



**Administration for Community Living**

Administration on Aging

Advancing Strategies to Deliver and Sustain Evidence-Based Chronic Disease Self-Management  
Education Programs to Support Older Adults with Behavioral Health Conditions

HHS-2025-ACL-AOA-CSSG-0034

08/15/2025

## Table of Contents

|   |    |
|---|----|
| Executive Summary .....   | 3  |
| Additional Overview Content/Executive Summary .....                     | 3  |
| I. Funding Opportunity Description .....                                | 4  |
| Background .....  | 4  |
| Purpose .....   | 5  |
| II. Award Information .....   | 8  |
| III. Eligibility Information .....                                      | 11 |
| 1. Eligible Applicants .....  | 11 |
| 2. Cost Sharing or Matching .....                                       | 11 |
| 3. Responsiveness and Screening Criteria .....                          | 11 |
| IV. Application and Submission Information .....                        | 12 |
| 1. Address to Request Application Package .....                         | 12 |
| 2. Content and Form of Application Submission .....                     | 14 |
| Letter of Intent .....  | 14 |
| Project Narrative .....   | 14 |
| Project Abstract .....  | 15 |
| Project Relevance and Current Need .....                                | 15 |
| Approach .....  | 16 |
| Outcomes .....  | 20 |
| Organizational Capacity .....   | 21 |
| Letters of Support/Commitment .....                                     | 22 |
| Budget Narrative/Justification .....                                    | 23 |
| Work Plan .....   | 23 |
| 3. Unique Entity Identifier and System for Award Management (SAM) ..... | 23 |
| 4. Submission Dates and Times .....                                     | 25 |
| 5. Intergovernmental Review .....                                       | 26 |
| 6. Funding Restrictions .....   | 26 |
| 7. Other Submission Requirements .....                                  | 27 |
| V. Application Review Information .....                                 | 27 |
| 1. Criteria .....   | 27 |
| 2. Review and Selection Process .....                                   | 33 |
| 3. Anticipated Announcement Award Date .....                            | 33 |
| VI. Award Administration Information .....                              | 33 |

|  |    |
|--|----|
| 1. Award Notices.....  | 33 |
| 2. Administrative and National Policy Requirements.....  | 33 |
| 3. Reporting.....  | 35 |
| 4. FFATA and FSRS Reporting.....   | 35 |
| VII. Agency Contacts .....   | 35 |
| VIII. Other Information .....  | 36 |
| The Paperwork Reduction Act of 1995 (P.L. 104-13).....   | 36 |
| Appendix.....  | 36 |
| Instructions for Completing Required Forms .....   | 37 |
| Budget Narrative/Justification- Sample Format .....  | 45 |
| Instructions for Completing the Project Summary/ Abstract.....   | 49 |
| Appendix A: Glossary of Terms .....  | 50 |
| Appendix B: Listing of Evidence-Based CDSME Programs .....   | 53 |
| Appendix C: Listing of Self-Management Support Programs.....   | 54 |
| Appendix D: Required Data Collection Forms.....  | 56 |
| Appendix E: Guidance for Administration for Community Living Chronic Disease Self-<br>Management Education Grant Applicants: Considerations for Estimating Participation and<br>Completion Targets ..... | 57 |
| Appendix F: Resources for Competitive Grant Application Writing .....  | 67 |

**ACL Center:**

Administration on Aging

**Funding Opportunity Title:**

Advancing Strategies to Deliver and Sustain Evidence-Based Chronic Disease Self-Management Education Programs to Support Older Adults with Behavioral Health Conditions

**Funding Opportunity Number:**

HHS-2025-ACL-AOA-CSSG-0034

**Primary CFDA Number:**

93.734

**Due Date for Letter of Intent:**

08/15/2025

**Due Date for Applications:**

08/15/2025

**Date for Informational Conference Call:**

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**

#### **Background**

The Older Americans Act (OAA) is implemented through the aging network in communities across the United States. The aging network includes State Units on Aging (SUAs), Area Agencies on Aging (AAAs), and local service providers (LSPs). This network provides services, referrals, and programs to older adults, such as evidence-based chronic disease self-management education (CDSME) and support programs.

CDSME is used in this announcement as an umbrella term for community-based education programs designed to enhance the self-management of chronic diseases. These programs focus on building healthy behaviors and skills – such as goal setting, decision-making, problem-solving, and self-monitoring.

#### **Benefits for Older Americans**

This funding opportunity will encourage positive outcomes to improve the health and well-being of older Americans with behavioral health condition(s) or behavioral health stressor(s). The CDSME programs have proven to maintain or improve health outcomes of older adults with chronic conditions, including behavioral health conditions. One study showed significant reductions in ER visits and hospitalizations after taking the program. This equals a potential net savings of \$364 per participant. If just 5% of adults with one or more chronic conditions were reached, there would be a national savings of \$3.3 billion. <sup>[1]</sup>

While CDSME programs have proven to be beneficial to older adults with behavioral health conditions, previous reach has focused on individuals with conditions such as diabetes, chronic pain, and hypertension. Older adults with behavioral health disorders often experience worse health and functional outcomes, have higher rates of emergency department visits, use more medications, and have higher health care costs than those without a behavioral health disorder. <sup>[2]</sup>

The critical knowledge gained through this funding announcement goes beyond the older adults served by this project. The outcomes from this funding opportunity will be shared across the nation, in the form of resources, that will help foster innovation and accelerate future implementation. This will result in a greater reach of older adults with chronic conditions, including behavioral health conditions, and improve access to services that will contribute to better health outcomes and make America healthier.

#### **Funding Opportunity Details**

Through a statewide initiative, awardees of this funding opportunity will develop capacity for, deliver, and sustain evidence-based CDSME and support programs to improve the behavioral health of older adults and adults with disabilities.

The target populations are:

- older adults (age 60 and older) and individuals with disabilities with one or more behavioral health conditions, and

- older adults (age 60 and older) and individuals with disabilities with one or more stressors that are negatively impacting their behavioral health

As specified in the Older Americans Act (Sec 206 (a)), you must target older individuals with the greatest economic need and with the greatest social need. You should ensure the targeted population reflects the needs of your local communities and population demographics.

This funding opportunity has three deliverables:

- Increase the **number of individuals** who participate in evidence-based CDSME programs, while reaching the target population
- Increase **partnerships and collaboration** between the Aging and Disability Services Networks and behavioral health providers
- Increase the **knowledge of the field** by developing and disseminating resources and learnings on the outcomes of your grant for other organizations to replicate similar projects in their communities

The Administration for Community Living (ACL) plans to award five cooperative agreements with a three-year (36-month) project period, subject to the availability of funds. To help ensure a wider geographic reach, it is unlikely that more than one applicant per state will be funded.

You must request a total budget between \$1,100,000 to \$1,250,000 in federal funds for the three-year project. All awards are subject to the availability of federal funds.

These awards will be Cooperative Agreements. Cooperative Agreements allow for collaboration with AoA and the National Chronic Disease Self-Management Education Resource Center throughout the project period. There is an expected start date of September 1, 2025.

## I. Funding Opportunity Description

### Background

This section has information about the prevalence of chronic conditions among older adults and how CDSME programs can help address the problem.

#### Chronic Conditions and Behavioral Health Conditions Among Older Adults

Approximately 95% of older adults have at least one chronic condition, such as hypertension, diabetes, and arthritis, and nearly 80% have two or more. <sup>[3]</sup> Behavioral health is the promotion of mental health and well-being, the treatment of mental and substance use disorders, and the support of those who experience and/or are in recovery from these conditions.

As of 2022, an estimated 9.8 million older adults (12.5%) had a mental illness, and 7.1 million older adults (9.1%) had a substance use disorder (SUD) in the past year. <sup>[4]</sup> Behavioral health conditions among older adults are often underrecognized and undertreated. <sup>[5]</sup>

Stressful life events, such as the loss of a spouse, major illness, and loss of independence, are linked to the onset of depression. <sup>[6]</sup> In the United States, 90% of adults have had at least one traumatic event, and having multiple traumatic events is common. As trauma survivors age, their trauma symptoms may resurface and evolve when stressful life events happen. <sup>[7]</sup>

Many older adults have both chronic conditions and behavioral health conditions. Research shows us:

- People with a chronic condition have a higher risk of developing depression due to anxiety, stress, or other challenges caused by the condition, brain changes, and medications.
- People with depression have a higher risk for developing some chronic diseases like heart disease, diabetes, stroke, and osteoporosis. <sup>[8]</sup>
- People who have a chronic disease and depression tend to have more severe symptoms of both illnesses.
- As adults age, they often are more sensitive to substances, which can cause injury, complicate existing medical conditions, or interact with medications. <sup>[9]</sup>

To cope with multiple chronic diseases and worsening behavioral health conditions is a challenge for older adults, their caregivers, and their families. Efforts are more impactful when they include the community and include coordinated strategies across multiple sectors that include public health, healthcare, behavioral health, and other stakeholders. By addressing both chronic conditions and behavioral health, we can better meet the needs of the whole person.

#### *Increasing Participation in Evidence-Based Community Programs to Mitigate the Chronic Disease and Behavioral Health Burden*

Empowering older adults to engage in evidence-based chronic disease self-management education (CDSME) programs to better manage their conditions can ease the chronic disease and behavioral health burden.

Evidence-based CDSME programs improve health and well-being and reduce disease and injury. In addition to the outcomes noted earlier, CDSME program participants also have improved health literacy, better psychological well-being, better health-related quality of life, improved physical activity, and reduced loneliness, social role limitations, and health distress. <sup>[10-12]</sup> CDSME programs are also associated with long-term improvements in depression. <sup>[13]</sup>

Evidence-based programs such as Healthy IDEAS (Identifying Depression & Empowering Activities for Seniors) and PEARLS (Program to Encourage Active, Rewarding Lives) (see Appendix C for more information) are designed to combat depression among older adults.

Learn more about past awardees here - <https://acl.gov/programs/health-wellness/chronic-disease-self-management-education-programs>.

## **Purpose**

This section provides details about the Target Population and Goals.

The purpose of this funding opportunity is to develop and implement a thorough strategy to deliver and sustain evidence-based CDSME programs through a statewide initiative.

Deliverables will include:

- Increase the **number of individuals** who participate in evidence-based CDSME programs, while reaching the target population
- Increase **partnerships and collaboration** between the Aging and Disability Services Networks and behavioral health providers

- Increase the **knowledge of the field** by developing and disseminating resources and learnings on the outcomes of your grant for other organizations to replicate similar projects in their communities

### *Target Population*

For this project, the target population is:

- Older adults (60 years and older) and individuals with disabilities who have one or more behavioral health conditions, such as:
  - Depression
  - Anxiety disorders
  - Bipolar disorder
  - PTSD
  - Substance use disorder
- Older adults (60 years and older) and individuals with disabilities who have one or more stressors that negatively impact their behavioral health. Stressors are defined in this Notice of Funding Opportunity (NOFO) as:
  - Experienced a traumatic event
  - New diagnosis of a chronic condition or disability
  - Being a caregiver
  - A change in finances or work status
  - Loss of a loved one, including through divorce
  - Sudden change in housing status (i.e., homelessness)

### *Goals*

This funding opportunity has two goals:

- **Goal 1:** *Through a statewide initiative, develop capacity (e.g., instructors, partnerships, and referral networks) to increase the number of older adults and adults with disabilities in the target population who participate in evidence-based chronic disease self-management education (CDSME) and support programs.*
- **Goal 2:** *Develop and disseminate Section 508-compliant resources specific to your grant learnings on the outcomes of your grant, to enhance knowledge in serving the target population and aid in the sustainability of programs.*

**To be considered for funding, you must include the following components in the proposal to accomplish the goals of this funding opportunity**

1. You must propose to deliver **one or more** CDSME programs in Appendix B **AND** at least **one self-management program** in Appendix C. Explain how the programs selected will help improve the behavioral health of the target population.

