OMB Approval No. 0985-0018

## Instructions for Preparing Competitive Grant Applications For the Aging Services Network Integrated Care Management

**Grant Program** 

U.S. Administration on Aging 2005

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)

Administration on Aging (AoA)

**Center for Planning and Policy Development** 

Funding Opportunity Title: Aging Services Network Integrated Care Management Grants Program

Announcement Type: New Competitive Grants (Initial)

Funding Opportunity Number: HHS-2005-AoA –IC-0509

#### Catalogue of Federal Domestic Assistance (CFDA) Number: 93.048

**Key Dates:** The *deadline date* for submission of applications is September 6, 2005. To assist AoA in managing the grant review process for this grant program, potential applicants are encouraged to submit a letter (or email) of intent to apply for a grant under the Aging Services Network Integrated Care Management Grant Program. The letter (or email) should identify one of the (2) Priority Areas (Program Enhancements <u>or</u>, New Models or Approaches) and be mailed (or emailed) not later than 15 days after the publication of this announcement. Letters (or emails) of intent to apply should be sent to: Mary Guthrie , U.S. Department of Health and Human Services, Administration on Aging, Washington, D.C. 20201 or mary.guthrie@aoa.hhs.gov.

#### **Overview:**

The Administration on Aging (AoA) announced in Grants.gov on August 1, 2005 that it will hold a competition for grant awards to support the design, implementation, and dissemination of innovative models and approaches that demonstrate how Community Aging Services Providers (CASPs) and Area Agencies on Aging (AAAs) can either:

(1) build capacity to adopt health systems related capitated financing approaches; or (2) partner to improve the delivery of services that maximize the health and quality of life for older persons with Medicare and/or Medicaid managed care organizations or with an organization (e.g. disease management provider, physician group practice) that is participating in a demonstration funded by the Centers for Medicare and Medicaid Services under the Medicare Modernization Act related to the following Sections: 231,409, 646, 648(a),649, 703, and 721. Additional information about the MMA provisions can be found at <u>www.cms.hhs.gov</u> under Demonstration Projects.

Recognizing that successful models and approaches consistent with the purposes of this program already exist in the Aging Services Network, this program will:

- Facilitate further refinements of existing models or approaches that are already in place (<u>Program Enhancements</u>), or
- Support the design and/or implementation of new models or approaches that support the Aging Services Network's role in managed care (New Models or Approaches).

The innovations funded under this grant program should enhance the integration of health and social services and generate new knowledge and information that will help position the Aging Services Network in the evolving health and long term care environment.

As noted in Section IV., 1 of this announcement AoA is requiring applications for this announcement to be submitted electronically through <u>www.grants.gov</u>.

**For Further Information**. Contact: Mary Guthrie, U.S. Department of Health and Human Services, Administration on Aging, Washington, DC 20201, telephone: (202) 357-3443, e-mail: <u>mary.guthrie@aoa.hhs.gov</u>.

## I. FUNDING OPPORTUNITY DESCRIPTION

## 1. Statutory Authority

The statutory authority for the grant award for the Aging Services Network Integrated Care Management Grant Program is contained in Title IV of the Older Americans Act (OAA), (42 U.S.C. 3001et set.) as amended by the Older Americans Act of 2000, P.L. 106-501 (CFDA 93-048, Title IV Discretionary Projects).

## 2. Priority Target Populations

Persons benefiting from the projects should be elderly individuals, including but not limited to those at substantial risk of disease or disability that will lead to, or increase the need for, health and long term care. Applicants must include persons targeted for priority service in the Older Americans Act, including limited-English speaking populations, those in greatest social or economic need, and rural or medically underserved populations, as part of the target population for their proposed intervention.

## 3. Program Description

As new options for older people are emerging in health and long term care, managed care organizations and the application of managed care approaches in fee-for-service Medicare are playing an increasingly important role. AoA is launching this grant program as part of a broader effort to gain a strategic understanding of how the traditional strengths of the Aging Services Network can add value to models of integrated health and long term care. The grants are specifically designed to increase our understanding of innovations in aging services that involve the use of partnerships with managed care organizations, and/or participants in the Medicare Modernization Act Demonstrations, and capitated financing arrangements to improve the quality of care for older people. These efforts hold great promise for demonstrating how the Aging Services Network's core values and competencies can be effectively integrated with managed care models and approaches to improve the quality of care for older people. However, it is not entirely clear to what extent these activities are taking place in the Aging Services Network and the interest and readiness of the network to move into this type of service activity. This grant program will enable AoA to:

- Learn more about the scale and scope of current network development related to capitated services.
- Document examples that can be shared broadly for discussion and potential replication.
- Support those efforts that maximize the role of the Aging Services Network in the building of programs and systems serving older persons that link health care with social support systems.

The Aging Services Network Integrated Care Management Grant Program is designed to improve the delivery of services to older people, enhance the integration of health and social supports, and help position the Aging Services Network in our evolving health and long term care system.

The program will:

- Identify and highlight innovative and practical ways the Aging Services Network can adopt managed care models or approaches, or partner with Medicare and/or Medicaid organizations (managed care or MMA participants), to benefit the elderly.
- Build or strengthen partnerships to apply new protocols or approaches to the delivery of managed care services and benefits.
- Support the development of a network of leaders in the field by sharing information among awardee sites and disseminating information and knowledge generated through this grant program with other aging network and managed care organizations.
- Inform AoA and others in the development of new strategies and approaches to support the role of the Aging Services Network in health and long term care.

