OMB Approval	No. 0985-0018
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**Expiration 3/31/2007** 

Standard Performance Outcomes Measures Project (POMP)
Program Announcement and Grant Application Instructions

U.S. Administration on Aging 2005

**Department of Health and Human Services (HHS)** 

**Administration on Aging (AoA)** 

**AoA Office: Office of Evaluation** 

Funding Opportunity Title: Standard Performance Outcomes Measures Project (POMP)

**Announcement Type: Initial** 

Funding Opportunity Number: HHS-2005-AoA-PO-0504

Catalog of Federal Domestic Assistance (CFDA) Number: 93.048

**Key Dates:** The deadline date for submission of applications is July 25, 2005

#### I. FUNDING OPPORTUNITY DESCRIPTION

#### A. Summary

The Administration on Aging (AoA) is announcing a competition for new Performance Outcome Measures Projects (POMP). Standard POMP grants will be awarded to States for the purpose of developing and/or refining consumer assessment performance measurement tools and developing a national dissemination strategy. Grantees who choose to work collaboratively with other grantees will receive technical support. The full text of the announcement includes a description of the Standard POMP project and all the instructions necessary to prepare and submit a grant proposal to compete for these project awards.

#### **B.** Statutory Authority

The statutory authority for grants under this program announcement is contained in Title IV, of the Older Americans Act, (42 U.S.C. 3001 et seq.), as amended by the Older Americans Act Amendments of 2000 (P.L. 106-501).

#### C. Priority Area Description

#### Background

The Government Performance and Results Act (GPRA) requires Federal agencies to use performance measurement, particularly outcome measurement, to improve the performance of Federal programs. Further, the Office of Management and Budget has introduced the Program Assessment Rating Tool (PART), which they use to evaluate the performance of Federal programs. The PART places additional emphasis on assessing program performance through outcome measurement.

#### Building on the Results of Earlier POMP Demonstrations

Over the past six years, AoA has sponsored the Performance Outcome Measures Project for Older Americans Act (OAA), Title III programs. This project with SUAs and AAAs has produced a core set of performance measurement instruments. The instruments have been developed to identify elements of service quality for critical OAA services through a consumer assessment methodology. The instruments also measure special needs characteristics of the people who receive services such as physical and social functioning. Other measurement tools address the adequacy and benefit of services that support family caregivers. Performance measurement tools developed under POMP can be located at <a href="https://www.gpra.net">www.gpra.net</a>.

Consumer assessment surveys have enabled AoA and our State and AAA partners to demonstrate that services provided by the National Aging Services Network:

- Are highly rated by recipients
- Are effectively targeted to vulnerable individuals and those who need services
- Provide assistance to individuals and caregivers that is instrumental in allowing older persons to maintain their independence and avoid premature nursing home placement.

These results also enabled AoA to attain a PART rating of 81 percent during the FY 2005 budget formulation cycle.

The POMP project is in the process of evolution. Last year, for the first time, two types of grants were awarded. Standard POMP grants were awarded for the purpose of developing a comprehensive consumer assessment survey, a provider survey, and recommendations for the content of the POMP website. Advanced POMP grants were awarded for the purpose of developing methodologies to measure program impacts in a manner that can be associated with costs.

#### **Project Objectives and Activities**

The purpose of this competition is to solicit applications for Standard POMP projects that will continue to work with performance measurement surveys to fill in existing gaps in the current arsenal of POMP developed performance measurement tools and develop "final versions" of the instruments for use throughout the Aging Network.

Standard POMP: The purpose of this competition is to continue the development of performance measurement instruments as follows:

- Develop a methodology and tool for Statewide Performance Measurement.
- Develop "Final Versions" of performance measurement surveys.
- Develop a performance measurement dissemination plan.
- Participate in website enhancement activity.

Applicants must agree to participate in all four topic areas above. A brief discussion of the four topic areas follows:

#### Develop a Methodology and Tool for Statewide Performance Measurement

Both GPRA and Section 202(f) require the establishment of performance outcome measures. AoA has complied with these requirements by conducting national surveys, using performance measurement instruments developed under earlier POMP projects. Participation in these surveys is voluntary. Most States and AAAs support the survey efforts, but for those who do not it is time to consider performance measurement alternatives. Therefore, POMP grantees are asked to develop a methodology and tool for Statewide Performance Measurement. Grantees may develop either a survey methodology or reporting system. Grantees will not be expected to conduct pilot tests this year. Grantees may choose to work collaboratively with the POMP workgroup, or independently. Technical assistance will be provided to grantees working collaboratively.

