Administration for Community Living

Administration on Disabilities

Closing the Health Disparity Gap for People with Intellectual and Developmental Disabilities: Strengthening the U.S. Health Care Workforce

HHS-2020-ACL-AOD-DNHE-0416

Application Due Date: 06/29/2020

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Department of Health & Human Services
Administration for Community Living

ACL Center:	Administration on Disabilities
Funding Opportunity Title:	Closing the Health Disparity Gap for People with Intellectual and Developmental Disabilities: Strengthening the U.S. Health Care Workforce
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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

People with Intellectual and Developmental Disabilities (ID/DD) are more likely to have a greater need for health care compared to the general population. They have an increased incidence of secondary health conditions associated with their disability, such as seizures, mental illness, cardiovascular disease, diabetes, dental diseases, and other conditions. Physicians report a lack of experience with the ID/DD population and the training necessary to provide equitable health care to individuals with ID/DD. As a result, physicians are frequently uncomfortable providing health care to individuals with ID/DD. Medical students who do not receive any training on or experience with the ID/DD population have been found to exhibit poorer performance caring for patients with ID/DD in tasks varying from taking a medical history, conducting physical exams, and ordering laboratory tests. In an effort to fill the disability training void in medical and allied health training programs, the Administration for Community Living, Administration on Disabilities (AoD) seeks to fill this gap and improve health outcomes for the ID/DD population by funding a national consortium that will build on existing efforts to collaborate with medical and allied health schools to embed ID/DD content into their curriculum. The intended outcomes of the project will be an increase in the number of medical and allied health professional students trained in ID/DD; increased student knowledge of the health care needs of individuals with ID/DD; increased number of medical and allied health professionals reporting being prepared to provide health care to individuals with ID/DD; and increasing the knowledge and skills of the medical and allied health care faculty to train

students on the ID/DD population.

I. Funding Opportunity Description

BACKGROUND:

Individuals with ID/DD have a lower life expectancy than their peers without disabilities as a result of many compounding factors. One persistent driver is a lack of access to routine and lifesaving care because of the limited number of qualified health care providers with training in ID/DD. People with ID/DD are more likely to have a greater need for health care. They have an increased incidence of secondary health conditions associated with their disability, such as seizures, mental illness, cardiovascular disease, diabetes, dental diseases, and other conditions. Further, and more significantly, individuals with ID/DD are at risk of being denied lifesaving medical treatments and care as a result of medical providers making inaccurate predictions about their life expectancy and having negative perceptions about their quality of life.

A 2004 study found there are a limited number of health care providers who will accept adult patients with ID/DD. Physicians report a lack of experience with the ID/DD population and the training necessary to provide health care to individuals with ID/DD. As a result, physicians are frequently not comfortable providing health care to individuals with ID/DD (Reichard and Turnbull, 2004).

There is great variability in the extent to which disability-specific content is offered in medical and allied health education programs. At best, programs may offer disability awareness training. A survey of allopathic and osteopathic American medical schools found that 52 percent reported having a disability awareness program that most often used people with disabilities or caregivers speaking in a large group setting. These programs were most likely to focus on adults with physical disabilities rather than individuals with a range of disabilities (Seidel, Erica, Crowe, and Scott, 2017).

In 2006, Iezonni published Going beyond Disease to Address Disability and cited a number of programs that were being offered in medical schools, including:

•Standardized Patient Exercise and Pediatric Clerkship at the University of Medicine and Dentistry of New Jersey, New Jersey Medical School, Newark, NJ

During their pediatric rotation, all third-year students spend one day at Matheny Medical and Education Center, which serves children and adults with developmental disabilities. After introductory sessions, each student performs a 20-minute interview with a standardized patient, an adult with speech disabilities who has been trained to represent common medical conditions. After the interviews, standardized patients provide feedback using electronic communication devices or yes-or-no responses to questions.

•Caring for Adults with Disabilities at the University of South Florida College of Medicine, Tampa, FL

This module is integrated into the 16-week primary-care clerkship for third-year students. It addresses older adolescents and adults with physical, sensory, and cognitive disabilities through two afternoon seminars with guests from the local community of persons with disabilities; home and community visits; service learning projects; and writing a reflection on the experience.