AoA will fund projects that build on the core values and competencies of the Aging Services Network and demonstrate practical approaches to positioning CASPs and AAAs in managed care. The areas of focus for the projects to be funded under this program include:

- Innovative approaches to delivering health and social services, including benefits and services provided to Medicare and/or Medicaid managed care enrollees.
- Improved coordination of health and social services.
- Application of capitated financing approaches to aging services funded under the Older Americans Act and/or other programs.
- New approaches to ensuring the quality of care provided under managed care arrangements and/or MMA Demonstrations.
- Other innovations consistent with the purposes of this grant program.

This grant program is one element of a larger initiative being undertaken by AoA to develop an overall strategy that it can use to support the Aging Services Network's future role in health and long term care. Consequently, grantees under this program will participate in extensive collaboration with AoA, its federal partners (CMS, NIH, CDC, and AHRQ), private foundations, other national organizations, and experts appropriate to this initiative in exchanges related to the above areas of focus and to improving the understanding of opportunities and challenges that managed care approaches present to the Aging Services Network. In addition, grantees will be asked to participate in dissemination activities -- potentially through the development of documentation, teleconferences, web based exchanges, conference presentations and other appropriate means. Therefore, applicants should budget funds and time for at least two people from each project to attend a two (2) day meeting in Washington, D.C.

## 4. Priority Areas for Grants

Applicants may apply for a grant under one (1) of two (2) priority areas. Although there may be some overlap in the two types of priority area, applicants must use one of these priority areas as the primary approach for their proposal. Do not propose to combine these priority areas in a single application. Programs that received funding during in FY2004 should apply as a Program Enhancement, unless the total program has changed. No organization may submit more than one proposal for this grant competition. The priority areas are as follows:

## **A. Program Enhancements**

The grantee will propose to build-upon and refine an existing model or approach and/or gather data to assess the effectiveness of an existing practice. These projects must include a detailed description of the current model or approach and a description of the evaluation methodology, if one was conducted, that was used to assess the effectiveness of the existing model or approach and the documented results of the evaluation, including client outcome data. The proposal must include a detailed description of the enhancement and its potential impact on older people and the health and long term care system, as well as a description of a formative evaluation process that will be used to support continuous quality improvement and track the start-up and operating costs of the enhancement (for program replication use). Programs that received funding during FY2004 competitive process are eligible to reapply under this category. These programs should clearly state outcomes from Year 1 and anticipated outcomes for FY2005. All applicants must address plans for long term sustainability of the program including the role of the partner in matching funds/resources for the initiative.

<u>Examples</u> of possible projects in this category include <u>but are not limited to</u>: A multiservice agency has been working with a pharmacist to review medications and provider education on medication management and the agency wants to further study the program to provide a cost/benefit analysis and determine a capitation rate in order to market the service to a Medicare and/or Medicaid managed care organization.

## **B.** New Models or Approaches

The grantee will propose to design/ implement a project consistent with the purpose of this program. These projects must involve one or more of the following features:

• New organizational arrangements/structures to provide expanded geographic

access and/or to expand the scope and/or effectiveness of services and programs provided under managed care arrangements.

- New managed care models for a community that maximizes use of resources and involvement of the Aging Services Network in care coordination or provision of evidence-based health promotion or disease management programs.
- Relationships with local Aging and Disability Resource Center (ADRC) projects to improve access to services, including services provided under managed care arrangements.
- Other innovations consistent with the purposes of this program.

Projects involving new models or approaches are encouraged to produce a formal business plan as part of their project activities, or have one already developed, that could be used to operationalize the model project or approach and which, with appropriate modifications and edits, could be used as a technical assistance document by other CASPs, AAAs or managed care organizations to replicate the project. <u>Examples</u> of possible projects under this category include <u>but are not limited to</u>: A community aging services provider has been successful at securing fee-for-service contracts in one location and wants to expand its geographic reach and be in a stronger position to contract with a Medicare and/or Medicaid managed care plan by developing a network arrangement with other service providers; an Aging and Disability Resource Center wants to expand the capability of its client assessment unit to include providing health risk assessments to Medicare managed care plans.

Applicants must clearly indicate which one of the above priority Areas (Program Enhancements <u>or</u>, New Models or Approaches) they propose to address in the "Summary/Abstract" component of the application. In addition, on the Form 424 you should indicate the subject area in the box in the upper right hand corner marked "APPLICATION IDENTIFIER."

## Regardless of the priority area selected:

If a project does not involve a partnership with a Medicare and/or Medicaid managed care organization or with an organization (e.g. disease management provider, physician group practice) that is participating in a demonstration funded by the Centers for Medicare and Medicaid under the Medicare Modernization Act related to the following Sections: 231,409, 646, 648(a),649, 703, and 721 (additional information about the MMA provisions can be found at <u>www.CMS.gov</u> under Demonstration Projects) the project must involve the application of capitated financing arrangements to aging services.

- The materials and information generated by the projects must potentially be of significant and practical value to substantial numbers of other CASP organizations, Area Agencies on Aging, and, as appropriate, to Medicare and Medicaid managed care organizations that might have an interest in replicating the model or approach.
- The proposal must document the evidence-base behind the model/approach selected and the specific outcomes that will be achieved.

