

Administration for Community Living

Administration on Aging

Alzheimer's Disease Programs Initiative - Grants to States and Communities
HHS-2020-ACL-AOA-ADPI-0379
Application Due Date: 05/13/2020

Alzheimer's Disease Programs Initiative - Grants to States and Communities
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Department of Health & Human Services
Administration for Community Living

ACL Center:	Administration on Aging
Funding Opportunity Title:	Alzheimer's Disease Programs Initiative - Grants to States and Communities
Announcement Type:	Modification
Funding Opportunity Number:	HHS-2020-ACL-AOA-ADPI-0379
Primary CFDA Number:	93.470
Due Date for Letter of Intent:	**03/05/2020**
Due Date for Applications:	**05/13/2020**
Date for Informational Conference Call:	**03/02/2020**

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

NOTICE: THE PUBLISHED ANNOUNCEMENT IS MODIFIED

Modification 2 (dated March 30, 2020):

IV.3. SUBMISSION DATES AND TIMES

The due date of applications has been extended. The original due date was Wednesday, April 22, 2020, the **new due date for applications is Wednesday, May 13, 2020.**

The start date of grant awards would be August 1, 2020.

Modification 1:

Section V. Application Review Information; 1. Criteria of the Funding Opportunity Announcement was **modified** in the following way:

Content is modified in the Project Impact Criteria section.

The Project Impact Section is modified to ensure that the review points add up to 25 total. The value Project Outcome points were increased from seven (7) points to 9.5 points. The value Project Evaluation points were increased from seven (7) points to 9.5 points.

The Project Impact section is worth a total of 25 points. The point breakdown is as follows:

- Project Outcomes (9.5 Points)
- Project Evaluation (9.5 Points) (ACL will not fund any project that does not include measurable outcomes.)
- Dissemination (3 points)

- Sustainability (3 points)

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Cooperative agreements under this Alzheimer's Disease Programs Initiative (ADPI) funding opportunity announcement (FOA), are intended to support and promote the development and expansion of dementia-capable home and community-based service (HCBS) systems in **States and Communities**. There are two application options contained in this single FOA: **Grants to States (Option A)** and **Grants to Communities (Option B)**. No entity is eligible to apply for both State and Community options. The dementia-capable systems resulting from program activities under either option are expected to provide quality, person-centered services and supports that help individuals living with dementia and their caregiver remain independent and safe in their communities.

OPTION A: Grants to States

Cooperative agreements issued under **Option A (Grants to States)** will be for one of two possible sub-options **(A.1 & A.2)**.

Applicants for **Option A.1** (36 month cooperative agreements) are the governmental entities within states and territories designated as the state agency for dementia-capability and that have working relationships with their state agencies that enable creating and sustaining a dementia-capable HCBS System. **Option A.1** has two required objectives, the first of which is the creation, expansion and sustainability of a dementia-capable state HCBS system that includes Single Entry Point/No Wrong Door (SEP/NWD) access for people with dementia and their family caregivers. The second objective is to ensure access to a comprehensive, sustainable set of quality state HCBS that are dementia-capable and provide innovative services to the population with dementia and their caregivers.

States and territories eligible for **Option A.1** are those that do not have active ACL State dementia-capability grants. All states without active grants are eligible to apply, however those states that have not benefited from ADSSP grants since before 2011 will be given priority consideration in the post-review decision-making process.

Applicants for **Option A.2** (18 month expansion cooperative agreements) are those states that received ACL Alzheimer's disease supportive service program grants for systems integration in 2011, 2013, 2014, 2015, 2016, 2017, 2018 and 2019. The expansion grants provide the opportunity for existing or recent state program grantees to build on a specific component of their ongoing project that shows potential but for which expansion would otherwise not be feasible. State grantees that previously received an expansion grant are not eligible to receive a second expansion grant.

OPTION B: Grants to Communities

Cooperative agreements under **Option B** (36 month cooperative agreements) are available to private and/or public community-based entities that are able to: 1) demonstrate their operation within an **existing** dementia-capable HCBS system dedicated to the population that they serve; and 2) articulate opportunities and additional services in the targeted gap areas that would enhance and strengthen the existing system. **Option B** cooperative agreements are designed to aid community-based HCBS providers in addressing three specific service gaps in existing dementia-capable HCBS systems for persons living with or those at high risk of developing

Alzheimer's disease and related dementias (ADRD) and their caregivers. **Option B** applicants must address each of the following three gap areas:
1. Provision of effective supportive services to persons living alone with ADRD in the community;
2. Improvement of the quality and effectiveness of programs and services dedicated to individuals aging with intellectual and developmental disabilities with ADRD or those at high risk of developing ADRD; and
3. Delivery of behavioral symptom management training and expert consultations for family caregivers.

Additional Application Elements

Highlights of additional program requirements to which **Option A & B** applicants are subject are noted below with further information outlined in the full funding opportunity description:

- Inclusion of a minimum of one dementia-specific evidence-based or evidence-informed intervention (ACL definitions of evidence-based and evidence informed are provided in this funding opportunity announcement);
- 25% cost sharing/match;
- Dedication of a minimum of 50% of **TOTAL** grant funds to the provision of direct services;
- Pass through projects are prohibited, no project partner may receive more than 20% of the Federal funding received by the Primary Grantee;
- Primary grantee and partners complete initial and then annual Dementia Capability Assessment;
- Robust, third-party, program evaluation, including anticipated program outcomes and measures to demonstrate program impact on persons living with dementia and their caregivers;
- Phased program implementation;
- Data collection, and
- Participation in technical assistance opportunities.

Emailed Letters of Intent are requested (but not required) to be submitted 10 days after the funding opportunity announcement posting date.

ACL will host an informational conference call in relation to this FOA, the call will be recorded and made available to the public immediately following the call.

March 2, 2020 from 2:00 pm – 3:00 pm EST. The dial-in information is below:

Toll Free Number: 888-989-4363 Passcode: 8233718

A recording will be available approximately 48 hours after the call concludes at the following number:

Toll Free Playback Number: 800-584-7317 Playback will be available for 60 days.

Please direct any questions about the programmatic goals and objectives of this FOA to erin.long@acl.hhs.gov.

I. Funding Opportunity Description

The National Institute on Aging defines dementia, a major cause of impairment among older adults, as the loss of cognitive functioning, thinking, remembering, and reasoning and behavioral abilities, to the extent that it interferes with a person's daily life and activities. Impairment as a result of dementia ranges in severity from the mildest stage, when it is just beginning to affect a person's functioning, to the most severe stage, when the person must depend completely on others for basic activities of daily living. Estimates of the percentage of older persons with dementia vary, but its prevalence increases with age.

A number of conditions can mimic dementia, including dehydration, malnutrition, hearing loss, and depression. Medication mismanagement can also result in the appearance of dementia. People with dementia (70 percent of whom live in the community) and their caregivers use the full spectrum of home and community-based services (HCBS) available from a variety of public and private sector programs. Community dwelling individuals with Alzheimer's disease and related dementias (ADRD) are at an increased risk of, among other things, unmet needs, malnutrition and injury and various forms of neglect and exploitation.[1] The complexity of care of persons with advanced dementia is defined by the severity of functional and cognitive impairment, reliance on surrogate decision-making, inability to live alone and tremendous family/caregiver burden. Behavioral symptoms such as repetitive speech, wandering, and sleep disturbances are a core clinical feature of Alzheimer's disease and related dementias. If untreated, these behaviors can accelerate disease progression, worsen functional decline and quality of life, cause significant caregiver distress, and result in earlier nursing home placement.[2]

Alzheimer's disease is responsible, at least in part, for an estimated 60 percent of cases of dementia.[3] An estimated 5.8 million individuals in the United States are living with Alzheimer's disease, that number is projected to triple by 2050.[4] The anticipated increase is attributed to individuals living longer as a result of advances in medicine and technology, as well as social and environmental conditions[5] and thus advancing to ages at which they are at increased risk of developing ADRD.

Estimates are that about half of older persons with dementia do not have an accurate diagnosis or any diagnosis.[6] It is critically important to identify these conditions correctly to provide for appropriate referrals to dementia-capable services that are supportive of individuals living with dementia and their family caregivers. Given the impact of the dementia on people and communities, state and community service systems that wish to be dementia-capable should consider adopting key aspects of a dementia-capable HCBS model.

A dementia-capable HCBS system should:

1. Identify people with possible dementia and recommend that they see a physician for a timely, accurate diagnosis and to rule out reversible causes of dementia or conditions that resemble it.
2. Ensure that program eligibility and resource allocation take into account the impact of cognitive disabilities.
3. Ensure that staff communicate effectively with people with dementia and their caregivers and provide services that are person- and family-centered, offer self-direction

of services, and are culturally appropriate.
4. Educate workers to identify possible dementia, and understand the symptoms of dementia and appropriate services.
5. Educate the public about brain health, including information about the risk factors associated with developing dementia, first signs of cognitive problems, management of symptoms if individuals have dementia, support programs, and opportunities to participate in research.
6. Implement quality assurance systems that measure how effectively providers serve people with dementia and their caregivers.
7. Encourage development of dementia-friendly communities, which include key parts of dementia-capability.

Information on how states and communities can become dementia-capable, thus increasing their ability to help people with dementia and their caregivers can be found in ACL's paper entitled Dementia Capable States and Communities: Lessons Learned from Administration on Aging Grantees. Dementia-capable services within a home and community-based system (HCBS) are those that build upon and integrate existing programs from both private and public sectors. Public sector partners/programs include, but are not limited to, tribes or tribal organizations, the Centers for Medicare & Medicaid Services (CMS), the Centers for Disease Control and Prevention and the Department of Veterans Affairs.

The ACL's Alzheimer's Disease Programs Initiative (ADPI) is informed by the work and recommendations of National Alzheimer's Project Act Advisory Council and is dedicated to filling gaps in services, through the provision of HCBS to both targeted special populations and targeted training at both the State and Community levels. The ADPI is implemented with authority contained within Title IV of the Older Americans Act.

The ADPI is **not intended as a program funding "research", in fact "research" projects will not be funded**. The program is designed to pilot much needed dementia-capable HCBS programs to states and communities, evaluate program outcomes and using program outcome data to garner support to sustain successful initiatives beyond the federal program period. The ADPI program is intended to advance **non-clinical**, social models of HCBS in support of persons with dementia and their caregivers. It is through programs such as this that the Administration for Community Living (ACL) demonstrates its commitment to its mission to maximize the independence, well-being, and health of older adults, people with disabilities, and their families and caregivers.

1. Gould, E., Maslow,K.,LePore,M.,et al. Identifying and Meeting the Needs of Individuals With Dementia Who Live Alone. Accessed January 22, 2020 at https://nadrc.acl.gov/node/79 .
2. Gitlin LN, Kales HC, Lyketsos CG. Non-pharmacologic Management of Behavioral Symptoms in Dementia. JAMA. 2012;308(19):2020-2029.oi:10.1001/jama.2012.36918.
3. Alzheimer's Association. 2019 Alzheimer's Disease Facts and Figures. Accessed January 30, 2020 at https://www.alz.org/media/Documents/alzheimers-facts-and-figures-2019-r.pdf.
4. Alzheimer's Association. 2019 Alzheimer's Disease Facts and Figures. Accessed January 30, 2020 at https://www.alz.org/media/Documents/alzheimers-facts-and-figures-2019-r.pdf.

