



**Administration for Community Living**

Administration on Disabilities

Traumatic Brain Injury State Partnership Program  
HHS-2023-ACL-AOD-TBSG-0044

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**ACL Center:**

Administration on Disabilities

**Funding Opportunity Title:**

Traumatic Brain Injury State Partnership Program

**Funding Opportunity Number:**

HHS-2023-ACL-AOD-TBSG-0044

**Primary CFDA Number:**

93.234

**Due Date for Letter of Intent:**

04/06/2023

**Due Date for Applications:**

**Date for Informational Conference Call:**

04/13/2023

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

## Executive Summary

### Additional Overview Content/Executive Summary

The Administration for Community Living (ACL), Administration on Disabilities (AOD) is accepting applications for fiscal year (FY) 2023 for the Traumatic Brain Injury (TBI) State Partnership Program grants. The purpose of this program is to create and strengthen person-centered, culturally competent systems of services and supports that maximize the

independence and overall health and well-being of all people with TBI across the lifespan, their family members, and their support networks.

ACL will fund two state grants for three years that will implement the TBI State Partnership Program grant. Applicants for this program must agree to:

- Providing a required 2:1 state match.
- Support a state TBI Advisory Board with a person-centered focus that includes a make-up of at least 50% individuals with TBI within the first 12 months of the start of the grant.
- Provide the equivalent of 1 full-time employee at the state or sub-awardee level.
- Create a TBI state plan developed by and with individuals with lived experience and family members and support networks that clearly outlines how the state is assessing and serving all people with TBI with an emphasis on diverse, underserved populations; and
- Establish a culturally competent resource facilitation practice that educates individuals with TBI and their support networks on available resources, services, and supports within their state and communities.

## **I. Funding Opportunity Description**

### **A. Statement of Need / Purpose**

According to the Centers for Disease Control and Prevention, about 1.5 million Americans sustain a traumatic brain injury (TBI) every year [1]. An estimated 80,000-90,000 of these people experience long-term or permanent disability that impacts their daily living activities [2]. The effects of TBI may occur immediately following an incident in which a person acquires a TBI or may develop months or even years after an injury is sustained. Depending on the severity, TBI may affect a person's cognitive, physical, emotional, and behavioral capacities, which may impact an individual's ability to access a supports and services to attend and fully participate in various aspects of community living, including education and employment.

The complex nature of TBI coupled with the variability of symptoms take a toll on individuals with TBI across the lifespan, their families, their support networks, and society. COVID-19 has compounded the negative impacts for everyone living with a TBI in multiple ways and on many levels. Furthermore, when intersectionality is considered for multiply marginalized individuals, those impacts grow exponentially.[3]

The purpose of the TBI State Partnership Program is to create and strengthen person-centered, culturally competent systems of services and supports that maximize the independence and overall health and well-being of people with TBI across the lifespan and the people who support them.

As a result of the TBI State Partnership Program, AoD envisions individuals with TBI experience:

- Increased self-determination, independence, and quality of life
- Easy access to services and supports that are person-centered and culturally competent.
- Services offered must be high quality, evidence-based programs that include diverse and underserved populations.

## **B. Program History/ Background**

Congressional funding for traumatic brain injury programming dates to the TBI Act of 1996 (PL 104-166). The current authorizing legislation, the *Traumatic Brain Injury Program Reauthorization Act of 2018* (P.L 115-377; (42 U.S.C. 300d–52), raises the authorization levels for the TBI State Partnership Program and the TBI Protection and Advocacy program and officially designates ACL as the administering agency for both programs. The FY 2023 funding opportunity provides one level of funding to help states increase access to services and supports for individuals with TBI throughout the lifetime. The TBI State Partnership Program also requires grantees to work with one another collaboratively through interstate work groups focused on specific issues related to providing the best services and supports for individuals with TBI.

## **C. Program Goals (Outcomes and Performance Measures)**

The goals of this funding opportunity are:

To increase collaboration and coordination of state level systems and supports to ensure all people with TBI, and stakeholders are provided ample opportunity to contribute meaningfully to all activities that drive improvements of TBI services and supports.

- To have data collection that shows the level of need for across systems and identify barriers to services and supports.
- To show the state's demographics, resources, and program impact among partners and the effectiveness of the different services or supports.
- To create a better coordinated public investment system that is effective, equitable, and evidence-based resulting in fewer people with TBI encountering barriers to needed services and supports.

The TBI State Partnership Program has approved performance measures that all grantees are required to report on semi-annually. Performance measures can be found in Section I.D.7 of this funding announcement and include but are not limited to the following:

- Grant Activities
- Partnership Activities
- Planning and Infrastructure
- Resource Facilitation
- Screenings (if applicable)
- Information and Referral and Assistance (if applicable)
- Training, Outreach, and Awareness (if applicable)

Applicants must submit proposals that demonstrate the approach they will take to create and strengthen a person-centered, culturally competent system of services and supports within their state. Applications will detail a plan that implements the seven activities listed above in Section C, along with other activities considered necessary to achieve the outcomes listed below for people with TBI.

- Increased self-determination, independence, overall health and well-being, and quality of life for all individuals with TBI across the lifespan.

- Increase access to TBI services and supports that are person-centered, culturally competent, and evidence-based; and
- Increased access to serves and supports to diverse and underserved populations.

### **1. State TBI Advisory Board**

Per 42 U.S. Code § 300d–52, all recipients of this funding opportunity must agree “to establish an advisory board within the appropriate health department of the State or American Indian consortium or within another department as designated by the chief executive officer of the State or American Indian consortium.”

The state TBI advisory board provides an opportunity for grantees to include diverse stakeholders that will participate in determining the needs of all individuals with TBI. The state TBI advisory board also creates a successful structure for statewide cross-systems collaboration.

Applicants need to describe the program’s advisory board representation per Section 42 U.S.C, § 300d–52, which specifies “an Advisory Board shall be comprised of representatives of:

1. The corresponding State, Territory or Native American consortium agencies.
2. Public and nonprofit private health related organizations.
3. Other disability advisory or planning groups within the State, Territory or Native American consortium.
4. Members of an organization or foundation representing individuals with traumatic brain injury in that State, Territory or region.
5. Injury control programs at the State or local level if such programs exist; and
6. A substantial number of individuals with traumatic brain injury, or the family members of such individuals.