## **II. AWARD INFORMATION**

## 1. Award Type

The awards will be cooperative agreements in which the grantee and the Administration on Aging work collaboratively with the grantee to clarify the issues to be addressed by the project. Awardee activities for this initiative are as follows:

- a. Working collaboratively with AoA to refine and implement their project plan.
- b. Working collaboratively with AoA and other grantees under this initiative to refine concepts related to Aging Services Network opportunities concerning managed care. This collaboration will take the form of conference calls, web-based exchanges, on-site discussions, and national meetings.
- c. Working collaboratively with AoA to develop and deliver dissemination and replication documents and presentations that are the critical products of these grants for the Aging Services Network, this will include participating in the report documenting the work of the grantees in FY 2004 & 2005.

AoA activities for this initiative will include expert technical assistance and the coordination of mutual learning opportunities between AoA and grantees under this initiative, other federal agencies (CMS, NIH, CDC, and AHRQ), foundations, and other national organizations and experts appropriate to this initiative. AoA activities will also include:

- a. Working collaboratively with the grantee to refine project plans and resolve implementation issues.
- b. Reviewing and commenting on dissemination and replication documents and presentations that are the essential products of the grants.

## 2. Project Funding, Duration and Match

AoA plans to fund up to twenty (20) projects varying in size up to a total \$75,000 each. The average projected award amount will be approximately \$30,000. The approximate amount of federal funds available for these projects is \$600,000 and the project period will be one year. More projects may be funded if additional funds become available. AoA plans to award at least one project in each of the two (2) priority areas (assuming that acceptable applications are submitted in each of these areas). Grantees are required to cover at least 25% of the total program costs from non-federal cash or in-kind resources. AoA does not have a separate source of funds to cover project overhead or indirect costs (the amount awarded for the project is the full amount of federal funds that will be made available for these projects).

## **III. ELIGIBILITY INFORMATION**

## 1. Eligible Applicants

Eligible applicants are Community Aging Service Providers (CASPs) and Area Agencies on Aging (AAAs). A CASP is defined as a not-for-profit community-based organization that has a history and mission focused on the provision of home and community-based social service primarily for older people and currently receives funding under the Older Americans Act (OAA). AAAs are agencies officially designated as such by a State Unit on Aging under the provisions of the Older Americans Act. Faith-based organizations and Tribal organizations that fit this definition of a CASP or AAA are encouraged to apply. AAAs can only apply as an AAA. No organizations must submit proof of non-profit status as required in Section IV below.

## 2. Cost Sharing or Matching

Under this and similar programs, AoA does not make grant awards for the entire project cost. Successful applicants must, at a minimum, contribute one (1) dollar, secured from non-federal sources, for every three (3) dollars received in federal funding. Grantees are therefore required to cover at least 25% of the total program costs from non-federal cash or in-kind resources. While the matching requirement will not be used as a responsiveness criterion for purposes of screening, applicants must show their anticipated match in their proposed applications.

## 3. Other

## A. 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 tollfree DUNS Number request line at 1-866-705-5711 or by using this link: <a href="https://eupdate.dnb.com/requestoptions.html?cmid=EOE100537">https://eupdate.dnb.com/requestoptions.html?cmid=EOE100537</a>.

## **B.** Application Screening Criteria

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

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

i. <u>SUBMISSION REQUIREMENTS</u>

Applications must be submitted electronically via <u>www.grants.gov</u> by midnight, September 6, 2005.

### ii. ORGANIZATIONAL ELIGIBILITY

Eligible applicants are Community Aging Service Providers (CASPs) and Area Agencies on Aging (AAAs). A CASP is defined as a not-for-profit communitybased organization or local public entity that has a history and mission focused on the provision of home and community-based services, primarily for older people and currently receives funding under the Older Americans Act. AAAs are agencies officially designated as such by a State Unit on Aging under the provisions of the Older Americans Act. Faith-based organizations and Tribal organizations that fit this definition of a CASP are encouraged to apply. An AAA can only apply as an AAA.

### iii. RESPONSIVENESS TO PRIORITY AREA DESCRIPTION

Applications will be screened on whether the application is responsive to the priority area description and, where required, reflects a partnership meeting the requirements.

## iv. PROJECT NARRATIVE

The Project Narrative must be <u>double-spaced</u>, on <u>single-sided 8 <sup>1</sup>/2</u>" 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 ten to twelve pages; fifteen pages is the maximum length allowed. <u>AoA will not accept applications with a</u> <u>Project Narrative that exceeds 15 pages</u>, excluding the Project Work Plan Grid. NOTE: The Project Work Plan Grid, Letters of Cooperation, and Vitae of Key Personnel are not counted as part of the Project Narrative for purposes of the 12page limit, but all of the other sections noted above are included in the limit, including Sections 1 through 8, and Section 10, except for the Vitae.