#### **Develop "Final Versions" of Performance Measurement Surveys**

It is important for AoA, States, and AAAs to use consistent performance measurement tools. While the revisions to the instruments have been useful, it is now time to determine what versions we will work with from year to year. Using the POMP Surveys and National Surveys, grantees will be asked to determine the content of our best and final version of the POMP surveys. During the development of the "Final Versions" grantees should also identify 6-10 key questions for use in service specific modules. No new data collection will be conducted for the existing POMP surveys. Grantees may, however, develop one new performance measurement tool. Data collection for new tools is encouraged. Grantees are asked to work collaboratively on the development of "Final Version" instruments. Grantees may work collaboratively or independently in the development of one new performance measurement instrument. Technical assistance will be provided to grantees working collaboratively.

#### **Develop a Performance Measurement Dissemination Plan**

Now that the final performance measurement instruments are being developed, it is also important to develop a strategy to broaden the usage of performance measurement throughout the Aging Network. Encouraging the use of performance measurement by States and AAAs that do not participate in POMP is the goal. Grantees are requested to develop a plan for national dissemination of the POMP performance measurement tools. Grantees may work collaboratively or independently. Technical assistance will be provided to grantees working collaboratively.

#### Participate in Website Enhancement Activity

Under the current Standard POMP project, grantees are developing recommendations for retooling the POMP website (<a href="www.gpra.net">www.gpra.net</a>) to make it more useful and easy to use for States and AAAs not participating in the POMP project. Over the course of the next year, enhancements will be proposed for the website and grantees will be asked to assess the utility of these enhancements. Grantees are requested to work collaboratively. Technical assistance will be provided.

#### **Support Contract**

AoA will contract with a national research corporation to support the performance outcomes measures project during FY 2006. This corporation will maintain and enhance the POMP website, and provide research expertise in the development of the performance outcomes measures, technical assistance to project sites in sampling and data collection methodology, and tools for uniform data storage and transfer. Successful applicants are not required to use this resource if their application demonstrates adequate performance measurement research expertise. Documentation of the sampling and data collection methodologies, as well as the tools developed under prior performance outcomes measures projects are available at the web site www.gpra.net.

#### II. AWARD INFORMATION

Anticipated Total Priority Area Funding: \$300,000

Anticipated Number of Grant Awards: 6-10

Ceiling on Amount of Individual Awards: \$40,000 Floor on Amount of Individual Awards: none Average Projected Award Amount: \$30,000

The project period for these awards will be from the date of award to September 30, 2006.

#### III. ELIGIBILITY INFORMATION

#### 1. Eligible Applicants

Awards will be made to State Agencies on Aging. States are required to collaborate with at least one Area Agency on Aging (AAA) within the State. All States are eligible to apply. For States that function as a single planning and service area, applications must reflect substantial collaboration with one or more provider agency. Extensive collaboration with AAAs and provider agencies is encouraged

#### 2. Cost Sharing or Matching

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.). A common error applicants make is to match 25% of the federal share, rather than 25% of the project's total cost. While the matching requirement will not be used as a responsiveness criterion for purposes of screening out, applicants must show their anticipated match in their applications.

#### 3. Other

Application screening criteria are found in Section IV.2.A

In addition, the applicant should plan for the project leadership to participate in a 3-day annual meeting to be held in Washington, D.C in November. Up to three persons from each project may attend the annual meeting using grant funds.

#### IV. APPLICATION AND SUBMISSION INFORMATION

#### 1. Address to Request Application Package

Application materials can be obtained from www.aoa.gov or http://www.grants.gov.

Application kits are also available by writing to:

U.S. Department of Health and Human Services Administration on Aging Cynthia Agens Bauer Office of Evaluation Washington, D.C. 20201

Or by calling: 202-357-0145

While AoA encourages applicants to submit proposals electronically, you may submit your application to us either in electronic or paper format. To submit an application electronically, please use the <a href="https://www.Grants.gov">www.Grants.gov</a> website. If you use 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. You may not e-mail an electronic copy of a grant application to us.