**The programs selected MUST be on the list of pre-approved interventions found in Appendices B and C of this funding opportunity.** Please refer to Appendix A (Glossary of Terms) for definitions of CDSME and self-management support programs.

- You should begin to deliver your selected CDSME and self- management support programs within three to six months after receiving your Notice of Award.
  - You may propose to implement one or more of the identified programs in a remote format. You should contact the program developer/administrator for any program(s) you are interested in delivering remotely to confirm that: 1) the programs are allowed for remote delivery; and 2) training is available readily.
  - **Anyone** who doesn't have existing capacity (i.e., trained leaders, licensing, etc.) for any program(s) they propose must include a **letter from the program developer/administrator** in their application. The letter should indicate that they will be able to be trained no later than three months after the start date of the grant. Information about each program can be found in Appendices B and C.
2. You must identify the total target number of older adults and adults with disabilities throughout the state that you will reach with this funding. You must define which behavioral health condition(s) and behavioral health stressor(s) listed above will be prioritized and propose how 50% of the program's total participant target will be from the target population.
  3. The proposed project must include partnerships across the state to support this application. **At least two** of those partnerships must specialize in serving older adults with behavioral health conditions.
  4. Evidence-based CDSME and support program delivery needs to be person-centered, trauma-informed, and culturally appropriate. Training on these topics should be provided to staff and program leaders.
  5. Participant recruitment for evidence-based CDSME programs must include older adults in greatest economic need and greatest social need consistent with the Older Americans Act.

## References

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- [9] Substance Abuse and Mental Health Services Administration (SAMHSA). (2020). *Treating Substance Use Disorder in Older Adults*. SAMHSA. <https://store.samhsa.gov/sites/default/files/tip-26-pep20-02-01-011.pdf>
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### Statutory Authority

The statutory authority for grants under this Notice of Funding Opportunity is contained in the Older Americans Act, Title IV; and the Patient Protection and Affordable Care Act, 42 U.S.C. § 300u-11 (Prevention and Public Health Fund).

## II. Award Information

Funding Instrument Type:

CA (Cooperative Agreement)

Estimated Total Funding:

\$6,203,143

Expected Number of Awards:

5

Award Ceiling:  
\$1,250,000  
Per Project Period

Award Floor:  
\$1,100,000  
Per Project Period

Length of Project Period:  
Other

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

36-month project and 36 month budget periods (fully funded)

**Cooperative Agreement Terms**

As provided by the terms of the Federal Grant and Cooperative Agreement Act of 1977 (P.L. 95-224), Cooperative agreements require our substantial involvement after an award is made. There are specific roles for both you and ACL.

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

1. Fulfill all grant requirements outlined in this Funding Opportunity, and carry out project activities as reviewed, approved, and awarded.
2. Through a statewide initiative, 1) commit to engage partners to help implement the proposal, with two or more organizations specializing in behavioral health 2) commit to establish a statewide approach to reach those in greatest economic need and greatest social need and 3) serve older adults and adults with disabilities, prioritizing those with at least one behavioral health condition and at least one behavioral health stressor.
3. Reach 25% of target completers (for CDSME programs) and participants (for self-management support programs) by the end of Year 1, 50% by the end of Year 2, and 100% by the end of Year 3.
4. Develop resources based on learnings throughout the grant with 25% developed by the end of Year 1, 50% by the end of Year 2, and 100% by the end of Year 3.
5. Develop a strategy to ensure that by the end of the project period, 50% of the program's total participants will be from the target population.
6. You must budget each year for two people to attend the National CDSME Resource Center's annual CDSME conference (including any no-cost extension period, if applicable).
7. Provide person-centered, trauma-informed, and culturally appropriate training for all grant staff and program leaders.
8. Comply with all requirements (training, licensing, fees, etc.) for the selected CDSME and self-management support programs.
9. The grant Project Investigator/Director must attend all regularly scheduled calls and communicate with the AoA Project Officer monthly, or at another agreed cadence.
10. Collect required program data for all program participants (see Appendix D for the specific data collection forms). You must compile and report the data to the CDSME National Database within 30 days of participants' completion of the program. Grantees

should plan to train workshop leaders on data collection practices and the use of these forms.

11. Participate in any of our sponsored research and/or evaluations.
12. Participate in our relevant education (e.g., webinars, workgroups, symposiums) provided that ACL/ National CDSME Resource Center provides reasonable notice of the subject, date, and time of the event.
13. Comply with all other reporting requirements, as outlined in Section VI (Award Administration Information) of this Funding Opportunity and the Notice of Award.
14. If sub-awarding, you should use a transparent and open process to solicit, review, select, and make required sub-awards to organizations. You should describe how the process will be designed and administered, and how you will conduct required oversight of sub-awardees.
15. Include the following disclaimers on all products produced using this grant funding:

HHS Cooperative Agreement that is NOT funded with other non- governmental sources:

*"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 100 percent funding by ACL/HHS. 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."*

The HHS Cooperative Agreement that IS partially funded with other nongovernmental sources:

*"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."*

**The AoA Project Officer** agrees to execute the responsibilities outlined below:

1. Perform the day-to-day Federal responsibilities of managing a Cooperative Agreement and work with you to ensure that minimum grant requirements for the grant are met.
2. Work cooperatively with you to clarify the program and budget issues, and, as necessary, mutually agree on how to meet any needs identified by you or us.
3. Help you understand the strategic goals and objectives, policy perspectives, and priorities of AoA and the U.S. Department of Health and Human Services; and about other federally-sponsored projects and activities relevant to activities funded under this announcement.
4. In collaboration with the [National Chronic Disease Self-Management Education Resource Center](#), provide technical advice related to the fulfillment of grant goals and objectives of this grant.
5. Attend and participate in major project events, as appropriate.
6. Communicate with your project director monthly, or other agreed times, to improve project effectiveness.

Once a Cooperative Agreement is in place, requests to modify or amend the Agreement or the work plan may be made by us or you at any time if the request stays within the scope of work. Major changes may affect the integrity of the competitive review process. Modifications and/or amendments of the Cooperative Agreement or work plan shall be effective upon the execution of an award notice. Unless we are authorized under the Terms and Conditions of award, 45 CFR Part 75, or other applicable regulation or statute to make unilateral amendments. When an award is issued, the Cooperative Agreement terms and conditions from the program announcement are incorporated by reference.

### III. Eligibility Information

#### 1. Eligible Applicants

Domestic public or private non-profit entities including state governments, county governments, city or township governments, special district governments, independent school districts, public and state controlled institutions of higher education, Native American tribal governments, public housing authorities/Indian housing authorities, Native American tribal organizations, nonprofits having a 501(c)(3) status, private institutions of higher education, faith-based organizations, and community-based organizations.

#### 2. Cost Sharing or Matching

Cost Sharing / Matching Requirement:

No

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

#### 3. Responsiveness and Screening Criteria

**Application Responsiveness Criteria**

Not Applicable

**Application Screening Criteria**

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

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

- Applications must be submitted electronically via <https://www.grants.gov> by 11:59 p.m., Eastern Time, by the **due date listed in section IV under 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 all sides, and a **standard font size of no less than 11 point, preferably Times New Roman or Arial**.
- The Project Narrative must not exceed twenty (20) pages. **NOTE:** The Project Work Plans, Letters of Support/Commitment, Project Map, Organizational Chart, Budget Narrative/Justifications and Vitae of Key Project Personnel **are not counted** as part of the Project Narrative for purposes of the 20-page limit.
- Applications must include a proposed Budget Narrative/Justification for years 1, 2, and 3, as well as a combined Budget Narrative/Justification for the proposed 36-month budget period. The proposed combined Budget Narrative/Justification must not exceed the total federal 3- year award ceiling of \$1,250,000.
- Applications must include a Project Work Plan for years 1, 2, and 3. Project Work Plans must be consistent with the proposed Project Narrative and Budget Narrative/Justifications.
- You can use smaller font sizes to fill in the Standard Forms and Sample Formats outside the Project Narrative section, such as the Project Work Plans and Budget Narrative/Justifications.

## IV. Application and Submission Information

### 1. Address to Request Application Package

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

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

<https://www.grants.gov/web/grants/applicants/workspace-overview.html>

The Grants.gov registration process can take several days. If your organization is not currently registered, please begin this process immediately. For assistance with <https://www.grants.gov>, please contact them at [support@grants.gov](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

Email: [AOA.OAA@acl.hhs.gov](mailto:AOA.OAA@acl.hhs.gov)

Administration on Aging

## 2. Content and Form of Application Submission

### Letter of Intent

Number of Days from Publication 18

08/15/2025

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

U.S. Department of Health and Human Services

Administration for Community Living

Administration on Aging

Email: [AOA.OAA@acl.hhs.gov](mailto:AOA.OAA@acl.hhs.gov)

### Project Narrative

The Project Narrative must be **double-spaced**, on 8 ½" x 11" paper with **1" margins** on all sides, and a **standard font size of no less than 11, Times New Roman or Arial**. The entirety of the Project Narrative, including tables, graphics, and headings must be double-spaced. You can use smaller font sizes to fill in the Standard Forms and Sample Formats outside the Project Narrative section, such as the Project Work Plans and Budget Narrative/Justifications. **Twenty (20) pages is the maximum length allowed.**

**NOTE:** The Project Work Plans, Letters of Support/Commitment, Vitae of Key Project Personnel, Project Map, Organizational Chart, and Budget Narrative/Justifications **are not counted** as part of the Project Narrative for purposes of the 20-page limit.

You must document all source materials. If any text, language, and/or materials are from another source, you must make it clear the material is being quoted and where the text comes from. You must also cite any sources when they include numbers, ideas, or other material that are not their own.

The Project Narrative is the most important part of the application. It is the primary basis to determine whether your project meets the minimum requirements for grants under the authorizing statutes. The Project Narrative should have a clear and concise description of your project. See Appendix F for resources on writing a grant application.

Your Project Narrative **must** include the following components and be clearly labeled:

- Project Abstract
- Project Relevance and Current Need

- Approach
- Outcomes and Evaluation
- Organizational Capacity

**To help reviewers score your application, you are required to organize your proposal using the headings above.**

## **Project Abstract**

This section should include a brief description (no more than 265 words) of the proposed project. Detailed instructions for completing the summary/abstract are included in the “Instructions for Completing the Project Summary/Abstract.”

In your abstract, clearly specify:

1. The objectives and outcomes of the proposed project;
2. **One or more selected evidence-based CDSME program(s)** and at least **one self-management support program** you plan to implement, with why you selected the program and how it will positively impact the behavioral health of the target population:
  - Programs selected **MUST** be on the pre-approved list found in Appendices B and C of this funding opportunity.
  - You may propose to implement one or more of the identified programs in a remote format.
  - You are expected to begin delivering your selected CDSME and self-management support programs within three to six months after receiving your Notice of Award.
3. Projected number of program completers (CDSME programs) and participants (self-management support program[s]) for your selected programs (*reference Appendix E*) broken down by program and grant year;
4. Number of key partners, identifying which partnerships are across the state and at least two or more of those partnerships who specialize in serving older adults with behavioral health conditions; and
5. A statewide strategy that reaches the target population and defines which behavioral health condition(s) and behavioral health stressor(s) will be prioritized. Affirm that the geographic area is statewide.

## **Project Relevance and Current Need**

This section should describe, in both quantitative and qualitative terms, the nature and scope of the problem your proposed project will address.

In this section:

1. Describe and cite (using reliable and relevant data sources) the impact of chronic conditions and behavioral health conditions in your state among older adults and adults with disabilities, especially from the target population, and how your project will improve this impact.
2. Explain the gap in the availability of your selected CDSME and self-management programs across the state. This should include the current delivery status of CDSME and



self-management support programs by your organization or other organizations across the state and program sustainability efforts.