Individuals with TBI, have the right to be engaged in and lead the decision-making processes related to their services and supports. Applicants must describe how the state TBI advisory board meets the following membership requirements:

- Includes at least 50% of people with TBI (including those from diverse and underserved populations)
- Includes family member(s) of individuals with TBI
- Includes representation from Centers for Independent Living or the State Independent Living Council or both
- Includes representation from an Aging and Disability Resource Center (if one exists within the state)
- Includes representation from the Protection & Advocacy agency in the state
- Includes representation from the long-term care ombudsman in the state
- Includes representation from a TBI Model System Center (funded by the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR)) if one exists within the state
- The board is representative of the state and includes individuals from culturally and linguistically diverse populations from both rural and urban areas.

If the state TBI advisory board does not currently meet the 50% goal describe in the application, a description of the planning or strategies to bring the board into compliance within the first 12 months is required. Not currently meeting these requirements at the beginning of the grant does not disqualify an applicant from receiving a grant award. ACL may take the following actions with regard to grantees who do not make *significant progress* toward meeting these requirements for the advisory board within the first 12-months of the grant, the following actions may take place:

- Increased monitoring
- More frequent (quarterly) reporting
- Conversion from advanced to reimbursement payments
- Loss of funds

## **2. TBI State Plan**

Within the first 12 months of the grant, each grantee is expected to develop a culturally competent state plan that serves as a strategic plan for the TBI efforts in the state and this grant. The state plan is a living document and helps guide the state in deciding how best to improve the services and supports for all people living with TBI in their state across the lifespan. ACL expects grantees

to use the information in the state plan as a foundation for advancing their statewide systems of TBI services. The plan should also include a description of how they will target and deliver such services in a culturally competent manner and address known gaps in services. ACL reviews each grantee's state plan to ensure it aligns with program goals.

Applicants for this program need to outline a clear process for how they will develop the state plan in collaboration with the state TBI state advisory board. Applicants working under a previously developed state plan may outline how they will review and update their existing state plans to meet the program goals. Applicants need to describe how they will also involve individuals with TBI from outside the state TBI advisory board who represent underserved populations, in the development or updating of the state plan.

In addition to the above requirements, applicants may choose one of the following goals to incorporate into their state plan:

- Mitigating and overcoming the impact of long COVID in the TBI community
- Working towards racial equity and addressing the impact of systemic racism
- Supporting the economic recovery of communities and families

## **3. TBI Resource Facilitation**

Individuals with TBI are often in need of individualized assistance to connect with community support services. Resource facilitation (RF) is an evidence-based, personalized intervention that promotes access between individuals with TBI and their support networks as well as the appropriate community-based resources, supports, and services. Applicants must describe how their TBI State Partnership Program establishes or increases capacity in a statewide resource facilitation service that assists all individuals with TBI, their family members, and their support networks.

## **4. TBI Grantee Work groups**

TBI State Partnership Program work groups are collaborative teams of grantees that focus on individual topics, needs and issues that affect people with TBI. Applicants must find the top three or four topics on which they are most interested in working. Applicants should also write down if they have any additional areas of interest and or expertise that are not listed below. A description of how the applicant will support staff engagement in the work groups and in grant deliverables should also be in the description.

Active work groups and their current projects are described below. The work groups can use this opportunity to network, share information, learn about emerging needs, and best practices from other states. These activities may be continued into the new grant cycle, or the work groups may choose other projects that fit within the context and topic area of the work group.

- **Advisory Board & Survivor Engagement:** This work group focuses on developing and maintaining effective advisory boards as well as best practices for engaging people with TBI. Work group members collaborate on a tool kit that addresses all aspects of advisory board development, management, and engagement
- **Using Data to Connect People to Services:** This work group supports state efforts in using data to expand access to services for individuals living with TBI, their families, and their support networks by developing and sharing tools and best practices.
- **Return to Learn & Return to Play:** This work group find and shares best practices across states regarding students' transition back to school after sustaining a TBI.
- **Criminal & Juvenile Justice:** This work group focuses on information sharing among states with interest in TBI identification and implementation of supports in a variety of criminal and juvenile justice settings.
- **Opioid Use & Mental Health Needs:** This work group finds and shares best practices across states about addressing the intersections between substance use-related disorders, mental health, and brain injuries.
- **Child Welfare:** This work group focuses on best practices and resources for identification, collaboration, and approaches related to access and support related to TBI for children, caregivers, and guardians within welfare systems.
- **Transition & Employment:** This work group focuses on describing the core knowledge, skills, and abilities (competencies) direct service professionals should have to help individuals with TBI achieve and sustain successful employment.
- **Underserved Populations:** This work group finds and shares best practices across states on underserved populations accessing appropriate resources after sustaining a TBI. Underserved populations include rural/frontier communities, victims of violence, those struggling with substance use disorder, homelessness, and those affected by co-occurring disorders.
- **Workforce Training & Development:** This work group focuses on establishing a nationwide culturally competent professional development training infrastructure for TBI service professionals.

## **5. Program Sustainability Plan**

Applicants should outline a plan for project sustainability beyond the period of federal funding that is reasonable and workable. AoD encourages applicants to consider and propose a range of potential approaches for ensuring sustainability of project efforts once federal funding has ended.

## **6. Grantee Meetings**

Grantees will participate in two national or regional TBI-related conferences convened by ACL or ACL partners annually. These events provide grantees the opportunity to learn from each other, to share educational resources and promising practices, and to expand partnerships across states. Applications should include a budget that provides funding for at least two individuals to participate in two meetings annually.

## **7. Data Collection and Performance Reporting**

Applicants should describe the process they will use for collecting data that shows the impact of grant activities, including in the following areas represented by the approved program performance measures:

- Increased capacity to provide access to comprehensive and coordinated services for individuals with TBI and their families
- The strengthening of a system of services and supports that maximizes the independence and overall health and well-being of all people with TBI across the lifespan and supports their family members and support networks
- Improved national coordination and collaboration around TBI services and supports
- The establishment of innovative community living programs with respect to TBI
- Improved access to health, community living, employment, and other services for individuals with TBI and their families
- Identifying gaps in existing systems of services and supports and potential solutions for filling those gaps
- Data collection and how to utilize collected data to fulfill the intended purpose of the TBI State Partnership Program

In addition to providing statewide data, grantees will work with ACL, the TBI Technical Assistance and Resource Center, and other state or federal partners as appropriate to submit common data elements that will be used to generate indices, products, technical assistance, and services that will be useful to TBI stakeholders.