Please note the following if you plan to submit your application electronically via Grants.gov:

- When entering the Grants.gov website, you will find information about submitting an application electronically through the site, as well as the hours of operation. We strongly recommend that you do not wait until the application due date to begin the application process through Grants.gov.
- To use Grants.gov, you, as the applicant, must have a D-U-N-S Number and register in the Central Contractor Registry (CCR). You should allow a minimum of five days to complete the CCR registration.
- You will not receive additional point value because you submit a grant application in paper format.
- 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 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.
- You may access the electronic application for this program on <a href="www.Grants.gov">www.Grants.gov</a>. You must search the downloadable application page by the CFDA number (93.048).

#### 2. Content and Form of Application Submission

#### A. Application Screening Criteria

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

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

- 1. Applications must be postmarked by midnight July 25, 2005 or hand-delivered by 5:30 p.m. Eastern Time on July 25, 2005 or submitted electronically by midnight July 25, 2005. Electronic submissions are encouraged and must be sent via <a href="www.grants.gov">www.grants.gov</a>.
- 2. The Project Narrative section of the Application 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.
- 3. The Project Narrative must <u>not</u> exceed 20 pages. NOTE: The Project Work Plan, Letters of Commitment, and Vitae of Key Project Personnel <u>are not counted</u> as part of the Project Narrative for purposes of the 20-page limit.

#### **B. DUNS Number**

The Office of Management and Budget requires applicants to provide a Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number when applying for Federal grants or cooperative agreements on or after October 1, 2003. It is entered on the SF 424. It is a unique, **nine-digit identification number**, which provides unique identifiers of single business entities. The 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: https://www.whitehouse.gov/omb/grants/duns\_num\_guide.pdf.

#### C. Project Narrative

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 ten to twenty pages; twenty pages is the maximum length allowed. AoA will not accept applications with a Project Narrative that exceeds 20 pages, excluding the Project Work Plan. The Project Work Plan, Letters of Cooperation, and Vitae of Key Personnel are not counted as part of the Project Narrative for purposes of the 20-page limit, but all of the other sections noted above are included in the limit.

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

- □ Summary/Abstract
- □ Problem Statement
- □ Goal(s) and Objective(s)
- Proposed Intervention
- Special Target Populations and Organizations
- Outcomes
- □ Project Management
- Evaluation
- Dissemination
- Organizational Capability

The Project Narrative is the most important part of the application, since it will be used as the primary basis 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 recommends that your project narrative include the following components:

**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. Detailed instructions for completing the summary/abstract are included in the appendix of this document.

**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.) (Suggested Length and Format: two to four paragraphs.)

**Goals 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: Preferably, include this information in the attached project work plan grid; alternatively, use a bulleted format or describe in one paragraph.)

**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 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. Be sure to describe the role and makeup of any strategic partnerships you plan to involve in implementing the intervention, including other organizations, funders, and/or consumer groups. (Suggested Length and Format: Four to six paragraphs.)

**Special Target Populations and Organizations.** This section should describe how you plan to involve community-based organizations in a meaningful way in the planning and implementation of the proposal project. This section should also describe how the proposed intervention will target disadvantaged populations, including limited-English speaking populations.

Outcomes. This section of the project narrative must clearly identify the <a href="measurable">measurable</a> outcome(s) that will result from the project. (NOTE: AoA will not fund any project that does not include measurable outcomes - see the section below 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.) (Suggested Length and Format: For your measurable outcomes: preferably list them in the attached work plan grid; alternatively, present them in bullet format; if presented in narrative format – one paragraph. For the description of how the project might benefit the field at large: use one to three paragraphs.) You should keep the focus on this section on describing <a href="what">what</a> outcome(s) will be produced by the project. You should use the Evaluation section noted below to describe <a href="how">how</a> the outcome(s) will be measured and reported.

Your application will be scored on the clarity and nature of your proposed outcomes, not on the number of outcomes 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.

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

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

people interested in replicating the intervention, if it proves successful. (Suggested Length and Format: Five to eight paragraphs.)

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

Organizational Capability Statement and Vitae for Key Project 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 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 project and achieving project goals.

**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. (Suggested Length and Format: use the sample grid; alternatively, not more than two pages preferably presented in bulleted format.)

**Letters of Commitment from Key Participating Organizations and Agencies.** Include confirmation of the commitments to the project (should it be funded) made by <u>key collaborating</u> 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.

#### D. Budget and Budget Justification

Instructions for the budget and budget justification are included in Attachment B.

#### E. 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.

#### F. 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.

#### **G.** Other Application Components

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

The Office of Management and Budget (OMB) has approved a form to collect information on the number of faith-based groups applying for Federal grants. 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 (see Attachments). Please be sure to return it with your grant application.

