

**Instructions for Preparing
Applications for
Congressional Mandates
Under Title IV of the Older Americans Act**

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

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Instructions for Preparing Applications for New Non-Competitive Grant Awards Under Title IV of the Older Americans Act

I. STANDARD FORMS

This document provides step-by-step instructions for completing all necessary forms and documents required by the U.S. Administration on Aging (AoA) for non-competitive grant awards authorized under Title IV of the Older Americans Act, 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, but each federal agency has the discretion to determine which information elements it is going to require of its grantees. The AoA does not require all the information on these standard forms, so you should use the instructions in this document in lieu of the standard instructions attached to SF 424 and 424A to complete these forms. Please note that single-sided copies of all required forms must be used in submitting your application.

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 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.

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 1/3rd 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.)

2. 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.

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 justification 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 Justification.** 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 and program income 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.

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 on Line 6h - Other.) In the Justification: Identify the project director, if known. Specify the key staff, their titles, a brief summary of project related duties, and the percentage of 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: Provide a breakdown 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 (consultant's travel costs 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 a general description of types of items included.

Line 6f: Contractual: Enter the total costs of all contracts, including (1) procurement contracts and 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 entity, the applicant/grantee must provide a completed copy of Section B, Budget Categories for each contractor, along with supporting information and justifications.**

Line 6g: Construction: Leave blank since construction is not an allowable costs 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: administrative costs NOT included in an organization's approved indirect cost rate such as, insurance, medical and dental costs (i.e. for project volunteers this is different from personnel fringe benefits), space and equipment rentals/lease, computer use; 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; printing and publication; training and staff development costs (e.g., 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. State governments should enter the amount of indirect costs determined in accordance with DHHS requirements.

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 required match, **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.

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). Do not include program income unless it is used to meet the match requirement. Keep in mind that if the proposed program income used to meet the match requirement is not met (thereby reducing the level of the match) the amount of federal funds available to the grantee 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: NOTE: Leave this line blank. Section E is relevant only 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 21: N/A

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.

3. Standard Form 424B - Assurances

This form contains various 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.

4. AoA Certification

This form contains certifications that are required of the applicant organization regarding (a) lobbying; (b) debarment, suspension, and other responsibility matters; and (3) drug-free workplace requirements. Please note that a duly authorized representative of the applicant organization must attest to the applicant's compliance with these certifications.

5. 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 D-U-N-S 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.

II. PROJECT NARRATIVE

The Project Narrative is the most important part of the application, since it will be used as the primary basis by AoA 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 requests that your project narrative be presented in the following format:

1. Summary/Abstract
2. Problem Statement
3. Goal(s) and Objectives
4. Proposed Intervention
5. Outcome(s) and Benefits
6. Project Management
7. Evaluation

8. Dissemination
9. Work Plan
10. Vitae for Key Project Personnel
11. Letters of Commitment from Key Partner Organizations

The Project Narrative must be double-spaced, on single-sided 8 ½” x 11” plain white 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 10 to 20 pages; 20 pages is the maximum length allowed. AoA will not accept applications with a Project Narrative that exceeds 20 pages. NOTE: The Project Work Plan and the Vitae for Key Project Personnel, are not counted as part of the Project Narrative for purposes of the 20-page limit.

The contents of each component of the Project Narrative should be as follows:

- 1. Summary/Abstract.** This section should include a brief - **no more than 300 words maximum** - description of the proposed project, including: the goal, the list of objectives and the products to be developed. Instructions for completing the summary/abstract are included in the appendix of this document.
- 2. 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 the elderly population 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).
- 3. Goal(s) and Objectives.** This section should consist of a description of the project’s goal(s) and major objectives. NOTE: Unless the project involves multiple, complex interventions, we recommend you have only one overall goal. (include this information in the attached project Work Plan grid)
- 4. 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 section 2. 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 elsewhere; factors in the larger environment that have created the “right conditions” for the intervention (e.g., social, economic or political factors that you will be able to take advantage of, etc.). You should also describe any major barriers you anticipate encountering, and how the project is designed to overcome those barriers. Finally, describe the role and makeup of any strategic partnerships you plan to involve in implementing the intervention.
- 5. Outcome(s) and Benefits.** This section should clearly identify the measurable outcome(s) that will result from the project -- see the section below for a definition of a “measurable outcome.” (NOTE: AoA will not fund any project that does not include measurable

outcomes.) This section also should describe how the project’s findings will benefit the field at large, e.g., how the findings could help other communities to address the same or similar problems. (also list outcomes in the top section of the first page of the attached Work Plan grid)

NOTE: You should keep this section focused 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.