## **E. Optional Activities**

Applicants should describe how they will use remaining funds for other activities that strengthen the system of services and supports that maximizes the independence and overall health and well-being of persons with TBI across the lifespan. Examples of some of these allowable activities are listed below. This list is illustrative and not exhaustive:

- Hosting trainings for service professionals in the state who are working with people with TBI
- Providing training for people with TBI on areas of interest such as employment, advocacy, independent living skills, peer support, TBI self-management, health promotion, or cross disability systems change
- Screening people for TBI

- Providing information and referral services
- Establishing/supporting statewide TBI registries as well as reporting procedures of incidents of TBI
- Establishing/enhancing a TBI Home and Community-Based Services (HCBS) waiver within the state
- Establishing/enhancing a TBI trust fund in the state
- Performing a needs and resources assessment for specific sub-populations of people with TBI
- Hosting or presenting at conferences
- Establishing/enhancing a peer or family mentorship program or support groups.

## **F. Definitions:**

**Person-centered planning:** A process for selecting and organizing the services and supports that an older adult or person with a disability may need to live in the community.

**Diversity:** The practitioner quality of including or involving people from a range of different social and ethnic backgrounds and of different genders, sexual orientations, etc.

**Resource facilitation:** A process that involves identifying, navigating, and obtaining needed resources, services, and supports for individuals with TBI, their families, and their support networks. Resource Facilitation begins with assessing an individual's needs and providing ongoing support to meet those needs. Depending on the availability of resources, resource facilitation may also include advocating for and accessing services and supports, routine follow-up, and/or reassessment to determine additional needs or efficacy of existing services and supports. [4]

**Intersectionality:** Intersectionality is an analytical framework that describes how individual characteristics like race, class, gender identity, disability, sexual preference, and socioeconomic status, and their relationship to privilege and oppression, intersect to have a compounded impact on the individual. [5]

**Culturally Competent:** used with respect to services, supports, or other assistance, means services, supports, or other assistance that is conducted or provided in a manner that is responsive to the beliefs, interpersonal styles, attitudes, language, and behaviors of individuals who are receiving the services, supports, or other assistance, and in a manner that has the greatest likelihood of ensuring their maximum participation in the program involved. [6]

## **References:**

1. Centers for Disease Control and Prevention (1999)  
[https://www.cdc.gov/traumaticbraininjury/pubs/tbi\\_report\\_to\\_congress.html](https://www.cdc.gov/traumaticbraininjury/pubs/tbi_report_to_congress.html#:~:text=Traumatic%20brain%20injury%20(TBI)%20is,people%20are%20hospitalized%20and%20survive.) #:~:text=Traumatic%20brain%20injury%20(TBI)%20is,people%20are%20hospitalized%20and%20survive.
2. Vos, P., & Diaz-Arrastia, R. (2015). Traumatic brain injury. John Wiley & Sons Inc.
3. Centers for Disease Control and Prevention (2022) [https://www.cdc.gov/traumaticbraininjury/get\\_the\\_facts.html](https://www.cdc.gov/traumaticbraininjury/get_the_facts.html)
4. Adapted from NORC resource facilitation state survey, 2009

5. Crenshaw, K. (1989) Demarginalizing the intersection of race and sex: A Black feminist critique of anti-discrimination doctrine, feminist theory and anti-racist politics," University of Chicago Legal Forum: Vol. 1989, Article 8.
6. DD Act, Sec. 102 (7)

### **Statutory Authority**

The statutory authority for grants under this funding announcement is contained in the Traumatic Brain Injury Program Reauthorization Act of 2018 (P.L 115-377; 42 U.S.C. 300d–52).

## **II. Award Information**

Funding Instrument Type:

CA (Cooperative Agreement)

Estimated Total Funding:

\$200,000

Expected Number of Awards:

2

Award Ceiling:

\$200,000

Per Budget Period

Award Floor:

\$195,000

Per Budget Period

Length of Project Period:

36-month project period with three 12-month budget periods

### **Additional Information on Project Periods and Explanation of 'Other'**

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

The ACL project officer agrees to execute the responsibilities of the cooperative agreement outlined below:

- 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.
- Work cooperatively with the grantee to clarify the programmatic and budgetary issues to be addressed by the grantee project, and, as necessary, collaborate with grantee to achieve a mutually agreed upon solution to any needs identified by the grantee or ACL.
- Share information with the grantee about other federally sponsored projects or activities relevant to the interests of the grantee and their activities.
- 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.
- Provide technical advice on grantee work products to ensure they are accurate, objective, unbiased, and of high professional quality, and they do not violate federal, departmental, or agency grant rules.
- Attend and participate in major project events as appropriate.
- Provide guidance and technical assistance on required performance measurement.

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

- Collaborate with ACL on any in-scope modifications and commencement of the work plan within 45 days of the award.
- Implement the proposed grant activities.
- Evaluate the impact of overall project activities and ensure quality assurance systems are in place.
- Share information with ACL; the TBI State grantees; national, state, and local partner organizations; and other entities as appropriate. Work with the ACL TBI
- State Partnerships Program project officer to evaluate performance results reported semiannually and jointly develop strategies to address those areas requiring improvement.
- Submit resumes of potential key staff hires as detailed under HHS grants prior approval requirements.

### **III. Eligibility Information**

#### **1. Eligible Applicants**

For FY 2023 the below guidance is provided to advance the Administration’s policy, as stated in E.O. 13985, to “pursue a comprehensive approach to advancing equity for all, including people of color and others who have been historically underserved, marginalized, and adversely affected by persistent poverty and inequality.” This guidance is intended to begin to address inequities in HHS programs, processes, and policies that may serve as barriers to equal opportunity. By advancing equity in our NOFOs, we can “create opportunities for the improvement of communities that have been historically underserved, which benefits everyone.”

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.

The application for a TBI State Partnership Program grant may only come from the agency designated by the Chief Executive Officer of the state as the lead agency for TBI within the state, territory, or Indian tribal government. Only one application from each state, territorial government, federally recognized Indian tribal government or Native American organization may enter the review process to be considered for a TBI State Partnership Program award.

## 2. Cost Sharing or Matching

Cost Sharing / Matching Requirement:

Yes

**For awards that require matching or cost sharing by statute**, recipients will be held accountable for projected commitments of non-federal resources (at or above the statutory requirement) in their application budgets and budget justifications by budget period, or by project period for fully funded awards. The applicant will be held accountable for all proposed non-federal resources as shown in the Notice of Award (NOA). **A recipient's failure to provide the statutorily required matching or cost sharing amount (and any voluntary committed amount in excess) may result in the disallowance of federal funds. Recipients will be required to report these funds in the Federal Financial Reports.**

Under this ACL program, ACL will fund no more than 75% of the project's total cost, which means the applicant must cover at least 25% of the project's total cost with non-Federal resources. In other words, for every three (3) dollars received in Federal funding, the applicant must contribute at least one (1) dollar in non-Federal resources toward the project's total cost.

