



Administration for Community Living

Center for Integrated Programs

No Wrong Door Community Infrastructure Grants: Scaling Network Lead Entities

HHS-2021-ACL-CIP-NWPG-0065

06/01/2021

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ACL Center:

Center for Integrated Programs

Funding Opportunity Title:

No Wrong Door Community Infrastructure Grants: Scaling Network Lead Entities

Funding Opportunity Number:

HHS-2021-ACL-CIP-NWPG-0065

Primary CFDA Number:

93.048

Due Date for Letter of Intent:

04/29/2021

Due Date for Applications:

06/01/2021

Date for Informational Conference Call:

04/22/2021

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

Additional Overview Content/Executive Summary

Through this funding opportunity, the Administration for Community Living plans to award approximately 10 cooperative agreements to domestic public or private non-profit entities.

The intent of these awards is to provide funding directly to community-based organizations (CBOs) serving as a Network Lead Entity to develop [Community Integrated Health Networks](#) that contract with health care sector entities (e.g., accountable care organizations, health plans, managed care organizations, hospitals, health systems, and more) for coordinated access and delivery of services that address social determinant of health.

A Community Integrated Health Network (CIHN) is a coordinated group of visible and trusted

CBOs led by a Network Lead Entity (NLE) that have entered a formal partnership with a health care organization. Headed by NLEs, community integrated health networks are scalable and can offer one-stop contracting for multiple proven interventions and services. These networks benefit from using a centralized, coordinated model for service provision, administrative functions, and quality improvement. The NLE, which serves as the hub for coordinating the services of the wider network, provides a unified and consistent approach to program delivery across a geographic area. It can also provide administrative oversight and take the lead in governance responsibilities.

Through a Cooperative Agreement, ACL will support up to 10 NLEs with innovation grants to improve their access functions and support infrastructure costs associated with aligning health care and social services to address social determinants of health for all populations.

Applicants may request a total budget from \$250,000 to a maximum of \$350,000 for the two-year project period. All awards will be subject to the availability of federal funds.

The awards will be made in the form of Cooperative Agreements to allow for substantial collaboration and involvement with ACL throughout the project period. These cooperative agreements have an anticipated start date of September 1, 2021.

An informational conference call will be held on April 22, 2021 from 3:00 to 4:00pm ET.

Toll Free Number: 877-918-1346

Passcode: 7115063#

A recording will be available approximately one hour after the call concludes at the following number: 866-428-3808

I. Funding Opportunity Description

Background

Health care providers and systems are increasingly interested in approaches that address both medical needs and social determinants of health (SDoH). SDoH are conditions in the places where people live, learn, work, and play that affect a wide range of health and quality-of-life-risks and outcomes. [1] They have a substantial impact on the health of many Americans and are a key driver to address health inequities.” Health equity is “when everyone has the opportunity to ‘attain their full health potential’ and no one is ‘disadvantaged from achieving this potential because of their social position or other socially determined circumstance’”. [2] Studies examining the impact of SDoH found that 60 percent of the factors that influence health are non-medical social, behavioral, and environmental factors, while 20 percent are genetic, and the remaining 20 percent are health care factors. [3] Nearly as many deaths are caused by social factors as by behavioral or pathophysiological factors. [4]

Early efforts to address health determinants have occurred within siloed delivery systems, with health care providers addressing individuals’ medical needs and community-based service organizations (CBOs) [5] addressing social, functional, and environmental needs. While these efforts have made significant progress, individuals that interface with both the health care and

community service system often experience inefficient, uncoordinated care that can result in higher health care costs, lower satisfaction with care, and poor outcomes. [6] As both systems embrace person-centered approaches to address health determinants, aligning the systems and leveraging the strength of health care and social service providers has been a successful approach to coordinated, holistic, person-centered care. This is further encouraged in the [National Strategy for COVID Response and Pandemic Preparedness](#) which highlights the need to facilitate linkages between clinical and social services given the increased need for social services during the COVID-19 pandemic, as well as the need to work with community-based, multi-sector organizations to align health and social interventions.

The need to reduce health care utilization while improving quality of life, as well as promoting the self-management of chronic health conditions, is more important than ever as the health care sector transitions to value-based payment models. Integration of care allows for the provision of services delivered in the home and in the community that prevent falls, address food insecurity and transportation issues, manage chronic disease, support employment and economic independence, reduce social isolation, and address other non-clinical risk factors. These essential services are shown to improve health outcomes and reduce the cost of care. This is particularly true for “high-need, high-cost” people who have complex health conditions and social risk factors and who often have significant functional limitations. Moreover, care planning for such individuals needs to go beyond a medical orientation and take into account an individual’s values, preferences, and holistic needs including social, functional, financial, and medical needs.

Launched in 2012, [ACL’s business acumen efforts](#) have aimed to strengthen CBO networks from the inside, building their business skills, enhancing their effectiveness, efficiency, and sustainability. Over the course of nearly a decade, these efforts have brought together practical resources, subject matter experts, and technical assistance to promote the successful alignment of health care and social services. The fundamental idea is this: when services from CBOs and health care entities are well aligned, consumers win.

States also have a vested interest to address and reduce health disparities – meeting the unique health and social needs of citizens with variation in culture, economic, and environmental considerations. For several decades, the Administration for Community Living (ACL) and its federal partners have invested in state-level infrastructure and systems change to enhance, streamline access, and align social services in communities for all populations and payers. These investments have been supported by a variety of initiatives, including the Aging and Disability Resource Center (ADRC) program, Real Choice Systems Change grants, the Balancing Incentive Program, Money Follows the Person (MFP), and Veteran Directed Care (VDC). ACL has helped states to streamline processes and implement person-friendly systems that make it easier for persons and their families to learn about and access the services they need.

To align these federal initiatives, ACL, with its federal partners, developed the No Wrong Door (NWD) System vision, which includes national standards, tools, metrics, and best practices that all states can use to develop a single “high performing” access system. In these systems, multiple agencies at the state and local level coordinate to create a simplified process through which individuals of all ages, abilities, and incomes can get unbiased information and one-on-one counseling with community health workers [7] on the options available in their communities.

The foundation of NWD Systems are supported by four key functions:

- State Governance and Administration;
- Public Outreach and Coordination with Key Referral Sources;
- Person-Centered Counseling; and
- Streamlined Eligibility to Public Programs.

The NWD System is designed to serve all populations who may need any long-term services and supports (LTSS), regardless of payer. This includes people who represent a variety of ages, incomes, nationalities, citizenship statuses, cultures, gender identities and expressions, sexual orientations, languages, or disabilities. At its core, a state NWD System is a network of CBOs comprised of community health workers, such as information and assistance specialists, person-centered counselors, etc., that manage access functions and processes to maintain independent living in the community. CBOs have unmatched expertise in understanding local culture and needs, service coordination and delivery, and securing benefits, services, and supports that maximize independence. In addition, the breadth of community health workers residing in a state's NWD system are best positioned to understand a person's preferences for community living; these preferences may differ depending on an individual's age, race, culture, social and family support, as well as which applicable services and supports are important *to* a person and *for* a person.

