



Administration for Community Living

National Institute on Disability, Independent Living, and Rehabilitation Research

Rehabilitation Research and Training Centers (RRTC): Equity Center in the Health and Function
Domain

HHS-2022-ACL-NIDILRR-RTHF-0029

06/21/2022

Table of Contents

Executive Summary	2
Additional Overview Content/Executive Summary	2
I. Funding Opportunity Description	3
II. Award Information.....	13
III. Eligibility Information	14
1. Eligible Applicants.....	14
2. Cost Sharing or Matching	15
3. Responsiveness and Screening Criteria	15
IV. Application and Submission Information.....	15
1. Address to Request Application Package	15
2. Content and Form of Application Submission.....	17
Letter of Intent	17
Project Narrative	18
Table of Contents	18
Summary/ Abstract	19
Work Plan	19
Vitae/Biosketches of Key Project Personnel	19
References	19
Data Management Plan	19
Budget Narrative/Justification	20
Letters of Commitment from Key Participating Organizations and Agencies	20
Summary of Involved Individuals and Organizations	20
3. Unique Entity Identifier and System for Award Management (SAM)	20
4. Submission Dates and Times	22
Informational Conference Call:	23
5. Intergovernmental Review	24
6. Funding Restrictions	24
7. Other Submission Requirements.....	25
V. Application Review Information	26
1. Criteria	26
2. Review and Selection Process.....	28
3. Anticipated Announcement Award Date	29
VI. Award Administration Information.....	29

1. Award Notices.....	29
2. Administrative and National Policy Requirements.....	29
3. Reporting.....	29
4. FFATA and FSRS Reporting.....	31
VII. Agency Contacts	31
VIII. Other Information	32
The Paperwork Reduction Act of 1995 (P.L. 104-13).....	32
Appendix.....	32
Instructions for Completing Required Forms	33
Budget Narrative/Justification- Sample Format	43
Instructions for Completing the Project Summary/ Abstract.....	48

ACL Center:

National Institute on Disability, Independent Living, and Rehabilitation Research

Funding Opportunity Title:

Rehabilitation Research and Training Centers (RRTC): Equity Center in the Health and Function Domain

Funding Opportunity Number:

HHS-2022-ACL-NIDILRR-RTHF-0029

Primary CFDA Number:

93.433

Due Date for Letter of Intent:

05/25/2022

Due Date for Applications:

06/21/2022

Date for Informational Conference Call:

05/12/2022

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 Administrator of the Administration for Community Living invites applications for a new award for fiscal year (FY) 2022 for a Rehabilitation Research and Training Center (RRTC) that will serve as NIDILRR's Equity Center in the Health and Function Domain.

NIDILRR's RRTC program is authorized under the Rehabilitation Act of 1973, as amended. The

purpose of the RRTCs is to achieve the goals of, and improve the effectiveness of, services authorized under the Rehabilitation Act through well-designed research, training, technical assistance, and dissemination activities in important topical areas as specified by NIDILRR. These activities are designed to benefit people with disabilities, family members, rehabilitation service providers, policymakers and other research stakeholders.

The purpose of this particular RRTC is to conduct research, training, technical assistance, and related activities regarding health and function experiences and outcomes among the heterogeneous population of people with disabilities in the United States. As a National Resource Center in the health and function domain, the RRTC must provide guidance and technical assistance to other disability and rehabilitation researchers – toward a field of research that is naturally inclusive of people with disabilities from traditionally underserved communities.

NOTE: Applicants should consult NIDILRR’s Long-Range Plan for Fiscal Years 2018-2023 ([the Plan](#)) when preparing their applications.

I. Funding Opportunity Description

Background

The population of people with disabilities is heterogeneous and has multiple intersections with other underserved communities. For example, people with disabilities are more likely than those without disabilities to be older, female, and Hispanic (Varadaraj et al., 2021). Blacks, Hispanics, and American Indians and Alaska Natives have a higher proportion of people living with disability than Whites (Okoro et al, 2018). Within the population of people with disabilities, there is also a higher proportion of people who are lesbian, gay, bisexual, transgender, or queer (LGBTQ+), compared to the population of people without disabilities (Varadaraj et al., 2021). Among people who are LGBTQ+, the prevalence of disability is higher than it is among those who are straight and cisgender (Movement Advancement Project, 2019; Fredriksen-Goldsen et al., 2012).

People with disabilities confront multiple barriers to inclusion and participation in the community, and to positive health and employment outcomes. These barriers can be societal, attitudinal, physical, or systemic. These barriers are compounded for people with disabilities who are from one or more underserved communities, such as Black, Latino, and Indigenous and Native American persons; Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; LGBTQ+ persons; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality ([Executive Order 13985](#)). The societal and/or attitudinal barriers are rooted in systemic ableism and racism. An intersectional framework recognizes that people from multiple underserved communities face myriad forms of discrimination and marginalization within systems. These inequities cause systematic disadvantages which lead to inequitable experiences and outcomes (National Academies of Sciences, Engineering and Medicine, 2017).

Ableism can be defined as prejudice and discrimination against people with disabilities based on beliefs that they are inferior to the non-disabled. Ableism is “a system that places value on people’s bodies and minds based on societally constructed ideas of normality, intelligence, excellence, desirability, and productivity.” (Lewis, 2022). This includes systemic or institutional

ableism such as the physical barriers, policies, laws, regulations, and practices that exclude people with disabilities from fully participating in economic, political, societal, and educational opportunities. Racism can be defined as the belief that people from different races have characteristics, abilities or qualities that make them inherently inferior based on the superiority of one race over another. Systemic or institutional racism refers to complex interactions of societal systems, practices, policies, ideologies, and programs that continue inequities for underserved racial groups (Gee & Ford, 2011). Research that focuses on equity must account for and critically assess systemic structural inequities including the roles of ableism and racism.

Because people with disabilities disproportionately experience barriers to health care and are more likely than those without disabilities to report negative health outcomes, they are an unrecognized health disparity population (Krahn, Walker & Correa-De-Araujo, 2015). Preliminary evidence indicates that people with disabilities who are members of underserved groups have worse health and health care outcomes (Peterson-Besse, Walsh, Horner-Johnson, Goode, & Wheeler, 2014). Individuals with disabilities who are American Indian or Alaskan Native, Black, and Hispanic report poorer overall health, are less likely to have health insurance, make fewer visits to a health care provider, and are at greater risk of early mortality from preventable diseases (Bauer & Plescia, 2014; Gulley, Rasch, & Chan, 2014; Kaye, 2019). Initial studies of racial differences in medical rehabilitation services indicate that Black and White stroke survivors receive different patterns and intensities of rehabilitation services (Horn et al., 2010; Deutscher et al., 2010). Sexual and gender minority adults with disabilities report higher rates of mental illness, poorer physical health, higher rates of unmet health care needs, and higher rates of being refused services by a health care provider than heterosexual, cisgender adults with disabilities (Hall, Batza, Streed, Boyd, & Kurth, 2020; Streed, Hall, Boyd, Batza, & Kurth, 2021; Mulcahy et al., 2022). People with disabilities continue to experience higher rates of poverty than those without disabilities (Houtenville & Rafal, 2020), and poverty has been associated with worse health outcomes and decreased life expectancy (Chetty et al., 2016). There is some evidence that socioeconomic factors are associated with increased risk for worse health outcomes among individuals with disabilities who are members of underserved groups (Courtney-Long, Romano, Carroll, & Fox, 2017; Goyat, Vyas, & Sambamoorthi, 2016).

