Frequently Asked Questions

Alzheimer's Disease Initiative: Specialized Supportive Services Project Financed Solely by 2016 Prevention and Public Health Funds (PPHF-2017)

United States Administration for Community Living/Administration on Aging

FY 2017 Funding Opportunity

HHS-2017-ACL-AOA-ALGG-0227

Last update: June 6, 2017

QUESTIONS THAT ARE NEW TO THIS VERSION OF THE DOCUMENT OR ARE UPDATED ANSWERS ARE IN BLUE FONT

1. **Question: What is the difference between a grant and a "cooperative agreement"?**

   Answer: In the United States, federal grants are financial assistance issued by the U.S. Government. A cooperative agreement is a variation of a grant, which is awarded when a grant provider anticipates having substantial involvement with the grantee during the performance of a funded project. These grants will be issued as cooperative agreements because they are significant and multifaceted endeavors in which AoA/ACL anticipates having substantial involvement with the recipients during performance of funded activities. To ensure program success, the cooperative agreement structure allows AoA/ACL to provide a higher level of technical assistance, oversight and support than a grant relationship offers.

2. **Question: Can we subcontract some or all grant activities?**

   Answer: Grantees, not the Federal Government, must decide whether it is in their best interest to subcontract some of the grant activities. That said, however, it is very important that the grantee realize that the administrative responsibility and oversight of all grant activities remains with the grantee. Thus, we recommend when subcontracting, the grantee retain sufficient funding to fulfill its administrative, oversight, and sustainability responsibilities under the grant.

3. **Question: What are direct services?**

   Answer: Direct Services – we have identified six specific categories of direct services (adult day care, companion services, home health care, personal care, respite, and short-term care in health care facility).

Adult Day Care – an organized program that takes place outside of the home and provides care for the person with dementia in a congregate setting, but is not a residential setting. Services are supervised and include social engagement or health care for elders who require skilled services or physical assistance with activities of daily living. These services may be also referred to as Adult Day Services and Adult Day Health Services.

Companion Services – companion services include non-medical care, supervision and socialization provided to a participant/client. Companions may assist or supervise the individual with such tasks as meal preparation, laundry, light housekeeping, and shopping. Companion services are typically provided in a participant/client's home but may include time spent accompanying participant/client to access services outside of the home. These services may be also referred to as Homemaker Services.

Home Health Care - in-home assistance that addresses medical needs, such as administering medications and physical therapy. These services may be also referred to as Health Maintenance Care.

Personal Care – in-home assistance with daily living activities, including bathing, dressing, eating, meal preparation, and light housekeeping. These services may be also referred to as Personal Assistance.

Respite –an interval of rest or relief OR the result of a direct dementia-specific service or supportive intervention that generates rest or relief for the caregiver and/or care recipient.

Short Term Care in Health Facility –services provided on a short/long term basis in a residential or assisted living facility, nursing home, or other long-term care institution because of the absence/need for relief of the regular caregiver.

4. **Question: Can the salary of a direct service provider count towards a direct service?**

   Answer: Yes, if a paid position is an essential component of the direct service provision for this project, the salary for that position may count towards direct service.

5. **Question: Could dementia-capability training and resulting services count toward direct service requirements?**

   Answer: Yes, because dementia-capability training can be necessary for providing direct services to people with dementia and their family caregivers.

6. **Question: Are grantees required to participate in technical assistance activities?**

   Answer: Yes. Because these are cooperative agreements, we believe that the primary means of sharing information and facilitating discussions of barriers, ways to resolve

barriers, and share successes among grantees is through technical assistance. Therefore, to achieve the stated programmatic goals, all grantees must participate in program technical assistance efforts, which could include individual assistance to grantees, webinars, learning collaboratives and other, similar activities.

7. **Question: Does the budget have to be equally divided between the 3 years?**

   Answer: Applicants can choose how to divide their budgets across the three-year grant period. In other words, there is NOT a requirement that the budget be equally divided among the three years of the grant period.

8. **Question: What are administrative expenses?**

   Answer: Administrative expenses include direct and indirect costs related to (1) routine grant administration and monitoring (for example, receipt and disbursal of program funds, preparation of routine programmatic and financial reports, and compliance with grant conditions and audit reports) and (2) contract development, solicitation review, award, monitoring, and reporting.

