Administration for Community Living

Administration on Aging

Empowering Older Adults and Adults with Disabilities through Chronic Disease Self-Management Education Programs Financed Solely by 2017 Prevention and Public Health Funds (PPHF-2017)

HHS-2017-ACL-AOA-CSSG-0207

Application Due Date: 05/12/2017

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ACL Center:	Administration on Aging
Funding Opportunity Title:	Empowering Older Adults and Adults with Disabilities through Chronic Disease Self-Management Education Programs Financed Solely by 2017 Prevention and Public Health Funds (PPHF-2017)
Announcement Type:	Initial
Funding Opportunity Number:	HHS-2017-ACL-AOA-CSSG-0207
Primary CFDA Number:	93.734
Due Date For Letter of Intent:	**04/10/2017**
Due Date for Applications:	**05/12/2017**
Date for Informational Conference Call:	**04/05/2017**

Applications that fail to meet the application due date will not be reviewed and will receive no further consideration. You are strongly encouraged to submit your application a minimum of 3-5 days prior to the application closing date. Do not wait until the last day in the event you encounter technical difficulties, either on your end or, with http://www.grants.gov. Grants.gov can take up to 48 hours to notify you of a successful submission.

Executive Summary

Through this funding opportunity, the Administration on Aging, part of the Administration for Community Living, plans to award approximately eight cooperative agreements to domestic public or private non-profit entities for a three-year forward funded project period. To help ensure a wider geographic reach, it is unlikely that more than one applicant per state will be funded. Applicants may request a total budget from $500,000 to a maximum of $900,000 for the three-year project period. All awards are subject to the availability of federal funds.

This funding opportunity is designed to deliver and sustain evidence-based self-management education programs that empower older adults and adults with disabilities from underserved areas and populations to better manage their chronic conditions. The cooperative agreements are intended to increase the number of chronic disease self-management education program participants, while concurrently increasing the sustainability of these proven programs in the aging and disability networks through innovative funding arrangements and by embedding the programs into the nation's health and long-term services and supports systems.

The awards will be made in the form of cooperative agreements because AoA will be substantially involved. These cooperative agreements have an anticipated start date of August 1, 2017.

An informational conference call will be held on April 5, 2017 from 2:00 pm - 3:00 pm EST. The dial-in information is below:

Toll Free Number: 1-888-566-6179

Passcode: 1880150

A recording will be available approximately 48 hours after the call concludes at the following number: 1-866-451-9003.

I. Funding Opportunity Description

Background

In the United States, approximately 80% of older adults have one chronic condition [i] and nearly 70% of Medicare beneficiaries have two or more. [ii] This burden places older adults at greater risk for premature death, poor functional status, unnecessary hospitalizations, adverse drug events, and nursing home placement.[iii],[iv] Chronic conditions also impact health care costs: 95% of health care costs for older Americans can be attributed to chronic diseases. [v] Additionally, adults with disabilities experience health disparities when compared with the general population. For example, adults with disabilities are more likely to have chronic health conditions such as high blood pressure, be overweight or obese, not engage in fitness activities, and receive less social-emotional support than adults without disabilities. [vi]

Evidence-based CDSME programs can help mitigate the chronic disease burden by empowering participants to better manage their conditions. The acronym, *CDSME*, is being used in this announcement as an umbrella term for community-based education programs specifically designed to enhance patient self-management of chronic illnesses, focus on building multiple health behaviors and generalizable skills such as goal setting, decision making, problem-solving, and self-monitoring, and are proven to maintain or improve health outcomes of older adults with chronic conditions. [vii]

AoA has been supporting CDSME and other evidence-based prevention programs for many years through its discretionary and formula grants as well as collaborations on various federal initiatives. For example, Prevention and Public Health Fund initiatives in 2015 and 2016 supported a total of 20 CDSME grantees. Evidence-based programs are also supported through Older Americans Act Title III-D funding for disease prevention and health promotion activities. For more information about ACL's CDSME Program – including profiles of current grantees – please visit: https://aoa.acl.gov/AoA_Programs/HPW/ARRA/PPHF.aspx?.

Purpose

This funding opportunity is designed for applicants to propose how they will deliver and sustain evidence-based self-management education programs that empower older adults and adults with disabilities from underserved areas and populations to better manage their chronic conditions.

There are two major goals:

- **Goal 1:** Significantly increase the number of older adults and adults with disabilities in underserved areas and populations who participate in evidence-based self-management education and support programs to empower them to better manage their chronic conditions.

Please refer to Appendix A for definitions of CDSME and self-management support programs. Applicants for this funding opportunity must propose to deliver **one or more** CDSME programs. These programs must be on the list of pre-approved interventions in Appendix B or meet the criteria detailed in Appendix B.

In addition, applicants have the option of proposing **one** self-management support program as a secondary intervention. This program must be on the list of pre-approved interventions in Appendix C or meet the criteria detailed in Appendix C.

- **Goal 2:** Implement innovative funding arrangements, including contracts and collaborations with one or more sustainability partners, to support evidence-based self-management education and support programs during and beyond the grant period. Additionally, embed programs into an *integrated, sustainable evidence-based prevention program network* via centralized, coordinated processes.

Please see Appendix A for the definition of an *integrated, sustainable evidence-based prevention program network*.

[i] Centers for Disease Control and Prevention. Healthy Aging at a Glance 2011. Atlanta, GA: Centers for Disease Control and Prevention, US Dept of Health and Human Services; 2011.

[ii] Lochner KA, Cox CS. Prevalence of Multiple Chronic Conditions Among Medicare Beneficiaries, United States, 2010. Prev Chronic Dis 2013.

[iii] Parekh, A.K., et al. 2011. Managing Multiple Chronic Conditions: A Strategic Framework for Improving Health Outcomes and Quality of Life. Public Health Rep. 126(4):460–71.

[iv] Kramarow E. et al. 2007. Trends in the Health of Older Americans,1970–2005. Health Affairs (Millwood). Sep-Oct;26(5):1417 25.

[v] Centers for Disease Control and Prevention. The State of Aging and Health in America 2013. Atlanta, GA: Centers for Disease Control and Prevention, US Dept of Health and Human Services; 2013.

[vi] Centers for Disease Control and Prevention (CDC), National Center for Health Statistics. DATA 2010 [Internet database]. Hyattsville, MD: CDC; 2010 [cited 2010 Sep 30].

[vii] Brady, T.J. 2012. Strategies to Support Self-Management in Osteoarthritis." American Journal of Nursing 112(3), S54-60.

[viii]To view ACL's definiton of evidence-based and determine if a program meets this definition, go to: http://www.aoa.acl.gov/AoA_Programs/HPW/Title_IIID/index.aspx.

Statutory Authority

The statutory authority for grants under this Funding Opportunity Announcement is contained in the Public Health Service Act, 42 U.S.C. §§ 300u-2 (Community Programs) and 300u-3 (Information Programs); and the Patient Protection and Affordable Care Act, 42 U.S.C. § 300u-11 (Prevention and Public Health Fund).

II. Award Information

Funding Instrument Type:	Cooperative Agreement
Estimated Total Funding:	$6,413,619
Expected Number of Awards:	8
Award Ceiling:	$900,000 Per Project Period
Award Floor:	$500,000 Per Project Period
Average Projected Award Amount:	$600,000 Per Project Period
Length of Project Period:	Other

To help ensure a wider geographic reach, it is unlikely that more than one applicant per state will be funded. ACL PPHF 2015 and 2016 Chronic Disease Self-Management Education grantees are not excluded from this funding opportunity, but must provide a strong rationale for the need for additional funding, which must include significant enhancement of the integrated, sustainable evidence-based prevention program network developed with prior funding, expansion of the program to geographic areas where the particular program(s) are not currently offered, and/or a focus on reaching a different target population.

Cooperative Agreement Terms

This is a new Cooperative Agreement with the following terms. As provided by the terms of the Federal Grant and Cooperative Agreement Act of 1977 (P.L. 95-224), this Cooperative Agreement provides for the substantial involvement and collaboration of AoA in activities that the recipient organization will carry out in accordance with the provisions of the approved grant award.

The **grantee** agrees to execute the responsibilities outlined below:

    1. Fulfill all of the requirements of the grant initiative as outlined in this program announcement, as well

as carry out project activities as reviewed, approved, and awarded.

2. Commit to sending two project staff to a yearly CDSME-relevant professional development conference mutually agreed upon with the AoA project officer as an appropriate grantee activity. As part of that commitment, include funds in your budgets for Years 1, 2, and 3 for two people to attend a conference in the Washington, D.C. area.

3. Meet all training, licensing, fees, or other requirements associated with the selected CDSME/self-management support program(s) to ensure compliance with all the requirements stipulated by the authorizing entity.

4. Communicate with the AoA project officer monthly, or at such other times as are agreed upon, to improve the effectiveness of the activities carried out under this Agreement.

5. Collect required program data for all program participants by way of ACL's specific data collection forms (see Appendix D). Within 30 days of participants' completion of the program, grantees are responsible for compiling and reporting the data to the CDSME National Database. Data include de-identified participant demographic and health status information, attendance information, and workshop type and location. Grantees should plan to train workshop leaders on data collection practices and use of these forms. Grantees must also comply with all other reporting requirements, as outlined in Section VI of this Funding Opportunity and the Notice of Award.

6. Include the following disclaimer on all products produced using this grant funding:

> "*This (report/document/etc.) was supported in part by a cooperative agreement (No. XXX) from the Administration on Aging (AoA), Administration for Community Living (ACL), U.S. Department of Health and Human Services (DHHS). Grantees carrying out projects under government sponsorship are encouraged to express freely their findings and conclusions. Therefore, points of view or opinions do not necessarily represent official AoA, ACL, or DHHS policy*."

The **AoA project officer** agrees to execute the responsibilities outlined below:

1. Perform the day-to-day Federal responsibilities of managing a grant initiative and work with the grantee to ensure that the minimum requirements for the grant are met.

2. Work cooperatively with the grantee to clarify the programmatic and budgetary issues to be addressed by the grantee project, and, as necessary, negotiate with grantee to achieve a mutually agreed upon solution to any needs identified by the grantee or AoA.

3. Assist the grantee project leadership in understanding the strategic goals and objectives, policy perspectives, and priorities of AoA, ACL, and the U.S. Department of Health and Human Services; and about other federally-sponsored projects and activities relevant to activities funded under this announcement.