5. Vincent, GK, Velkof, VA. The Next Four Decades: The Older Population in the United States: 2010-2050. Washington, DC. US Census Bureau, 2010. Accessed February 28, 2018 at https://www.census.gov/prod/2010pubs/p25-1138.pdf.
6. Boustani M, Peterson B, Hanson L, Harris R, Lohr, KN. Screening for dementia in primary care: A summary of the evidence for the U.S. Preventive Services Task Force. Ann Intern Med 2003; 138(11):927-37.

Funding Opportunity Requirements

Applicants for Options A and B of this cooperative agreement funding must describe their current system as related to the goals, objectives, and core components of this FOA, including but not limited to, the identification of a lead agency, and development of partnerships designed to achieve program goals (i.e. Community stakeholders, Area Agencies on Aging, Evaluators, etc).

Option A: Grants to States

A.1: New Grants to States

New state applicants, those that did not receive ACL Alzheimer's grants between 2011 and 2019 must agree to and propose a plan to implement dementia-capable HCBS systems that meet the two FOA objectives outlined below, including the accompanying core components. Those states that have completed ACL Alzheimer's grants received between 2011 and 2019 and are already implementing programs meeting those requirements must propose activities to build upon the work of their ongoing program that can expand on the FOA objectives outlined below and the accompanying core components. All applicants are expected to fully describe their methods for achieving the following two objectives and their core components:

Objective 1: Create and sustain a dementia-capable HCBS system that includes Single Entry Point/No Wrong Door (SEP/NWD) access for people with Alzheimer's disease and related dementias (ADRD) and their caregivers.

In such systems, people with ADRD and their family caregivers have streamlined access to the full array of dementia-capable person-centered, public and private sector HCBS that promote community living and independence.

Applicants must fully describe how they plan to implement the following core components of Objective 1 by the end of the cooperative agreement period. If the applicant has held an ADSSP grant between 2011 and 2019, they must explain the work of their previous dementia systems project. The application will detail how the proposed project will enhance what presently exists in their dementia-capable State HCBS system. Core SEP/NWD components include:

1.a. Information, Referral and Access

This component requires that the grantee have a highly visible and trusted place for people with ADRD and their family caregivers to seek objective information on HCBS that maximizes their ability to remain independent in the community. Applicants must fully describe their method(s) for achieving this and providing access to a full range of services, which may include, but are not limited to dementia-capable person-centered home and community-based services; care transitions; and family caregiver support programs. Applicants must provide measurable targets for achieving maximum population coverage of dementia-capable information, referral and access for each year of the cooperative agreement period. For example, applicants might

propose to have a dementia-capable HCBS system available in geographic areas where 25% of the state's population lives in the first year, 35% in the second year and 50% in the third year.

1.b. Options Counseling and Assistance

Options counseling enables persons with dementia and their family caregivers to understand and use the services available in their communities by assisting in:

- Identification of the person with dementias strengths, values, needs, and preferences;
- Person-centered service plan development;
- Enrollment in self-directed programs or seamless transfer into this process, as appropriate
- Service initiation;
- On-going assistance and follow-up.

Applicants must provide measurable targets for achieving maximum population coverage for Options Counseling during each year of the cooperative agreement period.

1.c. Person-Centered Care Transitions Across Multiple Settings

Care transitions models are person-centered, interdisciplinary approaches to integrating health care and social support services for individuals and their caregivers as they move across settings, such as hospitals, nursing homes, and home. Care transition service models identify individual needs and preferences, develop and activate comprehensive service plans, empower people to take an active role in their health care, and connect them to available resources.

Objective 2: Ensure access to a comprehensive, sustainable set of quality services/interventions that are dementia-capable and provide innovative services to the population with dementia and their family caregivers.

Applicants must describe the dementia-capable services/interventions proposed to meet Objective 2. At least one of the proposed services/interventions must be dementia-specific, evidence-based or evidence-informed, and designed for implementation with individuals living with or at risk of developing Alzheimer's or a related dementia and/or their family caregivers. ACL's definitions/requirements for both evidence-based and evidence informed interventions are found in both the funding opportunity requirement section and the glossary of this funding opportunity announcement.

Applicants must fully describe how they plan to implement the following three core components of Objective 2 by the end of the cooperative agreement period. These components include the following:

2.a Comprehensive set of services

Applicants must fully describe how people with ADRD and their family will have access to a wide range of dementia-capable person-centered HCBS that promote independence in the community. The comprehensive set of services must identify and indicate intent to implement at least one dementia-specific evidence-based or evidence informed service/intervention, as well as dementia-capable HCBS supports for family caregivers, and related supportive services. All applications must identify and indicate intent to implement at least one dementia-specific, evidence-based or evidence informed service/intervention. Examples of dementia-specific evidence-based and evidence informed services/interventions implemented through ACL state and community grant programs can be found in ACL's NADRC's paper entitled Grantee-Implemented Evidence-Based and Evidence-Informed Interventions. Best Practice Caregiving is a

free online database of proven dementia programs for family caregivers and an excellent resource for organizations researching potential interventions for implementation in the community they serve.

2.b Quality assurance system

Applicants must fully describe their implementation and use of a quality assurance and improvement process that will help ensure delivery of quality, dementia-capable services. Applicants must propose measurable performance goals and indicators related to the quality assurance systems visibility, ease of access, responsiveness to persons with dementia and their family caregivers, efficiency and effectiveness. ACL's NADRC's compendium of Evaluation Measures Resources may provide assistance in identifying desired measurable outcomes of program activities.

2.c Sustainable service system

Applicants must fully describe how they plan to ensure sustainability of the grantees dementia-capable HCBS system. Sustainability involves leveraging existing traditional Federal and State level resources, as well as other private and public innovations underway. Grantees must maintain the infrastructure and capacity to deliver programs throughout the state including partnerships that have effectively embedded dementia-capability within HCBS systems, and an adequate number of delivery sites and workforce to deliver the programs.

As program outcomes are a key to sustainability, all applicants must identify program outcomes as well as measures to demonstrate program impact and evaluation strategies. Identified outcomes will document progress toward implementing and sustaining a comprehensive, dementia-capable system. ACL's NADRC's compendium of Evaluation Measures Resources may provide assistance in identifying desired measurable outcomes of program activities.

A.2: Expansion Grants to States

Applicants for **expansion grants** must describe their current system and the core program component grant activities implemented through a **State** dementia-capable systems integration cooperative agreement awarded between 2011 and 2019. Core components are outlined above in the section for new state grants. The application will describe the program component proposed for expansion as it relates to the existing project, the rationale for the expansion, the target consumers, the methodology and the desired outcomes for the proposed expansion. Applications for **expansion** cooperative agreements are expected to include quality assurance, sustainability and dissemination plans.

Option B: Grants to Communities

Grants under this option are dedicated to filling services gaps identified through the work of and recommendations from the National Alzheimer's Project Act Advisory Council. **Option B** projects are designed to provide dementia-capable home and community-based services (HCBS) to targeted special populations as well as targeted dementia capability training.

Applicants for Option B are those public or private community-based organizations that are able to demonstrate their operation within an **existing** dementia-capable HCBS system dedicated to the population they serve with the ability to articulate opportunities and additional services that would enhance and strengthen the existing system.

Successful applicants under this program will be leaders in **existing** dementia-capable HCBS

systems designed to improve the quality and effectiveness of programs and services for individuals living with dementia and their caregivers. Applications will demonstrate intent to support individuals with ADRD and their caregivers, that address each of the three identified dementia-care service gap areas:

1. **Develop and deliver supportive services to persons living alone with ADRD in communities:** Individuals living alone are at an increased risk of, among other things, unmet needs, malnutrition and injury and various forms of neglect and exploitation. Applicants will describe actions they will take to identify and support individuals living alone.
2. **Improve the quality and effectiveness of programs and services dedicated to individuals aging with intellectual and developmental disabilities (IDD) with ADRD or those at high risk of developing ADRD:** Advances in medicine and technological advances are extending the lives of individuals living with IDD and those at high risk of developing dementia. Program activities designed to target the unique circumstances of these populations are imperative to this growing population.
3. **Deliver behavioral symptom management training and expert consultation to family caregivers:** Behaviors associated with ADRD can impact disease progression, functional decline and quality of life. Such outcomes may result in significant caregiver distress, impacting the ability to provide care. Provision of symptom management training and caregiver consultations are demonstrated to have positive outcomes.

Please see ACL's dementia-capability issue brief Dementia Capable States and Communities: Lessons Learned from Administration on Aging Grantees for more information on model dementia-capable systems.

In the development of their programs and addressing the required gaps, Option B applicants are encouraged to consider including in their proposed program activities that address the need for innovations in respite care, the needs of individuals with early onset dementia and their caregivers, and/or building workforce capacity to deliver dementia-capable long-term services and supports through training.

GENERAL PROGRAM REQUIREMENTS/COMPONENTS

All applicants to this funding opportunity announcement **(Options A and Option B (State and Community))** are subject to the General program items listed below and will consider and include all of them in the development of their application, work and evaluation plans.

Phased Implementation

Successful applicants will propose a phased approach for implementation of their projects. The phases are described as follows:

Planning Phase: The period during which the grantee refines their proposed program Work Plan and Evaluation Plan, based on the plans contained in their original application. The resulting plans will be the ACL/AoA approved roadmap for the grantee to accomplish the goals, objectives, and core components of the ACL/AoA funded program. During the planning phase, and prior to entering the implementation phase, all grantees and their partners will complete ACL's Dementia-Capability Assessment to establish a baseline from which their program activities can be evaluated.

Applicants are to propose a planning phase of not more than 6 months from the notification date of the grant award. During this planning phase, grantees will be able to access no more than 15 percent of total grant funding to refine and expand on the work and evaluation plans submitted with their applications. ACL/AoA will be actively involved during the planning phase of the grant, to ensure that all ACL program objectives outlined in the Funding Opportunity Announcement are addressed. To conclude the planning phase the grantee must have received ACL/AoA's approval of their work and evaluation plans and uploaded those plans into the reporting system, the grantee and all relevant partners will have completed the initial Dementia-Capability Assessment and participated in a "Planning Phase Exit Conference". Upon completion of those steps, grantees will progress to the Implementation Phase and access the remaining 85 percent of cooperative agreement funding.

Implementation Phase: The period during which the grantees implement their approved plan for accomplishing the goals, objectives, and core components of these objectives, as well as the evaluation of planned program activities. All grantees and their partners will complete annual Dementia-Capability Assessments, each Fall, over the course of the grant period.

The grantee may not advance to the Implementation Phase without ACL/AoA staff approved work and evaluation plans, initial dementia-capability assessments completed by the grantee and each partner, as well as a "Planning Phase Exit Conference". Upon ACL/AoA approval of the aforementioned documents and completion of the assessments and the exit conference, the grantee will begin the implementation phase of the grant period.

Use of Evidence-Based/Evidence Informed Intervention

All programs must identify, by name, and describe the dementia specific evidence-based or evidence informed intervention they propose to implement, how it fits into their proposed overall program and the intended beneficiaries. The chosen intervention must fit the definitions outlined below.

> **Evidence-based programs or interventions:** have been tested through randomized controlled trials and are: 1) effective at improving, maintaining, or slowing the decline in the health or functional status of older people or family caregivers; 2) suitable for deployment through community-based human services organizations and involve non-clinical workers and/or volunteers in the delivery of the intervention; 3) the research results have been published in a peer-reviewed scientific journal; and 4) the intervention has been translated into practice and is ready for distribution through community-based human services organizations.
>
> **Evidence-informed interventions:** have substantive research evidence that demonstrates an ability to improve, maintain, or slow the decline in the health and functional status of older people or family caregivers. For the purposes of this announcement, an evidence-informed intervention is one that has: 1) been tested by at least one quasi-experimental design with a comparison group, with at least 50 participants; OR 2) is an adaptation or translation of a **single** evidence-based intervention.

