

**OMB Approval No. 0985-0018**

Expiration 05/31/2010

**National Center on Senior Benefits Outreach and  
Enrollment**

**Program Announcement and Grant Application  
Instructions**

**U.S. Administration on Aging  
2008**

**U.S. Department of Health and Human Services (HHS)**

**Administration on Aging (AoA)**

**AoA Center:** The Office of Planning and Policy Development

**Funding Opportunity Title:** National Center on Senior Benefits Outreach and Enrollment

**Announcement Type:** Initial

**Funding Opportunity Number:** HHS-2008-AoA-SB-0809

**Catalog of Federal Domestic Assistance (CFDA) Number:** 93.048

**Key Dates:** The deadline for submission of applications is July 25, 2008.  
The deadline for submission of letters of intent is June 27, 2008.

**I. FUNDING OPPORTUNITY DESCRIPTION**

**Statutory Authority**

The statutory authority for grants under this program announcement is contained in Title IV of the Older Americans Act (OAA) (42U.S.C. 3032), as amended by the Older Americans Act Amendments of 2006, P.L. 109-365. (Catalog of Federal Domestic Assistance 93.048, Title IV Discretionary Projects).

**Background**

It is estimated that up to 4.4 million low-income beneficiaries are eligible for, but not receiving, low-income subsidies under the Medicare Part D prescription drug benefit. Many older Americans are eligible for, but not receiving federal and state benefits ranging from income supplements to energy assistance to health care assistance.

In recognition of this need, in 2006, the OAA was amended with language directing AoA to provide technical assistance to States, Area Agencies on Aging, and service providers to carry out outreach and benefits enrollment assistance, particularly to older individuals with greatest economic need, for Federal and State programs providing benefits including:

- (i) Supplemental Security Income benefits under title XVI of the Social Security Act;

- (ii) Medical Assistance under title XIX of the Social Security Act;
- (iii) Benefits under the Food Stamp Act of 1977; or
- (iv) Benefits under other applicable programs.

Further, in reauthorizing the Act Congress directed AoA to work with an experienced entity to establish a National Center on Senior Benefits Outreach and Enrollment to:

- (i) Maintain and update web-based decision support and enrollment tools and integrated, person-centered systems designed to inform older individuals about the full range of benefits for which the individuals may be eligible under Federal and State programs;
- (ii) Utilize cost-effective strategies to find older individuals with greatest economic need and enroll the individuals in the programs for which they are qualified;
- (iii) Create and support efforts for Aging and Disability Resource Centers (ADRCs), and other public and private State and community-based organizations, including faith-based organizations and coalitions, to serve as benefits enrollment centers for the programs;
- (iv) Develop and maintain an information clearinghouse on best practices and cost-effective methods for finding and enrolling older individuals with greatest economic need in the programs for which the individuals are eligible; and
- (v) Provide, in collaboration with related Federal agency partners administering the Federal programs, training and technical assistance on effective outreach, screening, enrollment, and follow-up strategies.

### **Project Objectives and Activities**

In 2008, Congress approved funding for a National Center on Senior Benefits Outreach and Enrollment (Center). This program announcement calls for a Center that, building on best practices such as person-centered assistance and web-based decision-support tools, would collaborate with the existing Aging Services Network, including ADRCs, to ensure more complete and cost-effective enrollment of seniors, including those of low-income, in the full array of state and federal benefits for which they are eligible. AoA's vision for the Center on Senior Benefits Outreach and Enrollment is that every community across the country will utilize the Center's tools and resources to ensure their older citizens receive the benefits for which they are eligible.

#### *Role of the aging network*

AoA's national Aging Services Network comprises 56 State Units on Aging, 655 Area Agencies on Aging, 236 Tribal Organizations and thousands of service providers, caregivers, and volunteers. In addition, since 2003, 43 states have received grants through a cooperative effort of the AoA and the Centers for

Medicare & Medicaid Services (CMS) to establish and develop highly visible and trusted places where people with disabilities of all ages and incomes can turn for the full range of long-term support options and streamlined access to public long-term care programs and benefits. Applicants for this grant program are strongly encouraged to describe within their proposals the mechanisms by which they intend to effectively partner with Aging Services Network entities to achieve the goals and objectives described in this program announcement.

