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SENIOR MEDICARE PATROL PROJECTS
ANNOUNCEMENT AND GRANT APPLICATION INSTRUCTIONS

U.S. ADMINISTRATION ON AGING
2005

Department of Health and Human Services (HHS)

Administration on Aging (AoA)

AoA Center—Center for Wellness and Community-Based Services

Funding Opportunity Title: Senior Medicare Patrol Projects

Announcement Type: Initial

Funding Opportunity Number : HHS-2005-AoA-MP-0501

Catalog of Federal Domestic Assistance CFDA Number: 93.048

Key Dates: The deadline date for submission of applications is May 13, 2005.

I. FUNDING OPPORTUNITY DESCRIPTION

A. Background

1. Summary: The Administration on Aging (AoA) announced in the *Federal Register* on March 24, 2005 that it will hold a competition for cooperative agreement awards for model projects that demonstrate effective ways of utilizing retired persons as volunteer expert resources and educators in community efforts to combat health care error, fraud and abuse in the Medicare/Medicaid programs. The award is a cooperative agreement because the Administration on Aging will be substantially involved in the development and execution of the activities of the projects. The cooperative agreement will describe training, technical assistance and support to be provided to the projects.

2. Statutory Authority: The statutory authority for grants under this program announcement is contained in Title IV and Title II, 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) and the Health Insurance Portability and Accountability Act (HIPAA) of 1996 (P.L.104-191).

3. Priority Target Populations and Organizations: Applicants must involve community-based organizations in the planning and implementation of their project. Applicants must also include Medicare/Medicaid beneficiaries, their families and caregivers, disadvantaged populations, including limited English-speaking populations, low-income minorities, low literacy, and rural and isolated beneficiaries for their proposed intervention.

B. Priority Area Description

Background

The DHHS Office of Inspector General estimates that Medicare loses billions of dollars each year due to errors, fraud, and abuse. These losses are due, to a considerable extent, to the many ways in which the funds are dispersed as well as to the sheer magnitude of health care expenditures. Both factors increase the probability of errors while opening wider opportunities for fraud and abuse. While the vast majority of health care providers are honest, those operating unscrupulously, intent on obtaining vital health care dollars illegally, have done so based on the perception that the risks of detection have lessened over the years.

In 1995, the AoA became a partner in a government-led effort to fight error, fraud and abuse in the Medicare and Medicaid programs through the implementation of a health care integrity program designed to coordinate federal, state, local, and private resources to target those areas most plagued by program abuses. This partnership includes three agencies within the U.S. Department of Health and Human Services: the Office of Inspector General (OIG); the Centers for Medicare & Medicaid Services (CMS); and the AoA, as well as the U.S. Department of Justice, state and area agencies on aging, long-term care ombudsmen, state Medicaid fraud control units, attorney general offices, state Medicaid agencies, insurance counseling programs, health departments, and a number of other local entities.

Beginning in 1997, the AoA established twelve local demonstration projects designed to recruit and train retired professionals, such as doctors, nurses, teachers, lawyers, accountants, and others to identify and report error, fraud, and abuse. Implemented through the Omnibus Consolidated Appropriation Act of 1997 (Public Law. 104-208), Senate Report 104-368 noted that “senior citizens are our best front line defense against these losses, but they often don’t have the information and experience needed” to recognize and accurately report cases of error, fraud, and abuse. The Report further noted that “thousands of retired accountants, health professionals, investigators, teachers, and others ... with appropriate training could serve as volunteer expert resources and educators for seniors in their communities.” Accordingly, these projects have worked to test different models designed to train retirees in local communities to serve as both volunteer resources and educators for other Medicare beneficiaries, and to build and strengthen community coalitions of older Americans and service providers.

Since 1997, the SMP program has expanded to include 57 project grants in all 50 states plus the District of Columbia and Puerto Rico. These projects, funded through grants provided under title IV of the Older Americans Act, have made great progress in recruiting and training retired professional and other senior citizens on Medicare error, fraud and abuse. These volunteers work in their communities, senior centers and elsewhere to educate Medicare and Medicaid beneficiaries, family members, and caregivers to actively protect themselves against fraudulent, wasteful and abusive health care practices by reviewing their Medicare benefit statements and reporting suspected errors, fraud or abuse.

