



**Administration for Community Living**

Administration on Aging

Alzheimer's Disease Programs Initiative (ADPI) - Developing Dementia-Capable Community  
Health Worker Programs in the National Aging Network

HHS-2025-ACL-AOA-ADPI-0012

07/30/2025

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**ACL Center:**

Administration on Aging

**Funding Opportunity Title:**

Alzheimer's Disease Programs Initiative (ADPI) - Developing Dementia-Capable Community Health Worker Programs in the National Aging Network

**Funding Opportunity Number:**

HHS-2025-ACL-AOA-ADPI-0012

**Primary CFDA Number:**

93.470

**Due Date for Letter of Intent:**

**Due Date for Applications:**

07/30/2025

**Date for Informational Conference Call:**

07/09/2025

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**

This Notice of Funding Opportunity (NOFO) introduces a new Administration on Community Living (ACL) initiative and provides instructions for how to apply. Through the Alzheimer's

Disease Program Initiative (ADPI), ACL seeks to enhance workforce capacity in the National Aging Network with the inclusion of dementia-capable Community Health Workers (CHWs). CHWs work to improve conditions for health in communities with the highest rates of disease, disability, and death. ADPI supports dementia-capable home and community-based services for people living with dementia and their caregivers. As a result of this initiative, ACL seeks to strengthen relationships with rural and underserved communities and address barriers to care for people living with dementia and their caregivers.

ACL's goal for this new initiative is to develop and strengthen a person-centered workforce capable of increasing the quality and quantity of dementia services. This initiative will result in more older adults with dementia living well in the community. More specifically this initiative will:

1. Identify how CHWs can increase early detection and engagement in dementia care.
2. Demonstrate how CHWs can help reduce barriers to care when delivering EBI/EII.
3. Evaluate impact of programs on people living with dementia, caregivers, and CHWs for sustaining and scaling best practices.

ACL will award up to twelve cooperative agreements to Area Agencies on Aging (AAA) or any State which has been designated a single planning and service area under section 305(a)(1)(E) of Title III in the Older Americans Act (OAA). Projects will be fully funded for 36 months, with three, 12-month budget periods up to a total of \$750,000 in federal funding. Products created with this funding will be available for reuse in the public domain and may be posted on the ACL's [National Alzheimer's and Dementia Resource Center \(NADRC\) website](#).

When considering whether to apply to this NOFO, applicants should keep in mind the following:

- Projects must include a dementia-specific intervention that is either an evidence-based intervention (EBI) or an evidence-informed intervention (EII), and that can be delivered by CHWs.
  - This means the intervention has already been tested and shown to be effective. It does not need more testing (i.e. research). See section VIII, Other Information – Glossary of Key Terms for full definition of evidence based and evidence informed.
  - Each project will be expected to allocate the following minimum portions of their total annual budgets to the provision of direct services:
    - Year 1: A minimum of 25% of the total budget must be allocated to the delivery of direct services.
    - Year 2: A minimum of 35% of the total budget must be allocated to the delivery of direct services.
    - Year 3: A minimum of 45% of the total budget must be allocated to the delivery of direct services.
- Pass through projects are prohibited. No project partner may receive more than 20% of total Federal funds received by the primary grantee.
- All projects must meet a 25% cost sharing (match) requirement.

Emailed Letters of Intent are requested (but not required) and should be submitted 10 days after the notice of funding opportunity posting date.

## I. Funding Opportunity Description

### *Introduction*

America is aging and the needs of this growing demographic are complex. This is especially true for individuals with memory loss, where formal (paid) and informal (unpaid) supports are needed to continue living at home and in community. However, the needs for services are often more than or do not match what is available, creating a challenge for the National Aging Services Network to develop new and better ways of providing care to people at risk for moving into an institution (e.g., nursing home).

As the proportion of older Americans grows, so does the gap between workforce capacity and demand for direct care service (Administration for Community Living [ACL], 2024; National Academies of Sciences, Engineering, and Medicine [NASEM], 2021). One estimate predicts the need for direct care workers to increase by 48% between 2015 and 2030 (U.S. Department of Health and Human Services [HHS], 2017). Yet, acceptance rates for home health services continue to decline, dropping from an already low 48% in 2019 to 36% in just two years (Harootunian et al., 2023). High turnover of direct care workers contributes to this shortage, where the average length of employment for direct care workers is only 5 months and fewer than one third of those who leave a position in direct care move to another in direct care services (Baughman & Smith, 2012).

Within this growing population of older adults, studies also show increasing complexity in economic and social circumstances. For example, in 2022 nearly one in 10 older adults lived below poverty, and out-of-pocket healthcare costs increased by nearly 50% since 2012 (ACL, 2024). In 2023, approximately 28% of older Americans living in the community lived alone, with the percent increasing to 42% as age increased to 75 years of age and better (ACL, 2024). Living alone in community can be challenging for individuals with memory loss and other health conditions effecting their abilities to perform critical, everyday tasks.

As people are living longer, researchers expect an increase in the number of people with dementia and the percent to be higher in communities experiencing barriers to care (Assistant Secretary for Planning Evaluation [ASPE], 2018; Centers for Disease Control [CDC], 2019; Chi et al., 2019; Liu et al., 2022; NASEM, 2021). Additionally, poor economic and social conditions (i.e., barriers to care) may lead to delays in the diagnosis and treatment of dementia symptoms, ultimately leading to worse health outcomes (Liu et al., 2022; NASEM, 2021). For example, fewer health and social care resources in low-income and rural communities reduce access to care, while bad experiences with healthcare systems and/or care providers damage trust and lower engagement in care (NASEM, 2021). Understanding the role barriers to care play in health outcomes can lead to more effective, person-centered services and supports (see section VIII, Other Information – Glossary of Key Terms for a definition and examples of barriers to care).

As described above, we are headed in a direction of more people living with dementia, with more barriers to care, and less available support. However, Community Health Workers (CHWs) can help address these issues in the following ways:

- The CHW profession is fast growing, expected to surpass the average occupational growth rate of 14% between 2022 and 2032. As more CHWs enter the workforce, they will fill new roles as well as replace workers who move to new occupations (U.S. Department of Labor [DOL], 2024).

- CHWs have unique skills and abilities. As members of the communities they serve, CHWs understand the challenges and have personal experience overcoming the same barriers to care they help others address.
- CHWs are effective and efficient in linking underserved communities to vital resources. They bring services into the community, advocate for community identified issues, and improve quality of care through person-centered interventions (Schaaf et al., 2020; Thompson & Borson, 2021; HHS, 2017).

### *CHWs and ADPI*

CHWs are defined in many ways, under a variety of titles. Common to most descriptions, CHWs are trusted members of the communities they serve and work to reduce barriers to care in communities with the highest rates of disease, disability, and death. (Berthold, 2016; Schaaf et al., 2020; Verhagen et al., 2014). Examples of barriers to care include being socially and/or geographically isolated, poverty, and low educational attainment (CDC, 2019; ASPE, 2018; Kosteniuk, 2024; Liu et al., 2022; NASEM, 2021). CHWs work with individuals, families, neighborhoods, and institutions to overcome the effects of barriers to care and to build capacity for new resources (Berthold, 2016; Schaaf et al., 2020).