The current [literature](#) (see References section of hyperlinked text) shows community-based organizations are more likely to successfully expand their missions to support the diverse needs of individuals and families in the community if they belong to integrated networks with diverse partners. Additionally, the literature suggests that efforts to improve medical outcomes and lower costs by addressing SDOH will be more effective if CBOs, health plans, and health systems develop formalized partnerships within collaborative networks. **Through this funding opportunity, applicants will be expected to organize new or enhance existing community integrated health networks (CIHNs) led by a network lead entity (NLE).** For the purpose of this funding opportunity, CIHNs are defined as coordinated groups of visible and trusted CBOs lead by a NLE that have entered a formal partnership with health care organizations. These network structures provide a common pathway for private health care entities to contract with multiple community-based service organizations that are supported by the policy, technology development, and resource allocation within a state's NWD System.

Network Lead Entities offer one-stop contracting for multiple proven interventions and services that maintain independence and can be conducted in an individual's home, in a person-centered fashion. The NLE serves as the hub for coordinating the services of the wider network, providing a unified and consistent approach to program delivery across a geographic area. It also provides the business operation and administrative oversight of the network and takes the lead in network governance responsibilities.

Establishing CIHNs led by NLEs gives these networks the capacity to:

- Deliver a broad scope of SDOH services;
- Reach more diverse consumers and traditionally hard-to-reach populations;

- Build stronger administrative infrastructures;
- Capitalize on economies of scale;
- Provide expanded geographic coverage at various levels – regional (within a state), statewide (throughout an entire state), and multistate (across state lines in a specific region or statewide in multiple states);
- Offer one-stop contracting for multiple services with different payers; and
- Expand quality improvement initiatives and successes.

States have an opportunity to strengthen and support the evolution of the aging and disability network to deliver high quality, coordinated services in an increasingly value-based, integrated care environment. In addition, with the support and leadership of state NWD Systems, CBOs can continue playing a vital role in facilitating alignment across health care and social services. There is a time-sensitive window of opportunity to directly address health equity in this country by addressing both 1) *equitable access* to SDoH-related services through a culturally competent and coordinated statewide access system by leveraging a state's existing NWD System; and 2) *equitable distribution* of SDoH by aligning healthcare and social services through the enhancement and expansion of NLEs/CIHNs to increase SDoH availability and delivery.

References

- [1] *Social Determinants of Health*. Centers for Disease Control and Prevention, 9 Mar. 2021, www.cdc.gov/socialdeterminants/index.htm.
- [2] Whitehead, Margaret and Göran Dahlgren. WHO Collaborating Centre for Policy Research on Social Determinants of Health University of Liverpool, 2006, *Levelling up (Part 1): a Discussion Paper on Concepts and Principles for Tackling Social Inequities in Health*.
- [3] Blue Cross Blue Shield of Massachusetts Foundation, 2015, *Leveraging the Social Determinants of Health: What Works?*
- [4] American Academy of Family Physicians, 2019, *Advancing Health Equity by Addressing the Social Determinants of Health in Family Medicine (Position Paper)*.
- [5] Community Based Organizations (CBO) may include Area Agencies on Aging, Aging and Disability Resources Centers, Centers for Independent Living or other aging and disability network agencies.
- [6] Hopson, Chris. "Health and Social Care Integration: How Do We Make It Work?" *The Guardian*, 18 Sept. 2013.
- [7] According to the Centers for Disease Control and Prevention, a community health worker (CHW) is a frontline public health worker who is a trusted member or has a particularly good understanding of the community served. A CHW serves as a liaison between health and social services and the community to facilitate access to services and to improve the quality and cultural competence of service delivery.

Purpose

This funding opportunity aims to support NLEs that are part of ACL's aging and disability network and are performing access functions as part of a broader NWD System. Please see Appendix A for a list of these access functions. Through a Cooperative Agreement, ACL will support up to 10 NLEs with innovation grants to improve their access functions and support

infrastructure costs associated with aligning health care and social services to address SDoH for all populations. A NLE is an organization that helps to create a CIHN at the regional, statewide, or multistate level. The NLE directs the development and design of a network structure and facilitates services, administrative oversight, and governance responsibilities.

Profile of the Leading NLE

In response to the rise in health care financing opportunities, the demand for home- and community-based services to be delivered across larger geographies, and a new frontier of competition, the leading NLEs are evolving to become viable, competitive enterprises that meet and create demand for their services and gain market share in their regions. These leading NLEs are shaped by external market forces and through continuous internal improvements to their processes, infrastructures, and standards of practice. The field of NLEs is established enough today to allow for the core business processes of a network lead entity to be identified, to recognize best practices, and to generate a profile of the leading NLE that demonstrates proficiency across each business process. NLEs and their networks are organized and governed in numerous ways.

While each NLE is unique in how it builds and sustains its network, there are foundational business processes that leading NLEs are performing. Leading NLEs are characterized by their ability to sustain multi-year contracting with multiple health sector partners, follow strategic planning and standard business processes, and employ at least one full-time staff member committed to network management. The aggregation of these NLE business processes have been informed by best practices observed in the field as well as best practices from business and management to generate a profile of the leading NLE. The processes of the leading NLE can be organized into five categories or domains.

1. **Leadership:** Strategic Planning, Organizing the Network, Controlling Network Performance, Leading Across Organizational Boundaries;
2. **Finance:** Capitalization, Cost Management, Pricing, Making the Business Case;
3. **Business Development:** Assessing the Market, Positioning the Network's Services, Communicating Value Externally, Building a Health Sector Partner Base;
4. **Network Development and Support:** Communicating Value Internally; Vetting, Onboarding, and Assistance; Monitoring and Managing Performance, Retaining Network Service Providers; and
5. **Network Administration:** Strengthening Information Systems, Managing Contracts, Meeting Compliance Standards, Billing and Payments.

ACL's aging and disability network is composed of community-based organizations that offer community living services and supports to advance the health, well-being, independence, and community participation of people with disabilities and older adults. These organizations include Area Agencies on Aging (AAAs), Aging and Disability Resource Centers (ADRCs), Centers for Independent Living (CILs), developmental disabilities organizations, University Centers for Excellence in Developmental Disabilities Education, Research and Service (UCEDDs), Protection and Advocacy Agencies, behavioral health organizations, aging services organizations, faith-based organizations, Native American tribal organizations (American

Indian/Alaskan Native/Native Hawaiian), nutrition program providers, and other local service providers for persons with disabilities and/or older adults. Additionally, for the purpose of this funding opportunity, as noted in the Purpose section above, CIHNs are comprised of coordinated CBOs lead by a NLE that have formal partnerships with health care organizations. CIHNs reflect collaboration between health care organization and social service networks [and are associated with higher performance and reduced health care costs](#). CIHNs are led by a NLE, an organization that assumes responsibility for directing the development and design of a network structure, facilitates services, and provides administrative oversight and governance. A significant advantage of NLE-led CIHNs is their capacity to provide services at different geographic levels to meet the market demand of health plans' and systems' geographic footprint, such as (1) Regional; (2) Statewide; and (3) Multi-state lines. The core set of guiding principles of CIHNs include:

- **Trust:** Networks leverage established relationships in the community and in the home to ensure that individuals feel understood and supported.
- **Leadership:** Social service and health care decision makers share leadership responsibilities in planning and managing social assessments, referrals, service delivery, and team-based, holistic care.
- **Accountability:** Social service leaders implement a system of accountability and quality improvement at all levels using agreed-upon performance benchmarks, frameworks for data sharing and regular reporting, and data-driven strategies for improvement.
- **Sustainability:** Networks finance services that address SDOH through multi-payer arrangements that build community capacity. Over time, they transition from a fee-for-service payment model to value-based/risk-based payment models for delivering social services in comprehensive, coordinated care environments.
- **Innovation:** To maximize efficient delivery of services and health outcomes, networks implement, evaluate, and iterate evidence-based interventions and innovative care models.