   Administrative expenses do not include costs associated with substantive programmatic work (e.g. the costs associated with salaries, fringe and travel for a project director and other programmatic staff involved in the implementation of the program). Other examples of expenses that are not considered to be an administrative expense are: the costs of direct services (e.g., training, counseling and respite); project planning and implementation (e.g., translating evidence-based research protocols); and evaluation and information dissemination.

9. **Question: Is there an upper limit on the amount of indirect costs that will be permitted?**

   Answer: No, but applications that reflect lower administrative expenses will receive more favorable ratings in that category.

10. **Question: Are there restrictions on what an applicant can use for the non-financial contribution (match) required of grantees?**

    Answer: Non-financial recipient contributions may include the value of goods and/or services contributed by the grantee and any and all third parties involved in the project, including sub-grantees, contractors and consultants. Examples of non-financial recipient contributions include: salary/fringe benefits of staff devoting time to the grant and not otherwise included in the budget or derived from federal funds, applicable indirect costs, volunteer time, and use of facilities to hold meetings or conduct project activities. In-kind contributions from a third party may also be used as non-financial contributions and may include the value of the time spent by Advisory Board members in the design,

development and implementation of the grant.

11. Question: What value should be assigned to volunteer services used for in-kind matching?

Answer: Volunteer hours included as in-kind matching should be valued at what you would have to pay another individual to provide the service in your area. If you do not have a current measure of the cost of an individual providing a particular service, you may consider investigating other direct service providers in your area.

12. Question: Is match calculated on the budgeted spending or actual spending?

Answer: Match is calculated on actual spending.

13. Question: Can we include maps as appendices to our application?

Answer: Yes. It may be helpful for reviewers to see, visually, how access to services and supports would be enhanced throughout the state over the project period.

14. Question: If my state encounters an obstacle to submitting the application by the deadline, will AoA/ACL accept the application after the deadline passes?

Answer: No, the application must be submitted by the deadline.

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 *grants.gov* . After AoA/ACL retrieves your application form from grants.gov, a return receipt will be emailed to the applicant contact. This will be in addition to the validation number provided by grants.gov.

Unsuccessful submissions will require authenticated verification from *grants.gov* indicating system problems existed at the time of your submission. For example, you will be required to provide a grants.gov submission error notification and/or tracking number in order to substantiate missing the cut off date. Failure to have complied with requirements such as registration with SAMS.Gov and DUNS numbers will not be accepted as reasons for missing due date and requesting an exception.

15. Question: When will states that are awarded cooperative agreements begin receiving funds?

Answer: Projects have an anticipated start date around September 30, 2014. Shortly after the grant is awarded, grantees may begin drawing down funds through the Payment Management System. During the planning phase of the cooperative agreement, grantees will be able to access no more than 15% of total grant funding to develop their implementation plans. At the conclusion of the planning phase, the grantee must

participate in a planning phase exit conference and receive approval of AoA/ACL to progress to the implementation phase and access the remaining 85% of cooperative agreement funding.

16. **Question: Is it permissible for the direct service portion of the grant to propose a service/s that we're already funding in a limited way (e.g., only some AAAs in the state and/or some counties in certain AAA area, and/or in limited numbers) because there is limited funding available - and to expand the service to a different catchment area (different county) OR expand the population to whom it's available by altering/lowering the eligibility criteria in existing areas of service?**

    Answer: It is permissible, in implementing the direct service requirement of the grant, to use grant funds (including federal dollars and match) to expand existing programs/services to a different area or population. What you cannot do is use grant funds (including federal dollars and match) to supplant funding to maintain existing programs/services that are presently funded using other Federal sources.

17. **Question: We were also told that the award was going to be forward-funded for the entire 36 month project period, and that 'forward-funded' meant the entire amount of funding (all 36 months of it) would be awarded at one time. The grant award will have a 36-month project period, but how will the budget period will be shown? If the entire 36 months of funding is included in the initial grant award, wouldn't the budget period also have to reflect 36 months? And if the grant award's budget period is 36 months, how can we consider funds to be 'carried over' from one 12 month budget period to another?**

    Answer: Each project will have a *36 month project period, which* is comprised of *three 12 month budget periods*. 100% of the funds will be obligated all at the time of award, and all of the funds will in fact be available at that time, however they can only be drawn down as they are expended. For the proposal process, applicants are expected to present both a work plan that covers the entire 36-month project, as well as three separate and defined budget periods by which they will conduct the business over the course of the grant. "Carry overs" would not be necessary between the three 12 month budget periods within the 36-month project period.