#### 3. Submission Dates and Times

The deadline for the submission of applications under this program announcement is July 25, 2005. Applications must be: submitted electronically by midnight, July 25, 2005; postmarked by midnight, July 25, 2005; or hand-delivered by 5:30 p.m. Eastern Time, on July 25, 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 who fill in the return address information on the confirmation of application receipt postcard, and submit with their application package, will receive confirmation of their application receipt from AoA.

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.

Applicants must ensure that a legibly dated U.S. Postal Service postmark or a legibly dated machine produced postmark of a commercial mail service is affixed to the envelope/package containing the application(s). To be acceptable as proof of a timely mailing, a postmark from a commercial mail service must include the logo/emblem of the commercial mail service company and must reflect the date the package was received by the commercial mail service company from the applicant. Private Metered postmarks shall not be acceptable as proof of timely mailing. Applicants are cautioned that express/overnight mail services do not always deliver as agreed.

#### 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 and/or expansion of existing projects, including supportive and nutrition
- Medical care, institutional care, or income maintenance
- Projects which do not involve new, innovative approaches and whose outcomes do not have the potential for nationwide dissemination and replication.

#### 6. Other Submission Requirements

Electronic submissions must be sent to: http://www.grants.gov.

Submissions using the regular, U.S. Postal Service must be addressed to:

Department of Health and Human Services Administration on Aging

Grants Management Division

Washington, DC 20201

Attention: Margaret A. Tolson

Submissions by courier, express mail, priority mail, delivered in person, etc. should be addressed to:

Department of Health and Human Services

Administration on Aging

**Grants Management Division** 

One Massachusetts Avenue, NW, Room 4604

Washington, DC 20001

Attention: Margaret A. Tolson

If you elect to mail or hand deliver your application, you must submit **one original application and two copies**, plus a completed application checklist to AoA. The checklist is in included the Attachments.

For applicants submitting their application through grants.gov, you will be required to register in the Central Contractor Registry (CCR) database in order to be able to submit the application. (One element of the CCR is the DUNS number (see section IV.2), which must be obtained separately from CCR registration. Information about CCR is available at <a href="http://www.grants.gov/CCRRegister">http://www.grants.gov/CCRRegister</a>. You must also register with a Credential Provider to receive a username and password to securely submit your grant application. Information is available at <a href="http://www.grants.gov/CredentialProvider">http://www.grants.gov/CredentialProvider</a>.

#### V. APPLICATION REVIEW INFORMATION

#### 1. Criteria

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

- Purpose and Need for Assistance (20 points)
- Approach/Method Workplan and Activities (35 points)
- Outcomes/Evaluation/Dissemination (25 points)
- Level of Effort (20 points).

#### 1. Purpose and Need for Assistance

a. Does the proposed project clearly and adequately respond to all elements of the priority area, as described in Part I of this Program Announcement? (15 points)

Weight: 20 points

Weight: 35 points

b. Does the application adequately and appropriately describe and document the key problem(s)/condition(s) relevant to its purpose? Does the proposed project demonstrate awareness of the most recent information and knowledge regarding performance outcome measurement and Federal requirements pertaining to performance measurement? (5 points)

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

- a. Is the methodology clearly defined? Does it reflect a coherent and feasible approach for successfully addressing the identified problem and achieving the identified outcome(s)? Does it specify whether the applicant will work collaboratively or independently? 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? (15 points)
- b. Is the project work plan clear and comprehensive? Does it include sensible and feasible timeframes for the accomplishment of tasks presented? Does the work plan include specific objectives and tasks that are linked to measurable outcomes? Does the proposal include a clear and coherent management plan? Are the roles and responsibilities of project staff, consultants and partners clearly defined and linked to specific objectives and tasks? Are the qualifications of the project staff, consultants and/or partners, and the proposed level of effort, adequate to carryout the project? (10 points)
- c. Does the application describe how AAAs and local community-based organizations will be involved in a meaningful way in the planning and implementation of the proposed project? Does the proposal address how performance measurement can be used to assist vulnerable populations? (5 points)
- d. Does the proposal demonstrate innovative uses of performance measurement information? (5 points)

#### 3. Project Outcomes, Evaluation and Dissemination

a. Are the expected project benefits/results clear, realistic, and consistent with the objectives and purpose of the project? Are the anticipated outcomes of the proposed project likely to be achieved. (10 points)

