Administration for Community Living

Center for Innovation and Partnership

Center of Excellence to Align Health and Social Care: Enhancing Community-Based Aging and
Disability Organizations to Improve Access to Long-Term Services and Supports
HHS-2023-ACL-CIP-NWCH-0036
06/26/2023

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ACL Center:
Center for Innovation and Partnership

Funding Opportunity Title:
Center of Excellence to Align Health and Social Care: Enhancing Community-Based Aging and Disability Organizations to Improve Access to Long-Term Services and Supports

Funding Opportunity Number:
HHS-2023-ACL-CIP-NWCH-0036

Primary CFDA Number:
93.048

Due Date for Letter of Intent:
05/30/2023

Due Date for Applications:
06/26/2023

Date for Informational Conference Call:
05/16/2023

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 https://www.grants.gov. Grants.gov can take up to 48 hours to notify you of a successful submission.

Executive Summary

Additional Overview Content/Executive Summary

Through this funding opportunity, the U.S. Administration for Community Living (ACL) plans to award a cooperative agreement with a single entity to serve as a national Center of Excellence (COE) to support the development and enhancement of aging and disability organizations funded by ACL to become community care hubs (CCHs). The successful recipient must demonstrate their capacity to work collaboratively across relevant stakeholders to provide technical assistance that improves access to long-term services and supports (LTSS) through CCHs as well as the ability to rapidly deploy and manage competitive subawards directly to an estimated 20 aging and disability organizations. The COE will ensure coordination and

engagement with other relevant national partners such as USAging's Aging and Disability Business Institute (ADBI), ADvancing States, Independent Living Research Utilization (ILRU), and the Partnership to Align Social Care. The COE will have the capacity and expertise to work with multiple types of health care partners to facilitate collaboration with CCHs. The COE will provide support and capacity building for CCHs by leading a National Learning Community (NLC) to bring together CCHs to take part in shared learning, information and resource sharing, and coordinated technical assistance. The COE will be required to participate in an evaluation designed by ACL and its contractor to assess the impact of CCHs on the delivery and coordination of services that address health-related social needs (HRSNs).

Applicants may request a total budget from $10.5 million to a maximum of $12.7 million for the three-year project period. Of the amount available for this program, the successful applicant shall be permitted to retain up to 20% for administrative and technical assistance purposes, with the remainder allocated to subawards. The budget and budget narrative should clearly delineate how funds intended for administrative and technical assistance purposes will be allocated. The organization selected will be funded for a 36-month project period, contingent upon the availability of federal funds. Successful applicants must demonstrate the ability to quickly make subawards; engage in strong oversight of subawards; and work closely with ACL and applicable partners to facilitate technical assistance.

Project Annual Budget

- Year 1: $5.0 to $6.0 million (including subawards for up to 20 CCHs)
- Year 2: $5.0 to $6.0 million (including subawards for up to 20 CCHs)
- Year 3: $500,000 to $700,000 (no subawards anticipated)

An informational conference call will be held on May 16, 2023, from 2:00pm to 3:00pm ET.

Toll Free Number: 800-857-9782

Passcode: 2078572

A recording will be available approximately one hour after the call concludes at the following number: 866-405-9076.

I. Funding Opportunity Description

A. Statement of Need

Background

Substantial evidence demonstrates that a wide array of social needs – such as housing instability, food insecurity, lack of transportation, and unaffordable utilities – impact an individual's ability to maintain their health and quality of life. Such social needs are referred to as health-related social needs (HRSNs). Cross-sector partnerships among social service providers, public health departments, health care, and community members are necessary to address the varied social needs of individuals.

Health care in the United States continues to undergo rapid change, presenting both opportunities and challenges for community-based aging and disability organizations (CBOs). These organizations address many HRSNs of older adults and people with disabilities, such as providing nutritious meals, securing transportation to medical appointments, assisting with

vaccine access, and providing personal assistance with daily activities, allowing people to live in their own homes. Demand for CBO assistance with HRSNs continue to grow, but funding and other resources for community organizations are often scarce. As indicated in [A National Imperative: Joining Forces to Strengthen Human Services in America](#), 30% of human service CBOs have cash reserves that cover less than one month of expenses. It was also reported that one in eight human service CBOs are technically insolvent, with liabilities exceeding assets.

In recent years there has also been a marked increase in adoption of technology platforms that send electronic referrals from health care to community-based organizations, often disintermediating the role of CBOs such as Area Agencies on Aging and Aging and Disability Resource Centers that already perform information and referral functions with a curated network of community service providers. Since 1965, the aging and disability networks have been a trusted resource for providing information, referral, and linkages to home and community-based services to roughly one in five older adults, as well as people of all ages with disabilities. The lack of coordination and interoperability across information and referral systems has created siloed development, resulting in inefficiency in managing referrals across health and social services; duplicative workflows in an already strained system; and impeding opportunities to provide better support and care for the people served by either system.

In addition to individuals directly accessing social services, the need for such services will increasingly be identified through routine screening during health care encounters, stemming in part from federal regulations and state policy. Increased attention to addressing health-related social needs is evident in states recent adoption of [Medicaid 1115 demonstration waivers](#) to address housing instability, food insecurity, employment, personal safety, lack of transportation, affordable utilities, and more. Additionally, Centers for Medicare and Medicaid Services regulations are requiring hospitals, physicians, and Special Needs Plans to implement new HRSN screening measures which are anticipated to increase referrals to CBOs. It is critical that any approach to address HRSNs reflects community-wide governance and planning that can ensure an efficient, community and person-centered approach be taken in accessing community services that account for an individual's values, preferences, and holistic needs. Expanding the number of referrals to CBOs without necessary financing to coordinate and deliver services will further exacerbate resource restraints and prevent individuals from accessing desired social care services.