18. **Question: Can we submit our application as a Multiple-PI/PD project? Or do we need to have one PI/PD and the rest of the key personnel as Co-Investigators?**

    Answer: Your project should have one PI/PD – that person would be affiliated with the primary applicant and not the partners.

19. Question: Is there a particular format and page limit that we should follow when preparing each vitae for the key personnel?

Answer: No, there is no required format for each vitae

20. Question: In addition to the letters of commitment from key participating organizations and agencies, do we need to secure letters from participating individuals that we be involved in the project?

Answer: Assuming that participating key individual would be affiliated with participating organizations, you would only need the organizations. If key personnel proposed are not presently affiliated with the Primary applicant it would be assumed that you have been authorized by that person to include them in your application.

21. Question: Does Lewy Body Dementia and Parkinson's Disease Dementia qualify as 'related dementias' under this mechanism?

Answer: Yes.

22. Question: Could we prepare a submission that would include respite care, and also a combination of dementia as it relates to elderly abuse services.

Answer: Respite care is included in the categories of approved direct services. If you meet all of the requirements that are outlined in the funding opportunity announcement, elder abuse services, as they apply to persons with dementia could be a component within your proposed project.

23. Question: The funding opportunity announcement states that sole proprietorships are not eligible applicants. Can I put add a partner to my company when I apply for this, and change my status there at this point?

Answer: Sole Proprietorship is defined as:

A business structure in which an individual and his/her company are considered a single entity for tax and liability purposes. A sole proprietorship is a company which is not registered with the state as a limited liability company or corporation. The owner does not pay income tax separately for the company, but he/she reports business income or losses on his/her individual income tax return. The owner is inseparable from the sole proprietorship, so he/she is liable for any business debts.

If the business considering application for this program falls within this definition of sole proprietorship, it would be ineligible.

Because sole proprietorship is a tax designation, simply adding the name of another person would not change that designation.

24. Question: Can applicants propose interventions that would be used in assisted living facilities? Or is this funding opportunity just for home and community-based services?

Answer: This opportunity is dedicated to keeping people in their homes and communities through home and community-based services. Once in an assisted living facilities, community-based services are no longer in play. That said, it is possible that a piece of a project could include something related to an assisted living facility.

25. Question: Do you have examples of well-developed dementia capable systems?

Answer: Profiles of the existing ADI-SSS grantees that are operating within dementia-capable systems are available on the ACL/AoA Alzheimer's Program page at aoa.acl.gov .

Dementia-capability, as defined in the funding opportunity announcement, can look very different, dependent on the kind of system you're operating within. The State of Minnesota is always a good example of a well-developed dementia-capable system.

26. Question: The Funding Opportunity Announcement mentioned that applicants need to use an approved data collection system. What are you using as an approved data collection system?

The federal government is mandated to comply with what is called The Paperwork Reduction Act - the PRA – when information is being collected. To require collection of information from grantees, ACL must to have an OMB approved information collection tool. ACL has an approved data collection tool and that is what we require. Through the approved tool, we collect things like program demographics of the people that are receiving services, the amount of money that is spent, etc. The conditions of the grants allow us to require future approved collections as well. If you would like to see our existing data collection tool you can find it on the ACL/AoA Alzheimer's Program webpage at aoa.acl.gov .

That is one piece of the program outcome information necessary to report. We would need to be informed of the results of the outcomes proposed in your work plan (for example, if your program were training people, we would want to know the kinds of training).

27. Question: Related to the reporting mechanism, this is an ACL reporting tool that is maintained by ACL, and that grantees would be reporting through this tool. It's not a grantee implementation evaluation tool per se, is this correct?

Answer: That is correct. It is an Excel spreadsheet that has three tables on it - one for caregivers with demographic information -, one for persons with dementia to get

information on the people receiving services. Then the third page has the units of direct service and the percentages of the - how the funds are being spent. All grantees report on the exact same information using this tool, it is not modified for each grant.

