Frequently Asked Questions

Alzheimer's Disease Programs Initiative (ADPI): Grants to States and Communities

United States Administration for Community Living/Administration on Aging

FY 2021 Funding Opportunity

HHS-2021-ACL-AOA- ADPI-0083

Date: April 16, 2021

ITEMS IN THE BLUE FONT ARE THE ITEMS THAT WERE ADDED SINCE THE LAST UPDATE OF THE FAQ DOCUMENT.

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. ACL does not fund "pass through" programs, so subcontracting ALL grant activities not allowable. The funding opportunity clearly states that no project partner may receive more than 20% of the Federal funding received by the Primary Grantee.

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 a 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 any indirect costs in excess of 10% require documentation of a negotiated rate with the US Department of Health and Human Services.

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. All match resources must be connected in some way to funded program activities. 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 July 1 2021. 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: 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.

18. **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

19. **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. **A letter of**

commitment from the third party evaluator is a requirement and must be included in the application package.

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

    Answer: Yes.

21. **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.

22. **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: Assisted living and skilled nursing facilities are not eligible to apply for this funding opportunity. 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.

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

    Answer: Profiles of existing ADI-SSS and ADPI grantees that are operating within dementia-capable systems are available on the ACL/AoA's National Alzheimer's and Dementia Resource Center webpage at https://nadrc.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.

24. **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's National Alzheimer's and Dementia Resource Center webpage at https://nadrc.acl.gov/ .

25. **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 it can address the three required gaps with your program, depending on what kind of program that you develop. The applying system does not have to be an ACO.

26. **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.

27. **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.

28. **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 or previous ADI-SSS state grantee that is ineligible to apply as the primary applicant 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 previous program grants may join other teams, but they may not be the primary recipients of ADI-SSS program resources.

29. **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 that are engaged in program activities.

30. **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.

31. **Question: In 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.

32. **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.

33. **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: The applicant organization 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. Applications may not derive the dementia capability requirement from their partnerships, the primary applicant must be operating within the dementia-capable HCBS.

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

    Answer: No.

35. **Question: We are reviewing the application guidelines and noticed that the responsive ADPI 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. *Per the funding opportunity announcement, no application partner may receive in excess of 20% of the program funding.*

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

36. **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.

37. **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.

38. **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.

39. 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.

40. **Question: The instructions it state "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.

41. **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 funding opportunity announcement.

42. 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).

43. 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 ADPI program.

44. 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).

45. 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)).

46. **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;

47. 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, ADPI 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.

48. Question: **Can a HCBS system partner with other HCBS systems in adjacent geographic areas and each system focus on different gap areas? The majority of the funds would stay with the applicant (not a pass through) and less than 50% of the funds would be allocated to the partners. Also, while the proposed scope of work would cover all three gap areas amongst the partners, the implementation of services may not necessarily cover all three gap areas across all geographic areas.**

Answer: Yes, a dementia capable HCBS making an application may partner with any organizations they choose to work with in the implementation of their program. It is up to the primary dementia capable HCBS applicant to determine the activities of

themselves and their partners.

Each project must address each of the gap areas. It is up to the primary dementia capable HCBS applicant to determine the coverage of the service implementation and which partners are engaged in addressing the necessary gaps. All of the proposed activities must be new to the organization or community receiving the services or an demonstrable expansion of existing activities/services.

49. **Question: Is our organization eligible to apply based on the requirement for an evidence-based program that is currently conducted?**

    Answer: All applicants must demonstrate their existing dementia-capability in their project narrative. Whether or not the organization is presently implementing evidence-based programs is not one of the criteria for program eligibility.

50. **Question: Our organization is in the process of obtaining its new rate. If we don't receive final word, would we submit using the default rate of 10%?**

    Answer: In order to receive any amount in excess of the deminimus 10% rate documentation of the negotiated rate for the type of proposed project activity (i.e. a negotiated rate for "research" would not be applicable to this program) , in the form of a letter, would have to be included in the application package. All applicants are eligible to receive the 10% deminimus indirect cost rate.

51. **Question: Does training professional staff (nurses, aides, coaches, care coordinators) so that they, in turn, train caregivers count as a direct service?**

    Answer: Yes, training professionals that work with caregivers does count toward direct service Master trainings, by which a master trainer trains others to be trainers, are an exception. Time spent on master trainings <u>does not</u> count as direct service.