ADPI cooperative agreements use a dementia capable home and community-based services model to support people living with dementia and their caregivers. ADPI activities are a good match for CHW skills and expertise and include community outreach, training professionals, providing community education, and developing new resources to support people living with dementia. CHWs may also offer non-clinical individualized care. While it is beyond the CHW scope of practice to operate as a home health provider, they can extend health services with home visits for routine assessment, social support, and self-management skill building.

For this program, CHWs will be operating as both service provider and service connector. CHW directed activities **MUST** include but are not limited to: 1) providing community-based dementia screenings and referrals for early detection and support; 2) delivering a dementia specific EBI/EII; and, 3) addressing barriers to care as they effect access, engagement, and quality of dementia services and supports. Additional activities may be performed to build on current resources and/or to address gaps in community needs. However, activities must fit inside a CHW scope of practice. Common CHW roles and responsibilities include:

- Care extender: Conduct screenings and person-centered assessments, support goal development, facilitate action plans, and monitor progress; Collaborate with an interdisciplinary team of professionals by participating in care planning, case consulting, and/or care team huddles.
- Capacity builder: Develop social networks to support a common cause; Advocate for resources and investment in community.
- Liaison to institutions: Facilitate dementia capable training to professionals, emphasizing cultural preferences and practices of underserved populations.
- Health promoter: Deliver person-centered, relevant dementia education to people living with dementia and/or caregivers; Train individuals, families, and groups in behavior-management and self-care techniques.
- Health navigator: Connect individuals and families to dementia related health and social services; Ensure services are appropriate and meeting need.

- Peer coach: Provide informal counseling and social support; Model dementia capable behaviors and attitudes.
- Outreach: Disseminate dementia resource information; Engage and retain participants in dementia relevant health and social services.
- Evaluation support: Distribute and collect surveys; Participate as a key informant in community strengths/ needs assessments.

(Berthold, 2016; Rosenthal et al., 2016).

In this program, ACL expects to see positive outcomes for people living with dementia, caregivers, and CHWs. While personal experience and interpersonal skills are what make CHWs so effective, training and certification programs can improve CHW impact. Training and certification also support CHWs interested in pursuing advanced or specialized roles. For these reasons, comprehensive and continuous professional development of the CHW(s) are key components of this program and must include: 1) CHW core competencies training and/or certification; 2) training in implementing a validated dementia screening tool and protocols for referral and linkage to follow-up services; 3) training to deliver EBI/EII; and, 4) dementia and other aging specific trainings.

While career development opportunities may appeal to new and/or younger workers, CHW positions are also attractive options for aging and older adults, as evident by a 2021 national survey showing 29% of CHWs are 55 years of age and better (National Association of Community Health Workers [NACHW], 2022). Meaningful, high reward employment has shown to positively impact mental, social, financial, and physical health in older adults, and CHW programs offer just that (Baxter, 2021; National Research Council & Institute of Medicine, 2004). With access to resources and influence in service design and delivery, CHWs are empowered to make real change in the communities they serve and live in (Kane et al., 2016).

### *Program Goal and Objectives*

ACL's goal for this new initiative is to develop and strengthen a person-centered workforce capable of increasing quality and quantity of dementia services for communities in greatest need. Applicants should focus their proposals on this goal and the following objectives, as they relate to the communities in which their projects will operate:

1. Identify how CHWs can expand reach and improve Aging Network operations for early detection and engagement in dementia care.
2. Demonstrate how CHWs can leverage community resources to counter barriers to care when delivering EBI/EII.
3. Evaluate impact of programs on people living with dementia, caregivers, and CHWs for sustaining and scaling best practices.

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### *Funding and Application Requirements*

Applicants should articulate how each of the following expectations will be addressed throughout the life of their proposed projects:

#### Use of dementia specific Evidence-Based and/or Evidence-Informed Interventions (EBI/EII)

In keeping with the long history of the ADPI's use of EBI/EII, this funding opportunity requires CHW training in, and delivery of, dementia-specific EBI/EII. It is ACL's expectation that CHW delivery will engage and retain hard to reach populations in high quality programs and services.

- Projects must include a dementia-specific EBI/EII. Please make clear how implementation of the EBI/ EII will fit into the larger project and who the beneficiaries will be.
- The chosen EBI/EII must meet the definition for an EBI or EII as described in the glossary (see section VIII, Other Information) of this NOFO.

- Examples of approved, dementia-specific EBI/EIIs can be found in ACL's NADRC's paper entitled [Grantee-Implemented Evidence-Based and Evidence-Informed Dementia Interventions](#). [Best Programs for Caregiving](#), a free online database of dementia programs for family caregivers, is another excellent resource for identifying dementia-specific EBI/EII.
- When choosing an EBI/EII, you should consider factors such as feasibility, scalability, costs, and sustainability. ACL developed a tool, [Choosing an Evidence-Based or Evidence-Informed Intervention: Considerations to Inform Decision-Making](#) to assist applicants in the selection of an EBI/EII.
- In addition to discussing the dementia specific EBI/EII in the project narrative, you must submit a separate attachment: 1) naming the proposed EBI/ EII; 2) providing an overview of the EBI/ EII; and 3) confirming how the chosen program meets the definition of an EBI/EII as described in the glossary (see section VIII, Other Information) of this NOFO. If adaptations to an EBI are proposed (i.e., EII), include a description of planned modifications with permission from the program developer (if applicable).

### CHW Training

Personal experience overcoming barriers to care make CHWs effective in engaging hard to reach populations and problem- solving challenges keeping individuals from achieving health goals. However, formal training can enhance these skills and boost CHW confidence when working in multidisciplinary organizations and institutions. Ongoing professional development also creates a path to increased wages and career advancement. For these reasons, grantees must develop annual professional development plans for each CHW. Plans should be created with the CHW, personalized to their needs and interests.

- If the CHW(s) has not yet been recruited and hired, discuss what training resources will be available to them. Provide an example orientation and training schedule to be adapted when the CHW(s) is onboarded.
- If the CHW(s) are already employed, describe what training they have taken, including any certifications they have, and what additional professional development opportunities they will participate in during the project. Include schedules of training events, if available.
- Example or real training plan(s) should be submitted with your application as a separate attachment and must include training in the following areas: 1) CHW core competencies training and/or certification; 2) training in a validated dementia screening tool and protocols for referral and linkage to follow-up services; 3) training to deliver EBI/EII; and, 4) dementia and other aging specific trainings.
- CHW participation in training counts as direct service.
- The [National Association of Community Health Workers](#) was established 2019 to develop and professionalize the CHW occupation. The organization and associated website are excellent resources for CHW training and professional development programs. The [CHW Core Consensus Project](#) has developed a set of standard CHW core competencies and evaluation tools for CHW proficiency.

### Focus on Expanding Services and Infrastructure

To accomplish ACL's goal of more services serving more people, grantees must dedicate a minimum amount of the total project budget to the delivery of direct services. Additionally, grantees must use funds to develop new and/or expand programming to address gaps in existing dementia-capable home and community-based services. In this regard, ACL seeks to support ongoing improvements in established dementia service systems.