The AoA has, since 1997, also received Health Care Fraud and Abuse Control (HCFAC) funding as authorized by the HIPAA of 1996 for the purpose of educating Medicare beneficiaries in order to reduce erroneous and wasteful Medicare spending. The HCFAC funds, which are received from the Medicare Trust Fund, are used to support infrastructure, technical assistance, and other SMP program support and capacity-building activities designed to enhance program effectiveness. The National Consumer Protection Technical Resource Center (the Center), which provides training, support, information and technical assistance to SMP projects, is supported through the HCFAC funding. Now that the SMP program has achieved national status, both in state coverage and technical assistance, HCFAC funding will support existing projects in efforts to increase program capacity needed to fulfill the SMP mission.

In 2004, the Assistant Secretary for Aging provided a new vision and direction for the SMP program. Key aspects of this vision include:

- Strengthen SMP program capacity to address the needs of consumers in the area of elder rights and consumer protection, and educate the public on the importance of these programs—key elements of AoA’s strategic mission.
- Develop innovative strategies to address health care error, fraud and abuse *systemically*.
- *Embed* the SMP program into the aging and health care fraud prevention communities.
- Cascade *awareness* of the SMP program and health care integrity issues across the aging network.
- Expand the capacity of SMP programs to reach older consumers through *collaborations and partnerships* with an emphasis on reaching low income, vulnerable, isolated, and limited English speaking populations.
- Develop special program focus—prevention of error, fraud and abuse in *three priority areas*: Medicaid, home health care and related to benefits of the Medicare Modernization Act (MMA).
- Measure SMP outcomes or *program results* that tell the SMP story through validated quantifiable data.

The vision and objectives served as the theme and focus of the 2004 National Health Care Fraud Control Conference, and was further reinforced by a new grant opportunity provided to current SMP projects. In July 2004, AoA announced competitive grants to support SMP project efforts to advance collaborative and innovative approaches for integration of Medicare and Medicaid fraud awareness and prevention activities within states and communities. Fourteen grants were awarded that support the SMP projects’ efforts to move ahead to new levels of collaboration, whether it be developing new partnerships, or creating “cutting edge” advanced integration models. These projects will develop and pilot innovative approaches to integrate the SMP program into the fabric of the aging and fraud prevention networks in states and communities. The Center will ensure that models, successful practices, and products from these integration grants are shared with all SMP projects for adaptation and implementation.

Project Objectives and Activities

Applications are sought from consortia of state or local, public or nonprofit agencies and organizations, including faith-based organizations and community organizations, with a demonstrated capacity to test new models for the recruitment, training, support, and retention of retired persons, e.g., accountants, health professionals, investigators, teachers, and others who, with appropriate training, could provide volunteer service as expert resources and educators for older persons in their communities. Applicants must demonstrate that they have enlisted the assistance of appropriate community-based organizations in the preparation of the application and that these organizations are included in the project implementation plans. All applicants should demonstrate their capacity and experience in using quantitative performance outcome information to support their activity and management decisions.

Projects should utilize best practice models and test innovative approaches for recruiting retirees fully capable of teaching and educating Medicare and Medicaid beneficiaries to better monitor payments on their behalf and recommend actions to address identified discrepancies. In every case, applicants should propose activities that will effectively employ the unique skills, varied experiences, good will, and availability of retired professionals in assisting older persons to become more educated about their health care expenditures under Medicare and Medicaid. As beneficiaries, citizens, and taxpayers, older persons can and should have the knowledge necessary to assess their health care bills, statements, and other documents accurately and to identify and report suspected instances of error, fraud, and abuse. Examples of practices deserving their careful scrutiny include: billing for services not rendered; overcharging for services performed; waiving patient coinsurance; accepting or paying kickbacks for patient referrals; offers of motorized and durable medical equipment; and providing inappropriate or unnecessary services.