Health plans and systems are partnering with CBOs to coordinate and deliver services that address HRSNs. Increasingly, CBOs are organizing into community provider networks led by a community care hub (CCH) to allow for a more efficient, scalable, and equitable approach to health care/CBO partnerships. A CCH is a community-focused entity that organizes and supports a network of CBOs providing services to address health-related social needs. It has trusted relationships with and understands the capacities of local community-based and health care organizations and fosters cross-sector collaborations that practice community governance with authentic local voices. The CCH centralizes administrative functions and operational infrastructure, including but not limited to:

- Contracting with health care organizations
- Payment operations
- *Management of referrals*
- Service delivery fidelity and compliance

- *Technology, information security, data collection, and reporting*

A November 2022 Health Affairs article co-authored by U.S. Department of Health and Human Services (HHS) leaders noted that CCHs can provide the connective tissue within a community to ensure that a coordinated system of health and social care is working equitably to meet an individual's needs. A CCH operates an overarching structure to support other CBO members by centralizing administrative functions and offering a single point of contracting for health care providers and payers. CBOs are increasingly contracting with health care organizations to address HRSNs, with the percentage of CBOs contracting as part of a network doubling between 2017 and 2021, from 20% to 40%. In addition to strengthening and formalizing CBO/health care partnerships to align health and social care, this contracting serves a crucial role in diversifying funding streams to promote the financial solvency of CBOs.

States also have an opportunity to strengthen and support the evolution of the aging and disability networks to deliver high quality, coordinated services in an increasingly value-based, integrated care environment. With the support and leadership of state No Wrong Door (NWD) Systems, CCHs can continue playing a vital role in facilitating alignment across health care and social services. For example, a playbook was recently created by Manatt Health in collaboration with the Partnership to Align Social Care specifically for state Medicaid agencies seeking to partner with CCHs to address social drivers of health. ACL's aging and disability networks can impact health equity in this country by addressing both 1) *equitable access* to services that address HRSNs through a culturally competent and coordinated statewide access system by leveraging a state's existing NWD System; and 2) *equitable distribution* of services that address HRSNs by aligning health care and social services through the enhancement and expansion of CCHs to increase service availability and delivery.

B. Other Federal Efforts to Align Health Care and Social Services

For over two decades, ACL and its federal partners have invested in state-level infrastructure and systems change to enhance and streamline access and align social services in communities for all populations and payers. These investments have been supported by a variety of initiatives, including the Aging and Disability Resource Center (ADRC) program, Real Choice Systems Change grants, the Balancing Incentive Program, Money Follows the Person (MFP), and Veteran Directed Care (VDC). ACL has helped states to streamline processes and implement person-centered community service systems, as people who try to access needed services from these systems often experience inefficient, uncoordinated care that can result in higher health care costs, lower satisfaction with care, and poor outcomes. As health care and social service systems embrace person-centered approaches to address health determinants, aligning systems and leveraging strengths has been a successful approach to coordinated, holistic, person-centered care as outlined in the ACL issue brief: An Organizing Model Connecting Health Care and Social Services.

To align these federal initiatives, ACL, with its federal partners, developed the No Wrong Door (NWD) System vision, which includes national standards, tools, metrics, and best practices that all states can use to develop a single "high performing" access system. In these systems, multiple agencies at the state and local level coordinate to create a simplified process through which individuals of all ages, abilities, and incomes can get unbiased information and one-on-one counseling on the options available in their communities.

The foundation of NWD Systems is supported by four key functions:

- State governance and administration
- Public outreach and coordination with key referral sources
- Person-centered counseling and care transitions
- Streamlined eligibility to public programs

The NWD System is designed to serve all populations who may need long-term services and supports (LTSS), regardless of payer. This includes people who represent a variety of ages, incomes, nationalities, citizenship statuses, cultures, gender identities and expressions, sexual orientations, languages, or disabilities. At its core, a state NWD System is a network of CBOs comprised of staff, such as information and assistance specialists, person-centered counselors, etc., that assist individuals navigating health and social care services and are supported by a governance structure that ensures these functions are available and coordinated across the state. These NWD partners have unmatched expertise in understanding local culture and needs, service coordination and delivery, and securing benefits, services, and supports that maximize independence. In addition, the workforce residing in a state's NWD system are best positioned to understand a person's preferences for community living; these preferences may differ depending on an individual's age, race, culture, social and family support, as well as which applicable services and supports are important *to* a person and *for* a person.

ACL has also made substantial investments in CBO capacity to effectively partner with health care organizations to address HRSNs. From 2012-2019, ACL worked with national partners to create a series of learning collaboratives for aging and disability CBOs to enable partnerships with health care entities and address related challenges, including an emphasis on partnerships with Medicare Advantage plans, building CBO information technology capacity to support contracting, and building capacity of community-based disability organizations to partner with health care entities.

In 2020, ACL convened a [national summit](#) which brought together executive leaders from HHS, health plans, health systems, CBOs, state governments, and philanthropy to advance the integration of medical and social care to improve health outcomes for particularly complex, high-need populations. Also in 2020, ACL awarded $50 million in emergency funding to support ADRC efforts to increase and enhance specific services and functions, including care transitions, in response to the COVID-19 pandemic.

In response to the lack of coordination of referrals across health and social services, ACL designed the [Social Care Referrals Challenge](#), which was a three-phased challenge competition to catalyze development and optimization of interoperable and scalable technology solutions that leverage national standards for data exchange and common formats for resource directories. A bonus round was created to address taxonomy mapping, which emerged as an additional need for seamless exchange of referrals while optimizing individual level social care data. Through this effort, Challenge teams like the Missouri Aging Services Data Collaborative were able to develop an interoperability hub to facilitate information sharing between organizations, systems, and platforms. The project also developed the Aging Services Dataset and Interoperability Standards (ASDIS), which categorize and organize hundreds of commonly used data elements and can be used to exchange data between partners and payers, regardless of which existing data system or vendor they use. The team enabled replicability and scalability of the project,

including expanding technical components to include interoperability hubs for behavioral health services, disability services, veterans' services, homelessness services, and more.

In 2021, ACL provided funding directly to CBOs serving as a network lead entity (now known as community care hub) to develop integrated health networks that partner with health care entities. In the same year, ACL collaborated with ADvancing States to convene a group of state representatives and emerging network lead entities that came together to collectively explore respective roles and opportunities in supporting development and enhancement of CBO networks. In 2022, ACL, with support from the Centers for Disease Control and Prevention, launched a National Learning Community to bring together organizations serving as CCHs that are either in development or interested in expansion. Participants take part in shared learning, information and resource sharing, and coordinated technical assistance with the goal of strengthening each hub's ability to address HRSNs and public health needs through partnerships with health care entities.

