

Administration for Community Living

Administration on Aging

Alzheimer's Disease Initiative - Specialized Supportive Services (ADI-SSS) Project Financed Solely by 2015 Prevention and Public Health Funds (PPHF 2015)

HHS-2015-ACL-AOA-AL-0104

Application Due Date: 07/06/2015

Alzheimer's Disease Initiative - Specialized Supportive Services (ADI-SSS) Project Financed Solely by 2015 Prevention and Public Health Funds (PPHF 2015)

HHS-2015-ACL-AOA-AL-0104

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Department of Health & Human Services
Administration for Community Living

ACL Center:	Administration on Aging
Funding Opportunity Title:	Alzheimer's Disease Initiative - Specialized Supportive Services (ADI-SSS) Project Financed Solely by 2015 Prevention and Public Health Funds (PPHF 2015)
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Applications that fail to meet the application due date will not be reviewed and will receive no further consideration. You are strongly encouraged to submit your application a minimum of 3-5 days prior to the application closing date. Do not wait until the last day in the event you encounter technical difficulties, either on your end or, with http://www.grants.gov. Grants.gov can take up to 48 hours to notify you of a successful submission.

Executive Summary

Cooperative agreements under this funding opportunity announcement, Alzheimer's Disease Initiative: Specialized Supportive Services (ADI-SSS) project, are financed solely by 2015 Prevention and Public Health Funds (PPHF-2015). The project is designed to fill gaps in dementia-capable long-term services and supports (LTSS) for persons living with or those at high risk of developing Alzheimer's disease and related dementias (ADRD) and their caregivers by providing quality, person-centered services that help them remain independent and safe in their communities.

A dementia-capable system meets the unique needs of persons living with dementia by 1) identifying those with a possible dementia and recommending follow up with a physician; 2) ensuring that the staff they encounter have appropriate training, understand the unique needs, the services available , as well as knowing how to communicate with them; and 3) providing quality, person-centered services that help them remain independent and safe in their communities. A dementia-capable system also involves family caregivers when they are available and it is appropriate.

The intent of ADI-SSS program cooperative agreements is to fill existing service gaps in three of the following four areas:

1. Provision of effective supportive services to persons living alone with ADRD in the community.
2. Provision of effective care/supportive services to persons living with moderate to severe impairment from ADRD and their caregivers
3. Improvement of the quality and effectiveness of programs and services dedicated to individuals aging with intellectual and developmental disabilities with ADRD or those at high risk of developing ADRD.
4. Delivery of behavioral symptom management training and expert consultation for family caregivers.

Eligible applicants are those private and/or public entities that are able to 1) demonstrate the existence of a dementia-capable system dedicated to the population that they serve, and 2) articulate opportunities and additional services that would enhance and strengthen the existing system. Services must be evidence-based or evidence-informed to the extent possible.Eligible applicants will be those entities that are well into the development of a dementia-capable system and not those in the beginning of development of such a system.

The Administration on Aging within the Administration for Community Living (AoA/ACL) plans to award as many as ten cooperative agreements to domestic public or private entities with an estimated average award of $9,825,091 for three year, forward funded project periods. The awards, made in the form of cooperative agreements to ensure AoA/ACL's substantial involvement, have an anticipated start date of September 1, 2015.

I. Funding Opportunity Description

An estimated 5.2 million individuals in the United States are living with Alzheimer's disease, that number is expected to increase by 40% by 2025.[1] The anticipated increase is attributed to individuals living longer as a result of advances in medicine, technology, as well as social and environmental conditions[2] and thus advancing to ages at which they are at increased risk of developing ADRD. Such medical and technological advances are prolonging the lives of individuals living with disabilities of which an estimated 6% are affected by some form of dementia after the age of 60 and increasing with age.[3] Of the community dwelling individuals with ADRD, approximately one-third live alone, putting them at an increased risk of, among other things, unmet needs, malnutrition and injury and various forms of neglect and exploitation.[4] The complexity of care of persons with advanced dementia is defined by the severity of functional and cognitive impairment, reliance on surrogate decision-making, inability to live alone and tremendous family/caregiver burden.[5] Behavioral symptoms such as repetitive speech, wandering, and sleep disturbances are a core clinical feature of Alzheimer disease and related dementias. If untreated, these behaviors can accelerate disease progression, worsen functional decline and quality of life, cause significant caregiver distress, and result in earlier nursing home placement.[6]
In 1992 the Congress created the Alzheimer's Disease Demonstration Grants to States (ADDGS) program to improve home and community-based services for persons living with ADRD and their families. As the number of people with Alzheimer's disease grows, it is increasingly important that service delivery and health care systems are responsive to persons with dementia and are effectively coordinated. In 2008 the ADDGS program evolved into the Alzheimer's Disease Supportive Services Program (ADSSP), with expanded goals of increased availability of services for persons with ADRD, their families and caregivers and improved responsiveness of the home and community-based service (HCBS) system. In 2011 the ADSSP expanded its scope to focus on ensuring the availability of dementia-capable community-based social and health care service through the coordination and incorporation of ADRD into these broader systems.

Despite the broad reach of the ADSSP, service and support gaps remain. In an effort to fill some existing gaps, the Alzheimer's Disease Initiative – Specialized Supportive Services (ADI-SSS) project is dedicated to both the provision of services to targeted special populations and provision of targeted training. Specifically, successful applicants will engage in a minimum of three of the following activities in support of individuals with ADRD.

1. Develop and deliver supportive services to persons living alone with ADRD in communities;
2. Promote and provide person and family centered care and training to improve care for and prepare individuals living with moderate to severe impairment and their caregivers for the future;
3. Improve the quality and effectiveness of programs and services dedicated to individuals aging with intellectual and developmental disabilities with ADRD or those at high risk of developing ADRD;

and

4. Deliver behavioral symptom management training and expert consultation to family caregivers.

It is through programs such as this that the Administration for Community Living (ACL) demonstrates its commitment to its mission to maximize the independence, well-being, and health of older adults, people with disabilities, and their families and caregivers. [7]

The expanded availability of specialized services under this announcement will be provided within a dementia-capable home and community-based service system by public and/or private entities. Eligible entities are those which are able to both demonstrate the existence of a dementia-capable system dedicated to the population they serve, and articulate opportunities and additional services that would enhance and strengthen the existing system. Successful applicants under this program will be leaders or partners in existing dementia-capable systems designed to improve the quality and effectiveness of programs and services.

The necessity of these specialized services is exemplified by the aging of the Baby Boom generation which is resulting in increased numbers of people with dementia living alone with no family caregivers available. The appropriate response to such an increase is an effective supportive service system that is capable of provision of services to persons living alonewith ADRD in the community. Promotion and provision of person and family centered care and training for individuals living with moderate to severe impairment from ADRD and their caregivers are essential in efforts to prevent hospitalizations and burdensome transitions. Medical and technological advances have resulted in an increase in the number of individuals living with intellectual and developmental disabilities living long enough to become consumers of aging network services. Behavioral symptoms occur in almost everyone with dementia and symptom management is very difficult for an untrained caregiver, without assistance from experts. Behavioral symptom management training and expert consultation for family caregivers (broadly defined to include close friends and partners) is an integral piece of the ADI-SSS project. Behavioral interventions may include: provision of caregiver education and support, training in problem solving, and targeted therapy directed at the underlying causes for specific behaviors (e.g. implementing nighttime routines to address sleep disturbances). [8] The system within which such individuals and their caregivers operate should be capable of addressing their unique needs and the provision of effective services.

The national consensus is that our home and community-based service (HCBS) system must be person-centered, that is, more responsive to the unique needs and preferences of each individual utilizing the system. Successful applicants would demonstrate the used of person-centered practices in all of required service areas listed above. For example, an individual may be experiencing and reacting to pain, through a person-centered approach the cause of the pain may be identified and removed, thereby alleviating the pain and the resulting behavior. A person-centered approach affords systems the opportunity to address previously unmet needs of persons with ADRD and their caregivers.