4. Provide technical advice to the grantee on the provision of technical support and associated tasks related to the fulfillment of the goals and objectives of this grant.

5. Attend and participate in major project events, as appropriate.

6. Communicate with the grantee project director monthly, or at such other times as are agreed upon, to improve the effectiveness of the activities carried out under this Agreement.

Once a cooperative agreement is in place, requests to modify or amend it or the work plan may be made by ACL or the awardee at any time as long as it stays within the original confines of the proposed project description. Major changes may affect the integrity of the competitive review process. Modifications and/or amendments of the Cooperative Agreement or work plan shall be effective upon the execution of an award notice. Unless ACL is authorized under the Terms and Conditions of award, 45 CFR Part 75, or other applicable regulation or statute to make unilateral amendments. When an award is issued the cooperative agreement terms and conditions from the program announcement are incorporated by reference.

III. Eligibility Information

1. Eligible Applicants

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

2. Cost Sharing or Matching

Cost Sharing / Matching Requirement: No

3. Responsiveness and Screening Criteria

Application Responsiveness Criteria

Applications that do not meet the following responsiveness criteria will be administratively eliminated and will not be reviewed. The successful applicant will be an organization that meets the following criteria:

1. Proposed only evidence-based programs (including at least one CDSME program and, on an optional basis, one self-management support program) that are on the lists of pre-approved CDSME and self-management support programs in Appendix B and Appendix C or meet the criteria detailed in these appendices.

2. Serves as the central, core, and active partner in the initiative and is not simply a conduit for pass-through funding to sub-contractors or sub-grantees; and

3. Provided signed letters of commitment from key partners and collaborators named in the proposal.

At a minimum, a letter is required from each of the following partners:

1. State Unit on Aging (if the State Unit on Aging declines to provide a letter or you do not have a State Unit on Aging, you must provide documentation indicating this, e.g., an email from the State Unit on Aging stating that letters of support are not being provided, or a statement in the Narrative that you do not have a State Unit on Aging). For tribes/tribal entities, this requirement is not applicable.

   - If your primary participant population is adults with disabilities, include a letter from your Statewide Independent Living Council or designated state entity.

2. Area Agency(ies) on Aging that reach/cover your target geographic areas. If you are a Single State Authority or tribe/tribal entity, this requirement is not applicable.

   - If your primary participant population is adults with disabilities, include a letter from the Center(s) for Independent Living that reach/cover your targeted geographic areas.

3. At least one sustainability partner that clearly describes their specific plans and commitments to help sustain the proposed program(s) in the aging and/or disability networks, both during the project period and after federal grant funding has ended.

Each of these letters should clearly describe the **specific role** each of these entities will have in the project. In addition, your current infrastructure must be adequate to allow you to begin delivering your proposed CDSME and, if applicable, your self-management support program, **within three months** after you receive your Notice of Award. If you require training for the evidence-based program(s) you propose before you can begin delivery of the program(s), you must include in your application a letter of support from the program developer(s) and/or entity(ies) that will be providing training for the evidence-based programs(s) proposed. The letter should state that the developer(s) and/or entity(ies) will provide at least one training within three months after award notification.

Application Screening Criteria

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

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

1. Applications must be submitted electronically via http://www.grants.gov by 11:59 p.m., Eastern Time, by the **due date listed in section IV.3 Submission Dates and Times.**
2. The Project Narrative section of the Application must be **double-spaced**, on 8 ½" x 11" plain white paper with **1" margins** on both sides, and a **standard font size of not less than 11, preferably Times New Roman or Arial.**
3. The Project Narrative must not exceed 20 pages. **Project Narratives that exceed 20 pages** will have the additional pages removed and only the first 20 pages of the Project Narrative will be provided to the merit reviewers for funding consideration. NOTE: The Project Work Plan, Letters of Commitment, Vitae of Key Project Personnel, and Budget Narrative/Justification **are not counted** as part of the Project Narrative for purposes of the 20-page limit.

Unsuccessful submissions will require authenticated verification from http://www.grants.gov indicating system problems existed at the time of your submission. For example, you will be required to provide an http://www.grants.gov submission error notification and/or tracking number in order to substantiate missing the application deadline.

IV. Application and Submission Information

1. Address to Request Application Package

Application materials can be obtained from http://www.grants.gov or http://www.acl.gov/Funding_Opportunities/Announcements/Index.aspx.

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

- At the http://www.grants.gov website, you will find information about submitting an application electronically through the site, including the hours of operation. ACL strongly recommends that you do not wait until the application due date to begin the application process through http://www.grants.gov because of the time involved to complete the registration process.
- All applicants must have a DUNS number (http://fedgov.dnb.com/webform/) and be registered with the System for Award Management (SAM, www.sam.gov) and maintain an active SAM registration until the application process is complete, and should a grant be made, throughout the life of the award. Applicants should finalize a new, or renew an existing, registration at least two weeks before the application deadline. This action should allow you time to resolve any issues that may arise. Failure to comply with these requirements may result in your inability to submit your application or receive an award. Maintain documentation (with dates) of your efforts to register or renew at least two weeks before the deadline. See the SAM Quick Guide for Grantees at: https://www.sam.gov/sam/transcript/SAM_Quick_Guide_Grants_Registrations-v1.6.pdf.
- The agency is prohibited from making an award until an applicant has complied with these requirements. At the time an award is ready to be made, if the intended recipient has not complied with these requirements, the agency:
  - May determine that the applicant is not qualified to receive an award; and

- May use that determination as a basis for making an award to another applicant.

Note: Once your SAM registration is active, you will need to allow 24 to 48 hours for the information to be available in Grants.gov before you can submit an application through Grants.gov. This action should allow you time to resolve any issues that may arise. Failure to comply with these requirements may result in your inability to submit your application or receive an award.

- **Note**: Failure to submit the correct suffix can lead to delays in identifying your organization and access to funding in the Payment Management System.
- Effective October 1, 2010, HHS requires all entities that plan to apply for and ultimately receive Federal grant funds from any HHS Operating/Staff Division (OPDIV/STAFFDIV) **or receive subawards directly from the recipients of those grant funds** to:

    1. Be registered in SAM prior to submitting an application or plan;
    2. Maintain an active SAM registration with current information at all times during which it has an active award or an application or plan under consideration by an OPDIV; and
    3. Provide its DUNS number in each application or plan to submit to the OPDIV.

An award cannot be made until the applicant has complied with these requirements. At the time an award is ready to be made, if the intended recipient has not complied with these requirements, the OPDIV/STAFFDIV:

- May determine that the applicant is not qualified to receive an award; and
- May use that determination as a basis for making an award to another applicant.

Additionally, all first-tier subaward recipients must have a DUNS number at the time the subaward is made.

- Since October 1, 2003, The Office of Management and Budget has required applicants to provide a Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number when applying for Federal grants or cooperative agreements. It is entered on the SF 424. It is a unique, **nine-digit identification number**, which provides unique identifiers of single business entities. The DUNS number is free and easy to obtain.
- Organizations can receive a DUNS number at no cost by calling the dedicated toll-free DUNS Number request line at 1-866-705-5711 or by using this link to access a guide: https://www.whitehouse.gov/sites/default/files/omb/grants/duns_num_guide.pdf.
- You must submit all documents electronically, including all information included on the SF424 and all necessary assurances and certifications.
- **Your application must comply with any page limitation requirements described in this Program Announcement.**
- After you electronically submit your application, you will receive an automatic acknowledgement from http://www.grants.gov that contains a http://www.grants.gov tracking number. The Administration for Community Living will retrieve your application form from http://www.grants.gov.

Contact agency about this announcement:

U.S. Department of Health and Human Services
Administration for Community Living

2. Content and Form of Application Submission

Letter of Intent

Letter of Intent

Due Date for Letter of Intent: **04/10/2017**

Applicants are requested, but not required, to submit a letter of intent to apply for this funding opportunity to assist ACL in planning for the application independent review process. The purpose of the letter of intent is to allow our staff to estimate the number of independent reviewers needed and to avoid potential conflicts of interest in the review.

Letters of intent should be sent **by email** to:

Kristie Kulinski

Administration on Aging

Email: kristie.kulinski@acl.hhs.gov

Project Narrative

The Project Narrative must be double-spaced, on 8 ½ x 11 paper with 1 margins on both sides, and a standard font size of not less than 11, preferably Times New Roman or Arial.

You can use smaller font sizes to fill in the Standard Forms and Sample Formats. Twenty pages is the maximum length allowed. Project Narratives that exceed 20 pages will have the additional pages removed and only the first 20 pages of the Project Narrative will be provided to the merit reviewers for funding consideration. The Project Work Plan, Letters of Commitment, Vitae of Key Personnel, and Budget Narrative/Justification are not counted as part of the Project Narrative for purposes of the 20-page limit, but all of the other sections noted below are included in the limit.

The Project Narrative is the most important part of the application, since it will be used as the primary basis to determine whether or not your project meets the minimum requirements for grants under the authorizing statutes. The Project Narrative should provide a clear and concise description of your project. ACL recommends that your project narrative include the following components:

1. Project Abstract

2. Project Relevance and Current Need

3. Approach

4. Outcomes and Evaluation

5. Sustainability

6. Organizational Capacity

7. Budget Narrative/Justification

To assist reviewers in scoring your application, we suggest that applicants organize their proposals using the headings above.

Project Abstract

This section should include a brief – no more than 265 words maximum – description of the proposed project, including: goal(s), objectives, outcomes, and products to be developed. Detailed instructions for completing the summary/abstract are included in the Instructions for Completing the Project Summary/Abstract found in the Appendix of this funding announcement.

In your abstract, clearly specify: the proposed CDSME program(s) and, if applicable, the secondary self-management support program you plan to implement/disseminate, your key partners (including your sustainability partner), and your projected number of program participants/completers.

Project Relevance and Current Need

In this section:

- Briefly describe the impact of chronic conditions in your state/region/tribe and how your proposed project will address this impact.

- Describe the gap between the current availability of your proposed CDSME/self-management support programs and the ideal situation where these programs are readily available. This should include a description of the current geographic/population reach of the proposed programs in your state/region/tribe and the extent to which an integrated prevention program network exists for systematically delivering and sustaining these programs.

