

Image Description: Administration for Community Living

Administration for Community Living

Administration on Disabilities

National Limb Loss Resource Center

HHS-2016-ACL-AOD-LL-0118

Application Due Date: 02/08/2016

National Limb Loss Resource Center

HHS-2016-ACL-AOD-LL-0118

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

ACL Center: Administration on Disabilities
Funding Opportunity Title: National Limb Loss Resource Center
Announcement Type: Initial
Funding Opportunity Number: HHS-2016-ACL-AOD-LL-0118
Primary CFDA Number: 93.325
Due Date For Letter of Intent: 12/18/2015
Due Date for Applications: 02/08/2016
Date for Informational Conference N/A
Call:

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.

Executive Summary

I. Funding Opportunity Description

The Administration for Community Living (ACL) was established in April 2012 to serve older adults and people with disabilities across their lifespan as they fully engage and participate in their communities, make informed decisions, and exercise self-determination and control about their independence, well-being, and health. ACL's mission is to enable people with disabilities across their lifespans to live in the community through the availability of, and access to, high-quality long-term services and supports, including supports for families and caregivers.

An estimated 2 million persons live with limb loss/difference in the United States^[1]. Each year an estimated 185,000 amputations are performed in the United States^[2]. People with Limb Loss (PWLL) experience many barriers to successful community reintegration and full participation in social life. PWLL perceive a reduction in their participation in recreational activities, satisfaction at work and feel more impaired in their ability to navigate their community following the amputation of their limb^[3]. Additionally, PWLL often experience anxiety and psychological distress^[4], low rates of workforce re-entry^[5], environmental barriers^[6], and secondary co-morbidities associated with the amputation of a limb (e.g. back pain, arthritis)^[7]. Furthermore, individuals with limb loss report receiving little information about their rehabilitation from their healthcare provider either before or after their amputation^[8].

Finding and accessing the right long-term services and supports can be a daunting task for individuals living with limb loss and their families. Individuals trying to access information on limb loss frequently find themselves confronted with a bewildering maze of organizations and scientific jargon at a time when they are the most vulnerable or in crisis. This often results in individuals and families making decisions based on incomplete, and sometimes inaccurate, information about their options. The lack of current high quality information makes it difficult for individuals to make informed decisions about both their present and their future well-being, which may result in frustration, inappropriate care or equipment, negative health impacts

and increased costs. This situation becomes worse as the number of people living with limb loss increases.

Through this funding opportunity announcement, ACL plans to award one (1) Cooperative Agreement for a National Limb Loss Resource Center (NLLRC) to ensure the availability of, and access to, the most comprehensive, high quality information and supports for people of all ages living with limb loss, their families and caregivers. As the number of individuals that experience limb loss increases and the cost of healthcare rises, it is important to ensure that individuals affected have access to the most current, relevant information so that they can make informed choices regarding their physical and emotional health, and overall quality of life.

[1] Ziegler-Graham K, MacKenzie EJ, Ephraim PL, Travison TG, Brookmeyer R. Estimating the prevalence of limb loss in the United States: 2005 to 2050. *Arch Phys Med Rehabil*2008 Mar;89(3):422-9.

[2] Adams P, GE H, Marano M. Current Estimates from the National Health Interview Survey, 1996. *Vital Health Stat*1999;200(10).

[3] Ziegler-Graham K, MacKenzie EJ, Ephraim PL, Travison TG, Brookmeyer R. Estimating the prevalence of limb loss in the United States: 2005 to 2050. *Arch Phys Med Rehabil*2008 Mar;89(3):422-9.

[4] Mckechnie PS JA. Anxiety and depression following traumatic limb amputation: A systematic review. *Injury*2014. Darnall BD, Ephraim P, Wegener ST, Dillingham T, Pezzin L, Rossbach P, MacKenzie EJ. Depressive symptoms and mental health service utilization among persons with limb loss: results of a national survey. *Arch Phys Med Rehabil*2005 Apr;86(4):650-8. Horgan O, MacLachlan M. Psychosocial adjustment to lower-limb amputation: A review. *Disability & Rehabilitation*2004;26(14-15):837-50.