People with dementia (70% of whom live in the community) and their caregivers use the full spectrum of HCBS available from a variety of public and private sector programs. Creating a dementia-capable system involves building upon and integrating existing programs from the private sector and those that AoA/ACL and its partners offer. Public sector partners include the Administration for Intellectual and Developmental Disabilities (AIDD); the Centers for Medicare & Medicaid Services (CMS); and the Department of Veterans Affairs. Among the innovative programs that AoA/ACL and its partners have implemented are those listed in the Appendix. It is critical that grantees build dementia capability into their current programs in partnership with key agencies in their states, including, but not limited to, Medicaid and the Veterans Health System. Inclusion of dementia capability in existing and future efforts (i.e. Medicare-Medicaid integration demonstrations, the State Innovation Models, and other Affordable Care Act initiatives) will foster better quality, coordinated care and improve population health at lower cost.

Funding Opportunity Requirements

The cooperative agreement will have two phases:

1. Planning phase during which the grantee develops a work plan, based on the work plan contained in the original application, acceptable to AoA/ACL that will result in accomplishing the goal, objectives, and core components of these objectives.

2. Implementation phase that carries out the grantee's plan for accomplishing the goal, objectives, and core components of these objectives.

Planning Phase

Applicants are to propose a planning phase of no more than 6 months from the notification date of the grant award. During this planning phase, grantees will be able to access no more than 15% of total grant funding to develop their implementation plan. AoA/ACL will be actively involved during the planning phase of the grant. At the conclusion of the planning phase, the grantee must participate in a "Planning Phase Exit Conference" and receive the approval of AoA/ACL to progress to the Implementation Phase and access the remaining 85 percent of cooperative agreement funding.

Implementation Phase

The grantee may not advance to the Implementation Phase without a "Planning Phase Exit Conference" and AoA/ACL staff approval of their implementation plan. Upon AoA/ACL approval of the implementation plan the grantee may begin the Implementation Phase of the grant period.

Direct Service Requirement

The successful applicants will be required to dedicate 30% of its first-year budget, 40% of its second-year budget and 50% of its third-year budget to the provision of direct services.

In light of the service area priority of this funding opportunity, applicants whose budget reflects low administrative expenses will receive a more favorable rating.

Data Collection

Grantees will be required to collect information on services provided under the authority of existing and future approved data collections.

Evaluation

At the onset of the project, grantees will be required to conduct a baseline assessment of the dementia capability of their existing systems. The assessment will afford grantees the opportunity to create metrics for use in future service program evaluations, as well as a basis for setting goals, objectives and milestones for program monitoring and reporting throughout the program period. At the conclusion of the program period, successful applicants will be able to document the progress that they have made, by reporting on the aspects of their project that were successful and those that were not, as well as the lessons learned.

Applications will be scored on the extent to which a robust project evaluation is undertaken. Evaluations should, at a minimum, determine the effectiveness and impact of the strategies and processes used for execution of project goals at both the systems development and consumer (service provision) level. More information on evaluation expectations can be found in Section V of this funding opportunity announcement.

Technical Assistance

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

[1] Alzheimer's Association. *2014 Alzheimer's Disease Facts and Figures.* Accessed April 14, 2014 at http://www.alz.org/alzheimers_disease_facts_and_figures.asp .

[2] Vincent, GK, Velkof, VA. *The Next Four Decades: The Older Population in the United States: 2010-2050*. Washington, DC. US Census Bureau, 2010.

[3] National Task Group on Intellectual Disabilities and Dementia Practice. *My Thinker's Not Working.* January 2012.

[4] Gould, E., Maslow, K., Yuen, P., Wiener, J. *Providing Services for People with Dementia Who Live Alone: Issue Brief.* Accessed April 14, 2014 athttp://www.adrc-tae.acl.gov/tiki-index.php?page=adsspkey&filter=key .

[5] National Alzheimer Project Act Advisory Council on Alzheimer's Research, Care, and Services Meeting #15: Advanced Dementia Expert Panel Summary and Key Recommendations. (2015, January 26). *January 26, 2015 In-Person Meeting*. Retrieved from http://aspe.hhs.gov/daltcp/napa/012615/Mtg15-Slides4.shtml.

[6] Gitlin LN, Kales HC, Lyketsos CG. Nonpharmacologic Management of Behavioral Symptoms in Dementia. *JAMA.* 2012;308(19):2020-2029. doi:10.1001/jama.2012.36918.

[7] Administration for Community Living. *ACL Strategic Plan 2013-2018*. Accessed April 14, 2014 at http://acl.gov/About_ACL/StrategicPlan/docs/ACL_Strategic_Plan.pdf .

[8] Gitlin LN, Kales HC, Lyketsos CG. Nonpharmacologic Management of Behavioral Symptoms in Dementia. *JAMA.* 2012;308(19):2020-2029. doi:10.1001/jama.2012.36918.

Statutory Authority

The statutory authority for cooperative agreements under this Funding Opportunity Announcement is contained within Title IV of the Older Americans Act.

II. Award Information

Funding Instrument Type:	Cooperative Agreement
Estimated Total Funding:	$9,825,091
Expected Number of Awards:	10
Award Ceiling:	$1,000,000 Per Project Period
Award Floor:	$800,000 Per Project Period
Average Projected Award Amount:	$0 Per Project Period

36-month project with three 12-month budget periods

36-month project period

All awards will be forward-funded for the entire 36 month project period.

The AoA/ACL plans to fund up to ten grants with a federal funding level of up to $1,000,000 per project period with three separate budget years. The number of awards will vary based on the following factors: 1) appropriation levels, and 2) the number of applications funded under the FOA.

The size of each award will vary, as dictated by the nature and scope of the projects proposed by applicants. AoA/ACL reserves the right to offer a lower level of funding than that requested in the application.

Funding decisions are at the discretion of the Administrator for ACL/Assistant Secretary for Aging. Only those applications ranking highest in a third party panel review will be recommended for funding by the AoA/ACL Program Officer. It is anticipated that not all applications will be funded.

Description of AoA/ACL's Anticipated Substantial Involvement Under the Cooperative Agreement

This Cooperative Agreement is subject to terms provided for in the Federal Grant and Cooperative Agreement Act of 1977 (P.L. 95-224). This Cooperative Agreement provides for the substantial involvement and collaboration of AoA/ACL in activities that the recipient organization will carry out in accordance with the provisions of the approved grant award.

Once a cooperative agreement is in place, requests to modify or amend it or the work plan may be made by AoA/ACL or the awardee at any time. Modifications and/or amendments of the Cooperative Agreement or work plan shall be effective upon the mutual agreement of both parties, except where AoA/ACL is authorized under the Terms and Conditions of award, 45 CFR Part 74 or 92, or other applicable regulation or statute to make unilateral amendments. When an award is issued, AoA/ACL and the grantee will sign a cooperative agreement that includes terms and conditions consistent with the following description of their respective responsibilities.

The **grantee** agrees to execute the responsibilities outlined below:

1. Fulfill all of the requirements of the grant initiative as outlined in this funding opportunity announcement (FOA), as well as carry out project activities as reviewed, approved, and awarded.
2. Communicate with the AoA project officer and/or the assigned technical assistance liaison regularly to improve the effectiveness of the activities carried out under this Agreement.
3. Conduct a baseline assessment of the dementia capability in collaboration with Project Officer and technical assistance team.
4. Produce and submit to the AoA/ACL Project Officer, at the conclusion of the project, a summary report or manual describing how the project was conducted and goals were achieved. The report would also include ways in which barriers to goal achievement were addressed.
5. Cooperate with any federal evaluation efforts and comply with the timeline, content and format of all required data collection and reporting requirements (see Section VI-3 for more detail). Submit to the AoA/ACL project officer a final, clean copy of all data developed or supported with these grant funds, in the format in which it was developed or produced, as provided for in the HHS Grants Policy Statement (http://www.hhs.gov/asfr/ogapa/aboutog/hhsgps107.pdf) and referenced in the Notice of Award. The HHS Grants Policy Statement defines “data” as: “recorded information, regardless of the form or media on which it may be recorded, and includes writings, films, sound recordings, pictorial reproductions, drawings, designs or other graphic representations, procedural manuals, forms, diagrams, work flow charts, equipment descriptions, data files, data processing or computer programs (software), statistical records, and other research data” (p. II-69, Footnote 18).
6. Participate in Learning Collaborative activities as organized by the AoA/ACL Project Officer and the technical assistance team. Collaborative participants will mentor one another in their efforts to fulfill the aims of the ADI-SSS program.
7. Include the following disclaimer on all products produced using this grant funding:

   "This (report/document/etc.) was supported in part by a cooperative agreement (No. XXX) from the Administration on Aging (AoA), Administration for Community Living (ACL), U.S. Department of Health and Human Services (DHHS). Grantees carrying out projects under government sponsorship are encouraged to express freely their findings and conclusions. Therefore, points of view or opinions do not necessarily represent official AoA, ACL, or DHHS policy."