The applicant must provide a detailed plan for the management and operation of the “Senior Medicare Patrol Project.” This includes:

- developing a systematic plan for project start-up;
- involving local, community-based entities in any collaboration among a variety of local, state and federal agencies and organizations;
- identifying procedures used to determine the service areas;
- identifying a specific strategy for recruiting, training, and maintaining a pool of SMP volunteers, including seniors with language and other skills and abilities to help reach minority communities;
- developing collaborative efforts to improve services and follow-up assistance with beneficiaries in the provision of services;

- developing outreach strategies specifically designed to identify vulnerable, isolated, and limited English-speaking beneficiaries and disseminating those outreach strategies determined to be effective to the national audience concerned with health care error, fraud, and abuse;
- expanding current program activities to enlist volunteers to support and provide assistance to beneficiaries with low functional literacy;
- collecting and reporting information on beneficiaries participating in the proposed training; and
- developing a plan to measure and evaluate the performance of the project in reaching and educating beneficiaries about Medicare and Medicaid error, fraud and abuse.

The applicant should also include a plan for training that includes such components as: 1) project and training goals and objectives; 2) background information regarding benefits, care, and services available under the Medicare and Medicaid programs, e.g., an understanding of the Explanation of Medical Benefits Statement and Medicare Summary Notice and the Medicare Prescription Drug Improvement and Modernization Act of 2003; 3) an understanding of the magnitude of error, fraud, and abuse in the Medicare and Medicaid programs; 4) an understanding of current federal and state anti-fraud, error, and abuse provisions with emphasis on durable medical equipment as it relates to wheelchair and scooter fraud and home health providers; 5) an overview of the state's system for investigating errors, fraud and abuse; and 6) what is needed to detect, document and report possible errors, fraud, and abuse leading to appropriate investigations and further action.

II. AWARD INFORMATION

A. Award Type: Cooperative Agreement

The award is a cooperative agreement because the Administration on Aging will be substantially involved in the development and execution of the activities of the projects. The cooperative agreement will describe training, technical assistance and support to be provided the projects.

The Administration on Aging will assist in planning a coalition with community-based agencies in close partnership with an interdisciplinary team of federal, state, and local resources, the Office of Inspector General (OIG), the Centers for Medicare & Medicaid Services' Program Safeguard Contractors or Medicaid Fraud Units, and State Quality Improvement Organizations.

The Administration on Aging will provide technical assistance to the project to recruit, train, and place retired individuals in a variety of communities and settings to provide

public education and outreach to older persons and their families, including an emphasis on reaching vulnerable, isolated, and non-English-speaking beneficiaries.

The Administration on Aging will plan and participate in at least one national technical assistance/resource exchange conference and one regional meeting in alternate years.

The project and the Administration on Aging will work cooperatively to clarify the issues to be addressed by the project and develop the work plan for each year of the project. Within 45 days of the award and 45 days of each continuation award, the project will agree upon and adhere to a work plan that details expectations for major activities, products, and reports during the current budget period. The work plan will include timelines, staff assignments, work locations, and areas that require Administration on Aging consultation, review, and/or prior approval. Either the Administration on Aging or the project can propose a revision of the final work plan at any time.

The Administration on Aging will define project performance criteria and expectations, and will monitor, evaluate and support the projects' efforts in achieving performance goals. The project will participate in a national assessment of the program utilizing the performance instrument developed by the HHS Office of the Inspector General (OIG) including project outputs and performance outcomes to the OIG semiannually. The Administration on Aging will assess performance data, and conduct project performance evaluations. The AoA will provide support and technical assistance, in coordination with the Center, to assist projects in improving performance.

The Administration on Aging will assist the project leadership in understanding the policy concerns and/or priorities of the Assistant Secretary for Aging and the Department of Health and Human Services by conducting periodic briefings and by carrying out ongoing consultations. The Center will support Senior Medicare Patrol projects by providing information, resources, and technical assistance, via various methods, including consultation and the SMP Center website, www.smpresource.org.

The Administration on Aging will also share information with the project about other federally sponsored projects and activities carried out under this Agreement.

The Administration on Aging, will, if possible, be represented at meetings of the project's steering/advisory/policy committee.

The Administration on Aging will review and comment upon all materials, reports, documents, etc. produced by the project with funds provided through this award.