3. Describe why your organization is well-positioned to fill the gap. Include your experience partnering with behavioral health organizations, and experience reaching individuals in the target population.
4. Include a Project Map of your state that shows where your selected programs are already being offered (if applicable), and where programming will be offered for this grant. The map should identify from the target population the number of older adults and adults with disabilities that will be reached with this funding and how the target population will be prioritized. **The map of the statewide initiative should be included as an appendix to your application. It doesn't count toward the 20-page maximum.**

## Approach

### A. Capacity Building and Program Implementation

In this sub-section, you should describe how you will develop capacity to deliver CDSME and self-management support programs through a statewide initiative to reach the target population. In this section:

1. State the project's major goals and objectives that align with Goal 1 of this funding opportunity.

**Goal 1:** *Through a statewide initiative, develop capacity (e.g., instructors, partnerships, and referral networks) to increase the number of older adults and adults with disabilities in the target population who participate in evidence-based chronic disease self-management education (CDSME) and support programs.*

2. Describe how you intend to identify, market to, recruit, and prioritize participants from the target population (noted below). Strategies should consider the target population, and how they can be best reached, as well as platforms, marketing strategies, campaigns, brand messaging, referral systems, media platforms, and/or partner involvement.

*The target population for this NOFO is:*

- Older adults (60 years and older) and individuals with disabilities who have one or more behavioral health conditions, such as:
  - Depression
  - Anxiety disorders
  - Bipolar disorder
  - PTSD
  - Substance use disorder
- Older adults (60 years and older) and individuals with disabilities who have one or more stressors that are negatively impacting their behavioral health. Stressors are defined in this NOFO as:
  - Experienced a traumatic event
  - New diagnosis of a chronic condition or disability
  - Being a caregiver
  - A change in finances or work status

- Loss of a loved one, including through divorce
- Sudden change in housing status (i.e., homelessness)

Recruitment and reach should reflect the state demographics of older adults and adults with disabilities.

Please note, the majority focus of your grant should be older adults 60 and older.

3. Identify **one or more evidence-based CDSME program(s)** in Appendix B and **at least one self-management support program** in Appendix C and a rationale for selecting the programs. The rationale should relate to the project's relevance and how the programs will help improve the behavioral health of the target population. **Only select programs that are included in Appendix B and Appendix C.**

a. You may implement one or more of the identified programs in a remote format. You should contact the program developer/administrator for any program(s) you are interested in delivering remotely to confirm that: 1) the programs are allowed for remote delivery; and 2) training is readily available. If implementing remote programs, describe your experience. If you have never delivered remote programs on a statewide scale, describe the IT equipment and support required to deliver the selected remote program(s).

4. State the projected **total number of participants and completers** for your selected CDSME and self-management support programs, broken down by program and year.

- a. Describe how you will engage approximately 25% of your target completers (CDSME programs) and target participants (self-management support programs) by the end of Year 1, 50% by the end of Year 2, and 100% of your target by the end of Year 3.
- b. Define which behavioral health condition(s) and behavioral health stressor(s) will be prioritized and describe how at least 50% of the program's total number of participants will be from the target population by the end of the project period.
- c. Targets should be realistic and achievable. Appendix E is available for additional guidance.

5. Describe how the delivery of the evidence-based CDSME and support programs will be person-centered, trauma-informed, and culturally appropriate, and what training will be provided on these topics for grant staff and program leaders.

6. Identify and describe a thorough strategy for implementing the selected CDSME and self-management support programs and reaching the target population.

- a. Include information on partnering with behavioral health services, coalitions, and/or organizations across the state. The proposed project must include cross-sector partnerships across the state to reach all intended populations (as noted in the *Purpose* section).
- b. At least **two or more** of those partnerships must specialize in serving older adults with behavioral health conditions. Examples include behavioral health services organizations (e.g., National Alliance on Mental Illness (NAMI)), Certified Community Behavioral Health Clinic (CCBHC), mental health association, Substance Abuse and Mental Health Services Administration (SAMHSA) block grant recipients. As part of partnership

efforts, you should build out or enhance the infrastructure for state and local aging and mental health coalitions.

- c. **Note:** You should include a Letter of Support/Commitment from each of the key partners and organizations described and attach as an appendix. See *Letters of Support/Commitment* section. Of note, Letters of Support/Commitment are not counted as part of the 20-page limit for the Project Narrative.

7. Describe whether your existing infrastructure for implementing the selected programs is adequate for a statewide initiative. Include the existing number of program host sites, implementation sites, and delivery personnel (such as trainers and leaders/coaches), etc.

- a. If your existing infrastructure is inadequate, provide a rationale for including trainings in your proposed project to increase the existing number of program host sites, implementation sites, and delivery personnel (such as trainers and leaders/coaches), etc.
- b. If you require training for one or more of the selected programs, you must include a Letter of Commitment from the program developer(s)/administrator(s) with your application. The letter should state that the program developer(s)/administrator(s) will provide the training no more than three months after you receive the Notice of Award from us.

8. Determine how you will identify individuals who are in the target population, such as what screenings and assessments your agency already conducts and what measures they will add because of this project. Examples of screening and assessments include SDOH assessments, social isolation screeners, depression screening, suicide risk screening, substance use disorder screening, etc. Describe why you selected these screening tools and why they are appropriate for the target population.

- Note: Individuals don't need to have a formal diagnosis of a behavioral health condition.

9. Describe how you will develop or utilize bi-directional referral pathways to CDSME programs to help the target population better manage their behavioral health. Include what additional services such as support groups, therapy, connection to community resources, etc. will be made available.

10. Describe the major challenges and barriers you expect to encounter, and how you will address those challenges and barriers.

## **B. Sustainability and Tracking Lessons Learned**

Identify and describe how you will implement one or more strategies that will promote the sustainability of the selected CDSME and self-management support programs and the ability to continue to serve the target population.

The goal of sustainability is to integrate and embed evidence-based programs into a community's services so they are available and easily accessible over time. Evidence-based CDSME programs can be a tool for individuals to achieve better outcomes. Sustainability strategies can include a combination of approaches, including the development of bi-directional referral partnerships, philanthropy, public or other federal funding, Older Americans Act Title IIID funding (for those participants 60 and older only), funding from healthcare entities, etc.

Additionally, documenting lessons learned, and best practices can assist others in replicating similar strategies in their communities.

In this sub-section:

1. State the project's goals and major objectives that align with Goal 2 of this funding opportunity.

***Goal 2: Develop and disseminate Section 508-compliant resources specific to your grant learnings on outcomes of this grant to enhance knowledge in serving the target population and aid in the sustainability of programs.***

2. State the projected number of Section 508-compliant resources that you will develop. Describe the number of resources created based on grant outcomes, including type (webinar, tip sheet, article, etc.) and focus area. For example, focus areas could include implementation, sustainability, lessons learned, and/or project results and findings.
  - a. Resources should be produced and disseminated promptly and easily understandable Section 508-compliant formats.
  - b. The audience for resources can include parties who might be interested in using the results to inform practice, service delivery, program development, and/or policymaking, including and especially those parties who would be interested in replicating the project.
3. Describe how you will develop 25% of your target resources by the end of Year 1, 50% by the end of Year 2, and 100% of your target by the end of Year 3.
4. Describe how you will ensure an emergency plan is in place for a range of emergencies (e.g., natural disasters) to ensure consistency across partners statewide.
5. Describe your sustainability strategies to support the selected programs and partnerships during and beyond the grant period.
6. Describe the development of a capstone project. The capstone will include a toolkit of grant outcomes, detailing successful and unsuccessful strategies, lessons learned, and recommendations from this project that will serve as a guide for replication of efforts to foster innovation and accelerate future implementation.

### **Section 508 Compliance:**

This is a core requirement of your application. All the information and products you create and share as part of this project must meet government accessibility standards, known as [Section 508](#). For example:

- Webinars must include live captioning, and American Sign Language interpreters must be available, if requested.
  - If a webinar is jargon-heavy or highly technical, captioning should be done by professional captioners. If automatic captioning tools are used, captions must be edited in the final recording to correct errors.
  - Videos must have correct captions.
- All files, such as PDFs, Word documents, and PowerPoint slide decks, must be navigable by screen readers and have enough contrast.

- All your information and products must meet the cultural and linguistic needs of your intended audience. We will review and approve products before you share them with the public. At the end of your project, you will provide all the resources you develop to us.

For more details about 508 compliance, please visit:

[https://acl.gov/Site\\_Utilities/Accessibility.aspx](https://acl.gov/Site_Utilities/Accessibility.aspx)

## Outcomes

This section should identify and describe the measurable outcome(s) that will result from your proposed project, how you will establish and maintain quality assurance, and how you will disseminate your project's findings to the field at large.

### Project Outcomes

1. Describe the quantifiable and measurable outcomes\* that will be achieved during the project period. Note that the outcomes must address the two goals of this funding opportunity and consider the NOFO outcomes listed below:
  - **Goal 1:** *Through a statewide initiative, develop capacity (e.g., instructors, partnerships, and referral networks) to increase the number of older adults and adults with disabilities in the target population who participate in evidence-based chronic disease self- management education (CDSME) and support programs.*
  - **Goal 2:** *Develop and disseminate Section 508-compliant resources specific to your grant learnings on the outcomes of your grant to enhance knowledge in serving the target population and aid in the sustainability of programs.*

*NOFO Deliverables:*

- Increase the **number of individuals** who participate in evidence-based CDSME programs, while reaching the target population
- Increase **partnerships and collaboration** between the Aging and Disability Services Network and behavioral health providers
- Increase the **knowledge of the field** by developing and disseminating resources and learnings from your grant for other organizations to replicate similar projects in their communities

2. List the quantifiable and measurable outcomes in the Work Plan grid under “Measurable Outcomes\*”.

*\* A “measurable outcome” is an observable end-result that describes how a particular intervention will benefit participants. It shows the functional status, mental well-being, knowledge, skill, attitude, awareness, or behavior. A measurable outcome is not a measurable “output”, such as the number of clients served, or the number of training sessions held.*

### Quality Assurance

1. Describe your plans for maintaining quality assurance including methods, techniques, and tools that will be used to:
  - Monitor and track progress on the project's tasks and objectives;
  - Monitor whether the selected programs are being implemented with fidelity\*\*, as well as identify processes for corrective actions;

- Ensure the required dataset (see *Appendix D*) is being collected and accurately reported by the program implementation sites; and,
- How you will identify and troubleshoot any potential problems.

*\*\* Fidelity is the extent to which delivery of the evidence-based program consistently adheres to the program's intent and design. In other words, the extent to which you are delivering the program exactly how it is meant to be implemented. Maintaining fidelity to the program is essential to ensure that your participants receive the intended health benefits from the program.*

## Dissemination

1. State your commitment to cooperate with any broader efforts led by ACL and/or the National CDSME Resource Center to help others understand how they could replicate the project in their communities.
2. State your commitment to participate in any ACL/National CDSME Resource Center-sponsored research and/or evaluations.
3. Identify optional commitments to participate in dissemination activities, such as webinars and other aging and/or behavioral health-related conferences (i.e., virtual, local).

## Organizational Capacity

This section should describe the capabilities of your agency and any contractual organization(s), as appropriate, not already described in the Project Narrative.

In this section:

1. Describe how your agency is organized, the nature and scope of its work, and your capabilities, including your ability to provide programs across the state. **Include an organizational chart as an appendix to your application.**
2. Describe any contractual organization(s) that will have a significant role in implementing your project and/or achieving project goals.
3. Describe experience:
  - Delivering health promotion programs (particularly those that are evidence-based) to the target population, and how you will leverage this experience to integrate your selected CDSME and self-management support programs within your organization and across a statewide initiative.
  - Working with behavioral health providers/organizations and providing programs to older adults with behavioral health conditions.
  - Delivering services that are person-centered, trauma-informed, and culturally appropriate. If staff will require additional training, explain in detail how you plan to obtain the training.
4. Describe the project management, including the capacity to carry out the proposed project activities.
  - Describe the roles and responsibilities of project staff, consultants, sub-awardees (if applicable), and partner organizations and how they will help achieve the project's objectives and outcomes.