•Annual Disability Plenary Session, University of Illinois–Chicago College of Medicine, Chicago, IL

This half-day session is part of a required Essentials of Clinical Medicine course for second year students. Presentations vary from year to year, including performances by artists with disabilities, films about living with disability, and presentations from faculty members with expertise in caring for persons with specific disabilities.

•The "Wheelchair Experience" University of Pennsylvania School of Medicine, Philadelphia, PA

This four-hour disability simulation is required of all first-year students as part of the Doctoring I Professionalism and Humanism curriculum. Students work in pairs, one using a wheelchair to perform specified day-to-day tasks while the other serves as caregiver. Students then switch roles. Afterward, students write a two-page essay about the experience. In addition, a person with a disability or a family caregiver interacts with students in small groups, describing disability-related experiences and answering students' questions (Iezzoni, 2006).

While well-meaning, these types of training experiences point to the limited amount of time medical students spend learning about health care for people with disabilities. While this disability awareness training offers medical and allied health students some information with respect to people with disabilities, it falls well short of providing the amount of adequate training necessary to provide quality health care to people with disabilities. In addition, disability simulations, such as the "Wheelchair Experience," may ultimately cause more harm rather than enlighten attitudes about people with disabilities. For example, participants in disability simulations have concluded that people with disabilities are less capable than the general population. (Silverman, Gwinn, & Van Boven, 2014; Nario-Redmond, Gospodinov and Cobb, 2017).

The lack of meaningful training impacts the extent to which health care providers can provide adequate care to individuals with ID/DD. Medical students who do not receive any training on or experience with the ID/DD population have been found to exhibit poorer performance caring for patients with ID/DD in tasks varying from taking a medical history, conducting physical exams, and ordering laboratory tests (Brown, Graham, Richeson, Wu, and McDermott, 2010).

Yet, there is evidence that early and frequent experiences with people with disabilities can improve medical students' knowledge and attitudes about disability, thereby increasing their comfort level in providing care to people with disabilities (Brown, Graham, Richeson, Wu, and McDermott, 2010; Jackson, 2007; Larson McNeal, Carrothers and Premo, 2002; Long-Bellil et al., 2011; Rose, Kent and Rose, 2011; Thistlethwaite and Ewart, 2003; Tracy and Iacono, 2008).

In an effort to fill the disability training void in medical and allied health training programs, there has been a growing effort to develop training resources (e.g., competencies, curriculum, trainings) to better prepare the health care workforce to more effectively interact with and meet the health care needs of individuals with disabilities. For example, in 2016, the National Center for Birth Defects and Developmental Disabilities (NCBDDD) at the Center for Disease Control (CDC) developed competencies for the public health professionals already working in the public health field. These competencies can be adapted and embedded into new or existing public health curricula and training programs (https://disabilityinpublichealth.files.wordpress.com/2016/06/competencies-pdf-final.pdf).

More recently NCBDDD invested in a project to develop core competencies on disability for health care education. These competencies establish broad disability standards that serve as a baseline of expertise required by health care practitioners to provide quality care to individuals with disabilities. It is intended for health care education faculty to integrate the competencies into existing curricula (https://nisonger.osu.edu/wp-content/uploads/2019/08/post-consensus-Core-Competencies-on-Disability_8.5.19.pdf).

There are many academic books on disability and health, as well as specific texts on ID/DD. In addition, there are various web-based trainings and curricula available, such as a training curriculum for medical professionals on improving the quality of care for people with disabilities by the World Institute on Disability, the Special Olympics Online Learning Portal, and the Health and Disability 101 Training for Health Department Employees offered by the National Association of County and City Health Officials.

Perhaps the most concerted effort to date to include ID/DD content in medical education programs is the National Curriculum Initiative in Developmental Medicine (NCIDM). This program founded by American Academy of Developmental Medicine & Dentistry (AADMD) works with medical schools to integrate ID/DD content into the medical school curriculum. NCIDM has partnered with 18 medical schools to embed ID/DD content into their medical school curriculum.

Despite these efforts, there is no wide scale adoption of ID/DD content into medical school curriculum. Furthermore, education programs for allied health professionals have had little exposure to these efforts. Without the health and other care needs of the ID/DD population incorporated into more training programs, the health care workforce will not have the knowledge, skills, attitudes, and competence necessary to provide high quality healthcare to the ID/DD population.