Project Funding, Duration and Match

Option 1

The AoA plans to fund up to thirty-two (32) projects, in the following 28 states and jurisdictions through this competition - **Alabama, Alaska, Arizona, Arkansas, Colorado, Connecticut, Delaware, the District of Columbia, Florida, Georgia, Idaho,**

Kentucky, Maine, Massachusetts, Michigan, Montana, Nevada, New Jersey, New Mexico, Ohio, Oklahoma, Oregon, Puerto Rico, Tennessee, Texas, Virginia, Washington, and West Virginia. Each project will be funded at a federal share of between \$125,000 - \$180,000 per year, for a project period of three years, contingent upon the availability of federal funds. The Administration on Aging reserves the right to fund applications at a level lower than requested.

Grantees are required to provide at least 25% of the total program costs from non-federal cash or in-kind resources – see instructions on AoA match requirement in Section III.2.

Option 2

The AoA plans to fund up to two 1-year capacity-building cooperative agreements to applicants from U.S. territories to extend the opportunity to develop the SMP program in these locations. The option is extended at this time based on an assessment of readiness and need, including the Medicare and Medicaid beneficiary population, organizational infrastructure, and program experience in the CMS SHIP program, a partner program to the SMP. Each project will be funded at a federal share of between \$40,000 and \$75,000 for one year, depending on the applicant workplan, organizational capability, proposed intervention, and performance goals, as detailed in the application. The U.S. territories are exempt from matching requirements.

III. ELIGIBILITY INFORMATION

1. Eligible Applicants

Public and/or nonprofit agencies and organizations, including faith-based organizations and community-based organizations, are eligible to apply under this program announcement. Federally recognized tribes are also eligible to apply under this program announcement.

The competition is limited to the 28 states and jurisdictions specified under Option 1, as well as the U.S. territories (per Option 2). Competition under Option 1 is limited to those specified states and jurisdictions because the current three-year grant period for Senior Medicare Patrol projects within these areas will end on June 30, 2005. The competition is limited to U.S. territories under Option 2 in order to offer opportunity to expand the program to the territories on a first-time basis. The AoA is currently funding SMP projects in the remaining 24 states not specified under Options 1 and 2. In order to ensure the program reaches Medicare beneficiaries in the maximum number of states, given available funding, applicants from those states currently served by SMP projects are ineligible to apply.

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.). This "three-to-one" ratio is reflected in the following formula which you can use to calculate your minimum required match: A common error applicants make is to match 25% of the federal share, rather than 25% of the project's total cost. So be sure to use one of the formulas above to calculate your match requirement.

3. Other – 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 **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. Organizational Eligibility

Public and/or nonprofit agencies and organizations, including faith-based organizations and community-based and organizations, are eligible to apply under this program announcement. Federally recognized tribes are also eligible to apply.

2. Length of Project Narrative

The Project Narrative section of the application must **not** exceed 20 pages. NOTE: Letters of Cooperation, Work Plan, and Vitae of Key Project Personnel **are not counted** as part of the Project Narrative for purposes of the 20-page limit.

3. Postmark Requirements

Applications must be postmarked by midnight, May 13, 2005, or hand-delivered by 5:30 p.m. Eastern Time on May 13, 2005, or submitted electronically by midnight, May 13, 2005.

Electronic submissions must be sent to: <http://www.grants.gov>. NOTE: Electronic submissions must be postmarked by midnight, May 13, 2005, or hand-delivered by 5:30 p.m., Eastern Time, on May 13, 2005.

4. Other Requirements

- **Travel**

Travel is required at least once per year to participate in the "Senior Medicare Patrol Projects" national technical assistance conference or regional technical assistance meetings in alternate years.

- **Indirect Costs**

Indirect costs generally may be requested only if the applicant has a negotiated indirect cost rate with the Department's Division of Cost Allocation or with another federal agency. Applicants without a negotiated indirect cost rate may apply for one in accordance with DHHS procedures and relevant OMB Circulars.