## IV. APPLICATION AND SUBMISSION INFORMATION

#### 1. Address to Request Application Package

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

Application kits are also available by writing to:

U.S. Department of Health and Human Services Administration on Aging Center for Planning and Policy Development One Massachusetts Ave, NW Washington, D.C. 20201

Or by calling: 202-357-3443

Or by e-mailing: mary.guthrie@aoa.hhs.gov

**Please note, AoA is requiring applications for this announcement to be submitted electronically through <u>www.grants.gov</u>. The Grants.gov registration process can take several days. If you are not currently registered with <u>www.grants.gov</u>, please begin this process immediately. For assistance with <u>www.grants.gov</u>, please contact AoA's Grants.gov helpdesk at 202-357-3438. At <u>www.grants.gov</u>, 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. If you would like to apply for this funding opportunity but are unable to meet the requirement to submit your proposal via Grants.gov, please contact Mary Guthrie at 202-357-3443 or <u>mary.guthrie@aoa.hhs.gov</u>.** 

Applications submitted via www.grants.gov:

- You may access the electronic application for this program on <u>www.Grants.gov</u>. You must search the downloadable application page by the CFDA number 93.048.
- 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 <u>www.grants.gov</u> because of the time delay.
- All applicants must have a Dun and Bradstreet (D&B) Data Universal Numbering System number and register in the Central Contractor Registry (CCR). You should allow a minimum of **five days** to complete the CCR registration.
- You may 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.
- We may request that you provide original signatures on forms at a later date.

## 2. Content and Form of Application Submission

## A. Project Narrative

The Project Narrative must be:

- double-spaced
- on single-sided 8 <sup>1</sup>/<sub>2</sub>" x 11" plain white paper
- have 1" margins on both sides
- 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 twelve pages; fifteen pages is the maximum length allowed. <u>AoA will not accept applications with a Project Narrative that exceeds 15 pages.</u> The components counted as part of the 15-page limit include:

- Project Summary / Abstract
- Problem Statement
- Overall Project Goals and Objectives
- Specific Proposed Intervention
- Special Target Populations and Organizations
- Outcomes
- Project Management
- Evaluation Plan
- Dissemination Plan
- Work Plan
- Organizational Capability.

The Project Narrative is the critical part of the application. It should be clear, concise, and, of course, responsive to this program announcement. In describing your proposed project, make certain that you respond fully to the evaluation criteria set forth in Section V. The organization of the narrative might well, in fact, parallel the criteria, beginning with an integrated discussion of the project's purpose(s), relevance, significance, and responsiveness to the program announcement, which answers the questions of why the proposed project should be undertaken and what it intends to accomplish. The next section of the narrative provides a detailed explanation of the approach(es) the project will follow to achieve its purpose(s), leading to a description of the operational strategies and outcomes/results/benefits of the proposed project and how these will be disseminated and utilized. The narrative concludes with the level of effort, program management and organizational capacity needed to carry out the project, in terms of the Project Director and other key staff, funding, and other resources.

The Project Narrative provides a major means by which an application is evaluated and ranked to compete with other applications for available assistance. Supporting documents should be included where they can present information clearly and succinctly. In preparing your project description, all information requested under the evaluation criteria should be provided. Awarding offices use this and other information in making their funding recommendations. It is important, therefore, that this information be included in the application.

AoA is particularly interested in specific factual information and statements of measurable goals in quantitative terms. Project descriptions are evaluated on the basis of substance, not length. Extensive exhibits are not required. Cross-referencing should be used rather than repetition. Supporting information concerning activities that will not be directly funded by the grant or information that does not directly pertain to an integral part of the grant funded activity should be placed in an appendix.

Pages should be numbered and a table of contents should be included for easy reference.

### i. <u>SUMMARY/ABSTRACT</u>

Provide a summary/abstract of the project description (300 words or less). In the summary/abstract, describe the proposed project, including: the goal, the list of objectives, the overall approach you plan to use to accomplish your objectives, and the products and outcomes to be generated. A model for completing the summary/abstract is included in the appendix of this document.

Applicants must clearly indicate which one of the priority areas (Program Enhancements; <u>or</u>, New Models or Approaches) they propose to address in the "Summary/Abstract" component of the application. In addition, on the Form 424 you should indicate the priority area in the box in the upper right hand corner marked "APPLICATION IDENTIFIER."

### ii. PROBLEM STATEMENT

Describe, in both quantitative and qualitative terms, the nature and scope of the particular problem or issue the proposed intervention or project is designed to address. (Suggested Length and Format: two to four paragraphs).

### iii. PROJECT 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. (Suggested Length and Format: Grid format, linked with Work Plan. A *sample* work plan grid is included in the attachments. Alternatively, use a bulleted format or describe in one or two paragraphs.)

#### iv. PROPOSED INTERVENTION

Provide a clear and concise description of the intervention or project you are proposing to use to address the problem or issue previously described. Describe the rationale for using the particular model or approach, including factors such as: "lessons learned" for similar projects previously tested in your community, or in other areas of the country; factors in the larger environment that have created the "right conditions" for the intervention (e.g., existing social, economic or political factors that you'll be able to take advantage of, etc.). Also note any major barriers you anticipate encountering, and how your project will be able to overcome those barriers. In particular, attention should be given to:

- Justifying the proposed project in terms of available information and knowledge regarding managed care models or approaches;
- Describing how the proposed project builds on and reflects the core competencies of your organization;
- Programs previously funded in FY2004 should describe how the proposed project

builds on the first year's work;

- Describing the role and makeup of any strategic partnerships you plan to involve in implementing the project, including the Medicare and/or Medicaid organization (managed care or MMA provider ) you plan to partner with, other funders, and/or consumer groups, including a short description of the nature of their effort or contribution;
- Describing why the project would be of significant interest to other CASPs, AAAs and/or Medicare and/or Medicaid organizations (managed care or MMA providers) for possible replication.