[5] Hebert JS, Ashworth NL. Predictors of return to work following traumatic work-related lower extremity amputation. *Disability & Rehabilitation*2006;28(10):613-8. Fisher K, Hanspal RS, Marks L. Return to work after lower limb amputation. *International Journal of Rehabilitation Research*2003;26(1):51-6.

[6] Ziegler-Graham K, MacKenzie EJ, Ephraim PL, Travison TG, Brookmeyer R. Estimating the prevalence of limb loss in the United States: 2005 to 2050. *Arch Phys Med Rehabil*2008 Mar;89(3):422-9.

[7] Gailey R, Allen K, Castles J, Kucharik J, Roeder M. Review of secondary physical conditions associated with lower-limb amputation and long-term prosthesis use. *J Rehabil ResDev*2008;45(1):15-29.

[8] Pedlow H, Cormier A, Provost M, Bailey S, Balboul G, Coucill A, Coleman J, Fox P, Moloney T, Nixon SA. Patient perspectives on information needs for amputation secondary to vascular surgery: What, when, why, and how much? *J Vasc Nurs*2014 Sep;32(3):88-98. Ziegler-Graham K, MacKenzie EJ, Ephraim PL, Travison TG, Brookmeyer R. Estimating the prevalence of limb loss in the United States: 2005 to 2050. *Arch Phys Med Rehabil*2008 Mar;89(3):422-9.

Program Activities:

ACL expects applicants for this funding opportunity announcement to propose multifaceted approaches to address the strategies in disseminating current accurate information related to scientific breakthroughs such as but not limited to; cutting edge research, new therapies, adaptive equipment, and evidence based practices in the prevention of secondary conditions.

The applicant must describe their experience and expertise to carry out the desired activities in this funding opportunity announcement and must demonstrate the support and active involvement of a wide range of stakeholders to fully achieve the desired outcomes. Provision of funding for sub-grantees or subcontracts to carry out specific activities is permissible, if the applicant identifies within its organization a gap in expertise necessary to fully complete project goals and objectives.

Applicants should clearly describe their expertise in each of the following activities outlined in this funding opportunity and ensure that each area is thoroughly addressed within their application. Applicants should

propose strategies and approaches to be used, including TA modalities, partnership and collaborations with key stakeholders from across the public and private sectors to fully address the key activities. Applicants should propose how it will carry out the following activities:

1. Maintain and Expand a National Resource and Information Center: Individuals with limb loss should have a trusted, nationally recognized entity to acquire needed information specific to their situation at any time. Applicants will propose how they will gather, translate, organize, and make publicly available readily accessible, high-quality information and resources about limb loss, assistive technology and secondary conditions; services that support and improve health & independent living; promotion of community-based opportunities and experiences; and evidence-based interventions.

2. Increase Support and Resources Available to People with Limb loss, their Families and Caregivers: Finding the right supports and resources can be challenging to individuals and their families seeking information. Peer mentoring has proven positive outcomes and provides the most direct and beneficial way to assist those living with limb loss, their families and caregivers. The assistance and guidance from someone who “been there and done that” and has a similar type of limb loss does much to encourage and empower the new amputees, as well as for the person transitioning through the various stages of living with limb loss. Applicants should propose how they will operate a peer program to provide support, information and resources to those living with limb loss, their family members and caregivers nationally. Applicants should also describe how they will measure the impact of the peer program on both the peer mentors and those living with limb loss, their families and caregivers.