Weight: 25 points

- b. Does the project evaluation reflect a thoughtful and well-designed approach that will be able to successfully measure whether or not the project has achieved its proposed outcome(s)? Does the plan include the qualitative and/or quantitative methods necessary to reliably measure outcomes? Is the evaluation also designed to capture "lessons learned" from the overall effort that might be of use to others in the field of aging, especially those who might be interested in replicating the project? Does the plan specifically provide a proposed methodology for assessing existing POMP tools? (10 points)
- c. Will the dissemination plan get relevant and easy to use information in a timely manner to parties that might be interested in making use of its findings, particularly to those who might want to replicate the project? (5 points)

#### 4. Level of Effort: Weight: 20 points

- a. Do the proposed project director(s), key staff and consultants have the background, experience, and other qualifications required to carry out their designated roles? Project directors or key consultants should have extensive analytical expertise, including performance measurement experience. Are letters from participating organizations included, as appropriate, and do they express the clear commitment and areas of responsibility of those organizations, consistent with the work plan description of their intended roles and contributions? (15 points)
- b. Is the budget justified with respect to the adequacy and reasonableness of resources requested? Is the budget request consistent with the number of AAAs and service providers collaborating on the project? Is the time commitment of the proposed director and other key project personnel sufficient to assure proper direction, management and timely completion of the project? Are budget line items clearly delineated and consistent with work plan objectives? (5 points)

#### 2. Review and Selection Process

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.

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

Applicants have the option of omitting from the application copies (not the original) specific salary rates or amounts for individuals specified in the application budget and Social Security Numbers. The copies may include summary salary information.

#### VI. AWARD ADMINISTRATION INFORMATION

#### 1. Award Notices

Successful applicants 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 AoA program progress report are due semi-annually. Awardees will receive a copy of the required program progress report form with their Notice of Financial Assistance Award. 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

Project Officer:

U.S. Department of Health and Human Services Administration on Aging Washington, DC 20201 Attn: Cynthia Bauer

Telephone: (202) 357-0145, e-mail: Cynthia.Bauer@aoa.gov

**Grants Management Officer:** 

U.S. Department of Health and Human Services Administration on Aging Washington, DC 20201 Attn: Margaret Tolson

Telephone: (202) 357-3440, e-mail: Margaret.Tolson@aoa.gov

#### 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:

- 1. 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.
- 2. SF 424A Budget Information.
- 3. Separate Budget Justification (See Attachments for Sample Format).
- 4. SF 424B Assurances. Note: Be sure to complete this form according to instructions and have it signed and dated by the authorized representative (see item 18d on the SF 424).
- 5. AoA Certification.
- 6. Proof of non-profit status
- 7. Copy of the applicant's most recent indirect cost agreement, as necessary.
- 8. Project Narrative with Work Plan (See Attachments for Sample Work Plan Format).
- 9. Organizational Capability Statement and Vitae for Key Project Personnel.
- 10. Letters of Commitment from Key Partners.
- 11. Completed Application Package Checklist
- 12. "Survey on Ensuring Equal Opportunity for Applicants" (Optional non-profit applicants)

### **ATTACHMENTS**

Attachment A: Application Package Checklist

**Attachment B: Budget Instructions** 

Attachment C: Budget Justification Format – Sample Format with Examples

> Attachment D: Budget Justification – Sample Format

Attachment E: Project Work Plan - Sample Format

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

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

#### Attachment A:

### Grant Application Package Checklist

The checklist below identifies the items that must be included in your mail-in application submission. Please check-off each item to ensure your submission is complete, and include a copy of the completed checklist in your application package. The components of your submission should be ordered in the same sequence as the items listed below.

I have checked my application package to ensure that it includes:

1 11	ave encered my application package to ensure that it includes.
	One original application plus two copies, with the SF 424 as the first page of each copy of the application.
	SF 424 – Application for Federal Assistance.
	SF 424A – Budget Information.
	Budget Justification.
	SF 424B - Assurances.
	AoA Certification. Be sure this form is completed according to the instructions, signed and dated by the authorized representative (see item 18d on SF 424).
	Proof of non-profit status (if applicable)
	A copy of the current indirect cost rate agreement approved by the Department of Health and Human Services or another federal agency. (if applicable)
	Project Narrative, including Summary/Abstract
	Completed Grant Application Package Checklist
	Receipt of Application Acknowledgement Card (Optional)

"Survey on Ensuring Equal Opportunity for Applicants" (non-profit applicants only)

#### Attachment B

# 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.

#### 1. Standard Form 424

- <u>Item 1</u>. Mark "Non-Construction" under "Application".
- <u>Item 2</u>. 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.
- <u>Item 7</u>. Enter the appropriate letter in the box provided.
- Item 8. Check the "New" box.
- Item 9. Enter Administration on Aging
- Item 10. Enter 93.048

- Item 11. Enter the title of the project.
- <u>Item 12</u>. List only one entity it should be the largest political entity affected.
- <u>Item 13</u>. 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.
- <u>Item 14a</u>.Enter the Congressional District where the applicant organization is located.