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

1. Perform the day-to-day Federal responsibilities of managing a grant initiative and work with the grantee to ensure that the minimum requirements for the grant are met.

2. Work cooperatively with the grantee to clarify the programmatic and budgetary issues to be addressed by the grantee project, and, as necessary, negotiate with grantee to achieve a mutually agreed upon solution to any needs identified by the grantee or AoA/ACL.
3. Assist the grantee project leadership in understanding the strategic goals and objectives, policy perspectives, and priorities of AoA, ACL, and the U.S. Department of Health and Human Services; and about other federally-sponsored projects and activities relevant to activities funded under this announcement;
4. Provide technical advice to the grantee on the provision of technical support and associated tasks related to the fulfillment of the goals and objectives of this grant.
5. Attend and participate in major project events as appropriate.
6. Communicate with the grantee project director regularly to improve the effectiveness of the activities carried out under this Agreement.

III. Eligibility Information

1. Eligible Applicants

The Administration for Community Living/Administration on Aging (AoA/ACL) will award competitive cooperative agreements to eligible domestic public and/or private entities. In order to extend sophisticated dementia-capable services to the special populations targeted with this funding, eligible entities are those that are able to 1) demonstrate the existence of a dementia-capable system dedicated to the population that they serve, and 2) articulate opportunities and additional services that would enhance and strengthen the existing system through this initial Funding Opportunity.

Entities that are unable to 1) demonstrate the existence of a dementia-capable system dedicated to the population that they serve, and 2) articulate opportunities and additional services that would enhance and strengthen the existing system are not eligible to apply for cooperative agreements under this new Funding Opportunity.

Eligible applicants will be those entities that are well into the development of a dementia-capable system and not those in the beginning of development of such a system.

Entities that have received previous grant awards under the AoA/ACL 2014 Funding Opportunity Announcement (FOA)) number HHS-2014-ACL-AOA-AL-0090 are not eligible to apply for funding under this FOA. Specifically, the following entities are ineligible for consideration for funding under this program: Alzheimer's Association of Los Angeles, Riverside, and San Bernardino; the District of Columbia Office on Aging; Family Services of Westchester County New York; Georgia Southwestern State University; Jewish Family and Children's Service of the Suncoast in Florida; Lutheran Social Services of Puerto Rico; Minnesota Board on Aging; Neighborhood Centers, Inc. in Houston, Texas; Southern Maine Agency on Aging; and Wisconsin Department of Health Services.

Individuals, foreign entities, and sole proprietorship organizations are not eligible to compete for, or receive, awards under this announcement.

2. Cost Sharing or Matching

Cost Sharing / Matching Requirement: Yes

The Federal match required for the ADI-SSS program is 25% (cash and/or in-kind). Applicants will have the opportunity to apply for waivers of a portion of the match. Waivers to match requirements under this program will not result in requirements below 15%.

Applicants are required to meet a non-federal share of the project cost as outlined in the funding opportunity announcement.

There are two types of match: 1) non-federal cash and 2) non-federal in-kind. In general, costs borne by the applicant and cash contributions of any and all third parties involved in the project, including sub-grantees, contractors and consultants, are considered matching funds. Volunteered time and use of facilities to hold meetings or conduct project activities may be considered in-kind (third party) donations. Budgetary funds provided from the applicant agency's budget for costs associated with the project is an example of a non-federal cash match **. ACL encourages you to not exceed the minimum match requirement.** Applications with a match greater than the minimum required will not receive additional consideration under the review. Match is not one of the responsiveness criteria as noted in Section III, 3 Application Disqualification Factors.

3. Responsiveness and Screening Criteria

Application Responsiveness Criteria

All applications will go through an initial programmatic screening to verify that the applicant:

Applications will be reviewed to establish responsiveness to the following criteria. Those that do not meet the required criteria will be administratively eliminated and will not be reviewed.

The responsive ADI-SSS project application will:

- Demonstrate an existing dementia-capable home and community-based services system or be well placed to have one in place within one year of the grant award.
- Not propose conduit or pass-through funding for another agency to lead the project;
- Not propose a brick and mortar project.
- Not be an individual, foreign entity, or sole proprietorship organization;
- Be leaders or partners in existing dementia-capable systems designed to improve the quality and effectiveness of programs and services;
- Demonstrate preparedness and agree to conduct a baseline assessment of the dementia capability of the existing system with the intent of creating metrics for use in future service program evaluations, as well as a basis for setting goals, objectives and milestones for program monitoring and reporting throughout the program period.
- Demonstrate capacity to serve persons of all ages with dementia, including those with intellectual and developmental disabilities;
- Develop and implement strong collaboration among entities serving individuals living with ADRD and their caregivers, including but not limited to, the state's Agencies for Aging, Medicaid, and agencies that serve persons living with intellectual and developmental disabilities;
- Build on existing access points for services relevant to these agencies;
- Agree to participate in learning collaboratives devoted to dementia capability and specialized services.
- Include a sustainability plan for program elements that are deemed successful.

Application Screening Criteria

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

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

1. Applications must be submitted electronically via http://www.grants.gov by 11:59 p.m., Eastern Time, **by the due date listed in section IV.3 Submission Dates and Times**.
2. The Project Narrative section of the Application must be **double-spaced**, on 8 ½" x 11" plain white paper with **1" margins** on both sides, and a **standard font size of not less than 11, preferably Times New Roman or Arial.**

3. The Project Narrative must not exceed 20 pages. **Project Narratives that exceed 20 pages will have the additional pages removed and only the first 20 pages of the Project Narrative** will be provided to the merit reviewers for funding consideration. NOTE: The Project Work Plan, Letters of Commitment, and Vitae of Key Project Personnel **are not counted** as part of the Project Narrative for purposes of the 20-page limit.

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

IV. Application and Submission Information

1. Address to Request Application Package

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

Please note, ACL is requiring applications for all announcements to be submitted electronically through http://www.grants.gov. The Grants.gov (http://www.grants.gov) registration process can take several days. If your organization is not currently registered with http://www.grants.gov, please begin this process immediately. **For assistance with http://www.grants.gov, please contact them at support@grants.gov or 1-800-518-4726 between 7 a.m. and 9 p.m. Eastern Time.**
At http://www.grants.gov, you will be able to download a copy of the application packet, complete it off-line, and then upload and submit the application via the Grants.gov website (http://www.grants.gov).