- Include a Project Map of your state/region/tribe that shows where your proposed programs are already being offered and which areas are being selected for this project. Provide data to support why you are targeting those areas (e.g., the number of older adults or adults with disabilities with chronic conditions, the lack of available programs, etc.).

- If you are a current ACL 2015 or 2016 PPHF CDSME grantee, state how your proposed project differs from your current cooperative agreement. Briefly summarize your key outcomes from that project (including the extent to which you have reached your participant targets, met other key project goals, etc.) and describe your rationale for the need for additional funding.

Approach

Project Description

This section should:

- State the project's goals and major objectives.

- Identify the specific evidence-based CDSME program(s), and, if applicable, the one self-management support program that you propose to implement and a rationale for selecting the program(s). Applicants proposing programs other than those listed in Appendix B (CDSME programs) or Appendix C (self-management support programs) must document how the program meets the criteria detailed in the aforementioned appendices. Provide this documentation in an attachment to the application clearly labeled Justification for Proposed Program Not on Pre-Approved List. This attachment and the accompanying articles will not be counted toward the 20-page limit for the Project Narrative.

- State the projected total number of participants that you expect to reach through your proposed CDSME programs and, if applicable, the number of participants to be reached through the one self-management support program that you propose. For any group series program, provide a target number of completers and a specific target completion rate. Provide a rationale for these targets, e.g., by referencing your previous experience delivering CDSME and self-management support programs, the number of older adults and adults with disabilities in your state/region/tribe with chronic conditions, and/or other factors.

- Specify a measurable objective related to strengthening the geographic or population reach (e.g., the number of counties and/or percentage of the population that has access to program workshops at least twice a year).

- Provide a coherent approach to implementing/disseminating the proposed CDSME and self-management support programs.

- Describe any existing CDSME, self-management support, and other evidence-based prevention initiatives in your area and how you plan to coordinate with and leverage these efforts. This should include a description of any existing capacity to deliver the proposed program(s), i.e., the number of host sites, implementation sites, and delivery personnel (such as trainers and leaders/coaches).

- If your existing infrastructure for the proposed program(s) is inadequate, please describe and provide a rationale for any proposed training(s). If you require training, you must include a letter of support from the program developer(s) and/or entity that will be providing training with your application. The letter should state that the developer(s) and/or entity will provide a training no more than three months after the applicant receives the Notice of Award from ACL.

- Describe how you intend to identify, market to, and recruit participants for your proposed program(s).

- Describe any major challenges and barriers you anticipate encountering, and how your project will be able to overcome those challenges and barriers.

Special Target Populations and Organizations

- Describe the target population(s)/subgroup with chronic conditions that will be served by the proposed CDSME program(s) and if applicable, the self-management support program. Also describe whether and, if so, how the proposed intervention(s) will target any underserved, disadvantaged populations.

- Provide a rationale for selecting the target group(s) and also describe any involvement of organizations that would be collaborating in reaching the proposed population(s).

Work Plan

You should also provide a project Work Plan for Years 1, 2, and 3 that reflects and is consistent with the Project Narrative and Budgets. This Work Plan should include a statement of the project's overall goals, anticipated outcome(s), key objectives, and the major tasks/action steps that will be pursued to achieve the goals and outcome(s), as well as identify timeframes involved (including start- and end-dates) and the lead person responsible for completing the task.

Outcomes and Evaluation

Project Outcomes

This section must clearly identify the measurable outcome(s) that will result from the project. List measurable outcomes in the work plan grid under Measurable Outcomes in addition to any discussion included in the narrative. Please reference the optional Sample Work Plan Template included under the Downloads for this Funding Opportunity Announcement as posted at [https://acl.gov/Funding_Opportunities /Announcements/docs/Work-Plan-Template.doc](https://acl.gov/Funding_Opportunities/Announcements/docs/Work-Plan-Template.doc).

Any proposed outcomes should address the goals of this funding opportunity and be quantifiable, measurable, and likely to be achieved during the project period.

Quality Assurance Activities

Describe your plans for developing and implementing a quality assurance program to ensure continuous quality improvement and ongoing methods for monitoring the fidelity of your proposed programs. This section should include the method(s), techniques, and tools that will be used to: 1) monitor and track progress on the project's tasks and objectives; 2) monitor whether the proposed programs are being implemented with fidelity, as well as identify processes for corrective actions; 3) ensure the ACL-required dataset is being collected and reported accurately by the implementation sites and how you will identify and troubleshoot any potential problems); and 4) document the lessons learned both positive and negative.

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.

Sustainability

Sustainability

Describe how you will strengthen and expand your integrated, sustainable evidence-based prevention program network.

This section should:

- Describe your plans for **expanding funding** for the proposed program(s), particularly in the aging and disability networks, beyond the end of the grant period, including:

    - Who your sustainability partners are;

    - Your proposed plans for contracts, partnerships, and/or collaborations with health care entities, insurance entities, and/or large employers or other innovative funding sources;

    - Any other business planning efforts to be undertaken; and

    - Any mechanisms that are in development or already in place to accept payment for your proposed program(s) (i.e., infrastructure, Health IT, and back-office support to bill and accept reimbursement from contracts, private pay clients, and/or other potential payers).

- Describe your proposed or current centralized and coordinated processes to promote a unified and consistent approach across your state/region/tribe to achieve the goal of an integrated, sustainable evidence-based prevention program network. These processes may be operationalized by using a Network Hub approach. For more information on the Network Hub approach, visit https://www.ncoa .org/toolkits/community-integrated-healthcare-toolkit/#centralized-and-coordinated-processes.

- Describe any existing and proposed delivery system partners that have multiple delivery sites and have committed to developing or already have the capacity to embed the proposed programs into their routine operations and budget.

Letters of Commitment

You should include confirmation of the commitments to the project (should it be funded) made by key collaborating organizations and agencies. These letters should describe the **specific** role of each partner in the project. Any organization that is specifically named to have a significant role in carrying out the project should be considered an essential collaborator. **The quality of the letter content (i.e., specificity with respect to the role of that partner) is more important than the quantity of letters submitted with your application.** Signed letters of commitment should be scanned and included as attachments. Applicants unable to scan the signed letters of commitment may fax them to the ACL Office of Grants Management at 202-205-0402 by the application submission deadline. In your fax, be sure to include the funding opportunity announcement number and your agency name. Letters of commitment sent by any other means will not be accepted.

At a minimum, letters are required from the following partners:

- State Unit on Aging (if the State Unit on Aging declines to provide a letter or you do not have a State Unit on Aging, you must provide documentation indicating this, e.g., an email from the State Unit on Aging stating that letters of support are not being provided, or a statement in the Narrative that you do not have a State Unit on Aging). For tribes/tribal entities, this requirement is not applicable.

    - If your primary participant population is adults with disabilities, include a letter from your Statewide Independent Living Council or designated state entity.

- Area Agency(ies) on Aging that reach/cover your target geographic areas. If you are a Single State Authority or a tribe/tribal entity, this requirement is not applicable.

    - If your primary participant population is adults with disabilities, include a letter from the

Center(s) for Independent Living that reach/cover your targeted geographic areas.

- At least one sustainability partner that clearly describes their specific plans and commitments to help sustain the proposed program(s) in the aging network and/or disability network both during the project period and after federal grant funding has ended.

In addition, your current infrastructure must be adequate to allow you to begin delivering your proposed CDSME and, if applicable, your self-management support program within three months after you receive your Notice of Award. If you require training for the evidence-based program(s) you propose before you can begin delivery of the program(s), you must include in your application a letter of support from the program developer(s) and/or entity(ies) that will be providing training for the evidence-based programs(s) proposed. The letter should state that the developer(s) and/or entity(ies) will provide at least one training within three months after award notification.

Please include the letters as an Appendix to your application and use a Table of Contents to clarify for reviewers which letter(s) are from the: 1) State Unit on Aging or Statewide Independent Living Council; (2) Area Agency(ies) or Center(s) for Independent Living; and 3) sustainability partner(s).

Organizational Capacity

In this section:

- 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. It may be helpful to include an organizational chart as an Appendix to your application. Also include information about any contractual organization(s) that will have a significant role(s) in implementing project and achieving project goals.

- Describe any experience with CDSME and other self-management support programs, and how you will leverage current/previous efforts to integrate these and other health promotion and disease prevention programs into your state's/region's/tribe's long term services and supports systems and health care systems.

- Describe the project management, including the roles and responsibilities of project staff, consultants, and partner organizations, and how they will contribute to achieving the projects objectives and outcomes. You should:

  - Provide a description of the qualifications and experience of the key personnel for this proposed project, including for the Project Director. Please include resumes or CVs.

  - Specify who will have day-to-day responsibility for key tasks such as: leadership of project, monitoring the project's on-going progress, preparation of reports, and communications with other partners and ACL.

  - Detail the approach that will be used to monitor and track progress on the project's tasks and objectives.

Budget Narrative/Justification

Applicants are required to provide a detailed Budget Narrative/Justification. The Budget Narrative/Justification can be provided using the format included in the document, Budget Narrative/Justification Sample Format. Applicants are encouraged to pay particular attention to this document, which provides an example of the level of detail sought.

Applicants must submit the following:

- Budget Narrative/Justification for Year 1;

- Budget Narrative/Justification for Year 2;

- Budget Narrative/Justification for Year 3; and

- A total, combined three-year budget.

3. Submission Dates and Times

Due Date for Applications: **05/12/2017**

Date for Informational Conference Call: 04/05/2017

Applications that fail to meet the application due date will not be reviewed and will receive no further consideration. You are strongly encouraged to submit your application a minimum of 3-5 days prior to the application closing date. Do not wait until the last day in the event you encounter technical difficulties, either on your end, or with http://www.grants.gov. Grants.gov can take up to 48 hours to notify you of a successful submission.

In addition, if you are submitting your application via Grants.gov, you must (1) be designated by your organization as an Authorized Organization Representative (AOR); and (2) register yourself with Grants.gov as an AOR. Details on these steps are outlined at the following Grants.gov Web page: http://www.grants.gov /web/grants/register.html.

After you electronically submit your application, you will receive from Grants.gov an automatic notification of receipt that contains a Grants.gov tracking number. (This notification indicates receipt by Grants.gov only.)

If you are experiencing problems submitting your application through Grants.gov, please contact the Grants.gov Support Desk, toll free, at 1-800-518-4726. You must obtain a Grants.gov Support Desk Case Number and must keep a record of it.