- Direct service provision is a focus of this initiative. Each project will be expected to allocate the following minimum portions of their total annual budgets to the provision of direct services:
  - Year 1: A minimum of 25% of the total budget must be allocated to the delivery of direct services.
  - Year 2: A minimum of 35% of the total budget must be allocated to the delivery of direct services.
  - Year 3: A minimum of 45% of the total budget must be allocated to the delivery of direct services.
- CHW led direct service activities **MUST** include, but are not limited to:
  - Community-based dementia screening and referral for early detection and support
  - Delivering dementia specific EBI/EII; and,
  - Screening for and addressing the consequences of barriers to care, as they influence access to, engagement in, and/or quality of dementia care (find barriers to care in glossary for definition and examples).
- A complete definition of direct service, as well as a list of qualifying services, is provided in this NOFO's glossary (see section VIII, Other Information).
- It is ACL's intention to support the development of infrastructure in the National Aging Network, prohibiting distinct, time-limited and/or pass-through projects. The CHW(s) should be fully integrated into the home and community-based services organization.

#### Participation in Technical Assistance (TA)

The NADRC has a long history of providing TA to ADPI cooperative agreement grantees. NADRC staff have expertise in dementia specific EBI/EII, supportive services, and many other dementia-capable topics. The NADRC can consult with grantees as subject matter experts as well as offer guidance with data collection, reporting, and program evaluation. The goal of TA is to ensure success and excellence with ADPI program implementation.

- TA is provided through a variety of activities including, but not limited to, conference calls, webinars, learning collaboratives, and one-on-one consultation.
- Participation in routine TA activities is expected, while TA functions to support a specific need must be requested.

#### Using a Phased Approach to Project Implementation

ADPI cooperative agreements support new and/or expansion projects closing gaps in dementia care. To adequately prepare and optimize work plans, project implementation takes a phased approach. The Administration on Community Living/ Administration on Aging (ACL/AoA) and NADRC staff offer consultation, guidance, and resource connection during each phase.

- Planning Phase: The grantee will be responsible for refining and expanding upon the work plan and the evaluation plan originally proposed in the application, incorporating feedback given by ACL/AoA and NADRC staff. The final work plan and evaluation plan must be approved by ACL/AoA staff, and the grantee must upload this version into the grant record system before moving to the next phase.
- Implementation Phase: In this phase, the grantee takes actions described in the approved work and evaluation plans to deliver the program. During technical assistance activities, the grantee will discuss successes, challenges, and proposed adaptations for meeting goals, objectives, and core components of these objectives. ACL/AoA Program Officers will be actively involved in program implementation, sharing decision making responsibilities and providing resources, as needed.
- Project Conclusion: Grantees must have robust, third-party evaluation of project outcomes, and are encouraged to share project results through presentations. At the conclusion of projects, grantees are required to manualize implementation tools and processes for distribution to the broader community, made available on the NADRC website.

### Evaluation

ADPI projects must create a plan for robust, third-party evaluation. Applications should provide detail on how outcomes of direct services will be measured. This preliminary evaluation plan should describe anticipated outcomes for direct service activities to: 1) people living with dementia, 2) caregivers, and 3) the CHW(s) assigned to the project.

- Third-party evaluation requires an objective, independent evaluation of program outcomes. The evaluator's efforts are limited to the scope outlined in the evaluation plan. They should not be affiliated with the grantee organization or the project (intervention development and/or implementation) outside of the contracted evaluation role. Applicants should name and include a letter of commitment from their proposed evaluator. One resource for identifying qualified evaluation services is the [American Evaluation Association](#).
- The preliminary evaluation plan, submitted at time of application, should be logical and comprehensive, providing a solid foundation to be expanded upon once the third-party evaluator is in place.
- A comprehensive evaluation plan includes measurable outcomes and outputs along with methods to ensure implementation quality.
  - Outcomes are the impact of outputs (e.g. change in knowledge, quality of life, wellbeing). Recipients of the intervention are evaluated for impact. Who received the intervention, what changed, and by how much did they change?
  - Outputs are the effort (i.e. services and supports included in the work plan). Effort is evaluated for quality. What was done, how much was done, how well was it done?
  - Quality assurance processes monitor how services and supports are delivered, ensuring standards are met for consistent, effective program delivery. Quality standards may be set by best practices or, in the case of EBI, a program developer's fidelity monitoring protocol. Quality assurance monitoring should occur during the intervention so timely adaptations can be made if issues arise.

Satisfaction surveys at the conclusion of a program or service will NOT meet this requirement.

- Evaluation should measure outcomes of all direct service components of your project.
- Outcome measurement should be relevant to your project’s goals and may be developed by your evaluator. Alternatively, grantees may consider tools used by previous projects, made available by ACL’s NADRC – [Evaluating Dementia Services and Supports: Instrument Resource List](#).
- Documentation of “lessons learned” – both positive and negative - are a required component of the evaluation final report.
- [Writing an Effective Work Plan and Evaluation Plan](#) – is a resource for developing your plan. Guidance for developing an evaluation plan and a sample template can be found on the NADRC website. More information on evaluation expectations can be found in Section V of this notice of funding opportunity.

Additionally, grantees are required to work with AoA/ACL to comply with OMB approved data reporting requirements and to submit reports according to the required schedule.

#### **Statutory Authority**

OAA/Title IV/Sec. 411

## **II. Award Information**

Funding Instrument Type:

CA (Cooperative Agreement)

Estimated Total Funding:

\$9,000,000

Expected Number of Awards:

12

Award Ceiling:

\$750,000

Per Project Period

Award Floor:

\$700,000

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'**

*Additional Information on Project Periods and Explanation of 'Other'*

New applications are sought for an anticipated project start of September 1, 2025. Awards made in connection with this funding opportunity will be for three-year (36-month) fully funded projects. In other words, the funding, in its entirety, will be made available at the time of award. The planning phase will last for approximately 6 months post grant award notification but may take longer. Grantees will have access to no more than 15 percent of total grant funding during

this phase. Upon completion of this phase (i.e., ACL approval of workplan, evaluation plan, budget), grantees will progress to the implementation phase and will gain access to 100 percent of cooperative agreement funding. Minimum anticipated award amount is \$650,000, with a maximum award amount of \$750,000, for 36 months.

The ACL program officer will provide technical assistance and guidance on issues related to grant management and implementation, including the execution of the cooperative agreement. Awards for this funding opportunity are subject to terms provided for in the Federal Grant and Cooperative Agreement Act of 1977 (P.L. 95-224), which include substantial involvement from ACL/AoA in recipient activities.

Once in place, requests to modify or amend the cooperative agreement (or associated work plan) may be made by ACL or the awardee at any time. Modifications and/or amendments of the cooperative agreement or work plan shall be effective upon the mutual agreement of both parties, except where ACL is authorized under the Terms and Conditions of award, 45 CFR Part 74 or 92, or other applicable regulation or statute to make unilateral amendments.