Examples of dementia-specific evidence-based and evidence informed services/interventions implemented through ACL state and community grant programs can be found in ACL's NADRC's paper entitled Grantee-Implemented Evidence-Based and Evidence-Informed Interventions. Best Practice Caregiving, a free online database of proven dementia programs for

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

Applicants must identify in the project narrative and in the project evaluation plan the intended, measurable outcomes (i.e. improved quality of life, reduced depression and stress/burden) of the proposed dementia-specific intervention, as well as providing estimates of persons served by each programmatic component. ACL's National Alzheimer's and Dementia Resource Center (NADRC) created a compendium of Evaluation Measures Resources that could provide assistance in identifying desired measurable outcomes of program intervention activities.

Direct Service Requirement

All successful applicants are required to dedicate **50% of the total program budget** to the provision of direct services to persons living with dementia and caregivers. A definition of direct service is provided in the funding opportunity announcement Appendix. Budget narratives included in the program application must include clear identification of the lines within the budget where the funds for the required direct services will reside.

Data Collection

Grantees are required to collect information on services provided under the authority of existing or future approved data collections.

Evaluation

All successful grant applications **MUST** include a plan for a robust, **third-party** evaluation. A third-party entity is one that is not engaged in proposed program activities beyond development and implementation of the program's comprehensive evaluation plan and reports. Individuals or organizations involved in the development of **any** component of the proposed program would not qualify as "third party" evaluator.

At the onset of the project, grantees and their partners will be required to conduct a baseline assessment of the dementia-capability of their existing systems, using the National Alzheimer's and Dementia Resource Center's (NADRC) Dementia Capability Assessment Tool. The assessment will afford grantees the opportunity to create metrics for use in future service program evaluations, as well as a basis for setting goals, objectives and milestones for program monitoring and reporting throughout the program period. In an effort to track program progress toward enhanced dementia-capability and document progress toward systems change, grantees will agree to conduct annual follow-up assessments in each year of program funding throughout the duration of the program. The annual follow-up assessment will be submitted with each Fall Semi-Annual Report, including a final assessment at the end of the grant period. Use of a progressive assessment model will ensure that, at the conclusion of the grant period, programs will be able to document their progress by reporting on the aspects of their project that were

successful and those that were not, as well as the lessons learned.

Applications will be scored on the inclusion of a **robust, third-party, project evaluation plan**. Evaluations should, at a minimum, determine the effectiveness and impact of the strategies and processes used for execution of project goals at both the systems development and consumer (service provision) level. Applicants should include outcome measures that demonstrate the impact of the program on persons living with dementia and caregivers in the proposed program and evaluation plans (**ACL will NOT fund any project that does not include measurable outcomes**). *All proposed projects will include at least one project component through which they will demonstrate impact on the quality of life of persons living with dementia.*

More information on evaluation expectations can be found in Section V of this funding opportunity announcement.

Technical Assistance

Successful applicants are to draw on the expertise of ACL/AoA program staff and existing AoA-sponsored resources to develop, implement, and sustain their strategic work plans. All grantees are required to participate in technical assistance activities as they pertain to the program development, management and integration. This includes, but is not limited to, participation in regularly scheduled technical assistance conference calls, web casts, learning collaboratives and one-on-one technical assistance opportunities initiated by ACL/AoA staff, resource center staff or the grantees.

Statutory Authority

Title IV of the Older Americans Act.

II. Award Information

Funding Instrument Type:	Cooperative Agreement
Estimated Total Funding:	$19,195,102
Expected Number of Awards:	24
Award Ceiling:	$1,000,000 Per Project Period
Award Floor:	$450,000 Per Project Period
Length of Project Period:	Other

NOTICE: THE PUBLISHED ANNOUNCEMENT IS MODIFIED

Section V. Application Review Information; 1. Criteria of the Funding Opportunity Announcement was **modified** in the following way:

Content is modified in the Project Impact Criteria section.

The Project Impact Section is modified to ensure that the review points add up to 25 total. The value Project Outcome points were increased from seven (7) points to 9.5 points. The value Project Evaluation points were increased from seven (7) points to 9.5 points.

The Project Impact section is worth a total of 25 points. The point breakdown is as follows:

- Project Outcomes (9.5 Points)
- Project Evaluation (9.5 Points) (ACL will not fund any project that does not include

measurable outcomes.)
- Dissemination (3 points)
- Sustainability (3 points)

****

This opportunity is for a three year (36 month) forward-funded project. The funding, in its entirety, will be made available at the time of award. Grantees are required to provide three 12 month budgets, as well as a single budget that covers the entire 36 month project period. A total of four budgets (three 12 month and one 36 month) will be included in the application package.

This program is comprised of two options for applicants, Option A is States and Option B is for Communities.

There are two Options for grants to States. Option A.1 is for 36 month grants to States to develop or expand its dementia capable home and community based system. Grants to new States will be for a minimum of $450,000 and a maximum of $650,000. Option A.2 is for States that presently hold 36 month grants, have not previously benefitted from an expansion grant and have identified a component within their existing program that would benefit from additional resources in the form of an 18 month expansion grant. Expansion grants will be for a minimum of $450,000 and a maximum of $500,000.

Option B is for public or private community-based entities with awards ranging between $850,000 and $1,000,000.

No organization would be eligible to submit applications for both the State and the Community programs.

Awards made under both Options A and B are subject to terms provided for in the Federal Grant and Cooperative Agreement Act of 1977 (P.L. 95-224). The Cooperative Agreement provides for the substantial involvement and collaboration of ACL/AoA in activities that the recipient organization will carry out in accordance with the provisions of the approved award.

Once a cooperative agreement is in place, requests to modify or amend it or the work plan may be made by ACL or the awardee at any time as long as it stays within the original confines of the proposed project description. Major changes may affect the integrity of the competitive review process. Modifications and/or amendments of the Cooperative Agreement or work plan shall be effective upon the execution of an award notice. When an award is issued the cooperative agreement terms and conditions from the program announcement are incorporated by reference unless ACL is authorized under the Terms and Conditions of award, 45 CFR Part 75, or other applicable regulation or statute to make unilateral amendments.

The grantee agrees to execute the responsibilities outlined below:

1. Fulfill all of the requirements of the grant initiative as outlined in this funding opportunity announcement (FOA), as well as carry out project activities as reviewed, approved, and awarded;
2. Communicate with the AoA project officer and/or the assigned technical assistance liaison regularly to improve the effectiveness of the activities carried out under this

Agreement;

3. Conduct a baseline assessment of the dementia capability (grantee and all partners) in collaboration with Project Officer and technical assistance team, with annual reassessments to be conducted each Fall in alignment with semi-annual report submission through the duration of the project;
4. Produce and submit to the ACL/AoA Project Officer, at the conclusion of the project, a program report/manual and an independent evaluation report describing how the project was conducted and goals, program outcomes that were achieved. The report would also include ways in which barriers to goal achievement were addressed;
5. Cooperate with any federal evaluation efforts and comply with the timeline, content and format of all required data collection and reporting requirements (see Section VI-3 for more detail). Submit to the ACL/AoA project officer a final, clean copy of all data developed or supported with these grant funds, in the format in which it was developed or produced, as provided for in the HHS Grants Policy Statement (http://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf) and referenced in the Notice of Award. The HHS Grants Policy Statement defines "data" as: "recorded information, regardless of the form or media on which it may be recorded, and includes writings, films, sound recordings, pictorial reproductions, drawings, designs or other graphic representations, procedural manuals, forms, diagrams, work flow charts, equipment descriptions, data files, data processing or computer programs (software), statistical records, and other research data" (p. II-69, Footnote 18);
6. Participate in program collaborative activities as organized by the ACL/AoA Project Officer and the technical assistance team. Collaborative program activity participants will mentor one another in their efforts to fulfill the aims of the ADPI program; and
7. Include the following disclaimer on all products produced using this grant funding:

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

The ACL/AoA project officer agrees to execute the responsibilities outlined below:

1. Perform the day-to-day federal responsibilities of managing a grant initiative and work with the grantee to ensure that the minimum requirements for the grant are met;
2. Work cooperatively with the grantee to clarify the programmatic and budgetary issues to be addressed by the grantee project, and, as necessary, negotiate with grantee to achieve a mutually agreed upon solution to any needs identified by the grantee or ACL/AoA;
3. Assist the grantee project leadership in understanding the strategic goals and objectives, policy perspectives, and priorities of AoA, ACL, and the U.S. Department of Health and Human Services; and about other federally-sponsored projects and activities relevant to activities funded under this announcement;
4. Provide technical advice 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. Attend and participate in major project events as appropriate; and
6. Communicate with the grantee project director regularly to improve the effectiveness of the activities carried out under this Agreement**.**

III. Eligibility Information

1. Eligible Applicants

Option A (A.1 and A.2) is extended to eligible state government agencies designated to serve as the State Units on Aging. Option B is open to domestic community-based public and/or private home and community-based service providers that are operating within an existing dementia-capable system and are able to demonstrate their dementia capability.

Option A (A.1 and A.2) of this Funding Opportunity Announcement is designed to build and expand the dementia-capability of state systems and programs by embedding dementia-capability in to their service networks.

Option A.1: is for those entities within states and territories designated as the state agency for dementia-capability and have working relationships with their state agencies that enable creating and sustaining a dementia-capable HCBS System that serves individuals living with or at risk of developing dementia and their caregivers.

States eligible for this option are those states that do not have active State dementia-capability grants. All states without active grants are eligible to apply, however those states that have not benefited from ADSSP grants since before 2011 will be given priority consideration in the post-review decision-making process.

Option A.2: is for 18 month expansion grants and is limited to those states that received ACL Alzheimer's disease state program grants for systems integration in 2011, 2013, 2014, 2015, 2016, 2017, 2018 and 2019 that desire to expand on a specific component of those programs and have not already received expansion grants for programs in the noted years. The states that already have received expansion grants are not eligible to receive a second one. The expansion grants provide the opportunity for the existing or recent state program grantees to build on a specific component of their ongoing project that shows potential but for which expansion would otherwise not be feasible.

Option B of this Funding Opportunity Announcement is designed to extend existing dementia-capable home and community based services (HCBS) to the special populations targeted and outlined within this announcement. Eligible entities are those that are able to 1) demonstrate their operation **within** an existing dementia-capable HCBS system dedicated to the population that they serve, and 2) articulate opportunities and additional services that would enhance and strengthen the existing dementia-capable HCBS system within which they are operating.

This funding opportunity is not extended to entities that are unable to 1) demonstrate their operation **within** an existing dementia-capable HCBS system dedicated to the population that they serve, and 2) articulate opportunities and additional home and community-based services that would enhance and strengthen the existing dementia-capable HCBS system in which they are operating.

This funding opportunity is not extended to entities not operating within an existing dementia-capable HCBS system or those organizations that received awards as a result of the following funding opportunity announcements in 2014, 2015, 2016, 2017, 2018 and 2019 (HHS-2014-ACL-AOA-AL- 0090, HHS-2015-ACL-AOA-AL-0104, HHS-2016-ACL-AOA-ALGG-0152 , HHS-2017- ACL-AOA-ALGG-0227, HHS-2018-ACL-AOA-ADPI-0307, HHS-2019-ACL-AOA-ADPI-0325, HHS-2019-ACL-AOA-ADPI-0360).

There are no entities that would be eligible to submit applications for both **Option A** and **Option B**.