The Administration for Community Living, Administration on Disabilities (AoD) seeks to fill this gap and improve health outcomes for the ID/DD population by funding a national consortium that will build on existing efforts to collaborate with medical and allied health schools to embed ID/DD content into their curriculum. This project will be a critical activity as part of AoD's strategic priority to decrease health disparities of individuals with ID/DD. In 2019, AoD established two key, long-term strategic priorities and has aligned resources to decrease the health disparities of individuals with disabilities (AoD's second strategic priority is to increase opportunities for competitive, integrated employment). AoD recognizes that a leading contributor to these health disparities is the denial of routine, preventative, and life-saving care as well as limited access to qualified healthcare providers.

This project will complement the AoD funded Center for Dignity in Healthcare for People with Disabilities (CDHPD) at the University of Cincinnati Center for Excellence in Developmental Disabilities (UCCEDD), which is part of AoD's strategic priority to reduce health disparities. In 2019, AoD funded this first of its kind Center to lead a national coalition that will develop resources for healthcare professionals to understand the civil rights and support the needs of Americans with disabilities as they access routine and lifesaving care throughout the lifespan. The Center will also engage people with ID/DD and their families to learn more about advocacy related to healthcare discrimination. It is anticipated that resources from this Center will be utilized in this project and embedded into medical education training curriculum.

The Administration on Disabilities (AoD) seeks to fund a five-year cooperative agreement that

will increase and accelerate current efforts to embed ID/DD content into medical and allied health school education programs. The goal of the project is to expand access to quality healthcare for individuals with ID/DD by increasing the ID/DD-specific knowledge, skills, attitudes, and competence of the health care workforce. By funding this project, AoD seeks to create greater health equity and increase life expectancy of the ID/DD population.

In the proposal, applicants must describe how they will incorporate the following components into the project:

- *Establishment of a national ID/DD health care training consortium:* A key component of the project will involve the creation of a consortium of disability experts to guide all aspects of the project, including the development of an overall plan for embedding content specific to improving the health of individuals with ID/DD into the training curricula of medical and allied health education programs.
    - This consortium will include:
        - Professionals who have experience developing disability-specific competencies, curricula, and training for medical and allied health professions;
        - Practitioners from medical and allied health, including faculty and national association members; and
        - Individuals with ID/DD, families, and other relevant stakeholders in their support networks.
    - The application should describe the methods planned for ensuring active and meaningful engagement of all consortium members in all aspects of the project.
    - The applicant should describe a plan of operation that describes how the consortium will be managed to ensure the goals and objectives for the project are achieved, including how they will use a consensus-based, participatory process in carrying out the activities of the project.
    - A signed Memorandum of Understanding (MOU) between the applicant and members of the consortium must be submitted as part of the application. The MOUs should specify expectations of consortium member participation.
- *Use of a consensus-based, participatory process to conduct background research, identify core ID/DD competencies, and establish a plan for embedding ID/DD content:* The applicant should describe how they will working through the consortium:
    - Complete an environmental scan that will identify and inventory existing ID/DD training resources that can be used by medical and allied health schools to embed ID/DD content into the curriculum. This should include any training resources developed by the Center for Human Dignity in Healthcare for Individuals with Disabilities. The environmental scan may include broader disability training resources that could be adapted to include ID/DD content in medical and allied health curriculum. The applicant should describe how the environmental scan will guide the creation of a gap analysis to identify information that is needed to ensure medical and allied health professionals have the training resources needed

to provide health care to individuals with ID/DD.

- Complete a survey of the medical and allied health schools regarding their use of ID/DD and other disability training resources, including but not limited to how many students have completed the trainings, the level of interest in embedding ID/DD content into their existing curriculum, and barriers to embedding ID/DD content into their existing curriculum.
- Complete a survey of individuals with ID/DD, their families, and others in their support network on their health care experiences, needs, and outcomes and the competencies they think are important for health care providers.
- Use the information from the environmental scan and the surveys to identify the core competencies that medical and allied health professional students should know and be able to be able to do to provide health care to people with ID/DD and standards for embedding ID/DD content into medical and allied health curriculum.
- Develop a plan for partnering with medical and allied health schools to embed ID/DD content based on the core competencies into their curriculum. The plan should include how training resources inventoried in the environmental scan or developed as a result of the gap analysis can be used to assist with embedding ID/DD content into the curriculum.