To address these numerous inequities, focused research on the health and health care experiences of people with disabilities from underserved communities is needed. Achieving health equity requires a holistic approach to address the needs of individuals and communities. Social determinants of health (SDOH) influence health outcomes (Bibbins-Domingo, 2019) and include multiple domains (e.g., economic stability, education, neighborhood and built environment, social and community context, and health care; Williams et al., 2021). While there is some evidence that disparities in health for people with disabilities who are members of underserved groups are related to these contextual factors (see, e.g., Blick, Franklin, Ellsworth, Havercamp, & Kornblau, 2015; Kennedy & Wood, 2020), our understanding is limited due to a lack of comprehensive data and knowledge at these intersections. Previous studies have focused on the social and community context and the structural barriers in the health care system for these groups. Studies have linked structural barriers such as stigma (Hatzenbuehler, Phelan, & Link, 2013) and biases of health care providers (Satchidanand et al., 2012; Hall et al., 2015; Pelleboer-gunnink, Van Oorsouw, Van Weeghel, & Embregts, 2017; VanPuymbrouck, Friedman, & Feldner, 2020; Iezzoni et al., 2021) to negative health outcomes for underserved groups. Studies

have documented that underserved groups may have difficulty trusting health care providers and the health care system (Armstrong, Ravenell, McMurphy, & Putt, 2007; Benkert, Cuevas, Thompson, Dove-Meadows, & Knuckles, 2019; Thompson, 2021) due to a history of unethical medical treatment (Stern, 2020) and institutional discrimination (Bazargan, Cobb, & Assari, 2021). Medical mistrust results in underutilization of health care services (LaVeist, Isaac, & Williams, 2009; Dean et al., 2021), lack of adherence to prevention or treatment protocols (Cahill et al., 2017), and decreased satisfaction in health care (López-Cevallos, Harvey, & Warren, 2014) for underserved groups. This body of research demonstrates there is a complex underlying causal structure to health equity that requires an understanding of the interrelationships among SDOHs and health for people with disabilities who are members of underserved groups.

There is a lack of comprehensive data on individuals with disabilities by race and ethnicity, sexual orientation and gender identity, and other sociodemographic factors for us to understand and sufficiently monitor health experiences and outcomes among people with disabilities who are members of underserved groups. Comprehensive and reliable data are key to providing evidence of health and health care disparities and for forming the basis of a data-driven response (Reed, Meeks, & Swenor, 2020). Far more research exists about disabled lesbian, gay, and bisexual (LGB) populations than disabled transgender populations (Andrews & Forber-Pratt, 2021). Research shows that the prevalence of disability is higher among LGB adults compared with their heterosexual counterparts (Fredriksen-Goldsen et al., 2012). More specific to health care, the decision to disclose sexual orientation among lesbians receiving disability-related health services was shaped by how safe and accepting they perceived the health care environment to be. This sense of safety and acceptance influenced their perception of the health care they received (Hunt, Milsom, & Matthews, 2009).

More work is needed to better understand the disparities in health and health care experienced by people with disabilities from underserved communities. There is a lack of high-quality interventions that target the SDOHs and health outcomes for people with disabilities (Angelelli et al., 2021) and assess differential health outcomes for people with disabilities who are members of underserved groups. A lack of equitable representation of people with disabilities who are members of underserved groups in health and health care data and research has deleterious effects and prevents an effective public health response.

Intersectionality is a theoretical lens for exploring the interconnectedness of different statuses in relation to embedded systems of power, privilege, and oppression (Crenshaw, 1989). Intersectionality research acknowledges complexities in the social construction of identities and lived experiences as situated in interlocking systems of inequality (Bowleg, 2008; Crenshaw, 1989). Intersectionality is more than a sum of multiple identities. The intersectionality framework must shape a study's research questions, study design, and the plan for collection and analysis of data (Bowleg & Bauer, 2016). New knowledge generated through such research must serve as the foundation for evidence-based health and health care policies, practices, interventions, or systems-change initiatives that optimize health and function outcomes among people with disabilities whose identities intersect with other underserved populations. Improving the health and function outcomes of diverse populations of people with disabilities requires a strong research base that illuminates the specific challenges and experiences of people with

disabilities across subpopulations defined by race, ethnicity, LGBTQ+ status, poverty status, or other factors described in Section 2 of [Executive Order 13985](#).

NIDILRR seeks to fund innovative and well-designed research aimed at understanding and addressing disparities in health and function outcomes for adults with disabilities whose identities intersect with other underserved communities. This Center will also provide research-based training, technical assistance, and informational materials to people with disabilities, service providers, and other relevant stakeholders, and serve as a national resource for the conduct of disability and rehabilitation research in the health and function domain that is inclusive of people with disabilities from traditionally underserved communities. This funding announcement is in concordance with Executive Order 13985 on Advancing Racial Equity and Support for Underserved Communities Through the Federal Government.

Note: In this background statement, the terms LGBTQ+ and LGB are intentionally used based on the characteristics of the people in the research being cited.

References:

Andrews, E.E. & Forber-Pratt, A.J. (2021). Disability and group of seven. In A. Kassan & R. Moodley (Eds.), *Diversity & Social Justice in Counseling Psychology & Psychotherapy: A Case Study Approach*. (pp. 245-260). Cognella Press.

Angelelli, J., McCartney, D., Roehmer, C., Swart, E., Quinby, E., Darwin, J., Dicianno, B. (2021). Effect of social determinants of health interventions on adults living with disabilities: A scoping review. *Archives of Physical Medicine and Rehabilitation*. Advance online publication. [https://www.archives-pmr.org/article/S0003-9993\(21\)00912-6/pdf#relatedArticles](https://www.archives-pmr.org/article/S0003-9993(21)00912-6/pdf#relatedArticles)

Armstrong, K., Ravenell, K. L., McMurphy, S., & Putt, M. (2007). Racial/ethnic differences in physician distrust in the United States. *American Journal of Public Health*, 97(7), 1283–1289.

Bauer, U. E., & Plescia, M. (2014). Addressing disparities in the health of American Indian and Alaska Native people: The importance of improved public health data. *American Journal of Public Health*, 104 Suppl 3(Suppl 3), S255–S257.

Bazargan, M., Cobb, S., & Assari, S. (2021). Discrimination and medical mistrust in a racially and ethnically diverse sample of California adults. *Annals of Family Medicine*, 19(1), 4–15.

Benkert, R., Cuevas, A., Thompson, H. S., Dove-Meadows, E., & Knuckles, D. (2019). Ubiquitous yet unclear: A systematic review of medical mistrust. *Behavioral Medicine*, 45(2), 86–101.

Bibbins-Domingo, K. (2019). Integrating social care into the delivery of health care. *JAMA: the Journal of the American Medical Association*, 322(18), 1763–1764.

Blick R. N., Franklin M. D., Ellsworth D. W., Havercamp S. M., & Kornblau, B. L. (2015). *The double burden: Health disparities among people of color living with disabilities*. Ohio Disability and Health Program.

https://nisonger.osu.edu/sites/default/files/u4/the_double_burden_health_disparities_among_people_of_color_living_with_disabilities.pdf.

Bowleg, L. (2008). When Black + lesbian + woman $\neq$ Black lesbian woman: The methodological challenges of qualitative and quantitative intersectionality research. *Sex Roles*, 59(5–6), 312–325.

Bowleg, L., & Bauer, G. (2016). Invited reflection: Quantifying intersectionality. *Psychology of Women Quarterly*, 40(3), 337–341.

Cahill, S., Taylor, S. W., Elsesser, S. A., Mena, L., Hickson, D., & Mayer, K. H. (2017). Stigma, medical mistrust, and perceived racism may affect PrEP awareness and uptake in black compared to white gay and bisexual men in Jackson, Mississippi and Boston, Massachusetts. *AIDS care*, 29(11), 1351–1358.

Chetty, R., Stepner, M., Abraham, S., Lin, S., Scuderi, B., Turner, N.,...Cutler, D. (2016). The association between income and life expectancy in the United States, 2001–2014. *JAMA*, 315(16), 1750–1766.

Courtney-Long, E. A., Romano, S. D., Carroll, D. D., & Fox, M. H. (2017). Socioeconomic factors at the intersection of race and ethnicity influencing health risks for people with disabilities. *Journal of Racial and Ethnic Health Disparities*, 4(2), 213–222.

Crenshaw, K. (1989). Demarginalizing the intersection of race and sex: A Black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics. *University of Chicago Legal Forum*, 140, 139–167.

Executive Order 13985 (2021). Advancing Racial Equity and Support for Underserved Communities Through the Federal Government. 86 FR 7009: 7009–7013. <https://www.federalregister.gov/documents/2021/01/25/2021-01753/advancing-racial-equity-and-support-for-underserved-communities-through-the-federal-government>.