28. **Question: Regarding the dementia capable systems, could that be part of a health system, particularly like a pioneering field? Does the health system have to be an ACO?**

    Answer: Yes, it could include - it could be a health system as long as you can hit those three out of those four areas with your program, depending on what kind of program that you develop. The applying system does not have to be an ACO.

29. **Question: Is IRB approval required of programs.**

    Answer: It depends on the organization within which you are operating. We do not have an IRB approval process through ACL/AoA. However, many of our grantees through their evaluators do seek and receive IRB approval.

30. **Question: With regard to budgets, this program opportunity is for up to a million dollars over a project period of three years, correct?**

    Answer: That is correct. The opportunity is for between and $800,000 and $1,000,000 over three 12 month budget periods for a total project period of 36 months.

31. **Question: One of the requirements within the funding opportunity announcement is the need to partner with key agencies in the state. Would an applicant become ineligible if we were to include working with existing 2014 or 2015 ADI-SSS state grantee that is ineligible to apply in 2016 in our work plan?**

    Answer: No, having partners on your team that are primary recipients of previous ADI-SSS grants would not make your application ineligible. Recipients of 2014 and 15 program grants may join other teams, but they may not be the primary recipients of ADI-SSS program resources.

    Question: Can funding may be used for current programs? Or does it need to be for new or expanded programs? And related to that, can it support current staff salaries or new staff salaries?

    Answer: Funding must for new programs or expansion of existing programs. It cannot be to continue something that you are already doing without expansion. For example, let us say you have a program and you have never been able to serve individuals with intellectual and developmental disabilities, you make a plan to expand the services that you're already providing to include that underserved population. You could do that. The funding from this program cannot be a sustainability plan for something you are already

doing.

The second answer is yes, grant funds can be used to pay for staff.

32. Question: Can a portion of current staff that would work on the project plus that new staff member that would likely implement?

Answer: Yes. For example, if you have a staff member that was 20% of their time is dedicated to this new project and 80% of their time is dedicated to other projects within the organization, that would work.

33. Question: On Page 3 of the funding opportunity announcement it states that it's critical the grantees build dementia capability into their current programs and partnerships with key agencies in their states including but not limited to Medicaid and the veterans' health system. Is that applicable to every proposal?

Answer: No, necessary partnerships would dependent on the applicant organization, whatever is appropriate for the community you serve. Because this is open to everyone, not only government entities, each organization has different resources and organizations that would be appropriate for partnership.

34. Question: As a university, we would be the evaluative arm working with the dementia capable system. Should the dementia capable system be the ones who submit the proposal and we are the subcontractor or vice versa? Or does it not matter?

Answer: The announcement states that applicants must be working within a dementia-capable system. If the university can demonstrate that they are working within a dementia-capable system, it would be possible. Presently one of our grantee organizations is an institute within a university, the official grantee being the university, but they are dementia capable. Then we have others, they use the universities as the evaluators. The structure of the partnerships in grant applications would be whatever applicant deem appropriate that fits within the guidance provided in the funding opportunity announcement.

35. Question: We are a 501C3. We are not ourselves a dementia capable program but we will be collaborating with one that is. Would it matter who was the primary person asking for the grant? Would it have to be the dementia capable organization? Or could we be the ones to do that? We would be providing the community services.

Answer: If the applicant organization the one providing the community services, it needs to be the existing dementia-capable system within which the project is operating. The applicant must be able to demonstrate the existing dementia-capable system in which the

project will operate.

36. Question: Is there a limit to how many collaborative partners there can be?

Answer: No.

37. Question: We are reviewing the application guidelines and noticed a comment on page 6 that the responsive ADI-SSE project application will not propose conduit or pass-through funding for another agency to lead the project. Does this mean that we could not pass any of the funding to the organization that we would like to partner with? We submitted the letter of intent but if the answer is yes, would it be possible to change the applicant on the letter of intent to the organization that we would like to partner with?

Answer: You can have partners, what we are saying is that you cannot apply for the grant and then turn the majority of the resources over to another organization to conduct the bulk of the work.

As to your question about changing the name on the letter of intent, no, that would not be possible.

38. Question: Can you tell us the number/ number range of LOIs received for this opportunity.

Answer: We cannot provide the number of LOIs received for this opportunity, we can however say it will be very competitive.