Applicants for this funding opportunity must provide in their narrative a detailed plan for the establishment, operation and management of the Center. The plan should include:

- A description of the web-based decision support and enrollment tools that will be made available to older individuals, their caregivers and the professionals who serve them;
- Assurances that information collected from tools created or supported by this funding will not be used for commercial purposes;
- A comprehensive plan for nation-wide coverage that identifies national, state and community-level collaborations, especially involving the Aging Services Network, that can effectively reach the targeted populations;
- A description of the cost-effective strategies to be utilized to find older individuals of greatest economic need, limited English proficiency, and older individuals residing in rural and frontier areas;
- An assessment of the key barriers that prevent aging services network community-providers – or make them reluctant to – use web-based decision support and enrollment tools.
- A description of the efforts that will be undertaken to encourage the Aging Services Network organizations, including Area Agencies on Aging, ADRCs, SHIPs, and other public and private State and community-based organizations, including faith-based organizations, to serve as benefits enrollment centers that utilize the tools promoted by the Center;
- A plan for the development of an information clearinghouse on best practices and cost-effective methods for finding and enrolling older individuals in the programs for which they are eligible;
- A plan for providing data and information on the targeted populations to state and local agencies that will help them to efficiently and effectively identify and reach individuals most likely to be not enrolled in benefit for which they are eligible.

- A plan for the provision of training and technical assistance, to be provided in collaboration with Federal agency and other partners, on effective outreach, screening, enrollment and follow-up strategies.
- A comprehensive plan to evaluate and report project performance and effectiveness. This plan should include measurable outcomes that will result from this project and that demonstrate the benefit to consumers as well as to the Aging Services Network.

Applications should also include a plan for assessing the readiness of the Aging Services Network, including community service providers, to use web-based tools including existing tools such as BenefitsCheckUp. This assessment should be designed to identify any barriers that serve to create a reluctance on the part of the providers to use these tools so that a plan to remove these barriers can be developed.

The successful applicant will state their plans to report, at a minimum, on the following measurable outcomes during the project period:

- Number of consumers, caregivers and professionals by state utilizing web-based tools during the project period and the services and benefits for which they enrolled, including the dollar value of the services and benefits received as a result of their enrollment;
- Number and type of outreach events conducted during the project period
- Number of training and technical assistance sessions held on outreach, screening, enrollment and follow-up strategies and where the sessions were held
- Number of agencies and organizations agreeing to serve as enrollment centers by type (ADRC, AAA, SHIPs, faith-based organization etc.)

## **II. AWARD INFORMATION**

AoA will award a single cooperative agreement with a federal share of up to \$2,000,000 for one year. AoA reserves the right to offer a funding level that is less than the requested amount. Grantees are required to provide a 25% match of the total project cost.

All funds will be awarded no later than September 30, 2008. Applicants are required to submit one project budget (SF424A) and one budget justification/narrative.

This grant will be issued as a Cooperative Agreement because AoA will have substantial involvement with the recipient during performance of funded activities. This involvement may include:

- Collaboration, participation, or intervention in the funded activities;
- Assisting the project leadership in understanding the strategic goals and objectives, policy perspectives, and priorities of the AoA by sharing such information on an ongoing basis via e-mail, telephone calls, briefings, and other consultations;
- Assisting the project leadership in ensuring the substantial involvement of the Aging Services Network including ADRCs. AoA will serve as the liaison between the grantee and ADRC projects.;
- Providing technical assistance and support on grant management and implementation issues, including execution of the cooperative agreement;
- Defining project performance criteria and expectations; and
- Monitoring, evaluating and supporting the projects' efforts in achieving performance goals.

The Cooperative Agreement will also detail the responsibilities of the grantee as detailed in the "Project Objectives and Activities" section of this solicitation under Section I.

Once a cooperative agreement is in place, requests to modify or amend it or the work plan may be made by AoA 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 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.

### **III. ELIGIBILITY INFORMATION**

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

Eligible applicants include domestic public or private and non-profit entities including state and local governments, Indian tribal governments and organizations (American Indian/Alaskan Native/Native American), faith-based organizations, community-based organizations, and institutions of higher education.

Applicants must have demonstrable experience, on a nationwide-basis, in administering programs, conducting nationwide outreach to target populations, providing training and technical assistance and partnering with state and local organizations serving seniors.

## 2. Cost Sharing or Matching

Under this Older Americans Act (OAA) program, AoA will fund no more than 75% of the project's total cost, which means the applicant must cover at least 25% of the project's total cost with non-federal resources. In other words, for every three (3) dollars received in federal funding, the applicant must contribute at least one (1) dollar in non-federal resources toward the project's total cost. This "three-to-one" ratio is reflected in the formula included under Item 18 in Attachment A. You can use this formula to calculate your minimum required match. A common error applicants make is to match 25% of the federal share, rather than 25% of the project's total cost. Please note, 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 Screening Criteria.

## 3. 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 [www.grants.gov](http://www.grants.gov) by midnight July 25, 2008.
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 font size of not less than 11.
3. The Project Narrative **must not exceed 20 pages**. 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.

## 4. Responsiveness Criteria

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

1. Demonstrated capacity in the following areas:
  - Effective program planning and implementation;
  - Development of successful web-based decision-support, enrollment and database systems;
  - Development of information and data programs and services for older adults, with an emphasis on federal and state benefit programs;
  - Customer training and user support;

- Established systems for hosting/management of secure online systems;
  - Effective mechanisms to track and ensure program performance and management accountability.
2. Demonstrated experience in working with state and local Aging Services Network agencies and organizations including ADRCs.
  3. Demonstrated capacity to deliver value-added technical assistance to a broad range of Aging Services Network partners on a nation-wide basis.
  4. Provides a project director for this project with experience in the development of senior benefits programs working approximately full time on issues that are consistent with and directly related to the development of a National Center on Senior Benefits Outreach and Enrollment.