Applications submitted via http://www.grants.gov:

- You may access the electronic application for this program on http://www.grants.gov. You must search the downloadable application page by the Funding Opportunity Number or CFDA number.
- At the http://www.grants.gov website, you will find information about submitting an application electronically through the site, including the hours of operation. ACL strongly recommends that you do not wait until the application due date to begin the application process through http://www.grants.gov because of the time involved to complete the registration process.
- All applicants must have a DUNS number (http://fedgov.dnb.com/webform/) and be registered with the System for Award Management (SAM, www.sam.gov) and maintain an active SAM registration until the application process is complete, and should a grant be made, throughout the life of the award. Finalize a new, or renew an existing, registration at least two weeks before the application deadline. This action should allow you time to resolve any issues that may arise. Failure to comply with these requirements may result in your inability to submit your application or receive an award. Maintain documentation (with dates) of your efforts to register or renew at least two weeks before the deadline. See the SAM Quick Guide for Grantees at: https://www.sam.gov /sam/ transcript/ SAM_Quick_ Guide_Grants_ Registrations-v1.6. pdf.
- HHS requires all entities that plan to apply for, and ultimately receive, federal grant funds from any HHS Agency, or receive sub-awards directly from recipients of those grant funds to:
    - Be registered in the SAM prior to submitting an application or plan;
    - 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
    - Provide its active DUNS number in each application or plan it submits to the OPDIV.
- The agency is prohibited from making an award until an applicant has complied with these requirements. At the time an award is ready to be made, if the intended recipient has not complied with these requirements, the agency:

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

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

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

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

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

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

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

- Since October 1, 2003, The Office of Management and Budget has required applicants to provide a Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number when applying for Federal grants or cooperative agreements. It is entered on the SF 424. It is a unique,**nine-digit identification number**, which provides unique identifiers of single business entities. The DUNS number is*free and easy* to obtain.
- Organizations can receive a DUNS number at no cost by calling the dedicated toll-free DUNS Number request line at 1-866-705-5711 or by using this link to access a guide: http://www. whitehouse.gov/ sites/default/files/omb/grants/duns_num_guide.pdf.
- You must submit all documents electronically, including all information included on the SF424 and all necessary assurances and certifications.
- Prior to application submission, Microsoft Vista and Office 2007 users should review the http://www.grants.gov compatibility information and submission instructions provided at http://www.grants.gov (click on "**Vista and Microsoft Office 2007 Compatibility Information**").
- **Your application must comply with any page limitation requirements described in this Program Announcement.**
- After you electronically submit your application, you will receive an automatic acknowledgement from http://www.grants.gov that contains http://www.grants.gov tracking number. The Administration for Community Living will retrieve your application form from http://www.grants.gov.
- Each year organizations applying for Federal grants through http://www.grants.gov need to register or update their registration with the System for Award Management (SAM) [Formerly the Central Contractor Registry (CCR)]. You can complete the initial registration on www.SAM.gov in three days; however, you must update your registration on www.SAM.gov every year, which can take five days. When you register, or update your registration on www.SAM.gov, you must have your

DUNS number and other information about your organization available.
- To keep your SAM.gov registration active, be sure to renew at least once each year. If your registration expires you cannot submit a grant application until it is renewed.

Contact person regarding this Program Announcement:

U.S. Department of Health and Human Services
Administration for Community Living
Erin Long
Office of Supportive and Caregiver Services
Phone Number: (202) 357-3448
E-mail: Erin.Long@acl.hhs.gov

2. Content and Form of Application Submission

a. Letter of Intent

Letter of Intent
Due Date for Letter of Intent: **05/20/2015**

Applicants are **required**, to submit a letter of intent to apply for this funding opportunity to assist AoA/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:

U.S. Department of Health and Human Services

Administration for Community Living

Erin Long

Email: erin.long@aoa.hhs.gov

b. Project Narrative

The Project Narrative must be double-spaced, on 8 ½" x 11" paper with 1" margins on both sides, and a standard font size of not less than 11, preferably Times New Roman or Arial. You can use smaller font sizes to fill in the Standard Forms and Sample Formats. The suggested length for the Project Narrative is ten to twenty pages; twenty pages is the maximum length allowed. Project Narratives that exceed 20 pages will have the additional pages removed and only the first 20 pages of the Project Narrative will be provided to the merit reviewers for funding consideration. The Project Work Plan, Letters of Commitment, and Vitae of Key Personnel are not counted as part of the Project Narrative for purposes of the 20-page limit, but all of the other sections noted below are included in the limit.

The components of the Project Narrative counted as part of the 20 page limit include:

Summary/Abstract

Problem Statement

Goal(s) and Objective(s)

Proposed Intervention

Special Target Populations and Organizations

Outcomes

Project Management

Evaluation

Dissemination

Organizational Capability

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

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

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

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

In this section:

- Describe the impact of ADRD on the population that you serve;
- Describe existing service gaps;
- Describe the dementia capability of the existing system as it pertains to the target populations;
- Describe the trainings and services presently available to address behavioral symptom management, and
- Describe the management, systems, financial or other challenges requiring attention in order to implement and sustain programs funded under this opportunity.

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

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

Identify your proposed project goal(s) and major objectives, including the projected total number of individuals who will benefit from services provided under this funding announcement.

- How you plan to address the major challenges identified in the problem statement;
- Description of partnerships, collaborations and innovative activities that will take place in support of goal/objective achievement;
- Explanation of how program activities will marketed and participants identified;
- Description of the sustainability plan for program elements that are deemed successful.

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

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

Special Target Populations and Organizations
This section should describe how you plan to involve organizations in a meaningful way in the planning and implementation of the proposed project. This section should also describe whether, and if so, how the proposed intervention will target disadvantaged populations, including limited-English speaking populations, those of greatest economic need and those of greatest social need.

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

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

A "measurable outcome" is an observable end-result that describes how a particular intervention benefits consumers. It demonstrates the functional status, mental well-being, knowledge, skill, attitude, awareness or behavior.) It can also describe a change in the degree to which consumers exercise choice over the types of services they receive, or whether they are satisfied with the way a service is delivered. Additional examples include: a change in the responsiveness or cost-effectiveness of a service delivery system; a new

model of support or care that can be replicated in the aging network; new knowledge that can contribute to the field of aging; a measurable increase in community awareness; or a measurable increase in persons receiving services. A measurable outcome is not a measurable "output", such as: the number of clients served; the number of training sessions held; or the number of service units provided.

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

Your application will be scored on the clarity and nature of your proposed outcomes, not on the number of outcomes cited. It is totally appropriate for a project to have only ONE outcome that it is trying to achieve through the intervention reflected in the project's design.

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

A "measurable outcome" is an observable end-result that describes how a particular intervention benefits consumers. It demonstrates the functional status, mental well-being, knowledge, skill, attitude, awareness or behavior. It can also describe a change in the degree to which consumers exercise choice over the types of services they receive, or whether they are satisfied with the way a service is delivered. Additional examples include: a change in the responsiveness or cost-effectiveness of a service delivery system; a new model of support or care that can be replicated in the aging or disabilities networks; new knowledge that can contribute to the field of aging or disabilities; a measurable increase in community awareness; or a measurable increase in persons receiving services. A measurable outcome is not a measurable "output", such as: the number of clients served; the number of training sessions held; or the number of service units provided.

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

Your application will be scored on the clarity and nature of your proposed outcomes, not on the number of outcomes cited. It is totally appropriate for a project to have only ONE outcome that it is trying to achieve through the intervention reflected in the project's design.

Project Management

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

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

Letters of commitment from partners should be included as an appendix to the application.

Evaluation
This section should describe the method(s), techniques and tools that will be used to: 1) determine whether or not the proposed intervention achieved its anticipated outcome(s), and 2) document the "lessons learned" – both positive and negative - from the project that will be useful to people interested in replicating the intervention, if it proves successful.

This section should describe the method(s), techniques and tools that will be used to: 1) determine whether or not the proposed program achieved its anticipated outcome(s), and 2) document the "lessons learned" – both positive and negative - from the project that will be useful to people interested in replicating the program, if it proves successful.

The development and implementation of a quality assurance (QA) program which ensures continuous quality improvement should be included in this section. The QA program description will include techniques and tools to demonstrate project outcomes, methods for monitoring and tracking progress toward program goal(s) and objectives, and documentation of both positive and negative lesson's learned.