- *Partnership to embed ID/DD content into healthcare workforce training programs*: The applicant will describe how the consortium will utilize their plan to establish partnerships with medical and allied health education training programs to promote the adoption of and assist with the integration of ID/DD content into their education programs, including how they may partner early on in the project with healthcare workforce training programs.
- *Dissemination of materials:* Applicants will describe how they will utilize the consortium and their partners in making the information developed under this project available to the general public, including medical and allied health schools not involved as a partner. The applicant should also provide a plan to disseminate findings from this project for implementation in other sites and/or states.
- *Evaluation to assess progress and determine outcomes from the project.* The applicant will describe how process evaluation techniques will be used to analyze delivery of project activities to determine, among other things: (a) the extent to which the project is implemented as planned, (b) how the project activities are being received by the schools and allied health, (c) the barriers to implementation, and (d) areas for project improvements/refinements. The applicant will also describe how summative evaluation techniques will be used to determine project success in meeting the intended outcomes of the project in terms of an increase in the:
    - Number of medical and allied health professional students trained in ID/DD;
    - Student knowledge of the health care needs of individuals with ID/DD;
    - Number of medical and allied health professionals reporting being prepared to

provide health care to individuals with ID/DD; and

- The knowledge and skills of the medical and allied health care faculty to train students on the ID/DD population.

- *Sustainability:* An expected outcome of this project will be sustainability in terms of health care workforce training programs embedding ID/DD content into their training curriculum. During the course of the project, efforts should be made to generate the sufficient resources and strategies for organizational and financial sustainability to ensure work remains viable and current.

Statutory Authority

The Developmental Disabilities Assistance and Bill of Rights Act of 2000 (DD Act of 2000),Section 161(2) (D) (v) (42U.S.C. 15081)

II. Award Information

Funding Instrument Type:	Cooperative Agreement
Estimated Total Funding:	$350,000
Expected Number of Awards:	1
Award Ceiling:	$350,000 Per Budget Period
Award Floor:	$300,000 Per Budget Period
Length of Project Period:	60-month project period with five 12-month budget periods

The ACL project officer agrees to execute the responsibilities of the cooperative agreement 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. Conduct monthly conference calls to ensure goals and objectives are being met.

2. Work cooperatively with the grantee to clarify the programmatic and budgetary issues to be addressed by the grantee's project, and, as necessary, collaborate with grantee to achieve a mutually agreed upon solution to any needs identified by the grantee or ACL.

3. Share information with the grantee about other federally sponsored projects and other activities relevant to the interests of the grantee and their activities.

4. Work with the grantee on the development and implementation of performance measures and quality assurance systems to ensure that performance is measured and continuous improvement occurs.

5. Provide technical advice on grantee work products to ensure they are accurate, objective, unbiased, and of high professional quality, and that they do not violate federal, departmental, or agency grant rules.

6. Attend and participate in major project events as appropriate.

The grantee will agree to execute the responsibilities of the cooperative agreement outlined below:

1. Fulfill all of the requirements of the grant initiative as detailed in this program announcement.

2. Collaborate with ACL in any in-scope modifications and execution of the work plan initially within 45 days of the award.

3. Document the impact of overall project activities and ensure quality assurance systems are in place.

4. Share information with ACL, the ID/DD network, national, state and local partner organizations, and other entities as appropriate.

5. Work with the ACL Projects of National Significance project officer to evaluate performance results reported semi-annually and jointly develop strategies to address those areas requiring improvement.

6. Submit resumes of potential key staff hires as detailed under HHS grants prior approval requirements.

7. Report semi-annually on project accomplishments, challenges, and progress towards measurable objectives.

8. Work with the ACL Projects of National Significance program project officer to brand this work in such a way that appropriately recognizes and acknowledges ACL's financial contributions to its activities.

The Government retains all rights to all data and reports compiled as a result of this grant. No information furnished to or generated by the grantee in the performance of this grant shall be released to the public by the grantee without the prior approval of the project officer.

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.

III. Eligibility Information

1. Eligible Applicants

Domestic public or private non-profit entities including state and local governments, Indian tribal governments and organizations (American Indian/Alaskan Native/Native American), faith-based organizations, community-based organizations, hospitals, and institutions of higher

education.