This "three-to-one" ratio is reflected in the following formula which you can use to calculate the minimum required match.

**(Federal Funds Requested) times (Match Percentage) divided by (Inverse Match Percentage)**

Here are examples of varying match levels

| <b>Federal Funds Requested X Match Percentage /<br/>Inverse Match Percentage</b> | <b>Minimum Match<br/>Requirement</b> |
|----------------------------------------------------------------------------------|--------------------------------------|
| $(\$100,000 \times 5\%) / (95\%)$                                                | \$5,263                              |
| $(\$100,000 \times 25\%) / (75\%)$                                               | \$33,333                             |
| $(\$100,000 \times 35\%) / (65\%)$                                               | \$53,846                             |
| $(\$100,000 \times 45\%) / (55\%)$                                               | \$81,818                             |

A common error applicants make is to match 25% of the Federal share, rather than 25% of the project's total cost.

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.

Cost Sharing/Matching is required for this program per § 1252(c) of the Public Health Service Act. The state, territory, or federally recognized Indian Tribal government or Native American organization must agree to make available non-federal contributions in an amount that is not less than \$1 for every \$2 of federal funds provided under the grant. Non-federal funds may be cash or in-kind and fairly evaluated, including plant, equipment, or services. State, territorial, or Indian Tribal government contributions may not include any amounts provided by the federal government. The match, as required by the TBI legislation, must come from state or local sources and may be governmental or non-governmental resources.

Volunteered time and use of facilities to hold meetings or conduct project activities may be considered in-kind (third party) donations. Examples of non-federal cash match include budgetary funds provided from the applicant agency's budget for costs associated with the project. Applications with a match greater than the minimum required will not receive additional consideration under the review.

### 3. Responsiveness and Screening Criteria

#### Application Responsiveness Criteria

N/A

#### Application Screening Criteria

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

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

1. Applications must be submitted electronically via <https://www.grants.gov> by 11:59 p.m., Eastern Time, by the **due date listed in section IV.3 Submission Dates and Times**.
2. The Project Narrative section of the Application must be **double-spaced**, on 8.5" x 11" plain white paper with **1" margins** on both sides, and a **standard font size of no less than 11 point, preferably Calibri or Arial**.
3. The Project Narrative must not exceed 25 pages. **Project Narratives that exceed 25 pages** will have the additional pages removed and only the first 25 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 25-page limit.

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

## IV. Application and Submission Information

### 1. Address to Request Application Package

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

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

<https://www.grants.gov/web/grants/applicants/workspace-overview.html>

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

- At the <https://www.grants.gov> website, you will find information about submitting an application electronically through the site, including the hours of operation. ACL strongly recommends that you do not wait until the application due date to begin the application process because of the time involved to complete the registration process.
- All applicants must have a UEI and be registered with the System for Award Management (SAM, [www.sam.gov](http://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](http://www.sam.gov) to learn more. Applicants should allot sufficient time prior to the application deadline to finalize a new, or renew an existing registration. This action should allow you time to resolve any issues that may arise. Failure to comply with these requirements may result in your inability to submit your application or receive an award. Maintain documentation (with dates) of your efforts to register or renew at least two weeks before the deadline. See the SAM Quick Guide for Grantees at: <https://www.sam.gov/SAM/pages/public/help/samQUserGuides.jsf>.

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

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

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

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

- The Federal Government will transition from the DUNS Number to the New Unique Entity Identifier. As of April of 2022, the federal government stopped using the DUNS number to uniquely identify entities. At that point, entities doing business with the federal government will use a Unique Entity Identifier (SAM) created in SAM.gov. It is entered on the SF-424. It is a unique, nine-digit identification number, which provides unique identifiers of single business entities.
- You must submit all documents electronically, including all information included on the SF424 and all necessary assurances and certifications. In accordance with the Federal Government's efforts to reduce reporting burden for recipients of federal financial assistance, the general certification and representation requirements contained in the Standard Form 424B (SF-424B) – Assurances – Non-Construction Programs, and the Standard Form 424D (SF-424D) – Assurances – Construction Programs, have been standardized federal-wide. Effective January 1, 2020, the updated common certification and representation requirements will be stored and maintained within SAM. Organizations or individuals applying for federal financial assistance as of January 1, 2020, must validate the federally required common certifications and representations annually through SAM located at SAM.gov.
- After you electronically submit your application, you will receive an automatic acknowledgment from <https://www.grants.gov> that contains <https://www.grants.gov> tracking number. The Administration for Community Living will retrieve your application form from <https://www.grants.gov>.

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

Shawn Callaway

Administration on Disabilities

330 C St SW  
Washington, DC 20201

## **2. Content and Form of Application Submission**

### **Letter of Intent**

04/06/2023

Applicants are requested, but not required, to submit a letter of intent to apply for this funding opportunity to assist ACL in planning for the application independent review process. The purpose of the letter of intent is to allow our staff to estimate the number of independent

reviewers needed and to avoid potential conflicts of interest in the review. Letters of intent should be sent to:

*Letters of intent should be sent to:*

*U.S. Department of Health and Human Services*

*Administration for Community Living*

*Shawn Callaway, Project Officer*

*Administration on Disabilities*

*Email: shawn.callaway@acl.hhs.gov*

## **Project Narrative**

The Project Narrative must be double-spaced, on 8.5" x 11" paper with 1" margins on both sides, and a standard font size of no less than 11 point, preferably Calibri or Arial. You can use smaller font sizes to fill in the Standard Forms and Sample Formats. The suggested length for the Project Narrative is 20 to 25 pages; 25 pages is the maximum length allowed. Project Narratives that exceed 25 pages will have the additional pages removed and only the first 25 pages of the Project Narrative will be provided to the merit reviewers for funding consideration. The Project Work Plan, Letters of Commitment, Organizational Charts, and Resumes/Vitae of Key Personnel are not counted as part of the Project Narrative for purposes of the 25-page limit. These documents should be included in the appendixes.

The Project Narrative provides a clear and concise description of the project. ACL recommends that the project narrative include the following components, which will be counted as part of the 25-page limit:

- Summary/Abstract
- Problem Statement
- Goal(s) and Objective(s)
- Proposed Intervention
- Special Target Populations and Organizations
- Outcomes
- Project Management
- Evaluation
- Dissemination
- Organizational Capability

## **Summary/Abstract**

This section should include a brief (265 words maximum) description of the proposed project, including: goal(s), objectives, outcomes, and products to be developed. Detailed instructions for completing the summary/abstract are included in the "Instructions for Completing the Project Summary/Abstract."