52. **Question: Does training the caregiver in an evidence-based model (NYUCI) count as direct service?**

    Answer: Working with caregivers through dementia specific evidence-based intervention model protocols (models being offered in new target areas or not previously offered by the grantee) may be counted toward direct service requirements.

53. **Question: Does coaching a caregiver in CTI and arranging necessary support services (when needed) count as a direct service?**

Answer: If the implementation of the CTI for persons with dementia and their caregivers is part of the funded program, coaching and case management for those individuals would count toward direct service requirements.

54. Question: If a state agency or community is awarded this grant and contracts with an organization that provides a program such as art or music to fulfill the grant, does that organization that provides the program have to be a nonprofit or can it be a for-profit organization?

Answer: Grantees may partner with both for-profit or nonprofit organizations.

55. Question: What we are proposing would include an expansion of our services aimed at including younger adults with intellectual or developmental disabilities and associated dementia. Currently, we serve a population of older adults with cognitive impairments related to the onset of Alzheimer's disease and associated dementia. While the additional population to receive services would represent a shift in programming to include activities and staffing appropriate to the needs of the new participants, the overall structure and program will remain largely consistent with the services currently being offered. Our question is whether this shift represents a significant enough "expansion" of programming to qualify for the grant funding.

Answer: On the surface, the expansion that you outline appears to be sufficient to meet the IDD and dementia required gap, however all applicants must address each of the gaps outlined in the funding opportunity announcement (FOA). Addressing only the single gap will not be considered responsive to the total FOA.

56. Question: Is there a required or recommended number of individuals served each year?

Answer: We expect that applicants plan to serve a number of people that is commensurate with the financial resources that are requested. If applicants request one million dollars to serve a small number of people, it could suggest that the intervention proposed would not be sustainable beyond federal funding and could impact review scores.

57. Question: Is a community needs assessment required?

Answer: We expect applicants to have a clear understanding of the community that they serve and their needs. That information should be reflected in the project narrative. Participation in an ACL-administered dementia capability assessment is required at the onset of the project and annually for the duration of the funded program.

58. Question: Are there any approved evidence-based interventions that are not being widely implemented by current/ past grantees that ACL would like to see implemented?

Answer: We have no preferences in the dementia specific evidence-based or evidence-informed interventions. Our expectation is that applicants choose something that fits the needs of the community, the organizational capability and culture and has potential for sustainability once the grant pilot is complete and Federal funding has ended.

59. Question: Can you further define "innovations" in respite care? Are there any interventions or models that ACL would like to see tested?

Answer: When we say "innovations" we mean that applicants may think outside the box in terms of the respite models that they propose. Depending on the needs of the community, applicants may propose what might be considered traditional models of respite in support of caregivers of persons living with dementia or they may propose less traditional ideas. For example, some grantees couple respite with trainings (including evidence-based) to allow caregivers to attend, lessoning their burden to find caregiving while they train, others have created social programs for caregivers and persons living with dementia that may include an opportunity for both to visit a museum together, with professional supports and education.

We have no preferences in respite interventions or models.

60. Question: In what ways we can use in-kind match? Can we use our No Wrong Door System? If so, how can that system be used?

Answer: All of the match must be directly and 100% connected to the funded program activities. Match cannot come from other Federal resource.

61. Question: Does the $1,000,000 budget limit include both direct and indirect funds, or direct funds only?

Answer: The total $1,000,000 budget includes direct and indirect funds.

62. Question: If a program is scheduled to open by May 10th would they be eligible to apply?

Answer: The funding opportunity is for existing home and community based providers Eligible applicants are those "private and/or public community-based organizations

(CBO) that are able to: 1) demonstrate their operation within an **existing** dementia-capable HCBS system dedicated to the population that they serve; and 2) articulate opportunities and additional services in the targeted gap areas that would enhance and strengthen the existing system.

63. **Question: What's the processing time line for the awarding of funds and are their any unknown restrictions? Asking for clarity relative to the term development? Are start ups allowed to apply?**

    Answer: As stated in the funding opportunity announcement (FOA), the awards are expected to be in place by July 1, 2021.

    All considerations for the program are outlined in the FOA.

    Successful applicants will be those that propose to develop services that expand on or compliment their existing services.

    "Start-ups" would not be appropriate for this FOA, as stated in the announcement eligible applicants are able to "demonstrate their operation within an existing dementia-capable HCBS system dedicated to the population that they serve; and 2) articulate opportunities and additional services in the targeted gap areas that would enhance and strengthen the existing system."