3. Promotional Activities and Outreach: Individuals and service providers need to know where they can find and access services and supports for individuals living with limb loss, their families and caregivers. Applicants will propose how they will develop and carry out a marketing plan to increase awareness and usage of the NLLRC among professionals in the field of limb loss/amputations, individuals living with limb loss, families, caregivers and the general public by;

1. Increasing awareness and usage of the NLLRC among service providers within the disability & aging networks and other community-based organizations.
2. Identifying opportunities and submitting proposals for presentations at national or local meetings/conferences for disabilities and aging services professionals, relevant to the specific goals / outcomes of the project.
3. Identifying opportunities and submitting proposals for presentations at national or local meetings/conference for people living with limb loss and other related conditions.
4. Ensuring the marketing plan and its implementation includes a strategy to promote and market the NLLRC to consumers from traditionally underserved populations, including individuals with diabetic limb loss, combat injuries and caregivers of color; ethnic minority, low-income, limited-English proficient and rural persons; lesbian, gay, bisexual and transgender (LGBT) older adults and caregivers; and caregivers and families coping with a newly acquired disability.

4. Collaborate with Federal Agencies and other National Organizations that have a vested interest in the limb loss community: ACL has a long history of working with Technical Assistance Centers and anticipates that the successful applicant will demonstrate collaborative efforts with other federal and national organizations that have diverse areas of expertise in the field of limb loss services and research. Applicants should propose how they plan to partner/collaborate with other federal agencies and other national organizations that have similar goals, including those with established data resources intended to support a range of research activities, policy change and social practice. Applicants should describe how proposed activities will avoid duplication of efforts. Applicants should also propose how they will work with other ACL resource centers, researchers and practitioners from across the public, private sectors to collect, synthesize, disseminate and stimulate research in the field of amputation/limb loss. Additionally applicants should describe how they will work with ACL to identify gaps in research. Each partner organization should include a letter of support outlining their role in the application.

5. Performance Measurement: Applicants should propose how they will collect information to document and describe output and outcomes for all activities described in this funding announcement opportunity. Applications should include a brief description of expected sources for output and outcome data and methods for data collection (e.g., surveys of consumers, reviews of administrative records).

Applicants should propose how their activities will contribute to the overall goal of the NLLRC to improve the health and quality of life of individuals living with limb loss and their families as well as how they plan to achieve the sub-goals of the NLLRC for:

- Raising awareness and facilitating access to services designed to support individuals with limb loss and their caregivers.
- Removing environmental barriers to health for individuals living with limb loss
- Expanding the knowledge base of proven, successful health promotion strategies leading to improved physical and emotional health for this population.
- Enhancing community-living opportunities for those living with limb loss.
- Collaborating with Federal and National Organizations that have a vested interest in the limb loss community and
- Supporting limb loss research and information sharing.

Statutory Authority

This program is authorized under Section 317 of the Public Health Service Act (42 U.S.C. 247(b-4)); Consolidated and further Continuing Appropriations Act, 2015, Public Law 113– 235 (Dec. 16, 2014).

II. Award Information

Funding Instrument Type:	Cooperative Agreement
Estimated Total Funding:	\$2,727,237
Expected Number of Awards:	1
Award Ceiling:	\$2,727,237 Per Budget Period
Award Floor:	\$2,527,237 Per Budget Period
Average Projected Award Amount:	\$2,727,237 Per Budget Period
36-month project with three 12-month budget periods	

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
No Match Required

3. Responsiveness and Screening Criteria

Application Responsiveness Criteria

1. Demonstrated expertise in the ability to disseminate limb loss and amputation related information through a National network and provide educational opportunities in a variety of forms for professionals and people living with limb loss and other disabling conditions.
2. Demonstrated capacity & past work with federal and state agencies.
3. Management and staffing patterns must be clearly and evidently connected to the project design. Applicant will provide a full time project director that is a recognized national leader in the field of limb loss and amputations.

Application Screening Criteria

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

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

1. Applications must be submitted electronically via <http://www.grants.gov> by 11:59 p.m., Eastern Time, as denoted in Section IV, item 3.
2. The Project Narrative section of the Application must be double-spaced, on 8 ½" x 11" plain white paper with 1" margins on both sides, and a standard font size of not less than 11, preferably Times New Roman or Arial.
3. Applications should not exceed 100 total pages including attachments. Applications that exceed 100 pages will have any additional pages removed and only the first 100 pages will be provided to the merit reviewers for funding consideration.