Suggested length and format for this description is four to six pages.

NOTE: If any data are to be collected, maintained, and/or disseminated, clearance may be required from the U.S. Office of Management and Budget (OMB). This clearance pertains to any "collection of information that is conducted or sponsored by AOA."

## v. SPECIAL TARGET POPULATIONS AND ORGANIZATIONS

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

#### vi. OUTCOMES

Provide a narrative clearly identifying the measurable outcome(s) and/or products that will result from the project. (NOTE: AoA will not fund any project that does not include measurable outcomes – see Attachment E for a definition of a measurable outcome.) 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.) Finally, you must describe your plans for ensuring the long-term sustainability of the program and the role of the partner in this endeavor.

NOTE: Keep the focus in this section on describing <u>what</u> outcome(s) will be produced by the project. You should use the Evaluation section noted below to describe <u>how</u> the outcome(s) will be measured and reported.

In particular, attention should be given to:

• Project outcomes that are measurable and clearly identified, realistic, and consistent with the objectives of the project;

NOTE: Your application will be scored on the clarity and nature of your proposed outcome(s), NOT the number of outcomes you cite. It may be appropriate for a project to have only ONE outcome that it is trying to achieve through the intervention reflected

in the project's design.

### vii. PROGRAM MANAGEMENT

Include a clear delineation of the roles and responsibilities of project staff, consultants and other partner organizations, and how they will contribute to the project's objectives and outcome(s). Specify who will have day-to-day responsibility for key tasks such as: leadership of the project; monitoring the project's ongoing progress; preparation of reports; and communications with other partners and AoA. Also describe the approach that will be used to monitor and track the progress of the project's tasks and objectives. (Suggested Length and Format: Three to four paragraphs.)

### viii. EVALUATION PLAN

Describe the method(s), techniques and tools that will be used to: (1) determine whether or not the proposed intervention achieved its anticipated outcome(s), and (2) document the "lessons learned," both positive and negative, from the project that will be useful to people interested in replicating the intervention, if it proves successful. (Suggested Length and Format: Two to Three paragraphs.)

## ix. **DISSEMINATION**

Describe the method that will be used to disseminate the project's results and findings in a timely manner, and in easy to understand 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. (Suggested Length: five to seven paragraphs.)

## x. 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 or action steps that will be pursued to achieve the goal and outcome(s). For each major task or 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* grid work plan format is included in the Attachments. (Suggested Length and Format: Grid format. Alternatively, not more than two pages preferably presented in bullet format. Note: A work plan in grid format does not count as part of the project narrative's 15-page limit. A work plan in a narrative format does count as part of the project narrative's 15-page limit.)

In particular, attention should be given to:

• Providing a detailed timeline for the accomplishment of tasks and objectives that reflects an October 1, 2005, start date; and

• The logical and realistic sequence and timing of events.

## xi. ORGANIZATIONAL CAPABILITY STATEMENT & VITAE FOR KEY PERSONNEL

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 core 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. Include short vitae for key project staff only. Also include information about any contractual organization(s) that will have a significant role(s) in implementing the project and achieving project goals.

### xii. LETTERS OF COMMITMENT FROM KEY PARTNERS

Include confirmation of the commitments to the project (should it be funded) made by <u>key</u> 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. Projects that involve a partnership with one or more Medicare and/or Medicaid organizations (managed care, MMA participating providers) must include a letter of commitment from the relevant organization(s) indicating their commitment to participate as a full partner in all aspects of the proposed project. The letter must clearly state the Medicare and or Medicaid organization or Section 721 demonstration program)

## 3. Submission Dates and Times

The *deadline date* for the submission of applications under this program announcement is September 6, 2005. Applications must be submitted electronically via www.grants.gov by midnight, September 6, 2005.

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

Applicants applying through Grants.gov will automatically receive a tracking number and date of receipt verification electronically once the application has been successfully received and validated in Grants.gov.

To assist AoA in managing the grant review process for this grant program, potential applicants are encouraged to submit **a letter (or email) of intent** to apply for a grant under the Aging Services Network Integrated Care Management Grant Program. The letter (or email) should identify one of two (2) Priority Areas (Program Enhancements; <u>or</u>, New Models or Approaches) and be mailed (or emailed) not later than 15 days after the publication of this announcement in the Federal Register. Letters (or emails) of intent to apply should be sent to: Mary Guthrie, U.S. Department of Health and Human Services, Administration on Aging, Washington, D.C. 20201 or to: <u>mary.guthrie@aoa.hhs.gov</u>.

## 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 activities:

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

## V. APPLICATION REVIEW INFORMATION

## 1. Criteria

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

- Purpose and Need for Assistance (25 points);
- Approach/Method Workplan and Activities (25 points);
- Outcomes/Benefits/Impacts (20 points); and
- Level of Effort, Program Management, and Organizational Capacity (30 points).

Applications from AAAs will be reviewed and scored separately from the applications submitted by CASPs but the same evaluation criteria and scoring method will be used for all applications.