- Describe the qualifications and experience of key personnel for this proposed project, including the Project Director. **You must include resumes or curriculum vitae (CVs) for key personnel as an appendix.**
- Specify who will have day-to-day responsibility for key tasks, such as leadership of the project, monitoring the project's ongoing progress, preparation of reports, and communications with other partners and us.
- Detail the approach that will be used to monitor and track progress on the project's tasks and objectives.

## Letters of Support/Commitment

You must include Letters of Support/Commitment **as an appendix to the application** and use a Table of Contents to clearly describe which letters represent which partners. Note that any organization that is specifically named to have a significant role in carrying out the project should be considered a key partner. The quality of the letter content (i.e., specific about the partner's role) is more important than the quantity of letters submitted with your application.

1. **Key Partners and Organizations:** Provide Letters of Support/Commitment confirming support from key partners, such as collaborating organizations and agencies that were named in the project abstract and approach sections as having a significant role in the proposed project. These letters should describe the specific role of each partner in the project.
  - a. The proposed project must include partnerships across the state to support this application. At least two or more of those partnerships must specialize in serving older adults with behavioral health conditions.
  - b. If working directly with tribes, you may need a tribal resolution.
2. **State Unit on Aging:** Your State Unit on Aging (SUA) should provide a Letter of Support for your proposed project.
  - a. If the SUA(s) declines to provide a letter, you must provide documentation indicating this (e.g., an email) as an appendix to the application.
  - b. If you are an SUA applicant, include a letter from your SUA director.
  - c. You can locate applicable SUA information using the search feature at <https://eldercare.acl.gov/>.
3. **Program Developer/Administrator:** You are expected to begin delivering your selected programs within three to six months after receiving your Notice of Award. If you require training for the programs, your application must include Letter(s) of Support/Commitment from the program developer(s)/administrator(s) that will be providing training.
  - a. The letter(s) should state that the training will be provided within three months of award notification. We encourage you to have a thorough discussion with the program developer(s)/administrator(s) to ensure that you: 1) understand the requirements and length of the training/certification process; 2) budget appropriately – for the full cost of the training/certification.
  - b. *Note that if you don't need training from a program developer/administrator, please provide a letter from your organization's leadership describing the capacity to implement the selected programs.*

Signed Letters of Support/Commitment should be scanned and included as attachments as an appendix in the application. Letters of Support/Commitment must be uploaded as part of the application package via Grants.gov – mailed hard copies will not be accepted.

### **Budget Narrative/Justification**

You must submit the following as an **appendix in your application**:

1. Budget Narrative/Justification for Year 1;
2. Budget Narrative/Justification for Year 2;
3. Budget Narrative/Justification for Year 3; and
4. A total, combined three-year Budget.

Your Budget Narrative/Justifications should be aligned with the proposed activities in your Project Narrative and Work Plans. The Budget Narrative/Justifications should be appropriate for the scale required for implementation statewide.

- For travel, budget for two project staff to attend the annual CDSME conference hosted by the National CDSME Resource Center (see item #3 in the grantee section of Cooperative Agreement Terms). Additionally, budget can be allocated if the grantee plans to attend other optional dissemination events.

Each Budget Narrative/Justification should be formatted according to the guidelines in the *Budget Narrative/Justification – Sample Format* section below. You are encouraged to pay particular attention to these guidelines, which provide an example of the level of detail sought.

### **Work Plan**

You must submit the following as an **appendix in your application**:

1. Work Plan for Year 1;
2. Work Plan for Year 2; and
3. Work Plan for Year 3

In each Work Plan, you should identify time frames involved (including start and end dates), and the lead person responsible for completing each task. Work Plans for Years 1, 2, and 3 must each:

- Reflect and be consistent with the Project Narrative and the Budget Narrative/Justification.
- Show how you will be providing programs and services through a statewide initiative to serve the target population.
- Include a statement of the project's overall goals, expected outcomes, key objectives, and the major tasks/action steps that will be pursued to achieve the goals and outcomes.

Please format each Work Plan according to the guidelines in the *Project Work Plan – Sample Template* section.

### **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**

Number Of Days from Publication 18

08/15/2025

Date for Informational Conference Call:

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

Not Applicable.

## V. Application Review Information

### 1. Criteria

Applicants are scored by assigning a maximum of 100 points across eight criteria.

- Project Abstract (Maximum Points: 9)
- Project Relevance and Current Need (Maximum Points: 4)
- Approach (Maximum Points: 42)
- Outcomes and Evaluation (Maximum Points: 9)
- Organizational Capacity (Maximum Points: 8)
- Letters of Support/Commitment (Maximum Points: 7)
- Budget Narrative/Justification (Maximum Points: 10)
- Work Plan (Maximum Points: 11)

### Project Abstract

#### Maximum Points: 9

Does the abstract include, at minimum, each of the following:

- The objectives and outcomes of the proposed project; (1 point)
- Names of **one or more** evidence-based CDSME programs from Appendix B and **at least one** self-management program from Appendix C to be implemented; why the selected program was chosen, how the programs will help improve the behavioral health of the target population; (2 points)
- The number of program participants and completers to be reached, broken down by program and grant year; (1 point)

4. Key partners, identifying which partnerships are across the state and at least two or more of those partnerships who specialize in serving older adults with behavioral health conditions; (1 point)
5. A statewide strategy that reaches the target population, clearly defining which behavioral health condition(s) and behavioral health stressor(s) will be prioritized? Affirmation that the targeted project geographic area is statewide? (4 points)

### **Project Relevance and Current Need**

#### **Maximum Points: 4**

Does the applicant:

1. Describe and cite (using reliable and relevant data sources) the impact of chronic conditions and behavioral health conditions within their state, especially among older adults and adults with disabilities from the target population and how your project will improve this impact? (1 point)
2. Explain the gap in the availability of your selected CDSME and self- management programs across the state? Include the current delivery status of CDSME and self-management support programs by your organization or other organizations across the state and program sustainability efforts? (1 point)
3. Describe why your organization is well-positioned to fill the gap? Include your experience partnering with behavioral health organizations and experience reaching individuals in the target population? (1 point)
4. Include a Project Map (as an appendix) of your state that shows where selected program(s) are already being offered (if applicable) and where programs will be offered for this grant, and the map should identify from the target population the number of older adults and adults with disabilities that will be reached with this funding and how the target population will be prioritized? (1 point)

### **Approach**

#### **Maximum Points: 42**

**Note: If the applicant proposes to use the funds to implement any program not on the pre-approved lists in Appendices B and C or less than the required number of programs, application reviewers must assign zero (0) out of the 42 possible points for the Approach Section.**

#### **A. Capacity Building and Program Implementation (25 points)**

Does the applicant:

1. State clear, meaningful, and result-oriented goals and objectives that align with Goal 1 of this funding opportunity?
  - For reference, Goal 1 is: *“Through a statewide initiative, develop capacity (e.g., instructors, partnerships, and referral networks) to increase the number of older adults and adults with disabilities in the target population who participate in evidence-based chronic disease self-management education (CDSME) and support programs.”*(2 points)
2. Describe how you intend to identify, market to, recruit, and prioritize participants from the target population (*noted below*)? Do the strategies consider the target population, and

how they can be best reached, platforms, marketing strategies, campaigns, brand messaging, referral systems, media platforms, and/or partner involvement? (2 points):

The target population for this NOFO is:

- a. *Older adults (60 years and older) and individuals with disabilities who have one or more behavioral health conditions, such as:*
  - *Depression*
  - *Anxiety disorders*
  - *Bipolar disorder*
  - *PTSD*
  - *Substance use disorder*
- b. *Older adults (60 years and older) and individuals with disabilities who have one or more stressors that are negatively impacting their behavioral health. Stressors are defined in this NOFO as:*
  - *Experienced a traumatic event*
  - *New diagnosis of a chronic condition or disability*
  - *Being a caregiver*
  - *A change in finances or work status*
  - *Loss of a loved one, including through divorce*
  - *Sudden change in housing status (i.e., homelessness)*

*Recruitment and reach reflect the state demographics of older adults and adults with disabilities. Please note, the majority focus of your grant should be older adults 60 and older.*

3. Identify **one or more evidence-based CDSME programs** (Appendix B) and **at least one self-management support program** (Appendix C) that they propose to implement and a rationale for selecting the programs? State how the programs will improve the behavioral health of the target population? If implementing remote programs, describe your experience? If you have never delivered remote programs on a statewide scale, describe the IT equipment and support required to deliver the selected remote program(s)? (2 points)
4. Provide the projected total number of participants and completers for each selected CDSME and self-management support programs broken down by program and grant year? Describe how they will engage approximately 25% of their completer target (CDSME programs) and participant target (self-management support programs) by the end of Year 1, 50% by the end of Year 2, and 100% by the end of Year 3? Define which behavioral health condition (s) and behavioral health stressor(s) will be prioritized? Propose how at least 50% of the program's total target of participants will be individuals from the target population by the end of the project period? Targets are realistic and achievable? (Reference Appendix E)? (4 points)
5. Describe how the delivery of the evidence-based CDSME and support programs will be person-centered, trauma-informed, and culturally appropriate, and what training will be provided on these topics for grant staff and program leaders? (2 points)
6. Clearly describe a thorough strategy for implementing the selected CDSME and self-management support programs with the target population? Describe a range of cross-

sector partnerships? Describe plans to build out or enhance the infrastructure for state and local aging and mental health coalitions? (4 points)

7. Describe whether existing infrastructure for the selected programs is adequate for a statewide initiative including host and implementation sites, delivery personnel and other factors? (4 points)
8. Describe how they intend to identify individuals who are in the target population, such as what screenings and assessments your agency already conducts and what measures they will add because of this project? Describe why you selected these screening tools and why they are appropriate for the target population with a statewide approach? (2 points)
9. Describe how you will develop or utilize bi-directional referral pathways to CDSME programs to help the target population better manage their behavioral health? Include what additional services such as support groups, therapy, connection to community resources, etc. will be made available? (2 points)
10. Describe the major challenges and barriers they expect to encounter, and how their project will address those challenges and barriers? (1 points)

### **Sustainability and Tracking Lessons Learned (17 points)**

Does the applicant:

1. State clear and meaningful goals and objectives that align with Goal 2 of this funding opportunity. (2 points)  
***Goal 2:** Develop and disseminate Section 508-compliant resources specific to your grant learnings on the outcomes of this grant to enhance knowledge in serving the target population and aid in the sustainability of programs.*
2. State the projected number of Section 508-compliant resources created based on grant outcomes that you will develop? Provide a breakdown on the number, type, focus area, and audience of the resources? Describe how they will provide the products in a timely manner and is Section 508-complaint? (5 points)
3. Describe how you will develop 25% of your target resources by the end of Year 1, 50% by the end of Year 2, and 100% of your target by the end of Year 3? (2 point)
4. Describe how you will ensure an emergency plan is in place for a wide range of emergencies to ensure consistency across partners statewide? (1 point)
5. Describe your sustainability strategies to support the selected programs and partnerships during and beyond the grant period? (4 points)
6. Describe the development of a capstone project that will include a toolkit of grant outcomes detailing successful and unsuccessful strategies, lessons learned, and recommendations that will serve as a guide for replication of efforts to foster innovation and accelerate future implementation? (3 points)

### **Outcomes and Evaluation**

**Maximum Points: 9**

#### **Project Outcomes**

1. Describe quantifiable and measurable outcome(s) that are achievable during the project period and address the two goals of this funding opportunity and consider the NOFO Outcomes listed below:

- **Goal 1:** *Through a statewide initiative, develop capacity (e.g., instructors, partnerships, and referral networks) to increase the number of older adults and adults with disabilities in the target population who participate in evidence-based chronic disease self-management education (CDSME) and support programs.*
- **Goal 2:** *Develop and disseminate Section 508-compliant resources specific to your grant learnings on the outcomes of this grant to enhance knowledge in serving the target population and aid in the sustainability of programs.*

*NOFO Deliverables:*

- a. Increase the number of individuals who participate in evidence-based CDSME programs, while reaching the target population; *(1 point)*
- b. Increase partnerships and collaboration between the Aging and Disability Services Network and behavioral health providers/organizations; and, *(1 point)*
- c. Increase the knowledge of the field by developing and disseminating resources and learnings from your grant for other organizations to replicate similar projects in their communities? *(1 point)*

**Quality Assurance Activities**

2. Describe their plans for maintaining quality assurance including how they will monitor project tasks and activities, fidelity, support the collection of the required CDSME dataset, and identify and troubleshoot any potential problems? *(3 points)*

**Dissemination**

3. State their commitment to cooperate with any broader efforts led by the funder and the National CDSME Resource Center? *(1 point)*
4. State their commitment to participate in any ACL/National CDSME Resource Center sponsored research and/or evaluations? *(2 points)*

**Organizational Capacity**

**Maximum Points: 8**

1. Describe how their agency is organized, the nature and scope of its work, and its capabilities to implement this project through a statewide initiative? Include an organizational chart as an appendix? Include information about any contractual organization(s) that will have a significant role? *(3 points)*
2. Describe experience delivering health promotion programs (particularly those that are evidence-based) to the targeted population and how you will leverage this experience to integrate your selected CDSME and self-management support programs within your organization and across a statewide initiative? Describe experience working with behavioral health providers/organizations and providing programs to older adults with behavioral health conditions? Describe how their organization will deliver, or be trained to deliver, services that are person-centered, trauma-informed, and culturally competent? *(3 points)*
3. Describe the roles and responsibilities of project staff, consultants, sub-awardees (if applicable), and partner organizations, and how they will help to achieve the project's objectives and outcomes? Does the appendix include resumes or CVs for key personnel as an appendix? Include a detailed approach that will be used to monitor and track progress on the project's tasks and objectives? *(2 points)*



**Letters of Support/Commitment****Maximum Points: 7**

Does the applicant:

*Key Partners (5 points)*

1. Include detailed letters of commitment describing and confirming the commitments to the project made by key partners, such as collaborating organizations, consultants, Tribal groups and/or Tribal health leaders, and agencies from across the state that were named in the Abstract and the Approach part of the application as having a significant role in the proposed project? (3 points)
2. At least two or more of those partnerships specialized in serving older adults and adults with disabilities with the specifically identified behavioral health conditions and older adults with the specifically identified behavioral stressors? (2 points)

*State Unit on Aging (SUA) (1 point)*

3. Provide a letter from the SUA? If a letter from the SUA is not provided, is there documentation indicating that a letter was sought, but that the SUA declined to provide a letter?

*Program Developer/Administrator (1 point)*

4. Provide a letter from the program developer(s)/administrator(s) committing to providing training within 3 months of the start date of this grant if awarded and additional capacity is needed? If they don't need training, did they provide an organizational letter stating that they have existing capacity?

**Budget Narrative/Justification****Maximum Points: 10**

Does the applicant:

1. Include detailed Budget Narratives/Justifications for Project Years 1, 2, and 3 and a totaled combined three-year budget? (4 points- 1 point per budget)
2. State budget line items that are consistent with Work Plan objectives and activities? Are relevant activities from the Project Narrative and Work Plans reflected in the budgets as appropriate and can serve a statewide initiative implementation? (4 points)
3. Include travel for two project staff to the annual CDSME conference hosted by the National CDSME Resource Center? (2 point)

**Work Plan****Maximum Points: 11**

1. Provide a detailed Work Plan for years 1, 2, and 3? (3 points – 1 point per year)
2. Provide Work Plans that are consistent with the Project Narrative and Budget Narrative/Justification? (2 points)
3. Provide Work Plans that show how they will be providing programs and services through a statewide initiative to serve the target population? (1 point)
4. Provide Work Plans that each include: a statement of the project's overall results-oriented goals, expected outcomes, key objectives, the major tasks/action steps that will be pursued to achieve the goal and outcome(s)? (3 points)

5. Identify timeframes involved (including start- and end-dates) and the lead person (including partners/consultants) responsible for completing each task? (2 points)

## **2. Review and Selection Process**

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

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

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

## **3. Anticipated Announcement Award Date**

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

The anticipated project period start date for this announcement is: 09/01/2025

# **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:

No Phone Calls

#### Office:

Administration on Aging

### Grants Management Specialist

#### First Name:

Rasheed

**Last Name:**

Williams

**Phone:**

202-401-5481

**Office:**

Office of Grants Management

## VIII. Other Information

### *Application Elements*

- SF 424, required – Application for Federal Assistance (See “Instructions for Completing Required Forms” for assistance).
- SF 424A, required – Budget Information. (See Appendix for instructions).
- Separate Budget Narrative/Justification, required (See “Budget Narrative/Justification - Sample Format” for examples and “Budget Narrative/Justification – Sample Template.”)

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

- SF 424B – Assurance, required. Note: Be sure to complete this form according to instructions and have it signed and dated by the authorized representative (see item 18d on the SF 424).
- Lobbying Certification, required.
- Proof of non-profit status, if applicable
- Copy of the applicant’s most recent indirect cost agreement or cost allocation plan, if requesting indirect costs. If any sub-contractors or sub-grantees are requesting indirect costs, copies of their indirect cost agreements must also be included with the application.
- Project Narrative with Work Plan, required (See “Project Work Plan – Sample Template” for a formatting suggestions).
- Vitae for Key Project Personnel.
- Letters of Commitment from Key Partners, if applicable.

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

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The project description and Budget Narrative/Justification is approved under OMB control number 0985-0018. Public reporting burden for this collection of information is estimated to average 10 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed and reviewing the collection information.

## Appendix

### **Accessibility Provisions for All Grant Application Packages and Funding Opportunity Announcements**

Should you successfully compete for an award, recipients of federal financial assistance (FFA) from HHS will be required to complete an HHS Assurance of Compliance form (HHS 690) in which you agree, as a condition of receiving the grant, to administer your programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, age, sex and disability, and agreeing to comply with federal conscience laws, where applicable. This includes ensuring that entities take meaningful steps to provide meaningful access to persons with limited English proficiency; and ensuring effective communication with persons with disabilities. 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><br>Project Director (name) = .5 FTE @ \$95,401/yr = \$47,700<br><br><b>Non-Fed Cash</b><br>Officer Manager (name) = .5FTE @ \$47,108/yr = \$23,554<br><br><b>Total</b><br>71,254   |
| Fringe Benefits       | \$17,482      | \$8,632          | \$0                 | \$26,114 | <b>Federal</b><br>Fringe on Project Director at 36.65% = \$17,482<br>FICA (7.65%)<br>Health (25%)<br>Dental (2%)<br>Life (1%)<br>Unemployment (1%)<br><b>Non-Fed Cash</b><br>Fringe on Office Manager at 36.65% = \$8,632<br>FICA (7.65%)<br>Health (25%)<br>Dental (2%)<br>Life (1%) |

|           |          |         |     |          |   |
|-----------|----------|---------|-----|----------|---|
|           |          |         |     |          | Unemployment (1%)   |
| Travel    | \$4,707  | \$2,940 | \$0 | \$7,647  | <b>Federal</b><br>Local travel: 6 TA site visits for 1 person<br>Mileage: 6RT @ .585 x 700 miles<br>\$2,457<br>Lodging: 15 days @ \$110/day<br>\$1,650<br>Per Diem: 15 days @ \$40/day<br>\$600<br>Total<br>\$4,707<br><b>Non-Fed Cash</b><br>Travel to National Conference in (Destination)<br>for 3 people<br>Airfare 1 RT x 3 staff @ \$500<br>\$1,500<br>Lodging: 3 days x 3 staff @ \$120/day<br>\$1,080<br>Per Diem: 3 days x 3 staff @ \$40/day<br>\$360<br>Total<br>\$2,940 |
| Equipment | \$10,000 | \$0     | \$0 | \$10,000 | No Equipment requested OR:<br>Call Center Equipment<br>Installation =<br>\$5,000<br>Phones =<br>\$5,000<br>Total<br>\$10,000  |
| Supplies  | \$3,700  | \$5,670 | \$0 | \$9,460  | <b>Federal</b><br>2 desks @ \$1,500<br>\$3,000<br>2 chairs @ \$300<br>\$600<br>2 cabinets @ \$200<br>\$400<br><b>Non-Fed Cash</b><br>2 Laptop computers<br>\$3,000<br>Printer cartridges @ \$50/month<br>\$300<br>Consumable supplies (pens, paper, clips etc...)   |

|                  |           |          |         |           |   |
|------------------|-----------|----------|---------|-----------|---|
|                  |           |          |         |           | @ \$180/month<br>\$2,160<br>Total<br>\$9,460  |
| Contractual      | \$30,171  | \$0      | \$0     | \$30,171  | (organization name, purpose of contract and estimated dollar amount)<br>Contract with AAA to provide respite services:<br>11 care givers @ \$1,682 =<br>\$18,502<br>Volunteer Coordinator =<br>\$11,669<br>Total<br>\$30,171<br><i>If contract details are unknown due to contract yet to be made provide same information listed above and:</i><br>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><br>2 consultants @ \$100/hr for 24.5 hours each =<br>\$4,900<br>Printing 10,000 Brochures @ \$.05 =<br>\$500<br>Local conference registration fee (name conference) = \$200<br>Total<br>\$5,600<br><b>In-Kind</b><br><b>Volunteers</b><br>15 volunteers @ \$8/hr for 49 hours =<br>\$5,880   |
| Indirect Charges | \$20,934  | \$0      | \$0     | \$20,934  | 21.5% of salaries and fringe =<br>\$20,934<br>IDC rate is attached.   |
| TOTAL            | \$140,294 | \$40,866 | \$5,880 | \$187,060 |   |

Budget Narrative/Justification - Sample Template

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

| Object Class Category | Federal Funds | Non-Federal Cash | Non-Federal In-Kind | TOTAL | Justification |
|-----------------------|---------------|------------------|---------------------|-------|---------------|
| Personnel             |               |                  |                     |       |               |
| Fringe Benefits       |               |                  |                     |       |               |



|                  |  |  |  |  |  |
|------------------|--|--|--|--|--|
| Travel           |  |  |  |  |  |
| Equipment        |  |  |  |  |  |
| Supplies         |  |  |  |  |  |
| Contractual      |  |  |  |  |  |
| Other            |  |  |  |  |  |
| Indirect Charges |  |  |  |  |  |
| TOTAL            |  |  |  |  |  |

Project Work Plan - Sample Template

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

Goal:

Measurable Outcome(s):

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

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

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

### Instructions for Completing the Project Summary/ Abstract

- All applications for grant funding must include a Summary/Abstract that concisely describes the proposed project. It should be written for the general public.
- To ensure uniformity, limit the length to 265 words or less, on a single page with a font size of not less than 11, doubled-spaced.
- The abstract must include the project's goal(s), objectives, overall approach (including target population and significant partnerships), anticipated outcomes, products, and duration. The following are very simple descriptions of these terms, and a sample Compendium abstract.

**Goal(s)** - broad, overall purpose, usually in a mission statement, i.e. what you want to do, where you want to be.

**Objective(s)** - narrow, more specific, identifiable or measurable steps toward a goal. Part of the planning process or sequence (the "how") to attain the goal(s).