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

IV. Application and Submission Information

1. Address to Request Application Package

Application materials can be obtained from <http://www.grants.gov> or http://www.acl.gov/Funding_Opportunities/Announcements/Index.aspx.

Please note, ACL is requiring applications for all announcements to be submitted electronically through <http://www.grants.gov>. The Grants.gov (<http://www.grants.gov>) registration process can take several days. If your organization is not currently registered with <http://www.grants.gov>, please begin this process immediately. For assistance with <http://www.grants.gov>, please contact them at support@grants.gov or 1-800-518-4726 between 7 a.m. and 9 p.m. Eastern Time.

- At the <http://www.grants.gov> website, you will find information about submitting an application electronically through the site, including the hours of operation. ACL strongly recommends that you do not wait until the application due date to begin the application process through <http://www.grants.gov> because of the time involved to complete the registration process.
- All applicants must have a DUNS number (<http://fedgov.dnb.com/webform/>) and be registered with

the System for Award Management (SAM, www.sam.gov) and maintain an active SAM registration until the application process is complete, and should a grant be made, throughout the life of the award. Applicants should finalize a new, or renew an existing, registration at least two weeks before the application deadline. This action should allow you time to resolve any issues that may arise. Failure to comply with these requirements may result in your inability to submit your application or receive an award. Maintain documentation (with dates) of your efforts to register or renew at least two weeks before the deadline. See the SAM Quick Guide for Grantees at: https://www.sam.gov/sam/transcript/SAM_Quick_Guide_Grants_Registrations-v1.6.pdf.

- The agency is prohibited from making an award until an applicant has complied with these requirements. At the time an award is ready to be made, if the intended recipient has not complied with these requirements, the agency:
 - May determine that the applicant is not qualified to receive an award; and
 - May use that determination as a basis for making an award to another applicant.

Note: Once your SAM registration is active, you will need to 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 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 be:

1. Be registered 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.

An award cannot be made until the applicant has complied with these requirements. At the time an award is ready to be made, if the intended recipient has not complied with these requirements, the OPDIV/STAFFDIV:

- May determine that the applicant is not qualified to receive an award; and
- May use that determination as a basis for making an award to another applicant.

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 1-866-705-5711 or by using this link to access a guide: http://www.whitehouse.gov/sites/default/files/omb/grants/duns_num_guide.pdf.
- You must submit all documents electronically, including all information included on the SF424 and all necessary assurances and certifications.
- **Your application must comply with any page limitation requirements described in this Program Announcement.**
- After you electronically submit your application, you will receive an automatic acknowledgement from <http://www.grants.gov> that contains <http://www.grants.gov> tracking number. The Administration for Community Living will retrieve your application form from <http://www.grants.gov>.

U.S. Department of Health and Human Services
Administration for Community Living
Elizabeth Leef
Independent Living Administration
Phone Number: (202) 475-2482
E-mail: elizabeth.leef@acl.hhs.gov

2. Content and Form of Application Submission

Letter of Intent

Letter of Intent

Due Date for Letter of Intent: **12/18/2015**

Applicants are requested, but not required, to submit a letter of intent to apply for this funding opportunity to assist ACL in planning for the application independent review process. The purpose of the letter of intent is to allow our staff to estimate the number of independent reviewers needed and to avoid potential conflicts of interest in the review. The deadline for submission of the letter of intent is due 15 days from publication. Letters of intent should be sent to:

Elizabeth Leef
U.S. Department of Health and Human Services
Administration for Community Living
Administration on Disabilities
Independent Living Administration
Email: elizabeth.leef@acl.hhs.gov

Project Narrative

The Project Narrative must be double-spaced, on 8 ½" x 11" paper with 1" margins on both sides, and a standard font size of not less than 11, 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 ten to twenty pages; twenty 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:

Summary/Abstract
Problem Statement
Goal(s) and Objective(s)
Proposed Intervention
Special Target Populations and Organizations

Outcomes

Project Management

Evaluation

Dissemination

Organizational Capability

The Project Narrative is the most important part of the application, since it will be used as the primary basis to determine whether or not your project meets the minimum requirements for grants under the authorizing statutes. The Project Narrative should provide a clear and concise description of your project.