Dean, L. T., Greene, N., Adams, M. A., Geffen, S. R., Malone, J., Tredway, K., & Poteat, T. (2021). Beyond Black and White: Race and sexual identity as contributors to healthcare system distrust after breast cancer screening among US women. *Psycho-oncology*, 30(7), 1145–1150.

Deutscher, D., Horn, S., Smout, R., DeJong, G., & Putnam, K. (2010). Black-white differences in motor function outcomes taking into account patient characteristics, nontherapy ancillaries, therapy activities, and therapy interventions. *Archives of Physical Medicine and Rehabilitation*, 91(11), 1722–1730.

Fredriksen-Goldsen, K. I., Kim, H. J., & Barkan, S. E. (2012). Disability among lesbian, gay, and bisexual adults: Disparities in prevalence and risk. *American Journal of Public Health*, 102(1), e16–e21.

Gee, G., Ford, C. (2011). *Structural Racism and Health Inequities: Old Issues, New Directions*.

Du Bois Review: Social Science Research on Race. 8(1): 115-132.

<https://doi.org/10.1017/S1742058X11000130>.

Goyat, R., Vyas, A., & Sambamoorthi, U. (2016). Racial/ethnic disparities in disability prevalence. *Journal of Racial and Ethnic Health Disparities*, 3(4), 635–645.

Gulley, S. P., Rasch, E. K., & Chan, L. (2014). Difference, disparity, and disability: A comparison of health, insurance coverage, and health service use on the basis of race/ethnicity among US adults with disabilities, 2006–2008. *Medical Care*, 52(10), S9–S16.

Hall, J. P., Batza, K., Streed, C.G., Boyd, B. A., & Kurth, N. K. (2020). Health disparities among sexual and gender minorities with autism spectrum disorder. *Journal of Autism and Developmental Disorders*, 50(8), 3071–3077.

Hall, W. J., Chapman, M. V., Lee, K. M., Merino, Y. M., Thomas, T. W., Payne, B. K., Eng, E., Day, S. H., & Coyne-Beasley, T. (2015). Implicit racial/ethnic bias among health care professionals and its influence on health care outcomes: A systematic review. *American Journal of Public Health*, 105(12), e60–e76.

Hatzenbuehler, M. L., Phelan, J. C., & Link, B. G. (2013). Stigma as a fundamental cause of population health inequalities. *American Journal of Public Health*, 103(5), 813–821.

Horn, S., Deutscher, D., Smout, R., DeJong, G., & Putnam, K. (2010). Black-white differences in patient characteristics, treatments, and outcomes in inpatient stroke rehabilitation. *Archives of Physical Medicine and Rehabilitation*, 91(11), 1712-1721.

Houtenville, A. & Rafal, M. (2020). Annual Report on People with Disabilities in America: 2020. Durham, NH: University of New Hampshire, Institute on Disability.

Hunt, B., Milsom, A., & Matthews, C. R. (2009). Partner-related rehabilitation experiences of lesbians with physical disabilities: A qualitative study. *Rehabilitation Counseling Bulletin*, 52(3), 167–178. <https://doi.org/10.1177/0034355208320933>.

Iezzoni, L. I., Rao, S. R., Ressler, J., Bolcic-Jankovic, D., Agaronnik, N. D., Donelan, K.,...Campbell, E. G. (2021). Physicians' perceptions of people with disability and their health care. *Health Affairs Web Exclusive*, 40(2), 297–306.

Kaye, S. H. (2019). Disability-related disparities in access to health care before (2008-2010) and after (2015-2017) the Affordable Care Act. *American Journal of Public Health*, 109(7), 1015–1021.

Kennedy, J. & E. G. Wood (2020). *Disability-based disparities among noninstitutionalized working-age adults in the US: Evidence from the 2018 National Health Interview Surveys*. Collaborative on Health Reform and Independent Living. <https://www.chril.org/>.

Krahn, G. L., Walker, D. K., & Correa-De-Araujo, R. (2015). Persons with disabilities as an

unrecognized health disparity population. *American Journal of Public Health*, 105(S2), S198–S206.

LaVeist, T. A., Isaac, L. A., & Williams, K. P. (2009). Mistrust of health care organizations is associated with underutilization of health services. *Health Services Research*, 44(6), 2093–2105.

Lewis, T (2022). Working Definition of Ableism. Talila A. Lewis Blog, last modified January 1, 2022. <https://www.talilalewis.com/blog/january-2021-working-definition-of-ableism>.

López-Cevallos, D. F., Harvey, S. M., & Warren, J. T. (2014). Medical mistrust, perceived discrimination, and satisfaction with health care among young-adult rural Latinos. *The Journal of Rural Health*, 30(4), 344–351.

Movement Advancement Project (2019). LGBT People With Disabilities. <https://www.lgbtmap.org/lgbt-people-disabilities>.

Mulcahy, A., Streed, C. G., Wallisch, A. M., Batza, K., Kurth, N., Hall, J. P., & McMaughan, D. J. (2022). Gender identity, disability, and unmet healthcare needs among disabled people living in the community in the United States. *International Journal of Environmental Research and Public Health*, 19(5), 2588–2608.

National Academies of Sciences, Engineering, and Medicine (2017). Communities in Action: Pathways to Health Equity. <https://doi.org/10.17226/24624>

Okoro, C. A., Hollis, N. D., Cyrus, A. C., & Griffin-Blake, S. (2018). Prevalence of disabilities and health care access by disability status and type among adults — United States, 2016. *MMWR. Morbidity and Mortality Weekly Report*, 67(32), 882–887.

Pelleboer-gunnink, H., Van Oorsouw, W. M. W., Van Weeghel, J., & Embregts, P. J. C. (2017). Mainstream health professionals' stigmatizing [sic] attitudes towards people with intellectual disabilities: A systematic review. *Journal of Intellectual Disability Research*, 61(5), 411–434.

Peterson-Besse, J. J., Walsh, E. S., Horner-Johnson, W., Goode, T. D., & Wheeler, B. (2014). Barriers to health care among people with disabilities who are members of underserved racial/ethnic groups: A scoping review of the literature. *Medical Care*, 52(10), S51–S63.

Reed, N. S., Meeks, L. M., & Swenor, B. K. (2020). Disability and Covid-19: Who counts depends on who is counted. *The Lancet*, 5, e423.

Satchidanand, N., Gunukula, S. K., Lam, W. Y., McGuigan, D., New, I., Symons, A. B., Withiam-Leitch, M., & Akl, E. A. (2012). Attitudes of healthcare students and professionals toward patients with physical disability: A systematic review. *American Journal of Physical Medicine & Rehabilitation*, 91(6), 533–545.

Stern, A. (2020). Forced sterilization policies in the US targeted minorities and those with disabilities – and lasted into the 21st century. <https://ihpi.umich.edu/news/forced-sterilization->

[policies-us-targeted-minorities-and-those-disabilities-and-lastest-21st.](#)

Streed, C. G., Hall, J. P., Boyd, B. A., Batza, K., & Kurth, N. K. (2021). Comparative health status and characteristics of respondents of the 2019-2020 National Survey on Health and Disability by sexual and gender minority status. *LGBT Health*. Advance online publication.

Thompson, H. S., Manning, M., Mitchell, J., Kim, S., Harper, F. W. K., Cresswell, S.,...Marks, B. (2021). Factors associated with racial/ethnic group-based medical mistrust and perspectives on COVID-19 vaccine trial participation and vaccine uptake in the US. *JAMA Network Open*, 4(5), e2111629–e2111629.

VanPuymbrouck, L., Friedman, C., & Feldner, H. (2020). Explicit and implicit disability attitudes of healthcare providers. *Rehabilitation Psychology*, 65(2), 101–112.

Varadaraj, V., Deal, J. A., Campanile, J., Reed, N. S., & Swenor, B. K. (2021). National prevalence of disability and disability types among adults in the US, 2019. *JAMA Network Open*, 4(10), e2130358–e2130358.

Williams, M. V., Perez, L., Siddiqi, S., Qureshi, N., Sousa, J., & Huttinger, A. (2021). *Building the evidence base for social determinants of health interventions*. Prepared for the Office of the Assistant Secretary for Planning and Evaluation (ASPE) at the U.S. Department of Health & Human Services. <https://aspe.hhs.gov/reports/building-evidence-base-social-determinants-health-interventions>.