**Outcomes** - measurable results of a project. Positive benefits or negative changes, or measurable characteristics among those served through this funding (e.g., clients, consumers, systems, organizations, communities) that occur as a result of an organization's or program's activities. These should tie directly back to the stated goals of the funding as outlined in the funding opportunity announcement. (Outcomes are the end-point)

**Products** - materials, deliverables.

- A model abstract/summary is provided below:

The Delaware Division of Services for Aging and Adults with Physical Disabilities (DSAAPD), in **partnership** with the Delaware Lifespan Respite Care Network (DLRCN) and key stakeholders will, in the course of this two-year project, expand and maintain a statewide coordinated lifespan respite system that builds on the infrastructure currently in place. The **goal** of this project is to improve the delivery and quality of respite services available to families across age and disability spectrums by expanding and coordinating existing respite systems in Delaware. The **objectives** are: 1) to improve lifespan respite infrastructure; 2) to improve the provision of information and awareness about respite service; 3) to streamline access to respite services through the Delaware ADRC; 4) to increase availability of respite services. Anticipated **outcomes** include: 1) families and caregivers of all ages and disabilities will have greater options for choosing a respite provider; 2) providers will demonstrate increased ability to provide specialized respite care; 3) families will have streamlined access to information and satisfaction with respite services; 4) respite care will be provided using a variety of existing funding sources and 5) a sustainability plan will be developed to support the project in the future. The expected **products** are marketing and outreach materials, caregiver training, respite worker training, a Respite Online searchable database, two new Caregiver Resource Centers (CRC), an annual Respite Summit, a respite voucher program and 24/7 telephone information and referral services.

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

#### 1. Project Director.

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

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

## Appendix A: Glossary of Terms

**Aging network:** The Older Americans Act of 1965 (OAA) established a national network of federal, state, and local agencies to plan and provide services that help older adults to live independently in their homes and communities. This interconnected structure of agencies is known as the Aging Network. The National Aging Network is headed by the Administration on Aging. The network includes 56 State Agencies on Aging, 615 Area Agencies on Aging, and more than 290 Title VI Native American aging programs.

**Behavioral health:** the promotion of mental health and well-being, the treatment of mental and substance use disorders, and the support of those who experience and/or are in recovery from these conditions.

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

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

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

**Chronic pain:** discomfort that persists for three months or more and can be caused by many different factors, most notably chronic conditions.

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

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

**Culturally Appropriate:** Providing services that are responsive to a person's cultural identity and heritage.

**Delivery infrastructure/capacity:** the structure that is in place within a state to provide evidence-based programs on an ongoing basis, including the number of sites (host organizations and implementation sites) and workforce (trainers, leaders, and other personnel) involved in delivering programs. For additional information about business planning for evidence-based health promotion programs, visit: [Delivery Infrastructure & Capacity](#).

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

**Disabilities/adults with disabilities:** consistent with the definition of disability in the Older Americans Act (42 U.S.C. §3002(8)), one who has a developmental, physical, and/or mental impairment that results in substantial functional limitation in one or more major life activities including self-care, communication, learning, mobility, capacity for independent living, self-direction, economic self-sufficiency, cognitive functioning or emotional adjustment.

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

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

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

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

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

**Loneliness:** A subjective distressing experience that results from perceived isolation or inadequate meaningful connections, where inadequate refers to the discrepancy or unmet need between an individual's preferred and actual experience.

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

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

**Quality assurance (QA) program:** an ongoing system for describing, measuring, and evaluating program delivery and grant activities to ensure that participants receive effective,

quality services and grant goals and work plan objectives are met. The ideal QA program addresses both: 1) continuous quality improvement and 2) program fidelity. For additional information about developing a QA program, go to: [Quality Assurance](#), and [Healthcare Contracting: Tips for Quality Assurance and Evaluation](#).

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

**Person Centered Care:** Integrated services delivered in a setting and manner that is responsive to individuals and their goals, values and preferences and gives the individual control over the services they receive.

**Result-oriented accountability:** In the context of this NOFO, result-oriented accountability is a disciplined way of thinking and taking action used by communities to improve the lives of older adults and adults with disabilities. It involves identifying an end result/indicator or performance measure, using data to both assess a baseline and forecast progress, and identifying partners who have a role to play in achieving progress.

**Social Isolation:** Objectively having few social relationships, social roles, group memberships, and infrequent social interaction.

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

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

**Statewide initiative:** Coordination efforts that work to reach individuals across an entire state and involves working with a variety of partners.

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

**Sustainability plan:** plan that focuses on the management and acquisition of fiscal and in-kind resources to expand and maintain programming. For additional information about sustainability planning, visit: For additional information about sustainability planning, visit: [Sustainability](#), [Business Planning and Sustainability](#), [Maximizing Data and Partnerships to Enhance Evidence-Based Program Sustainability](#).

**Trauma:** Individuals trauma results from an event, services of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life-threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotion, or spiritual well-being.

**Trauma-Informed:** A program realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms in clients, families, staff, and

others involved in the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices.

## **Appendix B: Listing of Evidence-Based CDSME Programs**

This is a list of pre-approved CDSME programs that may be proposed for this Funding Opportunity. **Applicants may only propose CDSME programs that are on the lists in Appendix B and C of this Notice of Funding Opportunity.** To learn more about the definition used for evidence-based programs for this funding opportunity, please visit:

<https://acl.gov/programs/health-wellness/disease-prevention>

The National Council on Aging (NCOA) maintains a website that indicates which programs on this list are available in a remote format (<https://www.ncoa.org/evidence-based-programs/>). It is, however, incumbent on the applicant to contact the program developer/administrator for any program they are interested in delivering remotely to confirm that: 1) the program is allowed for remote delivery; and 2) that training is readily available for applicants who need it. If specific to the behavioral health focus, what research has been conducted to show an impact on behavioral health indicators. **Note that the National CDSME Resource Center's website includes information about remote programs on the pre-approved lists in Appendix B and C, as well as information about other programs not on the pre-approved list. For this funding opportunity, applicants may ONLY propose delivery of programs on the pre-approved list in Appendix B and C.**

### **Better Choices, Better Health®**

- <http://www.canaryhealth.com/>

### **BRI Care Consultation**

- <https://www.benrose.org/-/bricareconsultation>

### **Cancer: Thriving and Surviving Program**

- <https://selfmanagementresource.com/programs/small-group/cancer-thriving-and-surviving-small-group/>

### **Chronic Disease Self-Management Program (CDSMP)**

- <https://selfmanagementresource.com/programs/small-group/chronic-disease-self-management-small-group/>

### **Chronic Pain Self-Management Program (CPSMP)**

- <https://selfmanagementresource.com/programs/small-group/chronic-pain-self-management-small-group/>

### **Diabetes Self-Management Program (DSMP)**

- <https://selfmanagementresource.com/programs/small-group/diabetes-self-management-small-group/>

### **Health Coaches for Hypertension Control**

- <https://www.clemson.edu/centers-institutes/aging/index.html>

### Living Well in the Community

- <https://healthycommunityliving.com/hcl/lwc-session/home/>

### Mind Over Matter

- <https://wihealthyaging.org/programs/live-well-programs/mom/>

### Aging Well with HIV

- <https://selfmanagementresource.com/programs/small-group/hiv-positive-self-management-small-group/>

### ¡Sí, Yo Puedo Controlar Mí Diabetes!/ Live in Control

- <https://fch.tamu.edu/programs/diabetes-management/si-yo-puedo-controlar-mi-diabetes/>

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

- <https://selfmanagementresource.com/programs/small-group-spanish/tomando-control-de-su-salud-spanish-version-small-group/>

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

- <https://selfmanagementresource.com/programs/small-group-spanish/programa-de-manejo-personal-de-la-diabetes-spanish-version-small-group/>

### Toolkit for Active Living with Chronic Conditions with phone calls

- <https://selfmanagementresource.com/programs/mail-program/>

### Toolkit for Active Living with Diabetes with phone calls

- <https://selfmanagementresource.com/programs/mail-program/>

### Toolkit for Active Living with Chronic Pain with phone calls

- <https://selfmanagementresource.com/programs/mail-program/>

### Wellness Recovery Action Plan (WRAP)

- <https://copelandcenter.com/wellness-recovery-action-plan-wrap>

### Workplace Chronic Disease Self-Management Program (wCDSMP)

- <https://selfmanagementresource.com/programs/small-group/workplace-chronic-disease-self-management-small-group/>

## Appendix C: Listing of Self-Management Support Programs

This is a list of pre-approved self-management support programs that may be proposed for this Funding Opportunity (see Appendix A [Glossary of Terms] for definition of self-management support program). **Applicants may only propose a self-management support program that is on this list.** Don't propose any self-management support programs that are not included on this list. To learn more about the definition used for evidence-based programs for this funding opportunity, please visit: <https://acl.gov/programs/health-wellness/disease-prevention>.

The National Council on Aging (NCOA) maintains a website that indicates more information about each program and which programs on this list are available in a remote format (<https://www.ncoa.org/evidence-based-programs>). It is, however, incumbent on the applicant to contact the program developer/administrator for any program they are interested in delivering remotely to confirm that: 1) the program is allowed for remote delivery; and 2) that training is readily available for applicants who need it. **Note that the National CDSME Resource Center’s website includes information about remote programs on the pre-approved lists in Appendix B and C, as well as information about other programs not on the pre-approved list. For this funding opportunity, applicants may ONLY propose delivery of programs on the pre-approved list in Appendix B and C.**

#### **Active Living Every Day**

- <https://us.humankinetics.com/blogs/active-living>

#### **Arthritis Foundation Aquatic Program**

- <https://aeawave.org/Arthritis/Arthritis-Foundation-Programs>

#### **Arthritis Foundation Exercise Program**

- <https://aeawave.org/Arthritis/Arthritis-Foundation-Programs>

#### **Eat Smart, Move More, Weigh Less**

- <https://esmmweighless.com/>

#### **EnhanceFitness**

- <https://projectenhance.org/enhancefitness/>

#### **EnhanceWellness**

- <https://projectenhance.org/enhancewellness/>

#### **Fit and Strong!**

- <https://www.fitandstrong.org/>

#### **Geri-Fit**

- <https://www.gerifit.com/>

#### **HealthMatters Program**

- <https://www.ncoa.org/article/evidence-based-program-healthmatters-program/>

#### **Healthy IDEAS (Identifying Depression, Empowering Activities for Seniors)**

- <http://healthyideasprograms.org/>

#### **Healthy Moves for Aging Well**

- <https://ebc.tamhsc.edu/program/healthy-moves-for-aging-well-2/>

#### **HomeMeds**



- <https://www.picf.org/homemeds/>

#### **On the Move**

- <http://www.onthemove.pitt.edu/>

#### **Powerful Tools for Caregivers**

- <https://www.powerfultoolsforcaregivers.org/>

#### **Prepare for Your Care**

- <https://prepareforyourcare.org/en/prepare/welcome>

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

- <http://www.pearlsprogram.org/>

#### **Respecting Choices**

- <https://respectingchoices.org>

#### **Screening, Brief Intervention, and Referral to Treatment (SBIRT)**

- <https://www.samhsa.gov/sbirt>

#### **T-CARE Support System**

- <https://www.tcare.ai/>

#### **Toolkit for Active Living with Chronic Conditions (mail only, no phone calls)**

- <https://selfmanagementresource.com/programs/mail-program/>

#### **Toolkit for Active Living with Diabetes (mail only, no phone calls)**

- <https://selfmanagementresource.com/programs/mail-program/>

#### **Toolkit for Active Living with Chronic Pain (mail only, no phone calls)**

- <https://selfmanagementresource.com/programs/mail-program/>

#### **Walk with Ease (Self-Guided and Group Formats)**

- <https://www.arthritis.org/health-wellness/healthy-living/physical-activity/walking/walk-with-ease/wwe-about-the-program>

### **Appendix D: Required Data Collection Forms**

The [Data Collection Forms](#) below are available in English, Arabic, Cantonese, Gujarati, Hindi, Hmong, Korean, Lao, Mandarin, Portuguese, Somali, Spanish, Tongan, Urdu, and Vietnamese.

