SF-425 within the Payment Management 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

Katherine Cargill-Willis

U.S. Department of Health and Human Services

Administration for Community Living

Washington, DC 20201 (202) 795-7322

katherine.cargill-willis@acl.hhs.gov

Grants Management Specialist

LaDeva Harris

U.S. Department of Health and Human Services

Administration for Community Living

Washington, DC 20201 (202) 795-7360

ladeva.harris@acl.hhs.gov

VIII. Other Information

Application Elements

- SF 424, required – Application for Federal Assistance (See “Instructions for Completing Required Forms” for assistance).
 - SF 424A, required – Budget Information. (See Appendix for instructions).
 - Separate Budget Narrative/Justification, required (See “Budget Narrative/Justification - Sample Format” for examples and “Budget Narrative/Justification – Sample Template.”)
- NOTE: Applicants requesting funding for multi-year grant projects are REQUIRED to provide a Narrative/Justification for each year of potential grant funding, as well as a combined multi-year detailed Budget Narrative/Justification.
- SF 424B – Assurance, required. Note: Be sure to complete this form according to instructions and have it signed and dated by the authorized representative (see item 18d on the SF 424).
 - Lobbying Certification, required.
 - Proof of non-profit status, if applicable
 - Copy of the applicant’s most recent indirect cost agreement or cost allocation plan, if requesting indirect costs. If any sub-contractors or sub-grantees are requesting indirect costs, copies of their indirect cost agreements must also be included with the application.
 - Project Narrative with Work Plan, required (See “Project Work Plan – Sample Template” for a formatting suggestions).
 - Vitae for Key Project Personnel.
 - Letters of Commitment from Key Partners, if applicable.

Application Elements

- SF 424, required – Application for Federal Assistance (See “Instructions for Completing Required Forms” for assistance).
 - SF 424A, required – Budget Information. (See Appendix for instructions).
 - Separate Budget Narrative/Justification, required (See “Budget Narrative/Justification - Sample Format” for examples and “Budget Narrative/Justification – Sample Template.”)
- NOTE: Applicants requesting funding for multi-year grant projects are REQUIRED to provide a Narrative/Justification for each year of potential grant funding, as well as a combined multi-year detailed Budget Narrative/Justification.
- SF 424B – Assurance, required. Note: Be sure to complete this form according to instructions and have it signed and dated by the authorized representative (see item 18d on the SF 424).
 - Lobbying Certification, required.
 - Proof of non-profit status, if applicable
 - Copy of the applicant’s most recent indirect cost agreement or cost allocation plan, if requesting indirect costs. If any sub-contractors or sub-grantees are requesting indirect costs, copies of their indirect cost agreements must also be included with the application.
 - Project Narrative with Work Plan, required (See “Project Work Plan – Sample Template” for a formatting suggestions).

- Vitae for Key Project Personnel.
- Letters of Commitment from Key Partners, if applicable.

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.

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 or 45 CFR Part 92 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.**

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	<p>Federal Project Director (name) = .5 FTE @ \$95,401/yr = \$47,700</p> <p>Non-Fed Cash Officer Manager (name) = .5FTE @ \$47,108/yr = \$23,554</p> <p>Total</p>

					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 <i>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.</i>
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

NOTE : Applicants requesting funding for a multi-year grant program are REQUIRED to provide a Project Work Plan for EACH potential year of grant funding requested.

Goal:

Measurable Outcome(s):

* Time Frame (Start/End Dates by Month in Project Cycle)

Major Objectives	Key Tasks	Lead Person	1*	2*	3*	4*	5*	6*	7*	8*	9*	10*	11*	12*
1.														
2.														
3.														

4.																			
5.																			
6.																			

NOTE: Please do not infer from this sample format that your work plan must have 6 major objectives. If you need more pages, simply repeat this format on additional pages.

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.