## **Problem statement**

This section should describe project relevance and need 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.

## **Proposed Intervention/Approach**

The approach must provide a clear and concise description of the project proposed to use to address the problems described in the "Project Relevance & Current Need" Also, describe the rationale for using the particular project, 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 the major barriers anticipated and strategies to overcome them. Be sure to describe the makeup of an existing or anticipated state TBI advisory board that is fulfilling or will fulfill the requirements described in Section I.D.1 along with any strategic partnerships and the role they will play in the project. A description of the project's goals and major objectives for creating or updating an existing TBI state plan should be included as well as an outline for the project's sustainability beyond the period of federal funding.

## **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. Applicants should pursue a comprehensive approach to advancing equity for all, including people of color and others who have been historically underserved, marginalized, and adversely affected by persistent poverty and inequality. Applicants must also describe how a person-centered, culturally competent service system delivery will be provided to individuals with TBI and their network of supports, including any evidence-based practices. A description for measuring end user satisfaction with the service delivery system is needed. Applicants need to describe how they will provide necessary supports to facilitate the involvement of consumer leaders especially in unserved or underrepresented individuals.

## **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.

### **Project Management**

This section should include a clear delineation of the roles and responsibilities of project staff, consultants and partner organizations, and how they will contribute to achieving the project's objectives and outcomes. It should specify who would have day-to-day responsibility for key tasks such as: leadership of project; monitoring the project's on-going progress, (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. Also in this section, present information about any existing resource facilitation systems or lack thereof and how the system can be established or strengthened for individuals living with TBI. Include a description which TBI Work groups are of expertise or interest. See Section 1.

### **Evaluation**

In this section describe the specific outcomes(e.g., changes in clients, organizations, and/or communities) expected because of the proposed project. Describe the method(s), techniques, and tools to be used to: 1) determine whether the project 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 your project, if it proves successful.

### **Dissemination**

This section should describe the method that will be used to disseminate the project's results and findings in a timely manner and in easily understandable formats, to parties who might be interested in using the results of the project to inform practice, service delivery, program development, and/or policy-making, including and especially those parties who would be interested in replicating the project.

### **Organizational Capability**

Use this section of the application to describe the capability and capacity of the applicant and any partner organizations that will have a significant role in implementing the project and achieving the project goals. Include resumes/vitae for key project personnel in the appendixes. Describe the organization of the applicant agency (or the division of a larger agency that will have responsibility for this project), the nature and scope of its work, and its capacity. Also, include a description of the organization's capability to sustain some or all project activities after federal financial assistance has ended.

NOTE: Resumes/vitae for project staff along with any organizational charts do not count toward the Project Narrative page limit in the appendixes.

### **Letters of Commitment from Key Participating Organizations and Agencies**

In this part of the application, include confirmation of the commitments to the project made by key collaborating organizations and agencies. Any organization named in the application as having a significant role in carrying out the project should be considered an essential collaborator. For applications submitted electronically via <http://www.grants.gov>, scan and include signed letters of commitment as attachments. If you are unable to scan the signed letters of commitment, fax them to the ACL Office of Grants Management at [support@grants.gov](mailto:support@grants.gov) by the application submission deadline. Be sure to include the funding opportunity number and your agency/organization name in the email. Appendixes: Letters of Commitment from Key Participating Organizations and Agencies

In this part of the application, include confirmation of the commitments to the project made by key collaborating organizations and agencies. Any organization named in the application as having a significant role in carrying out the project should be considered an essential collaborator. For applications submitted electronically via <http://www.grants.gov>, scan and include signed letters of commitment as attachments. If you are unable to scan the signed letters of commitment, fax them to the ACL Office of Grants Management at [support@grants.gov](mailto:support@grants.gov) by the application submission deadline. Be sure to include the funding opportunity number and your agency/organization name in the email.

### **3. Unique Entity Identifier and System for Award Management (SAM)**

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

- At the <https://www.grants.gov> website, you will find information about submitting an application electronically through the site, including the hours of operation. ACL strongly recommends that you do not wait until the application due date to begin the application process because of the time involved to complete the registration process.
- All applicants must have a UEI number and be registered with the System for Award Management (SAM, [www.sam.gov](http://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](http://www.sam.gov) to learn more. Applicants should allot sufficient time prior to the application deadline to finalize a new, or renew an existing registration. This action should allow you time to resolve any issues that may arise. Failure to comply with these requirements may result in your inability to submit your application or receive an award. Maintain documentation (with dates) of your efforts to register or renew at least two weeks before the deadline. See the SAM Quick Guide for Grantees at: <https://www.sam.gov/SAM/pages/public/help/samQUserGuides.jsf>.

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

- Note: Failure to submit the correct EIN Suffix can lead to delays in identifying your organization and access to funding in the Payment Management System.
- Effective October 1, 2010, HHS requires all entities that plan to apply for and ultimately receive federal grant funds from any HHS Operating/Staff Division (OPDIV/STAFFDIV) or receive subawards directly from the recipients of those grant funds to:
  1. Register in SAM prior to submitting an application or plan;
  2. Maintain an active SAM registration with current information at all times during which it has an active award or an application or plan under consideration by an OPDIV; and
  3. Provide its UEI number in each application or plan to submit to the OPDIV.

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

- The Federal Government will transition from the DUNS Number to the New Unique Entity Identifier. As of April of 2022, the federal government stopped using the DUNS number to uniquely identify entities. At that point, entities doing business with the federal government will use a Unique Entity Identifier (SAM) created in SAM.gov. They will no longer have to go to a third-party website to obtain their identifier. This transition allows the government to streamline the entity identification and validation process, making it easier and less burdensome for entities to do business with the federal government. If your entity is registered in SAM.gov today, your Unique Entity ID (SAM) has already been assigned and is viewable in SAM.gov. This includes inactive registrations. The Unique Entity ID is currently located below the DUNS Number on your entity registration record. Remember, you must be signed in to your SAM.gov account to view entity records. To learn how to view your Unique Entity ID (SAM) go to this help [article](#).
- You must submit all documents electronically, including all information included on the SF424 and all necessary assurances and certifications. In accordance with the Federal Government's efforts to reduce reporting burden for recipients of federal financial assistance, the general certification and representation requirements contained in the Standard Form 424B (SF-424B) – Assurances – Non-Construction Programs, and the Standard Form 424D (SF-424D) – Assurances – Construction Programs, have been standardized federal-wide. Effective January 1, 2020, the updated common certification and representation requirements will be stored and maintained within SAM. Organizations or individuals applying for federal financial assistance as of January 1, 2020, must validate the federally required common certifications and representations annually through SAM located at SAM.gov.
- After you electronically submit your application, you will receive an automatic acknowledgment from <https://www.grants.gov> that contains <https://www.grants.gov> tracking number. The Administration for Community Living will retrieve your application form from <https://www.grants.gov>.