IV. APPLICATION AND SUBMISSION INFORMATION

1. Address to Request Application Package

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

Application kits are also available by writing to:

U.S. Department of Health and Human Services
Administration on Aging
ATTN: Doris Summey
Office of Consumer Choice and Protection
Washington, D.C. 20201

Or by calling: 202-357-3533

2. Addresses to Submit Applications:

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

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 www.Grants.gov 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:

- Although voluntary, electronic submission is encouraged.
- 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 www.Grants.gov. You must search the downloadable application page by the CFDA number (93.048).

2. Content and Form of Application Submission

A. Application Package

The application package must contain:

- One original application plus two copies, with the SF 424 as the first page of each copy of the application.
- Completed SF 424 - Application for Federal Assistance
- Completed SF 424A - Budget Information
- Budget Justification consistent with the budget presented in the completed SF 424 and SF 424A forms.
- Completed SF 424B - Assurances

- ❑ Completed 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
- ❑ “Survey on Ensuring Equal Opportunity for Applicants” (non-profit applicants only)

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 section of the application must **not** exceed 20 pages. NOTE: The Project Work Plan, Letters of Cooperation, and Vitae of Key Project Personnel **are not counted** as part of the Project Narrative for purposes of the 20-page 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
- ❑ Application Survey Form

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. In addition to describing proposed project goals, activities and expected outcomes, the Project Narrative should document the applicant's experience in those activities that will produce the expected results.

The Project Narrative should provide a **clear and concise** description of your project. AoA recommends that your project narrative include the following components:

(1) Summary/Abstract. This section should include a brief - no more than 180 words maximum - description of the proposed project, including: the goal, objectives, intervention and products to be developed. Detailed instructions for completing the summary/abstract are included in the appendix of this document.

(2) Problem Statement. This section should describe, in both quantitative and qualitative terms, the nature and scope of the particular problem or issue the proposed intervention is designed to address. Specifically, identify the types, severity and prevalence of fraudulent practices and scams involving Medicare, Medicaid, dual billings, durable medical equipment, the Home Health industry, Medicare drug benefit/card or other health care integrity issues within the project area that can be addressed by the proposed project. Demonstrate an understanding of the populations most affected by these issues, noting any proposed target populations and the unique nature of the problems they encounter, as appropriate. (Suggested Length: one-two pages)

(3) Goals and Objectives. This section should consist of a description of the vision for the project as well as major goal(s) and objectives. NOTE: Unless the project involves multiple, complex interventions, we recommend you have only one overall goal. (Suggested Length and Format: You may include this information in the attached project work plan grid; alternatively, use a bulleted format or paragraph format, one page.)

(4) Proposed Intervention. This section should provide a clear and concise description of the intervention you are proposing to use to address the problem described in section IV.2.B(2) above. 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; plans for use of partnership and collaboration models adapted from SMP Integration Grantees; and 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, the Center, and consumer groups. This section should be modeled directly after the "Project Objectives and Activities" section above (under Section I.B),

including the detailed project plan information specified in that section of the announcement. (Suggested Length: three to five pages)

(5) 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 and vulnerable populations. Specifically, your application should discuss proposed strategies for targeting minority and hard-to-reach populations, including low-income, rural, isolated, and limited English-speaking individuals. (Suggested length: one to two pages)

(6) Outcomes. This section of the project narrative must clearly identify the measurable outcome(s) that will result from the project and your experience in using such measures in the past. (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. Narrative format for measurable outcomes, as well as the description of how the project might benefit the field at large – total one to two pages.)

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

Examples of outcomes include: Measurable impact on Medicare beneficiary awareness regarding health care error, fraud and abuse, as well as beneficiary behaviors that result in increased detection and reporting of errors, fraud and abuse. Examples of other outcomes measured by the OIG semiannually include number of volunteers conducting activities to educate beneficiaries, number of beneficiaries educated, number of complaints that resulted in some action, and savings attributable to the project.

NOTE: 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.

(7) 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; training and management of volunteers; 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: one to two pages.)

(8) Evaluation. This section should describe the methods, techniques and tools that will be used to: 1) measure the success of the proposed intervention, products and practices in achieving anticipated outcomes; and 2) document project "lessons learned" (both positive and negative) that will be useful to other SMP projects interested in replicating the intervention. This section should also include a self-assessment of prior performance data and a plan for addressing those areas identified for improvement. (Suggested Length: one to two pages.)