When an award is issued, the cooperative agreement terms and conditions from this announcement are incorporated into the Notice of Award by reference. The grantee agrees to execute the responsibilities of the cooperative agreement as outlined below:

1. Fulfill all the requirements of the grant initiative as outlined in this notice of funding opportunity, as well as carry out project activities as reviewed, approved, and awarded;
2. Communicate with the AoA Project Officer and/or the assigned technical assistance liaison regularly to improve the effectiveness of the activities carried out under this agreement;
3. Produce and submit to the ACL/AoA Project Officer:
  - a. Program reports describing lessons learned, including challenges and how they were addressed.
  - b. Implementation manual(s)
  - c. Final independent evaluation report describing how the project was conducted and goals, program outcomes that were achieved, as well as program components sustained beyond the program funding period. The report would also include ways in which barriers to goal achievement were addressed;
4. Cooperate with any federal evaluation efforts and comply with the timeline, content, and format of all required OMB data collection and reporting requirements. Submit to the ACL/AoA project officer a final, clean copy of all data developed or supported with these grant funds in the format in which it was developed or produced, as provided for in the HHS Grants Policy Statement. The HHS Grants Policy Statement defines “data” as: “recorded information, regardless of the form or media on which it may be recorded, and includes writings, films, sound recordings, pictorial reproductions, drawings, designs or other graphic representations, procedural manuals, forms, diagrams, work flow charts, equipment descriptions, data files, data processing or computer programs (software), statistical records, and other research data”.
5. All materials developed with program funding. These products (e.g. tools, resources, manuals) will not be proprietary and will remain in the public domain to be shared with

the broader community. This may include resource publication on ACL's NADRC website;

6. Include the following disclaimer language when issuing statements, press releases, requests for proposals, bid solicitations, and other ACL supported publications and forums describing projects or programs funded in whole or in part with ACL funding: "This [project/publication/program/website, etc.] [is/was] supported by the Administration for Community Living (ACL), U.S. Department of Health and Human Services(HHS) as part of a financial assistance award totaling \$XX with XX percentage funded by ACL/HHS and \$XX amount and XX percentage funded by non- government source(s). The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by ACL/HHS, or the U.S. Government.
7. Work with the ACL program officer to assess the performance results reported semiannually and jointly develop strategies to address those areas requiring improvement.

The ACL/AoA Project Officer agrees to execute the responsibilities of the cooperative agreement as outlined below:

1. Perform the day-to-day federal responsibilities of grants management while working with the grantee to ensure that the requirements for the grant are met.
2. Assist grantee project leadership and partners in understanding the policy concerns and/or priorities of ACL by conducting periodic briefings and by carrying out ongoing consultations.
3. Work cooperatively with the grantee to clarify the programmatic and budgetary issues to be addressed by the project.
4. Provide guidance to the grantee, as necessary, in making sub-awards (i.e., subgrants/contracts) as permitted in this funding opportunity announcement.
5. Provide guidance to the grantee on the provision of technical support and associated tasks related to the fulfillment of the goals and objectives of this grant.
6. Review and provide technical advice to the grantee on all work products and project deliverables.
7. Work with the grantee on the development and implementation of evaluation and quality assurance systems to ensure that performance is measured, and continuous improvement occurs.

### **III. Eligibility Information**

#### **1. Eligible Applicants**

Eligible applicants include entities designated to plan and coordinate a network of OAA programs, services, and supports at a local level, including AAAs and any State which has been designated a single planning and service area under section 305(a)(1)(E) of Title III in the OAA functioning as an AAA.

#### **2. Cost Sharing or Matching**

Cost Sharing / Matching Requirement:

Yes

**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.**

For this ACL program, awardees do have a required match of 25%. ACL will fund no more than 75% of the project's total cost, with awardees responsible for identifying non-

For this ACL program, awardees do have a required match of 25%. ACL will fund no more than 75% of the project's total cost, with awardees responsible for identifying non-Federal resources for at least 25% of total project costs. In other words, for every three (3) dollars received in Federal funding, the applicant must contribute at least one (1) dollar in non-Federal resources toward the project's total cost. This "three-to-one" ratio is reflected in the following formula which you can use to calculate the minimum required match.

[Federal Funds Requested] multiplied by (x) [Match Percentage] divided by (/) [Inverse Match Percentage]

Below are examples of this formula at varying match levels:

<b>Federal Funds Requested x Match Percentage / Inverse Match Percentage</b>	<b>Minimum Match Requirement</b>
(\$100,000 x 5%) / (95%)	\$5,263
(\$100,000 x 25%) / (75%)	\$33,333
(\$100,000 x 35%) / (75%)	\$53,846
(\$100,000 x 45%) / (55%)	\$81,818

A common error applicants make is to match 25% of the Federal share, rather than 25% of the project's total cost.

There are two types of match: 1) non-federal cash and 2) non-federal in-kind. In general, costs incurred by the awardee and cash contributions of any and all third parties involved in the project (e.g. sub-grantees, contractors, consultants) are considered matching funds. Applications with a match greater than the minimum required will not receive more favorable consideration under the review.

All proposed matching funds must be directly connected to proposed program activities and cannot come from other federal resources.

### **3. Responsiveness and Screening Criteria**

#### **Application Responsiveness Criteria**

Applications that fail to meet the responsiveness criteria described below will not be reviewed and will receive no further consideration.



## **Application Screening Criteria**

All applications will go through an initial screening verify responsiveness to application requirements. Additionally, applications will go through an initial programmatic screening to verify the applicant meets this notice of funding opportunity program requirements. Those applicants that do not meet the minimum responsiveness criteria outlined below will be "screened out" and will not be forwarded for panel review. In the Appendix of this NOFO is an

Application Submission Package Checklist to support grantees in ensuring all required application components are submitted.

Initial Application Screening Criteria:

- Applications must be submitted electronically via <http://www.grants.gov> by 11:59 p.m., Eastern Time, by the due date listed in section IV.3 Submission Dates and Times
- 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
- 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 and Evaluation Plans, Letters of Commitment, and Vitae of Key Project Personnel, etc. are not counted as part of the Project Narrative for purposes of the 20 page limit

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

Initial Programmatic Screening Criteria:

- Applicant must be an AAA or a State which has been designated a single planning and service area under section 305(a)(1)(E) of Title III in the OAA functioning as an AAA
- Application includes required match in the application budget documents
- Application includes an attachment describing at least one dementia-specific EBI/ EII (meeting the ACL provided definition; see section VIII, Other Information – Glossary of Key Terms), and demonstrates intent to implement said intervention in the application project narrative, work plan, and evaluation plan
- Application includes a CHW training plan attachment.

## **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](https://www.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](mailto: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](http://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](http://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: [SAM.GOV Quick Start Guide for Financial Assistance Registrations](#).

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

Kari Benson

Administration on Aging

Office of Supportive and Caregiver Services

Email: [aoa.oaa@acl.hhs.gov](mailto:aoa.oaa@acl.hhs.gov)

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

### **Letter of Intent**

Number of Days from Publication 5

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:

Letters of intent should be submitted to the contact person regarding this program announcement.