Use of Funds

A particularly common and significant challenge experienced by NLEs involves the readiness and willingness of some service providers in the network's geographic coverage area to join the network and meet the performance standards necessary to fulfil contractual obligations. Many of the service providers require unanticipated levels of personnel time and financial resources of the NLEs to demonstrate the value of joining the network, to help service providers meet the standards for contracting, and to offer guidance on how to manage contracts and services that produce value. Leading NLEs are finding that they need to expand network service provider eligibility criteria to include private for-profit organizations in order to meet the performance and compliance obligations in their health sector contracts. Some are also hiring their own direct service staff to fill gaps in network coverage. These and other challenges experienced by NLEs cause delays in planning and implementation, create gaps in service area coverage and limitations on potential service volume capacities, hinder the NLE's own growth and advancement, and can ultimately prevent or jeopardize health sector partnerships.

Common Challenges to NLE Success

When considering the growth and advancement of NLEs, there are some common challenges to tackle and provide areas that NLEs may wish to utilize grant funding. Challenges include:

- Claims management
- Inadequate capital
- Difficulties in implementing business development plans
- Poorly conceived contracting tactics
- Expensive and complex information technology
- Non-compliance of network service providers
- Underdeveloped cost accounting systems
- Lack of service provider readiness
- Narrow service provider boundaries
- Need to expand populations

Develop and Enhance Administration Structure and Functions

The development and enhancement of NLEs provides a unified and consistent approach to program delivery across a geographic area, including management of critical business operations, administrative oversight, and establishment of governance responsibilities. To build and strengthen the operations, infrastructure, and sustainability of NLEs and CIHNs for delivery of home and community-based services and supports in contract with health care entities, funds can be used to:

1. Assess business requirements to operate as a Network Lead Entity (NLE), including insurance liability requirements and gaps in liability coverage that may prevent participation
2. Staffing / Leadership / Governance
 - a. Assess competencies of key staff performing access functions of NLE
 - i. Provide relevant trainings in cultural competency, person-centered counseling, social service coordination, etc.
 - b. Develop mechanisms for managing staff training across CIHN partner organizations to ensure service excellence and a culture of quality improvement.
 - c. Assess CIHN partner organizations representing underserved populations as defined by [**Executive Order On Advancing Racial Equity and Support for Underserved Communities Through the Federal Government.**](#)
 - d. Develop mechanisms to curate and evolve CIHN partner organizations to meet the needs of populations over time related to nutrition, housing, transportation, behavioral health, and/or other social determinants of health.
 - e. Develop mechanisms for managing sub-contractual relationships, develop and implement NLE infrastructure to pay CIHN partner organizations (i.e., subcontractors).
3. Financial Modeling
 - a. Assess network financial and legal liability for managing risk relevant to participation in contracting.

- b. Conduct cost benefit assessments to determine the financial costs and risk to the network in contracting.
 - c. Determine a process for blending and braiding funds from available public resources and health care contracts (enabled by the NLE and supported across the CIHN).
 - i. State-level benefits and Medicaid reimbursement (e.g., reimbursement for SDOH assessment, social care coordination, state funded nutrition and transportation assistance, etc.) can be factored into a blending and braiding process.
- 4. Information Technology (IT) Infrastructure
 - a. Assess the health IT requirements for contract performance, including hardware, software, business processes, and privacy and security requirements.
 - b. Assess ability of CIHN partner organizations to file all claims electronically.
 - c. Assess requirements and opportunities for shared IT services that are needed to function as an NLE but obtained through a collaboration across NLEs.
- 5. Quality Assurance and Service Delivery Compliance
 - a. Determine flow of contracting requirements, metrics, and performance evaluation of CIHN partner organizations.
 - i. Conduct readiness assessments and regular report cards.
 - ii. Conduct process mapping for service activation and relevant follow up to ascertain service delivery outcome.

Statutory Authority

The statutory authority for grants under this funding opportunity is contained in Title IV of the Older Americans Act (OAA) (42U.S.C. 3032), as amended by the Older Americans Act Amendments of 2006, P.L. 109-365. Title II Section 202b of the OAA (Public Law 109-365) specifically authorizes the Assistant Secretary for Aging to work with the Administrator of the Centers for Medicare & Medicaid Services to: “implement in all states Aging and Disability Resource Centers – (A) to serve as visible and trusted sources of information on the full range of long-term care options that are available in the community, including both institutional and home and community-based care;(B) to provide personalized and person friendly assistance to empower people to make informed decisions about their care options; (C) to provide coordinated and streamlined access to all publicly supported long-term care options so that individuals can obtain the care they need through a single intake, assessment and eligibility determination process; (D) to help people to plan ahead for their future long-term care needs; and (E) to assist, in coordination with the State Health Insurance Assistance Program, Medicare beneficiaries in understanding and accessing the Prescription Drug Coverage and prevention health benefits available under the Medicare Modernization Act.”

II. Award Information

Funding Instrument Type:
CA (Cooperative Agreement)
Estimated Total Funding:

\$ 3,491,956

Expected Number of Awards:

10

Award Ceiling:

\$ 350,000

Per Project Period

Award Floor:

\$ 250,000

Per Project Period

Length of Project Period:

Other

Additional Information on Project Periods and Explanation of 'Other'

24 month project and budget period (fully funded)

Cooperative Agreement Terms

These awards will all be new cooperative agreements. ACL will be substantially involved in the project activities. The terms and conditions of the agreement will be included in the Notice of Award (NOA), which is subject to modification by either party as listed below.

The terms and conditions for this cooperative agreement are as follows:

The **ACL** will carry out the following activities for the cooperative agreement noted above:

1. ACL Project Officer will perform the day-to-day Federal responsibilities of managing a grant initiative and will work with the grantee to ensure that the necessary requirements for the grant are met.
2. Assist the grantee project leadership in understanding the policy concerns and/or priorities of ACL by conducting periodic briefings and by carrying out ongoing consultations.
3. Work cooperatively with the grantee to clarify the programmatic and budgetary issues to be addressed by the project. If issues are identified, work with the grantee to revise the project work plan, detailing expectations for major activities and products during the grant.
4. Provide technical assistance to the grantee on the provision of technical support and associated tasks related to the fulfillment of the goals and objectives of this grant.
5. Review and provide technical assistance on grantee work products.
6. Provide consultation to the grantee in identifying emerging issues as they relate to the goals and objectives of this grant program.
7. Work with the grantee on the development and implementation of evaluation and quality assurance systems to ensure that performance is measured and continuous improvement occurs.
8. Attend and participate in major project events as appropriate.

The **Grantee** will execute the responsibility of the grant as listed below:

1. Fulfill all of the requirements of the grant initiative as outlined in this program announcement, as well as carry out project activities as reviewed, approved, and awarded.
2. Participate in ACL education and communication activities (including teleconferences and webinars) provided that ACL provides reasonable notice of the subject, date, and time of the teleconference.
3. Complete ACL's Business Acumen Maturity Model (BAMM) to assess the capacity and readiness of NLEs to identify gaps and needs for becoming a hub (or complete/participate in a readiness assessment).
4. Develop and/or update a business plan, to include a health and social service market assessment, to guide activity and monitor progress.
5. Determine a process for blending and braiding funds from available public resources and health care contracts (enabled by the NLE and supported across the CIHN).
6. For awardees with health care partners, identify a work flow process to ensure efficient, ongoing coordination of services, including clear designations regarding the role and responsibilities of CBO staff and health care partner staff.
7. Comply with all other reporting requirements, as outlined in Section VI of this Funding Opportunity and the Notice of Award.
8. Include the following disclaimer on all products produced using this grant funding:

This project was supported in part by grant number 90XX#### from the Administration for Community Living, U.S. Department of Health and Human Services, Washington, D.C. 20201. Grantees undertaking projects with government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official ACL policy.