Priority-

The Administrator of the Administration for Community Living establishes a priority for a Rehabilitation Research and Training Center (RRTC) to conduct rigorous research toward new knowledge of, and reduction of disparities in health and function outcomes among people with disabilities whose identities intersect with those of other historically underserved populations. The RRTC must explore and provide detailed information about health and function outcome disparities within its defined target population of people with disabilities, measured across a subpopulation or subpopulations defined by race, ethnicity, LGBTQ+ status, poverty status, or other underserved communities described in Section 2 of [Executive Order 13985](#). New knowledge generated by this Center must ultimately be used toward development and implementation of evidence-based policies, practices, systems-change initiatives or interventions for reducing disparities in health and function outcomes among the heterogeneous population of people with disabilities. The RRTC must serve as a National Resource Center in the health and function domain to provide research-based training, technical assistance, and dissemination of informational materials to people with disabilities, service providers, and other relevant stakeholders. As a National Resource Center in the health and function domain, the RRTC must provide guidance and technical assistance to other disability and rehabilitation researchers – toward a field of research that is naturally inclusive of people with disabilities from traditionally underserved communities.

To contribute to new knowledge of, and reduction of disparities in health and function outcomes within the population of people with disabilities, the RRTC must:

- (a) Describe and justify, in its original application, the target population of people with disabilities for the RRTC. Applicants may propose to focus on one or more broad groups of people with disabilities described in the [NIDILRR Long Range Plan](#) (physical, sensory, cognitive, psychiatric), or on one or more specific subgroups of people with disabilities (e.g. people who are blind, or people with spinal cord injury).
- (b) Within the core target population described under paragraph (a), describe and justify, in its original application, the underserved subpopulation or subpopulations of people with disabilities that will be the focus of the RRTC. The applicant may define the underserved subpopulation or subpopulations of people with disabilities by race, ethnicity, LGBTQ+ status, poverty status, or any of the other factors that define underserved communities in Section 2 of [Executive Order 13985](#).
- (c) Conduct culturally competent research to generate detailed new knowledge about health and function disparities within the target population of people with disabilities described under paragraph (a), across groups defined by the intersecting subpopulation or subpopulations described under paragraph (b).
- (d) Conduct research at the “exploration and discovery” or “intervention development” stage(s) to develop new, or locate available systems-change initiatives or other promising practices for reducing health and function disparities identified under paragraph (c). These research stages are defined in this section of this notice of funding opportunity.
- (e) Conduct research at the “intervention development” or “intervention efficacy” stage(s), toward evidence-based services, supports, policies, systems-change initiatives, or other interventions to address health and function disparities identified under paragraph (c). These research stages are defined in this section of this notice of funding opportunity.
- (f) Substantially involve people with disabilities from the target population(s) identified under paragraphs (a) and (b), in the design and implementation of all research, dissemination, training, and technical assistance activities, to help ensure the relevance of the research-based knowledge and products generated by this RRTC.
- (g) Substantially collaborate with relevant disability organizations that are engaged in issues related to ableism, racism or intersectionality. The RRTC may also involve collaboration with relevant stakeholders (e.g. medical rehabilitation providers, health care providers, health insurance providers, community-based organizations) that help shape health and function outcomes among people with disabilities.
- (h) Work closely with NIDILRR to coordinate the RRTC’s activities with ACL initiatives, and with the work of ACL’s consortium of equity centers. These Centers will include NIDILRR’s Equity RRTCs in the Employment and Community Living and Participation domains, as well as the Administration on Disabilities’ National Center for Disability, Equity, and Intersectionality.
- (i) Serve as a national resource center in the health and function domain. This includes dissemination of all RRTC findings and products, and providing research-based training,

technical assistance, and informational materials to people with disabilities, service providers, and other relevant stakeholders.

- Applicants must ensure that all materials, websites and information technology tools and products that the RRTC develops or maintains are accessible, and that electronic materials are produced in full compliance with Section 508 of the Rehabilitation Act (29 U.S.C. 794d) (For websites this compliance currently requires meeting Web Content Accessibility Guidelines (WCAG) 2.0/2.1 AA success criteria). Applications must demonstrate an ability to meet these requirements.
- Applicants must describe in their original application how findings and products of the RRTC will be disseminated to reach people with disabilities who have been traditionally underserved, including those from racially and ethnically diverse populations, those who use alternative/augmentative communication methods, and those who are English language learners.

(j) Provide guidance, training, and technical assistance to disability and rehabilitation researchers -- toward a field of disability research in the health and function domain that is naturally inclusive of people with disabilities from traditionally underserved communities.

(k) Design and carry out its research, training, dissemination, technical assistance, and related work using an intersectional lens grounded in equity principles.

Definitions - Stages of Research:

Exploration and discovery means the stage of research that generates hypotheses or theories through new and refined analyses of data, producing observational findings and creating other sources of research-based information. This research stage may include identifying or describing the barriers to and facilitators of improved outcomes of individuals with disabilities, as well as identifying or describing existing practices, programs, or policies that are associated with important aspects of the lives of individuals with disabilities. Results achieved under this stage of research may inform the development of interventions or lead to evaluations of interventions or policies. The results of the exploration and discovery stage of research may also be used to inform decisions or priorities.

Intervention development means the stage of research that focuses on generating and testing interventions that have the potential to improve outcomes for individuals with disabilities. Intervention development involves determining the active components of possible interventions, developing measures that would be required to illustrate outcomes, specifying target populations, conducting field tests, and assessing the feasibility of conducting a well-designed intervention study. Results from this stage of research may be used to inform the design of a study to test the efficacy of an intervention.

Intervention efficacy means the stage of research during which a project evaluates and tests whether an intervention is feasible, practical, and has the potential to yield positive outcomes for individuals with disabilities. Efficacy research may assess the strength of the relationships between an intervention and outcomes and may identify factors or individual characteristics that

affect the relationship between the intervention and outcomes. Efficacy research can inform decisions about whether there is sufficient evidence to support “scaling-up” an intervention to other sites and contexts. This stage of research may include assessing the training needed for wide-scale implementation of the intervention and approaches to evaluation of the intervention in real-world applications.

Scale-up evaluation means the stage of research during which a project analyzes whether an intervention is effective in producing improved outcomes for individuals with disabilities when implemented in a real-world setting. During this stage of research, a project tests the outcomes of an evidence-based intervention in different settings. The project examines the challenges to successful replication of the intervention and the circumstances and activities that contribute to successful adoption of the intervention in real-world settings. This stage of research may also include well-designed studies of an intervention that has been widely adopted in practice, but lacks a sufficient evidence base to demonstrate its effectiveness.

Statutory Authority

29 U.S.C. § 764(b)(2)

II. Award Information

Funding Instrument Type:

CA (Cooperative Agreement)

Estimated Total Funding:

\$933,333

Expected Number of Awards:

1

Award Ceiling:

\$933,333

Per Budget Period

Award Floor:

\$928,333

Per Budget Period

Length of Project Period:

60-month project period with five 12-month budget periods

Additional Information on Project Periods and Explanation of 'Other'

Rehabilitation Research and Training Centers are limited to an indirect cost rate of 15%. The maximum amount of the award includes both direct and indirect costs.

The award to be made under this funding opportunity will be administered as a cooperative agreement. As such, the successful applicant should expect substantial NIDILRR / ACL involvement in grant activities as appropriate or requested. This substantial involvement will include review of grant activities and products, and will be determined by the needs and priorities of the grantee and NIDILRR/ ACL. The Terms and Conditions for this cooperative agreement are as follows and will be incorporated by reference in the Notice of Award (NOA).

NIDILRR/ ACL will carry out the following activities for the cooperative agreement noted above:

- Perform the day-to-day Federal responsibilities of grants management while working with the grantee to ensure that the requirements for the grant are met.
- Assist the grantee in understanding the policy concerns and/or priorities of ACL by conducting periodic briefings and by providing ongoing consultations.
- Provide guidance and technical assistance to the grantee, as necessary, in making sub-awards as specified in this notice of funding opportunity.
- Provide technical advice and guidance to the grantee on research plans, products, and other grant deliverables.
- Provide consultation to the grantee in identifying emerging issues as they relate to the goals and objectives of the grant.
- Attend and participate in major project events as appropriate.