Coordination across the health and social care sectors was further encouraged through the National Strategy for COVID Response and Pandemic Preparedness which highlights the need to facilitate linkages between clinical and social services given the increased need for social services during the COVID-19 pandemic, as well as the need to work with community-based, multi-sector organizations to align health and social interventions. Integration of care allows for the provision of services delivered in the home and in the community that prevent falls, address food insecurity and transportation issues, manage chronic disease, support employment and economic independence, reduce social isolation, and address other non-clinical risk factors. These essential services are shown to improve health outcomes and reduce the cost of care. This is particularly true for "high-need, high-cost" populations who have complex health conditions and social risk factors and who often have significant functional limitations.

C. Program Goals

Part I: Develop and Implement Subawards to CCHs

A central deliverable in Year One will be the disbursement of subawards to CCHs within three to six months of receipt of funds. The successful recipient is expected to use a transparent and open process for soliciting, reviewing, selecting, and making the required subawards via grants to CCHs. Applicants should describe how such a process will be designed and administered. Additionally, the recipient is responsible for the monitoring and oversight of all subawards, and the process to solicit, objectively evaluate, select, and make subawards. Applicants should carefully consider and describe the subaward process. Further, the successful recipient shall adhere to all requirements, including those for making and monitoring subawards, as outlined in 45 CFR Part 75.

Guidance on Purpose and Intent of Subawards

The subaward funding opportunity aims to support aging and disability organizations funded by ACL to improve access to LTSS through CCHs as part of a broader NWD System. For further information about NWD access functions please see NWD National Elements. ACL envisions funding will be able to support up to 20 CCHs each year over a two-year timeframe with grants to improve their access functions, with specific emphasis on CCH capacity to coordinate referrals across health and social services as well as support individuals transitioning from hospital to home. Both information and referral and supporting care transitions across various

settings are core components of a state's NWD System functions, providing person-centered support and connections to services at times when people are making important decisions and often desire to return home with the services and support they need to be independent.

The COE and sub-award grantees will have flexibility to address priority needs, including:

- Supporting care transitions from hospital to home, including business and operational relationships with health care organizations needed for a sustainable partnership such as the shared workforce to screen for HRSNs, development of person-centered plans, service activation, and follow up to ensure coordination and integration of community and health care services post discharge.
- Coordinating resource directories and referral management systems to support efforts to streamline and improve systems for connecting older adults and people with disabilities to long-term services and supports.
- Implementing collaborative approaches for information and referral workflows that efficiently leverage health care and community workforce, along with technology solutions for electronic closed loop referrals.

A CCH is an organization that helps to create a network of CBO providers at the regional, statewide, or multistate level. The CCH directs the development and design of a network structure and facilitates services, administrative oversight, and governance responsibilities. CCHs and their networks are organized and governed in numerous ways. While each CCH is unique in how it builds and sustains its network, there are foundational business processes that leading CCHs are performing. Leading CCHs are characterized by their ability to sustain multi-year contracting with multiple health sector partners, follow strategic planning and standard business processes, and employ at least one full-time staff member committed to network management. The aggregation of these business processes has been informed by best practices observed in the field as well as best practices from business and management to generate a profile of a leading CCH. The processes of the leading CCHs can be organized into six domains:

1. Leadership and governance
2. Strategic business development
3. Network recruitment, engagement, and support
4. Contract administration and compliance
5. Operations
6. Information technology and security

Each CCH sub awardee will be required to complete a CCH organizational capacity assessment through an existing tool developed by ACL to identify strengths and technical assistance needs.

Part II: Creation of Center of Excellence (COE) and Facilitated Technical Assistance

The primary responsibility of the COE will be to serve as a national focal point to provide technical assistance to scale and support new and existing CCHs, with an emphasis on organizations in ACL's aging and disability networks. The COE will ensure coordination and engagement with other relevant national partners such as USAging's Aging and Disability Business Institute (ADBI), ADvancing States, Independent Living Research Utilization (ILRU), and the Partnership to Align Social Care. The COE will also have the capacity and expertise to work with multiple partners across the health care sector (i.e., health plans, systems, and

providers) to advance collaborative approaches to address HRSNs through meaningful partnerships with CCHs. The COE will convene a multi-stakeholder group to advise on and/or develop consensus-based solutions that support the maturation of CCHs, consistent with all federal and state policies.

Throughout the first year, the COE will provide technical assistance and capacity building for CCHs by collaborating with ACL to co-lead a [National Learning Community (NLC)](#). In year two of the project period, the COE will transition to a lead role for the NLC in collaboration with existing key partners. Priority technical assistance topics for future phases of the NLC include:

- Developing CCHs in geographies without existing capacity
- Billing, coding, and payment for services that address HRSNs
- Information technology infrastructure/shared services for CCHs
- CCH reporting of health equity quality measures (including screening and referral for HRSNs)
- CCH alignment with Medicaid 1115 waiver demonstrations that address HRSNs
- CCH governance structures and business operations, including ensuring integrity of CBO mission with respect to leading or participating in a CCH

Delivery of technical assistance should be interactive and engaging, with an approach that balances content delivery by subject matter experts with an "all teach, all learn" peer-based learning framework (e.g., Project ECHO model). ACL envisions that the COE will collaborate with experts regarding developing an approach to identify and publicly report qualified CCHs, including recommendations for ongoing sustainability of this process. The COE will also develop and maintain a searchable national listing/map of qualified CCHs to help support "matchmaking" across CCHs and potential health care partners.

The COE will work through a multi-stakeholder group to advance priority administrative codes for services that address HRSNs for consistent implementation across CCHs and reimbursement. Based on priorities identified by the workgroup, a common set of codes should be identified for consistent implementation across health care and CCHs.

Part III: Participate in Evaluation of Community Care Hubs

The COE will work with ACL and its contractor to participate in the design and implementation of an evaluation to assess the impact of CCHs on the delivery and coordination of services that address HRSNs. The successful applicant commits to playing a key role with respect to data collection and coordination on behalf of participating CCHs, to include any sub awardees. Frequency of reporting and the range of data collected will be finalized by ACL and the recipient following award.