64. **Question: Would you pls post a clarification on your next FAQ update whether a full 25% match must be evident on each 12–month budget justification or if it simply needs to be true for the cumulative 36-month project period?**

    Answer: Match is based on spending over the total grant period. If a grantee is short on match in year one, they would be able to make it up in follow-on years. For example, if in year one they are 5% short on their match, they can make up that 5% in year two.

65. **Question: Just wanted to clarify that any funds we payout from the HHSACL grant to partners for services (such as other ADRD programs and Universities), are considered matching funds for the applicant agency?**

    ''In general, costs borne by the applicant and cash contributions of any and all third parties involved in the project, including sub-grantees, contractors and consultants, are considered matching funds. Volunteered time and use of facilities to hold meetings or conduct project activities may be considered inkind (third-party) donations. Budgetary funds provided from the applicant agency's budget for costs associated with the project are an example of a non-federal cash match."

Answer: No, Federal grant program funds paid out to partners are NOT match. Match funding can also not have originated from any federal program. For example, grantees and their partners cannot use other federal resources to pay for program activities and serve as match. Grantee partners can contribute cash or in-kind services (volunteer time, space, etc.) as match. Whatever partners provide as match must be directly connected to program activities.

66. Question: Does State participation with the ADI-SSS project render us ineligible for the latest funding opportunity?

Answer: Being a partner on an existing grant does not render an organization ineligible to apply as a primary grantee on a grant. Organizations can be partners on multiple grants while also being the primary grantee of a grant to their organization.

67. Question: I have a question regarding EBP. If I am developing an intervention that is an evidence base practice can this be considered or are we only to use EBP that are already developed like SAVVY?

Answer: The definitions of evidence-based and evidence informed interventions is included in the FOA. A new intervention based on evidence based practices but which has not undergone a randomized controlled trial, been published or translated into communities would not meet that definition. The funding opportunity announcement (FOA) has links to the NADRC compendium of dementia specific evidence-based and evidence informed interventions that have been implemented through this funding. There are certainly existing interventions that meet ACL's definition that have not been previously through ACL. There is also the Best Practice Caregiving database that is home to many dementia specific interventions as well, a link is included in the FOA.

68. Question: Our agency is a current participant in a national time limited research project which compares health systems-based dementia care to community-based dementia care and usual care for persons living with dementia (PWD) and their caregivers. We represent the community-based approach and receive referrals solely from [health system] and use the BRI Benjamin Rose Institute Care Consultation model as an intensive 18-month intervention with participants. Our agency does not hold a license with BRI Care Consultation.

We would like to use BRI Care Consultation as an intervention in our proposed project. As such, we would be using a new Care Consultation Information System (CCIS) that is independent of the one being used in the study and will accept referrals from the entire community.

Based on this, please provide guidance on our inclusion of BRI Care Consultation as an intervention in our project.

Answer: Any activities proposed in an application would need to be new or expanded services. Using the scenario above, the proposed intervention could be included to serve audiences expanding beyond the one presently being served for the research project (target audiences, referral sources, etc.). A funded project would not include resources to continue to pay for services for those actively benefiting from the intervention through your research project or referrals from existing partners. Purchasing the intervention system with different resources outside the research project, does not constitute a "new service", as your organization is already making the service available in the community you serve.

69. **Question: Does the applicant need to "possess existing dementia - capable home and community based services"? Or is this only specific to the tribal organizations?**

    Answer: The funding opportunity announcement (FOA) states in many places, including the responsiveness criteria that eligible applicants for the community option (Option B) are **"**public agency, private nonprofit agency, institution of higher education, and organization, including tribal organizations operating within an existing dementia-capable home and community-based service (HCBS) system." That means that eligible applicants are HCBS providers that are in a position to strengthen and enhance the existing dementia-capable services that they are presently providing to address the gaps outlined in the FOA. The language says including tribal, it does not say only tribal.

70. **Question: Specifically, as a private for-profit strategic partner to healthcare organizations, is [company name] an eligible applicant to this grant?**

    Answer: As stated in the FOA, if a company is an existing dementia-capable HCBS provider, it is eligible to apply for the ADPI program. If a company is not an existing dementia-capable HCBS provider, they are not eligible to apply for the grant, but they could be a partner on another organizations application, while maintaining compliance with the 20% partner funding restrictions and other program requirements.