2. Cost Sharing or Matching

Cost Sharing / Matching Requirement: Yes

The federal match required for the **State** and **Community** (**Options A & B**) program is 25% (cash and/or in-kind). All applicants are required to comply with the 25% match requirement outlined in the funding opportunity announcement (FOA). Applicants have the opportunity to apply for waivers of a portion of the match. Waivers to match requirements under this program will not result in requirements below 15%.

Applicants desiring to apply for a match waiver should include their desire for the waiver in their application. Applicants requesting match waiver must provide a compelling reason for the necessity of the desired waiver. There are no guarantees that an applicant requesting a match waiver will receive one. Applicants desiring a match waiver should plan their budget using the 25% full match and include in their application package a letter outlining their waiver request which includes a compelling rationale for a match waiver.

The match waiver application would include the proposed percentage of the match to be waived, as well as the compelling reason for the request. The desired waiver request should not result in a match level that falls below 15%. If the grant application that includes a waiver request is successful and the waiver request is also approved, the appropriate budget modification will occur during the budget negotiation period.

If a match waiver request included in a successful grant application is **not** approved, there will not be an opportunity for a budget revision and the grantee will be expected to supply the full 25% match provided in the original application budget.

Waiver requests not included in the application process will not be considered.

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.

Volunteered time and use of facilities to hold meetings or conduct project activities may be considered in-kind (third-party) donations.

Budgetary funds provided from the applicant agency’s budget for costs associated with the project are an example of a non-federal cash match.

All proposed matching funds must be directly connected to proposed program activities and cannot come from other Federal sources.

ACL discourages applicant agencies exceeding the minimum match requirement.

Applications with a match greater than the minimum required will not receive more favorable consideration under the review. Match is one of the responsiveness criteria as noted in Section III, 3 Application Disqualification Factors.

3. Responsiveness and Screening Criteria

Application Responsiveness Criteria

All applications will go through an initial programmatic screening to verify that the applicant meets the minimum responsiveness criteria.

Applications will be reviewed to establish responsiveness to the following criteria.

All applications will go through an initial programmatic screening to verify that the applicant meets the funding opportunity announcement criteria. Those applicants that do not meet the minimum responsiveness criteria outlined below will be "screened out" and will not be forwarded for panel review.

The responsive State and Community **(Option A & B)** project applicant:

1. Is an eligible State Unit on Aging **(Option A)** or Community based organization that demonstrates operation within an **existing** dementia-capable home and community-based service system **(Option B**);
2. Demonstrate intent and a plan to address each of the required targeted gap areas (including a well-articulated implementation work plan in each target area)(**Option B**);
3. Include work and evaluation plans that demonstrate the intent to meet program direct service and outcome measure requirements;
4. Include budget and budget narrative/justification that demonstrate intent to meet cost sharing/match and direct service requirements;
5. Include a robust, **third-party**, evaluation plan - including a letter of commitment from the proposed third-party evaluator;
6. Include outcome measures (including target numbers) in the proposed program work and evaluation plans (**ACL will NOT fund any project that does not include measurable outcomes);**
7. Name at least one dementia specific evidence-based or evidence informed intervention (that complies with the ACL provided definition) directed at persons with dementia and/or caregivers that will be implemented through program activities:
    1. Proposal will include an attachment demonstrating that the proposed intervention meets ACL's stated definition for inclusion to satisfy the programmatic requirement, and
    2. Demonstrate intent to implement it in the project narrative and the proposed work and evaluation plans;
8. Demonstrate capacity to deliver person-centered services persons of all ages with dementia, including those with intellectual and developmental disabilities;
9. Not propose conduit or pass-through funding for another agency to lead the project. No project partner will be proposed to receive more than 20% of the primary grantee's Federal budget.

Application Screening Criteria

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

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

1. Applications must be submitted electronically via http://www.grants.gov by 11:59 p.m., Eastern Time, by 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 http://www.grants.gov indicating system problems existed at the time of your submission. For example, you will be required to provide an http://www.grants.gov submission error notification and/or tracking number in order to substantiate missing the application deadline.

IV. Application and Submission Information

1. Address to Request Application Package

Application materials can be obtained from http://www.grants.gov or https://www.acl.gov/grants/applying-grants.

Please note, ACL requires applications for all announcements to be submitted electronically through http://www.grants.gov in Workspace. Grants.gov Workspace is the standard way for organizations and individuals to apply for federal grants in Grants.gov. An overview and training on Grants.gov Workspace can be found here at: https://www.grants.gov/web/grants/applicants/workspace-overview.html

The Grants.gov registration process can take several days. If your organization is not currently registered, please begin this process immediately. **For assistance with http://www.grants.gov, please contact them at** support@grants.gov **or 800-518-4726 between 7:00 a.m. and 9:00 p.m. Eastern Time.**

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

be made, throughout the life of the award. **Effective June 11, 2018, when registering or renewing your registration, you must submit a notarized letter appointing the authorized Entity Administrator. Please be sure to read the FAQs located at** www .sam.gov **to learn more.** Applicants should allot sufficient time prior to the application deadline to finalize a new, or renew an existing registration. This action should allow you time to resolve any issues that may arise. Failure to comply with these requirements may result in your inability to submit your application or receive an award. Maintain documentation (with dates) of your efforts to register or renew at least two weeks before the deadline. See the SAM Quick Guide for Grantees at: https://www.sam.gov /sam/ transcript/ SAM_Quick_ Guide_Grants_ Registrations-v1.6. ;pdf.

Note: Once your SAM registration is active, allow 24 to 48 hours for the information to be available in Grants.gov before you can submit an application through Grants.gov. This action should allow you time to resolve any issues that may arise. Failure to comply with these requirements may result in your inability to submit your application or receive an award.

- **Note**: Failure to submit the correct EIN Suffix can lead to delays in identifying your organization and access to funding in the Payment Management System.
- Effective October 1, 2010, HHS requires all entities that plan to apply for and ultimately receive federal grant funds from any HHS Operating/Staff Division (OPDIV/STAFFDIV) **or receive subawards directly from the recipients of those grant funds** to:

1. Register in SAM prior to submitting an application or plan;
2. Maintain an active SAM registration with current information at all times during which it has an active award or an application or plan under consideration by an OPDIV; and
3. Provide its DUNS number in each application or plan to submit to the OPDIV.

Additionally, all first-tier subaward recipients must have a DUNS number at the time the subaward is made.

- Since October 1, 2003, The Office of Management and Budget has required applicants to provide a Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number when applying for federal grants or cooperative agreements. It is entered on the SF-424. It is a unique, **nine-digit identification number**, which provides unique identifiers of single business entities. The DUNS number is *free and easy* to obtain.
- Organizations can receive a DUNS number at no cost by calling the dedicated toll-free DUNS Number request line at 866-705-5711
- You must submit all documents electronically, including all information included on the SF424 and all necessary assurances and certifications.
- After you electronically submit your application, you will receive an automatic acknowledgement from http://www.grants.gov that contains http://www.grants.gov tracking number. The Administration for Community Living will retrieve your application form from http://www.grants.gov.

Administration for Community Living
Erin Long
Office of Supportive and Caregiver Services
E-mail: erin.long@acl.hhs.gov

2. Content and Form of Application Submission

Letter of Intent

Due Date for Letter of Intent: **03/05/2020**
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 letter need only indicate intent to apply for program funding, no additional application details are necessary. The deadline for submission of the letter of intent is 15 days after the publication of the funding opportunity announcement.

Letters of intent should be sent to:

Erin Long, U.S. Department of Health and Human Services Administration for Community Living at erin.long@acl.hhs.gov

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 20 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 sample 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 your project meets the minimum requirements for grants under the authorizing statutes. The Project Narrative should provide a clear and concise description of your project. ACL recommends that your project narrative include the following components:

Summary/Abstract
This section should include a brief (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
In this section **Option A and B (State and Community)** applicants 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 in the community you serve, including how the project will potentially affect older adults and/or people with disabilities, their families, and caregivers as well as the health care and home and community-based service system within which they are operating.

Both **Option A and B** Problem Statements must include:

- Describe the impact of ADRD on the community and population that you serve;
- Describe the trainings and services presently available to address behavioral symptom management, and
- Describe the management, systems, financial or other challenges requiring attention in order to implement and sustain programs funded under this opportunity.

In this section **Option B** Community applicants must:

- Describe the existing dementia-capability of the home and community-based service system within which the applicant organization operates and how it pertains to the target populations;
- Describe existing service gaps that the applicant will address through the proposed program.

Goals and Objectives
This section should consist of a description of the project's goal(s) and major objectives.

In this section **Option A and B** applicants should:

- Identify your proposed project goal(s) and major objectives (i.e. **State** project objectives or three **Community** project target areas), including the projected total number of individuals who will benefit from services provided this proposed project;
- How you plan to address the major challenges identified in the problem statement;
- Description of partnerships, collaborations and innovative activities that will be

implemented in support of goal/objective achievement, including the dementia specific evidence-based/evidence informed intervention(s) to be implemented in the project;
- Explanation of how program activities will be marketed and participants identified;
- Explanation of anticipated outcomes and the measures to demonstrate program outcomes; and
- Description of the sustainability plan for program elements that are deemed successful.

PLEASE NOTE: When the Project Narrative instructions use the term "intervention," the applicant is required to address ALL elements that this Funding Opportunity Announcement requires, including the following:

- **Option A**: dementia-capable HCBS system Objectives 1 and 2 and at least one dementia specific evidence-based or evidence informed intervention, and
- **Option B:** three required service gap areas and at least one dementia specific evidence-based or evidence informed intervention**.**

All interventions proposed to meet the dementia specific evidence-based or evidence informed requirement must comply with the ACL standards defined in this funding opportunity announcement.

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 or economic factors that you'll be able to take advantage of, etc.). Also note any major barriers you anticipate encountering, and how your project will be able to overcome those barriers. Be sure to describe the role and makeup of any strategic partnerships you plan to involve in implementing the intervention, including other organizations, supporters, and/or consumer groups.

PLEASE NOTE: When the Project Narrative instructions use the term "intervention," the applicant is required to address ALL elements that this Funding Opportunity Announcement requires, including the following:

- **Option A**: dementia-capable HCBS system Objectives 1 and 2 and at least one dementia specific evidence-based or evidence informed intervention, and
- **Option B:** three required service gap areas and at least one dementia specific evidence based or evidence informed intervention**.**

All interventions proposed to meet the dementia specific evidence-based or evidence informed requirement must comply with the ACL standards defined in this funding opportunity announcement.

Special Target Populations and Organizations

This section should describe how you plan to involve organizations in a meaningful way in the planning and implementation of the proposed project. This section should also describe

whether, and if so, how the proposed intervention will target disadvantaged populations, including limited-English speaking populations, those of greatest economic need and those of greatest social need.

PLEASE NOTE: When the Project Narrative instructions use the term "intervention," the applicant is required to address ALL elements that this Funding Opportunity Announcement requires, including the following:

- **Option A**: dementia-capable HCBS system Objectives 1 and 2 and at least one dementia specific evidence-based or evidence informed intervention, and
- **Option B:** three required service gap areas and at least one dementia specific evidence based or evidence informed intervention**.**

All interventions proposed to meet the dementia specific evidence-based or evidence informed requirement must comply with the ACL standards defined in this funding opportunity announcement.

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). Each project must include AT LEAST ONE outcome measure to demonstrate their project's impact on the Quality of Life of a person with dementia.**

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 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. In 2018 the National Alzheimer's and Dementia Resource Center (NADRC) published a compendium of Evaluation Measure Instruments intended to help providers of dementia-related services identify appropriate and well-researched measures in support of their program evaluation plans.