#### IV. APPLICATION AND SUBMISSION INFORMATION

##### 1. Address to Request Application Package

Application materials can be obtained from <http://www.grants.gov> or <http://www.aoa.gov/doingbus/fundopp/fundopp.asp>.

Application materials are also available by writing to:

Greg Case  
Office of Planning and Policy Development  
Administration on Aging, DHHS  
Washington, D.C. 20201

Or by calling: 202-357-3442  
Or e-mailing: [greg.case@aoa.hhs.gov](mailto:greg.case@aoa.hhs.gov)

Please note, AoA is requiring applications for all announcements to be submitted electronically through [www.grants.gov](http://www.grants.gov). The Grants.gov registration process can take several days. If your organization is not currently registered with [www.grants.gov](http://www.grants.gov), please begin this process immediately. **For assistance with [www.grants.gov](http://www.grants.gov), please contact them at [support@grants.gov](mailto:support@grants.gov) or 1-800-518-4726 between 7 a.m. and 9 p.m. Eastern Time.** At [www.grants.gov](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.

Applications submitted via [www.grants.gov](http://www.grants.gov):



- You may access the electronic application for this program on [www.Grants.gov](http://www.Grants.gov). You must search the downloadable application page by the Funding Opportunity Number (HHS-2008-AoA-SB-0809) or CFDA number (93.048).
- At the [www.grants.gov](http://www.grants.gov) website, you will find information about submitting an application electronically through the site, including the hours of operation. AoA strongly recommends that you do not wait until the application due date to begin the application process through [www.grants.gov](http://www.grants.gov) because of the time delay.
- All applicants must have a Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number and register in the Central Contractor Registry (CCR). You should allow a minimum of **five days** to complete the CCR registration.
- 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 Grants.gov compatibility information and submission instructions provided at [www.grants.gov](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 [www.grants.gov](http://www.grants.gov) that contains a Grants.gov tracking number. The Administration on Aging will retrieve your application form from Grants.gov.
- Each year organizations registered to apply for federal grants through [www.grants.gov](http://www.grants.gov) will need to renew their registration with the Central Contractor Registry (CCR). You can register with the CCR online and it will take about 30 minutes (<http://www.ccr.gov>).

## 2. Content and Form of Application Submission

### A. Letter of Intent

Applicants are requested, but not required, to submit a letter of intent to apply for this funding opportunity to assist AoA in planning for the application independent review process. The deadline for submission of the letter of intent is June 27, 2008.

### B. DUNS Number

The Office of Management and Budget requires applicants to provide a Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number when applying for Federal grants or cooperative agreements on or after October 1, 2003. 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: [https://www.whitehouse.gov/omb/grants/duns\\_num\\_guide.pdf](https://www.whitehouse.gov/omb/grants/duns_num_guide.pdf).

### C. Project Narrative

The Project Narrative must be **double-spaced**, on 8 ½” x 11” paper with 1” margins on both sides, and a font size of not less than 11. 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. **AoA will not accept applications with a Project Narrative that exceeds 20 pages.** 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 Title IV of the Older Americans Act. The Project Narrative should provide a **clear and concise** description of your project. AoA 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: the goal, the list of objectives and the products to be developed. Detailed instructions for completing the summary/abstract are included in Attachment E of this document.

**Problem Statement.** This section should describe, in both quantitative and qualitative terms, the nature and scope of the problem that exists in this country related to the enrollment of eligible older adults in public programs for which they are eligible as well as any other issues the proposed intervention is designed to address. This section should also describe past efforts to address this problem.

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

**Proposed Intervention.** This section should provide a clear and concise description of the intervention being proposed to address the problem described in the “Problem Statement”. The intervention must address the activities described in Section of the Program Announcement under “Project Objectives and Activities”. You should also describe the rationale for using the particular intervention, including factors such as “lessons learned” for similar projects previously tested and factors in the larger environment that have created the “right conditions” for the intervention. 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, funders, and/or consumer groups.

In this section of your application please describe: any web-based decision support and enrollment tools planned or in use; the plan for nationwide coverage; strategies to be used to identify older individuals of greatest economic need, limited English proficiency and living in rural and frontier areas; efforts to encourage ADRCs and other organizations to serve enrollment centers using tools promoted by the Center; plans for the development of a clearinghouse on best practices for locating and enrolling older individuals, and; a plan for the provision of training and technical assistance.