Item 14b. Leave Blank

<u>Item 15</u>. **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 subitem 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<sup>rd</sup> 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., in-kind); 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 consider <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</u> that is to be used, as part of the required match should be shown on Line 15.

#### **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:

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

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.

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.

- Item 16. Check b. No Program is not covered by E.O. 12372
- <u>Item 17</u>. This item applies to the applicant organization. Categories of debt include delinquent audit disallowances, loans, and taxes.
- <u>Item 18</u>. 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.

#### 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. For your convenience, these non-applicable columns and rows have been shaded-out 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 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.

<u>Line 6f</u>: <u>Contractual</u>: 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. <u>In the Justification</u>: 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.

<u>Line 6g</u>: <u>Construction</u>: Leave blank since construction is not an allowable cost under this AoA program.

<u>Line 6h</u>: <u>Other</u>: 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.

<u>Line 6i</u>: <u>Total Direct Charges</u>: Show the totals of Lines 6a through 6h.

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

no indirect costs are requested, enter "none." Indirect charges may be requested if: (1) the applicant has a current indirect cost rate agreement approved by the Department of Health and Human Services or another federal agency; or (2) the applicant is a state or local government agency.

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

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

<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

<u>Line 22</u>: <u>Indirect Charges</u>: 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.

**Proof of Non-Profit Status** – Not applicable.

#### **Indirect Cost Agreement**

State 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 state applicants that have not included indirect costs in their budgets.

### **Attachment C: Budget Justification, 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

**Attachment C: Budget Justification, Page 2 - Sample Format with EXAMPLES** 

				incanon, i c	ige 2 - Sample Format with ExamirLES
Object Class Category	Federal Funds	Non-Federal Cash	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 respite care contractor-NF = \$50,000 personal care/companion provider = \$50,000  See detailed budget justification for each provider (and then provide it!)

### **Attachment C: Budget Justification, 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	— Ф
					Video production	_
					\$19,800	=
						_ <b>¢</b>
					Video Reproduction	= \$
					3,500 NE Pagnita Training Manual range duction	
					NF Respite Training Manual reproduction	_ <b>¢</b>
					\$3/manual x \$2000 manuals 6,000	= \$
					Postage \$150/mo x 12 months	= \$
					1,800	— Ф
					Caregiver Forum meeting room rentals	
					\$200/day x 12 forums	= \$
					2,400	— φ
					Respite Training Scholarships	=
					\$1,600	_
	0	0	0	0	None	
Indirect			U		None	
Charges						
	\$265,700	\$60,800	\$27,767	\$354,267		
TOTAL	\$203,700	\$00,800	\$27,707	φ334,207		
	75% (	of				
	Total C					
			25% of Total	Cost		
	(Federa	1 \$)	23 /0 OI 10ta1			

(Required Match)

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

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

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

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

## AttachmentE: Project Work Plan, Page 1 – Sample Format

Goal:										
Measurable Outcome(s):										
Major Objectives	Key Tasks	Lead Person	Tin	efra	ne (S	tart a Mont	nd E	nd Da	te by	
1.										
2.										

### **Attachment E: 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.														
_							<u> </u>				<u> </u>	<u> </u>		Ш

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

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

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

#### Attachment F

#### **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 endpoint)

**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 <u>goal</u> 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 <u>objectives</u> 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 <u>outcomes</u> 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 <u>products</u> 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.

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



Ent	er rei	levant	Grant 2	Announcement	Titl	e and	Number	
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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.

<u>If submitting electronically</u>, please include the Number assigned to your e-application in the box above entitled "<u>Enter relevant Grant Announcement Title and Number</u>," 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.** 

Yes No	
2. How many full-time equivalent employees does the applicant have? (Check only one box).	
$\square$ 3 or Fewer $\square$ 15-50	
$\square$ 4-5 $\square$ 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?	
$\square$ Yes $\square$ No	
35	

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
36

# **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