### **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 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 sample components of the Project Narrative counted as part of the 20-page limit include:

- Summary/Abstract
- Problem Statement
- Goal(s) and Objective(s)
- Proposed Intervention
- Special Target Populations and Organizations
- Outcomes
- Project Management
- Evaluation
- Dissemination
- Organizational Capability/Equity Experience of Project Team
- Budget Narrative/ Justification
- Work Plan
- Letters of Commitment from Key Participating Organizations and Agencies

### **Summary/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.”

### **Problem Statement**

This section should describe, in both quantitative and qualitative terms, the nature and scope of the problem the proposed intervention is designed to address. This section should also include how the project is expected to impact people with dementia, their caregivers, CHWs, and community-based service systems within which they are operating.

### **Goals and Objectives**

This section should describe the project’s goal(s) and major objectives. The stated goal(s) and objectives should be relevant to your community, address challenges identified in your problem statement, and tie into broader programmatic goals and objectives outlined in this NOFO.

A goal describes a desired end state, while objectives describe the actions taken to meet this goal. Objectives should be focused, concise, and measurable. Partnerships, activities, interventions, and expenses should all relate back to your project goal(s) and objectives.

Unless the project involves multiple, complex interventions, we recommend you have only one overall goal.

### **Proposed Intervention**

This section should provide a clear and concise description of the intervention or approach(es) you are proposing to use to address the problem described in the “Problem Statement”. You should also describe the rationale for using the intervention or approaches being proposed, including factors such as: “lessons learned” for similar projects or initiatives; factors in the larger environment that have created the “right conditions” for the intervention or approach (e.g., existing social or economic factors that you’ll be able to take advantage of, etc.). Also note any major barriers you anticipate encountering, and how your project will be able to overcome those barriers. Be sure to describe the role and makeup of any strategic partnerships you plan to involve in implementing the intervention, including other organizations, supporters, and/or consumer groups.

### **Special Target Populations and Organizations**

This section should describe how you plan to meaningfully involve community organizations in the planning and implementation of the proposed project. This section should also describe how the proposed intervention will prioritize services and supports to underserved and under-resourced communities.

### **Outcomes**

This section of the project narrative must clearly identify measurable outcomes that will result from the project. NOTE: ACL will not fund any project that does not include measurable outcomes. This section should also describe how the project’s findings might benefit the field at large.

A “measurable outcome” is an observable end-result that reveals how a particular intervention (i.e., direct service) impacts the end user. It demonstrates a measurable change in things like functional status, quality of life, mental well-being, knowledge, skill, attitude, awareness, or behavior. A measurable outcome is not a measurable “output” (e.g., the number of clients served; the number of training sessions held; the number of service units provided). Outputs quantify effort described in an objective. Outcomes describe the impact of these efforts and relate back to the overarching goal.

You should keep the focus of this section on describing what outcome(s) will be produced by the project. You should use the Evaluation section to elaborate on how the outcome(s) will be measured and reported. Your application will be scored on the clarity and nature of your proposed outcomes, not on the number of outcomes cited. It is totally appropriate for a project to have only ONE outcome that it is trying to achieve through the intervention reflected in the project’s design.

### **Project Management**

This section should include a clear delineation of the roles and responsibilities of project staff, consultants, subject matter experts, and partner organizations, and how they will contribute to achieving the project’s objectives and outcomes. It should specify who will have day-to-day responsibility for key tasks such as: leadership of project; monitoring the project’s ongoing

progress, (i.e., measure of performance towards the goals stated in the funding opportunity announcement and for your specific intervention/activities) preparation of reports; communications with other partners and ACL. It should also describe your approach to monitor and track progress on the project's tasks and objectives, including the work of subcontractors and/or sub-grantees.

## **Evaluation**

This section should describe the methods, measures, and tools that will be used by the third-party evaluator to: 1) determine if the proposed intervention achieved its anticipated outcome(s) for people living with dementia, caregivers, AND the CHW(s), and 2) document lessons learned – successes and challenges. Individuals or organizations involved in the development of any component of the proposed program would not qualify as "third-party" evaluator.

The development and implementation of a quality assurance (QA) program, including continuous quality improvement, should be included in this section. The QA program description should include methods for monitoring efficiency and effectiveness of activities, and how continuous quality improvement will be used when issues are identified.

The National Alzheimer's and Dementia Resource Center (NADRC) publishes a compendium of [Evaluation Measure Instruments](#) intended to help providers of dementia-related services identify appropriate and well-researched measures in support of their program evaluation plans. Applicants can choose from this list or identify another tool relevant to the outcome(s) they hope to make with chosen interventions.

[Writing an effective Work Plan and Evaluation Plan](#) may be a useful resource when developing an evaluation plan proposal and is available on the NADRC website. Samples of desired formats for the required work plan and evaluation plan are included with the webinar recording.

## **Dissemination**

This section should describe how the project's results will be disseminated to inform practice, influence policy making, secure sustainable funding and/ or support project replication.

## **Organizational Capability**

Each application should include an organizational capability statement and brief Curricula Vitae (CVs) for key project personnel. The organizational capability statement should describe how the applicant agency (or division of a larger agency which will have responsibility for this project) is organized, and the nature and scope of its work. It should also include the organization's capability to sustain some or all project activities after federal financial assistance has ended.

This description should cover capabilities of the applicant agency not included in the program narrative, including experience with federal financial assistance, project management and reporting, and other expertise relevant to the proposed project. If appropriate, include an organization chart showing the relationship of the project to the current organization. Please attach CVs for key project staff only. CVs and organizational chart will not count towards the narrative page limit. Also include information about contractual organization(s) that will have a significant role(s) in implementing project and achieving project goals.

## **Budget Narrative/Justification**

The Budget Narrative/Justification can be provided using the format included in the document, “Budget Narrative/Justification – Sample Format.” Applicants are encouraged to pay particular attention to this document, which provides an example of the level of detail sought. A combined multi-year Budget Narrative/Justification, as well as a detailed Budget Narrative/Justification for each year of potential grant funding is required.

The budget narrative/justification breakdown should reflect the structure of the project team. Primary grantee personnel and other related programmatic costs would be outlined in the main sections of the budget, while contract or sub-grantee detail (including personnel and other costs) would be included in the contract section of the budget.

Passthrough projects are prohibited, no project partner may receive more than 20% of the Federal funding received by the Primary Grantee.

The budget narrative/justification must indicate the budget lines where the applicant expects the direct service expenditures to occur, demonstrating intent to meet the required annual percentage allocations to the provision of direct services.

The budget narrative/justification must demonstrate the budget lines that will include the required match dollars. Match dollars must be directly connected to program activities articulated in the narrative and work plan.

Applicants with budgets requesting indirect cost reimbursement must include a copy of the applicant’s most recent indirect cost agreement or cost allocation plan. If any subcontractors or sub-grantees are requesting indirect costs, copies of their indirect cost agreements must also be included with the application package. Applicants without existing indirect cost agreements, may include the 10% de-minimus rate in their budget.

General Provisions under the Department of Health and Human Services Appropriations Act of 2022 (Public Law 117-103 Consolidated Appropriations Act, 2022, Division H, Title II, Section 202) includes a salary rate limitation. The law limits the salary amount that may be awarded and charged to ACL grants and cooperative agreements. Award funds may not be used to pay the salary of an individual at a rate in excess of Executive Level II. The Executive Level II salary of the Federal Executive Pay scale is \$221,900. This amount reflects an individual’s base salary exclusive of fringe and any income that an individual may be permitted to earn outside the duties to the applicant organization. This salary limitation also applies to sub-awards/subcontracts under an ACL grant or cooperative agreement.