**Outcomes.** This section of the project narrative must clearly identify the measurable outcome(s) that will result from the project and that demonstrate the benefit to consumers as well as to the Aging Services Network. 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 attached work plan grid (Attachment D) under “Measurable Outcomes” in addition to any discussion included in the narrative.

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.

**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 AoA. It should also describe the approach that will be used to monitor and track progress on the project’s tasks and objectives.

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

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

**Organizational Capability 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. 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.

#### **D. Work Plan.**

The Project Work Plan should reflect and be consistent with the Project Narrative and Budget. It should include a statement of the project’s overall goal, anticipated outcome(s), key objectives, and the major tasks / action steps that will be pursued to achieve the goal and outcome(s). For each major task / action step, the work plan should identify timeframes involved (including start- and end-dates), and the lead person responsible for completing the task. Please use the Sample Work Plan format included in the Attachments.

#### **E. 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 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 AoA Office of Grants Management at 202-357-3466 by the application submission deadline.

#### **F. Project Budget Narrative**

The Budget Narrative should be provided using the format included as Attachment C of this Program Announcement. Applicants are encouraged to pay particular attention to Attachment B which provides an example of the level of detail sought. Please note that when more than 33% of project's budget falls under contractual, detailed budget narratives must be provided for each sub-contractor or sub-grant.

### **3. Submission Dates and Times**

The deadline for the submission of applications under this program announcement is July 25, 2008. Applications must be submitted electronically by 11:59 P.M. Eastern on that day.

Applications that fail to meet the application due date will **not** be reviewed and will receive **no** further consideration.

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 Grants.gov.

### **4. Intergovernmental Review**

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

### **5. Funding Restrictions**

The following activities are not fundable:

- Construction and/or major rehabilitation of buildings
- Basic research (e.g. scientific or medical experiments)

### **6. Other Submission Requirements**

Letters of intent should be sent to:

Greg Case  
Office of Planning and Policy Development  
Administration on Aging, DHHS  
Washington, D.C. 20201  
Or by e-mail: [greg.case@aoa.hhs.gov](mailto:greg.case@aoa.hhs.gov)

Applications must be submitted electronically at <http://www.grants.gov>.

Applicants submitting their application through [www.grants.gov](http://www.grants.gov) must register in the Central Contractor Registry (CCR) database in order to be able to submit the application. One element of the CCR is the DUNS number (see section IV.2), which must be obtained separately from CCR registration. Information about CCR is available at <http://www.ccr.gov>. You must also register with the grants.gov credential service provider to receive a username and password to securely submit your grant application. Information is available at <http://apply07.grants.gov/apply/OrcRegister>.

## V. APPLICATION REVIEW INFORMATION

### 1. *Criteria*

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

- Purpose and Need for Assistance - (20 points);
- Approach, Workplan and Activities - (30 points);
- Project Outcomes, Evaluation/Dissemination - (30 points); and
- Level of Effort - (20 points).

#### a. Purpose and Need for Assistance

Weight: 20 points

i. Does the proposed project clearly and adequately respond to the intent of Congress and the Administration on Aging in establishing a Center on Benefits Outreach and Enrollment (Center), as described in this Program Announcement? (10 points).

ii. Does the application adequately and appropriately describe and document the key problem(s)/condition(s) relevant to older Americans accessing the state and federal benefits to which they are entitled? Is the proposed project justified in terms of the most recent, relevant, and available information and knowledge? (10 points)

#### b. Approach, Work Plan and Activities

Weight: 30 points

i. Is the intervention clearly defined? Does it reflect a coherent and feasible approach for developing a Center and achieving the identified outcome(s)? Does the project take into account barriers and opportunities that exist in the larger environment that may impact on the project's success? Does the intervention optimize the use of potential partnerships with the Aging Services Network and other organizations and/or consumer groups, as appropriate? (10 points)

ii. Is the project work plan clear and comprehensive? Does it include sensible and feasible timeframes for the accomplishment of tasks presented? Does the work plan

include specific objectives and tasks that are linked to measurable outcomes? Does the proposal include a clear and coherent management plan? Are the roles and responsibilities of project staff, consultants and partners clearly defined and linked to specific objectives and tasks? Are the qualifications of the project staff, consultants and/or partners, and the proposed level of effort, adequate to carry out the project? (10 points)

iii. Does the application describe how the Aging Services Network including local community-based organizations will be involved in a meaningful way in the planning and implementation of the proposed project? Does the application include disadvantaged populations, including limited-English speaking populations in its target population? (10 points)

c. Project Outcomes, Evaluation and Dissemination Weight: 30 points

i. Are the expected project benefits/results clear, realistic, and consistent with the objectives and purpose of the project? Are the anticipated outcomes of the proposed project likely to be achieved and will they significantly benefit the populations affected by the intervention, and the field of aging as a whole? Are the proposed outcomes quantifiable and measurable, consistent with the definition of a project outcome contained in Attachment E of the Program Announcement? (10 points)