If you are prevented from electronically submitting your application on the application deadline because of technical problems with the Grants.gov system, please contact the person listed under For Further Information Contact in section VII of this notice and provide a written explanation of the technical problem you experienced with Grants.gov, along with the Grants.gov Support Desk Case Number. ACL will contact you after a determination is made on whether your application will be accepted.

Note: We will not consider your application for further review if you failed to fully register to submit your application to Grants.gov before the application deadline or if the technical problem you experienced is unrelated to the Grants.gov system.

Unsuccessful submissions will require authenticated verification from http://www.grants.gov indicating system problems existed at the time of your submission. For example, you will be required to provide an http ://www.grants.gov submission error notification and/or tracking number in order to substantiate missing the cut off date.

Grants.gov (http://www.grants.gov) will automatically send applicants a tracking number and date of receipt verification electronically once the application has been successfully received and validated in http://www .grants.gov.

Authorized Organizational Representative (AOR)

The individual named by the applicant/recipient organization who is authorized to act for the applicant/recipient and to assume the obligations imposed by the federal laws, regulations, requirements, and conditions that apply to grant applications or awards.

Each applicant must designate an Authorized Organizational Representative (AOR). An AOR is responsible for assuming the financial obligations of the award. AORs may be required to work with ACL to ensure that

laws, regulations, requirements, and conditions of the award are being met.

AOR Authorization is part of the registration process at www.Grants.gov where the AOR will create a short profile and obtain a username and password from the Grants.gov Credential Provider. AORs will only be authorized for the DUNS number registered in the System for Award Management (SAM).

Project Director

Each applicant must designate a Project Director (PD) for the proposed project. The Project Director (also sometimes referred to as the Principal Investigator) is the primary point of contact on matters involving the application. If the applicant is awarded funding for the proposed project, the PD will serve as the primary contact for ACL and will be responsible for programmatic updates and reports. The PD must be available to answer any questions pertaining to the application.

4. Intergovernmental Review

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

5. Funding Restrictions

The following activities are not fundable:

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

Note: A recent Government Accountability Office (GAO) report has raised considerable concerns about grantees and contractors charging the Federal government for additional meals outside of the standard allowance for travel subsistence known as per diem expenses. Executive Orders on Promoting Efficient Spending (EO 13589) and Delivering Efficient, Effective and Accountable Government (EO 13576) have been issued and instruct Federal agencies to promote efficient spending. Therefore, if meals are to be charged in your proposal, applicants should understand such costs must meet the following criteria outlined in the Executive Orders and HHS Grants Policy Statement:

- Meals are generally unallowable except for the following:
  - For subjects and patients under study (usually a research program);
  - Where specifically approved as part of the project or program activity, e.g., in programs providing childrens services (e.g., Headstart);
  - When an organization customarily provides meals to employees working beyond the normal workday, as a part of a formal compensation arrangement; As part of a per diem or subsistence allowance provided in conjunction with allowable travel; and
  - Under a conference grant, when meals are a necessary and integral part of a conference, provided that meal costs are not duplicated in participants per diem or subsistence allowances. (Note: conference grant means the sole purpose of the award is to hold a conference)

Additional General Provisions

Successful applicants are also subject to the following restrictions:

- Cap on Researcher Salaries - None of the funds appropriated in this program shall be used to pay the salary of an individual, through a grant, cooperative agreement or other extramural mechanism, at a rate in excess of Executive Level II (capped at $185,100).

- Gun Control Prohibition - None of the funds appropriated in this program may be used, in whole or in part, to advocate or promote gun control.
- Needle Exchange - Notwithstanding any other provision of the Act, no funds appropriated in this Act shall be used to carry out a program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug.
- Publicity and Propaganda [Lobbying] Sec. 503:

  (a) No part of any appropriation contained in this act or transferred pursuant to section 4002 of Public Law 111-148 shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before Congress or any State or local legislature or legislative body, except in presentation of the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government itself.

  (b) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government.

  (c)The prohibitions in subsections (a) and (b) shall include any activity to advocate or promote any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.

6. Other Submission Requirements

Not Applicable

V. Application Review Information

1. Criteria

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

- Project Abstract
- Project Relevance and Current Need
- Approach
- Outcomes and Evaluation
- Sustainability
- Organizational Capacity
- Budget Narrative/Justification

Applicants must document all of their source material. If any text, language, and/or materials are from another source, the applicant must make it clear the material is being quoted and where the text comes from. The applicant must also cite any sources when they include numbers, ideas, or other material that are not their own. If the applicant fails to comply with this requirement, regardless of the severity or frequency of the plagiarism, the reviewers shall reduce their scores accordingly even to the degree of issuing no points at

all.

Project Abstract
Maximum Points:2

1. Has the applicant included a brief (no more than 265 word) description of the proposed project? (1 point)
2. Does the abstract include, at a minimum, each of the following: goal(s); name of the CDSME/self-management support program(s) to be implemented; number of program participants to be reached; and the project outcomes? (1 point)

Project Relevance and Current Need
Maximum Points:8

1. Does the applicant adequately describe the impact of chronic conditions in their state/region/tribe and how the proposed project will address this impact? (2 points)

2. Does the applicant adequately describe the current status of evidence-based CDSME and self-management support program delivery within the targeted geographic area and the "gap" that exists between the "status quo" and the "ideal" (i.e., where the proposed programs are being delivered systematically to older and/or adults with disabilities throughout the identified state/region/tribe)? If the applicant identifies as a current ACL 2015 or 2016 CDSME grantee, does the application provide an adequate rationale for the need for additional funding (which could include expansion of the program to geographic areas/target populations where the program(s) are not currently offered or the development of significant new partnerships)? (4 points)

3. Does the applicant include a Project Map of their state/region/tribe that shows where their proposed programs are already being offered (if applicable) and which areas are being selected for this project, along with data to support why they are targeting those areas? (2 points)

Approach
Maximum Points:25

Project Description (*16 points*)

1. Has the applicant stated clear and meaningful goals and objectives related to completing the purpose, objectives, and activities described in this program announcement? (2 points)

2. Has the applicant clearly identified one or more specific CDSME program(s) it will provide and a rationale for selecting the program(s)? Is the proposed CDSME program(s) on the list of pre-approved programs in Appendix B? If not, does the applicant provide appropriate documentation that the program(s) meets ACL';s definition of evidence-based? If the applicant chose to also propose one self-management support program, is this program on the list of pre-approved programs in Appendix C? If not, does the applicant provide appropriate documentation that the program meets ACL';s definition of evidence-based? (1 point)

3. Does the applicant identify a specific geographic area to be served, a rationale for its selection, and a measurable objective for increasing the geographic/population reach? (2 points)

4. Does the applicant provide a target number of participants in their proposed CDSME program(s) and, if applicable, in the optional, proposed self-management support program? For any proposed group series program, has the applicant specified a target number of completers and a target completion rate? Does the applicant provide clear and data-supported rationale for these targets (e.g., by referencing their previous experience delivering the proposed program(s), the number of older adults and adults with disabilities in their state/region/tribe with chronic conditions, and/or other factors)? (2 points)

5. Has the applicant clearly described a coherent approach to implementing/disseminating the proposed program(s)? (2 points)

6. Has the applicant described any existing self-management or self-management support efforts and/or programs in their area and how they plan to coordinate with and leverage these efforts? Did they include a description of any existing capacity to deliver the proposed program(s)? (2 points)

7. Has the applicant specified whether its existing infrastructure for the proposed program(s) is adequate? If applicable, did they provide a rationale for any proposed training(s)? If additional training is proposed, did the applicant include a letter of commitment from the program developer(s) and/or entity(ies) that would be providing the training in which they agreed to provide the training no more than three months after the applicant receives the Notice of Award from ACL? (1 point)

8. Is there a coherent approach to identifying, marketing to, and recruiting program participants including any targeted population(s) proposed by the applicant? (2 points)

9. Does the applicant note any major challenges/barriers they anticipate encountering, and how they plan to overcome those challenges/barriers? (2 points)

Special Target Populations and Organizations (2 points)

1. Does the applicant identify the target population(s) that will be served by the proposed program(s)? (1 point)

2. Does the applicant provide an adequate rationale for selecting the target group(s) and also describe any involvement of organizations that would be collaborating in reaching the proposed population(s), including any underserved populations they may be proposing to reach? (1 point)

Work Plan (*7 points*)

1. Has the applicant provided a project Work Plan for Years 1, 2, and 3 that reflects and is consistent with the Project Narrative and Budgets (3 points)

2. Does the Work Plan include a statement of the project's overall goal(s), anticipated outcome(s), key objectives, and the major tasks/action steps that will be pursued to achieve the goal and outcome(s)? Does the Work Plan identify timeframes involved (including start- and end-dates) and the lead person responsible for completing the task? (4 points)

Outcomes and Evaluation	Maximum Points:10

Project Outcomes (*4 Points*)

1. Does the applicant identify the measurable outcome(s) that will result from the project, and do these outcomes address the goals of this funding opportunity? (2 points)

2. Are the proposed outcomes quantifiable, measurable, and likely to be achieved during the project period? (2 points)

Quality Assurance Activities (*4 Points*)

1. Does the applicant describe their plans for developing and implementing a quality assurance program to ensure continuous quality improvement and ongoing methods for monitoring the fidelity of proposed program(s)? (2 points)

2. Has the applicant described how they will support the collection of the ACL-required CDSME dataset to ensure accurate collection by the sites and timely reporting to the CDSME National Database? (2 points)

Dissemination (*2 Points*)

Does the applicant describe the method that will be used to disseminate the project's results and findings in a timely manner for those who might be interested in using the results of the project to inform practice, service delivery, program development, and/or policy-making?

Sustainability	Maximum Points:30

Sustainability (25 Points)

1. Does the applicant describe how they will strengthen and expand their integrated, sustainable evidence-based prevention program network described in this announcement? Is there specific mention of centralized and coordinated processes that promote a unified and consistent approach across the state/region/tribe to achieve the goal of an integrated, sustainable evidence-based prevention program network? (10 points)

2. Does the applicant describe their plans for funding the proposed program(s), particularly in the aging and/or disability network(s), beyond the end of the grant period (i.e., identified sustainability partner(s), discussed any business planning efforts to be undertaken, described mechanisms in place/to be developed to accept payment for program(s), etc.)? Do the plans seem to be realistic and achievable? (10 points)

3. Does the applicant describe any existing and proposed delivery system partners that have multiple delivery sites and have committed to or have the capacity to embed the proposed programs into their routine operations and budget? (5 points)

Letters of Commitment (5 points)

Does the applicant include detailed letters of commitment describing and confirming the commitments to the project (should it be funded) made by key collaborating organizations and agencies in this part of the application?