(9) Dissemination. This section should describe the method that will be used to disseminate the project's successful products and practices in a timely manner and in easily understandable formats, to other SMP projects who might be interested in using these as models to inform practice, service delivery, program and partnership development, as well as to improve project performance. (Suggested Length – one to two pages.)

(10) 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.

(11) 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.)

(12) Letters of Commitment from Key Participating Organizations and Agencies. Include confirmation of the commitments to the project (should it be funded) made by key collaborating organizations and agencies in this part of the

application. Any organization that is specifically named to have a significant role in carrying out the project should be considered a key collaborator.

D. Required Project Narrative Format and Length

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.

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.

Item 5. 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.

Item 6. 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

Item 10. 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 1/3rd 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 cash matching funds. Generally, most contributions from third parties will be non-cash (i.e., in-kind) matching funds. Examples of non-cash (in-kind) match include: volunteered time and use of facilities to hold meetings or conduct project activities. A third

form of non-federal match is projected program income derived from activities of the project such as participant fees and sale of publications. Only program income that is to be used, as part of the required match should be shown on Line 15.

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

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 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

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

Section B - Budget Categories

Column 3: Enter the breakdown of how you plan to use the federal funds being requested by object class category (see instructions for each object class category below).

Column 4: Enter the breakdown of how you plan to use the non-federal share by object class category.

Column 5: Enter the total funds required for the project (the sum of Columns 3 and 4) by object class category.

Separate Budget Justification Requirement

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

Line 6a: Personnel: Enter total costs of salaries and wages of applicant/grantee staff. Do not include the costs of consultants; consultant costs should be included under 6h - Other. In the Justification: Identify the project director, if known. Specify the key staff, their titles, brief summary of project related duties, and the percent of their time commitments to the project in the budget justification.

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

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

Line 6d: Equipment: Enter the total costs of all equipment to be acquired by the project. For all grantees, "equipment" is non-expendable tangible personal property having a useful life of more than one year and an acquisition cost of \$5,000 or more per unit. If the item does not meet the \$5,000 threshold, include it in your budget under Supplies, line 6e. In the Justification: Equipment to be purchased with federal funds must be justified as necessary for the conduct of the project. The

equipment must be used for project-related functions; the equipment, or a reasonable facsimile, must not be otherwise available to the applicant or its sub-grantees. The justification also must contain plans for the use or disposal of the equipment after the project ends.

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

Line 6f: Contractual: Enter the total costs of all contracts, including (1) procurement contracts (except those, which belong on other lines such as equipment, supplies, etc.). Also include any contracts with organizations for the provision of technical assistance. Do not include payments to individuals on this line. In the Justification: Attach a list of contractors indicating the name of the organization, the purpose of the contract, and the estimated dollar amount. If the name of the contractor, scope of work, and estimated costs are not available or have not been negotiated, indicate when this information will be available. Whenever the applicant/grantee intends to delegate a substantial part (one-third or more) of the project work to another agency, the applicant/grantee must provide a completed copy of Section B, 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; local transportation (all travel which does not require per diem is considered local travel); postage; space and equipment rentals/lease; printing and publication; computer use; training and staff development costs (i.e. registration fees). If a cost does not clearly fit under another category, and it qualifies as an allowable cost, then rest assured this is where it belongs. In the Justification: Provide a reasonable explanation for items in this category. For individual consultants, explain the nature of services provided and the relation to activities in the work plan. Describe the types of activities for staff development costs.

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

Line 6j: Indirect Charges: Enter the total amount of indirect charges (costs), if any. If no indirect costs are requested, enter "none." Indirect charges may be requested if: (1) the applicant has a current indirect cost rate agreement approved by the Department of Health and Human Services or another federal agency; or (2) the applicant is a state or local government agency.

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

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

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

Section C - Non-Federal Resources

Line 12: Enter the amounts of non-Federal resources that will be used in carrying out the proposed project, by source (Applicant; State; Other) and enter the total amount in Column (e). Do not include program income unless it is used to meet the match requirement. Keep in mind that if 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

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

Section F - Other Budget Information

Line 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 (see Attachments). Please be sure to return it with your grant application.