ii. 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 its proposed outcome(s)? Does the plan include the qualitative and/or quantitative methods necessary to reliably measure outcomes? Is the evaluation also designed to capture “lessons learned” from the overall effort that might be of use to others in the field of aging, especially those who might be interested in replicating the project? (10 points)

iii. Does the applicant agree to report on the measures outlined on page 5 of the Program Announcement? Will the dissemination plan get relevant and easy to use information in a timely manner to parties that might be interested in making use of its findings, particularly to those who might want to replicate the project? (10 points)

d. Level of Effort: Weight: 20 points

i. Do the proposed project director(s), key staff and consultants have the background, experience, and other qualifications required to carry out their designated roles? 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? (10 points)

ii. Is the budget justified with respect to the adequacy and reasonableness of resources requested? 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? Are budget line items clearly delineated and consistent with work plan objectives? (10 points)

**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. 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 V.1, the reviewers will comment on and score the applications, focusing their comments and scoring decisions on the identified criteria.

Final award decisions will be made by the Assistant Secretary for Aging (ASA). In making these decisions, the ASA 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.

Applicants have the option of omitting from the application specific salary rates or Social Security Numbers for individuals specified in the application budget.

**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 Administration on Aging authorizing official, Grants Management Office, and the AoA budget office. Unsuccessful applicants are notified within 30 days of the final funding decision and will receive a disapproval letter via e-mail or U.S. mail.

**2. *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 implemented through the HHS Grants Policy Statement located at <http://www.hhs.gov/grantsnet/adminis/gpd/index.htm>.

**3. *Reporting***

The SF-269 (Financial Status Report) is due annually and the AoA program progress report is due semi-annually. Final performance and SF-269 reports are due 90 days after the end of the project period.



## **VII. AGENCY CONTACTS**

### Project Officer:

Greg Case  
Office of Planning and Policy Development  
Administration on Aging  
U.S. Department of Health and Human Services  
Washington, DC 20201  
Telephone: (202) 357-3442  
e-mail: greg.case@aoa.hhs.gov

### Grants Management Officer:

Alexis Lynady  
Office of Grants Management  
U.S. Department of Health and Human Services  
Washington, DC 20201  
Telephone: (202) 357-3465  
e-mail: alexis.lynady@aoa.hhs.gov

## **VIII. OTHER INFORMATION**

### **A. Application Elements**

1. SF 424 – Application for Federal Assistance.
2. SF 424A – Budget Information.
3. Separate Budget Narrative/Justification (See Attachments for Sample Format).
4. SF 424B – Assurances. 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. Certifications
6. Proof of non-profit status
7. Copy of the applicant's most recent indirect cost agreement, if requesting indirect costs.
8. Project Narrative with Work Plan (See Attachment for Sample Work Plan Format).
9. Organizational Capability Statement and Vitae for Key Project Personnel.

10. Letters of Commitment from Key Partners.

11. "Survey on Ensuring Equal Opportunity for Applicants" (Optional non-profit applicants)

**B. 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 justification is approved under OMB control number 0985-0018 which expires on 5/31/10.

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.

# **ATTACHMENTS**

**Attachment A:  
Instructions for completing the SF 424, Budget  
(SF 424A), Budget Narrative and Other Required  
Forms**

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**Attachment F:  
“Survey on Ensuring Equal Opportunity for  
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## Attachment A

# Instructions for completing the SF 424, Budget (SF 424A), Budget Narrative, and Other 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. AoA 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 AoA 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 Central Contractor Registry. Information on registering with CCR may be obtained by visiting the Grants.gov website.

**b. Employer/Taxpayer Number (EIN/TIN):** (Required): Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service.

**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.

**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 on Aging

**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.

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

17. **Proposed Project Start and End Dates:** (Required) Enter the proposed start date and end date of the project.

18. **Estimated Funding:** (Required) Enter the amount requested or to be contributed during the first funding/budget period by each contributor. Value of in-kind contributions should be included on appropriate lines, as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of the change. For decreases, enclose the amounts in parentheses.

**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 upcoming budget period. For sub-item 18a, enter the federal funds being requested. Sub-items 18b-18e is considered matching funds. The dollar amounts entered in sub-items 18b-18f must total at least 1/3<sup>rd</sup> of the amount of federal funds being requested (the amount in 18a). For a full explanation of AoA's match requirements, see the information in the box below. For sub-item 18f, enter only the amount, if any, that is going to be used as part of the required match.

There are two types of match: 1.) non-federal cash and 2.) non-federal non-cash (i.e., 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 cash matching funds. Generally, most contributions from third parties will be non-cash (i.e., in-kind) matching funds. Examples of non-cash (in-kind) match include: volunteered time and use of facilities to hold meetings or conduct project activities.