D. Partnership and Stakeholder Collaboration

ACL expects that no single organization will be able to completely fulfill the priority areas expected to be addressed in this project. Therefore, applicants should describe how they plan to partner with other organizations to address the expectations of this funding opportunity. While the applicant organization must be the fiscal and programmatic lead, applicants should clearly define their key partners' roles throughout the application materials (e.g., work plan, budget, project narrative). Applicants should include letters of commitment from initial partners in this

application. Applicants should also describe how they will engage with external stakeholders such as those on the non-exhaustive list below:

- ACL-funded aging and disability network organizations and other grantees
- National organizations representing state/local aging and disability organizations
- National organizations representing the interests of public health stakeholders
- National organizations/initiatives with multi-sector (e.g., state, CBO, health plan, health system) participation focused on the alignment of health and social care
- Key subject matter experts with expertise related to addressing HRSNs through partnerships between aging/disability CBOs, public health, and the health care sector

Statutory Authority

The statutory authority for grants under this funding opportunity is contained in Title IV of the Older Americans Act (OAA) (42U.S.C. 3032), as amended by the Older Americans Act Amendments of 2006, P.L. 109-365.

II. Award Information

Funding Instrument Type:
CA (Cooperative Agreement)

Estimated Total Funding:
$11,500,000

Expected Number of Awards:
1

Award Ceiling:
$12,700,000
Per Project Period

Award Floor:
$10,500,000
Per Project Period

Length of Project Period:
36-month project period with three 12-month budget periods

Additional Information on Project Periods and Explanation of 'Other' Cooperative Agreement Terms

This award will be a new cooperative agreement. As a cooperative agreement, ACL will have substantial involvement in the activities of the funded project. The successful applicant will receive a Notice of Award which makes the below terms and conditions of the cooperative agreement effective immediately upon award notification and drawdown of funds from the Payment Management System.

The **ACL** will carry out the following activities for the cooperative agreement:

1. ACL Project Officer will perform the day-to-day Federal responsibilities of managing a grant initiative and will work with the grantee to ensure that the necessary requirements for the grant are met.

2. Assist the grantee project leadership in understanding the policy concerns and/or priorities of ACL by conducting periodic briefings and by carrying out ongoing consultations.
3. Within 30 days post-award, work cooperatively with the grantee to clarify the programmatic and budgetary issues to be addressed by the project. If issues are identified, work with the grantee to revise the project work plan, detailing expectations for major activities and products during the grant.
4. Provide technical assistance 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. Provide consultation to the grantee in identifying emerging issues as they relate to the goals and objectives of this grant program.
6. Work with the grantee on the development and implementation of data and quality assurance systems to ensure that performance is measured and continuous improvement occurs.
7. Provide guidance to the grantee, as necessary, in making subawards (i.e., sub-grants/contracts) as permitted in this funding opportunity announcement.
8. Review and provide technical advice to the grantee on all work products and other project deliverables and processes.
9. Attend and participate in major project events as appropriate.
10. ACL liaisons will participate in multi-stakeholder consortia or groups that provide coordination and/or strategic direction to the COE.

The **Grantee** will execute the responsibility of the grant as listed below:

1. Fulfill all 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. Participate in ACL education and communication activities (including teleconferences and webinars) provided that ACL provides reasonable notice of the subject, date, and time of the teleconference.
3. Comply with all other reporting requirements, as outlined in Section VI of this Funding Opportunity and the Notice of Award.
4. Include ACL disclaimer language on all products produced using this grant funding.
5. Engage with ACL and its contractor on CCH evaluation, including input into evaluation design and implementation, assisting with the collection and housing of required data, and sharing data with ACL and its contractor upon request
6. Work with ACL and its contractor on developing the application criteria for subawards, including Agreement Terms to include participation in CCH evaluation and completion of CCH capacity assessment.

III. Eligibility Information

1. Eligible Applicants

For FY 2023 the below guidance is provided to advance the Administration's policy, as stated in E.O. 13985, to "pursue a comprehensive approach to advancing equity for all, including people of color and others who have been historically underserved, marginalized, and adversely affected by persistent poverty and inequality." This guidance is intended to begin to address inequities in

HHS programs, processes, and policies that may serve as barriers to equal opportunity. By advancing equity in our NOFOs, we can "create opportunities for the improvement of communities that have been historically underserved, which benefits everyone."

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
For awards that do not require matching or cost sharing by statute, recipients are not expected to provide cost sharing or matching. However, recipients are allowed to voluntarily propose a commitment of non-federal resources. If an applicant decides to voluntarily contribute non-federal resources towards project costs and the costs are accepted by ACL, the non-federal resources will be included in the approved project budget. The applicant will be held accountable for all proposed non-federal resources as shown in the Notice of Award (NOA). **A recipient's failure to meet the voluntary amount of non-federal resources that was accepted by ACL as part of the approved project costs and that was identified in the approved budget in the NOA, may result in the disallowance of federal funds. Recipients will be required to report these funds in the Federal Financial Reports.**

3. Responsiveness and Screening Criteria

Application Responsiveness Criteria
Not applicable.

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 https://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 8.5" x 11" plain white paper with **1" margins** on both sides, and a **standard font size of no less than 11 point, 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, and Vitae of Key Project Personnel are not counted as part of the Project Narrative for purposes of the 20-page limit.

IV. Application and Submission Information

1. Address to Request Application Package

Application materials can be obtained from https://www.grants.gov or https://www.acl.gov/grants/applying-grants.

Please note, ACL requires applications for all announcements to be submitted electronically through http://www.grants.gov in Workspace. Grants.gov Workspace is the standard way for organizations and individuals to apply for federal grants in Grants.gov. An overview and training on Grants.gov Workspace can be found here at: https://www.grants.gov/web/grants/applicants/workspace-overview.html

The Grants.gov registration process can take several days. If your organization is not currently registered, please begin this process immediately. For assistance with https://www.grants.gov, please contact them at support@grants.gov or 800-518-4726 between 7:00 a.m. and 9:00 p.m. Eastern Time.

- At the https://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 because of the time involved to complete the registration process.
- All applicants must have a UEI 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. Effective June 11, 2018, when registering or renewing your registration, you must submit a notarized letter appointing the authorized Entity Administrator. Please be sure to read the FAQs located at www.sam.gov to learn more. Applicants should allot sufficient time prior to the application deadline to finalize a new, or renew an existing registration. 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/pages/public/help/samQUserGuides.jsf.

Note: Once your SAM registration is active, 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 EIN 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. Register 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 UEI number in each application or plan to submit to the OPDIV.