### <u>Purpose and Need for Assistance</u> Weight: 25 points

- Is the proposed project justified in terms of the most recent, relevant, and available information and knowledge related to possible roles for the Aging Services Network in managed care or MMA demonstrations? Does the applicant understand the specific nature of the managed care model or approaches being proposed and the overall purpose of the Aging Services Network Integrated Care Management Grant Program? Does the applicant demonstrate experience in the development of innovative models and approaches to delivering services for older people, including experience working with managed care models or approaches? If the project does not involve a partnership with a Medicare and/or Medicaid organization (managed care or MMA provider), does it involve the application of capitated financing to aging services? (10 points)
- Is the overall proposal a clear and competent response to the program purpose as identified in Section I of the Program Announcement? Will the project be of interest to substantial numbers of other CASPs, AAAs and, as appropriate, to Medicare and/or Medicaid managed care organizations? (10 points)

• Does the applicant adequately and appropriately describe how the proposed project will address the needs of special population groups, i.e. low income, minority, and rural, and in identified system gaps when addressing problem(s)/issue(s) relevant to its proposal? (5 points)

## Approach/Method – Work Plan and Activities

## Weight: 25 points

- Does the applicant present a well-organized work plan that systematically includes specific goals, objectives, activities and implementation strategies that are responsive to the applicant's statement of needs and purpose? Are plans in sufficient detail to provide an understanding of the entire project's intended implementation and outcomes? Does the approach reflect and build on the applicant organization's core capacities? (**10 points**)
- Does the work plan include sensible and feasible timeframes for the accomplishment of tasks presented? Is the sequence and timing of events logical and realistic? (5 points)
- If the project involves a partnership with one or more Medicare and/or Medicaid organizations (managed care or MMA providers\_, is the organization(s) sufficiently involved in all aspects of the project? Does the plan reflect a collaborative approach with the Administration on Aging, other grantees, and other relevant parties in developing the managed care models and/or approaches being proposed and the documentation that will be relevant to the Aging Services Network? Will the products of the grant be of significant and practical use to many other CASPs, AAAs, and, as appropriate, to Medicare and/or Medicaid organizations? (10 points)

## **Outcomes/Benefits/ Impact**

## Weight: 20 points

- Are the expected project outcomes measurable and clearly identified, realistic, and consistent with the objectives of the project? (**10 points**)
- Will the project add significant value to the field and advance the objectives of the Aging Services Network Integrated Care Management Grant Program? Does the project have potential relevance and generalizability to Aging Services Network CASPs and AAAs in terms scale and scope? Does the proposal include a plan for dissemination that is likely to increase the awareness of project activities and events within the Aging Services Network during project performance? (**10 points**)
- If the Program received funding in FY2004, did they clearly address the outcomes from Year 1 (in relation to workplan) and how Year 2 will builds on experience?

## Level of Effort, Program Management & Organizational Capacity Weight: 30 points

• Is the budget justified with respect to the adequacy and reasonableness of resources requested? Are budget line items consistent with and tied to the work plan objectives? Is the time commitment of the proposed director, staff, and consultants sufficient to

assure proper direction, management, and timely completion of the project? (8 points)

- Are the roles and contribution of staff, consultants, and collaborative organizations clearly defined and linked to specific objects and tasks? Do the proposed project director, staff, or consultants have the background, experience, and other qualifications (including experience related to the use of managed care models or approaches) required to carry out their designated roles? Are the writers of the proposal identified and will they be involved in the project's management and implementation? If not, is there a logical explanation for their non-participation? (15 points)
- Does the applicant have an established track record of collaboration among a variety of local organizations, including those that are a part of this project? Are letters from <u>key</u> participating organizations included 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? (7 points)
- Does the applicant outline proposed sustainability post-AoA funding? Do they include the role of the partner(s) is assuring sustainability?

## 2. <u>Review and Selection Process</u>

An independent review panel of at least three individuals will evaluate applications that pass the screening. These reviewers are experts in their field, and are drawn from academic institutions, non-profit organizations, state and local government, and federal government agencies other than AoA. Based on the specific programmatic considerations as outlined under "Program Priorities", section I, Funding Opportunity Description, the reviewers will comment on and score the applications, focusing their comments and scoring decisions on the criteria identified above. Applications from AAAs will be reviewed and scored separately from the applications submitted by CASPs but the same evaluation criteria and scoring method will be used for all applications.

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; geographic and ethnic balance -- nationwide; the overall mix of projects being funded in terms of both the type of managed care models or approaches, as well as the priority areas being address by the projects; and the likelihood that the proposed projects will result in the anticipated outcomes.

## VI. AWARD ADMINISTRATION INFORMATION

## 1. Award Notices

The successful applicant will receive an Approval letter, and a Notice of Financial Assistance Award. The Notice of Financial Assistance Award is the authorizing document, and will be

signed by the AoA grants officer, the AoA authorizing official, and the AoA budget office. Unsuccessful applicants are notified 30 days after successful applicants and will receive a disapproval letter.

## 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 AoA Standard Terms and Conditions.

## 3. Reporting

An original and two copies of the SF-269 (Financial Status Report) and the program progress report are due semi-annually. Final performance and SF-269 reports are due 90 days after the end of the project period. For more information see DHHS / AoA Standard Terms and Conditions.

## VII. AGENCY CONTACTS

Managed Care Initiative Project Officer: U.S. Department of Health and Human Services Administration on Aging Washington, DC 20201 Attn: Mary Guthrie Telephone: (202) 357-3443, e-mail: Mary.Guthrie@aoa.hhs.gov.