2. Cost Sharing or Matching

Cost Sharing / Matching Requirement: No

3. Responsiveness and Screening Criteria

Application Responsiveness Criteria

The successful applicant will be an organization that meets the following criteria:

- Provided signed letters of commitment from key partners and collaborators named in the proposal and identify their specific role in the project; and
- Included a 5-year budget narrative/justification.

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 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 45 pages. Project Narratives that exceed 45 pages will have the additional pages removed and only the first 45 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 45-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

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

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

2. Content and Form of Application Submission

Letter of Intent

Due Date for Letter of Intent: **05/15/2020**

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 30 to 45 pages; 45 pages is the maximum length allowed. Project Narratives that exceed 45 pages will have the additional pages removed and only the first 45 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 45-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 45 page limit include:

- Summary/Abstract
- Challenges and Opportunities

- Goal(s) and Objective(s)
- Approach
- 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
All applications for grant funding must include a summary/abstract that concisely describes the proposed project, including goals, objectives, overall approach (including target population and significant partnerships), anticipated outcomes, products to be developed, and duration. It should be written for an audience that includes the general public. To ensure uniformity, please limit the length to 265 words or less on a single page with a font size of not less than 11, doubled-spaced.

More detailed instructions for completing the summary/abstract, including simple descriptions of terms and a sample abstract, are included in the “Instructions for Completing the Project Summary/Abstract" in Section VIII of this funding opportunity announcement.

Challenges and Opportunities
This section should describe, in both quantitative and qualitative terms, the nature and scope of the particular problem or issue the proposed intervention is designed to address, including how the project will potentially affect older adults and /or people with disabilities, their families and caregivers and the health care and social services systems.

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

Approach
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 provide 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.

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.

Outcomes

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

A "**measurable outcome"** is an observable end-result that describes how a particular intervention benefits consumers. It demonstrates the functional status, mental well-being, knowledge, skill, attitude, awareness or behavior.) It can also describe a change in the degree to which consumers exercise choice over the types of services they receive, or whether they are satisfied with the way a service is delivered. Additional examples include: a change in the responsiveness or cost-effectiveness of a service delivery system; a new model of support or care that can be replicated in the ACL network; new knowledge that can contribute to the field of community living; a measurable increase in community awareness; or a measurable increase in persons receiving services. 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. It is totally appropriate for a project to have only ONE outcome that it is trying to achieve through the intervention reflected in the project's design.

Project Management

This section should include a clear delineation of the roles and responsibilities of project staff, consultants and project organizations, and how they will contribute to achieving the project's objectives and outcomes. It should specify who would have the day-to-day responsibility for key tasks such as leadership of project; monitoring the project's on-going progress (i.e., measure of performance towards the goals stated in the funding opportunity announcement and for your specific intervention/activities), 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 specific outcomes (e.g., changes in clients, organizations, and/or communities) expected as a result of this funding as well as method(s), techniques and tools that will be used 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.

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 those partied who would be interested in replicating the project.

Organizational Capacity Statement

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

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

Other

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

Below you will find standard language that can be used, or modified as needed, for a one year grants program.

Work Plan

The Project Work Plan should reflect and be consistent with the Project Narrative and Budget and should cover all five (5) years of the project period. It should include a statement of the project's overall goal, anticipated outcome(s), key objectives, and the major tasks / action steps that will be pursued to achieve the goal and outcome(s). For each major task/action step, the work plan should identify timeframes involved (including start- and end-dates), and the lead person responsible for completing the task. Please use the "Project Work Plan - Sample Template" format as a reference and resource, if desired.

Letters of Commitment from Key Participating Organizations and Agencies

Include confirmation of the commitments to the project (should it be funded) made by key collaborating organizations and agencies in this part of the application. Any organization this is specifically named to have a significant role in carrying out the project should be considered an essential collaborator. For applications submitted electronically via http://www.grants.gov, signed letters of commitment should be scanned and included as attachments.

3. Submission Dates and Times

Due Date for Applications: **06/29/2020**

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 http://www.grants.gov. Grants.gov can take up to 48 hours to notify you of a successful submission.

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

After you electronically submit your application, you will receive from Grants.gov an automatic notification of receipt that contains a Grants.gov tracking number. (This notification indicates receipt by Grants.gov only.) If you are experiencing problems submitting your application through Grants.gov, please contact the Grants.gov Support Desk, toll free, at 1-800-518-4726. You must obtain a Grants.gov Support Desk Case Number and must keep a record of it.