Fillable PDFs are available for the English and Spanish forms.

1. Host/Implementation Organization Information Form
2. Participant Information Survey
3. Program Information Cover Sheet
4. Attendance Log

## **Appendix E: Guidance for Administration for Community Living Chronic Disease Self-Management Education Grant Applicants: Considerations for Estimating Participation and Completion Targets**

This guidance is intended to aid applicants in applying for the Administration for Community Living (ACL) grants focused on chronic disease self-management education (CDSME). This resource was developed by the [National CDSME Resource Center](#) to support organizations in:

- i. Choosing the right CDSME and self-management support programs;
- ii. Reviewing existing infrastructure for program implementation
- iii. Developing a target number of participants;
- iv. Developing a target completion rate; and
- v. Creating a quality assurance plan.

This guidance document draws on data analyses from the [Healthy Aging Programs Integrated Database \(HAPID\)](#). The majority of available data is specific to the Self-Management Resource Center's suite of programs. Applicants should consider multiple sources of information, highlighted throughout this resource, when identifying their proposed programs and participant/completer targets. Follow the instructions in the Notice of Funding Opportunity for requirements around the number and types of programs that must be included in your proposal.

### **I. Choosing the right program(s)**

Grant applicants may only propose programs from the list of pre-approved options provided in Appendix B and C in the ACL Notice of Funding Opportunity. This list indicates which programs have remote (e.g., telephone, video-conference, or mail) modes of implementation available.

In the past, some applicants have proposed a “set” of programs to target a specific issue. For example:

- EnhanceWellness + PEARLS to address a high prevalence of depression and anxiety among older adults with chronic conditions.
- Wellness Recovery Action Plan + HomeMeds to address the role of medication reconciliation in managing chronic conditions and behavioral health needs.

### **Questions to consider when choosing a program:**

- What are the specific chronic disease needs in your state? Specifically, are there conditions with high prevalence or impact that are not being adequately addressed by other interventions? Tip: Check your state or county health department’s website for a Community Health Assessment or research performance measures of [accountable care organizations](#) (ACOs) in your region. Learn more about ACOs [here](#).
- Thinking of the target population you’re aiming to reach and the settings you’re planning to utilize, are there specific types of programs to consider? Are there things that have worked well or haven’t worked well in the past? Does the target population prefer small group or individual interventions? Or have you had success with both formats?
- Does your organization currently implement a CDSME program? If yes, is your goal to expand that program, offer more options, or a combination of both?

- How many programs do you have the resources and capacity to offer? Do you have resources to build staff support, manage volunteers, provide space, implement training, etc. for each program you are proposing?
- Is it necessary to find a program translated into a specific language for your target population?
- What are the sustainability goals and strategies of your organization? Do particular programs align with those goals?
- What are the costs of implementing different types of programs, for example by mail, phone, videoconference, or in-person? Consider shipping costs for mailed programs and other materials, licenses for videoconferencing platforms (may need to consider HIPAA compliance), tools for collecting data online (also includes HIPAA-compliant options), different marketing methods (social media, newspaper ads, prescription bags, etc.).

### **Helpful resources:**

- [Key Components of Offering Evidence-based Programs](#)
- [Conducting Community Needs Assessments](#)
- [Best Practices Toolkit: Resources from the Field](#)
  - [Strategic Partnerships](#)
  - [Delivery Infrastructure and Capacity](#)
    - [CDC National Center for Chronic Disease Prevention and Health Promotion](#)
    - [Track Health Promotion Program Guidance During COVID-19](#)
    - [“Grand Rounds” webinars featuring best practices for implementing virtual programs](#)

## **II. Reviewing existing infrastructure for program implementation**

Whether your organization has been implementing evidence-based programs for a long time or just starting, it's important to consider the infrastructure in place for implementation and what is needed to support the activities proposed for the grant. (See [Key Components of Offering Evidence-based Programs](#).) Organizations that are new to implementing evidence-based programs will need to evaluate the number of leaders/facilitators needed to carry out the proposed activities and think about current or new partners that may be leveraged to achieve this work.

It's important to think strategically about building infrastructure and best practices for retaining leaders/facilitators and partners to meet your goals and target population over the grant period.

As you plan the grant proposal, keep in mind the end goal of creating a sustainable delivery system to reach your target number of participants and how the delivery infrastructure can be built to efficiently engage participants and partners beyond the three-year grant period. Take the following into consideration:

- *Cost per participant:* A estimated program costs to be approximately \$350 per participant. Use this [CDSME program cost calculator](#) to estimate the cost per participant for your state or region.

- *Cost for training master trainers and lay leaders:* Review the scenarios below to consider different options for the number of master trainers and lay leaders needed, based on the number of trainings and workshops led. Be sure to review program training requirements carefully and support leaders in fulfilling each step. Strategies for screening, supporting, and retaining leaders can be found [here](#).
- Scenario 1:10 master trainers (MTs) pair off to offer 2 lay leader (LL) trainings per pair with 15 participants/training= 150 LLs (-10% of trained leaders that will not implement any workshops= 125 LLs) 125 LLs pair off to offer 2 CDSME workshops per pair with 12 participants= **1500 CDSME participants in 125 workshop**
- Scenario 2:4 MTs pair off to offer 3 LL trainings per pair with 15 participants= 90 LLs (-10% of trained leaders that will not implement any workshops= 80 LLs) 80 LLs pair off to offer 4 CDSME workshops per pair with 12 participants= **1920 CDSME participants in 160 workshops**

In addition, the following data from the [Healthy Aging Programs Integrated Database \(HAPID\)](#) can help inform the number and type of program leaders that need to be trained to meet your program goals. The number of workshops delivered by a program leader can vary greatly depending on the workshop type, implementation site, grantee, whether they are a staff member or volunteer, and the language in which a program is delivered. According to the database, lay leaders conduct approximately **6 to 10 workshops**, with an **average of 7 workshops**. This excludes individuals that are trained but never deliver a workshop. Staff members implementing workshops led an average of **8 workshops** and volunteers conducted an average of **6 workshops**.

*Figure 1. Average number of workshops delivered per leader across Self-Management Resource Center program types, 2010-2018 (n= 28,666 workshops).*

| Program                                     | Average Number of Workshops Delivered by Program Leaders | Number of Workshops | Standard Deviation | Total # of Leaders |
|---|--|---------------------|--------------------|--------------------|
| Chronic Pain Self- Management Program       | 9.9  | 889                 | 12.4               | 531                |
| Cancer: Thriving and Surviving              | 8.9  | 101                 | 10.3               | 69                 |
| Diabetes Self- Management Program           | 8.4  | 5677                | 10.5               | 2793               |
| Programa de Manejo Personal de la Diabetes  | 7.7  | 479                 | 7.6                | 279                |
| Tomando Control de su Salud (Spanish CDSMP) | 7.4  | 1956                | 9.4                | 888                |
| Chronic Disease Self-Management Program     | 6.4  | 20453               | 8.6                | 9508               |

|              |            |              |            |             |
|--------------|------------|--------------|------------|-------------|
| <b>TOTAL</b> | <b>6.9</b> | <b>28666</b> | <b>9.1</b> | <b>4560</b> |
|--------------|------------|--------------|------------|-------------|

**Note:** Figure 1 is limited to select Self-Management Resource Center programs delivered in-person due to limitations in sample size and differences in program format.

If you have a history of program implementation, evaluate the current delivery infrastructure in your state/region by considering the following:

| <b>CDSME delivery infrastructure</b>                              | <b>Sample responses</b>  |
|---|--|
| How long has CDSME been implemented in your state/region?         | 5 years  |
| Which programs are being implemented?                             | CDSMP, DSMP, Cancer: Thriving & Surviving (CTS)  |
| Program license   | Our organization holds a current license   |
| Number of active T-trainers                                       | 1 in the state   |
| Number of active master trainers                                  | 10 CDSMP, 4 cross-trained in DSMP, 1 cross- trained in CTS   |
| Number of active lay leaders                                      | 25 CDSMP, 10 cross-trained in DSMP, 3 cross- trained in CTS  |
| Number of existing host organizations/ implementation sites       | 40 organizations that have conducted programs in the past  |
| Number of participants in last 12 months                          | 950 participants   |
| What is needed to implement programs by phone or videoconference? | Purchase videoconference platform and other technology, train leaders in new format, revise marketing strategy, etc. |

**If you do not have a history of program implementation, evaluate the current delivery infrastructure in your state/region by considering the following:**

| <b>CDSME delivery infrastructure</b>   | <b>Sample responses</b>  |
|--|--|
| Has CDSME been implemented by other organizations in your state or region? Do your delivery regions overlap? | Yes, the Department on Aging has supported CDSME in metropolitan areas. Programs aren't offered in our region. |
| Is there potential to partner with those already offering programs?  | Yes, for training or license. No for program implementation.   |
| Which programs are being implemented?  | CDSMP  |
| Program license  | Department on Aging holds a license. Is it a statewide license that we can utilize?                            |

|  |  |
|--|--|
| Number of active T-trainers  | 1 in the state (can travel, if needed)   |
| Number of active master trainers   | 3 (would they be available to conduct training across the state?)  |
| Number of active lay leaders   | 0 in our region  |
| Number of partners that are committed to serving as host organizations/ implementation sites | <ul style="list-style-type: none"> <li>• 3 local health departments</li> <li>• 2 area agencies on aging</li> <li>• 1 health clinic</li> <li>• 4 senior centers</li> </ul>  |
| How many workshops have your partners committed to offering in the next 12 months?           | <ul style="list-style-type: none"> <li>• 3 local health departments (2 workshops each= 6)</li> <li>• 2 area agencies on aging (3 workshops total)</li> <li>• 1 health clinic (2 workshops)</li> <li>• 4 senior centers (3 workshops each=12)</li> </ul> <p>Total= 23</p> |
| What is needed to implement programs by phone or videoconference?                            | Purchase videoconference platform and other technology, train leaders in new format, revise marketing strategy, etc.   |

**Questions to consider:**

- Do you need to maintain or expand the current program delivery infrastructure? Are there gaps that need to be filled? For example, leaders that speak a specific language or are cross-trained in a new program?
- If there are trained lay leaders, are there retention strategies proposed or in place?
- Are there any training opportunities available in your state or region within the first three months of the planned grant period? If not, will you need to plan a master trainer or lay leader training?
- Have you allocated time into your work plan to build the infrastructure to implement programs, like establishing partnerships or recruiting and training leaders?
- Are there plans in place to address potential staff turnover? How does this impact leader training? How will this be addressed with major partners?
- Does your grant proposal include plans to reach a new population, such as rural communities, veterans, individuals with mental illness, individuals with substance abuse/misuse issues, etc.? If yes, consider whether it will take additional time to create partnerships to reach participants in these target groups.

**Helpful resources:**

- [Best Practices Toolkit: Resources from the Field](#)
  - [Delivery Infrastructure and Capacity](#)
  - [Strategic Partnerships](#)

- [Chronic Disease Self-Management Program Cost Calculator](#)
- [National Study of the Chronic Disease Self-Management Program: A Brief Overview](#)
- [Overview of the Healthy Aging Programs Integrated Database \(HAPID\)](#)

### **III. Developing a target number of participants**

Applicants are required to identify a target number of participants and completers (as appropriate) for any CDSME and self-management support programs chosen for the proposal. Target goals should be realistic and achievable for your community—whether that means reaching 500 participants or 2,000 participants. While developing your goal, think about how many participants have been engaged in evidence-based programs in the past (and what percentage have completed the program, on average) or how many individuals you reach in your community through other programs. If you are newly offering remote programs, consider factors that may slow recruitment and participation including access to and familiarity with technology, different outreach and scheduling methods, new processes for leaders, and reduced workshop sizes.

If you are awarded a grant, you will be expected to reach approximately 25% of your target participants/completers by the end of Year 1, 50% of participants/completers by the end of Year 2, 100% of participants/completers by the end of Year 3. Consider whether it is feasible to meet these benchmarks with your target participation goal.