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

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

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

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

This description should cover capabilities of the applicant agency not included in the program narrative, such as any current or previous relevant experience and/or the record of the project team in preparing

cogent and useful reports, publications, and other products. If appropriate, include an organization chart showing the relationship of the project to the current organization. Please attach short vitae for key project staff only. Neither vitas nor an organizational chart will count towards the narrative page limit. Also include information about any contractual organization(s) that will have a significant role(s) in implementing project and achieving project goals.

c. Work Plan

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

d. Letters of Commitment from Key Participating Organizations and Agencies

Include confirmation of the commitments to the project (should it be funded) made by key collaborating organizations and agencies in this part of the application. Any organization that is specifically named to have a significant role in carrying out the project should be considered an essential collaborator. For applications submitted electronically via http://www.grants.gov, signed letters of commitment should be scanned and included as attachments. Applicants unable to scan the signed letters of commitment may fax them to the ACL Office of Grants Management at 202-357-3467 by the application submission deadline. In your fax, be sure to include the funding opportunity number and your agency name.

Applications should include signed letters of commitment from key collaborating organizations and agencies, confirming intent to participate in the project (should it be funded). Any organization that is specifically named to have a significant role in carrying out the project should be considered an essential collaborator and a letter should be included. For applications submitted electronically via http://www.grants.gov, signed letters of commitment should be scanned and included as attachments. Applicants unable to scan the signed letters of commitment may fax them to the ACL Office of Grants Management at 202-357-3467 by the application submission deadline. In your fax, be sure to include the funding opportunity number and your agency name.

e. Budget Narrative/Justification

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

3. Submission Dates and Times

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: www.grants.gov/applicants/get_registered.jsp.

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

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

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

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

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

Due Date for Applications: **07/06/2015**
Date for Informational Conference Call: 05/14/2015

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.

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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.

Due Date for Applications: **July 6, 2015**
Date for Informational Conference Call: **May 14, 2015**
Teleconference Details:
Time: 12:30 p.m. Eastern
Telephone Number: **888-947-8924**
Passcode: 8177029

4. Intergovernmental Review

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

5. Funding Restrictions

The following activities are not fundable:

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

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

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

The following activities are not fundable:

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

Note: A recent Government Accountability Office (GAO) report number 11-43, has raised considerable concerns about grantees and contractors charging the Federal government for additional meals outside of the standard allowance for travel subsistence known as per diem expenses. Executive Orders on Promoting Efficient Spending (EO 13589) and Delivering Efficient, Effective and Accountable Government (EO 13576) have been issued and instruct Federal agencies to promote efficient spending. Therefore, if meals are to be charged in your proposal, applicants should understand such costs must meet the following criteria outlined in the Executive Orders and HHS Grants Policy Statement:

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workday, as a part of a formal compensation arrangement;
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- *Under a conference grant, when meals are a necessary and integral part of a conference, provided that meal costs are not duplicated in participants' per diem or subsistence allowances. (Note: conference grant means the sole purpose of the award is to hold a conference)*

6. Other Submission Requirements

Successful applicants are also subject to the following restrictions:

- Cap on Researcher Salaries - None of the funds appropriated in this program shall be used to pay the salary of an individual, through a grant, cooperative agreement or other extramural mechanism, at a rate in excess of Executive Level II (capped at $181,500).
- Gun Control Prohibition - None of the funds appropriated in this program may be used, in whole or in part, to advocate or promote gun control.
- Needle Exchange - Notwithstanding any other provision of the Act, no funds appropriated in this Act shall be used to carry out a program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug.
- Publicity and Propaganda [Lobbying] – Sec. 503:

(a) No part of any appropriation contained in this act or transferred pursuant to section 4002 of Public Law 111-148 shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before Congress or any State or local legislature or legislative body, except in presentation of the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government itself.

(b) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government.

(c) The prohibitions in subsections (a) and (b) shall include any activity to advocate or promote any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.

Erin Long

ACL

AOA

Office of Supportive and Caregiver Services

V. Application Review Information

1. Criteria

Applicants must document all of their source material. If any text, language and/or materials are from another source, the applicant must make it clear the material is being quoted and where the text comes from. The applicant must also cite any sources when they obtain numbers, ideas, or other material that is not their own. If the applicant fails to comply with this requirement, regardless of the severity or frequency of the plagiarism, the reviewers shall reduce their scores accordingly even to the degree of issuing no points at all.

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

a. Project Relevance & Current Need

b. Approach

c. Budget

d. Project Impact

e. Organizational Capacity

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

1. Project Relevance & Current Need - (20 points)
2. Approach - (30 points);
3. Budget – (10 points);
4. Project Impact - (20 points); and
5. Organizational Capacity - (20 points).

Project Relevance & Current Need	**Maximum Points: 20**

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

Approach	**Maximum Points: 30**

Goals/Objectives (10 Points)

1. Is the project clearly defined?
2. Has the applicant stated clear and meaningful goals and objectives for the proposed program as well as problems that relate to the proposed program?
    1. Are the goals and objectives reasonable and likely to be achieved?
    2. Does the project take into account barriers and opportunities that exist in the larger environment that may impact project success?
3. Do the project goals and objectives address at least three of the four specialized supportive service area options outlined in the funding opportunity announcement?
4. Does the project demonstrate the existence of a dementia-capable system or one that will be dementia capable within one year dedicated to the population that they serve?
    1. Does the applicant commit to conducting a baseline assessment of the dementia capability of their existing systems?
5. Does the proposal optimize the use of potential partnerships with other organizations and/or consumer groups, as appropriate?

Work Plan/Management Plan (10 Points)

1. Is the project work plan clear and comprehensive, covering ALL years of the proposed project?
    1. Does the work plan include sensible and feasible timeframes for the accomplishment of the tasks presented?
    2. Does the work plan include specific objectives and tasks that are linked to measurable outcomes?
    3. Are evidence-based/evidence informed intervention (s) included as components of the proposed work plan?
2. Does the proposal include a clear and coherent management plan, including plans for administration, collaboration and coordination of program activities with other related services or programs offered by public or private entities?
3. Are the roles and responsibilities of project staff, consultants and partners clearly delineated and linked to specific objectives and tasks?
4. Is it clear that the applicant is not proposing conduit or pass-through funding for another agency to lead the project.
5. Does the project work plan include production and submission of a summary report or manual describing how the project was conducted and goals were achieved, as well as ways in which barriers to goal achievement were addressed?

Methods of Addressing the Problem (10 Points)

1. Has the applicant described a coherent approach to implementing the program that would successfully address the problems described?
2. Has the applicant adequately described the plan to implement the chosen supportive service areas?
3. Does the project approach include detailed plans to address at least three of the four specialized supportive service areas?
    1. Has the applicant described how the proposed activities will address coordination and access to the chosen supportive services areas?
    2. Does the proposed project demonstrate the use of person-centered practices in the chosen supportive service areas?

Budget	**Maximum Points: 10**

1. Does the budget and associated narrative cover ALL years of the proposed project?
2. Is the time commitment of the proposed director and other key project personnel sufficient to assure proper direction, management and timely completion of the project?
    1. Are the budget amounts proposed for personnel proportionate to other activities, given the scope of the proposal?
3. Does the project budget dedicate the required 30% of its first-year budget, 40% of its second-year budget and 50% of its third-year budget to the provision of direct services?
4. Does the budget include the appropriate match requirement?
5. Is the budget justified with respect to the adequacy and reasonableness of resources requested?
6. Is the scope of project activities consistent with the resources requested?
    1. Does the budget reflect low administrative expenses? *In light of the service area priority of this funding opportunity, applicants whose budget reflects low administrative expenses will receive a more favorable rating.*
    2. Are budget line items clearly delineated and consistent with work plan objectives?

Project Impact	**Maximum Points: 20**

Project Outcomes (7 points)

1. Are the expected project benefits/results clear, realistic, and consistent with the objectives and purpose of the project?
2. Are the proposed outcomes quantifiable and measurable, consistent with the definition of the project outcome contained in the program announcement?
3. Has the applicant agreed to work with AoA/ACL and comply with any OMB approved reporting requirements and to submit reports according to the required schedule?