The grantee will execute the responsibilities of the award as listed below:

- Consult and collaborate with NIDILRR/ ACL before proposing or implementing any in-scope modification of the grant work-plan.
- Make available for review by NIDILRR/ ACL, any products or materials being developed by the grant prior to dissemination.
- Fulfill all of the requirements of the grant initiative as detailed in this funding opportunity announcement.
- Report quarterly on grant accomplishments, challenges, and progress toward executing the grant work plan.
- Work with NIDILRR/ ACL to jointly develop strategies to optimize the performance, productivity, and value of the grant.

NIDILRR/ ACL will provide ongoing guidance and technical assistance on issues related to research and related requirements of the grant, as well as grants management and implementation. NIDILRR/ ACL will also share information with the grantee about other federally sponsored projects and activities relevant to activities funded under this announcement.

Once a cooperative agreement is in place, requests or proposals to modify or amend it or the work plan may be made by NIDILRR/ ACL or the awardee at any time, as long as such modifications or amendments stay within the original confines of the proposed project description. When an award is issued the cooperative agreement terms and conditions from the funding opportunity announcement are incorporated by reference unless NIDILRR/ ACL is authorized under the Terms and Conditions of award, 45 CFR Part 75, or other applicable regulation or statute to make unilateral amendments.

III. Eligibility Information

1. Eligible Applicants

For FY 2022 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.”

2. Cost Sharing or Matching

Cost Sharing / Matching Requirement:

No

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

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

3. Responsiveness and Screening Criteria

Application Responsiveness Criteria

To be considered for review under this grant opportunity, applicants must propose to run a RRTC that is responsive to each of the requirements in the priority section of this notice of funding opportunity.

Application Screening Criteria

We will screen all applications, and will reject any applications that:

- Are submitted after the established deadline;
- Propose a budget that exceeds \$933,000 in any single budget year;
- Propose a project period that exceeds 60 months.

IV. Application and Submission Information

1. Address to Request Application Package

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

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

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

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

- At the <https://www.grants.gov> website, you will find information about submitting an application electronically through the site, including the hours of operation. ACL strongly recommends that you do not wait until the application due date to begin the application process because of the time involved to complete the registration process.
- All applicants must have a UEI and be registered with the System for Award Management (SAM, www.sam.gov) and maintain an active SAM registration until the application process is complete, and should a grant be made, throughout the life of the award. Effective June 11, 2018, when registering or renewing your registration, you must submit a notarized letter appointing the authorized Entity Administrator. Please be sure to read the FAQs located at www.sam.gov to learn more. Applicants should allot sufficient time prior to the application deadline to finalize a new, or renew an existing registration. This action should allow you time to resolve any issues that may arise. Failure to comply with these requirements may result in your inability to submit your application or receive an award. Maintain documentation (with dates) of your efforts to register or renew at least two weeks before the deadline. See the SAM Quick Guide for Grantees at: <https://www.sam.gov/SAM/pages/public/help/samQUserGuides.jsf>.

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

- Note: Failure to submit the correct EIN Suffix can lead to delays in identifying your organization and access to funding in the Payment Management System.
- Effective October 1, 2010, HHS requires all entities that plan to apply for and ultimately receive federal grant funds from any HHS Operating/Staff Division (OPDIV/STAFFDIV) or receive subawards directly from the recipients of those grant funds to:
 1. Register in SAM prior to submitting an application or plan;
 2. Maintain an active SAM registration with current information at all times during which it has an active award or an application or plan under consideration by an OPDIV; and
 3. Provide its 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. By April of 2022, the federal government will stop 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 acknowledgement from <https://www.grants.gov> that contains <https://www.grants.gov> tracking number. The Administration for Community Living will retrieve your application form from <https://www.grants.gov>.

If you have any questions about the programmatic or substantive requirements of this funding opportunity, please contact the competition manager:

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

Anne Ordway
Anne.Ordway@acl.hhs.gov

2. Content and Form of Application Submission

Letter of Intent

Due Date for Letter Of Intent 05/25/2022

05/25/2022

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:

Megan.Alvarado@acl.hhs.gov

Each LOI should be limited to a maximum of four pages and include the following information:

- Title of the proposed project, the name of the applicant, the name of the Project Director or Principal Investigator (PI), and the names of partner institutions and entities;
- A brief statement of the vision, goals, and objectives of the proposed project and a description of its proposed activities at a sufficient level of detail to allow NIDILRR to select potential peer reviewers;
- A list of proposed project staff including the Project Director or PI and key personnel;
- A list of individuals whose selection as a peer reviewer might constitute a conflict of interest due to their involvement in proposal development (e.g., an advisory board member or co-PIs on other projects);
- Contact information for the Project Director or PI.

For further information regarding the LOI submission process, contact Megan Alvarado.

Project Narrative

The Project Narrative portion of your application is where you describe your proposed project and address each of the review criteria. Applicants should address each of the review criteria, in the project narrative. Each applicant must limit the Project Narrative to the equivalent of no more than 75 pages using the following standards:

- A page is 8.5" x 11" on one side only with 1" margins at the top, bottom, and both sides;
- Double-space (no more than three lines per vertical inch) all narrative text in the project narrative. You are not required to double space titles, headings, footnotes, references, captions, or text in charts, tables, figures, and graphs;
- Use a font that is not less than size 12 and is Times New Roman, Courier, Courier New or Arial;
- Include all critical information, including the Work Plan, in the Project Narrative, minimizing the need for additional appendices;
- Ensure that you attach PDF files only for any attachments to your application. While you are able to attach files to your application in formats other than PDF, non-PDF files are converted into PDF format before reviewers see and evaluate your application. The conversion to PDF format may not maintain your original formatting. Therefore, to ensure the integrity of your application documents we strongly recommend that you attach only PDF files as you submit your application.

NOTE: The page limit for the Project Narrative does not apply to the Application for Federal Assistance (SF 424), the table of contents, budget narrative/justification, the forms, the summary/abstract, the vitae/ biosketches, references, the letters of commitment from key participating organizations and agencies, the summary of involved individuals and organizations, data management plan, or the data safety and monitoring plan (if applicable).

For project narratives that exceed 75 double-spaced pages, NIDILRR will instruct reviewers to disregard all of the content on the pages beyond the 75th page.

Table of Contents

The table of contents should show where and how the important sections of your proposal are organized. While the application will be submitted electronically, the reviewers may use printed

copies during the review process. The table of contents will assist reviewers in more efficiently and effectively evaluating your application.

Summary/ Abstract

The one-page abstract should be a comprehensive description of the whole project (all years) and not a description of the competency of the institution or Project Director/PI. It is not an executive summary. The abstract can be single-spaced.

Work Plan

Applicants must provide a Work Plan (Plan of Operation) in their Project Narrative. The Work Plan should cover all years of the project period. The Work Plan should include a statement of the project's overall goal(s), anticipated outcome(s), and the major tasks that are proposed to achieve the goal and outcome(s). For each major task, the Work Plan should identify timeframes involved and the lead person responsible for the task. A "Project Work Plan - Sample Template" is provided in the Appendix section of this Funding Opportunity Announcement.

Vitae/Biosketches of Key Project Personnel

Vitae or biosketches of key project personnel should include information that is specifically pertinent to the applicant's proposed project. Applicants are encouraged to use [NIH's biosketch format](#), which provides reviewers with a concise description of training, expertise, and productivity that is relevant to the proposed project.

References

Applicants should provide references for works cited in the Project Narrative. Applicants may provide references in any format (i.e., APA, AMA, MLA), though the formatting should be consistent.

Data Management Plan

NIDILRR requires applicants to include a Data Management Plan in the application. NIDILRR will review the data management plans of potential awardees for completeness and compliance before making the awards. The Data Management Plan does not count against the page limitation described in this FOA and is not subject to evaluation and scoring by the peer review panel.