**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.**

### **AOA's Match Requirement**

Under this and other OAA programs, AoA 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:

$$\frac{\text{Federal Funds Requested (i.e., amount on line 15a)}}{3} = \text{Minimum Match Requirement}$$

For example, if you request \$100,000 in federal funds, then your minimum match requirement is \$100,000/3 or \$33,333. In this example the **project's total cost** would be \$133,333.

A **common error** applicants make is to match 25% of the federal share, rather than 25% of the project's total cost, so be sure to use one of the formulas above to calculate your match requirement.

**If the required non-federal share is not met by a funded project, AoA will disallow any unmatched federal dollars.**

**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.)

**b. Standard Form 424A**

NOTE: Standard Form 424A is designed to accommodate applications for multiple grant programs; thus, for purposes of this AoA 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 one year budget.

***Section A - Budget Summary***

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

***Section B - Budget Categories***

Column 3: 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 below).

Column 4: 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 (the sum of Columns 3 and 4) by object class category.

**Separate Budget Narrative/Justification Requirement**

You must submit a separate budget narrative as part of your application. **A blank sample format (and one with examples) has been included in the attachments for your use in developing and presenting your Budget Narrative.** In your budget justification, you should include a breakdown of the budget which shows the costs for all of the object class categories noted in Section B, across three columns: federal; non-federal cash; and non-federal in-kind. The justification should fully explain and justify the costs in each of the major budget items for each of the object class categories, as described below. Third party in-kind contributions designated as non-federal match contributions should be clearly identified and justified separately from the justification for the budget line items. The full budget justification should be included in the application immediately following the SF 424 forms. **The budget justification should provide a detailed breakdown of**



**large dollar values. A separate budget justification must be completed for each year of support requested.**

Line 6a: Personnel: Enter total costs of salaries and wages of applicant/grantee staff. Do not include the costs of consultants; consultant costs should be included under 6h - Other. In the Justification: Identify the project director, if known. Specify the key staff, their titles, brief summary of project related duties, and the percent of their time commitments to the project 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: Provide a break-down of amounts and percentages that comprise fringe benefit costs, such as health insurance, FICA, retirement insurance, etc.

Line 6c: Travel: Enter total costs of out-of-town travel (travel requiring per diem) for staff of the project. Do not enter costs for consultant's travel - this should be included in line 6h. In the Justification: Include the total number of trips, destinations, purpose, length of stay, subsistence allowances 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 non-expendable 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; the equipment, or a reasonable facsimile, must not be otherwise available to the applicant or its sub-grantees. The justification also must contain plans for the use or disposal of the equipment after the project ends.

Line 6e: Supplies: Enter the total costs of all tangible expendable personal property (supplies) other than those included on line 6d. In the Justification: Provide general description of types of items included.

Line 6f: Contractual: Enter the total costs of all contracts, including (1) procurement contracts (except those, which belong on other lines such as equipment, supplies, etc.). Also include any contracts with organizations for the provision of technical assistance. Do not include payments to individuals on this line. In the Justification: Attach a list of contractors indicating the name of the organization, the purpose of the contract, and the estimated dollar amount. If the name of the contractor, scope of work, and estimated costs are not available or have not been negotiated, indicate when this information will be available. Whenever the applicant/grantee intends to delegate a substantial part (one-third, or more) of the project work to another agency, the applicant/grantee must provide a completed copy of Section B, SF

424A Budget Categories for each contractor, and separate budget justifications for each year of support requested.

Line 6g: Construction: Leave blank since construction is not an allowable cost under this AoA 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; local transportation (all travel which does not require per diem is considered local travel); 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. In the Justification: Provide a reasonable explanation for items in this category. For individual consultants, explain the nature of services provided and the relation to activities 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.

Justification: 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. If the applicant organization is in the process of initially developing or renegotiating a rate, it should immediately upon notification that an award will be made, develop a tentative indirect cost rate proposal based on its most recently completed fiscal year in accordance with the principles set forth in the cognizant agency's guidelines for establishing indirect cost rates, and submit it to the cognizant agency. Applicants awaiting approval of their indirect cost proposals may also request indirect costs. It should be noted that when an indirect cost rate is requested, those costs included in the indirect cost pool should not also be charged as direct costs to the grant. Also, if the applicant is requesting a rate which is less than what is allowed under the program, the authorized representative of the applicant organization must submit a signed acknowledgement that the applicant is accepting a lower rate than allowed.

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. Program Income must be used as additional costs.

### ***Section C - Non-Federal Resources***

Line 12: Enter the amounts of non-Federal resources that will be used in carrying out the proposed project, by source (Applicant; State; Other) and enter the total amount in Column (e). Keep in mind that if the match requirement is not met, federal dollars may be reduced.

***Section D - Forecasted Cash Needs*** - Not applicable.

### ***Section E - Budget Estimate of Federal Funds Needed for Balance of the Project***

Line 20: Section E is relevant for multi-year grant applications, where the project period is 24 months or longer. This section does not apply to grant awards where the project period is less than 17 months.