#### **4. Submission Dates and Times**

Date for Informational Conference Call:  
04/13/2023

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>.

ACL will host a pre-application teleconference in advance of the application due date.

The purpose of this teleconference is to review the funding announcement.

When: Thursday, April 13, 2023, from 3:00 pm - 3:30 pm (Eastern Time)

Meeting Server Main Number: [206-420-5032](tel:206-420-5032)

## 5. Intergovernmental Review

This program is subject to Executive Order (E.O.) 12372, Intergovernmental Review of Federal Programs. Applicants must contact their State's Single Point of Contact (SPOC) to find out about and comply with the State's process under the EO 12372.

## 6. Funding Restrictions

*The following activities are not fundable:*

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

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

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

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

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

- Develop a compliance plan to implement 2 CFR 200.216 regulation.
- Develop and maintain internal controls to ensure that your organization does not expend federal funds (in whole or in part) on covered equipment, services or systems.

- Determine through reasonable inquiry whether your organization currently uses “covered telecommunication” equipment, services, or systems and take necessary actions to comply with the regulation as quickly as is feasibly possible.

## 7. Other Submission Requirements

N/A

## 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.*

An independent review panel will evaluate and score applications by assigning a maximum of 100 points across the following review criteria:

1. Project Relevance& Current Need -- 5 points
2. Approach -- 30 points
3. State Plan -- 5 points
4. Resource Facilitation -- 5 points
5. TBI Grantee Workshops-- 5 points
6. Budget and a Budget Narrative/Justification -- 10 points
7. Project Impact-- 10 points
8. Organizational Capacity-- 20 points
9. Person-Centeredness and Cultural Competence -- 10 points

#### Project Relevance and Need

**Maximum Points: 5**

To what extent does the application:

- Document -- using data from planning studies, surveys, focus groups, and other sources-
  - the specific needs of people living with TBI in the applicant’s state, including the needs of people with TBI from populations that are culturally and linguistically diverse and live in both rural and urban communities?
- Document -- using data from planning studies, surveys, focus groups, and other sources-
  - the availability of existing services and supports, and gaps in the existing services and supports, for individuals with TBI?

#### Approach

**Maximum Points: 30**

To what extent does the application:

- Include a roster of an existing or anticipated state TBI advisory board that includes descriptions demonstrating how the applicants fulfilled, or will fulfill, the requirements for the state TBI advisory board described in Section I.D.1? [Please note, the names of

individuals with TBI and/or family members are not required. Initials or a simple descriptor (e.g., ‘Advisory Council Member 1’), along with an annotation that they have lived experience or area family member of someone with lived experience, will suffice.]

- Specify the steps that the applicant will take to ensure individuals with TBI will be actively and meaningfully engaged as key decision-makers on the advisory board and throughout all funded activities, including staffing, administration, and governance?

### **State Plan**

**Maximum Points: 5**

To what extent does the application:

- Outline a clear strategy for creating a state plan or updating an existing state plan that makes use of and will address the results of a comprehensive review and analysis of available services, supports, and other assistance to all individuals with TBI; the level of unmet needs for services, supports, and other assistance; and goals and strategies for meeting these needs through the grant?
- Identify which of ACL’s priority goals the applicant anticipates incorporating into their state plan and how they will develop their strategy for pursuing the goal(s)? As a reminder, ACL’s priority goals: mitigating and overcoming the impact of long COVID; working towards racial equity and addressing the impact of systemic racism; and/or supporting the economic recovery of communities and families.

### **Resource Facilitation**

**Maximum Points: 5**

To what extent does the application:

- Present information about any existing resource facilitation systems, or lack thereof, that are or could become a part of a statewide resource facilitation network for people with TBI, their family members, and support networks?
- Propose a strategy for how the applicant will establish and/or increase capacity in such a statewide resource facilitation service?

### **TBI Grantee Workgroups**

**Maximum Points: 5**

1. To what extent does the application:

- Identify three or four of the existing grantee work group topics(described in Section I) in which the applicant has interest and/or expertise in working and/or identify additional areas of interest and/or expertise the applicant would like to develop?
- Describe how the applicant will engage fully with their assigned work groups?

### **Budget & Budget Justification Narrative**

**Maximum Points: 10**

1. To what extent does the application contain a Budget and a Budget Narrative

Justification that:

- Are clear and easy to understand; provide detailed justifications for the amounts requested, including a breakdown for each year of the potential funding as well as a combined multi-year budget; and are consistent with the project narrative and objectives for each activity?
- Are reasonable and feasible with respect to the resources requested for each activity; outline reasonable time commitments for the proposed project director

and other key personnel that are sufficient to assure proper direction, management, and timely completion of the project; and propose salaries for the project director and other key project personnel that are reasonable and justified?

- Include sufficient resources for two individuals affiliated with the program to travel to and participate in two national or regional TBI-related conferences annually?

### **Project Impact**

**Maximum Points: 10**

To what extent does the application:

- Include expected project benefits or results that are clear, realistic, and consistent with the objectives and purpose of the project as expressed in this funding announcement?
- Propose outcomes that are quantifiable, measurable, and that align with the program goals as outlined in Section I of this funding announcement?
- Describe a feasible plan for the project's sustainability beyond the period of federal funding that considers a range of potential approaches for ensuring sustainability of project efforts?

### **Organizational Capacity**

**Maximum Points: 20**

#### **1. Staffing (5 points)**

To what extent does the application:

1. Include a level of staff effort totaling at least one full-time employee (FTE)?
2. Demonstrate that the proposed project director(s), key staff, and consultants have the appropriate qualifications required to carry out their designated roles?

#### **2. Knowledge and Capabilities (10 points)**

To what extent does the application:

1. Demonstrate the organization has the knowledge and capabilities to support the provision of person-centered services?
2. Demonstrate the organization has the knowledge and capabilities to support the provision of culturally and linguistically competent services?

#### **3. Collaboration (5 points)**

To what extent does the application:

- Demonstrate how the applicant will actively engage and strengthen partnerships with other organizations, consumer groups, related state agencies/systems, and others?
- Include letters from partnering organizations and agencies, as appropriate, that demonstrate their clear commitment and articulate area(s) of responsibility consistent with the work plan description of their intended roles and contributions?