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. Modifications and/or amendments of the Cooperative Agreement or work plan shall be effective upon the mutual agreement of both parties, except where ACL is authorized under the Terms and Conditions of award, 45 CFR Part 75, or other applicable regulation or statute to make unilateral amendments. When an award is issued, the cooperative agreement terms and conditions from the program announcement are incorporated by reference.

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

For awards that require matching or cost sharing by statute, recipients will be held accountable for projected commitments of non-federal resources (at or above the statutory requirement) in their application budgets and budget justifications by budget period, or by project period for fully funded awards. The applicant will be held accountable for all proposed non-federal resources as shown in the Notice of Award (NOA). **A recipient's failure to provide**

the statutorily required matching or cost sharing amount (and any voluntary committed amount in excess) may result in the disallowance of federal funds. Recipients will be required to report these funds in the Federal Financial Reports.

For awards that do not require matching or cost sharing by statute, recipients are not expected to provide cost sharing or matching. However, recipients are allowed to voluntarily propose a commitment of non-federal resources. If an applicant decides to voluntarily contribute non-federal resources towards project costs and the costs are accepted by ACL, the non-federal resources will be included in the approved project budget. The applicant will be held accountable for all proposed non-federal resources as shown in the Notice of Award (NOA). **A recipient's failure to meet the voluntary amount of non-federal resources that was accepted by ACL as part of the approved project costs and that was identified in the approved budget in the NOA, may result in the disallowance of federal funds. Recipients will be required to report these funds in the Federal Financial Reports.**

3. Responsiveness and Screening Criteria

Application Responsiveness Criteria

Not applicable.

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 <https://www.grants.gov> by 11:59 p.m., Eastern Time, by the **due date listed in section IV.3 Submission Dates and Times**.
2. The Project Narrative section of the Application must be **double-spaced**, on 8.5" x 11" plain white paper with **1" margins** on both sides, and a **standard font size of no less than 11 point, preferably Times New Roman or Arial**.
3. The Project Narrative must not exceed 20 pages. **Project Narratives that exceed 20 pages** will have the additional pages removed and only the first 20 pages of the Project Narrative will be provided to the merit reviewers for funding consideration. **NOTE:** The Project Work Plan, Letters of Commitment, and Vitae of Key Project Personnel are not counted as part of the Project Narrative for purposes of the 20-page limit.

Unsuccessful submissions will require authenticated verification from <https://www.grants.gov> indicating system problems existed at the time of your submission. For example, you will be required to provide an <https://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 <https://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 <https://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 <https://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 (<https://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/pages/public/help/samQUserGuides.jsf>.

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. In accordance with the Federal Government's efforts to reduce reporting burden for recipients of federal financial assistance, the general certification and representation requirements contained in the Standard Form 424B (SF-424B) – Assurances – Non-Construction Programs, and the Standard Form 424D (SF-424D) – Assurances – Construction Programs, have been standardized federal-wide. Effective January 1, 2020, the updated common certification and representation requirements will be stored and maintained within SAM. Organizations or individuals applying for federal financial assistance as of January 1, 2020, must validate the federally required common certifications and representations annually through SAM located at SAM.gov.
- After you electronically submit your application, you will receive an automatic acknowledgement from <https://www.grants.gov> that contains <https://www.grants.gov> tracking number. The Administration for Community Living will retrieve your application form from <https://www.grants.gov>.

U.S. Department of Health and Human Services
Administration for Community Living

2. Content and Form of Application Submission

Letter of Intent

Due Date for Letter Of Intent 04/29/2021

04/29/2021

Applicants are requested, but not required, to submit a letter of intent to apply for this funding opportunity to assist ACL in planning for the application independent review process. The purpose of the letter of intent is to allow our staff to estimate the number of independent reviewers needed and to avoid potential conflicts of interest in the review. Letters of intent should be sent to:

U.S. Department of Health and Human Services
Administration for Community Living

Lauren Solkowski

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 15 to 20 pages; 20 pages is the maximum length allowed. Project Narratives that exceed 20 pages will have the additional pages removed and only the first 20 pages of the Project Narrative will be provided to the merit reviewers for funding consideration. The Project Work Plan, Letters of Commitment, and Vitae of Key Personnel are not counted as part of the Project Narrative for purposes of the 20-page limit, but all of the other sections noted below are included in the limit.

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

- Project Abstract
- Project Relevance and Current Need
- Approach
- Outcomes and Evaluation
- Organizational Capacity

To assist reviewers in scoring your application, we suggest that applicants organize their proposals using the headings above.

Project Abstract

- This section should include a brief description of the proposed project, including goal(s), objectives, and outcomes.

Project Relevance and Current Need

- Briefly describe the current community integrated health network (CIHN) infrastructure within your state or region. Include information on partnerships with state NWD System lead agencies and community-based organizations (CBOs) serving older adults and people with disabilities for outreach and service delivery, as well as partnerships with health plans, health systems, and other payers.
- Briefly describe the applicant organization's role as a network lead entity (NLE) or, if this capacity does not currently exist, indicate why the applicant is well-positioned for this role. Highlight the degree to which your organization is performing access functions as part of a broader NWD System in your state (see Appendix A for list of access functions).
- Briefly describe the NLE's capacity within the following domains Leadership; Finance; Business Development; Network Development and Support; and Network Administration (reference Purpose section above, Profile of the Leading NLE).
- Briefly describe the barriers/challenges that exist with respect to a fully operational/accessible CIHN in your target geography, and how the proposed project would address those barriers/challenges.

Approach

Project Description

This section should:

- State the project's result-based goals and major objectives.
- Describe how the NLE will ensure the delivery of a broad scope of SDOH/social care services for older adults and people with disabilities throughout the CIHN. Specify the services to be delivered.
- Describe how your proposed activities will enhance the NLE's capacity in any/all of the following domains: Leadership; Finance; Business Development; Network Development and Support; and Network Administration (reference Profile of the Leading NLE for more information).
- Describe how your proposed activities will address any unmet needs with respect to CIHN infrastructure development and/or expansion (i.e., geographic coverage, populations served, staffing capacity across a variety of roles [access functions, care coordination, community health workers, etc.] to ensure ability of CIHN to fully coordinate and oversee service delivery, information technology, etc.).
- If applicable, describe how your proposed project will provide expanded geographic coverage at a regional, statewide, or multi-state level.

Special Target Populations/Organizations

- Describe how the NLE will engage network partners to reach diverse consumers and traditionally hard-to-reach populations (as defined by Executive Order On Advancing Racial Equity and Support for Underserved Communities Through the Federal Government).

Outcomes and Evaluation

Outcomes

- This section must clearly identify the outcomes that will result from your comprehensive strategy to implement this project. Any proposed outcomes should:
 - address the goals of this funding opportunity; and
 - be quantifiable, measurable, and likely to be achieved during the project period.
- List measurable outcomes in the Work Plan grid under "Measurable Outcomes," in addition to any discussion included in the narrative.