The data management plan (DMP) must include the following components:

1. Description of the types and format of data to be collected, and how they will be organized, stored, and preserved.
2. Description of metadata to be included in the data submission to a repository in order to enable meaningful and useful analysis of the data by users who are not part of the research team.
3. Indication of whether the awardee will submit the scientific data to ICPSR or another public data repository. If the data are to be submitted to ICPSR, no further justification is required. If another repository is identified, the awardee must provide a justification of how this repository will provide for a long-term preservation of, and public access to, scientific data in digital formats resulting from ACL/NIDILRR funded research at no cost. This justification should include a description of the way in which shared digital data will be discoverable, retrievable, and analyzable through the chosen data repository.

4. If applicable, explain why data sharing, long-term preservation, and access cannot be justified.
5. Provide a plan to address the study participants' consent process to enable the de-identified data to be shared broadly for future research.
6. Indicate an estimated cost to implement the data management plan. This cost is allowable as part of the award's direct costs.

For the DMP preparation, applicants may seek technical assistance from the Interuniversity Consortium for Political and Social Research (ICPSR). ICPSR is the preferred data repository for archiving and sharing of scientific data generated under NIDILRR awards. ICPSR can be accessed at <https://www.icpsr.umich.edu/icpsrweb/> or contact help@icpsr.umich.edu or 734-647-2200.

NIDILRR recommends that all applicants view a 3-part training video entitled "NIDILRR Data Archiving and Sharing." This training video is available at: <https://dataarchivingandsharing.naric.com/>

Budget Narrative/Justification

The applicant must submit an itemized budget breakdown for each project year and the basis for estimating the costs of personnel salaries, benefits, project staff travel, materials and supplies, consultants and subcontracts, indirect costs, and any other projected expenditures.

The Budget Narrative/Justification can be provided using the "Budget Narrative/Justification – Sample Format" included in this document. Applicants are encouraged to pay particular attention to this document, which provides an example of the level of detail sought. A combined multi-year Budget Narrative/Justification as well as a detailed Budget Narrative/Justification for each year of potential grant funding is required. This information will be uploaded in the "Budget Narrative/Justification" section under the "Optional" category. If applicable, address cost share in a separate section of the budget narrative labeled "cost share."

Letters of Commitment from Key Participating Organizations and Agencies

Include letters of commitment from key participating organizations and agencies after the Budget Narrative/Justification.

Summary of Involved Individuals and Organizations

Submit an appendix that lists every collaborating organization, and every individual who is named to a professional role in the proposed project. These individuals should include staff, consultants, contractors, and advisory board members. We will use this information to screen for conflicts of interest with potential peer reviewers.

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 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) and maintain an active SAM registration until the application process is complete, and should a grant be made, throughout the life of the award. Effective June 11, 2018, when registering or renewing your registration, you must submit a notarized letter appointing the authorized Entity Administrator. Please be sure to read the FAQs located at www.sam.gov to learn more. Applicants should allot sufficient time prior to the application deadline to finalize a new, or renew an existing registration. This action should allow you time to resolve any issues that may arise. Failure to comply with these requirements may result in your inability to submit your application or receive an award. Maintain documentation (with dates) of your efforts to register or renew at least two weeks before the deadline. See the SAM Quick Guide for Grantees at: <https://www.sam.gov/SAM/pages/public/help/samQUserGuides.jsf>.

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

- Note: Failure to submit the correct EIN Suffix can lead to delays in identifying your organization and access to funding in the Payment Management System.
- Effective October 1, 2010, HHS requires all entities that plan to apply for and ultimately receive federal grant funds from any HHS Operating/Staff Division (OPDIV/STAFFDIV) or receive subawards directly from the recipients of those grant funds to:
 1. Register in SAM prior to submitting an application or plan;
 2. Maintain an active SAM registration with current information at all times during which it has an active award or an application or plan under consideration by an OPDIV; and
 3. Provide its 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. By April of 2022, the federal government will stop 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 acknowledgement from <https://www.grants.gov> that

contains <https://www.grants.gov> tracking number. The Administration for

Community Living will retrieve your application form from <https://www.grants.gov>.

4. Submission Dates and Times

Due Date for Applications 06/21/2022

06/21/2022

Date for Informational Conference Call:

05/12/2022

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>.

Informational Conference Call:

An informational conference call will be held between 1:00 p.m. and 3:00 p.m. (Eastern time) on the date listed above for the informational conference call. Interested parties are invited to participate in the pre-application meeting to discuss the funding priority and to receive information and technical assistance. You must contact Megan.Alvarado@acl.hhs.gov in order to participate in this meeting. NIDILRR staff also will be available to provide information and technical assistance via individual phone consultations from 3:00 p.m. to 4:00 p.m. on the date listed above. Requests for individual consultations during this one-hour window must be made in advance to Megan Alvarado.

Applications must be submitted electronically by 11:59 p.m. Eastern Time on the date listed immediately above for "Due Date for Applications."

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

How to Submit an Application to HHS via Grants.gov

Grants.gov applicants can apply online using Workspace. Workspace is a shared, online environment where members of a grant team may simultaneously access and edit different webforms within an application. For each funding opportunity announcement (FOA), you can create individual instances of a workspace.

Below is an overview of applying on Grants.gov. For access to complete instructions on how to apply for opportunities, refer to: <https://www.grants.gov/web/grants/applicants/apply-for-grants.html>

- 1) Create a Workspace: Creating a workspace allows you to complete it online and route it through your organization for review before submitting.
- 2) Complete a Workspace: Add participants to the workspace, complete all the required forms, and check for errors before submission.

a. Adobe Reader: If you decide not to apply by filling out webforms you can download individual PDF forms in Workspace so that they will appear similar to other Standard or HHS forms. The individual PDF forms can be downloaded and saved to your local device storage, network drive(s), or external drives, then accessed through Adobe Reader.

NOTE: Visit the Adobe Software Compatibility page on Grants.gov to download the appropriate version of the software at: <https://www.grants.gov/web/grants/applicants/adobe-software-compatibility.html>

b. Mandatory Fields in Forms: In the forms, you will note fields marked with an asterisk and a different background color. These fields are mandatory fields that must be completed to successfully submit your application.

c. Complete SF-424 Fields First: The forms are designed to fill in common required fields across other forms, such as the applicant name, address, and DUNS number. To trigger this feature, an applicant must complete the SF-424 information first. Once it is completed, the information will transfer to the other forms.

3) Submit a Workspace: An application may be submitted through workspace by clicking the Sign and Submit button on the Manage Workspace page, under the Forms tab. Grants.gov recommends submitting your application package at least 24-48 hours prior to the close date to provide you with time to correct any potential technical issues that may disrupt the application submission.

4) Track a Workspace: After successfully submitting a workspace package, a Grants.gov Tracking Number (GRANTXXXXXXXX) is automatically assigned to the package. The number will be listed on the Confirmation page that is generated after submission.

For additional training resources, including video tutorials, refer to:

<https://www.grants.gov/web/grants/applicants/applicant-training.html>

5. Intergovernmental Review

This program is not subject to Executive Order (E.O.) 12372, Intergovernmental Review of Federal Programs.

6. Funding Restrictions

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; and
 - As part of a per diem or subsistence allowance provided in conjunction with allowable travel.

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

Protection of Human Subjects

Research activities involving human subjects under these programs are subject to Regulations for the Protection of Human Subjects. You do not need an assurance or IRB approval as a condition of applying for this competition.

If you marked "Yes" for Item 3 on the Supplemental Information for SF 424, you must provide a human subjects "exempt research" or "nonexempt research" narrative. Insert the narrative(s) in the space provided. If you have multiple projects and need to provide more than one narrative, please indicate which project each set of responses addresses.

- A. Exempt Research Narrative. If you marked "Yes" for item 3a. and designated exemption number(s), provide the "exempt research" narrative. The narrative must contain sufficient information about the involvement of human subjects in the proposed research to allow a determination that the designated exemption(s) are appropriate. The narrative must be succinct. In addition, narratives are required for each participating partner if research is being conducted at other sites.
- B. Nonexempt Research Narrative. If you marked "No" for item 3a., you must provide the "nonexempt research" narrative. The narrative must address the seven points. Although no specific page limitation applies to this section of the application, be succinct.