<u>Grants Management Officer:</u> U.S. Department of Health and Human Services Administration on Aging Washington, DC 20201 Attn: Margaret Tolson Telephone: (202) 357-3440, e-mail: <u>Margaret.Tolson@aoa.gov</u>

## **VIII. OTHER INFORMATION**

### 1. Order of Application Elements

To expedite the processing of applications, we request that you arrange the components of your application in the following order:

- A. SF 424 Application for Federal Assistance. <u>Note</u>: The original copy of the application <u>must</u> have an original signature in item 18d on the SF 424.
- B. SF 424A Budget Information.
- C. Separate Budget Justification (See Attachments for Sample Format).
- D. 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).
- E. AoA Certifications.
- F. Proof of non-profit status
- G. Copy of the applicant's most recent indirect cost agreement, as necessary.
- H. Project Narrative with Work Plan (See Attachments for Sample Work Plan Format).
- I. Organizational Capability Statement and Vitae for Key Project Personnel.
- J. Letters of Commitment From Key Partners.
- K. "Survey on Ensuring Equal Opportunity for Applicants" (Optional non-profit applicants)

## 2. Paperwork Reduction Act Statement

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 3/31/07.

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 Budget (SF424A) and Budget Justification

Attachment B: Budget Justification Format – Sample Format with Examples

> Attachment C: Budget Justification – Sample Format

Attachment D: Project Work Plan - Sample Format

**Attachment E: Instructions for Completing the Summary/Abstract** 

Attachment F: "Survey on Ensuring Equal Opportunity for Applicants"

### Attachment A

### Instructions for completing the Budget (SF424A) and Budget Justification

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. Please note that single-sided copies of all required forms must be used in submitting your application.

#### a. Standard Form 424

- Item 1. Mark "Non-Construction" under "Application".
- Item 2. Fill in the date you submit the application. The three "Identifier" boxes to the right of Items 2 through 4 should be left blank.
- Item 3. Not applicable Mark "NA".
- Item 4. Leave blank.
- <u>Item 5</u>. Enter the legal name of the applicant organization; the name of the primary organizational unit responsible for managing the project; the organization's DUNS number (received from Dun and Bradstreet); the applicant's address; and the name and telephone number of the person to contact on matters related to this application.
- <u>Item 6</u>. Enter the Employer Identification Number (EIN) of the applicant organization that has been assigned to the organization by the Internal Revenue Service. Please include the suffix to the EIN if known.
- Item 7. Enter the appropriate letter in the box provided.
- Item 8. Check the "New" box.
- Item 9. Enter Administration on Aging
- <u>Item 10</u>. Enter 93.048
- Item 11. Enter the title of the project.
- Item 12. List only one entity it should be the largest political entity affected.
- Item 13. Enter the start and end date for the upcoming budget period for the project. (NOTE: The start date usually coincides with the date AoA issues the grant award to the applicant

organization, with the end date usually being 12 months later.)

Item 14. Enter the Congressional District(s) affected by the project.

Item 14a.Enter the Congressional District where the applicant organization is located.

Item 14b. Leave Blank

Item 15. 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 15 and the Budget Information Sections A, B and C noted below.

All budget information entered under item 15 should cover the upcoming budget period. For sub-item 15a, enter the federal funds being requested. Sub-items 15b-15e is considered matching funds. The dollar amounts entered in sub-items 15b-15f must total at least  $1/3^{rd}$  of the amount of federal funds being requested (the amount in 15a). For a full explanation of AoA's match requirements, see the information in the box below. For sub-item 15f, enter only the amount, if any that is going to be used as part of the required match.

There are three types of match: 1.) non-federal cash; 2.) non-federal non-cash (i.e., inkind); and program income. 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 <u>cash matching funds</u>. Generally, most contributions from third parties will be non-cash (i.e., in-kind) matching funds. Examples of <u>non-cash (in-kind) match</u> include: volunteered time and use of facilities to hold meetings or conduct project activities. A third form of non-federal match is projected <u>program income</u> derived from activities of the project such as participant fees and sale of publications. <u>Only program income that is to be used as part of the required</u> <u>match should be shown on Line 15.</u>

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.

## **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 15g.). This "three-to-one" ratio is reflected in the following formula which you can use to calculate your minimum required match:

Federal Funds Requested (i.e., amount on line 15a)=Minimum3=MatchRequirement

For example, if you request \$100,000 in federal funds, then your <u>minimum</u> match requirement is \$100,000/3 or \$33,333.

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.

- Item 16. Check b. No Program is not covered by E.O. 12372
- Item 17. This item applies to the applicant organization. Categories of debt include delinquent audit disallowances, loans, and taxes.
- Item 18. To be signed by the authorized representative of the applicant organization. A document attesting to that sign-off authority must be on file in the grantee's office.

## 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. For your convenience, these non-applicable columns and rows have been shadedout on the form. You should only consider and respond to the budget items for which guidance is provided below.

#### Section A - Budget Summary

<u>Line 5</u>: 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 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. The budget justification should provide a detailed breakdown of large dollar values.

<u>Line 6a</u>: <u>Personnel</u>: 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. <u>In the Justification</u>: 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.