Evaluation

- This section should describe the method(s), techniques and tools that will be used to: 1) determine whether or not 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 to inform practice, service delivery, program development, and/or policy-making, including and especially those parties who would be interested in replicating the project.
- Applicants should also highlight their willingness to participate in conferences, webinars, and other presentation formats to share project-relevant information with interested parties.

Organizational Capacity

- Describe how the applicant agency is organized, the nature and scope of its work, and the capabilities it possesses.
- Describe your experience delivering and/or facilitating streamlined access to services/programs that address the social determinants of health, including for underserved populations. The applicant organization should serve as – and articulate – their role/function as the network lead entity, as well as identify the partners that currently comprise their community integrated health network. It may be helpful to include a network organizational chart as an appendix to your application.
- Describe the project management, including the roles and responsibilities of project staff. You should:
 - Provide a description of the qualifications and experience of the key personnel for this proposed project, including for the Project Director. Applicants must include resumes or CVs as an attachment (upload all resumes/CVs as one attachment to your application if possible).
 - Specify who will have day-to-day responsibility for key tasks such as: leadership of project, monitoring the project's on-going progress, preparation of reports, and communications with other partners and ACL.

Letters of Commitment from Key Participating Organizations

- Include confirmation of the commitments to the project (should it be funded) made by key collaborating organizations and agencies (including community-based organizations and any health care partners) in this part of the application. Any organization that is specifically named to have a significant role in carrying out the project should be considered an essential collaborator.
- The quality of the letter content (i.e., specificity with respect to the role of that partner) is more important than the quantity of letters submitted with your application. Signed letters of commitment should be scanned and included as attachments. Letters of commitment must be uploaded as part of the applicant package via Grants.gov – hard copies will not be accepted.
- It is expected that the State Unit on Aging (SUA), Statewide Independent Living Council (SILC), or State Intellectual/Developmental (I/DD) Disabilities Agency will provide a letter affirming their support of your proposed project (appropriate state agency is dependent upon the nature of the applicant organization and composition of the community integrated health network).

- If the state agency declines to provide a letter, you must include documentation indicating this (e.g., an email from the agency stating that letters of commitment are not being provided).
- You can locate the applicable SUA information using the search feature at <https://eldercare.acl.gov/Public/Index.aspx>.
- You can locate the applicable SILC information using the search feature at <https://www.ilru.org/projects/silc-net/silc-directory>.
- You can locate the applicable State I/DD Agency information using the search feature at <https://www.nasddds.org/state-agencies/>.
- It is expected that relevant Area Agencies on Aging (AAAs) and/or Centers for Independent Living (CILs) will provide letters affirming their support of your proposed project. Include letters from the AAAs and/or CILs that are included in your targeted geographic areas. Letters from statewide associations (i.e., statewide AAA association) will be accepted in lieu of individual letters.
 - If you are an aging-specific applicant from a Single State Authority (Alaska, Delaware, Nevada, New Hampshire, North Dakota, Rhode Island, South Dakota, Washington DC, and Wyoming) this requirement is not applicable.
 - You can locate the applicable AAA information using the search feature at <https://eldercare.acl.gov/Public/Index.aspx>.
 - You can locate the applicable CIL information using the search feature at <https://www.ilru.org/projects/cil-net/cil-center-and-association-directory>.

Budget Narrative/Justification

- Applicants are required to provide a detailed Budget Narrative/Justification. Your budget should be aligned with the proposed activities in your Project Narrative and Work Plan.
- 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.
- Applicants must submit the following:
 - Budget Narrative/Justification for Year 1;
 - Budget Narrative/Justification for Year 2; and
 - Combined Year 1 and Year 2 budget.

Work Plan

- Provide a project Work Plan for Years 1 and 2 which reflects and is consistent with the Project Narrative and Budgets.
- This Work Plan should include a statement of the project’s overall goals, anticipated outcomes, key objectives, and the major tasks/action steps that will be pursued to achieve the results-based goals and outcomes. It should also include tasks/action steps taken to evaluate progress toward goals and outcomes and effectiveness of relevant strategies.
- Applicants should identify timeframes involved (including start- and end-dates) and the lead person responsible for completing the task.
- The Work Plan should be attached to your application as an appendix. Please use the “Project Work Plan - Sample Template” format as a reference and resource, if desired.

3. Submission Dates and Times

Due Date for Applications 06/01/2021

06/01/2021

Date for Informational Conference Call:

04/22/2021

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 program is not subject to Executive Order (E.O.) 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.)*

The following updated sections 2 CFR 200.216 "Prohibition on certain telecommunications and video surveillance services or equipment" became **effective on or after August 13, 2020**.

Recommended Actions for any recipient that has received a loan, grant, or cooperative agreement **on or after August 13, 2020**:

- Develop a compliance plan to implement 2 CFR 200.216 regulation.
- Develop and maintain internal controls to ensure that your organization does not expend federal funds (in whole or in part) on covered equipment, services or systems.
- Determine through reasonable inquiry whether your organization currently uses "covered telecommunication" equipment, services, or systems and take necessary actions to comply with the regulation as quickly as is feasibly possible.

6. Other Submission Requirements

V. Application Review Information

1. Criteria

Applications are scored by assigning a maximum of 100 points across seven criteria:

1. Project Abstract
2. Project Relevance and Current Need
3. Approach
4. Outcomes and Evaluation
5. Organizational Capacity
6. Budget Narrative/Justification
7. Letters of Commitment from Key Participating Organizations

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

Project Abstract

Maximum Points: 2

Does the abstract include a brief description of the proposed project, including goal(s), objectives, and outcomes?

Project Relevance and Current Need

Maximum Points: 15

Does the applicant:

- Briefly describe the current community integrated health network (CIHN) infrastructure within their state/region? Does the description include information on partnerships with state NWD System lead agencies and community-based organizations (CBOs) serving older adults and people with disabilities for outreach and service delivery, as well as partnerships with health plans, health systems, and other payers? (2 points)
- Briefly describe their role as a Network Lead Entity (NLE) or, if this capacity does not currently exist, indicate why they are well-positioned for this role? (2 points)
- Highlight the degree to which their organization is performing access functions as part of a broader NWD System in their state (see Appendix A for list of access functions). (5 points)
- Briefly describe the NLE's capacity within the following domains Leadership; Finance; Business Development; Network Development and Support; and Network Administration (reference Purpose section above, Profile of the Leading NLE)? (5 points)
- Briefly describe the barriers/challenges that exist with respect to a fully operational/accessible CIHN in their target geography, and how the proposed project would address those barriers/challenges? (1 point)

Approach

Maximum Points: 38

Project Description (20 points)

Does the applicant:

- State the project's result-based goals and major objectives? (2 points)
- Describe how the NLE will ensure the delivery of a broad scope of SDOH/social care services for older adults and people with disabilities throughout the CIHN, including specifying the services to be delivered? (4 points)
- Describe how their proposed activities will enhance the NLE's capacity in any/all of the following domains: Leadership; Finance; Business Development; Network Development and Support; and Network Administration (reference Purpose section above, Profile of the Leading NLE)? (8 points)
- Describe how their proposed activities will address any unmet needs with respect to CIHN infrastructure development and/or expansion (i.e., geographic coverage, populations served, staffing capacity, information technology, etc.)? (4 points)
- If applicable, describe how the proposed project will provide expanded geographic coverage at a regional, statewide, or multi-state level? (2 points)

Special Target Populations (10 points)

Does the applicant:

- Describe how the NLE will engage network partners to reach diverse consumers and traditionally hard-to-reach populations (as defined by [Executive Order On Advancing Racial Equity and Support for Underserved Communities Through the Federal Government](#))?