### **Person Centeredness and Cultural Competency**

**Maximum Points: 10**

1. To what extent does the application:

- Describe how the state agency will work across statewide systems towards the creation or enhancement of a person-centered, culturally competent service delivery system?
- Include details related to the evidence-based person-centered planning practices the applicant would use?
- Describe the applicant's strategy for incorporating person-centered planning and cultural competence into service systems at the development, implementation, and quality management levels through authentic leadership by individuals with TBI.
- Describe how the applicant will routinely measure end user satisfaction with the service delivery system and provide necessary supports to facilitate the involvement of consumer leaders?
- Describe how the applicant will include authentic and significant input from unserved and underserved individuals?

## **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 responsive criteria if applicable. These reviewers are experts in their field, and are drawn from academic institutions, non-profit organizations, state and local governments, and federal government agencies. Based on the Application Review Criteria as outlined under section V.1, the reviewers will comment on and score the applications, focusing their comments and scoring decisions on the identified criteria.

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

## **3. Anticipated Announcement Award Date**

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

The anticipated project period start date for this announcement is: 08/01/2023

## **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.

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.

Should you successfully compete for an award, recipients of federal financial assistance (FFA) from HHS will be required to complete an HHS Assurance of Compliance form (HHS 690) in which you agree, as a condition of receiving the grant, to administer your programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, age, sex and disability, and agreeing to comply with federal conscience laws, where applicable. This includes ensuring that entities take meaningful steps to provide meaningful access to persons with limited English proficiency; and ensuring effective communication with persons with disabilities. Where applicable, Title XI and Section 1557 prohibit discrimination on the basis of sexual orientation, and gender identity, The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. See <https://www.hhs.gov/civil-rights/for-providers/provider-obligations/index.html> and <https://www.hhs.gov/civil-rights/for-individuals/nondiscrimination/index.html>.

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

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

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

### 3. Reporting

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

### 4. FFATA and FSRS Reporting

The Federal Financial Accountability and Transparency Act (FFATA) requires data entry at the FFATA Subaward Reporting System (<http://www.FSRS.gov>) for all sub-awards and sub-contracts issued for \$30,000 or more as well as addressing executive compensation for both grantee and sub-award organizations.

For further guidance please follow this link to access ACL's Terms and Conditions: <https://www.acl.gov/grants/managing-grant#>

## VII. Agency Contacts

### Project Officer

**First Name:**

Shawn

**Last Name:**

Callaway

**Phone:**

(202) 795-7319

**Office:**

Administration on Disabilities

### Grants Management Specialist

**First Name:**

Aiesha

**Last Name:**

Gurley

**Phone:**

(202)795-7358

**Office:**

Grants Management

## VIII. Other Information

*Application Elements*

- SF 424, required – Application for Federal Assistance (See “Instructions for Completing Required Forms” for assistance).
- SF 424A, required – Budget Information. (See Appendix for instructions).
- Separate Budget Narrative/Justification, required (See “Budget Narrative/Justification - Sample Format” for examples and “Budget Narrative/Justification – Sample Template.”)

*NOTE: Applicants requesting funding for multi-year grant projects are REQUIRED to provide a Narrative/Justification for each year of potential grant funding, as well as a combined multi-year detailed Budget Narrative/Justification.*

- SF 424B – Assurance, required. Note: Be sure to complete this form according to instructions and have it signed and dated by the authorized representative (see item 18d on the SF 424).
- Lobbying Certification, required.
- Proof of non-profit status, if applicable
- Copy of the applicant’s most recent indirect cost agreement or cost allocation plan, if requesting indirect costs. If any sub-contractors or sub-grantees are requesting indirect costs, copies of their indirect cost agreements must also be included with the application.
- Project Narrative with Work Plan, required (See “Project Work Plan – Sample Template” for a formatting suggestions).
- Vitae for Key Project Personnel.
- Letters of Commitment from Key Partners

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

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

#### **Appendix**

##### **Accessibility Provisions for All Grant Application Packages and Funding Opportunity Announcements**

Should you successfully compete for an award, recipients of federal financial assistance (FFA) from HHS will be required to complete an HHS Assurance of Compliance form (HHS 690) in which you agree, as a condition of receiving the grant, to administer your programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, age, sex and disability, and agreeing to comply with federal conscience laws, where applicable. This includes ensuring that entities take meaningful steps to provide meaningful access to persons with limited English proficiency; and ensuring effective communication with persons with disabilities. Where applicable, Title XI and Section 1557 prohibit discrimination on the basis of sexual orientation, and gender identity, The HHS Office

for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. See <https://www.hhs.gov/civil-rights/for-providers/provider-obligations/index.html> and <https://www.hhs.gov/civil-rights/for-individuals/nondiscrimination/index.html>.

- Recipients of FFA must ensure that their programs are accessible to persons with limited English proficiency. HHS provides guidance to recipients of FFA on meeting their legal obligation to take reasonable steps to provide meaningful access to their programs by persons with limited English proficiency. Please see <https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/fact-sheet-guidance/index.html> and <https://www.lep.gov>. For further guidance on providing culturally and linguistically appropriate services, recipients should review the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care at <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53>.
- Recipients of FFA also have specific legal obligations for serving qualified individuals with disabilities. Please see <http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html>.
- HHS funded health and education programs must be administered in an environment free of sexual harassment. Please see <https://www.hhs.gov/civil-rights/for-individuals/sex-discrimination/index.html>; <https://www2.ed.gov/about/offices/list/ocr/docs/shguide.html>; and <https://www.eeoc.gov/sexual-harassment>.
- 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](http://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 UEI** (REQUIRED): If your entity is registered in SAM.gov today, your Unique Entity ID (SAM) has already been assigned and is viewable in SAM.gov. This includes inactive registrations. The Unique Entity ID is currently located below the DUNS Number on your entity registration record. Remember, you must be signed in to your SAM.gov account to view entity records.