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

All 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.

3. Submission Dates and Times

The deadline for the submission of applications under this program announcement is May 13, 2005. Applications must be: submitted electronically by midnight, May 13, 2005; postmarked by midnight, May 13, 2005; or hand-delivered by 5:30 p.m. Eastern Time, on May 13, 2005.

Applications that fail to meet the application due date will **not** be reviewed and will receive **no** 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 20201
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 included in the Attachments.

For applicants submitting their application through [grants.gov](http://www.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 <http://www.grants.gov/CCRRegister> . You must also register with a Credential Provider to receive a username and password to securely submit your grant application. Information is available at <http://www.grants.gov/CredentialProvider> .

V. APPLICATION REVIEW INFORMATION

1. Criteria

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

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

1. Purpose and Need for Assistance

Weight: 20 points

a. Does the proposed project clearly and adequately respond to the priority area, and is consistent with the AoA program purpose, as described in Section I of this Program Announcement? (10 points).

b. Does the applicant identify and prioritize those target populations within their region and substantiate how the project would address the current gaps in SMP project service to these populations? Is the problem identified for target populations consistent with the AoA Program purpose? (5 points)

c. Does the application adequately and appropriately describe and document the key problem(s)/condition(s) relevant to its purposes? Is the proposed project justified in terms of the most recent, relevant, and available information and knowledge? (5 points)

2. Approach, Work Plan and Activities

Weight: 30 points

a. Does the applicant present a well-thought out approach for delivering the intervention? Has the applicant demonstrated a thorough familiarity with the objectives, work and accomplishments of the SMP program? Does the applicant clearly define its commitment to and level of support for the national vision and goals of this program? Does the project take into account barriers and opportunities that may impact on the project's success? Does the proposal include plans to explore models developed by other SMPs (including Integration Grantees) as well for sharing its own results with AoA, the Center and other SMP projects? (10 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. Has the applicant identified unmet needs for the Medicare/Medicaid error, fraud and abuse information among isolated, disadvantaged, and limited English-speaking populations, in addition to a well-defined collaboration strategy for reaching these groups? Are the proposed strategies cost-effective, appropriate to the areas and clients served? Has the applicant identified appropriate aging, federal, state and community-based organizations, and optimized the use of potential partnerships with these organizations in implementing the project? (10 points)

3. Project Outcomes, Evaluation and Dissemination

Weight: 30 points

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 and will they significantly benefit Medicare and Medicaid beneficiaries as well as the health care integrity community as a whole? Are the proposed outcomes quantifiable and measurable, consistent with the definition of a project outcome contained in Section II of the Program Announcement? (10 points)

b. Does the project performance 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 performance plan include strategies to improve project performance in key areas? (10 points)

c. Is there a plan for capturing “lessons learned” and successful practices to share with the other SMP projects? Is the SMP Technical Resource Center an element of this plan? Will information be shared in a timely manner? (10 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? 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? Has the applicant demonstrated capacity and experience in using quantitative performance outcome information to support their activity and management decisions? (10 points)

b. Is the budget justified with respect to the adequacy and reasonableness of resources requested? Is the time commitment of the proposed director and other key project personnel sufficient to assure proper direction, management and timely completion of the project? Are budget line items clearly delineated and consistent with work plan objectives and AoA program purpose? (10 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: Doris Summey
Telephone: (202) 357-3533, e-mail: doris.summey@aoa.hhs.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

A. 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. Note: The original copy of the application must 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)

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

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The project description and budget justification is approved under OMB control number 0985-0018 which expires on 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:
Application Package Checklist**

**Attachment B:
Sample Budget Justification Format with
Examples**

Attachment C:

Sample Budget Justification Format

Attachment D: Sample Work Plan Format

Attachment E: Instructions for Completing the Summary/Abstract

Attachment F: “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:

- 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.
- 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: 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 B: Budget Justification, Page 2 - Sample Format with EXAMPLES