Work Plan (8 points)

Does the applicant:

- Provide a project Work Plan for Years 1 and 2 which reflects and is consistent with the Project Narrative and Budgets? (3 points)
 - This Work Plan should include a statement of the project's overall goals, anticipated outcomes, key objectives, and the major tasks/action steps that will be pursued to achieve the results-based goals and outcomes. It should also include tasks/action steps taken to evaluate progress toward goals and outcomes and effectiveness of relevant strategies. (3 points)
 - Applicants should identify timeframes involved (including start- and end-dates) and the lead person responsible for completing the task. (2 points)

Outcomes and Evaluation

Maximum Points: 15

Outcomes (5 points)

Does the applicant:

- Clearly identify the outcomes that will result from the comprehensive strategy to implement the project? Any proposed outcomes should:
 - Address the goals of this funding opportunity; and (3 points)

- Be quantifiable, measurable, and likely to be achieved during the project period. (2 points)

Evaluation (5 points)

Does the applicant:

- Describe the method(s), techniques and tools that will be used to: 1) determine whether or not 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 (5 points)

Does the applicant:

- 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 to inform practice, service delivery, program development, and/or policy-making, including and especially those parties who would be interested in replicating the project? (3 points)
- Highlight their willingness to participate in conferences, webinars, and other presentation formats to share project-relevant information with interested parties? (2 points)

Organizational Capacity

Maximum Points: 10

Does the applicant:

- Describe how their agency is organized, the nature and scope of its work, and the capabilities it possesses? (2 points)
- Describe their experience delivering and/or facilitating streamlined access to services/programs that address the social determinants of health, including for underserved populations? (3 points)
- Articulate their role/function as a network lead entity, as well as identify the partners that currently comprise their community integrated health network? (3 points)
- Describe how the project will be managed, including the experience/qualifications, roles, and responsibilities of key project staff? (2 points)

Budget Narrative/Justification

Maximum Points: 10

Does the applicant:

- Provide a detailed Budget Narrative/Justification that is aligned with the proposed activities in the Project Narrative and Work Plan? (4 points)
- Include detailed budgets for each of the following:
 - Project Year 1 (2 points)

- Project Year 2 (2 points)
- A combined Year 1 and Year 2 budget (2 points)

Letters of Commitment from Key Participating Organizations

Maximum Points: 10

Does the applicant:

- Include confirmation of the commitments to the project (should it be funded) made by key collaborating organizations and agencies (including community-based organizations and any health care partners)? At a minimum, letters of commitment should be included from:
 - Key members of the applicant's community integrated health network, including member community based organizations and health care partners. (4 points)
 - Applicable State Unit on Aging (SUA), Statewide Independent Living Council (SILC), or State Intellectual/Developmental (I/DD) Disabilities Agency. (3 points)
 - If the state agency declines to provide a letter, did the applicant include documentation indicating this?
 - Applicable Area Agency(ies) on Aging (AAA) or Center(s) for Independent Living (CIL) that operate in the applicant's targeted geographic areas. Letters from statewide associations (i.e., statewide AAA association) will be accepted in lieu of individual letters. (3 points)
 - This requirement is not applicable to aging-specific applicants from a Single State Authority (Alaska, Delaware, Nevada, New Hampshire, North Dakota, Rhode Island, South Dakota, Washington DC, and Wyoming).

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

Award notices to successful applicants will be sent out prior to the project start date.

The anticipated project period start date for this announcement is: 09/01/2021

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.

Recipients of federal financial assistance (FFA) from HHS must administer their programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age and, in some circumstances, religion, conscience, and sex. This includes ensuring programs are accessible to persons with limited English proficiency. The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. Please see the appendix for this announcement to review the entire policy and guidelines.

A standard term and condition of award will be included in the final notice of award; all applicants will be subject to a term and condition that applies the terms of 48 CFR section 3.908 to the award and requires the grantees inform their employee in writing of employee whistleblower rights and protections under 41 U.S.C. 4712 in the predominant native language of the workforce.

Applicants may follow their own procurement policies and procedures when contracting with Project Funds, but You must comply with the requirements of 2 C.F.R. §§ 200.317-200.326. Additionally, when using Project Funds to procure supplies and/or equipment, applicants are

encouraged to purchase American-manufactured goods to the maximum extent practicable. American-manufactured goods are those products for which the cost of their component parts that were mined, produced, or manufactured in the United States exceeds 50 percent of the total cost of all their components. For further guidance regarding what constitutes an American-manufactured good (also known as a domestic end product), see 48 C.F.R. Part 25.

3. Reporting

Reporting frequency for performance and financial reports, as well as any required form or formatting and the means of submission will be noted within the terms and conditions on the Notice of Award.

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

First Name:

Lauren

Last Name:

Solkowski

Phone:

(202) 795-7440

Office:

Office of Network Advancement

Grants Management Specialist

First Name:

Sherlonda

Last Name:

Blue

Phone:

(202) 795-7310

Office:

Office of Grants Management

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.

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

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

Appendix

Accessibility Provisions for All Grant Application Packages and Funding Opportunity Announcements

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

- Recipients of FFA must ensure that their programs are accessible to persons with limited English proficiency. HHS provides guidance to recipients of FFA on meeting their legal obligation to take reasonable steps to provide meaningful access to their programs by persons with limited English proficiency. Please see <https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/fact-sheet->

[guidance/index.html](#) and <https://www.lep.gov>. For further guidance on providing culturally and linguistically appropriate services, recipients should review the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care at <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53>.

- Recipients of FFA also have specific legal obligations for serving qualified individuals with disabilities. Please see <http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html>.
- HHS funded health and education programs must be administered in an environment free of sexual harassment. Please see <https://www.hhs.gov/civil-rights/for-individuals/sex-discrimination/index.html>; <https://www2.ed.gov/about/offices/list/ocr/docs/shguide.html>; and <https://www.eeoc.gov/sexual-harrassment>.
- Recipients of FFA must also administer their programs in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws. Collectively, these laws prohibit exclusion, adverse treatment, coercion, or other discrimination against persons or entities on the basis of their consciences, religious beliefs, or moral convictions. Please see <https://www.hhs.gov/conscience/conscience-protections/index.html> and <https://www.hhs.gov/conscience/religious-freedom/index.html>.

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

Instructions for Completing Required Forms

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

a. Standard Form 424

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

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

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

- New
- Continuation
- Revision

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

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

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

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

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

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

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

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

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

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

d. Address: (REQUIRED) Enter the complete address including the county.

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

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

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

A. State Government B. County Government C. City or Township Government D. Special District Government E. Regional Organization F. U.S. Territory or Possession G. Independent School District H. Public/State Controlled Institution of Higher Education I. Indian/Native American Tribal Government (Federally Recognized) J. Indian/Native American Tribal Government (Other than Federally Recognized) K. Indian/Native American Tribally Designated Organization L. Public/Indian Housing Authority M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education) N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education) O. Private Institution of Higher Education P. Individual Q. For-Profit Organization (Other than Small Business) R. Small Business S. Hispanic-serving

Institution T. Historically Black Colleges and Universities (HBCUs) U. Tribally Controlled Colleges and Universities (TCCUs) V. Alaska Native and Native Hawaiian Serving Institutions W. Non-domestic (non-US) Entity X. Other (specify)

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

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

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

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

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

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

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

<https://www.house.gov/>

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

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

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

All budget information entered under item 18 should cover the total project period. For sub-item 18a, enter the federal funds being requested. Sub-items 18b-18e is considered matching funds. The dollar amounts entered in sub-items 18b-18f must total at least 1/3 of the amount of federal funds being requested (the amount in 18a). For a full explanation of ACL's match requirements, see the information in the box below. For sub-item 18f (program income), enter only the amount, if any, that is going to be used as part of the required match. Program Income submitted as match will become a part of the award match and recipients will be held accountable to meet their share of project expenses even if program income is not generated during the award period.