## **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. For each major task / action step, the work plan should identify time frames involved (including start- and end-dates), and the lead person responsible for completing the task. Writing an effective Work Plan and Evaluation Plan may be a useful resource when developing a work plan proposal and is available on the NADRC website.

## **Letters of Commitment from Key Participating Organizations and Agencies**

Include letters from key partners confirming and describing nature of commitments to the project, should it be funded. Any organization named as having a role in the project should be considered an essential collaborator and their letter included. For applications submitted electronically via <http://www.grants.gov>, signed letters of commitment should be scanned and included as attachments. Applicants unable to scan the signed letters of commitment may fax them to the ACL Office of Grants Management at 202-357-3467 by the application submission deadline. In your fax, be sure to include the funding opportunity number and your agency name.

A copy of negotiated indirect cost rate letters should accompany letters of commitment from collaborators/agencies that anticipate collection of a negotiated indirect cost expenses.

A signed letter of commitment from the Third-Party Evaluator is required. State entities that are restricted by statute from soliciting commitments from evaluators in the application process, should include a letter or memorandum stating the challenge and citing the statute to which they are bound. The letter will indicate the intent to meet the requirement of engaging a third party evaluator, post award. The inability of a State applicant to secure a commitment from a third party evaluator in the application stage (due to statutory restrictions) does NOT relieve State applicants from the requirement to submit an evaluation plan with their application.

## **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](mailto: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](http://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](http://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: [SAM.GOV Quick Start Guide for Financial Assistance Registrations](#).

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**

Due Date for Applications 07/30/2025

07/30/2025

Date for Informational Conference Call:

07/09/2025

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

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

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

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

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

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

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,
  - As part of a per diem or subsistence allowance provided in conjunction with allowable travel; and
  - 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

Applicants must document all of their source material. If any text, language and/or materials are from another source, the applicant must make it clear the material is being quoted and where the text comes from. The applicant must also cite any sources when they 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.

Applications are scored by assigning a maximum of 100 points across the desired review criteria:

1. Project Relevance & Current Need (15 points)
2. Approach (30 points)
3. Budget (15 points)
4. Project Impact (25 points)
5. Organizational Capacity/Experience of Project Team (15 points)

### **Project Relevance & Current Need**Maximum Points: 15

1. Does the proposed project clearly and adequately identify the relevance of CHW program, as described in this Notice of Funding Opportunity (NOFO), in relation to current community needs?
2. Does the applicant adequately and appropriately describe and document the key problem(s)/condition(s) a CHW program could address which is relevant to the described purpose/need?
3. Is the proposed project justified in terms of the most recent, relevant, and available information and knowledge?
4. Has the applicant described the ways in which CHWs currently operate in their organization?
  - a. OR, if the CHW is a new role, how the addition of CHWs will address gaps in access, services, and/ or supports?
5. Has the applicant identified and clearly described a target population appropriate for CHW focus (i.e. known disparities in care access, quality, and/or outcomes).
6. Did the applicant provide rationale for prioritizing the target population, including national, state, and local level data?
7. Did the applicant describe their current relationship with the priority population, including previous attempts to engage?
8. Did the applicant demonstrate an understanding of CHW skills and qualifications including the personal attributes and experience needed to develop trust and engagement with the target population?
9. Beyond linking to services, did the applicant discuss how CHW engagement with the target population will influence organizational strategies and goals?

### **Approach**Maximum Points: 30

Goals/Objectives (10 Points)

1. Does the overall project, as proposed, align with ACL's program goal of developing and strengthening a culturally responsive workforce capable of increasing quality and quantity of dementia services for communities with the greatest need?
2. Does the project, as proposed, align with ACL's stated program objectives, including:
  - a. Identifying how CHWs can expand reach and improve Aging Network operations for early detection and engagement in dementia care.
  - b. Demonstrating how CHWs can leverage community assets to counter risk factors when delivering EBI/EII.
  - c. Evaluating outcomes of programs on people living with dementia, caregivers, and CHWs for sustaining and scaling best practices.
3. Does the applicant clearly state a project goal(s) relevant to their specific organization/ service area and define measurable objectives:
  - a. Do objectives also include the number of individuals who will benefit for the proposed intervention?
  - b. Are objectives reasonable and likely to be achieved?
4. Does the applicant clearly articulate how they plan to address the major challenges identified in the problem statement?
5. Does the applicant describe how partners and other collaborators will contribute to the success of goals and objectives?

#### Work/Management Plan (10 Points)

Note: Failure to include a work plan with the application will result in a score of "ZERO" for this section

1. Does the work plan reflect all proposed activities described in the project narrative, including:
  - a. Community-based dementia screening and referral for early detection and support
  - b. Delivering a dementia specific EBI/EII
  - c. Screening for and addressing the consequences of barriers to care, as they influence access to, engagement in, and/or quality of dementia care
2. Is the work plan clear and comprehensive, covering ALL years of the proposed project?
3. Does the work plan include feasible time frames for tasks presented?
4. Does the work plan include specific objectives linked to measurable outcomes?
  - a. Do these objectives also quantify anticipated outputs? (e.g. number of workshops, participants trained, etc.)
5. Are the roles and responsibilities of project staff, consultants, and other partners clearly defined and linked to specific objectives and tasks?
6. Does the work plan include all required trainings for the CHW(s), including:
  - a. CHW core competencies training and/or certification
  - b. A validated dementia screening tool and protocols for referral and linkage to follow-up services
  - c. A dementia specific EBI/EII
  - d. Dementia and other aging specific trainings

7. Does the application include letters of commitment from all individuals/organizations with roles in the work plan?

Methods of Addressing the Problem (10 Points)

1. Does the proposed project include and adequately demonstrate intent to implement EBI/EII as defined by ACL in this funding announcement?
2. Does the applicant include the required attachment describing the proposed EBI/EII, demonstrating compliance with EBI/EII requirements as defined by ACL in this funding announcement?
3. Does the proposed project include and describe CHW training, including content in:
  - a. CHW core competencies training and/or certification
  - b. A validated dementia screening tool and protocols for referral and linkage to follow-up services
  - c. A dementia specific EBI/EII
  - d. Dementia and other aging specific trainings
4. Does the proposed project also describe annual professional development planning for the CHW(s)?
5. Does the proposed project adequately describe how, and who will deliver direct services as defined in section VIII, Other Information – Glossary of Key Terms?
6. Does the proposed project demonstrate how the CHW(s) would conduct community-based dementia screenings, including clear protocols for referral and follow-up?
7. Does the proposed project demonstrate how the CHW(s) would identify and address barriers to care influencing dementia care access, quality, and outcomes?
8. Does the proposed project include a plan for sustaining the project after funding concludes?
9. Based on the information provided by the applicant, is it likely the proposed approach will achieve specified goals?
10. Does the project account for known barriers and opportunities that exist in the larger environment that may impact the project's success?
11. Does the applicant propose robust efforts to reach and provide services to underserved populations?