Summary/Abstract

This section should include a brief - no more than 265 words maximum - description of the proposed project, including: goal(s), objectives, outcomes, and products to be developed. Detailed instructions for completing the summary/abstract are included in the “Instructions for Completing the Project Summary/Abstract.”

Problem Statement

This section should describe, in both quantitative and qualitative terms, the nature and scope of the particular problem or issue the proposed intervention is designed to address, including how the project will potentially affect the targeted population and/or their caregivers (including specific subgroups within those populations), and possibly the health care and social services systems (e.g., the use of health care and/or nursing home services.)

Goals and Objectives

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

Proposed Intervention

This section should provide a clear and concise description of the intervention you are proposing to use to address the problem described in the “Problem Statement”. You should also describe the rationale for using the particular intervention, including factors such as: “lessons learned” for similar projects previously tested in your community, or in other areas of the country; factors in the larger environment that have created the “right conditions” for the intervention (e.g., existing social, economic or political factors that you’ll be able to take advantage of, etc.). Also note any major barriers you anticipate encountering, and how your project will be able to overcome those barriers. Be sure to describe the role and makeup of any strategic partnerships you plan to involve in implementing the intervention, including other organizations, supporters, and/or consumer groups.

Special Target Populations and Organizations

This section should describe how you plan to involve community-based organizations in a meaningful way in the planning and implementation of the proposal project. This section should also describe how the proposed intervention will target disadvantaged populations, including limited-English speaking populations and Veterans.

Outcomes

This section of the project narrative must clearly identify the measurable outcome(s) that will result from the project. (NOTE: ACL will not fund any project that does not include measurable outcomes). This section should also describe how the project’s findings might benefit the field at large, (e.g., how the findings could help other organizations throughout the nation to address the same or similar problems.) List measurable outcomes in the optional work plan grid (“Project Work Plan – Sample Template”) under “Measurable Outcomes” in addition to any discussion included in the narrative along with a description of how the project might benefit the field at large.

A “measurable outcome” is an observable end-result that describes how a particular intervention benefits consumers. Possible outcomes relevant to this award include, but are not limited to, increased awareness of services among people living with limb loss, their caregivers, service providers and the general public; improved access to services; increased ability, among the target population, to make informed choices regarding their health and quality of life; reductions in barriers to health; expanded base of knowledge about health promotion strategies for those living with limb loss; improved physical and emotional health among those served; and increased information sharing among service providers and other related organizations. A measurable outcome is not a measurable “output”, such as: the number of clients served; the number of training sessions held; or the number of service units provided.

Applicants should focus of this section on describing what outcome(s) will be produced and what will be measured and reported.

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

Project Management

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

Evaluation

Performance Measurement. 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 of the project to inform practice, service delivery, program development, and/or policy-making, including and especially those parties who would be interested in replicating the project.

Organizational Capacity Statement

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

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

Budget Narrative/Justification

The Budget Narrative/Justification can be provided using the format included in the document, “Budget Narrative/Justification – Sample Format.” Applicants are encouraged to pay particular attention to this document, which provides an example of the level of detail sought. A combined multi-year Budget Narrative/Justification, as well as a detailed Budget Narrative/Justification for each year of potential grant funding is required

Work Plan

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

Letters of Commitment from Key Participating Organizations and Agencies

Include confirmation of the commitments to the project (should it be funded) made by key collaborating organizations and agencies in this part of the application. Any organization that is specifically named to have a significant role in carrying out the project should be considered an essential collaborator. For applications submitted electronically via <http://www.grants.gov>, signed letters of commitment should be scanned and included as attachments. Applicants unable to scan the signed letters of commitment may fax them to the ACL Office of Grants Management by the application submission deadline. In your fax, be sure to include the funding opportunity number and your agency name.