39. Question: Can you provide any resources that might help with development of proposals?

Answer:

- Writing Effective Proposals: Tips for a Strong Application http://nadrc.acl.gov/node/48
- Evaluation of Dementia Programs http://nadrc.acl.gov/node/64
- Evaluation Measures Resource List http://nadrc.acl.gov/sites/default/files/uploads/docs/Evaluation%20Measures%20Resource%20List%20FINAL%20February%202016.pdf

40. Question: Can our proposal count the State dementia-capable home and community based system as the "existing dementia capable HCBS system" within which the applicant is operating?

Answer:

Yes, if the applicant is a State entity and the entity is operating a dementia capable system that complies with the requirements of the FOA

No, if the applicant is not a state entity. All primary applicants must be operating directly within an existing dementia-capable system dedicated to the population that they serve and that complies with the requirements of this FOA.

41. **Question: Can the multiple components of a team make up an eligible existing dementia capable system?**
Answer: The primary applicant must be operating directly within an existing dementia-capable system dedicated to the population that they serve and that complies with the requirements of this FOA.

The combination of a variety of systems within a single application to create a dementia capable system would not constitute an eligible existing dementia capable system.

42. **Question: Is there an implied emphasis on Alzheimer's, or is the word Alzheimer's being used as a generic for all dementias?**
Answer: Throughout the funding opportunity announcement are references to the program's support of those with Alzheimer's disease and related dementias (ADRD) and their caregivers.

43. Question: The grant contains a prohibition against lobbying but does that prevent proposing State or Federal legislation that would mandate dementia training or other ways to raise the level of training for anyone who works with dementia care?

Answer: Program funds cannot be used for lobbying. The restriction is clearly outlined in the funding opportunity announcement.

44. Question: There is a requirement to include data sources and other references. Do they count against the 20 page limit?

Answer: Data sources and references may be included as Appendices to the Project Narrative. If included as an Appendix, it would not count toward the 20-page limit.

45. **Question: On page 3 of 41 of the instructions it states "Successful applicants under this program will be leaders or partners in existing dementia-capable systems designed to improve the quality and effectiveness of programs and services." Could you clarify this? For example, if existing organizations (partners) have banded together to form a dementia capable system – who should file the application?**

Answer: Please refer to the funding opportunity announcement for a description of an existing dementia-capable system.

The primary applicant must be operating directly within an existing dementia-capable system dedicated to the population that they serve and that complies with the requirements of this funding opportunity announcement.

The combination of a variety of systems within a single application to create a dementia capable system would not constitute an eligible existing dementia capable system.

46. **Question: What resources are available that specify exactly what constitutes "evidenced based" and "evidence-informed" as they relate to this initiative?**

    Answer: Definitions of what constitutes evidence-based and evidence-informed interventions are provided in the "definitions" section of the funding opportunity announcement.

47. QUESTION: On the Prevention and Public Health Fund page (http://www.hhs.gov/open/prevention/), it describes this grant's "Planned Uses of Funds" as:

- **To fund new grants to states that expand specialized services and supports targeting certain categories of individuals living with Alzheimer's disease or related disorders.**
- **To initiate a new public awareness campaign to encourage consumers experiencing memory loss to seek medical advice and to address the stigma associated with dementia.**

The second component – the public awareness piece – is not well spelled out in HHS-2016-ACL-AOA-ALGG-0152 instructions. Could you please expand on how this 'planned use' relates to the ADI grant? Or is there going to be a separate grant for the awareness campaign?

Answer: The PPHF funded public awareness campaign is in the form of a contract that is administered by the ACL Office of External Affairs. The public awareness campaign and the associated dedicated resources have no direct relationship to the ADI-SSS, however many existing ADI-SSS projects do include outreach and awareness components.

48. **QUESTION: One of the issue about home based services is the existence of lead based paint and plumbing in many older homes. Would lead testing and/or removal be a direct service under this grant**?

    Answer: The six specific categories for direct services are referenced in the definitions section of the FOA and are outlined, including examples, in question #3 of this document. Testing for and/or removal of lead based paint would not qualify as a direct service, based on the definitions provided.

49. QUESTION: What reasons have been used successfully (or not) to justify match waivers in the past?

Answer: Since the inception of the ADI-SSS program, zero requests for waivers have been received and zero waivers have been granted.