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

- The Federal Government will transition from the DUNS Number to the New Unique Entity Identifier. As of April of 2022, the federal government stopped using the DUNS number to uniquely identify entities. At that point, entities doing business with the federal government will use a Unique Entity Identifier (SAM) created in SAM.gov. It is entered on the SF-424. It is a unique, nine-digit identification number, which provides unique identifiers of single business entities.
- You must submit all documents electronically, including all information included on the SF424 and all necessary assurances and certifications. In accordance with the Federal Government's efforts to reduce reporting burden for recipients of federal financial assistance, the general certification and representation requirements contained in the Standard Form 424B (SF-424B) – Assurances – Non-Construction Programs, and the Standard Form 424D (SF-424D) – Assurances – Construction Programs, have been standardized federal-wide. Effective January 1, 2020, the updated common certification and representation requirements will be stored and maintained within SAM. Organizations or individuals applying for federal financial assistance as of January 1, 2020, must validate the federally required common certifications and representations annually through SAM located at SAM.gov.
- After you electronically submit your application, you will receive an automatic acknowledgment from https://www.grants.gov that contains https://www.grants.gov tracking number. The Administration for Community Living will retrieve your application form from https://www.grants.gov.

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

2. Content and Form of Application Submission

Letter of Intent

05/30/2023
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 to:

U.S. Department of Health and Human Services

Administration for Community Living

Lauren Solkowski

Office of Network Advancement

Email: Lauren.Solkowski@acl.hhs.gov

Project Narrative

The Project Narrative must be double-spaced, on 8.5" x 11" paper with 1" margins on both sides, and a standard font size of no less than 11 point, preferably Times New Roman or Arial. You can use smaller font sizes to fill in the Standard Forms and Sample Formats. The suggested length for the Project Narrative is 15 to 20 pages; 20 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, and Vitae of Key Personnel are not counted as part of the Project Narrative for purposes of the 20-page limit, but all of the other sections noted below are included in the limit. A new requirement for all Project Narratives is a section that explains the equity experience of the project team.

The components of the Project Narrative counted as part of the 20-page limit include:
• Project Abstract
• Project Relevance and Current Need
• Approach
• Outcomes and Evaluation
• Organizational Capacity

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 (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."

Project Relevance and Current Need

This section should:

- Describe your knowledge of the current landscape with respect to creating a person-centered community infrastructure that aligns health and social care and allows individuals to remain independent in the community, including opportunities and challenges related to federal and state policy, financing strategies, etc.
- Demonstrate your understanding of the types of issues that CCHs within the aging and disability networks experience as they develop their capacity and build sustainable community care networks, including any additional burdens placed on CCHs when social care referrals are not standardized, coordinated, and adequately funded across health care and social services.

Approach

Project Description

This section should:

- State the project's result-based goals and major objectives.
- Describe the applicant's plan to develop and implement a process to transparently compete and issue approximately 20 subawards within three to six months of award receipt to support CCH capacity at the local/regional/state level, with a specific emphasis on the delivery of care transitions interventions through the hub.
- Describe the applicant's strategy to engage a consortia of various stakeholder groups that respects and is grounded in community interests, with the common goal of serving individuals in need through partnerships between CCHs and the health care sector to address HRSNs.
- Provide a detailed description of the applicant's plans to develop and implement technical assistance support and resources that support expansion of new CCHs and strengthen capacity of existing of CCHs. Priority areas of interest (to be finalized throughout the project period) include:
  o Developing CCHs in geographies without existing capacity
  o Billing, coding, and payment for services that address HRSNs
  o Information technology infrastructure/shared services for CCHs
  o CCH reporting of health equity quality measures (including screening and referral for HRSNs)
  o CCH governance structures, including ensuring integrity of CBO mission with respect to leading/participating in a CCH
- Describe applicant's capacity to develop and maintain a searchable national listing/map of qualified CCHs to help support "matchmaking" across CCHs and health care partners.

Special Target Populations/Organizations

- Describe how the applicant will provide support to CCHs to reach diverse consumers and traditionally hard-to-reach populations (as defined by Executive Order On Advancing Racial Equity and Support for Underserved Communities Through the Federal Government).

Outcomes and Evaluation

Outcomes

- This section must clearly identify the outcomes that will result from your comprehensive strategy to implement this project. Any proposed outcomes should address the goals of this funding opportunity, and be quantifiable, measurable, and likely to be achieved during the project period.
- List measurable outcomes in the Work Plan grid under "Measurable Outcomes," in addition to any discussion included in the narrative.

Evaluation

- This section should describe the method(s), techniques, and tools that will be used to: 1) determine whether the proposed intervention achieved its anticipated outcome(s), and 2) document the "lessons learned" – both positive and negative – from the project that will be useful to people interested in replicating the intervention if it proves successful.

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 to inform practice, service delivery, program development, and/or policymaking, including and especially those parties who would be interested in replicating the project.
- Applicants should also highlight their willingness to participate in conferences, webinars, and other presentation formats to share project-relevant information with interested parties.

Organizational Capacity

Organizational Capacity

- Describe the applicant's knowledge and expertise in working at the national level on the issues to be addressed by this funding opportunity.
- Describe the applicant's experience working with aging and disability organizations funded by ACL to improve access to home and community-based services.
- Describe the applicant's expertise, established history/relationships in working collaboratively across the targeted stakeholder audiences (i.e., aging and disability CBOs, CCHs, public health, health care organizations, etc.).
- Describe experience competing, issuing, and monitoring funding to community-based organizations.
- Describe experience providing technical assistance to support the development/sustainability of community care hubs, particularly those in the aging and disability networks.
- Describe experience convening a diverse group of stakeholders to advance the alignment of health and social care through community care hubs and the tangible outputs (resources, pilot projects, etc.) that have resulted from these efforts.
- Describe the applicant's prior experience participating in federal program evaluations, or evaluations of a similar scale, including the capacity to assist with coordination of data collection, data storage, and data reporting.
- Describe the project management, including the roles and responsibilities of project staff. You should:
  - Provide a description of the qualifications and experience of the key personnel for this proposed project, including for the Project Director. Applicants must include resumes or CVs as an attachment (upload all resumes/CVs as one attachment to your application if possible).
  - 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.