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

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

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.)

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 ($5\% \times \$1,000,000 = \$50,000$) 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., $5\% \times \$100,000 = \$5,000$ – no breakdown needed).

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

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

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

Line 6h: **Other:** Enter the total of all other costs. Such costs, where applicable, may include, but are not limited to: insurance, medical and dental costs (i.e. for project volunteers this is different from personnel fringe benefits), non-contractual fees and travel paid directly to individual consultants, postage, space and equipment rentals/lease, printing and publication, computer use, training and staff development costs (i.e. registration fees). If a cost does not clearly fit under another category, and it qualifies as an allowable cost, then rest assured this is where it belongs.

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

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

In the Justification: Provide a reasonable explanation for items in this category. For example, individual consultants explain the nature of services provided and the relation to

activities in the work plan or indicate where it is described in the work plan. Describe the types of activities for staff development costs.

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

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

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

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

c. Standard Form 424B – Assurances (required)

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

d. Certification Regarding Lobbying (required)

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

Proof of Nonprofit Status (as applicable)

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

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

Indirect Cost Agreement

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

Budget Narrative/Justification- Sample Format

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

Object Class Category	Federal Funds	Non-Federal Cash	Non-Federal In-Kind	TOTAL	Justification
Personnel	\$47,700	\$23,554	\$0	\$71,254	Federal Project Director (name) = .5 FTE @ \$95,401/yr = \$47,700 Non-Fed Cash Officer Manager (name) = .5FTE @ \$47,108/yr = \$23,554 Total 1,254
	\$17,482	\$8,632	\$0	\$26,114	Federal

Fringe Benefits				<p>Fringe on Project Director at 36.65% = \$17,482</p> <p>FICA (7.65%)</p> <p>Health (25%)</p> <p>Dental (2%)</p> <p>Life (1%)</p> <p>Unemployment (1%)</p> <p>Non-Fed Cash</p> <p>Fringe on Office Manager at 36.65% = \$8,632</p> <p>FICA (7.65%)</p> <p>Health (25%)</p> <p>Dental (2%)</p> <p>Life (1%)</p> <p>Unemployment (1%)</p>
Travel	\$4,707	\$2,940	\$0	<p>Federal</p> <p>Local travel: 6 TA site visits for 1 person</p> <p>Mileage: 6RT @ .585 x 700 miles \$2,457</p> <p>Lodging: 15 days @ \$110/day \$1,650</p> <p>Per Diem: 15 days @ \$40/day \$600</p> <p>Total \$4,707</p> <p>Non-Fed Cash</p> <p>Travel to National Conference in (Destination) for 3 people</p> <p>Airfare 1 RT x 3 staff @ \$500 \$1,500</p> <p>Lodging: 3 days x 3 staff @ \$120/day \$1,080</p> <p>Per Diem: 3 days x 3 staff @ \$40/day \$360</p>

					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:</i> A detailed evaluation plan and budget will be submitted by (date), when contract is made.
Other	\$5,600	\$0	\$5,880	\$11,480	Federal 2 consultants @ \$100/hr for 24.5 hours each = \$4,900 Printing 10,000 Brochures @ \$.05 = \$500 Local conference registration fee (name conference) = \$200 Total \$5,600 In-Kind Volunteers 15 volunteers @ \$8/hr for 49 hours = \$5,880
Indirect Charges	\$20,934	\$0	\$0	\$20,934	21.5% of salaries and fringe = \$20,934 IDC rate is attached.
TOTAL	\$140,294	\$40,866	\$5,880	\$187,060	

Budget Narrative/Justification - Sample Template

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

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

Supplies					
Contractual					
Other					
Indirect Charges					
TOTAL					

Project Work Plan - Sample Template

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.

Instructions for Completing the "Supplemental Information for the SF-424" Form

1. Project Director.

Name, address, telephone and fax numbers, and e-mail address of the person to be contacted on matters involving this application. Items marked with an asterisk (*) are mandatory.

2. Novice Applicant. Select "Not Applicable To This Program."

3a. Human Subjects Research. Check **No** if research activities involving human subjects are not planned at any time during the proposed project period. The remaining parts of Item 3 are then not applicable. Check **Yes** if research activities involving human subjects are planned at any time during the proposed project period, either at the applicant organization or at any other performance site or collaborating institution. Check **Yes** even if the research is exempt from the regulations for the protection of human subjects.

3b. Human Subjects Research. **Yes** if all the research activities proposed are designated to be exempt from the regulations. Check the exemption number(s) corresponding to one or more of the six exemption categories listed in I. B. Exemptions. In addition, follow the instructions in II. A. Exempt Research Narrative below.

Check **No** if some or all of the planned research activities are covered (not exempt). In addition, follow the instructions in II. B. Nonexempt Research Narrative in the attached page entitled Definitions for U.S. Department of Education Supplemental Information for the SF-424.

3b. Human Subjects Assurance Number. If the applicant has an approved Federal Wide Assurance (FWA) on file with the Office for Human Research Protections (OHRP), U.S. Department of Health and Human Services, that covers the specific activity, insert the number in the space provided. (A list of current FWAs is available at: <http://ohrp.cit.nih.gov/search/search.aspx?styp=bsc>) If the applicant does not have an approved assurance on file with OHRP, enter None. In this case, the applicant, by signature on the SF-424, is declaring that it will proceed to obtain the human subjects assurance upon request by the designated NIDILRR official. If the application is recommended/selected for funding, the designated NIDILRR official will request that the applicant obtain the assurance within 30 days after the specific formal request.

3c. Human Subjects Narratives. If applicable, please attach your Exempt Research or Nonexempt Research narrative to your submission of the Supplemental Information for the SF-424 form as instructed in item II, Instructions for Exempt and Nonexempt Human Subjects Research Narratives," below.

Note about Institutional Review Board Approval. NIDILRR does not require certification of Institutional Review Board approval with the application. However, if an application that involves non-exempt human subjects research is recommended/selected for funding, the designated NIDILRR official will request that the applicant obtain and send the certification to NIDILRR within 30 days after the formal request. **No covered human subjects research can be conducted until the study has NIDILRR clearance for protection of human subjects in research.**

I. Definitions and Exemptions

A. Definitions.

Research

a systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge." Activities which meet this definition constitute research whether or not they are conducted or supported under a program that is considered research for other purposes. For example, some demonstration and service programs may include research activities.

Human Subject

"a living individual about whom an investigator (whether professional or student) conducting research information. (1) If an activity involves obtaining information about a living person by manipulating that person or that persons environment, or by communicating or interacting with the individual, as occurs with surveys and interviews, the definition of human subject is met. (2) If an activity involves obtaining private information about a living person in such a way that the information can be directly or indirectly linked to that individual), the definition of human subject is met.