DEFINITION OF A MEASURABLE OUTCOME:

A “measurable outcomes” is an observable end-result of a project. Measurable outcomes can include the project’s effect on people, organizations, or community conditions, or a change in our existing knowledge base. Examples include: a change in a client’s financial, health and/or functional status, mental well-being, knowledge, skill, attitude, awareness, or behavior. Other examples include a change in the degree to which consumers exercise choice over the types of services they receive, or the degree to which consumers are satisfied with the way a service is delivered. Additional examples include: a change in the cost-efficiency and/or cost-effectiveness of a service delivery system; or, new knowledge that can contribute to the field of aging.

An outcome IS NOT a project **output**, such as the number of clients served, the number of training sessions conducted, the number of service units provided, or tangible products and/or reports.

NOTE: Your application will be scored on the clarity and nature of your proposed outcome(s), NOT on the number of outcomes you cite. 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.

6. **Evaluation.** This section should describe the method that will be used to evaluate whether or not the proposed intervention achieved its measurable outcome(s). The evaluation should also be designed to capture “lessons learned” – both positive and negative - from the project that will be useful to people interested in replicating the intervention, if it proves successful. The section should describe the quantitative and qualitative tools and techniques that will be used to measure whether or not the project achieved its stated outcome(s), and how the “lessons learned” will be identified and documented.
7. **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 people who might be interested in using the information to inform practice, service delivery, program development, and/or policy-making.
8. **Project 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 the timeframes involved (including start and end dates), and the lead person responsible for completing the task. A Sample Work Plan format for your use is included in the Attachments. (use the sample Work Plan grid)

9. 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 the project, monitoring the project's on-going progress, preparation of reports, and, 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.

10. Key Personnel and Contract Organizations. Include short vitae for the key staff that will be involved in implementing the project. Also include a description of the capabilities of any contractual organization(s) that will have a significant role(s) in implementing project and achieving project goals.

11. Letters of Commitment From Key Partner Organizations

Include confirmation of the commitments to the project made by key collaborating organizations and agencies in this part of the application. Any organization that is to have a significant role in implementing the project work plan should be considered a key partner organization.

III. GRANT REVIEW PROCESS AND EVALUATION CRITERIA

Non-competitive grant applications may be reviewed by a panel of at least three experts, who will score the application, based on the following criteria.

1. Problem Statement (Weight: 5 points)

Does the proposal clearly define the nature and scope of the problem or issue to be addressed, including how it affects the elderly population and/or their caregivers and specific subgroups within those populations? Does the proposal demonstrate that the applicant organization has an understanding of the current research that has been published on the particular problem or issue, including the current state-of-the-art related to the implementation of projects similar to the one being proposed, as well as alternative approaches that have been used to address the problem or issues?

2. Significance (Weight: 10 points)

Is the project innovative and will it generate new knowledge that will be of practical value to the field of aging for program design, service delivery, and/or policy-making purposes? Do the project and its findings, if successful, have the potential to benefit significant numbers of

older people and/or their caregivers, either directly or indirectly? Does the project design lend itself to replication in other geographic areas and/or for other populations, if it proves successful?

3. Statement of Goal(s), Objectives and Outcome(s) (Weight: 10 points)

Does the application include a clear goal statement and clear objectives? Are the proposed outcomes measurable and consistent with the definition of “measurable outcome” contained in Section II.5 of these instructions? Do the goal(s), objective(s) and outcome(s) clearly relate to the problem being addressed? NOTE AGAIN: AoA will not fund any application that does not include clearly defined measurable outcomes.

4. Proposed Intervention (Weight: 20 points)

Is the intervention clearly defined? Does it reflect a coherent and feasible approach for successfully addressing the identified problem 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 other organizations and/or consumer groups, as appropriate?

5. Evaluation (Weight: 10 points)

Does the evaluation plan 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)? 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?

6. Dissemination (Weight: 10 points)

Does the dissemination plan focus on getting relevant, useful 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?

7. Project Work Plan (Weight: 15 points)

Is the project work plan clear and comprehensive? Is it well-ordered and does it include a sensible timeline for accomplishing the identified tasks and objectives? Are the sequence and timing of events logical and realistic? Do the objectives and tasks clearly relate to the anticipated outcome(s)?