**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 12<sup>th</sup> 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 1<sup>st</sup> 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. For ACL programs that have a cost-matching requirement (list here), 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.

| <b>Object Class Category</b> | <b>Federal Funds</b> | <b>Non-Federal Cash</b> | <b>Non-Federal In-Kind</b> | <b>TOTAL</b> | <b>Justification</b> |
|------------------------------|----------------------|-------------------------|----------------------------|--------------|----------------------|
| Personnel                    | \$47,700             | \$23,554                | \$0                        | \$71,254     | <b>Federal</b>       |

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

|           |          |         |     |          |                                                                                                                                                                                                                                                                                                      |
|-----------|----------|---------|-----|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|           |          |         |     |          | Travel to National Conference in (Destination)<br>for 3 people<br>Airfare 1 RT x 3 staff @<br>\$500 \$1,500<br>Lodging: 3 days x 3 staff @<br>\$120/day \$1,080<br>Per Diem: 3 days x 3 staff @<br>\$40/day \$360<br>Total<br>\$2,940                                                                |
| Equipment | \$10,000 | \$0     | \$0 | \$10,000 | No Equipment requested OR:<br>Call Center Equipment<br>Installation<br>= \$5,000<br>Phones<br>= \$5,000<br>Total<br>\$10,000                                                                                                                                                                         |
| Supplies  | \$3,700  | \$5,670 | \$0 | \$9,460  | <b>Federal</b><br>2 desks @<br>\$1,500 \$3,000<br>2 chairs @<br>\$300 \$600<br>2 cabinets @<br>\$200 \$400<br><b>Non-Fed Cash</b><br>2 Laptop<br>computers \$3,000<br>Printer cartridges @<br>\$50/month \$300<br>Consumable supplies (pens, paper,<br>clips etc...)<br>@<br>\$180/month \$<br>2,160 |

|                  |           |          |         |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|------------------|-----------|----------|---------|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                  |           |          |         |           | Total<br>\$9,460                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Contractual      | \$30,171  | \$0      | \$0     | \$30,171  | <p>(organization name, purpose of contract and estimated dollar amount)<br/>Contract with AAA to provide respite services:</p> <p>11 care givers @ \$1,682<br/>= \$18,502</p> <p>Volunteer Coordinator<br/>= \$11,669</p> <p>Total<br/>\$30,171</p> <p><i>If contract details are unknown due to contract yet to be made provide same information listed above and:</i></p> <p>A detailed evaluation plan and budget will be submitted by (date), when contract is made.</p> |
| Other            | \$5,600   | \$0      | \$5,880 | \$11,480  | <p><b>Federal</b></p> <p>2 consultants @ \$100/hr for 24.5 hours each<br/>= \$4,900</p> <p>Printing 10,000 Brochures @ \$.05<br/>= \$500</p> <p>Local conference registration fee (name conference) = \$200</p> <p>Total<br/>\$5,600</p> <p><b>In-Kind</b></p> <p><b>Volunteers</b></p> <p>15 volunteers @ \$8/hr for 49 hours<br/>= \$5,880</p>                                                                                                                             |
| Indirect Charges | \$20,934  | \$0      | \$0     | \$20,934  | <p>21.5% of salaries and fringe<br/>= \$20,934</p> <p>IDC rate is attached.</p>                                                                                                                                                                                                                                                                                                                                                                                              |
| TOTAL            | \$140,294 | \$40,866 | \$5,880 | \$187,060 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

Budget Narrative/Justification - Sample Template

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

| Object Class Category | Federal Funds | Non-Federal Cash | Non-Federal In-Kind | TOTAL | Justification |
|-----------------------|---------------|------------------|---------------------|-------|---------------|
| Personnel             |               |                  |                     |       |               |
| Fringe Benefits       |               |                  |                     |       |               |
| Travel                |               |                  |                     |       |               |
| Equipment             |               |                  |                     |       |               |
| Supplies              |               |                  |                     |       |               |
| Contractual           |               |                  |                     |       |               |
| Other                 |               |                  |                     |       |               |
| Indirect Charges      |               |                  |                     |       |               |
| TOTAL                 |               |                  |                     |       |               |

#### Project Work Plan - Sample Template

NOTE : Applicants requesting funding for a multi-year grant program are REQUIRED to provide a Project Work Plan for EACH potential year of grant funding requested.

Goal:

Measurable Outcome(s):

\* Time Frame (Start/End Dates by Month in Project Cycle)

| Major Objectives | Key Tasks | Lead Person | 1* | 2* | 3* | 4* | 5* | 6* | 7* | 8* | 9* | 10* | 11* | 12* |
|------------------|-----------|-------------|----|----|----|----|----|----|----|----|----|-----|-----|-----|
| 1.               |           |             |    |    |    |    |    |    |    |    |    |     |     |     |
|                  |           |             |    |    |    |    |    |    |    |    |    |     |     |     |
|                  |           |             |    |    |    |    |    |    |    |    |    |     |     |     |
| 2.               |           |             |    |    |    |    |    |    |    |    |    |     |     |     |
|                  |           |             |    |    |    |    |    |    |    |    |    |     |     |     |
|                  |           |             |    |    |    |    |    |    |    |    |    |     |     |     |
| 3.               |           |             |    |    |    |    |    |    |    |    |    |     |     |     |
|                  |           |             |    |    |    |    |    |    |    |    |    |     |     |     |
|                  |           |             |    |    |    |    |    |    |    |    |    |     |     |     |
| 4.               |           |             |    |    |    |    |    |    |    |    |    |     |     |     |
|                  |           |             |    |    |    |    |    |    |    |    |    |     |     |     |
|                  |           |             |    |    |    |    |    |    |    |    |    |     |     |     |
|                  |           |             |    |    |    |    |    |    |    |    |    |     |     |     |

[illegible]

NOTE: Please do not infer from this sample format that your work plan must have 6 major objectives. If you need more pages, simply repeat this format on additional pages.

### Instructions for Completing the Project Summary/ Abstract

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

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

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

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

**Products** - materials, deliverables.

- A model abstract/summary is provided below:

The Delaware Division of Services for Aging and Adults with Physical Disabilities (DSAAPD), in **partnership** with the Delaware Lifespan Respite Care Network (DLRCN) and key stakeholders will, in the course of this two-year project, expand and maintain a statewide coordinated lifespan respite system that builds on the infrastructure currently in place. The **goal** of this project is to improve the delivery and quality of respite services available to families across age and disability spectrums by expanding and coordinating existing respite systems in Delaware. The **objectives** are: 1) to improve lifespan respite infrastructure; 2) to improve the provision of information and awareness about respite service; 3) to streamline access to respite services through the Delaware ADRC; 4) to increase availability of respite

services. Anticipated **outcomes** include: 1) families and caregivers of all ages and disabilities will have greater options for choosing a respite provider; 2) providers will demonstrate increased ability to provide specialized respite care; 3) families will have streamlined access to information and satisfaction with respite services; 4) respite care will be provided using a variety of existing funding sources and 5) a sustainability plan will be developed to support the project in the future. The expected **products** are marketing and outreach materials, caregiver training, respite worker training, a Respite Online searchable database, two new Caregiver Resource Centers (CRC), an annual Respite Summit, a respite voucher program and 24/7 telephone information and referral services.

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

#### **1. Project Director.**

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

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