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

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

If for any reason (including submitting to the wrong funding opportunity number or making corrections/updates) an application is submitted more than once prior to the application due date, ACL will only accept your **last** validated electronic submission, under the correct funding opportunity number, prior to the Grants.gov application due date as the final and only acceptable application.

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

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

4. Intergovernmental Review

This 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:

Elizabeth.leef@acl.hhs.gov

Elizabeth Leef

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:

a. Project Relevance & Current Need (15 points)

b. Approach (45 points)

c. Program Evaluation (15 points)

d. Dissemination (10 points)

e. Organizational Capacity (10 points)

f. Budget (5 points)

Project Relevance & Current Need — Maximum Points:15

- Clearly establishes the need to develop an ID/DD curriculum for medical and allied health professional schools to embed within their training programs using relevant and current research and data that identifies the health-care needs of individuals with ID/DD and their current healthcare disparities as a result of a lack of trained health care providers. (4 points)
- Describes how individuals with ID/DD and their family members were consulted in the development of the application and provides evidence that feedback from such representatives was utilized in developing the project proposal, including the goals and goal-related activities. (2 points)
- Shows a direct relationship between the needs identified based on research, data and planning studies and feedback from individuals with ID/DD and their family members

and the goals and goal-related activities in the project proposal. (3 points)

- Describes a conceptual framework for the project that incorporates: (1) civil rights for people with disabilities seeking healthcare, (2) the core values in the Developmental Disabilities Assistance and Bill of Rights (DD Act), and any other relevant evidence or theories related to health disparities, training of medical and allied health professionals, and equal access to health care. (3 points)
- Describes how the implementation of the project will benefit individuals with ID/DD and enhance and ensure equal access to health care for these individuals in the community. (3 points)

Approach Maximum Points:45

- Clearly describes an overall strategy and methodology in a well-reasoned manner that will appropriately accomplish the specific goals and objectives for the project to include projected measurable and attainable goals. (4 points)
- Clearly describes the scope and detail of how work will be accomplished and includes a detailed work plan outlining the personnel, timeline, and quantitative projections of the accomplishments to be achieved by the project and a chronological order of approach with target dates, including the sequence and timing. (5 points)
- Clearly describes a consortium that includes the required partners and ensures diversity in the membership. Required partners should include medical and allied health professionals as well as individuals with ID/DD, families and others in their support networks. (4 points)
- Clearly describes how the consortium will be organized to carry out the main activities of the project, including conducting background research and surveys and developing the plan for embedding ID/DD content into medical and allied health school curriculum. Includes methods for communicating and how they plan to work together. Describes the major roles and responsibilities of the lead applicant and the consortium, including the time commitments.(5 points)
- Includes a signed Memorandum of Understanding (MOU) between the applicant and the members of the consortium that describes how they will work together to ensure the goals and objectives included in the application are achieved. (4 points)
- Clearly describes how individuals with ID/DD and their support networks, including family members, will be fully engaged throughout the life cycle and in all aspects of this project using consensus-based, participatory research methods. (4 points)
- Clearly describes how the environmental scan will be conducted to appropriately identify existing disability competencies, trainings and curricula that can be used to develop a plan for embedding ID/DD content into health care workforce education programs. (6 points)
- Clearly describes an effective process and the instrument(s) to be used for conducting the surveys of medical and allied health professional schools regarding their use of disability training resources and of individuals with ID/DD, their families, and others in

their support networks on their health care experiences.(4 points)

- Clearly describes how the consortium will partner with medical and allied health education training programs to promote the adoption and assist with the integration of the ID/DD content into medical and allied health education programs. (5 points)
- Clearly describes an approach that will lead to sustainability and how, during the course of the project, efforts should be made to generate the sufficient resources and strategies for organizational and financial sustainability. (4 points)

Project Evaluation	Maximum Points:15

- Outlines a reasonable and rigorous process evaluation plan to analyze how the project activities are delivered and to determine the extent to which the project is being implemented as planned, the barriers to implementation, and areas for project improvements/refinements. (7 points)
- Outlines a reasonable and rigorous summative evaluation plan to determine key successful features of the project and its outcomes, including of an increase in the: (8 points)
    - Number of medical and allied health professional students trained in ID/DD;
    - Student knowledge of the health care needs of individuals with ID/DD;
    - Number of medical and allied health professionals reporting being prepared to provide health care to individuals with ID/DD; and
    - The knowledge and skills of the medical and allied health care faculty to train students on the ID/DD population.