Organizational Capacity	Maximum Points:15

1. Has the applicant described 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? (5 points)

2. Has the applicant described their experience implementing health promotion and disease prevention programs targeted to older adults and adults with disabilities in their state/region/tribe? Has the applicant described any current or prior collaboration with public and private organizations and stakeholders in their state/region/tribe that support CDSME, self-management support, and/or other evidence-based prevention programs? (5 points)

3. Has the applicant clearly described the roles and responsibilities of project staff, consultants, and partner organizations, and how they will contribute to achieving the projects objectives and outcomes? (5 points)

   This section should:

   1. Provide a description of the qualifications and experience (including resumes or CVs) of the key personnel for this proposed project, including for the Project Director.

   2. Specify who will have day-to-day responsibility for key tasks such as: leadership of project, monitoring the project's on-going progress, preparation of reports, and communications with other partners and ACL.

   3. Detail the approach that will be used to monitor and track progress on the project's tasks and objectives.

Budget Narrative/Justification	Maximum Points:10

1. Are the budget and requested resources justified with respect to the adequacy and reasonableness of resources requested? Are budget line items clearly delineated and consistent with work plan objectives? (6 points)

2. Has the applicant included detailed budgets for each of the following:

- Project Year 1 (1 point)

- Project Year 2 (1 point)

- Project Year 3 (1 point)

- A total, combined three-year budget (1 point)

2. Review and Selection Process

As required by 2 CFR 200 of the Uniform Guidance, effective January 1, 2016, ACL is required to review and consider any information about the applicant that is in the Federal Awardee Performance and Integrity Information System (FAPIIS), https://www.fapiis.gov before making any award in excess of the simplified acquisition threshold (currently $150,000) over the period of performance. An applicant may review and comment on any information about itself that a federal awarding agency has previously entered into FAPIIS. ACL will consider any comments by the applicant, in addition to other information in FAPIIS, in making a judgment about the applicant's integrity, business ethics, and record of performance under federal awards when completing the review of risk posed by applicants as described in 2 CFR § 200.205 Federal Awarding Agency Review of Risk Posed by Applicants (http://www.ecfr.gov/cgi-bin/text-idx?node=se2.1.200_1205&rgn=div8).

An independent review panel of at least three individuals will evaluate applications that pass the screening and meet the responsiveness criteria if applicable. These reviewers are experts in their field and are drawn from academic institutions, non-profit organizations, state and local governments, and Federal government agencies. Based on the Application Review Criteria as outlined under section V.1, the reviewers will comment on and score the applications, focusing their comments and scoring decisions on the identified criteria.

Final award decisions will be made by the Administrator, ACL. In making these decisions, the Administrator will take into consideration: recommendations of the review panel; reviews for programmatic and grants management compliance; the reasonableness of the estimated cost to the government considering the available funding and anticipated results; geographic distribution; and the likelihood that the proposed project will result in the benefits expected and will continue with sustainable, non-Older Americans Act financing arrangements after the grant ends.

3. Anticipated Announcement Award Date

August 1, 2017

VI. Award Administration Information

1. Award Notices

Successful applicants will receive an electronic Notice of Award. The Notice of Award is the authorizing document from the U.S. Administration for Community Living authorizing official, Office of Grants Management. Acceptance of this award is signified by the drawdown of funds from the Payment Management System. Unless indicated otherwise in this announcement, unsuccessful applications will not be retained by the agency.

2. Administrative and National Policy Requirements

The award is subject to DHHS Administrative Requirements, which can be found in 45 CFR Part 75 and the Standard Terms and Conditions, included in the Notice of Award as well as implemented through the HHS Grants Policy Statement.

A standard term and condition of award will be included in the final notice of award; all applicants will be subject to a term and condition that applies the terms of 48 CFR section 3.908 to the award and requires the grantees inform their employee in writing of employee whistleblower rights and protections under 41 U.S.C. 4712 in the predominant native language of the workforce.

3. Reporting

The following reports are required for this grant:

1. **Prevention and Public Health (PPHF) Report:** This award requires grantees to complete projects or activities which are funded under the 2017 Prevention and Public Health Fund (PPHF) and to report on use of PPHF funds provided through this award. Information from these reports will be made available to the public. Grantees must agree to separately identify each sub-recipient, and document at the time of sub-awards and the time of disbursement of funds, the Federal award number, and CFDA number 93.734 for 2017 PPHF fund purposes, and amount of PPHF funds. Grantees awarded a grant, cooperative agreement, or contract from such funds with a value of $25,000 or more shall produce reports on a semi-annual basis with a reporting cycle of January 1 – June 30 and July 1– December 31; reports should be submitted no later than 20 calendar days after the end of each reporting period (i.e., July 20 and January 20, respectively). Reports shall reference the notice of award number and title of the grant or cooperative agreement, and include a summary of the activities undertaken and identify any sub-grants or sub-contracts awarded (including the purpose of the award and the identity of the [sub] recipient).
2. **Semi-Annual Program Progress Report:** These reports must be completed by the grantee project director within 30 days after the end of each six month period and submitted to ACL/AoA. These reports enable ACL/AoA to monitor grantee performance, identify program implementation issues and possible technical assistance needs, as well as identify successes and best practices. Ninety (90) days after the end of the project, the grantee will also need to submit a final program progress report. Instructions and a template form for progress reports will be provided with the grant Notice of Award.
3. **Financial Status Report (SF-425):** Effective March 1, 2011, ACL requires the submission of the SF-425 (Federal Financial Report). The reporting cycle will be reflected in the Notice of Award. The ACL program progress report is due semi-annually from the start date of the award and is due within 30 days of the reporting period end date. The final progress report and SF-425 reports are due 90 days after the end of the project period. Grantees are required to complete the federal cash transactions portion of the SF-425 within the Payment Managements System as identified in their award documents for the calendar quarters ending 3/31, 6/30, 9/30, and 12/31 through the life of their award. In addition, the fully completed SF-425 will be required as denoted in the Notice of Award terms and conditions.

4. FFATA and FSRS Reporting

The Federal Financial Accountability and Transparency Act (FFATA) requires data entry at the FFATA Subaward Reporting System (http://www.FSRS.gov) for all sub-awards and sub-contracts issued for $25,000 or more as well as addressing executive compensation for both grantee and sub-award organizations.

For further guidance please see the following link: http://www.acl.gov/Funding_Opportunities/Grantee_Info/FFATA.aspx

VII. Agency Contacts

Project Officer

First Name: Kristie

Last Name: Kulinski

Center: Administration on Aging

E-mail: kristie.kulinski@acl.hhs.gov

Grants Management Specialist

First Name: Sean

Last Name: Lewis

Center: Office of Grants Management

E-mail: sean.lewis@acl.hhs.gov

VIII. Other Information

1. Application Elements

a. SF 424, required – Application for Federal Assistance (See "Instructions for Completing Required Forms" for assistance).

b. SF 424A, required – Budget Information. (See Attachment A for Instructions; See "Standard Form 424A – Sample Format" for an example of a completed SF 424A).

c. Separate Budget Narrative/Justification, required (See "Budget Narrative/Justification - Sample Format" for examples and "Budget Narrative/Justification – Sample Template.")

NOTE: Applicants requesting funding for multi-year grant projects are REQUIRED to provide a Narrative/Justification for each year of potential grant funding, as well as a combined multi-year detailed Budget Narrative/Justification.

d. SF 424B – Assurance, required. Note: Be sure to complete this form according to instructions and have it signed and dated by the authorized representative (see item 18d on the SF 424).

e. Lobbying Certification, required

f. Proof of non-profit status, if applicable

g. Copy of the applicant's most recent indirect cost agreement, if requesting indirect costs. If any sub-contractors or sub-grantees are requesting indirect costs, copies of their indirect cost agreements must also be included with the application.

h. Project Narrative with Work Plan, required (See "Project Work Plan – Sample Template" for a formatting suggestions).

i. Organizational Capability Statement and Vitae for Key Project Personnel.

j. Letters of Commitment from Key Partners, if applicable.

2. 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 Narrative/Justification is approved under OMB control number 0985-0018 which expires on 3/12/17. 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.

Appendix

Instructions for Completing Required Forms

This section provides step-by-step instructions for completing the four (4) standard Federal forms required as part of your grant application, including special instructions for completing Standard Budget Forms 424 and 424A. Standard Forms 424 and 424A are used for a wide variety of Federal grant programs, and Federal agencies have the discretion to require some or all of the information on these forms. ACL does not require all the information on these Standard Forms. Accordingly, please use the instructions below in lieu of the standard instructions attached to SF 424 and 424A to complete these forms.

a. Standard Form 424

1. **Type of Submission:** (REQUIRED): Select one type of submission in accordance with agency instructions.

- Preapplication
- Application
- Changed/Corrected Application – If ACL requests, check if this submission is to change or correct a previously submitted application.

2. **Type of Application**: (REQUIRED) Select one type of application in accordance with agency instructions.

- New
- Continuation
- Revision

3. **Date Received:** Leave this field blank.

4. **Applicant Identifier**: Leave this field blank

5a **Federal Entity Identifier**: Leave this field blank

5b. **Federal Award Identifier**: For new applications leave blank. For a continuation or revision to an existing award, enter the previously assigned Federal award (grant) number.

6. **Date Received by State:** Leave this field blank.

7. **State Application Identifier:** Leave this field blank.

8. **Applicant Information**: Enter the following in accordance with agency instructions:

a. Legal Name: (REQUIRED): Enter the name that the organization has registered with the System for Award Management (SAM), formally the Central Contractor Registry. Information on registering with SAM may be obtained by visiting the Grants.gov website (http://www.grants.gov) or by going directly to the SAM website (www.sam.gov).

b. Employer/Taxpayer Number (EIN/TIN): (REQUIRED): Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service. In addition, we encourage the organization to include the correct suffix used to identify your organization in order to properly align access to the Payment Management System.

c. Organizational DUNS: (REQUIRED) Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained by visiting the Grants.gov website (http://www.grants.gov). Your DUNS number can be verified at http://fedgov.dnb.com/webform/.
d. Address: (REQUIRED) Enter the complete address including the county.

e. Organizational Unit: Enter the name of the primary organizational unit (and department or division, if applicable) that will undertake the project.

f. Name and contact information of person to be contacted on matters involving this application: Enter the name (First and last name required), organizational affiliation (if affiliated with an organization other than the applicant organization), telephone number (Required), fax number, and email address (Required) of the person to contact on matters related to this application.