Partnerships and Stakeholder Collaboration

- Describe how the applicant plans to partner with other stakeholders to address the expectations of this funding opportunity, including how they will engage collaborators including, but not limited to:
  - ACL-funded aging and disability network organizations and other grantees

- National organizations representing state/local aging and disability organizations
- National organizations representing the interests of public health stakeholders
- National organizations/initiatives with multi-sector (e.g., state, CBO, health plan, health system) participation focused on the alignment of health and social care
- Key subject matter experts with expertise related to addressing HRSNs through partnerships between aging/disability CBOs, public health, and the health care sector

Letters of Commitment from Key Participating Organizations

- Include confirmation of the commitments to the project (should it be funded) made by key collaborating organizations and agencies (including national organizations, aging and disability CBOs, public health stakeholders, and health care payers/providers) in this part of the application. Any organization that is specifically named to have a significant role in carrying out the project should be considered an essential collaborator.
- 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. Letters of commitment must be uploaded as part of the applicant package via Grants.gov – hard copies will not be accepted.

Budget Narrative/Justification

- Applicants are required to provide a detailed Budget Narrative/Justification. Your budget should be aligned with the proposed activities in your Project Narrative and Work Plan.
- 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
  - Combined budget for Years 1, 2, and 3

Work Plan

The Project Work Plan should reflect and be consistent with the Project Narrative and Budget. It should include a statement of the project's overall goal, anticipated outcome(s), key objectives, and the major tasks / action steps that will be pursued to achieve the goal and outcome(s). For each major task / action step, the work plan should identify timeframes involved (including start- and end-dates), and the lead person responsible for completing the task. Please use the "Project Work Plan - Sample Template" format as a reference and resource, if desired.

3. Unique Entity Identifier and System for Award Management (SAM)

The Grants.gov registration process can take several days. If your organization is not currently registered, please begin this process immediately. For assistance with https://www.grants.gov,

please contact them at support@grants.gov or 800-518-4726 between 7:00 a.m. and 9:00 p.m. Eastern Time.

- At the https://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 because of the time involved to complete the registration process.
- All applicants must have a UEI number 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. Effective June 11, 2018, when registering or renewing your registration, you must submit a notarized letter appointing the authorized Entity Administrator. Please be sure to read the FAQs located at www.sam.gov to learn more. Applicants should allot sufficient time prior to the application deadline to finalize a new, or renew an existing registration. 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/pages/public/help/samQUserGuides.jsf.

Note: Once your SAM registration is active, 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 EIN 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. Register 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 UEI number in each application or plan to submit to the OPDIV.

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

- The Federal Government will transition from the DUNS Number to the New Unique Entity Identifier. As of April of 2022, the federal government stopped using the DUNS number to uniquely identify entities. At that point, entities doing business with the federal government will use a Unique Entity Identifier (SAM) created in SAM.gov. They will no longer have to go to a third-party website to obtain their identifier. This transition allows the government to streamline the entity identification and validation process, making it easier and less burdensome for entities to do business with the federal government. If your entity is registered in SAM.gov today, your Unique Entity ID (SAM) has already been assigned and is viewable in SAM.gov. This includes inactive registrations. The

Unique Entity ID is currently located below the DUNS Number on your entity registration record. Remember, you must be signed in to your SAM.gov account to view entity records. To learn how to view your Unique Entity ID (SAM) go to this help [article](#).

- You must submit all documents electronically, including all information included on the SF424 and all necessary assurances and certifications. In accordance with the Federal Government's efforts to reduce reporting burden for recipients of federal financial assistance, the general certification and representation requirements contained in the Standard Form 424B (SF-424B) – Assurances – Non-Construction Programs, and the Standard Form 424D (SF-424D) – Assurances – Construction Programs, have been standardized federal-wide. Effective January 1, 2020, the updated common certification and representation requirements will be stored and maintained within SAM. Organizations or individuals applying for federal financial assistance as of January 1, 2020, must validate the federally required common certifications and representations annually through SAM located at SAM.gov.
- After you electronically submit your application, you will receive an automatic acknowledgment from https://www.grants.gov that contains https://www.grants.gov tracking number. The Administration for Community Living will retrieve your application form from https://www.grants.gov.

4. Submission Dates and Times

06/26/2023

Date for Informational Conference Call:
05/16/2023

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.](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.](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.

If for any reason (including submitting to the wrong funding opportunity number or making corrections/updates) an application is submitted more than once prior to the application due date, ACL will only accept your last validated electronic submission, under the correct funding opportunity number, prior to the Grants.gov application due date as the final and only acceptable application

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.

5. Intergovernmental Review

This program is not subject to Executive Order (E.O.) 12372, Intergovernmental Review of Federal Programs.

6. 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 (E.O. 13589) and Delivering Efficient, Effective and Accountable Government (E.O. 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 children's services (e.g. Head Start);*
    - *When an organization customarily provides meals to employees working beyond the normal workday, as a part of a formal compensation arrangement,*

- o *As part of a per diem or subsistence allowance provided in conjunction with allowable travel; and*
- o *Under a conference grant, when meals are 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.)*

The following updated sections 2 CFR 200.216 "Prohibition on certain telecommunications and video surveillance services or equipment" became **effective on or after August 13, 2020**.

Recommended Actions for any recipient that has received a loan, grant, or cooperative agreement **on or after August 13, 2020**:

- Develop a compliance plan to implement 2 CFR 200.216 regulation.
- Develop and maintain internal controls to ensure that your organization does not expend federal funds (in whole or in part) on covered equipment, services or systems.
- Determine through reasonable inquiry whether your organization currently uses "covered telecommunication" equipment, services, or systems and take necessary actions to comply with the regulation as quickly as is feasibly possible.

7. Other Submission Requirements

V. Application Review Information

1. Criteria

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

1. Project Abstract (0 Points)
2. Project Relevance and Current Need (10 points)
3. Approach (25 points)
4. Outcomes and Evaluation (15 points)
5. Organizational Capacity (35 points)
6. Budget Narrative/Justification (15 points)

Applicants must document all 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 obtain numbers, ideas, or other material that is 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:** 0

Does the abstract include a brief description of the proposed project, including goal(s), objectives, and outcomes?