**BudgetMaximum Points: 15**

1. Has a multiyear budget narrative covering the entire proposed project period and individual budgets for each project year been included? (NOTE: Failure to include BOTH a budget and budget narrative with the application will result in a score of "ZERO" for this section.)
2. Are the requested resources consistent with the scope of the proposed project activities?
3. Are budget line items clearly delineated and consistent with work plan objectives?
4. Does the application package include a copy of the applicant's negotiated indirect cost rate, if they are seeking indirect cost reimbursement?
5. Is it clear that the applicant is not proposing conduit or pass-through funding for another agency to lead the project?

6. Are allocations to project partners at or below maximum 20% of the primary grantee's Federal budget?
7. Has the applicant included letters of commitment for funded project partners (including negotiated indirect cost rate letters for those who are claiming those costs)?
8. Has the applicant budget complied with salary limitations not to exceed an annual rate of \$221,900?
9. Does the budget reflect the 25% match (cash and/or in-kind) match requirement?
10. Does the budget reflect the required minimums of direct service cost allocation, as outlined below?
  - a. Year 1: 25% of expenses must be allocated to the delivery of direct services.
  - b. Year 2: 35% of expenses must be allocated to the delivery of direct services.
  - c. Year 3: 45% of expenses must be allocated to the delivery of direct services.
11. Is FTE allocation for Project Director and other key project personnel sufficient and appropriate when considering other, regular duties outside the scope of the proposed project?

**Project Impact Maximum Points: 25**

Outcomes (8 points)

1. Are the anticipated project benefits clear, realistic, and consistent with the objectives and purpose of the project?
2. Are the anticipated project outcomes measurable and consistent with the definition contained in the program announcement?
3. Has the applicant described methods, measures, and tools that will be used to evaluate anticipated outcomes?
4. Has the applicant described a quality assurance plan for monitoring the delivery of services and supports to ensure effective and efficient program delivery?
5. Does monitoring occur throughout the intervention so timely adaptations can be made if issues arise? Satisfaction surveys at the conclusion of a program or service will NOT meet this requirement.
6. Has the applicant agreed to work with AoA/ACL in compliance with OMB reporting requirements and to submit reports according to required schedule?

Evaluation (8 points)

1. Does the applicant include a robust third-party evaluation plan that demonstrates the intent to meet program requirements? (NOTE: Failure to include an evaluation plan with the application will result in a score of "ZERO" for this section)
2. Does the evaluation plan include pre and post assessments for all direct services and measure project impact on all required beneficiaries, including:
  - a. people living with dementia
  - b. caregivers
  - c. CHW?
3. Is a letter of commitment from the proposed third-party evaluator included in the application? If the applicant is a state bound by statute that disallows securing a

commitment from a third-party evaluator, did they include an attachment explaining the situation and citing the statute to which they are bound?

4. Does the project evaluation reflect a thoughtful and well-designed approach that will be able to successfully measure if the project has achieved its proposed outcomes?
5. Is the evaluation plan designed to capture “lessons learned” from the overall effort that might be of use to others in the field?

#### Dissemination (4 points)

1. Does the applicant describe what method(s) will be used to disseminate the project’s results in a timely manner?
2. Does the proposed dissemination plan include an understanding of the requirement that disseminated information, regardless of the dissemination method, will be fully accessible (e.g., 508-compliant)?

#### Sustainability (5 points)

1. Does the application include a clear and feasible plan for sustaining activities beyond the period of federal funding?
2. Is there a plan to use, where possible, other funding sources to expand and enhance the proposed activities?

#### **Organizational Capacity/Experience of Project Team** Maximum Points: 15

1. Does the applicant effectively demonstrate how the proposed project aligns with their organization’s mission, vision, values, and/or strategy?
2. Does the applicant demonstrate experience and a proven track record in developing and sustaining dementia capable systems?
3. Do the proposed project director(s), key staff, consultants, and advisors to the project have the background, experience, and other qualifications required to carry out their designated roles?
4. Are letters of commitment from partner organizations included, as appropriate?
5. Do the letters demonstrate clear understanding of partner roles in the project and are those commitments consistent with the description provided in the work plan?
6. Does the applicant demonstrate the experience, knowledge, and expertise in working with target audiences as identified in the funding opportunity?
7. Does the applicant provide evidence for their ability to partner with other state and community-based entities to close resource gaps without duplicating efforts?

## **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: 09/30/2025

## **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.

If you receive an award, you must follow all applicable nondiscrimination laws. You agree to this when you register in SAM.gov. You must also submit an Assurance of Compliance ([HHS-690](#)). To learn more, see the [HHS Office for Civil Rights website](#).

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.

As of October 1, 2024, 2 CFR 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards updated to a new version. The eCFR is currently updating its site with the newly adopted content. Until that time, the links below to 2 CFR 200 will not include the changes. If you need to see specific changes while they complete that work, see [78 FR 78608](#).

Also as of October 1, 2024, HHS adopted several provisions in the new 2 CFR 200 that affect your application. These new provisions supersede those previously used in 45 CFR 75. The changes include:

### **Indirect costs**

#### **De minimis rate**

If you use the de minimis rate to calculate indirect costs:

- When you calculate this rate, you will now use 15% of modified total direct costs (MTDC) rather than 10%. See [2 CFR 200.414\(f\)](#).
- Additionally, when you calculate MTDC, you can now use up to \$50,000 of subawards and subcontracts rather than \$25,000. See [2 CFR 200.1](#).

#### **Training awards**

If your application is for a training award, your indirect cost rate remains capped at 8% of MTDC. However, when calculating MTDC, you can now use up to \$50,000 of subawards and subcontracts rather than \$25,000. See [2 CFR 200.1](#).

### **Budget**

When planning your budget, HHS now uses the definitions for [equipment](#) and [supplies](#) in 2 CFR 200.1. The new definitions change the threshold for equipment to the lesser of the recipient's capitalization level or \$10,000 and the threshold for supplies to below that amount.

### **All changes**

HHS adopted all the following superseding provisions on October 1, 2024:

- [2 CFR 200.1](#), Definitions, Modified Total Direct Cost.
- [2 CFR 200.1](#), Definitions, Equipment.
- [2 CFR 200.1](#), Definitions, Supplies.
- [2 CFR 200.313\(e\)](#), Equipment, Disposition.
- [2 CFR 200.314\(a\)](#), Supplies.
- [2 CFR 200.320](#), Methods of procurement to be followed.
- [2 CFR 200.333](#), Fixed amount subawards.
- [2 CFR 200.344](#), Closeout.
- [2 CFR 200.414\(f\)](#), Indirect (F&A) costs.
- [2 CFR 200.501](#), Audit requirements.

## **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:**

Kari

**Last Name:**

Benson

**Phone:**

(202) 401-4634

**Office:**

Office of Supportive and Caregiver Services

### **Grants Management Specialist**

**First Name:**

Rasheed

**Last Name:**

Williams

**Phone:**

(202) 401-4634

**Office:**

Office of Grants Management

## VIII. Other Information

### *Glossary of Key Terms*

**Direct Service:** For the purposes of this NOFO and overall initiative, eligible direct service activities must be provided to people living with dementia and/or caregivers. Additionally, dementia capable training to professionals will qualify when training is used to improve care for people living with dementia and/or caregivers. Direct service starts when an eligible person consents to receive CHW supportive services.