Applicants are encouraged to consider including a completed program activities matrix in their proposal package, the activities matrix would include: Program area being addressed, Activity proposed, Responsibility for activity, Manner of identification program participants, Participant target numbers, Desired outcomes/tools to measure activity outcomes. A sample grants activity matrix is included in the FOA appendix.

A "measurable outcome" is an observable end-result that describes how a particular intervention benefits consumers. It may demonstrate functional status, mental well-being, knowledge, skill, attitude, awareness or behavior. Desirable outcomes from projects targeting individuals living with dementia and their caregivers include, but are not limited to: change in quality of life of the person living with dementia, change in unmet needs, change in stress and/or burden, change in caregiver self-efficacy, a change in the responsiveness or cost-effectiveness of a service delivery system. **A measurable outcome is not a measurable "output", such as: the number of clients served; the number of training sessions held; or the number of service units provided.**

You should keep the focus of this section on describing what outcome(s) will be produced by the project. You should use the Evaluation section noted below to describe how the outcome(s)

will be measured and reported.

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

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
This section should describe the method(s), techniques, and tools that will be used by the **third party** evaluator to: 1) determine whether the proposed intervention achieved its anticipated outcome(s), and 2) document the "lessons learned" – both positive and negative - from the project that will be useful to people interested in replicating the intervention, if it proves successful. The third-party evaluator will develop and submit an evaluation report to the grantee which will be submitted to the funder as a project deliverable.

Individuals or organizations involved in the development of any component of the proposed program would not qualify as "third-party" evaluator.

The third-party program evaluation plan will include a matrix (as an application appendix) that reflects the following program components: Activity proposed, Responsiblity for activity, Manner of identification program participants, Participant target numbers, desired outcomes/tools to measure activity outcomes. A list of appropriate and well researched measurement tools that assess outcomes of importance to dementia-related programs can be found in the National Alzheimer's and Dementia Resource Center's (NADRC) compendium of Evaluation ;Measures Instruments. A sample activity matrix is included in the FOA Appendix. The third-party evaluator will not be expected to collect or analyze the required Dementia Capability Assessments, the National Alzheimer's and Dementia Resource Center team is responsible for this activity.

The development and implementation of a quality assurance (QA) program which ensures continuous quality improvement should be included in this section. The QA program description will include techniques and tools to demonstrate project outcomes, methods for monitoring and tracking progress toward program goal(s) and objectives, and documentation of both positive and negative lessons learned. This section will include the role in program evaluation of the initial and annual (each Fall) completion of the Dementia Capability Quality Assessment of the grantee and its partners.

In December 2016 the NADRC conducted a webinar entitled "Writing ;an ;Effective ;Work ;Plan ;and ;Evaluation ;Plan" that may be useful in the development of an evaluation plan. Webinar attendees learned: (1) learn how to write project objectives, activities and tasks; (2) learn key elements of an evaluation plan; (3) understand the importance of providing specific details in the work plan and evaluation plan; and (4) find out about available tools and

resources.

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, including dementia-capability. 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 dementia specific 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. The budget narrative/justification will detail where federal and non-federal funds will be expended over the course of the proposed project.

The budget narrative/justification breakdown should reflect the structure of the project team. Primary grantee personnel and other related programmatic costs would be outlined in the main sections of the budget, while contract or subgrantee detail (including personnel and other costs) would be included in the contract section of the budget.

The budget narrative/justification must indicate the budget lines where the applicant expects the direct service expenditures to occur - to demonstrate intent to meet the program requirement of dedication of 50% of the program budget to direct services.

The budget narrative/justification must demonstrate the budget lines that will include the required match dollars. Match dollars must be directly connected to program activities articulated in the narrative, work and evaluation plans.

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, people serves 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.

In December 2016 the NADRC conducted a webinar entitled "Writing ;an ;Effective ;Work ;Plan ;and ;Evaluation ;Plan" that may be useful in the development of a work plan. Webinar attendees learned: (1) learn how to write project objectives, activities and tasks; (2) learn key elements of an evaluation plan; (3) understand the importance of providing specific details in the work plan and evaluation plan; and (4) find out about available tools and resources.

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 and letters included. Signed letters of commitment detailing organization's roles in the proposed project should be scanned and included as attachments to the applications. A copy of negotiated indirect cost rate letters should accompany letters of commitment from collaborators/agencies that anticipate collection of a negotiated indirect cost expenses.

A signed letter of commitment from the Third Party Evaluator is required and considered part of the responsiveness criteria.

3. Submission Dates and Times

Due Date for Applications: **05/13/2020**
Date for Informational Conference Call: 03/02/2020
ACL will host an informational conference call in relation to this FOA.

March 2, 2020 from 2:00 pm – 3:00 pm EST.

The dial-in information is below:

Toll Free Number: 888-989-4363 Passcode: 8233718

A recording will be available soon after the call concludes at the following number:

Toll Free Playback Number: 800-584-7317

Playback will be available for 60 days

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 has raised considerable

concerns about grantees and contractors charging the Federal Government for additional meals outside of the standard allowance for travel subsistence known as per diem expenses. Executive Orders on Promoting Efficient Spending (E.O. 13589) and Delivering Efficient, Effective and Accountable Government (E.O. 13576) have been issued and instruct Federal agencies to promote efficient spending. Therefore, if meals are to be charged in your proposal, applicants should understand such costs must meet the following criteria outlined in the Executive Orders and HHS Grants Policy Statement:

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

6. Other Submission Requirements

Letters of intent should be emailed to erin.long@acl.hhs.gov .

V. Application Review Information

1. Criteria

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.

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

1. Project Relevance & Current Need
2. Approach
3. Budget
4. Project Impact
5. Organizational Capacity

Project Relevance & Current Need	Maximum Points:15

Option A.1 and A.2

1. Does the application provide a clear description of the need for dementia-capability in the state system for the population it serves?
2. Does the application provide a clear understanding of the dementia capability of the system within which they are operating?
3. Does the proposed project clearly and adequately identify the relevance of the priority areas, as described in this Funding Opportunity Announcement (FOA), in relation to current state/community needs?
4. Does the application adequately and appropriately describe and document the key problem(s)/condition(s) relevant to the applicant's purpose/need?
5. Is the proposed project justified in terms of the most recent, relevant, and available information and knowledge?

Option B

1. Does the applicant clearly demonstrate that their organization is an **existing dementia-capable home and community-based service provider** that is presently providing dementia services?
2. Does this applicant clearly describe the need for developing specialized supportive services in the community targeted for service?
3. Does the proposed project clearly and adequately identify the relevance of the three priority service gap areas, as described in this Funding Opportunity Announcement?
4. Does the applicant clearly articulate opportunities and additional services that would enhance and strengthen the existing dementia-capable system?
5. Does the application describe:
    1. The population of individuals living with Alzheimer's or a related dementia and their caregivers in the community being served?
    2. The extent and nature of the needs of that population?
    3. Existing services including numbers of persons with dementia and their caregivers their home and community-based organization is serving?
6. Does the application adequately and appropriately describe and document the key problem(s)/condition(s) relevant to the applicant's purpose/need?
7. Is the proposed project justified in terms of the most recent, relevant, and available information and knowledge?

Approach Maximum Points:30

Option A.1

Goals/Objectives (10 Points)

1. Does the applicant identify proposed project goal(s) and major objectives (dementia capable HCBS systems that meet the two Objectives and core components), including the projected total number of individuals who will benefit from services provided this

proposed project?
    1. Are they reasonable and likely to be achieved?
2. Does the applicant outline how they plan to address the major challenges identified in the problem statement?
3. Does the applicant describe partnerships, collaborations and innovative activities that will be implemented in support of goal/objective achievement, including the dementia specific evidence-based/evidence informed intervention(s) to be implemented in the project?
4. Does the applicant explain how program activities will be marketed and participants identified?
5. Does the applicant explain anticipated outcomes and the measures to demonstrate program outcomes?
6. Does the applicant describe the sustainability plan for program elements that are deemed successful?
7. Has the applicant stated clear and meaningful goals and objectives for the proposed program?
8. Is the dementia-capability systems project clearly defined?
9. Does the application include measurable performance outcome goals and indicators related to the quality assurance system's visibility, ease of access, responsiveness to persons with dementia and their family caregivers, efficiency and effectiveness?
10. Does the project take into account barriers and opportunities that exist in the larger environment that may impact project success?

Work/Management Plan (10 Points)

1. Is the project work plan clear and comprehensive, covering ALL years of the proposed project?
2. Does the applicant fully describe their methods for achieving the two Objectives (and core components) detailed in the funding opportunity announcement (FOA)?
3. Does the applicant provide measurable targets for maximum population coverage of dementia-capable information, referral, and access, options counseling and person-centered care across settings?
4. Does the work plan include specific objectives and tasks that are linked to <u>measurable outcomes?</u>
    1. **Does the application include at least one measurable outcome linked to the Quality of Life of people with dementia?**
5. Does the work plan include training for and implementation of at least one dementia specific evidence-based/evidence-informed intervention that meets ACL definitions?
    1. Are dementia specific evidence-based/evidence informed intervention(s) included as components of the proposed work plan?
6. Does it include sensible and feasible timeframes for the accomplishment of the tasks presented?
7. Does the work plan include a commitment to conduct an initial Dementia Capability Assessment at the beginning of the project and reassess each fall over the course of the program?
8. Does the proposal include a clear and coherent management plan, including plans for administration, collaboration and coordination of program activities with other related

services or programs?
9. Are the roles and responsibilities of project staff, consultants and partners clearly delineated and linked to specific objectives and tasks?
10. Does the application fully describe their implementation and use of a quality assurance and improvement process that will help ensure delivery of quality, dementia capable services?
11. Does the project work plan include production and submission of a summary report or manual describing how the project was conducted and goals were achieved, as well as ways in which barriers to goal achievement were addressed?
12. Does the project work plan include the development and submission of an evaluation report developed by a third-party evaluator?
13. **Is it clear that the applicant is not proposing conduit or pass-through funding for another agency to lead the project? No project partner will be proposed to receive more than 20% of the primary grantee's Federal budget. (Conduit or pass through proposals are subject to screening out).**

Methods of Addressing the Problem (10 Points)

1. Does the application fully describe how people with ADRD and their family will have access to a wide range of person-centered HCBS that promote independence in the community?
2. Does the application include a plan to create and sustain a dementia-capable HCBS system that includes Single Entry Point/No Wrong Door (SEP/NWD) access for people with Alzheimer's disease and related dementias (ADRD) and their caregivers?
3. Does the applicant propose robust efforts to reach and provide services to underserved populations (i.e. racial or ethnic minority groups,those with limited English-speaking proficiency, or who live in rural areas)?
4. **Does the application identify and fully describe how they plan to provide at least one dementia specific evidence-based or evidence-informed intervention in the provision of service?**
    1. Does the application include an attachment describing the proposed evidence-based/evidence informed intervention and demonstrating that the proposed intervention falls within the ACL definition?
5. **Does the applicant specify services chosen, summarize the rationale for those services and the methods they propose to use in service development, pilot testing and evaluation?**
6. Does the applicant fully describe their plans to provide, by the end of the third grant year period, person-centered care transitions that are dementia capable in at least two geographic areas of the state?

Option A.2

Goals /Objectives (10 Points)

1. Does the application describe the program component proposed for expansion as it relates to the previously funded project?
    1. The Rationale for expansion;

    2. The target consumers;
    3. The methodology; and
    4. The desired outcomes.
2. Has the applicant stated clear and meaningful goals and objectives for the proposed expansion effort as well as problems that relate to the proposed effort?
    1. Are the goals and objectives reasonable and likely to be achieved?
3. Does the application propose measurable performance goals and indicators related to the quality assurance system's visibility, ease of access, responsiveness to persons with dementia and their family caregivers, efficiency and effectiveness?
4. Does it reflect a coherent and feasible approach for successfully achieving this FOA's goals, objectives, and core components of the objectives?