9. **Type of Applicant:** (REQUIRED) Select the applicant organization "type" from the following drop down list.

A. State Government B. County Government C. City or Township Government D. Special District Government E. Regional Organization F. U.S. Territory or Possession G. Independent School District H. Public/State Controlled Institution of Higher Education I. Indian/Native American Tribal Government (Federally Recognized) J. Indian/Native American Tribal Government (Other than Federally Recognized) K. Indian/Native American Tribally Designated Organization L. Public/Indian Housing Authority M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education) N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education) O. Private Institution of Higher Education P. Individual Q. For-Profit Organization (Other than Small Business) R. Small Business S. Hispanic-serving Institution T. Historically Black Colleges and Universities (HBCUs) U. Tribally Controlled Colleges and Universities (TCCUs) V. Alaska Native and Native Hawaiian Serving Institutions W. Non-domestic (non-US) Entity X. Other (specify)

10. **Name Of Federal Agency**: (REQUIRED) Enter U.S. Administration for Community Living

11. **Catalog Of Federal Domestic Assistance Number/Title:** The CFDA number can be found on page one of the Program Announcement.

12. **Funding Opportunity Number/Title:** (REQUIRED) The Funding Opportunity Number and title of the opportunity can be found on page one of the Program Announcement.

13. **Competition Identification Number/Title:** Leave this field blank.

14. **Areas Affected By Project:** List the largest political entity affected (cities, counties, state etc).

15. **Descriptive Title of Applicant's Project:** (REQUIRED) Enter a brief descriptive title of the project (This is not a narrative description).

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

17. **Proposed Project Start and End Dates**: (REQUIRED) Enter the proposed start date and final end date of the project**. If you are applying for a multi-year grant, such as a 3 year grant project, the final project end date will be 3 years after the proposed start date.** In general, all start dates on the SF424 should be the 1st of the month and the end date of the last day of the month of the final year, for example 7/01/2014 to 6/30/2017. The Grants Officer can alter the start and end date at their discretion.

18. **Estimated Funding:** (REQUIRED) If requesting multi-year funding, enter the full amount requested from the Federal Government in line item 18.a., as a multi-year total. For example and illustrative purposes only, if year one is $100,000, year two is $100,000, and year three is $100,000, then the full amount of Federal funds requested would be reflected as $300,000. The amount of matching funds is denoted by lines b. through f. with a combined Federal and non-Federal total entered on line g. Lines b. through f. represents contributions to the project by the applicant and by your partners during the total project period, broken down by each type of contributor. The value of in-kind contributions should be included on appropriate lines, as applicable.

NOTE: Applicants should review cost sharing or matching principles contained in Subpart C of 45 CFR Part 75 before completing Item 18 and the Budget Information Sections A, B and C noted below.

All budget information entered under item 18 should cover the total project period. For sub-item 18a, enter the Federal funds being requested. Sub-items 18b-18e is considered matching funds. The dollar amounts entered in sub-items 18b-18f must total at least 1/3rd of the amount of Federal funds being requested (the amount in 18a). For a full explanation of ACL's match requirements, see the information in the box below. For sub-item 18f (program income), enter only the amount, if any, that is going to be used as part of the required match. Program Income submitted as match will become a part of the award match and recipients will be held accountable to meet their share of project expenses even if program income is not generated during the award period.

There are two types of match: 1) non-Federal cash and 2) non-Federal in-kind. In general, costs borne by the applicant and cash contributions of any and all third parties involved in the project, including sub-grantees, contractors and consultants, are considered **matching funds**. Examples of **non-Federal cash**

match includes budgetary funds provided from the applicant agency's budget for costs associated with the project.   Generally, most contributions from sub-contractors or sub-grantees (third parties) will be non-Federal in-kind matching funds. Volunteered time and use of third party facilities to hold meetings or conduct project activities may be considered in-kind (third party) donations.

NOTE: **Indirect charges** may only be requested if: (1) the applicant has a current indirect cost rate agreement approved by the Department of Health and Human Services or another Federal agency; or (2) the applicant is a state or local government agency. State governments should enter the amount of indirect costs determined in accordance with DHHS requirements. **If indirect costs are to be included in the application, a copy of the approved indirect cost agreement must be included with the application. Further, if any sub-contractors or sub-grantees are requesting indirect costs, a copy of the latest approved indirect cost agreements must also be included with the application, or reference to an approved cost allocation plan.**

19. **Is Application Subject to Review by State Under Executive Order 12372 Process?** Please refer to IV. Application and Submission Information, 4. Intergovernmental Review to determine if the ACL program is subject to E.O. 12372 and respond accordingly.

20. **Is the Applicant Delinquent on any Federal Debt?** (Required) This question applies to the applicant organization, not the person who signs as the authorized representative. If yes, include an explanation on the continuation sheet.

21. **Authorized Representative**: (Required) To be signed and dated by the authorized representative of the applicant organization. Enter the name (First and last name required) title (Required), telephone number (Required), fax number, and email address (Required) of the person authorized to sign for the applicant. A copy of the governing body's authorization for you to sign this application as the official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.)

 Standard Form 424A

NOTE: Standard Form 424A is designed to accommodate applications for multiple grant programs; thus, for purposes of this ACL program, many of the budget item columns and rows are not applicable. You should only consider and respond to the budget items for which guidance is provided below. Unless otherwise indicated, the SF 424A should reflect a multi-year budget. See Attachment B.**Section A Budget Summary**

Section A - Budget Summary

Line 5:   Leave columns (c) and (d) blank. Enter TOTAL Federal costs in column (e) and total nonFederal 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 1:   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 in Attachment C).

Column 2:   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 (sum of Columns 1 and 2) by object class category.

Section C – Non Federal Resources

Column A: Enter the federal grant program.

Column B: Enter in any non-federal resources that the applicant will contribute to the project.

Column C: Enter in any non-federal resources that the state will contribute to the project.

Column D: Enter in any non-federal resources that other sources will contribute to the project.

Column E: Enter the total non-federal resources for each program listed in column A.

Section D –Forecasted Cash Needs

Line 13: Enter Federal forecasted cash needs broken down by quarter for the first year only.

Line 14: Enter Non-Federal forecasted cash needs broken down by quarter for the first year.

Line 15: Enter total forecasted cash needs broken down by quarter for the first year.

Note: This area is not meant to be one whereby an applicant merely divides the requested funding by four and inserts that amount in each quarter but an area where thought is given as to how your estimated expenses will be incurred during each quarter. For example, if you have initial startup costs in the first quarter of your award reflect that in quarter one or you do not expect to have contracts awarded and funded until quarter three, reflect those costs in that quarter.

Section E – Budget Estimates of Federal Funds Needed for Balance of the Project (i.e. subsequent years 2, 3, 4 or 5 as applicable).

Column A: Enter the federal grant program

Column B (first): Enter the requested year two funding.

Column C (second): Enter the requested year three funding.

Column D (third): Enter the requested year four funding, if applicable.

Column E (forth): Enter the requested year five funding, if applicable.

Section F – Other Budget Information

Line 21: Enter the total Indirect Charges

Line 22: Enter the total Direct charges (calculation of indirect rate and direct charges).

Line 23: Enter any pertinent remarks related to the budget.

Separate Budget Narrative/Justification Requirement
Applicants requesting funding for multi-year grant programs are REQUIRED to provide a combined multi-year Budget Narrative/Justification, as well as a detailed Budget Narrative/Justification for each year of potential grant funding. A separate Budget Narrative/Justification is also REQUIRED for each potential year of grant funding requested.

For your use in developing and presenting your Budget Narrative/Justification, a sample format with examples and a blank sample template have been included in these Attachments. In your Budget Narrative/Justification, you should include a breakdown of the budgetary costs for all of the object class categories noted in Section B, across three columns: Federal; non-Federal cash; and non-Federal in-kind. Cost breakdowns, or justifications, are required for any cost of $1,000 or for the thresholds as established in the examples. The Budget Narratives/Justifications should fully explain and justify the costs in each of the major budget items for each of the object class categories, as described below. Non-Federal cash as well as, sub-contractor or sub-grantee (third party) in-kind contributions designated as match must be clearly identified and explained in the Budget Narrative/Justification The full Budget Narrative/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, which should be included under 6h Other.

In the Justification: Identify the project director, if known. Specify the key staff, their titles, and time commitments in the budget justification.

Line 6b: **Fringe Benefits**: Enter the total costs of fringe benefits unless treated as part of an approved indirect cost rate.

In the Justification: If the total fringe benefit rate exceeds 35% of Personnel costs, provide a breakdown of amounts and percentages that comprise fringe benefit costs, such as health insurance, FICA, retirement, etc. A percentage of 35% or less does not require a break down but you must show the percentage charged for each full/part time employee.

Line 6c: **Travel**: Enter total costs of all travel (local and non-local) for staff on the project. NEW: Local travel is considered under this cost item not under Other. Local transportation (all travel which does not require per diem is considered local travel). Do not enter costs for consultant's travel - this should be included in line 6h.

In the Justification: Include the total number of trips, number of travelers, destinations, purpose (e.g., attend conference), length of stay, subsistence allowances (per diem), 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 nonexpendable 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. Further, the purchase of specific items of equipment should not be included in the submitted budget if those items of equipment, or a reasonable facsimile, are otherwise available to the applicant or its subgrantees.

Line 6e: **Supplies**: Enter the total costs of all tangible expendable personal property (supplies) other than those included on line 6d.

In the Justification: . For any grant award that has supply costs in excess of 5% of total direct costs (Federal or Non-Federal), you must provide a detailed break down of the supply items (e.g., 6% of $100,000 = $6,000 – breakdown of supplies needed). If the 5% is applied against $1 million total direct costs (5% x

$1,000,000 = $50,000) a detailed breakdown of supplies is not needed. Please note: any supply costs of $5,000 or less regardless of total direct costs does not require a detailed budget breakdown (e.g., 5% x $100,000 = $5,000 – no breakdown needed).