8. Project Management (Weight: 10 points)

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? Does the plan include a strategy for monitoring project activities?

9. Project Budget (Weight: 10 points)

Is the budget justified with respect to the adequacy and reasonableness of the resources requested? Is the time commitment and qualifications of the proposed director and other key project staff sufficient to assure proper direction, management and completion of the project? Are budget line items consistent with the work plan objectives and action steps?

IV. APPLICATION SUBMISSION

Application materials can be obtained from <http://www.grants.gov> using the Funding Opportunity Number for the appropriate grant opportunity. Grantees applying for new non-competitive funding receive a letter including the Funding Opportunity Number for their grant program.

Please note, AoA is requiring applications for this announcement to be submitted electronically through www.grants.gov. **For assistance with 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 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. The Grants.gov registration process can take several days. If you are not currently registered with www.grants.gov, please begin this process immediately.

Applications submitted via www.grants.gov :

- You may access the electronic application for this program on www.Grants.gov. You must search the downloadable application page by the Funding Opportunity Number (**Insert Number**) or CFDA number (**Insert Number**).
- At the 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 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.
- 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 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 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>).

The Office of Management and Budget (OMB) has approved an HHS form to collect information on the number of faith-based groups applying for HHS grants. Non-profit organizations, excluding private universities, are now required to include a completed survey with their grant application packet. The OMB approved HHS “Survey on Ensuring Equal Opportunity for Applicants” form is available on www.grants.gov and a copy is attached. (see Attachments).

FOR FURTHER INFORMATION CONTACT: U.S. Department of Health and Human Services, Administration on Aging, Office of Grants Management, Washington, D.C. 20001, telephone: (202) 357-3464.

ATTACHMENTS

Sample Budget Narrative Format with Examples

Sample Budget Narrative Format

Sample Work Plan Format

“Survey on Ensuring Equal Opportunity Applicants”

Instructions for Completing the Summary/Abstract

Budget Narrative, Page 1 – Sample Format with EXAMPLES

Object Class Category	Federal Funds	Non-Federal Cash	Non-Federal In-Kind	TOTAL	Justification
Personnel	\$40,000		\$5,000	\$45,000	Project Supervisor (name) = .3FTE @ \$50,000/yr = \$15,000 Project Director (name) = 1FTE @ \$30,000 = \$30,000
Fringe Benefits	\$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
Travel	\$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

Budget Narrative, Page 2 Sample Format with EXAMPLES

Object Class Category	Federal Funds	<i>Non-Federal Cash</i>	Non-Federal In-Kind	<i>TOTAL</i>	Justification
Equipment	0	0	0	0	No equipment requested
Supplies	\$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
Contractual	\$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!)

Budget Narrative, Page 3 – Sample Format with EXAMPLES

Other	\$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
Indirect Charges	0	0	0	0	None
<u>TOTAL</u>	\$265,700	\$60,800	\$27,767	\$354,267	

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

25% of Total Cost
(Required Match)

Budget Narrative – Page 1 – Sample Format

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

Budget Narrative – Page 2 – Sample Format

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

Project Work Plan, Page 1 – Sample Format

Goal:														
Measurable Outcome(s):														
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.														

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.																	

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.



Survey on **E**nsuring **E**qual
Oppportunity
FOR APPLICANTS

Enter relevant Grant Announcement Title and Number

OMB No. 1890-0014

Exp. 1/31/2006

Purpose: This form is for applicants that are nonprofit private organizations (not including private universities). Please complete it to assist the Federal government in ensuring that all qualified applicants, small or large, non-religious or faith-based, have an equal opportunity to compete for Federal funding. Information provided on this form will not be considered in any way in making funding decisions.

Instructions for Submitting Survey

If submitting hard copy, please place the completed survey in an envelope labeled “Applicant Survey.” Seal the envelope and include it with your application package.

If submitting electronically, please include the Number assigned to your e-application in the box above entitled “Enter relevant Grant Announcement Title and Number,” in addition to the grant announcement title and number. Place and seal the completed survey in an envelope labeled “Applicant Survey” and mail it to the hard copy receipt point for the application. **SEE INSTRUCTIONS ON BACK.**

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

Survey Instructions on Ensuring Equal Opportunity for Applicants

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:** Paperwork Reduction Act Clearance Officer, U.S. Department of Health and Human Services, Washington, D.C. 20201. **If you have comments or concerns regarding the status of your individual submission of this form, write directly to:** the Program Official at the Agency where the form was submitted.

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 300 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.