Project Evaluation (7 Points)

1. Does the project evaluation reflect a thoughtful and well-designed approach that will be able to successfully measure whether or not the project has achieved it proposed outcomes?
2. Does the plan include the qualitative and/or quantitative methods necessary to reliably measure outcomes?
3. Is the evaluation designed to capture “lessons learned” from the overall effort?

Dissemination (3 points)

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

Sustainability (3 points)

1. Does the application include a sustainability plan?
2. Is there a clear and realistic plan to try to identify resources and avenues through which program activities can continue after Federal Financial assistance has ended?
3. Is sustainability of the program beyond the program period likely?

Organizational Capacity	Maximum Points: 20

Project Staffing and Qualifications (10 Points)

1. Does the applicant organization clearly identify their capacity for carrying out the proposed project and evaluation?
2. Is it clear that the applicant is not proposing conduit or pass-through funding for another agency to lead the project.
3. Do the proposed project director(s), key staff and consultants have the dementia capability background, experience, and other qualifications required to carry out their designated roles?
4. Do key staff have time commitments allocated that are sufficient to carry out a project of this scope?
5. Are letters from participating organizations included, as appropriate, and do they express the clear commitment and areas of responsibility of those organizations, consistent with the work plan description of their intended roles and contributions?

Organization and Management (10 Points)

1. Does the applicant demonstrate the commitment to lead the project?
2. Does the application adequately describe organizational ability to work with other state and community based entities?
3. Does the application demonstrate the organization's capability to sustain some or all project activities after Federal financial assistance has ended?
4. Does the applicant demonstrate the existence of a dementia-capable system, or one that will be dementia capable within one year, in which they are operating?
5. Does the applicant demonstrate commitment and ability to comply with the timeline, content and format of all required Federal data collection and reporting requirements?

2. Review and Selection Process

An independent review panel of at least three individuals will evaluate applications that pass the screening and meet the responsiveness criteria if applicable. These reviewers are experts in their field, and are drawn from academic institutions, non-profit organizations, state and local government, and Federal government agencies. Based on the Application Review Criteria as outlined under section IV.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 for ACL/Assistant Secretary for Aging. In making these decisions, the Administrator will take into consideration: recommendations of the review panel; reviews for programmatic and grants management compliance; the reasonableness of the estimated cost to the government considering the available funding and anticipated results; and the likelihood that the proposed project will result in the benefits expected.

3. Anticipated Announcement Award Date

Award notices to successful applicants are expected to be sent about August 31, 2014 for and anticipated start date of September 1, 2014.

VI. Award Administration Information

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, and the ACL Office of Budget and Finance. Acceptance of this award is signified by the drawdown of funds from the Payment Management System. Unsuccessful applicants are generally notified within 30 days of the final funding decision and will receive a disapproval letter via e-mail or U.S. mail. Unless indicated otherwise in this announcement, unsuccessful applications will not be retained by the agency and destroyed.

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, Officer of Grants Management, and the ACL Office of Budget and Finance. Acceptance of this award is signified by the drawdown of funds from the Payment Management System. Unsuccessful applicants are generally notified within 30 days of the final funding decision and will receive a disapproval letter via e-mail or U.S. mail. Unless indicated otherwise in this announcement, unsuccessful applications will not be retained by the agency and destroyed.

2. Administrative and National Policy Requirements

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

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

Other Administrative and National Policy Requirements

The award is subject to DHHS Administrative Requirements, which can be found in 45CFR Part 74 and 92 and the Standard Terms and Conditions, included in the Notice of Award as well as implemented through the HHS Grants Policy Statement located at http://www.hhs.gov/grantsnet/adminis/gpd/index.htm.

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

3. Reporting

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

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

PPHF Reporting

Per PPHF-specific requirements, recipients are required to report semi-annually on activities, including

subawards. Information from these reports will be made available to the public.

Recipients agree to separately identify to each sub-recipient, and document at the time of sub-award and the time of disbursement of funds, the Federal award number, and CFDA number 93.761 for 2014 PPHF fund purposes, and amount of PPHF funds.

Recipient agrees to report on the following: This award requires the recipient to complete projects or activities which are funded under the 2014 Prevention and Public Health Fund (PPHF) and to report on use of PPHF funds provided through this award. Information from these reports will be made available to the public.

Recipients awarded a grant, cooperative agreement, or contract from such funds with a value of $25,000 or more shall produce reports on a semi-annual basis with a reporting cycle of January 1 – June 30 and July 1 – December 31; and email such reports (in 508 compliant format) to the HHS grants management official assigned to the grant or cooperative agreement no later than 20 calendar days after the end of each reporting period (i.e., July 20 and January 20, respectively). Recipient reports shall reference the notice of award number and title of the grant or cooperative agreement, and include a summary of the activities undertaken and identify any sub-grants or sub-contracts awarded (including the purpose of the award and the identity of the [sub] recipient).

4. FFATA and FSRS Reporting

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

For further guidance please see the following link:
http://www.acl.gov/Funding_Opportunities/Grantee_Info/FFATA.aspx

VII. Agency Contacts

Project Officer:

U.S. Department of Health and Human Services
Administration for Community Living
Erin Long
Phone Number: (202) 357-3448
E-mail: Erin.Long@acl.gov

Grants Management Specialist:

U.S. Department of Health and Human Services
Administration for Community Living
Sherlonda Blue
Office of Grants Management
E-mail: Sherlonda.Blue@aoa.hhs.gov

VIII. Other Information

1. Application Elements

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

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

c. Separate Budget Narrative/Justification, required (See "Budget Narrative/Justification - Sample Format" for examples and "Budget Narrative/Justification – Sample Template.")

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

d. SF 424B – Assurance, required. Note: Be sure to complete this form according to instructions and have it signed and dated by the authorized representative (see item 18d on the SF 424).

e. Lobbying Certification, required

f. Proof of non-profit status, if applicable

g. Copy of the applicant's most recent indirect cost agreement, if requesting indirect costs. If any sub-contractors or sub-grantees are requesting indirect costs, copies of their indirect cost agreements must also be included with the application.

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

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

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

1.

1. SF 424, required – Application for Federal Assistance (See "Instructions for Completing Required Forms" for assistance);
2. SF 424A, required – Budget Information. (See Attachment A for Instructions; See "Standard Form 424A – Sample Format" for an example of a completed SF 424A);
3. 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;
4. 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);
5. Lobbying Certification, required;Proof of non-profit status, if applicable;
6. Copy of the applicant's most recent indirect cost agreement, if requesting indirect costs. If any sub-contractors or sub-grantees are requesting indirect costs, copies of their indirect cost agreements must also be included with the application;
7. Project Narrative with Work Plan, required (See "Project Work Plan – Sample Template" for a formatting suggestions);
8. Organizational Capability Statement and Vitae for Key Project Personnel;
9. Letters of Commitment from Key Partners, if applicable.

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

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The project description and Budget Narrative/Justification is approved under OMB control number 0985-0018 which expires on 3/12/17. Public reporting burden for this collection of information is estimated to average 10 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed and reviewing the collection information.

Appendix

Instructions for Completing Required Forms

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

a. Standard Form 424

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

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

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

- New
- Continuation
- Revision

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

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

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

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

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

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

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

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

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

properly align access to the Payment Management System.

c. Organizational DUNS: (REQUIRED) Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained by visiting the Grants.gov website (http://www.grants.gov). Your DUNS number can be verified at http://fedgov.dnb.com/webform/.

d. Address: (REQUIRED) Enter the complete address including the county.

e. Organizational Unit: Enter the name of the primary organizational unit (and department or division, if applicable**)** that will undertake the project.

f. Name and contact information of person to be contacted on matters involving this application: Enter the name (First and last name required), organizational affiliation (if affiliated with an organization other than the applicant organization), telephone number (Required), fax number, and email address (Required) of the person to contact on matters related to this application.

9. **Type of Applicant:** (REQUIRED) Select the applicant organization "type" from the following drop down list.