Line 6f: **Contractual**:   Regardless of the dollar value of any contract, you must follow your established policies and procedures for procurements and meet the minimum standards established in the Code of Federal Regulations (CFR's) mentioned below. Enter the total costs of all contracts, including (1) procurement contracts (except those which belong on other lines such as equipment, supplies, etc.). Note: The 33% provision has been removed and line item budget detail is not required as long as you meet the established procurement standards.   Also include any awards to organizations for the provision of technical assistance. Do not include payments to individuals on this line. Please be advised: A subrecipient is involved in financial assistance activities by receiving a sub-award and a subcontractor is involved in procurement activities by receiving a sub-contract. Through the recipient, a subrecipient performs work to accomplish the public purpose authorized by law. Generally speaking, a sub-contractor does not seek to accomplish a public benefit and does not perform substantive work on the project. It is merely a vendor providing goods or services to directly benefit the recipient, for example procuring landscaping or janitorial services. In either case, you are encouraged to clearly describe the type of work that will be accomplished and type of relationship with the lower tiered entity whether it be labeled as a subaward or subcontract.

In the Justification: Provide the following three items – 1) Attach a list of contractors indicating the name of the organization; 2) the purpose of the contract; and 3) the estimated dollar amount. If the name of the contractor and estimated costs are not available or have not been negotiated, indicate when this information will be available. The Federal government reserves the right to request the final executed contracts at any time. If an individual contractual item is over the small purchase threshold, currently set at $100K in the CFR, you must certify that your procurement standards are in accordance with the policies and procedures as stated in 45 CFR Part 75 for states, in lieu of providing separate detailed budgets. This certification should be referenced in the justification and attached to the budget narrative.

Line 6g: **Construction**: Leave blank since construction is not an allowable costs for this 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, 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.

Note: A recent Government Accountability Office (GAO) report number 11-43, has raised considerable concerns about grantees and contractors charging the Federal government for additional meals outside of the standard allowance for travel subsistence known as per diem expenses. If meals are to be charged towards the grant they must meet the following criteria outlined in the Grants Policy Statement:

- *Meals are generally unallowable except for the following:*
- *For subjects and patients under study(usually a research program);*
- *Where specifically approved as part of the project or program activity, e.g., in programs providing children's services (e.g., Headstart);*
- *When an organization customarily provides meals to employees working beyond the normal workday, as a part of a formal compensation arrangement;*
- *As part of a per diem or subsistence allowance provided in conjunction with allowable travel; and*
- *Under a conference grant, when meals are a necessary and integral part of a conference, provided that meal costs are not duplicated in participants' per diem or subsistence allowances (Note: the sole*

purpose of the grant award is to hold a conference).

In the Justification: Provide a reasonable explanation for items in this category. For example, individual consultants explain the nature of services provided and the relation to activities in the work plan or indicate where it is described in the work plan. Describe the types of activities for staff development costs.

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

Line 6j: **Indirect Charges**: Enter the total amount of indirect charges (costs), if any. If no indirect costs are requested, enter "none." Indirect charges may be requested if: (1) the applicant has a current indirect cost rate agreement approved by the Department of Health and Human Services or another federal agency; or (2) the applicant is a state or local government agency. **State governments should enter the amount of indirect costs determined in accordance with DHHS requirements.** An applicant that will charge indirect costs to the grant must enclose a copy of the current rate agreement. Indirect Costs can only be claimed on Federal funds, more specifically, they are to only be claimed on the Federal share of your direct costs. Any unused portion of the grantee's eligible Indirect Cost amount that are not claimed on the Federal share of direct charges can be claimed as un-reimbursed indirect charges, and that portion can be used towards meeting the recipient match.

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.

c. Standard Form 424B – Assurances (required)

This form contains assurances required of applicants under the discretionary funds programs administered by the Administration for Community Living. Please note that a duly authorized representative of the applicant organization must certify that the organization is in compliance with these assurances.

d. Certification Regarding Lobbying (required)

This form contains certifications that are required of the applicant organization regarding lobbying. Please note that a duly authorized representative of the applicant organization must attest to the applicant's compliance with these certifications.

Proof of Non-Profit Status (as applicable)

Non-profit applicants must submit proof of non-profit status. Any of the following constitutes acceptable proof of such status:

- A copy of a currently valid IRS tax exemption certificate.
- A statement from a State taxing body, State attorney general, or other appropriate State official certifying that the applicant organization has a non-profit status and that none of the net earnings accrue to any private shareholders or individuals.
- A certified copy of the organization's certificate of incorporation or similar document that clearly establishes non-profit status.

Indirect Cost Agreement

Applicants that have included indirect costs in their budgets must include a copy of the current indirect cost rate agreement approved by the Department of Health and Human Services or another Federal agency. This is optional for applicants that have not included indirect costs in their budgets.

Budget Narrative/Justification - Sample Format

NOTE: Applicants requesting funding for a multi-year grant program are REQUIRED to provide a detailed Budget Narrative/Justification for EACH potential year of grant funding requested.

Object Class Category	Federal Funds	Non-Federal Cash	Non-Federal In-Kind	TOTAL	Justification
Personnel	$47,700	$23,554	$0	$71,254	**Federal** Project Director (name) = .5 FTE @ $95,401/yr = $47,700 **Non-Fed Cash** Officer Manager (name) = .5FTE @ $47,108/yr = $23,554 **Total** 71,254
Fringe Benefits	$17,482	$8,632	$0	$26,114	**Federal** Fringe on Project Director at 36.65% = $17,482 FICA (7.65%) Health (25%) Dental (2%) Life (1%) Unemployment (1%) **Non-Fed Cash** Fringe on Office Manager at 36.65% = $8,632 FICA (7.65%) Health (25%) Dental (2%) Life (1%) Unemployment (1%)
Travel	$4,707	$2,940	$0	$7,647	**Federal** Local travel: 6 TA site visits for 1 person Mileage: 6RT @ .585 x 700 miles $2,457 Lodging: 15 days @ $110/day $1,650 Per Diem: 15 days @ $40/day $600 Total $4,707 **Non-Fed Cash**

					Travel to National Conference in (Destination) for 3 people Airfare 1 RT x 3 staff @ $500　　　$1,500 Lodging: 3 days x 3 staff @ $120/day　　　$1,080 Per Diem: 3 days x 3 staff @ $40/day　　　$360 Total　　　$2,940
Equipment	$10,000	$0	$0	$10,000	No Equipment requested OR: Call Center Equipment Installation =　　　$5,000 Phones =　　　$5,000 Total　　　$10,000
Supplies	$3,700	$5,670	$0	$9,460	**Federal** 2 desks @ $1,500　　　$3,000 2 chairs @ $300　　　$600 2 cabinets @ $200　　　$400 **Non-Fed Cash** 2 Laptop computers　　　$3,000 Printer cartridges @ $50/month　$300 Consumable supplies (pens, paper, clips etc…) @ $180/month　　　$2,160 Total　　　$9,460
Contractual	$30,171	$0	$0	$30,171	(organization name, purpose of contract and estimated dollar amount) Contract with AAA to provide respite services: 　11 care givers @ $1,682 =　　　$18,502 　Volunteer Coordinator =　　　$11,669 　Total　　　$30,171 *If contract details are unknown due to contract yet to*

					be made provide same information listed above and: A detailed evaluation plan and budget will be submitted by (date), when contract is made.
Other	$5,600	$0	$5,880	$11,480	**Federal** 2 consultants @ $100/hr for 24.5 hours each = $4,900 Printing 10,000 Brochures @ $.05 = $500 Local conference registration fee (name conference) = $200 Total $5,600 **In-Kind Volunteers** 15 volunteers @ $8/hr for 49 hours = $5,880
Indirect Charges	$20,934	$0	$0	$20,934	21.5% of salaries and fringe = $20,934 IDC rate is attached.
TOTAL	$140,294	$40,866	$5,880	$187,060	

Budget Narrative/Justification - Sample Template

NOTE: Applicants requesting funding for a multi-year grant program are REQUIRED to provide a detailed Budget Narrative/Justification for EACH potential year of grant funding requested.

Object Class Category	Federal Funds	Non-Federal Cash	Non-Federal In-Kind	TOTAL	Justification
Personnel					
Fringe Benefits					
Travel					
Equipment					
Supplies					
Contractual					
Other					
Indirect Charges					
TOTAL					

Project Work Plan - Sample Template

NOTE : Applicants requesting funding for a multi-year grant program are REQUIRED to provide a Project Work Plan for EACH potential year of grant funding requested.

Goal:

Measurable Outcome(s):

* Time Frame (Start/End Dates by Month in Project Cycle)

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

2.												
3.												
4.												
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.

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, limit the length to 265 words or less, 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") to attain the goal(s).

Outcomes - measurable results of a project. Positive benefits or negative changes, or measurable characteristics that occur as a result of an organization's or program's activities. (Outcomes are the end-point)

Products – materials, deliverables.

- A model abstract/summary is provided below:

The Delaware Division of Services for Aging and Adults with Physical Disabilities (DSAAPD),

in **partnership** with the Delaware Lifespan Respite Care Network (DLRCN) and key stakeholders will, in the course of this two-year project, expand and maintain a statewide coordinated lifespan respite system that builds on the infrastructure currently in place. The **goal** of this project is to improve the delivery and quality of respite services available to families across age and disability spectrums by expanding and coordinating existing respite systems in Delaware. The **objectives** are: 1) to improve lifespan respite infrastructure; 2) to improve the provision of information and awareness about respite service; 3) to streamline access to respite services through the Delaware ADRC; 4) to increase availability of respite services.

Anticipated **outcomes** include: 1) families and caregivers of all ages and disabilities will have greater options for choosing a respite provider; 2) providers will demonstrate increased ability to provide specialized respite care; 3) families will have streamlined access to information and satisfaction with respite services; 4) respite care will be provided using a variety of existing funding sources and 5) a sustainability plan will be developed to support the project in the future. The expected **products** are marketing and outreach materials, caregiver training, respite worker training, a Respite Online searchable database, two new Caregiver Resource Centers (CRC), an annual Respite Summit, a respite voucher program and 24/7 telephone information and referral services.