Project Relevance and Current Need   **Maximum Points:** 10

Does the applicant:

- Describe their knowledge of the current landscape with respect to creating a person-centered community infrastructure that aligns health and social care and allows individuals to remain independent in the community, including opportunities and challenges related to federal and state policy, financing strategies, etc.?
- Demonstrate their understanding of the types of issues that CCHs within the aging and disability networks experience as they develop their capacity and build sustainable community care networks, including any additional burdens placed on CCHs when social care referrals are not standardized, coordinated, and adequately funded across health care and social services.

Approach   **Maximum Points:** 25

Project Description (15 points)

Does the applicant:

- State the project's result-based goals and major objectives?
- Describe their plan to develop and implement a process to transparently compete and issue approximately 20 subawards within three to six months of award receipt to support CCH capacity at the local/regional/state level, with a specific emphasis on the delivery of care transitions interventions through the hub?
- Describe their strategy to engage a consortia of various stakeholder groups that respects and is grounded in community interests, with the common goal of serving individuals in need through partnerships between CCHs and the health care sector to address HRSNs?
- Provide a detailed description of their plans to develop and implement technical assistance support and resources that support expansion of new CCHs and strengthen capacity of existing CCHs? Priority areas of interest (to be finalized throughout the project period) include:
  - Developing CCHs in geographies without existing capacity
  - Billing, coding, and payment for services that address HRSNs
  - Information technology infrastructure/shared services for CCHs
  - CCH reporting of health equity quality measures (including screening and referral for HRSNs)
  - CCH alignment with Medicaid 1115 waiver demonstrations that address HRSNs
  - CCH governance structures, including ensuring integrity of CBO mission with respect to leading/participating in a CCH
- Describe their capacity to develop and maintain a searchable national listing/map of qualified CCHs to help support "matchmaking" across CCHs and health care partners?

Work Plan (7 points)

Does the applicant:

- Provide a project Work Plan for Years 1, 2, and 3 which reflects and is consistent with the Project Narrative and Budgets?

Special Target Populations/Organizations (3 points)

Does the applicant:

- Describe how they will provide support to CCHs to reach diverse consumers and traditionally hard-to-reach populations (as defined by [Executive Order On Advancing Racial Equity and Support for Underserved Communities Through the Federal Government](#))?

Outcomes and Evaluation   **Maximum Points:** 15

Outcomes (5 points)

Does the applicant:

- Clearly identify the outcomes that will result from their comprehensive strategy to implement this project? Any proposed outcomes should address the goals of this funding opportunity, and be quantifiable, measurable, and likely to be achieved during the project period.
- List measurable outcomes in the Work Plan grid under "Measurable Outcomes," in addition to any discussion included in the narrative?

Evaluation (5 points)

Does the applicant:

- Describe the method(s), techniques, and tools that will be used to: 1) determine whether the proposed intervention achieved its anticipated outcome(s), and 2) document the "lessons learned" – both positive and negative – from the project that will be useful to people interested in replicating the intervention if it proves successful?

Dissemination (5 points)

Does the applicant:

- 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 to inform practice, service delivery, program development, and/or policymaking, including and especially those parties who would be interested in replicating the project?
- Highlight their willingness to participate in conferences, webinars, and other presentation formats to share project-relevant information with interested parties?

Organizational Capacity   **Maximum Points:** 35

Organizational Capacity (20 points)

Does the applicant:

- Describe their knowledge and expertise in working at the national level on the issues to be addressed by this funding opportunity?
- Describe their experience working with aging and disability organizations funded by ACL to improve access to home and community-based services?
- Describe their expertise, established history/relationships in working collaboratively across the targeted stakeholder audiences (i.e., aging and disability CBOs, CCHs, health care organizations, etc.)?

- Describe their experience competing, issuing, and monitoring funding to community-based organizations?
- Describe their experience providing technical assistance to support the development/sustainability of community care hubs, particularly those in the aging and disability networks?
- Describe their experience convening a diverse group of stakeholders to advance the alignment of health and social care through community care hubs and the tangible outputs (resources, pilot projects, etc.) that have resulted from these efforts?
- Describe their experience participating in federal program evaluations, or evaluations of a similar scale, including the capacity to assist with coordination of data collection, data storage, and data reporting?
- Describe how the project will be managed, including the roles and responsibilities of project staff? They should:
  - Provide a description of the qualifications and experience of the key personnel for this proposed project, including for the Project Director. Applicants must include resumes or CVs as an attachment.
  - Specify who will have day-to-day responsibility for key tasks such as: leadership of project, monitoring the project's ongoing progress, preparation of reports, and communications with other partners and ACL.

Partnerships and Stakeholder Collaboration (10 points)

Does the applicant:

- Describe how they plan to partner with other stakeholders to address the expectations of this funding opportunity, including how they will engage collaborators including, but not limited to:
  - ACL-funded aging and disability network organizations and other grantees
  - National organizations representing state/local aging and disability organizations
  - National organizations representing the interests of public health stakeholders
  - National organizations/initiatives with multi-sector (e.g., state, CBO, health plan, health system) participation focused on the alignment of health and social care
  - Key subject matter experts with expertise related to addressing HRSNs through partnerships between aging/disability CBOs, public health, and the health care sector

Letters of Commitment from Key Participating Organizations (5 points)

Does the applicant:

- Include confirmation of the commitments to the project (should it be funded) made by key collaborating organizations and agencies (including national organizations, aging and disability CBOs, public health stakeholders, and health care payers/providers) in this part of the application? Any organization that is specifically named to have a significant role in carrying out the project should be considered an essential collaborator.

o 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 the application.

Budget Narrative/Justification   **Maximum Points:** 15

Does the applicant:

- Provide a detailed Budget Narrative/Justification that is aligned with the proposed activities in the Project Narrative and Work Plan?
- Include detailed budgets for each of the following:
    o Budget Narrative/Justification for Year 1
    o Budget Narrative/Justification for Year 2
    o Budget Narrative/Justification for Year 3
    o Combined budget for Years 1, 2, and 3

2. Review and Selection Process

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; and the likelihood that the proposed project will result in the benefits expected.

3. Anticipated Announcement Award Date

Award notices to successful applicants will be sent out prior to the project start date.

The anticipated project period start date for this announcement is: 09/01/2023

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. Unsuccessful applicants are generally notified within 30 days of the final funding decision and will receive a disapproval letter via e-mail. Unless indicated otherwise in this announcement, unsuccessful applications will not be retained by the agency and will be destroyed.