A. State Government B. County Government C. City or Township Government D. Special District Government E. Regional Organization F. U.S. Territory or Possession G. Independent School District H. Public/State Controlled Institution of Higher Education I. Indian/Native American Tribal Government (Federally Recognized) J. Indian/Native American Tribal Government (Other than Federally Recognized) K. Indian/Native American Tribally Designated Organization L. Public/Indian Housing Authority M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education) N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education) O. Private Institution of Higher Education P. Individual Q. For-Profit Organization (Other than Small Business) R. Small Business S. Hispanic-serving Institution T. Historically Black Colleges and Universities (HBCUs) U. Tribally Controlled Colleges and Universities (TCCUs) V. Alaska Native and Native Hawaiian Serving Institutions W. Non-domestic (non-US) Entity X. Other (specify)

10. **Name Of Federal Agency**: (REQUIRED) Enter U.S. Administration for Community Living

11. **Catalog Of Federal Domestic Assistance Number/Title:** The CFDA number can be found on page one of the Program Announcement.

12. **Funding Opportunity Number/Title:** (REQUIRED) The Funding Opportunity Number and title of the opportunity can be found on page one of the Program Announcement.

13. **Competition Identification Number/Title:** Leave this field blank.

14. **Areas Affected By Project:** List the largest political entity affected (cities, counties, state etc).

15. **Descriptive Title of Applicant's Project:** (REQUIRED) Enter a brief descriptive title of the project (This is not a narrative description).

16. **Congressional Districts Of**: (REQUIRED) 16a. Enter the applicant's Congressional District, and 16b. Enter all district(s) affected by the program or project. Enter in the format: 2 characters State Abbreviation – 3 characters District Number, e.g., CA-005 for California 5th district, CA-012 for California 12th district, NC-103 for North Carolina's 103rd district. If all congressional districts in a state are affected, enter "all" for the district number, e.g., MD-all for all congressional districts in Maryland. If nationwide, i.e. all districts within all states are affected, enter US-all. See the below website to find your congressional district:

http://www.house.gov/

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

SF424 should be the 1st of the month and the end date of the last day of the month of the final year, for example 7/01/2014 to 6/30/2017. The Grants Officer can alter the start and end date at their discretion.

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

NOTE: Applicants should review cost sharing or matching principles contained in Subpart C of 45 CFR Part 74 or 45 CFR Part 92 before completing Item 18 and the Budget Information Sections A, B and C noted below.

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

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

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

ACL's Match Requirement

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

$$\frac{\text{Federal Funds Requested} * \text{Match Percentage}}{\text{Inverse Match Percentage}} = \text{Minimum Match Requirement}$$

Examples of varying match levels:

1) $100,000 (federal funds requested) * 5% (match) = $5,263
95%

2) $100,000 * 25%(match) = $33,333
75%

3) $100,000 * 35%(match) = $53,846
65%

4) $100,000 * 45%(match) = $81,818
55%

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

19. **Is Application Subject to Review by State Under Executive Order 12372 Process?** Check c. Program is not covered by E.O. 12372

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

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

Standard Form 424A

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

Section A - Budget Summary

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

Section B Budget Categories

Column 1: Enter the breakdown of how you plan to use the Federal funds being

requested by object class category (see instructions for each object class category in Attachment C).

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

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

Section C – Non Federal Resources

Column A: Enter the federal grant program.

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

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

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

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

Section D –Forecasted Cash Needs

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

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

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

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

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

Column A: Enter the federal grant program

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

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

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

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

Section F – Other Budget Information

Line 21: Enter the total Indirect Charges

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

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

Separate Budget Narrative/Justification Requirement

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

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

Line 6a: **Personnel**: Enter total costs of salaries and wages of applicant/grantee staff. Do

not include the costs of consultants, which should be included under 6h Other.

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

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

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

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

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

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

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

Line 6e: **Supplies**: Enter the total costs of all tangible expendable personal property

(supplies) other than those included on line 6d.

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

Line 6f: **Contractual**: Regardless of the dollar value of any contract, you must follow your established policies and procedures for procurements and meet the minimum standards established in the Code of

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

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

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

Line 6h: **Other**: Enter the total of all other costs. Such costs, where applicable, may

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

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

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

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

development costs.

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

Line 6j: **Indirect Charges**: Enter the total amount of indirect charges (costs), if any. If

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

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

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

c. Standard Form 424B – Assurances (required)

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

d. Certification Regarding Lobbying (required)

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

Proof of Non-Profit Status (as applicable)

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

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

Indirect Cost Agreement

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

Standard Form 424A - Sample Format

OMB Approval No. 0348-0044
BUDGET INFORMATION--Non-Construction Programs

SECTION A-BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
Lifespan Respite	93.048			340,294	113,433	453,727
2.						
3.						
4.						
5.				340,294	113,433	453,727
TOTALS						

SECTION B-BUDGET CATEGORIES

6. Object Class Categories	Grant Program, Function, or Activity				Total (5)
	(1) Year 1	(2) Year 2	(3) Year 3	(4)	
a. Personnel	71,254	30,000	35,000		136,254
b. Fringe Benefits	26,114	15,000	20,000		61,114
c. Travel	7,647	5,000	5,000		17,647
d. Equipment	10,000	0	0		10,000
e. Supplies	9,460	2,500	1,000		12,960
f. Contractual	30,171	0	0		30,171
g. Construction	0	0	0		
h. Other	11,480	55,833	47,334		114,647
i. Total Direct Charges (Sum 6a-h)	166,126	108,333	108,334		382,793

OMB Approval No. 0348-0044
BUDGET INFORMATION--Non-Construction Programs

j. Indirect Charges @	20,934	25,000	25,000		70,934
TOTALS (Sum 6i and j)	187,060	133,333	133,334		453,727
7. Program Income	None				

SECTION C-NON-FEDERAL RESOURCES

(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS

8. Lifespan Respite		80,866	32,547		113,433
9.					
10.					
11.					
12. TOTALS (Sum of lines 8 and 11)		80,866	32,547		113,433
SECTION D-FORECASTED CASH NEEDS					
13. Federal	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
	140,294	20,000	50,000	20,000	50,294
	46,766	12,000	10,000	9,000	15,766
TOTAL (Sum of lines 13 and 14)					

SECTION E-BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT				
(a) Grant Program	Future Funding Periods (Years)			
	(b) First	(c) Second	(d)	(e)
Life Span Respite	100,000	100,000		
17.				
18.				
19.				
20. TOTALS (Sum of lines 16-19)				
SECTION F-OTHER BUDGET INFORMATION				
21. Direct Charges		22. Indirect Charges		
23. Remarks				

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Budget Narrative/Justification - Sample Format

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

Object Class Category	Federal Funds	Non-Federal Cash	Non-Federal In-Kind	TOTAL	Justification
Personnel	$47,700	$23,554	$0	$71,254	**Federal** Project Director (name) = .5 FTE @ $95,401/yr = $47,700 **Non-Fed Cash** Officer Manager (name) = .5FTE @

					$47,108/yr = $23,554 **Total** 71,254
Fringe Benefits	$17,482	$8,632	$0	$26,114	**Federal** Fringe on Project Director at 36.65% = $17,482 FICA (7.65%) Health (25%) Dental (2%) Life (1%) Unemployment (1%) **Non-Fed Cash** Fringe on Office Manager at 36.65% = $8,632 FICA (7.65%) Health (25%) Dental (2%) Life (1%) Unemployment (1%)
Travel	$4,707	$2,940	$0	$7,647	**Federal** Local travel: 6 TA site visits for 1 person Mileage: 6RT @ .585 x 700 miles $2,457 Lodging: 15 days @ $110/day $1,650 Per Diem: 15 days @ $40/day $600 Total $4,707 **Non-Fed Cash** Travel to National Conference in (Destination) for 3 people Airfare 1 RT x 3 staff @ $500 $1,500 Lodging: 3 days x 3 staff @ $120/day $1,080 Per Diem: 3 days x 3 staff @ $40/day $360 Total $2,940
Equipment	$10,000	$0	$0	$10,000	No Equipment requested OR: Call Center Equipment Installation = $5,000 Phones = $5,000 Total $10,000