50. Question: How are funds disbursed to awardees throughout the period of the grant?

Answer: Grant funds are disbursed through drawdowns from the HHS Division of Payment Management through the payment management system (PMS).

51. Question: As a cooperative agreement, what kinds of involvement has ACL experienced historically on previous awards?

Answer: A description of "AoA/ACL's Anticipated Substantial Involvement Under the Cooperative Agreement" is included in the FOA. Cooperative Agreement is subject to terms provided for in the Federal Grant and Cooperative Agreement Act of 1977 (P.L. 95-224). Please refer to the Planning Phase description within the FOA for *one way* in which the Cooperative Agreement involvement plays out in the ADI-SSS program.

52. Question: I am having difficulty reconciling what appears to be your definition of a dementia-capable system.

Answer: In addition to the explanations provided in the FOA, you may also review the paper referenced in the FOA, located at http://nadrc.acl.gov/node/40 . There are also many other resources/tools that may be of assistance on the National Alzheimer's and Dementia Resource Center at www.NADRC.ACL.GOV .

53. Question: My entity has never received a negotiated indirect cost rate. Can we request indirect charges in the budget?

Answer: Any non-Federal entity that has never received a negotiated indirect cost rate, except for those non-Federal entities described in Appendix VII to Part 200—States and Local Government and Indian Tribe Indirect Cost Proposals, paragraph D.1.b, may elect to charge a de minimis rate of 10% of modified total direct costs. Costs must be consistently charged as either indirect or direct costs, but may not be double charged or inconsistently charged as both. If chosen, this methodology once elected must be used consistently for all Federal awards until such time as a non-Federal entity chooses to negotiate for a rate, which the non-Federal entity may apply to do at any time. (see 45 CFR 75.414 (f).

54. Question: May we use indirect costs as a part of the required match?

Answer: Per the Funding Opportunity Announcement, 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. (see 45 CFR 75.306 (c)).

55. **Question: How do you define lobbying?**

Answer: *Lobbying Disclosure Act of 1995*

LOBBYING ACTIVITIES.-The term "lobbying activities" means lobbying contacts and efforts in support of such contacts, including preparation and planning activities, research and other background work that is intended, at the time it is performed, for use in contacts, and coordination with the lobbying activities of others.

LOBBYING CONTACT.- (A) DEFINITION.-The term "lobbying contact" means any oral or written communication (including an electronic communication) to a covered executive branch official or a covered legislative branch official that is made on behalf of a client with regard to- (i) the formulation, modification, or adoption of Federal legislation (including legislative proposals); (ii) the formulation, modification, or adoption of a Federal rule, regulation, Executive order, or any other program, policy, or position of the United States Government;

56. **Question: Can ACL/AoA Grant Funds be used in support of lobbying activities?**
Answer: No, ACL/AoA grantees may not use federal funds in support of lobbying activities.

57. **Question: I understand that applicants are required to dedicate certain percentages of our program budget to direct services and see that the FAQ's list six categories of direct services. We are wondering if the following services would be considered direct services:**
    a. navigation services that help individuals with ADRD and their families find care options, make decisions (including optional family consultations to assist family members in problem solving and decision making when they have a difference of opinion regarding the best care options), and plan ahead for future needs
    b. education, training, and support for family caregivers with loved ones with ADRD

Answer: Yes, the services identified in a & b would qualify as direct services in the 2017 ADI-SSS program.

58. **Question: We are a faith-based 501(c)(3) that restricts our free services to members of a specific religious/cultural/ethnic group. Are we able to receive funding to provide dementia-related services to one specific sub-population?**
Answer: No, ADI-SSS grantees are not allowed to restrict provision of grant funded services to a specific religious/cultural/ethic group.

It is a public policy requirement of HHS that no person otherwise eligible will be excluded from participation in, denied the benefits of, or subjected to discrimination in the administration of HHS programs and services based on non-merit factors such as age, disability, sex, race, color, national origin, religion, gender identity, or sexual orientation. Recipients must comply with this public policy requirement in the administration of programs supported by HHS awards. (45 CFR 75.300(c))

The special population targets included in this funding opportunity encourage the **inclusion** of underserved/disadvantaged populations and those with the most need, *not*

exclusion of groups based on religion, culture or ethnicity.