Human Subject Requirements for HHS grants. If your proposed project(s) involves research on human subjects, you must comply with the Department of Health and Human Services (DHHS) Regulations (Title 45 Code of Federal Regulations Part 46) regarding the protection of human research subjects, unless that research is exempt as specified in the regulation. All awardees and their performance sites engaged in research involving human subjects must have or obtain: (1) an assurance of compliance with the Regulations, and (2) initial and continuing approval of the research by an appropriately constituted and registered institutional review board. In order to obtain a Federal wide Assurance (FWA) of Protection for Human Subjects, the applicant may complete an on-line application at the Office for Human Research Protections (OHRP) website or write to the OHRP for an application. To obtain a FWA, contact OHRP at: <https://www.hhs.gov/ohrp>.

Data and Safety Monitoring Requirement

For all proposed clinical trials, NIDILRR is requiring that applicants address the safety of human

subjects participating in such trials or studies. This discussion must be identified in the application as a data and safety monitoring plan (Plan) and specifically address the safety of the participants and the validity and integrity of the data produced by the study. The Plan will be reviewed by NIDILRR staff prior to the award of the grant. Furthermore, a data and safety monitoring board (DSMB) is required for all multi-site clinical trials involving interventions that entail potential risk to participants. The data and safety monitoring plan must include a discussion of the DSMB if warranted by the proposed research activity. The Plan does not count against the page limitations described in this FOA and is not subject to the evaluation and scoring by the peer review panel.

V. Application Review Information

1. Criteria

Reviewers will assume that problems arising from the COVID-19 pandemic will be resolved prior to the start date of any grant that is made as a result of this grant opportunity. Reviewers will not let concerns about complications related to COVID-19 affect their scores for individual applications. Reviewers will disregard temporary situations due to the COVID-19 pandemic, such as restrictions on in-person data collection, restricted availability of key personnel, or access to research equipment or facilities.

Applications will be scored by members of a NIDILRR-administered peer review panel, who will assign a maximum of 100 points across the criteria listed below. Each of these review criteria come directly from NIDILRR's program regulations (45 CFR 1330.24).

Importance of the Problem

Maximum Points: 10

In determining the importance of the problem, the Director considers the following factors:

- (1) The extent to which the applicant clearly describes the need and target population.
- (2) The extent to which the proposed project will have beneficial impact on the target population.

Responsiveness to an Absolute or Competitive Priority

Maximum Points: 10

In determining the application's responsiveness to the absolute or competitive priority, the Director considers the following factors:

- (1) The extent to which the applicant addresses all requirements of the absolute or competitive priority.
- (2) The extent to which the applicant's proposed activities are likely to achieve the purposes of the absolute or competitive priority.

Design of Research Activities

Maximum Points: 40

In determining the extent to which the design is likely to be effective in accomplishing the objectives of the project, the Director considers the following factors:

- (1) The extent to which the research activities constitute a coherent, sustained approach to research in the field, including a substantial addition to the state-of-the-art.
- (2) The extent to which the methodology of each proposed research activity is meritorious, including consideration of the extent to which—
 - (A) The proposed design includes a comprehensive and informed review of the current literature, demonstrating knowledge of the state-of-the-art;
 - (B) Each research hypothesis or research question, as appropriate, is theoretically sound and

based on current knowledge;

(C) Each sample is drawn from an appropriate, specified population and is of sufficient size to address the proposed hypotheses or research questions, as appropriate, and to support the proposed data analysis methods;

(D) The source or sources of the data and the data collection methods are appropriate to address the proposed hypotheses or research questions and to support the proposed data analysis methods;

(E) The data analysis methods are appropriate;

(F) Input of individuals with disabilities and other key stakeholders is used to shape the proposed research activities;

(G) Implementation of the proposed research design is feasible, given the current state of the science and the time and resources available; and

(H) The applicant identifies and justifies the stage of research being proposed and the research methods associated with the stage.

Design of Dissemination Activities

Maximum Points: 10

In determining the extent to which the design is likely to be effective in accomplishing the objectives of the project, the Director considers the following factors:

(1) The extent to which the methods for dissemination are of sufficient quality, intensity, and duration.

(2) The extent to which the materials and information to be disseminated and the methods for dissemination are appropriate to the target population, including consideration of the familiarity of the target population with the subject matter, format of the information, and subject matter.

(3) The extent to which the information to be disseminated will be accessible to individuals with disabilities.

Design of Training Activities

Maximum Points: 10

In determining the extent to which the design is likely to be effective in accomplishing the objectives of the project, the Director considers the following factors:

(1) The extent to which the proposed training materials are likely to be effective, including consideration of their quality, clarity, and variety.

(2) The extent to which the proposed training methods are of sufficient quality, intensity, and duration.

(3) The extent to which the proposed training materials and methods are accessible to individuals with disabilities.

Design of Technical Assistance Activities

Maximum Points: 5

In determining the extent to which the design is likely to be effective in accomplishing the objectives of the project, the Director considers the following factors:

(1) The extent to which the methods for providing technical assistance are of sufficient quality, intensity, and duration.

(2) The extent to which the information to be provided through technical assistance covers all of the relevant aspects of the subject matter.

(3) The extent to which the technical assistance is appropriate to the target population, including consideration of the knowledge level of the target population, needs of the target population, and format for providing information.

(4) The extent to which the technical assistance is accessible to individuals with disabilities.

Project Staff**Maximum Points: 10**

In determining the quality of the project staff, the Director considers the extent to which the applicant encourages applications for employment from persons who are members of groups that have traditionally been underrepresented based on race, color, national origin, gender, age, or disability.

In addition, the Director considers the following:

- (1) The extent to which the key personnel and other key staff have appropriate training and experience in disciplines required to conduct all proposed activities.

Adequacy and Accessibility of Resources**Maximum Points: 5**

In determining the adequacy and accessibility of resources, the Director considers the following factors:

- (1) The extent to which the applicant is committed to provide adequate facilities, equipment, other resources, including administrative support, and laboratories, if appropriate.
- (2) The extent to which the facilities, equipment, and other resources are appropriately accessible to individuals with disabilities who may use the facilities, equipment, and other resources of the project.

2. Review and Selection Process

As required by 2 CFR Part 200 of the Uniform Guidance, effective January 1, 2016, ACL is required to review and consider any information about the applicant that is in the Federal Awardee Performance and Integrity Information System (FAPIIS), <https://www.fapiis.gov> before making any award in excess of the simplified acquisition threshold (currently \$150,000) over the period of performance. An applicant may review and comment on any information about itself that a federal awarding agency has previously entered into FAPIIS. ACL will consider any comments by the applicant, in addition to other information in FAPIIS, in making a judgment about the applicant's integrity, business ethics, and record of performance under federal awards when completing the review of risk posed by applicants as described in 2 CFR Section 200.205 Federal Awarding Agency Review of Risk Posed by Applicants (https://www.ecfr.gov/cgi-bin/text-idx?node=se2.1.200_1205&rgn=div8).

An independent review panel of at least three individuals will evaluate applications that pass the screening and meet the responsiveness criteria if applicable. These reviewers are experts in their field, and are drawn from academic institutions, non-profit organizations, state and local governments, and federal government agencies. Based on the Application Review Criteria as outlined under section V.1, the reviewers will comment on and score the applications, focusing their comments and scoring decisions on the identified criteria.

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

3. Anticipated Announcement Award Date

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

The anticipated project period start date for this announcement is: 09/01/2022

VI. Award Administration Information

1. Award Notices

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

2. Administrative and National Policy Requirements

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

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

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.

(a) If you apply for a grant under this competition, you must ensure that you have in place the necessary processes and systems to comply with the reporting requirements in 45 CFR part 75 should you receive funding under the competition. This does not apply if you have an exception under 45 CFR part 75.

(b) At the end of your project period, you must submit a final performance report, including financial information, as required in your award's terms and conditions. If you receive a multi-year award, you must submit an annual performance report that provides the most current performance and financial expenditure information as required under 45 CFR part 75.

All NIDILRR grantees will submit their annual and final reports through NIDILRR's online reporting system and as designated in the terms and conditions of your NOA. As part of these reports, grantees submit detailed information about:

1. Research- and development-based outputs that they produce (publications, tools, measures, intervention protocols, technology products and devices, and informational products); and
2. Use and adoption of these outputs by stakeholders to improve policy, practice, services, and outcomes for people with disabilities.