3. Submission Dates and Times

Due Date for Applications: **02/08/2016**

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

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

After you electronically submit your application, you will receive from Grants.gov an automatic notification of receipt that contains a Grants.gov tracking number. (This notification indicates receipt by Grants.gov only.)

If you are experiencing problems submitting your application through Grants.gov, please contact the Grants.gov Support Desk, toll free, at 1-800-518-4726. You must obtain a Grants.gov Support Desk Case Number and must keep a record of it.

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

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

unrelated to the Grants.gov system.

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

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

4. Intergovernmental Review

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

5. Funding Restrictions

The following activities are not fundable:

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

Note: A recent Government Accountability Office (GAO) report 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. Executive Orders on Promoting Efficient Spending (EO 13589) and Delivering Efficient, Effective and Accountable Government (EO 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., 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: conference grant means the sole purpose of the award is to hold a conference)*

6. Other Submission Requirements

Letters of intent should be emailed to:

Elizabeth Leef

Email: elizabeth.leef@acl.hhs.gov

V. Application Review Information

1. Criteria

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

- a. **Project Relevance & Current Need - (10 points);**
- b. **Approach - (30 points);**
- c. **Budget – (10 points);**
- d. **Project Impact - (30 points); and**
- e. **Organizational Capacity - (20 points).**

Project Relevance & Current Need

Maximum Points:10

Does the proposed project clearly and adequately identify the relevance, problems and needs of the priority areas, as described in this Program Announcement, in relation to current national/state and community needs?

Approach

Maximum Points:30

Does the applicant identify the needs and strategies to use multifaceted approaches for each of the five activities as described in this Funding Opportunity Announcement? (10 points)

Are the activities clearly defined and comprehensive? Does the work plan include specific objectives and tasks that are linked to measurable outcomes? (5 points)

Does the application describe how public and private based organizations will be involved in a meaningful way in the planning and implementation of the proposed projects as appropriate? Does the application include disadvantaged populations, including limited-English speaking populations & cultural competency in its target population? (15 points)

Budget

Maximum Points:10

Is the budget justified with respect to the adequacy and reasonableness of resources requested for each activity as appropriate? Is the time commitment of the proposed director and other key project personnel sufficient to assure proper direction, management and timely completion of the project for each activity? (5 points)

Are budget line items clearly delineated and consistent with work plan objectives for each activity? Does the applicant include a multiyear budget covering the entire proposed project period been included as well as a budget covering each individual year? (5 points)

Project Impact

Maximum Points:30

Are the expected activities realistic, and consistent with the activities and purpose of the application? Are the anticipated outcomes of the proposed activities likely to be achieved and will they significantly benefit the populations affected by the intervention, and the field as a whole? Are the proposed outcomes quantifiable and measurable, consistent with the definition of a project outcome contained in “Project Work Plan – Sample Template?” (10 points)

Does the project evaluation reflect a thoughtful and well-designed approach that will be able to successfully measure whether or not the project has achieved its proposed outcome(s)? Does the plan include the qualitative and/or quantitative methods necessary to reliably measure outcomes? (10 points)

Is the evaluation also designed to capture “lessons learned” from the overall effort that might be of use to others in the field of disability, especially those who might be interested in replicating the project? Will the dissemination plan get relevant and easy to use information in a timely manner to parties that might be interested in making use of its findings, particularly to those who might want to replicate the project? (10 points)

Organizational Capacity

Maximum Points:20

Does the applicant organization clearly identify their capacity for carrying out the proposed project and evaluation? (5 points)

Do the proposed project director(s), key staff and consultants have the background, experience, and other qualifications required to carry out their designated roles?(5 points)

Are letters from participating organizations included, as appropriate, and do they express the clear commitment and areas of responsibility of those organizations, consistent with the work plan description of their intended roles and contributions? (10 points)

2. Review and Selection Process

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 government, and Federal government agencies. Based on the Application Review Criteria as outlined under section V.1, the reviewers will comment on and score the applications, focusing their comments and scoring decisions on the identified criteria.