### **Section F - Other Budget Information**

Line 22: Indirect Charges: Enter the type of indirect rate (provisional, predetermined, final or fixed) to be in effect during the funding period, the base to which the rate is applied, and the total indirect costs. Include a copy of your current Indirect Cost Rate Agreement.

Line 23: Remarks: Provide any other comments deemed necessary.

#### **c. Standard Form 424B - Assurances**

This form contains assurances required of applicants under the discretionary funds programs administered by the Administration on Aging. 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**

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.

**e. Other Application Components**

**Survey on Ensuring Equal Opportunity for Applicants**

The Office of Management and Budget (OMB) has approved an HHS form to collect information on the number of faith-based groups applying for a HHS grant. Non-profit organizations, excluding private universities, are asked to include a completed survey with their grant application packet. Attached you will find the OMB approved HHS “Survey on Ensuring Equal Opportunity for Applicants” form (Attachment G). Your help in this data collection process is greatly appreciated.

**Proof of Non-Profit Status**

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.

**Attachment B: Budget Narrative, Page 1 – Sample Format with EXAMPLES**

<b>Object Class Category</b>	<b>Federal Funds</b>	<b>Non-Federal Cash</b>	<b>Non-Federal In-Kind</b>	<b>TOTAL</b>	<b>Justification</b>
<b>Personnel</b>	\$40,000		\$5,000	\$45,000	Project Supervisor (name) = .3FTE @ \$50,000/yr = \$15,000 Project Director (name) = 1FTE @ \$30,000 = \$30,000
<b>Fringe Benefits</b>	\$12,600	0	0	\$12,600	Fringes on Supervisor and Director @ 28% of salary.  FICA (7.65%) = \$3,442

					Health (12%) = \$5,400 Dental (5%) = \$2,250 Life (2%) = \$ 900 Workers Comp Insurance (.75%) = \$ 338 Unemployment Insurance (.6%) = \$ 270
<b>Travel</b>	\$3,000	0	\$ 967	\$3,967	Travel to Annual Grantee Meeting: Airfare: 1 RT x 2 people x \$750/RT = \$1,500 Lodging: 3 nights x 2 people x \$100/night = \$ 600 Per Diem: 4 days x 2 people x \$40/day = \$ 320  Out-of-Town Project Site Visits Car mileage: 3 trips x 2 people x 350 miles/trip  x \$ .365/mile = \$ 767 Lodging: 3 trips x 2 people x 1 night/ trip x \$50/night = \$300 Per Diem: 3 trips x 2 people x 2days/trip x \$40/day = \$480

**Attachment B: Budget Narrative, Page 2 - Sample Format with EXAMPLES**

Object Class Category	Federal Funds	Non-Federal Cash	Non-Federal In-Kind	<u>TOTAL</u>	Justification
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<b>Equipment</b>	0	0	0	0	No equipment requested
<b>Supplies</b>	\$1,500		\$2,000	\$3,500	Laptop computer for use in client intakes = \$1,340 Consumable supplies (paper, pens, etc.) \$100/mo x 12 months = \$1,200 Copying \$80/mo x 12 months = \$ 960
<b>Contractual</b>	\$200,000	\$50,000	0	\$250,000	Contracts to A,B,C direct service providers (name providers) adult day care contractor = \$75,000 respite care contractor in home= \$75,000 respite care contractor-NF = \$50,000 personal care/companion provider = \$50,000  See detailed budget justification for each provider (and then provide it!)

**Attachment B: Budget Narrative, Page 3 – Sample Format with  
EXAMPLES**

<b>Other</b>	\$10,000	\$8,000	\$19,800	\$37,800	Local conference registration fee (name conference) = \$ 200 Printing brochures (50,000 @ \$ .05 ea) = \$ 2,500 Video production = \$19,800 Video Reproduction = \$ 3,500 NF Respite Training Manual reproduction \$3/manual x \$2000 manuals = \$ 6,000 Postage \$150/mo x 12 months = \$ 1,800 Caregiver Forum meeting room rentals \$200/day x 12 forums = \$ 2,400 Respite Training Scholarships = \$1,600
<b>Indirect Charges</b>	0	0	0	0	None
<b>TOTAL</b>	\$267,100	\$58,000	\$27,767	\$352,267	

75% or less  
of Total  
Cost  
**(Federal \$)**

25% or more of Total  
Cost  
**(Required Match)**

**Attachment C: Budget Narrative – Page 1 – Sample Format**

<b>Object</b>	<b>Federal</b>	<b>Non-</b>	<b>Non-</b>		
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<b>Class Category</b>	<b>Funds</b>	<b>Federal Cash</b>	<b>Federal In-Kind</b>	<b>TOTAL</b>	Justification
<b>Personnel</b>					
<b>Fringe Benefits</b>					
<b>Travel</b>					
<b>Equipment</b>					



**Attachment C: Budget Narrative – Page 2 – Sample Format**

<b>Object Class Category</b>	<b>Federal Funds</b>	<b>Non-Federal Cash</b>	<b>Non-Federal In-Kind</b>	<b>TOTAL</b>	Justification
<b>Supplies</b>					
<b>Contractual</b>					
<b>Other</b>					
<b>Indirect Charges</b>					
<b>TOTAL</b>					

## Attachment D: Project Work Plan, Page 1 – Sample Format

<b>Goal:</b>														
<b>Measurable Outcome(s):</b>														
Major Objectives	Key Tasks	Lead Person	Timeframe (Start and End Date by Month)											
			1	2	3	4	5	6	7	8	9	10	11	12
1.														
2.														