Supplies	$3,700	$5,670	$0	$9,460	**Federal** 2 desks @ $1,500 $3,000 2 chairs @ $300 $600 2 cabinets @ $200 $400 **Non-Fed Cash** 2 Laptop computers $3,000 Printer cartridges @ $50/month $300 Consumable supplies (pens, paper, clips etc…) @ $180/month $2,160 Total $9,460
Contractual	$30,171	$0	$0	$30,171	(organization name, purpose of contract and estimated dollar amount) Contract with AAA to provide respite services: 11 care givers @ $1,682 = $18,502 Volunteer Coordinator = $11,669 Total $30,171 *If contract details are unknown due to contract yet to be made provide same information listed above and:* A detailed evaluation plan and budget will be submitted by (date), when contract is made.
Other	$5,600	$0	$5,880	$11,480	**Federal** 2 consultants @ $100/hr for 24.5 hours each = $4,900 Printing 10,000 Brochures @ $.05 = $500 Local conference registration fee (name conference) = $200 Total $5,600 **In-Kind** **Volunteers** 15 volunteers @ $8/hr for 49 hours = $5,880

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

Budget Narrative/Justification - Sample Template

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

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

Project Work Plan - Sample Template

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

Goal:

Measurable Outcome(s):

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

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

6.														

NOTE: Please do note infer from this sample format that your work plan must have 6 major objectives. If you need more pages, simply repeat this format on additional pages.

Instructions for Completing the Project Summary/Abstract

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

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

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

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

Products – materials, deliverables.

- A model abstract/summary is provided below:

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.

Appendix

Dementia-Capable System Related Definitions

Care Transitions: is a person-centered, interdisciplinary approach to integrating health care and social support services for individuals and their caregivers as they move across settings in which individual needs and preferences are identified, comprehensive service plans are developed and activated, individuals

are empowered to take an active role in their healthcare and support and connection to resources are provided by options counselors and/or identified care transition staff. Randomized-controlled trials of care transitions activities (or care coordination programs with care transition elements) have shown positive results, such as significant reductions in hospital admissions and re-admissions, hospital costs, and nursing facility days. Some examples of these types of interventions include:

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

Centers for Independent Living (CIL): (1) Center for independent living. The term "center for independent living" means a consumer-controlled, community-based, cross-disability, nonresidential private nonprofit agency that – (A) is designed and operated within a local community by individuals with disabilities; and (B) provides an array of independent living services such as information and referral, peer counseling, advocacy, and independent

living skills training. (2) Consumer control. The term "consumer control" means, with respect to a center for independent living, that the center vests power and authority in individuals with disabilities.

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

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

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

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

- Physical Abuse—Inflicting, or threatening to inflict, physical pain or injury on a vulnerable elder, or depriving them of a basic need.

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

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

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

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

Long-Term Services and Supports: refers to a wide range of in-home, community-based, and institutional services and programs that are designed to help older adults and individuals with disabilities or chronic conditions with activities of daily living or instrumental activities of daily living.

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

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

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

Person-centered Planning and Services: are those that empower people with disabilities by focusing on the desires and abilities of the individual. Person-centered Planning and

Services most importantly are directed by the individual but often involves a team of family members, friends, and professionals. The individual chooses their team members. This team then identifies the skills

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

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

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

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

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

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

1. services (including the amount, duration, scope, provider, and location of the services are planned, budgeted, and purchased under the control of the individual;
2. the individual is provided with the information and assistance necessary and appropriate to enable the individual to make informed decisions about the individual's care options;
3. the needs, capabilities, and preferences of the individual with respect to services, and the individual's ability to direct and control the individual's receipt of services, are assessed by the area agency on aging (or other agency designated by the area agency on aging) involved;
4. based on the assessment made under subparagraph (C), the area agency on aging (or other agency designated by the area agency on aging) develops together with the individual and the individual's family, caregiver (as defined in paragraph (18)(B)), or legal representative:

- a plan of services for the individual that specifies which services the individual will be responsible for directing
- a determination of the role of family members (and others whose participation is sought by such individual) in providing services under the plan; and
- a budget for the services.

5. the area agency on aging or State agency provides for oversight of such individual's self-directed receipt of services, including steps to ensure the quality of services provided and the appropriate use of funds under this Act.

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

older."

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

Streamlined eligibility processes: ensure that potential beneficiaries of public programs have easy access through one entry point to programs such as Low Income Heating and Assistance Program (LIHEAP),Medicaid, Medicare Savings Program, Older Americans Act programs, Senior Housing programs, Supplemental Nutrition Assistance Program (SNAP), and transportation services. The required administrative functions of streamlined eligibility include:

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

AoA-Sponsored Resource Centers

National Alzheimer's and Dementia Resource Center supports ADSSP grantees and their community partners' efforts to maintain integrated and sustainable service delivery systems for individuals with ADRD and their family caregivers. Materials developed through the efforts of the resource center can be found at: http://aoa.gov/AoARoot/AoA_Programs/HPW/Alz_Grants/index.aspx .

National Resource Center for Participant-Directed Services (NRCPDS) serves to assist all programs, regardless of funding source, to develop and improve their participant-directed options. NRCPDS expertise is based in years of experience as the National Program office for the Cash and Counseling Demonstration and Evaluation project. NRCPDS' website - http://www.bc.edu/schools/gssw/nrcpds/ - provides information and resources on all aspects of consumer direction including webinars and training materials.

Technical Assistance Centers for Caregiver Programs and Lifespan Respite offer comprehensive information and training on a range of issues associated with the development and implementation of family caregiver support and Lifespan Respite Care Programs. Technical Assistance available includes two web sites (http://www.caregiver.org or http://www.archrespite.org) training materials, fact sheets, policy briefs, workshops, webinars, and specialized technical assistance through phone calls, emails and in-person communication.

Programs and Initiatives

Creating a dementia-capable HCBS system involves building upon and integrating existing programs from the private sector and those that AoA and its partners offer. Among the innovative programs that AoA and its partners have implemented are those listed here.

CMS Community-Based Care Transition Programhttp://innovation.cms.gov/initiatives/CCTP/

CMS Independence at Home Demonstration, http://innovation.cms.gov/initiatives/

independence-at-home/

CMS Money Follows the Person Initiative, http://www.cms.gov/CommunityServices/20_MFP.asp

CMS Health Home for Enrollees with Chronic Conditions, http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Support/Integrating-Care/Health-Homes/Health-Homes.html

CMS ACO Pioneer Model, http://innovation.cms.gov/Files/fact-sheet/

Pioneer-ACO-General-Fact-Sheet.pdf

CMS Advance Payment Model Under Medicare Shared Savings Program, http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/index.html?redirect=/sharedsavingsprogram/

CMS State Demonstrations to Integrate Care for Dual Eligible Individuals, http://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/StateDemonstrationstoIntegrateCareforDualEligibleIndividuals.html

HHS Partnership for Patients Initiative, http://partnershipforpatients.cms.gov/

HHS Initiative on Multiple Chronic Conditions, http://www.hhs.gov/ash/initiatives/mcc/

CMS Medicare-MedicaidCoordination Office- http://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/

HHS Public Health Quality Initiative, http://www.hhs.gov/ash/initiatives/quality/index.html

Alzheimer's Disease Supportive Services Program, which funds programs with goals related to: 1) piloting and translating interventions, and 2) creating dementia-capable long-term services and supports programs to meet the unique needs of persons with the disease and their caregivers.

Caregiver support programs such as the National Family Caregiver Support Program and Lifespan Respite Care that are designed to provide caregivers of older adults and persons with disabilities assistance in carrying out their responsibilities.

Community Living Programs that promote the health and independence of persons with disabilities in the community. These programs encompass Aging and Disability Resource Centers, Options Counseling, Care Transitions, and Veteran-Directed Home and Community-Based Services. Descriptions of all of these programs and more can be found at http://www.aoa.gov/AoARoot/AoA_Programs/index.aspx .