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

3. Anticipated Announcement Award Date

Successful applicants will receive an electronic Notice of Award around or on April 1, 2016.

VI. Award Administration Information

1. Award Notices

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

2. Administrative and National Policy Requirements

The award is subject to DHHS Administrative Requirements, which can be found in 45CFR Part 75 and the Standard Terms and Conditions, included in the Notice of Award as well as implemented through the HHS Grants Policy Statement.

A standard term and condition of award will be included in the final notice of award; all applicants will be subject to a term and condition that applies to 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.

Other Administrative and National Policy Requirements

The award is subject to DHHS Administrative Requirements, which can be found in 45CFR Part 75 and the Standard Terms and Conditions, included in the Notice of Award as well as implemented through the HHS Grants Policy Statement.

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

3. Reporting

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

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

4. FFATA and FSRs Reporting

The Federal Financial Accountability and Transparency Act (FFATA) requires data entry at the FFATA Subaward Reporting System (<http://www.FSRs.gov>) for all sub-awards and sub-contracts issued for \$25,000 or more as well as addressing executive compensation for both grantee and sub-award organizations.

For further guidance please see the following

link: http://www.acl.gov/Funding_Opportunities/Grantee_Info/FFATA.aspx

VII. Agency Contacts

Project Officer

U.S. Department of Health and Human Services

Administration for Community Living

Washington, DC 20201

Attn: **Elizabeth Leef**

Telephone: (202) 475-2482, e-mail: elizabeth.leef@acl.hhs.gov

Grants Management Specialist

U.S. Department of Health and Human Services

Administration for Community Living

Washington, DC 20201

Attn: **LaDeva Harris**

Telephone: (202) 795-7360, e-mail: LaDeva.harris@acl.hhs.gov

VIII. Other Information

1. Application Elements

a. SF 424, required – Application for Federal Assistance (See “Instructions for Completing Required Forms” for assistance).

b. SF 424A, required – Budget Information. (See Attachment A for Instructions; See “Standard Form 424A – Sample Format” for an example of a completed SF 424A).

c. 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.

d. 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).

e. Lobbying Certification, required

f. Proof of non-profit status, if applicable

g. Copy of the applicant's most recent indirect cost agreement, 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.

h. Project Narrative with Work Plan, required (See “Project Work Plan – Sample Template” for a formatting suggestions).

i. Organizational Capability Statement and Vitae for Key Project Personnel.

j. Letters of Commitment from Key Partners, if applicable.

a. SF 424, required – Application for Federal Assistance (See “Instructions for Completing Required Forms” for assistance).

b. SF 424A, required – Budget Information. (See Attachment A for Instructions; See “Standard Form 424A – Sample Format” for an example of a completed SF 424A).

c. 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.

- d. 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).
- e. Lobbying Certification, required
- f. Proof of non-profit status, if applicable
- g. Copy of the applicant's most recent indirect cost agreement, 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.
- h. Project Narrative with Work Plan, required (See “Project Work Plan – Sample Template” for a formatting suggestions).
- i. Organizational Capability Statement and Vitae for Key Project Personnel.
- j. Letters of Commitment from Key Partners, if applicable.

2. 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 which expires on 3/12/17. Public reporting burden for this collection of information is estimated to average 10 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed and reviewing the collection information.

Instructions for Completing Required Forms

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

a. Standard Form 424

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

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

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

- New
- Continuation
- Revision

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

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

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

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

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

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

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

a. Legal Name: (REQUIRED): Enter the name that the organization has registered with the System for Award Management (SAM), formally the Central Contractor Registry. Information on registering with SAM may be obtained by visiting the Grants.gov website (<http://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 (<http://www.grants.gov>). Your DUNS number can be verified at <http://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:

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

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

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

NOTE: Applicants should review cost sharing or matching principles contained in Subpart C of 45 CFR Part 75 or 45 CFR Part 92 before completing Item 18 and the Budget Information Sections A, B and C noted below.