Work/Management Plan (10 Points)

1. Is the project work plan clear and comprehensive, covering ALL 18 months of the proposed project?
2. Does it include sensible and feasible timeframes for the accomplishment of the tasks presented?
3. Does the work plan include specific objectives and tasks that are linked to **measurable outcomes**?
4. Does the proposal include a clear and coherent management plan, including plans for administration, collaboration and coordination of program activities with other related services or programs?
5. Are the roles and responsibilities of project staff, consultants and partners clearly delineated and linked to specific objectives and tasks?
6. Does the application fully describe their implementation and use of a quality assurance and improvement process that will help ensure delivery of quality, dementia capable services through the expansion project?
7. Does the work plan include a commitment to conduct an initial Dementia Capability Assessment at the beginning of the project and reassess each fall over the course of the program?
8. Does the proposal include a clear and coherent management plan, including plans for administration, collaboration and coordination of program activities with other related services or programs?
9. Are the roles and responsibilities of project staff, consultants and partners clearly delineated and linked to specific objectives and tasks?
10. Does the application fully describe their implementation and use of a quality assurance and improvement process that will help ensure delivery of quality, dementia capable services?
11. Does the project work plan include production and submission of a summary report or manual describing how the project was conducted and goals were achieved, as well as ways in which barriers to goal achievement were addressed?
12. Does the project work plan include the development and submission of an evaluation report developed by a third-party evaluator?
13. **Is it clear that the applicant is not proposing conduit or pass-through funding for another agency to lead the project? No project partner will be proposed to receive more than 20% of the primary grantee's Federal budget. (Conduit or pass through**

proposals are subject to screening out).

Methods of Addressing the Problem (10 Points)

1. Does the application fully describe how people with ADRD and their family are accessing a wide range of person-centered HCBS that promote independence in the community through the existing project proposed for expansion?
2. Does the applicant propose robust efforts to reach and provide services to underserved populations (i.e. racial or ethnic minority groups, those with limited English-speaking proficiency, or who live in rural areas)?
3. Does the applicant specify activities chosen for expansion, summarize the evidence for the expansion and the methods the applicants propose to use in developing, executing and evaluating the effort?

Option B

Goals and Objectives (10 Points)

1. Is the proposed project to expand the applicants existing dementia-capability clearly defined?
2. Does the applicant identify proposed project goal(s) and major objectives (**three required community project target areas**), including the projected total number of individuals who will benefit from services provided this proposed project?
    1. Are they reasonable and likely to be achieved?
3. Does the applicant commit to conducting a baseline Dementia-Capability Assessment of their existing system, as well as annual assessments each Fall throughout the duration of the project?
4. Does the applicant describe partnerships, collaborations and innovative activities that will be implemented in support of goal/objective achievement, including the dementia specific evidence-based/evidence informed intervention(s) to be implemented in the project?
5. Does the application include measurable performance outcome goals and indicators related to the quality assurance system's visibility, ease of access, responsiveness to persons with dementia and their family caregivers, efficiency and effectiveness?
6. Does the applicant explain how program activities will be marketed and participants identified?
7. Does the project take into account barriers and opportunities that exist in the larger environment that may impact project success?
8. Does the applicant describe the sustainability plan for program elements that are deemed successful?

Work Plan/Management Plan (10 Points)

1. Is the project work plan clear and comprehensive, covering ALL years of the proposed project?
2. Does the applicant fully describe their methods for addressing the **three required community project target areas** detailed in the FOA?

3. Does the work plan include training for and implementation of at least one dementia specific evidence-based/evidence-informed intervention that meets ACL definitions?
    1. Are dementia specific evidence-based/evidence informed intervention(s) included as components of the proposed work plan?
    2. **Does the application include an attachment describing the proposed evidence-based/evidence informed intervention and demonstrating that the proposed intervention falls within the ACL definition?**
4. Does the work plan include specific objectives and tasks that are linked to measurable outcomes?
    1. **Does the application include at least one measurable outcome linked to the Quality of Life of people with dementia?**
5. Does the work plan include sensible and feasible timeframes for the accomplishment of the tasks presented?
6. Does the work plan include a commitment to conduct an initial Dementia Capability Assessment at the beginning of the project and reassess each fall over the course of the program?
7. Does the work plan include necessary project components beyond the required target gap activities, including sustainability planning, dissemination and reporting?
8. Does the proposal include a clear and coherent management plan, including plans for administration, collaboration and coordination of program activities with other related services or programs offered by public or private entities?
9. Are the roles and responsibilities of project staff, consultants and partners clearly delineated and linked to specific objectives and tasks through a clear and comprehensive work plan that serves as a roadmap to their project?
10. Does the application fully describe their implementation and use of a quality assurance and improvement process that will help ensure delivery of quality, dementia capable services?
11. Does the project work plan include production and submission of a summary report or manual describing how the project was conducted and goals were achieved, as well as ways in which barriers to goal achievement were addressed?
12. Does the project work plan include the development and submission of an evaluation report developed by a third-party evaluator?
13. **Is it clear that the applicant is not proposing conduit or pass-through funding for another agency to lead the project? No project partner will be proposed to receive more than 20% of the primary grantee's Federal budget. (Conduit or pass through proposals are subject to screening out).**

Methods of Addressing the Problem (10 Points)

1. Does the application fully describe how people with ADRD and their family will have access to a wide range of person-centered HCBS that promote independence in the community?
2. Has the applicant adequately described the plan to implement the supportive services in the required gap areas?
    1. Has the applicant described how the proposed activities will address coordination and access to the supportive services areas in which they are working?

3. Does the proposed project demonstrate the use of person-centered practices in the chosen supportive service areas?
4. Does the applicant propose robust efforts to reach and provide services to underserved populations (i.e. racial or ethnic minority groups, those with limited English-speaking proficiency, or who live in rural areas)?
5. **Does the application identify and fully describe how they plan to provide at least one dementia specific evidence-based or evidence-informed intervention in the provision of service?**
    1. Does the application include an attachment describing the proposed evidence-based/evidence informed intervention and demonstrating that the proposed intervention falls within the ACL definition?
6. **Does the applicant specify services chosen, summarize the rationale for those services and the methods they propose to use in service development, pilot testing and evaluation?**

Budget Maximum Points:15

Options A and B

1. Does the budget and associated narrative cover the entirety of the proposed project?
2. **Is it clear that the applicant is not proposing conduit or pass-through funding for another agency to lead the project? No project partner will be proposed to receive more than 20% of the primary grantee's Federal budget. (Conduit or pass through proposals are subject to screening out).**
    1. Does the budget clearly delineate between resources dedicated to the Primary Grantee their contractors/sub-grantees (i.e. all contracted funding, including staff should be outlined under contracts in the budget)?
    2. Has the applicant included letters of commitment for project partners, as well as negotiated indirect cost rate letters for those who are claiming those costs?
    3. Has the applicant budget complied with salary limitations with no hourly rates exceeding an annual salary rate of $192,300 exclusive of fringe?
3. Does the budget reflect the 25% match (cash and/or in-kind) match requirement?
4. Does the application reflect an understanding that the applicant agrees to expend not less than 50% of the TOTAL grant funds for the provision of direct services to persons with ADRD and their caregivers?
    1. **Does the budget identify where in the budget the direct services will be allocated?**
5. Is the time commitment of the proposed Project Director and other key project personnel sufficient to assure proper direction, management and timely completion of the project?
    1. Are the budget amounts proposed for personnel proportionate to other activities, given the scope of the proposal?
    2. Does the proposed budget include time and financial resources for the lead agency staff to ensure engagement in and oversight of program activities?
6. Is the budget justified with respect to the adequacy and reasonableness of resources requested?

7. Are budget line items clearly delineated and consistent with work plan objectives?

Project Impact	Maximum Points:25

Options A and B

Project Outcomes (9.5 Points)

1. Are the expected project benefits/results clear, realistic, and consistent with the objectives and purpose of the project?
2. Are the proposed outcomes quantifiable and measurable, consistent with the definition of the project outcome contained in the program announcement
3. Does the evaluation plan include the required measure designed to assess program outcomes related to the **Quality of Life in the person living with dementia**?
4. Has the applicant agreed to work with AoA/ACL and comply with any OMB approved reporting requirements and to submit reports according to the required schedule?
5. Does the application provide measurable targets for achieving maximum population coverage of dementia capable information, referral and access for each year of the cooperative agreement period?

Project Evaluation (9.5 Points) (ACL will not fund any project that does not include measurable outcomes.)

1. Does the application include a robust, third-party, evaluation plan?
2. **Does the applicant name and include a letter of commitment from the proposed third-party evaluator (an individual or organization whose role in the project has zero connection to program implementation)? Applications that do not name and include a letter of commitment for a third-party evaluator will be screened out.**
3. Does the evaluation plan include well-articulated intended program targets, outcomes and outcome measures?
4. 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 it proposed outcomes?
5. Does the plan include the qualitative and/or quantitative methods necessary to reliably measure outcomes?
6. Is the evaluation designed to capture “lessons learned” from the overall effort?
7. Does the applicant include the development and submission of an evaluation report developed by a third-party evaluator?

Dissemination (3 points)

1. Does the application describe the method and related financial resources that will be used to disseminate the project’s results and findings in a timely manner and in easily understandable formats?
2. Is there a dissemination plan to get relevant and easy to use information about the program, the services they are providing?
3. Does the project plan include efforts to deliver information on project efforts (i.e.

program deliverables, conference presentations, web-based methods, media outreach, etc.)?

Sustainability (3 points)

1. Does the application include a plan to ensure sustainability of the grantee's dementia capable HCBS system?
2. Is sustainability sufficiently addressed in the work plan?
3. Is there a clear and realistic plan to try to identify resources and avenues through which program activities can continue after Federal Financial assistance has ended?
4. Is sustainability of the program beyond the program period likely?

Organizational Capacity	Maximum Points:15

Options A.1 and A.2

Organizational Capacity (8 Points)

1. Does the application identify themselves as the lead agency in their state for dementia capability?
2. Does the applicant organization clearly identify their capacity for carrying out the proposed project and evaluation?
3. Do the proposed project director(s), key staff and consultants have the dementia capability background, experience, and other qualifications required to carry out their designated roles?
4. Do key staff have time commitments allocated that are sufficient to carry out a project of this scope?
5. 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?
6. **Is it clear that the applicant is not proposing conduit or pass-through funding for another agency to lead the project?**

Organization and Management (7 Points)

1. Does the applicant demonstrate the commitment to lead the project?
2. Does the application adequately describe organizational ability to work with other state and community based entities?
3. Does the application demonstrate the organization's intent/capability to sustain some or all project activities after Federal financial assistance has ended?
4. Does the applicant demonstrate commitment and ability to comply with the timeline, content and format of all required Federal data collection and reporting requirements?