## Attachment D: Project Work Plan, Page 2 – Sample Format

Major Objectives	Key Tasks	Lead Person	Timeframe (Start and End Date by Month)											
			1	2	3	4	5	6	7	8	9	10	11	12

3.																				
4.																				

**Attachment D: Project Work Plan, Page 3 – Sample Format**

Major Objectives	Key Tasks	Lead Person	Timeframe (Start and End Date by Month)													
			1	2	3	4	5	6	7	8	9	10	11	12		
5.																
6.																

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

**Attachment E**

**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, please limit the length to no more than 265 words 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”). Specific performances which will result in the attainment of a goal.

**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 grantee, Okoboji University, supports this three year Dementia Disease demonstration (DD) project in collaboration with the local Alzheimer’s Association and related Dementias groups. The goal of the project is to provide comprehensive, coordinated care to individuals with memory concerns and to their caregivers. The approach is to expand the services and to integrate the bio-psycho-social aspects of care. The objectives are: 1) to provide dementia specific care, i.e., care management fully integrated into the services provided; 2) to train staff, students and volunteers; 3) to establish a system infrastructure to support services to individuals with early stage dementia and to their caregivers; 4) to develop linkages with community agencies; 5) to expand the assessment and intervention services; 6) to evaluate the impact of the added services; 7) to disseminate project information. The expected outcomes of this DD project are: patients will maintain as high a level of mental function and physical functions (thru Yoga) as possible; caregivers will increase ability to cope with changes; and pre and post – project patient evaluation will reflect positive results from expanded and integrated services. The products from this project are: a final report, including evaluation results; a website; articles for publication; data on driver assessment and in-home cognitive retraining; abstracts for national conferences.

Attachment F

## **Survey Instructions on Ensuring Equal Opportunity for Applicants**

**Applicant Organization's Name:**

\_\_\_\_\_

**Applicant's DUNS Number:** \_\_\_\_\_

**Grant Name:** \_\_\_\_\_ **CFDA**

**Number:** \_\_\_\_\_

1. Does the applicant have 501(c)(3) status?

Yes

No

2. How many full-time equivalent employees does the applicant have? *(Check only one box.)*

3 or Fewer

15-50

4-5

51-100

6-14

over 100

3. What is the size of the applicant's annual budget? *(Check only one box.)*

Less Than \$150,000

\$150,000 - \$299,999

\$300,000 - \$499,999

\$500,000 - \$999,999

\$1,000,000 - \$4,999,999

\$5,000,000 or more

4. Is the applicant a faith-based/religious organization?

Yes

No

5. Is the applicant a non-religious community-based organization?

Yes

No

6. Is the applicant an intermediary that will manage the grant on behalf of other organizations?

Yes       No

7. Has the applicant ever received a government grant or contract (Federal, State, or local )?

Yes       No

8. Is the applicant a local affiliate of a national organization?

Yes       No

**Provide the applicant's (organization) name and DUNS number and the grant name and CFDA number.**

1. 501(c)(3) status is a legal designation provided on application to the Internal Revenue Service by eligible organizations. Some grant programs may require nonprofit applicants to have 501(c)(3) status. Other grant programs do not.
2. For example, two part-time employees who each work half-time equal one full-time equivalent employee. If the applicant is a local affiliate of a national organization, the responses to survey questions 2 and 3 should reflect the staff and budget size of the local affiliate.
3. Annual budget means the amount of money your organization spends each year on all of its activities.
4. Self-identify.
5. An organization is considered a community-based organization if its headquarters/service location shares the same zip code as the clients you serve.

6. An “intermediary” is an organization that enables a group of small organizations to receive and manage government funds by administering the grant on their behalf.
7. Self-explanatory.
8. Self-explanatory.

### **Paperwork Burden Statement**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1890-0014. The time required to complete this information collection is estimated to average five (5) minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. **If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to:** U.S. Department of Education, Washington, D.C. 2202-4651.

**If you have comments or concerns regarding the status of your individual submission of this form, write directly to:** Joyce I. Mays, Application Control Center, U.S. Department of Education, 7<sup>th</sup> and D Streets, SW, ROB-3, Room 3671, Washington, D.C. 20202-4725