Appendix A – Glossary of Terms

Business plan: management tool to guide the process of planning for financial sustainability and assist in seeking support from other organizations. Business plans can be used to articulate program goals and objectives, substantiate organizational capacity, explain program operations, and to provide documentation of potential benefits and return on investment. For additional information about business planning, visit:https://www.ncoa.org/center-for-healthy-aging/cdsme-resource-center/sharing-best-practices/cdsme-best-practices-toolkit/business-planning-sustainability/.

Chronic conditions: illnesses or disabilities that persist for at least a year and require medical attention and/or self-care. They include physical conditions, e.g., arthritis, diabetes, chronic respiratory conditions, heart disease, HIV/AIDs and hypertension, as well as behavioral conditions such as depression and mental illnesses.

Chronic disease self-management education program (CDSME program): for the purpose of this Funding Opportunity Announcement, an umbrella term that refers to community-based education programs specifically designed to enhance patient self-management of chronic illnesses, as well as focus on building multiple health behaviors and generalizable skills such as goal setting, decision making, problem-solving, and self-monitoring; and are proven to maintain or improve health outcomes of older adults with chronic conditions.

Completer: a participant in a group program who completes the recommended intervention dose or at least 2/3 of the total possible group program's sessions, e.g., four or more sessions out of six in a six-week program.

Continuous quality improvement (CQI): an ongoing quality assurance process that includes 1) planning (setting performance objectives based on grant goals and work plan objectives); 2) performance monitoring (e.g. obtaining ongoing data to inform decision-making); 3) evaluating (e.g. team analysis of what is or is not working and problem-solving); and 4) making corrective changes as needed with the aim of improving overall performance.

Delivery infrastructure/capacity: the structure that is in place within a state to provide evidence-based programs on an ongoing basis, including the number of sites (host organizations and implementation sites) and workforce (trainers, leaders, and other personnel) involved in delivering programs.

Delivery system partner: an organization that can provide evidence-based programs to large numbers of people. The ideal delivery system partner has multiple sites for delivering programs and agrees to embed the programs into their routine operations and budget.

Disabilities/adults with disabilities: consistent with the definition of disability in the Older Americans Act

(42 U.S.C. §3002(8)), we are defining an adult with a disability as one who has a developmental, physical, and/or mental impairment that results in substantial functional limitation in one or more major life activities including self-care, communication, learning, mobility, capacity for independent living, self-direction, economic self-sufficiency, cognitive functioning or emotional adjustment. We consider any participant to meet this definition if they respond "YES" to the Participant Information Survey question, "Because of a physical, mental, or emotional condition, do you have serious difficulty walking or climbing stairs, dressing or bathing, or doing errands alone such as visiting a doctor's office or shopping?"

Embed: the process of facilitating an organization's adoption of evidence-based programs as part of the organization's routine operations and budget with resulting sustained delivery.

Fidelity monitoring: activities to ensure that an evidence-based program is being delivered consistently by all personnel across sites, according to the program developers' intent and design.

Geographic/population reach: the percentage of counties/PSAs or other geographic unit or percentage of the population in a state or territory that has access to chronic disease self-management education programs at least twice a year.

Host organization: an organization or agency that sponsors evidence-based programs. The host organization is often responsible for training master trainers and leaders, and for planning and monitoring the implementation of workshops. Often the host organization holds the license to train and offer the program and may also serve as an implementation site.

Implementation site: the physical location where program workshops are offered in the community. An implementation site may be identical to the host organization, or it may be a location (such as a community center, health care facility, church, etc.) that the host organization arranges to use.

Integrated, sustainable evidence-based prevention program network: a state/regional/tribal level approach towards providing older adults and adults with disabilities easy access to evidence-based CDSME and other prevention programs that are embedded into the nation's health and long-term services and supports systems. A sustainable network includes:

1. Sustainability strategies including, but not limited to, a business plan with clear strategies, contracts, and/or other means to secure and expand sustainable financing, including non-Older Americans Act financing, as well as an infrastructure in place to receive reimbursement for services.

2. Substantial involvement of state/regional/tribal aging, public health, and disability entities.

3. Strategic partnerships with other government or community-based organizations/coalitions involved in chronic disease prevention programs and multi-site delivery system partners with capacity to embed programs into their routine operations and budget.

4. A delivery infrastructure/capacity to increase access to evidence-based chronic disease prevention programs targeting a significant geographic area or population base.

5. Coordinated public awareness, education, marketing, and recruitment processes.

6. Ongoing quality assurance efforts including fidelity monitoring and continuous quality improvement.

Long-term services and supports: a wide range of in-home, community-based, and institutional services and programs that are designed to help older adults and individuals with disabilities or chronic conditions with activities of daily living or instrumental activities of daily living.

Older adult: For the purpose of this Funding Opportunity Announcement and consistent with the Older Americans Act, "an individual who is 60 years of age or older." For tribes and tribal organizations, the age of older Indians is defined by the tribe and may vary.

Quality assurance (QA) program: an ongoing system for describing, measuring, and evaluating program delivery and grant activities to ensure that participants receive effective, quality services and grant goals and work plan objectives are met. The ideal QA program addresses both: 1) continuous quality improvement and

2) program fidelity. For additional information about developing a QA program, go to: https://www.ncoa.org/resources/administration-on-aging-aoa-recommendations-forgrantee-quality-assurance-programs/.

Participant: an individual who attends at least one session of an evidence-based program.

Self-management support program: community-based, behavioral change intervention that is proven to increase one or more skills or behaviors relevant to chronic disease self-management such as physical activity and medication management.

State: refers to the definition provided under 45 CFR 74.2, any of the several States of the United States, the District of Columbia, the Commonwealth of Puerto Rico, any territory or possession of the United States, or any agency or instrumentality of a State exclusive of local governments.

Sustainability partner: an organization with the role and commitment to help sustain the proposed programs (e.g., by pursuing Medicare reimbursement, contracting to pay for the proposed programs, incorporating the programs into their routine operations, providing a steady source of program participants whose program costs are covered, assisting in setting up third party arrangements to provide billing or other back-office functions for the programs, etc.).

Sustainability plan: plan that focuses on the management and acquisition of fiscal and in-kind resources to expand and maintain programming. For additional information about sustainability planning, visit: https://www.ncoa.org/center-for-healthy-aging/cdsme-resource-center/sharing-best-practices/cdsme-best-practices-toolkit/business-planning-sustainability/.

APPENDIX B: Listing of Evidence-Based CDSME Programs

This is a list of pre-approved CDSME programs that may be proposed for this Funding Opportunity. This list is not exhaustive. Applicants may propose a CDSME program(s) that is not on this list, but must document that the program meets ACL';s definition of evidence-based. Documentation should include copies of the peer-reviewed journal articles demonstrating the intervention's effectiveness, as well as a description of how the intervention meets ACL's definition of evidence-based.

Applicants must propose to implement *at least one* CDSME program.

Better Choices, Better Health® (Online Chronic Disease Self-Management Program)

https://www.ncoa.org/healthy-aging/chronic-disease/chronic-disease-self-management-program/better-choices-better-health/

Better Choices, Better Health® for Arthritis (Online Arthritis Self-Management Program)

https://www.ncoa.org/healthy-aging/chronic-disease/chronic-disease-self-management-program/better-choices-better-health/

Better Choices, Better Health® for Diabetes (Online Diabetes Self-Management Program)

http://patienteducation.stanford.edu/internet/diabetesol.html

Cancer Thriving and Surviving Program

http://patienteducation.stanford.edu/programs/cts.html

Chronic Disease Self-Management Program (CDSMP)

http://patienteducation.stanford.edu/programs/cdsmp.html

Chronic Pain Self-Management Program (CPSMP)

http://patienteducation.stanford.edu/programs/cpsmp.html

Diabetes Self-Management Program (DSMP)

http://patienteducation.stanford.edu/programs/diabeteseng.html

EnhanceWellness

http://www.projectenhance.org/EnhanceWellness.aspx

Living Well with a Disability

http://livingandworkingwell.ruralinstitute.umt.edu/living-well-program/

Positive Self-Management Program for HIV

http://patienteducation.stanford.edu/programs/psmp.html

Tomando Control de su Salud (Spanish Chronic Disease Self-Management Program)

http://patienteducation.stanford.edu/programs_spanish/tomando.html

Programa de Manejo Personal de la Diabetes (Spanish Diabetes Self-Management Program)

http://patienteducation.stanford.edu/programs_spanish/diabetesspan.html

Toolkit for Active Living with Chronic Conditions*

http://patienteducation.stanford.edu/mailed/

*The Toolkit for Active Living with Chronic Conditions program (Toolkit) must be offered in conjunction with another evidence-based CDSME program – it cannot be proposed as an applicant's sole or primary CDSME program. Documentation of program participation must be provided four weeks or more following receipt of the Toolkit, with acceptable documentation including a participant evaluation or satisfaction survey.

APPENDIX C: Listing of Self-Management Support Programs

This is a list of pre-approved self-management support programs that may be proposed for this Funding Opportunity (see Appendix A for definition of self-management support program). This list is not exhaustive. Applicants may propose a self-management support program that is not on this list, but must document that the program meets ACL';s definition of evidence-based. Documentation should include copies of the peer-reviewed journal articles demonstrating the intervention's effectiveness, as well as a description of how the intervention meets ACL's definition of evidence-based.

Applicants may propose to implement only *one* self-management support program on an optional basis, in addition to *at least one* CDSME program.

Active Living Every Day

http://www.activeliving.info/

EnhanceFitness

http://projectenhance.org/EnhanceFitness.aspx

Fit and Strong!

http://www.fitandstrong.org/

Healthy IDEAS (Identifying Depression, Empowering Activities for Seniors)

http://careforelders.org/default.aspx?menugroup=healthyideas

Healthy Moves for Aging Well

https://www.picf.org/

HomeMeds

http://www.homemeds.org/landing_pages/18%2C3.html

Program to Encourage Active, Rewarding Lives for Seniors (PEARLS)

http://www.pearlsprogram.org/

Walk with Ease Groups

http://www.arthritis.org/living-with-arthritis/tools-resources/walk-with-ease/

Wellness Initiative for Senior Education (WISE)

http://www.njpn.org/initiatives/wise/

APPENDIX D: Required Data Collection Forms

- Attendance Log (also available in Spanish)
- Program Information Cover Sheet (also available in Spanish)
- Participant Information Survey (also available in Spanish)
- Host/Implementation Organization Form