Option B

Organizational Capacity (8 Points)

1. Does the home and community-based service applicant clearly describe their **existing** dementia-capability and capacity for carrying out the proposed project?
2. Does the applicant include a commitment from the appropriate partners to conduct the required robust, third-party program evaluation?
3. Do the proposed project director(s), key staff and consultants have the appropriate dementia background, experience, and other qualifications required to carry out their designated roles?
4. Does key staff have time commitments allocated that are sufficient to carry out a project of this scope?
5. Are letters from participating organizations included (including the letter from the third-party evaluator), 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?
6. **Is it clear that the applicant is not proposing conduit or pass-through funding for another agency to lead the project?**

Organization and Management (7 Points)

1. Does the community-based organization applicant demonstrate their operation within an **existing** dementia-capable home and community-based service system?
2. Does the applicant demonstrate the commitment to lead the project?
3. Does the application adequately describe organizational ability to work with other state, tribal and community-based entities within their service area?
4. Does the application demonstrate the organization's capability and intent to sustain some or all project activities after federal financial assistance has ended?
5. Does the applicant demonstrate commitment and ability to comply with the timeline, content and format of all required federal data collection and reporting requirements?

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).

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 are expected to be sent around July 15, 2020 for an anticipated start date of August 1, 2020.

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 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.

3. Reporting

Program Progress Reporting - Program Progress Reports are due semi-annually (within 30 days following each six month period), effective with the start date of the award. This report must be submitted, in the required format, as a "grant note" using an authorized GrantSolutions account.

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 follow this link to access ACL's Terms and Conditions: https://www.acl.gov/grants/managing-grant#

VII. Agency Contacts

Project Officer

U.S. Department of Health and Human Services
Administration for Community Living
Erin Long
Office of Supportive and Caregiver Services
E-mail: Erin.Long@acl.hhs.gov

Grants Management Specialist

U.S. Department of Health and Human Services
Administration for Community Living
Richard Adrien
Office of Grants Management
E-mail: Richard.Adrien@acl.hhs.gov

VIII. Other Information

Application Elements
• SF 424, required – Application for Federal Assistance (See "Instructions for Completing

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

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/ eeoc/publications/upload/ fs-sex.pdf.
- 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 or 45 CFR Part 92 before completing Item 18 and the Budget Information Sections A, B and C noted below.

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

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

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

ACL's Match Requirement:

Under many ACL programs, ACL will fund no more than 75 % of the project's total cost, which means the applicant must cover at least 25% of the project's total cost with non-Federal resources. In other words, for every three (3) dollars received in Federal funding, the applicant must contribute at least one (1) dollar in non-Federal resources toward the project's total cost (i.e., the amount on line 18g.). This â€œthree-to-oneâ€? ratio is reflected in the following formula which you can use to calculate your minimum required match:

FederalFundsRequested*MatchPercentage = Minimum Match Requirement

Inverse Match Percentage

Examples of varying match levels:

1) $100,000(federal funds requested)*5%(match) = $5,263

95%

2) $100,000*25%(match) = $33,333

75%

3) $100,000*35%(match) = $53,846

65%

4) $100,000*45%(match) = $81,818

55%

If the required non-Federal share is not provided by the completion date of the funded project period, ACL will reduce the Federal dollars awarded when closing out the award to meet the match percentage, which may result in a requirement to return Federal funds.

19. **Is Application Subject to Review by State Under Executive Order 12372 Process?** Please refer to IV. Application and Submission Information, 4. Intergovernmental Review to determine if the ACL program is subject to E.O. 12372 and respond accordingly.

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

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

Standard Form 424A

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

Section A - Budget Summary

Line 5: Leave columns (c) and (d) blank. Enter TOTAL Federal costs in column (e) and total non federal costs (including third party in-kind contributions and any program income to be used as part of the grantee match) in column (f). Enter the sum of columns (e) and (f) in column (g).

Section B - Budget Categories

Column 1: Enter the breakdown of how you plan to use the Federal funds being requested by object class category.

Column 2: Enter the breakdown of how you plan to use the non-Federal share by object class category.

Column 5: Enter the total funds required for the project (sum of Columns 1 and 2) by object class category.

Section C - Non-Federal Resources

Column A: Enter the federal grant program.

Column B: Enter in any non-federal resources that the applicant will contribute to the project.

Column C: Enter in any non-federal resources that the state will contribute to the project.

Column D: Enter in any non-federal resources that other sources will contribute to the project.

Column E: Enter the total non-federal resources for each program listed in column A.

Section D - Forecasted Cash Needs

Line 13: Enter Federal forecasted cash needs broken down by quarter for the first year only.

Line 14: Enter Non-Federal forecasted cash needs broken down by quarter for the first year.

Line 15: Enter total forecasted cash needs broken down by quarter for the first year.

Note: This area is not meant to be one whereby an applicant merely divides the requested funding by four and inserts that amount in each quarter but an area where thought is given as to how your estimated expenses will be incurred during each quarter. For example, if you have initial startup costs in the first quarter of your award reflect that in quarter one or you do not expect to have contracts awarded and funded until quarter three, reflect those costs in that quarter.

Section E – Budget Estimates of Federal Funds Needed for Balance of the Project (i.e. subsequent years 2, 3, 4 or 5 as applicable).

Column A: Enter the federal grant program

Column B (first): Enter the requested year two funding.

Column C (second): Enter the requested year three funding.

Column D (third): Enter the requested year four funding, if applicable.

Column E (forth): Enter the requested year five funding, if applicable.

Section F – Other Budget Information

Line 21: Enter the total Indirect Charges

Line 22: Enter the total Direct charges (calculation of indirect rate and direct charges).

Line 23: Enter any pertinent remarks related to the budget.

Separate Budget Narrative/Justification Requirement

Applicants requesting funding for multi-year grant programs are REQUIRED to provide a combined multi-year Budget Narrative/Justification, as well as a detailed Budget Narrative/Justification for each year of potential grant funding. A separate Budget Narrative/Justification is also REQUIRED for each potential year of grant funding requested.

For your use in developing and presenting your Budget Narrative/Justification, a sample format with examples and a blank sample template have been included in these Attachments. In your Budget Narrative/Justification, you should include a breakdown of the budgetary costs for all of the object class categories noted in Section B, across three columns: Federal; non-Federal cash; and non-Federal in-kind. Cost breakdowns, or justifications, are required for any cost of $1,000 or for the thresholds as established in the examples. The Budget Narratives/Justifications should fully explain and justify the costs in each of the major budget items for each of the object class categories, as described below. Non-Federal cash as well as, sub-contractor or sub-grantee (third party) in-kind contributions designated as match must be clearly identified and explained in the Budget Narrative/Justification The full Budget Narrative/Justification should be included in the application immediately following the SF 424 forms.

Line 6a: **Personnel**: Enter total costs of salaries and wages of applicant/grantee staff. Do not include the costs of consultants, which should be included under 6h Other.

In the Justification: Identify the project director, if known. Specify the key staff, their titles, and time commitments in the budget justification.

Line 6b: **Fringe Benefits**: Enter the total costs of fringe benefits unless treated as part of an approved indirect cost rate.

In the Justification: If the total fringe benefit rate exceeds 35% of Personnel costs, provide a breakdown of amounts and percentages that comprise fringe benefit costs, such as health insurance, FICA, retirement, etc. A percentage of 35% or less does not require a breakdown but you must show the percentage charged for each full/part time employee.

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

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

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

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

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

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

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

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

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

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

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

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

In the Justification: Provide a reasonable explanation for items in this category. For example, individual consultants explain the nature of services provided and the relation to activities in the work plan or indicate where it is described in the work plan. Describe the types of activities for staff development costs.

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

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

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

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

c. Standard Form 424B – Assurances (required)

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

d. Certification Regarding Lobbying (required)

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

Proof of Nonprofit Status (as applicable)

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

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

Indirect Cost Agreement

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

Budget Narrative/Justification - Sample Format

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

Object Class Category	Federal Funds	Non-Federal Cash	Non-Federal In-Kind	TOTAL	Justification
Personnel	$47,700	$23,554	$0	$71,254	**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
	$17,482	$8,632	$0	$26,114	**Federal**

Fringe Benefits					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 *If contract details are unknown due to contract yet to be made provide same information listed above and:* A detailed evaluation plan and budget will be submitted by (date), when contract is made.
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 note infer from this sample format that your work plan must have 6 major objectives. If you need more pages, simply repeat this format on additional pages.

Instructions for Completing the Project Summary/Abstract

- All applications for grant funding must include a Summary/Abstract that concisely describes the proposed project. It should be written for the general public.
- To ensure uniformity, limit the length to 265 words or less, on a single page with a font size of not less than 11, doubled-spaced.
- The abstract must include the project's goal(s), objectives, overall approach (including target population and significant partnerships), anticipated outcomes, products, and duration. The following are very simple descriptions of these terms, and a sample Compendium abstract.

Goal(s) - broad, overall purpose, usually in a mission statement, i.e. what you want to do, where you want to be.

Objective(s) - narrow, more specific, identifiable or measurable steps toward a goal. Part of the planning process or sequence (the "how") to attain the goal(s).

Outcomes - measurable results of a project. Positive benefits or negative changes, or measurable characteristics among those served through this funding (e.g., clients, consumers, systems, organizations, communities) that occur as a result of an organization's or program's activities. These should tie directly back to the stated goals of the funding as outlined in the funding opportunity announcement.

(Outcomes are the end-point)

Products - materials, deliverables.

- A model abstract/summary is provided below:

The Delaware Division of Services for Aging and Adults with Physical Disabilities (DSAAPD), in **partnership** with the Delaware Lifespan Respite Care Network (DLRCN) and key stakeholders will, in the course of this two-year project, expand and maintain a statewide

coordinated lifespan respite system that builds on the infrastructure currently in place. The **goal** of this project is to improve the delivery and quality of respite services available to families across age and disability spectrums by expanding and coordinating existing respite systems in Delaware. The **objectives** are: 1) to improve lifespan respite infrastructure; 2) to improve the provision of information and awareness about respite service; 3) to streamline access to respite services through the Delaware ADRC; 4) to increase availability of respite services. Anticipated **outcomes** include: 1) families and caregivers of all ages and disabilities will have greater options for choosing a respite provider; 2) providers will demonstrate increased ability to provide specialized respite care; 3) families will have streamlined access to information and satisfaction with respite services; 4) respite care will be provided using a variety of existing funding sources and 5) a sustainability plan will be developed to support the project in the future. The expected **products** are marketing and outreach materials, caregiver training, respite worker training, a Respite Online searchable database, two new Caregiver Resource Centers (CRC), an annual Respite Summit, a respite voucher program and 24/7 telephone information and referral services.

- All applications for grant funding must include a Summary/Abstract that concisely describes the proposed project. It should be written for the general public.
- To ensure uniformity, limit the length to 265 words or less, on a single page with a font size of not less than 11, doubled-spaced.
- The abstract must include the project's goal(s), objectives, overall approach (including target population and significant partnerships), anticipated outcomes, products, and duration. The following are very simple descriptions of these terms, and a sample Compendium abstract.

Goal(s) - broad, overall purpose, usually in a mission statement, i.e. what you want to do, where you want to be.

Objective(s) - narrow, more specific, identifiable or measurable steps toward a goal. Part of the planning process or sequence (the "how") to attain the goal(s).

Outcomes - measurable results of a project. Positive benefits or negative changes, or measurable characteristics that occur as a result of an organization's or program's activities. (Outcomes are the end-point)

Products - materials, deliverables.