    The company website was accessed and it does not appear to be an existing dementia-capable HCBS provider (presently providing dementia-capable services to persons living with dementia and their caregivers). Based on that single requirement the company does not appear to be eligible to apply for the grant.

71. **Question: Does the grant allow multiple applicants? If possible, we and [name] Partners, can co-lead the project.**

    Answer: The grant does not allow multiple applicants, but rather a single existing dementia capable HCBS provider (eligibility requirement) as the Primary grant applicant with as many partners as desired. The FOA outlines partner funding restrictions, to ensure no pass through grants.

72. **Question: My grant team had a question regarding the target audience. Since the grant stipulates that 50% of the dollars are to be spent on respite and we are targeting people loving alone with Dementia how is giving them services like adult day care respite? Many of the people we have identified live alone and caregivers are not involved.**

    Answer: The grant requires that 50% of the total grant funds (federal and match) be dedicated to direct service, nowhere in the funding opportunity announcement (FOA) does it state that direct services are limited to respite. There is a definition of direct service in the appendix. Applicants must address ALL three gap areas outlined in the FOA, not only select one of the three.

73. **Question: Does the maximum allowed award of $1,000,000 for 36 months for the community based ACL grant include direct costs, or does it include the combined direct and indirect costs?**

    Answer: See question #61

74. **Question: I am not sure if all the costs go into the budget forms and then those that are part of cost sharing are subtracted out**.

    Answer: The instructions in the funding opportunity announcement include clear guidance on completion of the Standard Form 424A, including breakdown of federal and non-federal shares. It also includes in the budget narrative/justification instruction guidance on the inclusion of detail of the federal funds, Non-Federal Cash and Non-Federal In-Kind and includes a template.

75. **Question: Where can I find a copy of the Dementia Capability Assessment tool? Is this something that we complete on our own? Or is this something that the selected evaluator would do?**

    Answer: The Dementia Capability Tool can be found on the National Alzheimer's and Dementia Resource Center (NADRC) website at https://nadrc.acl.gov/details?search1=117#result . The funded grantees and their partners are provided individualized links to complete the assessment by the NADRC staff. The data is analyzed by NADRC and the results (scores) of each submission are provided back to grantees. The collection of dementia capability assessment data is NOT the responsibility of the 3rd party evaluator.

76. **Question: There are a couple of Dementia Capable workshops offered by the National Task Group (NTG) on Intellectual Disabilities and Dementia Practices. Can you provide another evidence based search tool to determine if these workshops are evidenced based? (FYI... we did reach out directly to NTG and we have not heard back from them.) - I used this search tool https://bpc.caregiver.org/#home**

    Answer: The NTG workshops do not meet the ACL ADPI definition of evidence-informed that is provided in the funding opportunity announcement. Many ACL grantees have included the NTG workshops in their funded programs, just not as an activity to meet the evidence-based, evidence-informed intervention requirement. A link to ACL's ADPI compendium of grantee

implemented evidence-based and evidence informed interventions is provided in the FOA and can be found on the NADRC webpage at https://nadrc.acl.gov/details?search1=140#result

77. **Question: The *University of California, Los Angeles (UCLA)* Longevity center offers memory trainings, brain boot camp, and brain boosters. The certified trainer for the team is stating that this is an evidenced based training. So this question is similar to #2, do you have another evidence based search tool that I can use?**

    Answer: A link to ACL's ADPI compendium of grantee implemented evidence-based and evidence informed interventions is provided in the FOA and can be found on the NADRC webpage at https://nadrc.acl.gov/details?search1=140#result. Language regarding the required application attachment to demonstrate how their chosen intervention meets the ACL definition included in the funding opportunity announcement is pasted below.

    > *In addition to including information on the chosen dementia specific intervention in the project narrative, all applications **must** include an attachment that contains information on the dementia specific intervention intended to meet the evidence-based/evidence informed requirement. The attachment will include the name of the proposed dementia-specific evidence- based/evidence informed intervention, a brief description of it, including relevant information to demonstrate that it meets programmatic requirements/definitions. If a dementia specific evidence-informed intervention is proposed, the attachment document will include information on the single evidence-based intervention from which the evidence-informed intervention is derived.*

78. **Question: I am not clear on whether the budget narrative document, work plan document and evaluation plan document need to be all appendix in the Proposal Narrative as ONE pdf document or can they be submitted as separate attachments ?**

    Answer: There is no requirement to put everything in a single PDF. Typically applicants submit separate documents in to the system. The system then bundles everything in to a single pdf document that is delivered to the agency.