<u>Line 6b</u>: <u>Fringe Benefits</u>: Enter the total costs of fringe benefits unless treated as part of an approved indirect cost rate. <u>In the Justification</u>: Provide a break-down of amounts and percentages that comprise fringe benefit costs, such as health insurance, FICA, retirement insurance, etc.

<u>Line 6c</u>: <u>Travel</u>: Enter total costs of <u>out-of-town travel</u> (travel requiring per diem) for staff of the project. Do not enter costs for consultant's travel - this should be included in line 6h. <u>In the Justification</u>: Include the total number of trips, destinations, purpose, length of stay, subsistence allowances and transportation costs (including mileage rates).

<u>Line 6d</u>: <u>Equipment</u>: 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. <u>In</u> <u>the Justification</u>: 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.

<u>Line 6e</u>: <u>Supplies</u>: Enter the total costs of all tangible expendable personal property (supplies) other than those included on line 6d. <u>In the Justification</u>: 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, Budget Categories for each contractor, along with supporting information and justifications.

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; <u>local</u> 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. <u>In the Justification:</u> 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: <u>State governments should enter the amount of indirect costs determined in accordance with DHHS requirements</u>. 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.

<u>Line 7</u>: <u>Program Income</u>: 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). <u>Note</u>: Any program income indicated at the bottom of Section B and for item 15(f) on the face sheet of Form 424 will be included as part of non-Federal match and will be subject to the rules for documenting completion of this pledge. If program income is expected, but is not needed to achieve matching funds, do not include that portion here or on Item 15(f) of the Form 424 face sheet. Any anticipated program income that will not be applied as grantee match should be described in the Level of Effort section of the Program Narrative.

### Section C - Non-Federal Resources

<u>Line 12</u>: 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 program income used to meet the match requirement and the projected level of program income is not met, thereby decreasing the level of match, the amount of federal funds available to the grantee may be reduced if the match falls below required levels.

Section D - Forecasted Cash Needs - Not applicable.

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

<u>Line 20</u>: 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 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. AoA Certification

This form contains certifications that are required of the applicant organization regarding (a) lobbying; (b) debarment, suspension, and other responsibility matters; and (c) 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.

### 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 Justification, Page 1 – Sample Format with EXAMPLES**

<b>Object Class Category</b>	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         \$30,000         \$30,000         =         \$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 National Conference: 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 Justification, Page 2 - Sample Format with EXAMPLES**

Object Class Category	Federal Funds	<u>Non-Federal</u> <u>Cash</u>	Non-Federal In-Kind	<u>TOTAL</u>	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 personal care/companion provider = \$50,000 See detailed budget justification for each provider (and then provide it!)

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

Other	\$10,000	\$8,000	\$19,800	\$37,800	Local conference registration fee (name conference) Printing brochures (50,000 @ \$ .05 ea) Video production Video Reproduction NF Respite Training Manual reproduction \$3/manual x \$2000 manuals Postage \$150/mo x 12 months Caregiver Forum meeting room rentals \$200/day x 12 forums Respite Training Scholarships	= \$ 200 = \$ 2,500 = \$19,800 = \$ 3,500 = \$ 6,000 = \$ 1,800 = \$ 2,400 = \$1,600
Indirect Charges	0	0	0	0	None	
TOTAL	\$265,700	\$60,800	\$27,767	\$354,267		
	75% of Total Cos (Federal \$	) 25%	6 of Total Cost quired Match)			

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## **Attachment C: Budget Justification – Page 1 – Sample Format**

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

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

## **Attachment C: Budget Justification – Page 2 – Sample Format**

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

Goal:													
Measurable Outcome(s):													
Major Objectives	Key Tasks	Lead Person	Ti	mef	ram	e (S	star	t an	d En	d Da	ate by	Mon	th)
1.													
												+	
2.													
												+	

Major Objectives	Key Tasks	Lead Person	Т	ime	frar	ne (	Stai	art and End Date by Month)									
			1	2	3	4	5	6	7	8	9	10	11	12			
3.																	
														-			
4.																	
														1			
														-			

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

Major Objectives	Key Tasks	Lead Person	Т	ime	frar	ne (	Star	Start and End Date by Month)									
			1	2	3	4	5	6	7	8	9	10	11	12			
5.																	
														-			
														-			
6.																	
														+			
														+			

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

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

## 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 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 inhome cognitive retraining; abstracts for national conferences.

# SURVEY ON ENSURING EQUAL OPPORTUNITY FOR APPLICANTS

Enter relevant Grant Announcement Title and Number

OMB No. 1890-0014

Exp. <u>1/31/2006</u>

**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
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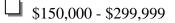
No
110

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

$\square$ 3 or Fewer	⊔ <sub>15-50</sub>
4-5	51-100
<b>6</b> -14	<b>over</b> 100

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

Less Than \$150,000



- **↓** \$300,000 \$499,999
- \$500,000 \$999,999
- **1**,000,000 \$4,999,999
  - \$5,000,000 or more

4. Is the applicant a faithbased/religious organization?



- 5. Is the applicant a non-religious community-based organization?
  - $\Box_{\text{Yes}}$   $\Box_{\text{No}}$
- 6. Is the applicant an intermediary that will manage the grant on behalf of other organizations?



- Has the applicant ever received a government grant or contract (Federal, State, or local)?
  - $\Box$  Yes
- L No
- 8. Is the applicant a local affiliate of a national organization?

 $\square$  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.