B. Exemptions.

Research activities in which the only involvement of human subjects will be in one or more of the following six categories of exemptions are not covered by the regulations:

(1) Research conducted in established or commonly accepted educational settings, involving normal educational practices, such as (a) research on regular and special education instructional strategies, or (b) research on the effectiveness of or the comparison among instructional techniques, curricula, or classroom management methods. ***If an educational practice is being introduced to the site and is not widely used for similar populations, it is not covered by this exemption.***

(2) Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures or observation of public behavior, unless: (a) information obtained is recorded in such a manner that human subjects can be identified, directly or through identifiers linked to the subjects; and (b) any disclosure of the human subjects responses outside the research could reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects financial standing, employability, or reputation. ***If the subjects are children, exemption 2 applies only to research involving educational tests and observations of public behavior when the investigator(s) do not participate in the activities being observed. Exemption 2 does not apply if children are surveyed or interviewed or if the research involves observation of public behavior and the investigator(s) participate in the activities being observed.*** [Children are defined as persons who have not attained the legal age for consent to treatments or procedures involved in the research, under the applicable law or jurisdiction in which the research will be conducted.]

(3) Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures or observation of public behavior that is not exempt under section (2) above, if the human subjects are elected or appointed public officials or candidates for public office; or federal statute(s) require(s) without exception that the confidentiality of the personally identifiable information will be maintained throughout the research and thereafter.

(4) Research involving the collection or study of existing data, documents, records, pathological specimens, or diagnostic specimens, if these sources are publicly available or if the information is recorded by the investigator in a manner that subjects cannot be identified, directly or through identifiers linked to the subjects. [*This exemption applies only to retrospective studies using data collected before the initiation of the research.*]

(5) Research and demonstration projects which are conducted by or subject to the approval of department or agency heads, and which are designed to study, evaluate, or otherwise examine: (a) public benefit or service programs; (b) procedures for obtaining benefits or services under those programs; (c) possible changes in or alternatives to those programs or procedures; or (d) possible changes in methods or levels of payment for benefits or services under those programs. [*The standards of this exemption are rarely met because it was designed to apply only to specific research conducted by the Social Security Administration and some Federal welfare benefits programs.*]

(6) Taste and food quality evaluation and consumer acceptance studies, (a) if wholesome foods without additives are consumed or (b) if a food is consumed that contains a food ingredient at or below the level and for a use found to be safe, or agricultural chemical or environmental contaminant at or below the level found to be safe, by the Food and Drug Administration or approved by the Environmental Protection Agency or the Food Safety and Inspection Service of the U.S. Department of Agriculture.

II. Instructions for Exempt and Nonexempt Human Subjects Research Narratives

If the applicant marked Yes for Item 3.b. of the Supplemental Information for the SF 424, the applicant must attach a human subjects exempt research or nonexempt research narrative to the Supplemental Information for the SF-424 form. If you have multiple projects and need to provide more than one narrative, be sure to label each set of responses as to the project they address.

A. Exempt Research Narrative.

If you marked Yes for item 3.b. and designated exemption numbers(s), attach the exempt research narrative to the Supplemental Information for the SF-424. The narrative must contain sufficient information about the involvement of human subjects in the proposed research to allow a determination by NIDILRR that the designated exemption(s) are appropriate. The narrative must be succinct.

B. Nonexempt Research Narrative.

If you marked No for item 3.b. you must attach the nonexempt research narrative to the Supplemental Information for the SF-424. The narrative must address the following seven points. Although no specific page limitation applies to this section of the application, be succinct.

(1) **Human Subjects Involvement and Characteristics:** Provide a detailed description of the proposed involvement of human subjects. Describe the characteristics of the subject population, including their anticipated number, age range, and health status. Identify the criteria for inclusion or exclusion of any subpopulation. Explain the rationale for the involvement of special classes of subjects, such as children, subpopulation. Explain the rationale for the involvement of special classes of subjects, such as children, children with disabilities, adults with disabilities, persons

with mental disabilities, pregnant women, prisoners, institutionalized individuals, or others who are likely to be vulnerable.

(2) **Sources of Materials:** Identify the sources of research material obtained from individually identifiable living human subjects in the form of specimens, records, or data. Indicate whether the material or data will be obtained specifically for research purposes or whether use will be made of existing specimens, records, or data.

(3) **Recruitment and Informed Consent:** Describe plans for the recruitment of subjects and the consent procedures to be followed. Include the circumstances under which consent will be sought and obtained, who will seek it, the nature of the information to be provided to prospective subjects, and the method of documenting consent. State if the Institutional Review Board (IRB) has authorized a modification or waiver of the elements of consent or the requirement for documentation of consent.

(4) **Potential Risks:** Describe potential risks (physical, psychological, social, legal, or other) and assess their likelihood and seriousness. Where appropriate, describe alternative treatments and procedures that might be advantageous to the subjects.

(5) **Protection Against Risk:** Describe the procedures for protecting against or minimizing potential risks, including risks to confidentiality, and assess their likely effectiveness. Where appropriate, discuss provisions for ensuring necessary medical or professional intervention in the event of adverse effects to the subjects. Also, where appropriate, describe the provisions for monitoring the data collected to ensure the safety of the subjects.

(6) **Importance of the Knowledge to be Gained:** Discuss the importance of the knowledge gained or to be gained as a result of the proposed research. Discuss why the risks to subjects are reasonable in relation to the anticipated benefits to subjects and in relation to the importance of the knowledge that may reasonably be expected to result.

(7) **Collaborating Site(s):** If research involving human subjects will take place at collaborating site(s) or other performance site(s), name the sites and briefly describe their involvement or role in the research.

Appendix A

Access Functions within a State's No Wrong Door System

- Organization providing statewide and/or local information, referral and assistance (I&R/A) programs and outreach through statewide toll-free numbers, so that staff and volunteers working for these entities can appropriately and quickly refer individuals to LTSS.
- Organizations helping individuals, regardless of their income or program eligibility, to avoid unnecessary placement in nursing homes and other institutional facilities, as well as to help individuals with LTSS needs who are already residing in these types of facilities to transition back to the community.
- Organizations assisting with immediate LTSS needs through efficient assessments and eligibility determination processes across multiple programs.
- Organizations facilitating the successful transition of individuals with LTSS needs from hospitals and other health care settings back to the community.

- Organizations facilitating the transition of youth with significant disabilities who have completed their secondary education or otherwise left school to postsecondary life.
- Organizations that have formal agreements with local Veterans Administration (VA) Medical Centers to assist the VA in implementing the Veteran-Directed Home and Community-Based Services (VD-HCBS) Program and other VA HCBS programs.
- Organizations that provide Person-Centered Counseling to ensure that the person with LTSS needs directs the PCC process. Person-Centered Counseling can include:
 - Conducting personal conversation that includes elements of screening and assessment to confirm that the person needs LTSS and to determine if they have any needs that require immediate action;
 - Recording the person's goals, preferred methods for achieving them, and a description of the services and supports needed to successfully achieve the person's goals;
 - Assisting the individual in determining how best to pay for and arrange the delivery of services, including helping the individual assess the sufficiency of his or her own personal resources;
 - Facilitating access to public programs for those who appear eligible for one or more public LTSS options such as Medicaid, Older Americans Act, Independent Living Programs, state revenue programs, and Veterans programs; and
 - Follow-up with the individual and others as appropriate, including the case manager of relevant public program(s), to help ensure the LTSS identified in the individual's person-centered plan are initiated and meeting the individual's needs. Follow-up also involves being available to assist the individual in making adjustments to their services plan as their personal goals and preferences change.
- Organizations that conduct formal assessments and/or determining an individual's eligibility required by any state administered program that provide LTSS, including Medicaid.