Complying with the Administration for Community Living (ACL) Public Access Plan

Any grants the NIDILRR makes under this priority must comply with the requirements described in the ACL Public Access Plan. ACL's public access requirements apply to (1) peer reviewed publications that result from NIDILRR-funded projects; and (2) scientific data generated by NIDILRR-funded projects.

Peer-reviewed Publications:

Investigators working on a grant made under this priority will be required to report in their annual performance reports and final reports any peer-reviewed manuscripts that have been accepted for publication or articles that have been published. This reporting must include an indication whether their compliance with the ACL Public Access Policy has been achieved by one of the following two methods:

- The manuscript is being published in a journal with PubMed Central's full-participation status with a 12-month or less embargo period; or
- The final peer-reviewed manuscript has been submitted through the National Institutes of Health Manuscript Submission System (NIHMS) with an embargo period of 12 months or less.

Scientific Data:

Investigators working on a grant made under this priority will be required to describe in their final reports their compliance with the ACL's public access requirements for scientific data. This description must include the location of the data repository where the scientific data are deposited, the Digital Object Identifiers (DOI) associated with the data, and an assurance that the

scientific data will be publicly available no later than 24 months after the award's end date.

NIDILRR recommends that all applicants view a 3-part training video entitled "NIDILRR Data Archiving and Sharing." This training video is available at: <https://dataarchivingandsharing.naric.com/>

A grantee's failure to comply with the ACL public access plan could result in the withholding, suspension, or termination of funding for non-competing continuation awards. Before awarding new grants or contracts, ACL will determine whether prospective awardees are in compliance with the ACL Public Access Plan. If a grantee fails to comply with ACL's public access policy, NIDILRR and the Administrator of ACL may consider this failure to comply as part of the grantee's history of performance when making decisions about future grant awards.

The ACL Public Access Plan is available in the following location: <https://www.acl.gov/sites/default/files/about-acl/2017-06/ACL-PublicAccessPlanUpdatedJune2017.pdf>

4. FFATA and FSRS Reporting

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

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

VII. Agency Contacts

Project Officer

First Name:

Anne

Last Name:

Ordway

Phone:

(202) 795-7313

Office:

National Institute on Disability, Independent Living, and Rehabilitation Research

Grants Management Specialist

First Name:

Renee

Last Name:

Carruthers

Phone:

(202) 795-7407

Office:

Office of Grants Management

VIII. Other Information

Application Elements

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

Note: NIDILRR does not require applicants to submit an organizational capability statement outside of their project narrative. NIDILRR assesses organizational capability via the peer review process, including application of criteria related to project staff, and the adequacy and accessibility of applicant resources.

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

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

Appendix

Accessibility Provisions for All Grant Application Packages and Funding Opportunity Announcements

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

- Recipients of FFA must ensure that their programs are accessible to persons with limited English proficiency. HHS provides guidance to recipients of FFA on meeting their legal obligation to take reasonable steps to provide meaningful access to their programs by persons with limited English proficiency. Please see <https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/fact-sheet-guidance/index.html> and <https://www.lep.gov>. For further guidance on providing culturally and linguistically appropriate services, recipients should review the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care at <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53>.
- Recipients of FFA also have specific legal obligations for serving qualified individuals with disabilities. Please see <http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html>.
- HHS funded health and education programs must be administered in an environment free of sexual harassment. Please see <https://www.hhs.gov/civil-rights/for-individuals/sex-discrimination/index.html>; <https://www2.ed.gov/about/offices/list/ocr/docs/shguide.html>; and <https://www.eeoc.gov/sexual-harrassment>.
- Recipients of FFA must also administer their programs in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws. Collectively, these laws prohibit exclusion, adverse treatment, coercion, or other discrimination against persons or entities on the basis of their consciences, religious beliefs, or moral convictions. Please see <https://www.hhs.gov/conscience/conscience-protections/index.html> and <https://www.hhs.gov/conscience/religious-freedom/index.html>.

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

Instructions for Completing Required Forms

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

a. Standard Form 424

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

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

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

- New
- Continuation
- Revision

3. Date Received: Leave this field blank.

4. Applicant Identifier: Leave this field blank

5a Federal Entity Identifier: Leave this field blank

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

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

7. State Application Identifier: Leave this field blank.

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

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

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

c. Organizational 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 12th district, NC-103 for North Carolina’s 103rd district. If all congressional districts in a state are affected, enter “all” for the district number, e.g., MD-all for all congressional districts in Maryland. If nationwide, i.e. all districts within all states are affected, enter US-all. See the below website to find your congressional district:

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

17. Proposed Project Start and End Dates: (REQUIRED) Enter the proposed start date and final end date of the project. **If you are applying for a multi-year grant, such as a 3 year grant project, the final project end date will be 3 years after the proposed start date.** In general, all start dates on the SF424 should be the 1st of the month and the end date of the last

day of the month of the final year, for example 7/01/2014 to 6/30/2017. The Grants Officer can alter the start and end date at their discretion.

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

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

All budget information entered under item 18 should cover the total project period. For sub-item 18a, enter the federal funds being requested. Sub-items 18b-18e is considered matching funds. 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.

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

					Lodging: 15 days @ \$110/day \$1,650 Per Diem: 15 days @ \$40/day \$600 Total \$4,707 Non-Fed Cash Travel to National Conference in (Destination) for 3 people Airfare 1 RT x 3 staff @ \$500 \$1,500 Lodging: 3 days x 3 staff @ \$120/day \$1,080 Per Diem: 3 days x 3 staff @ \$40/day \$360 Total \$2,940
Equipment	\$10,000	\$0	\$0	\$10,000	No Equipment requested OR: Call Center Equipment Installation = \$5,000 Phones = \$5,000 Total \$10,000
Supplies	\$3,700	\$5,670	\$0	\$9,460	Federal 2 desks @ \$1,500 \$3,000 2 chairs @ \$300 \$600 2 cabinets @ \$200 \$400 Non-Fed Cash 2 Laptop computers \$3,000

					Printer cartridges @ \$50/month \$300 Consumable supplies (pens, paper, clips etc...) @ \$180/month \$ 2,160 Total \$9,460
Contractual	\$30,171	\$0	\$0	\$30,171	(organization name, purpose of contract and estimated dollar amount) Contract with AAA to provide respite services: 11 care givers @ \$1,682 = \$18,502 Volunteer Coordinator = \$11,669 Total \$30,171 <i>If contract details are unknown due to contract yet to be made provide same information listed above and:</i> A detailed evaluation plan and budget will be submitted by (date), when contract is made.
Other	\$5,600	\$0	\$5,880	\$11,480	Federal 2 consultants @ \$100/hr for 24.5 hours each = \$4,900 Printing 10,000 Brochures @ \$.05 = \$500 Local conference registration fee (name conference) = \$200 Total \$5,600 In-Kind Volunteers 15 volunteers @ \$8/hr for 49 hours = \$5,880

Indirect Charges	\$20,934	\$0	\$0	\$20,934	21.5% of salaries and fringe = \$20,934 IDC rate is attached.
TOTAL	\$140,294	\$40,866	\$5,880	\$187,060	

Budget Narrative/Justification - Sample Template

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

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

Project Work Plan - Sample Template

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

Goal:

Measurable Outcome(s):

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

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

4.																	
5.																	
6.																	

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

Instructions for Completing the Project Summary/ Abstract

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

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

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

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

Products - materials, deliverables.

- A model abstract/summary is provided below:

The Delaware Division of Services for Aging and Adults with Physical Disabilities (DSAAPD), in **partnership** with the Delaware Lifespan Respite Care Network (DLRCN) and key

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

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

1. Project Director.

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

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

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

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

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

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

designated NIDILRR official will request that the applicant obtain the assurance within 30 days after the specific formal request.

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

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

I. Definitions and Exemptions

A. Definitions.

Research

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

Human Subject

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

B. Exemptions.

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

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

(2) Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures or observation of public behavior, unless: (a)

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

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

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

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

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

II. Instructions for Exempt and Nonexempt Human Subjects Research Narratives

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

A. Exempt Research Narrative.

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

B. Nonexempt Research Narrative.

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

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

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

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

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

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

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

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