Dissemination	Maximum Points:10

- Clearly describes how the consortium and their partners will make the resource developed will be made available for the general public, including medical and allied health schools and programs not directly involved as partners. (6 points)
- Provides a plan to disseminate findings from this project for implementation in other sites and/or states. (4 points)

Organizational Capacity	Maximum Points:10

- Demonstrates substantial knowledge and expertise in the ID/DD field, health care education training programs, health disparities, and health care needs of the ID/DD population. (4 points)
- Provides information about each consortium member, their relationship to the project, and their capacity and ability to implement the proposed project. (3 points)
- Provides job descriptions for each key person appointed or to be appointed and

biographical sketches of key staff. (3 points)

Budget	Maximum Points:5

- Provides a narrative budget justification that describes how the categorical costs are derived and discusses the necessity, reasonableness, and appropriateness of the costs. (3 points)
- Provides a budget with line-item detail and detailed calculations for each budget object class identified on the Budget Information form; detailed calculations that include estimation methods, quantities, unit costs and other similar quantitative detail sufficient for the calculation to be duplicated; a breakout by the funding sources identified in Block 15 of the SF-424. (2 points)

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

Successful applicants will receive an electronic Notice of Award on or around September 30,

2020 with an anticipated start date of September 30, 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. 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

Grantees are required to complete the federal cash transactions portion of the SF-425 within the Payment Management 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

Elizabeth Leef

U.S. Department of Health and Human Services

Administration for Community Living

Washington, DC

202-475-2482

Elizabeth.leef@acl.hhs.gov

Grants Management Specialist

Richard Adrien

U.S. Department of Health and Human Services

Administration for Community Living

Washington, DC

(202) 795-7332

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.

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 before completing Item 18 and the Budget Information Sections A, B and C noted below.

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

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

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

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

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

21. **Authorized Representative**: (Required) To be signed and dated by the authorized representative of the applicant organization. Enter the name (First and last name required) title

(Required), telephone number (Required), fax number, and email address (Required) of the person authorized to sign for the applicant. A copy of the governing body's authorization for you to sign this application as the official representative must be on file in the applicant's office. (Certain federal agencies may require that this authorization be submitted as part of the application.)

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
Fringe Benefits	$17,482	$8,632	$0	$26,114	**Federal** Fringe on Project Director at 36.65% = $17,482 FICA (7.65%) Health (25%) Dental (2%) Life (1%) Unemployment (1%) **Non-Fed Cash** Fringe on Office Manager at 36.65% = $8,632 FICA (7.65%) Health (25%) Dental (2%) Life (1%) Unemployment (1%)
Travel	$4,707	$2,940	$0	$7,647	**Federal** Local travel: 6 TA site visits for 1 person Mileage: 6RT @ .585 x 700 miles $2,457 Lodging: 15 days @ $110/day $1,650 Per Diem: 15 days @ $40/day $600 Total $4,707 **Non-Fed Cash** Travel to National Conference in (Destination) for 3 people Airfare 1 RT x 3 staff @ $500 $1,500 Lodging: 3 days x 3 staff @ $120/day $1,080 Per Diem: 3 days x 3 staff @ $40/day $360 Total $2,940
Equipment	$10,000	$0	$0	$10,000	No Equipment requested OR: Call Center Equipment Installation = $5,000

					Phones = $5,000 Total $10,000
Supplies	$3,700	$5,670	$0	$9,460	**Federal** 2 desks @ $1,500 $3,000 2 chairs @ $300 $600 2 cabinets @ $200 $400 **Non-Fed Cash** 2 Laptop computers $3,000 Printer cartridges @ $50/month $300 Consumable supplies (pens, paper, clips etc…) @ $180/month $2,160 Total $9,460
Contractual	$30,171	$0	$0	$30,171	(organization name, purpose of contract and estimated dollar amount) Contract with AAA to provide respite services: 11 care givers @ $1,682 = $18,502 Volunteer Coordinator = $11,669 Total $30,171 *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

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.

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