CHW led direct service activities **MUST** include, but are not limited to:

1. Implementation of a community-based dementia screening for early detection and referral to relevant services and supports
2. Delivering a dementia specific EBI/EII
3. Screening for and addressing the consequences of barriers to care, as they influence access to, engagement in, and/or quality of dementia care (find barriers to care in glossary for definition and examples).

Training received by the CHW(s) is also considered direct service. While annual training plans are flexible and should be person-centered, the CHW(s) must receive training in:

1. CHW core competencies training and/or certification
2. A validated dementia screening tool and protocols for referral and linkage to follow-up services
3. A dementia specific EBI/EII
4. Dementia and other aging specific trainings

Optional direct service activities may include:

- Care extender: Conduct screenings and person-centered assessments, support goal development, facilitate action plans, and monitor progress; Participate in care planning, case consulting, and/or care team huddles with other interdisciplinary team members.
- Liaison to institutions: Facilitate dementia capable training to professionals, emphasizing cultural preferences and practices of underserved populations.
- Health promoter: Deliver person-centered dementia education to community members and dementia care workforce members. Topics may include: brain health; signs, symptoms, etc. Promotion of resources alone would NOT count as education. Train individuals, families, and groups of people living with dementia and/or caregivers in behavior-management and self-care techniques.
- Health navigator: Connect individuals and families to dementia related health and social services; Monitor and evaluate if services are appropriate and meeting need.
- Peer coach: Provide informal counseling and social support; Model dementia capable behaviors and attitudes.
- Companion Services: non-medical care, supervision, and socialization. Companions may assist or supervise a participant in completing tasks like meal preparation, laundry, light housekeeping, and shopping. Companion services are typically provided in a participant's home but may be provided outside the home when a participant is accessing additional services and supports. Companion services may be also referred to as Homemaker Services.
- Respite: an interval of rest or relief OR the result of a direct dementia-specific service that generates rest or relief for the caregiver and/or care recipient.

**Evidence-Based Intervention (EBI):** For the purposes of this NOFO and overall initiative, an EBI is defined as a program, tested through randomized controlled trials, that:

1. Demonstrates a statistically significant effect on improving, maintaining, or slowing the decline in the health or functional status for people living with dementia and/or caregivers;

And

1. Is suitable for deployment through community-based human services organizations and involve non-clinical workers in the delivery of the intervention;

And

1. Research results have been published in a peer-reviewed scientific journal;

And

1. The intervention has been translated into practice and is ready for distribution through community-based human services organizations.

Evidence-Informed Intervention (EII): For the purposes of this NOFO and overall initiative, an EII is defined as practices with substantive research evidence, that:

- Demonstrates an ability to improve, maintain, or slow the decline in the health and functional status of people living with dementia and/or caregivers;

And

- Has been tested by at least one quasi- experimental design with a comparison group, with at least 50 participants;

Or

- Is an adaptation or translation of a single evidence-based intervention.

Examples of interventions that meet ACL standards can be found in Grantee-Implemented Evidence- Based and Evidence-Informed Interventions. This is not an exhaustive list, but describes interventions used by past grantees.

**Barriers to Care:** For the purposes of this NOFO and overall initiative, barriers to care are defined as conditions that contribute to delayed diagnosis and treatment, reduced access to necessary services, poorer quality dementia management, and increased caregiver burden. This is different from behavioral health factors, where individual habits and practices are linked to poor health (e.g., smoking, sedentary lifestyle), though barriers to care may influence individuals' choices and behaviors (Alderwick & Gottlieb, 2019).

Examples of barriers to care include (but are not limited to):

- Social and/or geographic isolation (e.g. rural)
- Lack of natural supports/ living alone
- Low health and/or financial literacy
- Bad experiences with healthcare systems and/or healthcare providers
- Living in unsafe or unhealthy environments
- Poverty/ limited access to needed resources
- Lack of person-centered care

(Centers for Disease Control and Prevention, 2024; National Academies of Sciences, Engineering, and Medicine, 2021).

#### References

Alderwick, H., Gottlieb, L. M. (2019, June). Meanings and misunderstandings: a social determinants of health lexicon for health care systems. *The Milbank Quarterly*. <https://www.milbank.org/quarterly/articles/meanings-and-misunderstandings-a-social-determinants-of-health-lexicon-for-health-care-systems/>.

Centers for Disease Control and Prevention. (2024, July 30). Non-medical factors that affect Alzheimer's disease and related dementias risk. <https://www.cdc.gov/alzheimers->

dementia/php/sdoh/?CDC\_AAref\_Val=https://www.cdc.gov/aging/disparities/social-determinants-alzheimers.html.

National Academies of Sciences, Engineering, and Medicine; Division of Behavioral and Social Sciences and Education; Board on Behavioral, Cognitive, and Sensory Sciences; Committee on the Decadal Survey of Behavioral and Social Science Research on Alzheimer's Disease and Alzheimer's Disease-Related Dementias. (2021, July 26). Reducing the impact of dementia in America: a decadal survey of the behavioral and social sciences. National Academies Press (US). Doi: 10.17226/26175. <https://www.ncbi.nlm.nih.gov/books/NBK574341/>.

## **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. 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-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/>.
- 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/your-protections-against-discrimination-based-on-conscience-and-religion/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.

If you receive an award, HHS may terminate it if any of the conditions in [2 CFR 200.340\(a\)\(1\)-\(4\)](#) are met. No other termination conditions apply.

## 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](http://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 12<sup>th</sup> 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 1<sup>st</sup> 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 subrecipient.

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 \$10,000 or less regardless of total direct costs does not require a detailed budget breakdown (e.g., 5% x \$200,000 = \$10,000 – 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	<b>Federal</b> Project Director (name) = .5 FTE @ \$95,401/yr = \$47,700

					<b>Non-Fed Cash</b> Officer Manager (name) = .5FTE @ \$47,108/yr = \$23,554 <b>Total</b> 71,254
Fringe Benefits	\$17,482	\$8,632	\$0	\$26,114	<b>Federal</b> Fringe on Project Director at 36.65% = \$17,482 FICA (7.65%) Health (25%) Dental (2%) Life (1%) Unemployment (1%) <b>Non-Fed Cash</b> 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	<b>Federal</b> 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 <b>Non-Fed Cash</b> 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	<b>Federal</b> 2 desks @ \$1,500 \$3,000 2 chairs @ \$300 \$600 2 cabinets @ \$200 \$400 <b>Non-Fed Cash</b> 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 <i>If contract details are unknown due to contract yet to be made provide same information listed above and:</i> A detailed evaluation plan and budget will be submitted by (date), when contract is made.
Other	\$5,600	\$0	\$5,880	\$11,480	<b>Federal</b> 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



					<b>In-Kind Volunteers</b> 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.
<b>TOTAL</b>	<b>\$140,294</b>	<b>\$40,866</b>	<b>\$5,880</b>	<b>\$187,060</b>	

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					
<b>TOTAL</b>					

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.														



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. Novice Applicant.**Select "Not Applicable To This Program."