All budget information entered under item 18 should cover the total project period. For sub-item 18a, enter the Federal funds being requested. Sub-items 18b-18e is considered matching funds. The dollar amounts entered in sub-items 18b-18f must total at least 1/3rd 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 DHHS requirements. **If indirect costs are to be included in the application, a copy of the approved indirect cost agreement 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?** Check c.
Program is not covered by E.O. 12372

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

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

Standard Form 424A

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

Section A - Budget Summary

Line 5: Leave columns (c) and (d) blank. Enter TOTAL Federal costs in column (e) and total nonFederal 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 (see instructions for each object class category in Attachment C).

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 break down but you must show the percentage charged for each full/part time employee.

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

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

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

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

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

In the Justification: . For any grant award that has supply costs in excess of 5% of total direct costs

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

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

In the Justification: Provide the following three items – 1) Attach a list of contractors indicating the name of the organization; 2) the purpose of the contract; and 3) the estimated dollar amount. If the name of the contractor and estimated costs are not available or have not been negotiated, indicate when this information will be available. The Federal government reserves the right to request the final executed contracts at any time. If an individual contractual item is over the small purchase threshold, currently set at \$100K in the CFR, you must certify that your procurement standards are in accordance with the policies and procedures as stated in 45 CFR 74.44 for non-profits and 92.36 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 Non-Profit Status (as applicable)

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

- A copy of a currently valid IRS tax exemption certificate.
- A statement from a State taxing body, State attorney general, or other appropriate State official certifying that the applicant organization has a non-profit status and that none of the net earnings

accrue to any private shareholders or individuals.

- A certified copy of the organization's certificate of incorporation or similar document that clearly establishes non-profit status.

Indirect Cost Agreement

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

Budget Narrative/Justification - Sample Format

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

Object Class Category	Federal Funds	Non-Federal Cash	Non-Federal In-Kind	TOTAL	Justification
Personnel	\$47,700	\$23,554	\$0	\$71,254	Federal Project Director (name) = .5 FTE @ \$95,401/yr = \$47,700 Non-Fed Cash Officer Manager (name) = .5FTE @ \$47,108/yr = \$23,554 Total 71,254
Fringe Benefits	\$17,482	\$8,632	\$0	\$26,114	Federal Fringe on Project Director at 36.65% = \$17,482 FICA (7.65%) Health (25%) Dental (2%) Life (1%) Unemployment (1%) Non-Fed Cash Fringe on Office Manager at 36.65% = \$8,632 FICA (7.65%) Health (25%) Dental (2%) Life (1%) Unemployment (1%)
Travel	\$4,707	\$2,940	\$0	\$7,647	Federal Local travel: 6 TA site visits for 1 person Mileage: 6RT @ .585 x 700 miles \$2,457 Lodging: 15 days @ \$110/day \$1,650 Per Diem: 15 days @ \$40/day \$600 Total \$4,707

					Non-Fed Cash Travel to National Conference in (Destination) for 3 people Airfare 1 RT x 3 staff @ \$500 \$1,500 Lodging: 3 days x 3 staff @ \$120/day \$1,080 Per Diem: 3 days x 3 staff @ \$40/day \$360 Total \$2,940
Equipment	\$10,000	\$0	\$0	\$10,000	No Equipment requested OR: Call Center Equipment Installation = \$5,000 Phones = \$5,000 Total \$10,000
Supplies	\$3,700	\$5,670	\$0	\$9,460	Federal 2 desks @ \$1,500 \$3,000 2 chairs @ \$300 \$600 2 cabinets @ \$200 \$400 Non-Fed Cash 2 Laptop computers \$3,000 Printer cartridges @ \$50/month \$300 Consumable supplies (pens, paper, clips etc...) @ \$180/month \$2,160 Total \$9,460
Contractual	\$30,171	\$0	\$0	\$30,171	(organization name, purpose of contract and estimated dollar amount) Contract with AAA to provide respite services: 11 care givers @ \$1,682 = \$18,502 Volunteer Coordinator = \$11,669 Total \$30,171 <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)

[illegible]

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.