2. Administrative and National Policy Requirements

The award is subject to HHS 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.

Should you successfully compete for an award, recipients of federal financial assistance (FFA) from HHS will be required to complete an HHS Assurance of Compliance form (HHS 690) in which you agree, as a condition of receiving the grant, to administer your programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, age, sex and disability, and agreeing to comply with federal conscience laws, where applicable. This includes ensuring that entities take meaningful steps to provide meaningful access to persons with limited English proficiency; and ensuring effective communication with persons with disabilities. Where applicable, Title XI and Section 1557 prohibit discrimination on the basis of sexual orientation, and gender identity, The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. See https://www.hhs.gov/civil-rights/for-providers/provider-obligations/index.html and https://www.hhs.gov/civil-rights/for-individuals/nondiscrimination/index.html.

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.

Applicants may follow their own procurement policies and procedures when contracting with Project Funds, but You must comply with the requirements of 2 C.F.R. §§ 200.317-200.326. Additionally, when using Project Funds to procure supplies and/or equipment, applicants are encouraged to purchase American-manufactured goods to the maximum extent practicable. American-manufactured goods are those products for which the cost of their component parts that were mined, produced, or manufactured in the United States exceeds 50 percent of the total cost of all their components. For further guidance regarding what constitutes an American manufactured good (also known as a domestic end product), see 48 C.F.R. Part 25.

3. Reporting

Reporting frequency for performance and financial reports, as well as any required form or formatting and the means of submission will be noted within the terms and conditions on the Notice of Award.

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 $30,000 or more as well as addressing executive compensation for both grantee and sub-award organizations.

For further guidance please follow this link to access ACL's Terms and Conditions: https://www.acl.gov/grants/managing-grant#

VII. Agency Contacts

Project Officer

First Name:
Lauren

Last Name:
Solkowski

Phone:
202-795-7440

Office:
Office of Network Advancement

Grants Management Specialist

First Name:
Howard

Last Name:
Nicholas

Phone:
202-795-7275

Office:
Office of Grants Management

VIII. Other Information

Application Elements

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

• SF 424A, required – Budget Information. (See Appendix for instructions).

• 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.

• 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).

• Lobbying Certification, required.

• Proof of non-profit status, if applicable

• Copy of the applicant's most recent indirect cost agreement or cost allocation plan, 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.

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

• Vitae for Key Project Personnel.

• Letters of Commitment from Key Partners, if applicable.

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. 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

Accessibility Provisions for All Grant Application Packages and Funding Opportunity Announcements

Should you successfully compete for an award, recipients of federal financial assistance (FFA) from HHS will be required to complete an HHS Assurance of Compliance form (HHS 690) in which you agree, as a condition of receiving the grant, to administer your programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, age, sex and disability, and agreeing to comply with federal conscience laws, where applicable. This includes ensuring that entities take meaningful steps to provide meaningful access to persons with limited English proficiency; and ensuring effective communication with persons with disabilities. Where applicable, Title XI and Section 1557 prohibit discrimination on the basis of sexual orientation, and gender identity, The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. See https://www.hhs.gov/civil-rights/for-providers/provider-obligations/index.html and https://www.hhs.gov/civil-rights/for-individuals/nondiscrimination/index.html.

- Recipients of FFA must ensure that their programs are accessible to persons with limited English proficiency. HHS provides guidance to recipients of FFA on meeting their legal obligation to take reasonable steps to provide meaningful access to their programs by persons with limited English proficiency. Please see https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/fact-sheet-guidance/index.html and https://www.lep.gov. For further guidance on providing culturally and linguistically appropriate services, recipients should review the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care at https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53.
- Recipients of FFA also have specific legal obligations for serving qualified individuals with disabilities. Please see http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html.
- HHS funded health and education programs must be administered in an environment free of sexual harassment. Please see https://www.hhs.gov/civil-rights/for-individuals/sex-discrimination/index.html; https://www2.ed.gov/about/offices/list/ocr/docs/shguide.html; and https://www.eeoc.gov/sexual-harassment.
- Recipients of FFA must also administer their programs in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and

associated anti-discrimination laws. Collectively, these laws prohibit exclusion, adverse treatment, coercion, or other discrimination against persons or entities on the basis of their consciences, religious beliefs, or moral convictions. Please see https://www.hhs.gov/conscience/conscience-protections/index.html and https://www.hhs.gov/conscience/religious-freedom/index.html.

Please contact the HHS Office for Civil Rights for more information about obligations and prohibitions under federal civil rights laws at https://www.hhs.gov/ocr/about-us/contact-us/index.html or call 1-800-368-1019 or TDD 1-800-537-7697.

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 (https://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 UEI (REQUIRED): If your entity is registered in SAM.gov today, your Unique Entity ID (SAM) has already been assigned and is viewable in SAM.gov. This includes inactive registrations. The Unique Entity ID is currently located below the DUNS Number on your entity registration record. Remember, you must be signed in to your SAM.gov account to view entity records.

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:

https://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. For ACL programs that have a cost-matching requirement (list here), the dollar amounts entered in sub-items 18b-18f must total at least 1/3 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 HHS requirements. **If indirect costs are to be included in the application, a copy of the approved indirect cost agreement or cost allocation plan 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.

Section A - Budget Summary

Line 5:   Leave columns (c) and (d) blank. Enter TOTAL Federal costs in column (e) and total non federal costs (including third party in-kind contributions and any program income to be

used as part of the grantee match) in column (f). Enter the sum of columns (e) and (f) in column (g).

Section B - Budget Categories

Column 1:   Enter the breakdown of how you plan to use the Federal funds being requested by object class category.

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 breakdown 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 Nonprofit 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** 7 1,254
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 among those served through this funding (e.g., clients, consumers, systems, organizations, communities) that occur as a result of an organization's or program's activities. These should tie directly back to the stated goals of the funding as outlined in the funding opportunity announcement. (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.

Instructions for Completing the "Supplemental Information for the SF-424" Form

1. Project Director.

Name, address, telephone and fax numbers, and e-mail address of the person to be contacted on matters involving this application. Items marked with an asterisk (*) are mandatory.

2. <u>Novice Applicant.</u>Select "Not Applicable To This Program."