- A model abstract/summary is provided below:

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APPENDIX

Definitions

Care Transitions: is a person-centered, interdisciplinary approach to integrating health care and social support services for individuals and their caregivers as they move across settings in which individual needs and preferences are identified, comprehensive service plans are developed and activated, individuals are empowered to take an active role in their healthcare and support and connection to resources are provided by options counselors and/or identified care transition staff. Randomized-controlled trials of care transitions activities (or care coordination programs with care transition elements) have shown positive results, such as significant reductions in hospital admissions and re-admissions, hospital costs, and nursing facility days. Some examples of these types of interventions include:

- Care Transitions Intervention
- Guided Care
- Transitional Care Model
- GRACE (Geriatric Resources for Assessment and Care of Elders)
- BOOST (Better Outcomes for Older Adults through Safe Transitions) ? The Bridge Program

Centers for Independent Living (CIL): (1) Center for independent living. The term "center for independent living" means a consumer-controlled, community-based, cross-disability, non-residential private nonprofit agency that – (A) is designed and operated within a local community by individuals with disabilities; and (B) provides an array of independent living services such as information and referral, peer counseling, advocacy, and independent living skills training. (2) Consumer control. The term "consumer control" means, with respect to a center for independent living, that the center vests power and authority in individuals with disabilities.

Dementia-capable: Means tailored to the unique needs of persons with dementia stemming from conditions such as Alzheimer's disease and related disorders, and their caregivers. In model dementia-capable systems, programs are tailored to the unique needs of people with Alzheimer's disease and related dementias, and their caregivers:

- Information and assistance services have a method to identify people with possible dementia. Individuals with possible dementia receive a recommendation for follow-up with a physician.

- Options counseling staff communicate effectively with persons with dementia and their family caregivers and know what services this population is likely to need.
- Eligibility criteria and resource allocation take into account the impact of dementia on the need for services.
- Publicly and privately financed services are capable of meeting the unique needs of persons with dementia and their caregivers.
- Self-directed services ensure that persons with dementia and their caregivers are supported in their decision-making and involve others who can represent the person's best interest when necessary.
- Workers who interact with persons with dementia and their caregivers have appropriate training in identifying a possible dementia in persons that they serve, the symptoms of Alzheimer's disease and related dementias, the likely illness trajectory, and services needed. Quality assurance systems measure how effectively individual providers, the Aging Network, and LTSS systems serve persons with dementia and their family caregivers.

Direct Service: Direct Services – there are six specific categories of direct services (adult day care, companion services, home health care, personal care, respite, and short-term care in health care facility) into which program direct service activities must fall. Certain trainings also can be counted toward program direct service requirements.

- **Adult Day Care**– an organized program that takes place outside of the home and provides care for the person with dementia in a congregate setting, but is not a residential setting. Services are supervised and include social engagement or health care for elders who require skilled services or physical assistance with activities of daily living. These services may be also referred to as Adult Day Services and Adult Day Health Services.
- **Companion Services**– companion services include non-medical care, supervision and socialization provided to a participant/client. Companions may assist or supervise the individual with such tasks as meal preparation, laundry, light housekeeping, and shopping. Companion services are typically provided in a participant/client's home but may include time spent accompanying participant/client to access services outside of the home. These services may be also referred to as Homemaker Services.
- **Home Health Care** - in-home assistance that addresses medical needs, such as administering medications and physical therapy. These services may be also referred to as Health Maintenance Care.
- **Personal Care** – in-home assistance with daily living activities, including bathing, dressing, eating, meal preparation, and light housekeeping. These services may be also referred to as Personal Assistance.
- **Respite**–an interval of rest or relief OR the result of a direct dementia-specific service or supportive intervention that generates rest or relief for the caregiver and/or care recipient.
- **Short Term Care in Health Facility** –services provided on a short/long-term basis in a residential or assisted living facility, nursing home, or other long-term care institution because of the absence/need for relief of the regular caregiver.

Disability: As defined by the American's with Disability Act Statutory Definition -- With respect to an individual, the term "disability" means (A) a physical or mental impairment that substantially limits one or more of the major life activities of such individual; (B) a record of such an impairment; or (C) being regarded as having such an impairment. 42 U.S.C. § 12102(2); see also 29 C.F.R. § 1630.2(g). A person must meet the requirements of at least one of these three criteria to be an individual with a disability under the Act.

Elder abuse and neglect: can affect people of all ethnic backgrounds and social status and can affect both men and women. The following types of abuse are commonly accepted as the major categories of elder mistreatment:

- Physical Abuse—Inflicting, or threatening to inflict, physical pain or injury on a vulnerable elder, or depriving them of a basic need.
- Emotional Abuse—Inflicting mental pain, anguish, or distress on an elder person through verbal or nonverbal acts.
- Sexual Abuse—Non-consensual sexual contact of any kind, coercing an elder to witness sexual behaviors.
- Exploitation—Illegal taking, misuse, or concealment of funds, property, or assets of a vulnerable elder.
- Neglect—Refusal or failure by those responsible to provide food, shelter, health care or protection for a vulnerable elder.
- Abandonment—The desertion of a vulnerable elder by anyone who has assumed the responsibility for care or custody of that person.

Eligibility Screening: Is a non-binding inquiry into an individual's income and assets, as necessary, and other circumstances in order to determine probable eligibility for programs, services, and benefits, including Medicaid. This screening should be provided to all individuals who may be eligible for publicly funded programs.

Evidence-based programs or interventions: have been tested through randomized controlled trials and are: 1) effective at improving, maintaining, or slowing the decline in the health or functional status of older people or family caregivers; 2) suitable for deployment through community-based human services organizations and involve non-clinical workers and/or volunteers in the delivery of the intervention; 3) the research results have been published in a peer-reviewed scientific journal; and 4) the intervention has been translated into practice and is ready for distribution through community-based human services organizations.

Evidence-informed interventions: have substantive research evidence that demonstrates an ability to improve, maintain, or slow the decline in the health and functional status of older people or family caregivers. For the purposes of this announcement, an evidence-informed intervention is one that has: 1) been tested by at least one quasi-experimental design with a comparison group, with at least 50 participants; OR 2) is an adaptation or translation of a **single** evidence-based intervention.

Long-Term Services and Supports (LTSS): refers to a wide range of in-home, community-based, and institutional services and programs that are designed to help older

adults and individuals with disabilities or chronic conditions with activities of daily living or instrumental activities of daily living.

Options Counseling: is a person-centered, interactive, decision-support process whereby individuals receive assistance in their deliberations to make informed long-term support choices in the context of their own preferences, strengths, and values. Essential components of Options Counseling include:

- a personal interview
- assisting with the identification of choices available (including personal, public, and private resources)
- facilitating a decision-support process (weighing pros/cons of various options)
- assisting as requested and directed by the individual in the development of an action plan
- connecting to services (when services are requested and assistance in connecting is requested or needed)
- follow-up

Options Counseling is available to persons regardless of their income or financial assets. Options Counseling is preferably provided by one person but may be collaboratively provided by more than one person or agency.

Palliative Care: is comprehensive treatment of the discomfort, symptoms and stress of serious illness. The goal is to prevent and ease suffering and improve an individual's quality of life.

Person-centered Planning and Services: are those that empower people with disabilities by focusing on the desires and abilities of the individual. Person-centered Planning and Services most importantly are directed by the individual but often involves a team of family members, friends, and professionals. The individual chooses their team members. This team then identifies the skills and abilities of the individual that can help them achieve their goals of competitive employment, independent living, continuing education, and full inclusion in the community.

They also identify areas in which the individual may need assistance and support and decide how the team can meet those needs. While it is recognized that not all of the elements of a complete person-centered plan can be achieved prior to discharge from the hospital, many elements can be addressed. Elements, such as working with the consumer to develop the most independent living arrangement and providing assistance and supports that are desired by the consumer are included. The consumer with involvement of family members, professionals and others work toward the ultimate discharge plan goal of living as independently as possible with home and community-based services.

Program Eligibility Determination: A determination of the publicly supported benefits or services to which a person is eligible, based on non-financial criteria. This may require a formal assessment to determine the full scope of the individual's needs. It may include a functional assessment of the individual's current health conditions and provide a situational assessment of the client's environment, available resources, and current

support. For Medicaid services, this function includes the “Level of Care” determination process.

Public Education and Outreach: Activities related to ensuring that all potential users of long-term support (and their families) are aware of both public and private long-term support options, as well as awareness of the ADRC, especially among underserved and hard-to-reach populations.

Single Entry Point (SEP)/No Wrong Door (NWD): is a system that enables consumers to access long- term and supportive services through one agency or organization. In their broadest form, SEPs perform a range of activities that may include information and assistance, referral, initial screening, nursing facility preadmission screening, assessment of functional capacity and service needs, care planning, service authorization, monitoring, and periodic reassessments. SEPs may also provide protective services. [1]

State: Refers to the definition provided under 45 CFR 74.2 indicating that any of the several States of the United States, the District of Columbia, the Commonwealth of Puerto Rico, any territory or possession of the United States, or any agency or instrumentality of a State exclusive of local governments.

Self-direction: is an approach to providing services (including programs, benefits, supports, and technology) intended to assist an individual so that:

1. services (including the amount, duration, scope, provider, and location of the services are planned, budgeted, and purchased under the control of the individual;
2. the individual is provided with the information and assistance necessary and appropriate to enable the individual to make informed decisions about the individual’s care options;
3. the needs, capabilities, and preferences of the individual with respect to services, and the individual’s ability to direct and control the individual’s receipt of services, are assessed by the area agency on aging (or other agency designated by the area agency on aging) involved;
4. based on the assessment made under subparagraph (C), the area agency on aging (or other agency designated by the area agency on aging) develops together with the individual and the individual’s family, caregiver (as defined in paragraph (18)(B)), or legal representative:
    1. a plan of services for the individual that specifies which services the individual will be responsible for directing;
    2. a determination of the role of family members (and others whose participation is sought by such individual) in providing services under the plan; and\
    3. a budget for the services;
    4. the area agency on aging or State agency provides for oversight of such individual’s self-directed receipt of services, including steps to ensure the quality of services provided and the appropriate use of funds under this Act.

    Senior or Older Adult: as defined in the Older Americans Act, “an individual who is 60 years of age or older.”

Statewide system: is one in which individuals anywhere in the state have streamlined access to the full array of public and private sector programs and services that promote community living, health and independence.

Streamlined eligibility processes: ensure that potential beneficiaries of public programs have easy access through one entry point to programs such as Low Income Heating and Assistance

Program (LIHEAP),Medicaid, Medicare Savings Program, Older Americans Act programs, Senior Housing programs, Supplemental Nutrition Assistance Program (SNAP), and transportation services. The required administrative functions of streamlined eligibility include:

- Screening and intake of persons with dementia and their family caregivers for these programs;
- Assessing a person's needs for these programs;
- Determining whether a person meets or is likely to meet programmatic and financial eligibility requirements;
- Assistance to persons who request it when they choose to apply for any of these programs;
- Developing service plans for these programs as required;
- Ensuring that persons receive the services for which they are found to be eligible.

SAMPLE State/Community Grant Activities Matrix

State/Community Grant Number Name of Grant Project: 2019 Activity Matrix

ProgramActivity	**Activity:Exactly what activities are going to be conducted?**	**Responsibility:Who is going to provide the intervention/services?**	**How will program participants be identified and recruited?**	**Outputs: Target numbers of people served**	**Outcomes** *(What will change?)*

AoA-Sponsored Resource Centers

National Alzheimer's and Dementia Resource Center (NADRC) supports

Alzheimer's/dementia program grantees and their community partners' efforts to maintain integrated and sustainable service delivery systems for individuals with ADRD and their family caregivers. Materials developed through the efforts of the resource center can be found at: http://www.nadrc.acl.gov

Technical Assistance Centers for Caregiver Programs and Lifespan Respite - offer comprehensive information and training on a range of issues associated with the development and implementation of family caregiver support and Lifespan Respite Care Programs. Technical

Assistance available includes two web sites (http://www.caregiver.orgor http://www.archrespite.org) training materials, fact sheets, policy briefs, workshops, webinars, and specialized technical assistance through phone calls, emails and in-person communication.