Object Class Category	Federal Funds	Non-Federal Cash	Non-Federal In-Kind	<i>TOTAL</i>	Justification
Equipment	0	0	0	0	No equipment requested
Supplies	\$1,500		\$2,000	\$3,500	Laptop computer for use in client intakes = \$1,340 Consumable supplies (paper, pens, etc.) \$100/mo x 12 months = \$1,200 Copying \$80/mo x 12 months = \$, 960

Contractual	\$200,000	\$50,000	0	\$250,000	<p>Contracts to A,B,C direct service providers (name providers)</p> <p>adult day care contractor = \$75,000</p> <p>respite care contractor in home= \$75,000</p> <p>respite care contractor-NF = \$50,000</p> <p>personal care/companion provider = \$50,000</p> <p>See detailed budget justification for each provider (and then provide it!)</p>
Attachment B: Budget Justification, Page 3 – Sample Format with EXAMPLES					
Other	\$10,000	\$8,000	\$19,800	\$37,800	<p>Local conference registration fee (name conference) = \$ 200</p> <p>Printing brochures (50,000 @ \$.05 ea) = \$ 2,500</p> <p>Video production = \$19,800</p> <p>Video Reproduction = \$ 3,500</p> <p>NF Respite Training Manual reproduction</p> <p>\$3/manual x \$2000 manuals = \$ 6,000</p> <p>Postage \$150/mo x 12 months = \$ 1,800</p> <p>Caregiver Forum meeting room rentals</p> <p>\$200/day x 12 forums = \$ 2,400</p> <p>Respite Training Scholarships = \$1,600</p>

Indirect Charges	0	0	0	0	None
TOTAL	\$265,700	\$60,800	\$27,767	\$354,267	

75% of
Total Cost
(Federal \$)

25% of Total Cost
(Required Match)

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					

Attachment C: 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					
TOTAL					

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

Goal:													
Measurable Outcome(s):													
Major Objectives	Key Tasks	Lead Person	Timeframe (Start and End Date by Month)										
1.													
2.													

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

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

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

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

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

Attachment E

Instructions for Completing the Project Summary/Abstract

- All applications for grant funding must include a Summary / Abstract that concisely describes the proposed project. It should be written for the general public.
- The abstract must include the project's goal(s), objectives, overall approach (including target population and significant partnerships), anticipated outcomes / products, and duration.
- To ensure uniformity, please limit the length to no more than 180 words in 12-15 sentences, with a font size of not less than 11, doubled-spaced.
- A model abstract / summary is provided below.

AN EXAMPLE

[Name of organization] will conduct a 2-year program of dyadic counseling to family caregivers and care recipients who are in early stages of dementia. The goals are to develop positive communication patterns, increase knowledge and understanding about available services, and increase the care recipients' active participation in his/her care plan. Eighty-eight care recipient dyads will be randomly assigned to either dyadic counseling or treatment as usual. Expected outcomes are: Family caregivers will have an increased understanding of their relative's preferences and values; Caregivers' and care recipients' preferences for care will show increased agreement; Knowledge of available services will increase; and Caregivers and care recipients will experience an increased sense of self-efficacy in managing consequences of dementia. Products will include a treatment manual, assessment tools, evaluation tools, a final report, manuscripts for publication, and web page information. These products will be disseminated to direct service organizations and Area Agencies on Aging.



SURVEY ON ENSURING EQUAL OPPORTUNITY FOR APPLICANTS

Enter relevant Grant Announcement Title and Number

OMB No. 1890-0014

Exp. 1/31/2006

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

Instructions for Submitting Survey

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

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

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

Yes No

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

3 or Fewer 15-50
 4-5 51-100
 6-14 over 100

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

Less Than \$150,000
 \$150,000 - \$299,999
 \$300,000 - \$499,999
 \$500,000 - \$999,999
 \$1,000,000 - \$4,999,999
 \$5,000,000 or more

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Survey Instructions on Ensuring Equal Opportunity for Applicants

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

Paperwork Burden Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is **1890-0014**. The time required to complete this information collection is estimated to average five (5) minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. **If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to:** Paperwork Reduction Act Clearance Officer, U.S. Department of Health and Human Services, Washington, D.C. 20201. **If you have comments or concerns regarding the status of your individual submission of this form, write directly to:** the Program Official at the Agency where the form was submitted.