Example 1:

| Sample Grant Goal         | Year 1 Target<br>≥25% of total goal | Year 2 Target<br>≥ 50% of total goal | Year 3 Target<br>100% of total goal |
|---------------------------|-------------------------------------|--------------------------------------|-------------------------------------|
| <b>400 participants</b>   | ≥ 100 participants                  | ≥ 200 participants                   | ≥ 400 participants                  |
| <b>74% completer rate</b> | ≥ 74 completers                     | ≥ 148 completers                     | ≥ 296 completers                    |

| Planning questions   | Sample responses  |
|--|---|
| What is your target number of completers for Year 1?                               | 74  |
| How many completers do you expect per workshop?                                    | 7   |
| How many workshops do you need in Year 1 to reach the target number of completers? | 74 target completers / 7 completers per workshop= 11 workshops in Year 1  |
| When will the target number of workshops be scheduled to meet the grant goal?      | <u>Quarter 1 of Grant Year 1 (May-Jul.):</u> 0 workshops, use this time to develop partner MOUs/contracts and train leaders<br><u>Quarter 2 (Aug.-Oct.) and Quarter 3 (Nov.- Jan.):</u> Leaders are trained, schedule, and hold 8 workshops (yielding approximately |

|  |  |
|--|--|
|  | 56 completers). Ensure that you consider potential holiday season conflicts when scheduling.<br><br><u>Quarter 4 of Grant Year 1: (Feb.-April):</u> Hold at least 3 workshops (yielding approximately 21 completers) |
|--|--|

**Example 2:**

| Sample Grant Goal         | Year 1 Target<br>≥25% of total goal | Year 2 Target<br>≥ 50% of total goal | Year 3 Target<br>100% of total goal |
|---------------------------|-------------------------------------|--------------------------------------|-------------------------------------|
| <b>2,000 participants</b> | ≥ 500 participants                  | ≥ 1,000 participants                 | ≥ 2,000 participants                |
| <b>74% completer rate</b> | ≥ 370 completers                    | ≥ 740 completers                     | ≥ 1,480 completers                  |

| Planning questions  | Sample responses  |
|---|---|
| What is your target number of completers for Year 1?                          | 370   |
| How many completers do you expect per workshop?                               | 7   |
| How many workshops do you need to reach the target number of completers?      | 370 target completers / 7 completers per workshop= 53 workshops in Year 1   |
| When will the target number of workshops be scheduled to meet the grant goal? | <u>Quarter 1 of Grant Year 1 (May-Jul.):</u> 10 workshops (yielding approximately 70 completers), use this time to develop contracts and train leaders.<br><br><u>Quarter 2 (Aug.-Oct.) and Quarter 3 of Grant Year 1 (Nov.-Jan.):</u> Leaders are trained, schedule and hold 30 workshops (yielding approximately 210 completers). Ensure you consider potential holiday season conflicts and cancellations due to inclement weather when scheduling.<br><br><u>Quarter 4 of Grant Year 1 (Feb.-April):</u> Hold at least 13 workshops (yielding approximately 91 completers). |

Questions to consider when developing a target participation goal:

- How many older adults and adults with disabilities live or work in your target community? What is your current reach to older adults and adults with disabilities with behavioral health conditions? Will this change over the grant period?



- If you have a history of implementing programs, how many participants were reached over the last 12 months? If not, what may impact participation in the future? Do you expect to continue to enroll participants at the same rate going forward? Consider that you may saturate your current target participant population (e.g., reach all of the “low hanging fruit”) and will need to engage additional partners to maintain enrollment in CDSME and self-management support programs.
- For each program to be implemented, note whether there is a required minimum and maximum number of participants per workshop to maintain fidelity. This requirement may differ between in-person and remote implementation.
- Do you need options for individuals with and without access to devices (e.g., phone, computer, tablet) or internet connectivity?
- Do you have a marketing plan and materials for recruiting older adults and adults with disabilities to programs? Specific plans for reaching the target population?
- How much time will be needed to build capacity to implement programs prior to beginning workshops? For example: finalizing contracts, establishing plans with partners, training leaders, etc.
- Do you have any participant referral systems in place from partners, behavioral health providers, health care, etc.? How many participants do they refer on a regular basis? Will this continue during the grant period?
- What commitments do you have from partners to meet goals? Are partners able to commit to conducting a certain number of workshops each grant year?
- Does your grant proposal include plans to reach a new population, such as rural communities, veterans, individuals with behavioral health conditions, etc.? If yes, consider whether it will take additional time to create partnerships to reach participants in these target groups.

#### **Helpful resources:**

- [Best Practices Toolkit: Resources from the Field](#)
  - [Delivery Infrastructure and Capacity](#)
  - [Strategic Partnerships](#)
    - [CDSME Participants vs. Completers: How Are They Tracked?](#)
    - [Advancing Behavioral Health Programs for Older Adults](#)
    - [CDSME Fidelity Hub](#)
    - [Frequently Asked Questions: Technology Resources for Remote Evidence-Based Programs](#)

#### **IV. Developing a target completion rate**

Applicants are required to identify a target completion rate for all CDSME programs (Appendix B) chosen for the proposal. Target completion rates are not required for self-management support programs. ACL defines a completer as a participant in a group program who completes the recommended intervention dose or at least 2/3 of the total possible sessions. For example, four or more sessions in a six-session program, excluding orientation sessions (for example, Session Zero). Similar to target participation goals, it’s important to identify a target completion rate that is realistic and achievable for your community. If you have implemented programs in the past, consider the historical completion rate and whether it’s likely to remain

constant or decrease as you expand reach to new populations. In addition, refer to the following national statistics based on data collected through the National CDSME Database for 376,537 participants from 2010- 2018.

Nationally, the average completion rate for all programs is **74%**. Participant completion rates can vary by several factors, including the type of program, racial/ethnic target population, implementation site, and urban/suburban/rural setting.

Figure 2. Completion rate for selected in-person Chronic Disease Self-Management Education programs, 2010-2019 (n= 391,546)

| <b>Program Name</b>                               | <b>Enrolled</b> | <b>Completed</b> | <b>Completion Rate</b> |
|---|-----------------|------------------|------------------------|
| <b>EnhanceWellness</b>                            | 387             | 199              | 51%                    |
| <b>Cancer Thriving and Surviving</b>              | 1,481           | 1122             | 76%                    |
| <b>Chronic Disease Self-Management Program</b>    | 255,015         | 188, 070         | 74%                    |
| <b>Chronic Pain Self-Management Program</b>       | 15,711          | 11,363           | 72%                    |
| <b>Diabetes Self-Management Program</b>           | 83,235          | 62,471           | 75%                    |
| <b>Wellness Recovery Action Plan</b>              | 188             | 147              | 78%                    |
| <b>Tomando Control de su Salud</b>                | 26,521          | 20,347           | 77%                    |
| <b>Programa de Manejo Personal de la Diabetes</b> | 8,101           | 6,437            | 79%                    |
| <b>TOTAL</b>                                      | <b>390,639</b>  | <b>290,156</b>   | <b>74%</b>             |

**Consider the following variables:**

Completion rates by implementation site and program type (Table A)

Use Table A to consider whether the average completion rate differs for the type of implementation sites you will be using based on select Self-Management Resource Center programs. Some key findings include:

- Area agencies on aging have high completion rates for the Chronic Pain Self-Management Program and Programa de Manejo Personal de la Diabetes compared to other delivery sites.
- The completion rate for the Chronic Pain Self-Management Program appears to be the highest in workplace settings and multi-purpose social service organizations.
- Programa de Manejo Personal de la Diabetes has an above average completion rate and appears to perform especially well when delivered in senior centers, area agencies on aging, and county health departments.

- Generally, workplace sites tend to have higher than average completion rates for CDSMP, the Chronic Pain Self-Management Program, and the Diabetes Self-Management Program.

### **V. Creating a quality assurance plan**

Each of the evidence-based CDSME programs approved for this funding opportunity follow a curriculum that has been researched and proven to lead to specific health-focused outcomes. It's important to develop a quality assurance and fidelity monitoring plan to ensure programs are implemented as intended regardless of implementation site or program leader. Adhering to program fidelity ensures that participants receive researched benefits of the program and assure partners that programs meet high standards across your service area. Find resources in our [Best Practices Toolkit: Resources from the Field](#) focused on [quality assurance](#), including sample plans and fidelity checklists.

**Table A: Completion rates by program and implementation site type** Completion rates (%) by Self-Management Resource Center program and type of implementation site, 2010-2019 (n= 388,750)

|  | <b>Cancer:<br/>Thriving<br/>Surviving</b> | <b>Chronic<br/>Disease Self-<br/>Management<br/>Program</b> | <b>Chronic Pain<br/>Self-<br/>Management<br/>Program</b> | <b>Diabetes<br/>Self-<br/>Management<br/>Program</b> | <b>Programa<br/>de Manejo<br/>Personal<br/>de la<br/>Diabetes</b> | <b>Tomando<br/>Control<br/>de su<br/>Salud</b> |
|--|---|---|--|--|---|--|
| <b>Area agency<br/>on aging</b>            | Insufficient<br>Data                      | 73  | 75   | 71   | 74  | 75   |
| <b>Community<br/>center</b>                | Insufficient<br>Data                      | 74  | 74   | 74   | 82  | 78   |
| <b>Educational<br/>institution</b>         | 75  | 74  | 72   | 73   | 78  | 72   |
| <b>Faith-based<br/>organization</b>        | 75  | 75  | 70   | 73   | 72  | 75   |
| <b>Health care<br/>organization</b>        | 68  | 70  | 68   | 71   | 73  | 71   |
| <b>Department<br/>of Public<br/>Health</b> |   |   |  |  |   |  |
| <b>County</b>                              | 71  | 70  | 66   | 73   | 81  | 75   |
| <b>State</b>                               | No Data                                   | 70  | Insufficient<br>Data                                     | 76   | No Data   | No Data  |

|   |                   |    |                   |    |                   |                   |
|---|-------------------|----|-------------------|----|-------------------|-------------------|
| <b>Library</b>                                    | Insufficient Data | 71 | 73                | 72 | 74                | 77                |
| <b>Multi-purpose social services organization</b> | Insufficient Data | 75 | 75                | 74 | 75                | 69                |
| <b>Municipal government</b>                       | No Data           | 73 | Insufficient Data | 75 | No Data           | Insufficient Data |
| <b>Senior center</b>                              | Insufficient Data | 74 | 74                | 74 | 75                | 77                |
| <b>Residential facility</b>                       | 84                | 71 | 70                | 71 | 70                | 74                |
| <b>Parks and recreation</b>                       | 73                | 72 | 70                | 73 | 75                | 73                |
| <b>Tribal center</b>                              | No Data           | 72 | Insufficient Data | 63 | Insufficient Data | No Data           |
| <b>Workplace</b>                                  | 75                | 78 | 73                | 77 | Insufficient Data | 73                |

Notes:

- Insufficient data indicates that there have been fewer than 50 participants in that specific program for that implementation site type.
- The Positive Self-Management Program for HIV (now Aging Well with HIV) has been primarily delivered in health care organizations or other unspecified community center types. There was insufficient data to report completion rates for other implementation site types.

## Appendix F: Resources for Competitive Grant Application Writing

Helpful Resources:

- [How to Apply for Grants](#)
- [Grant Writing Basics](#)
- [Succeed at Grant Proposals: Have a Plan and a Process](#)
- [How to Successfully Write Competitive Grants as a Community-Based Organization](#)
- [How a Style Guide Can Improve Your Team's Grant Application Process](#)
- [How Attachment Uploads Can Make Or Break Your Grant Application](#)
- [Top Five Ways to Prepare for a Notice of Funding Opportunity](#)
- [Tips for Developing a Compelling Budget Justification Presentation for a Grant Proposal](#)
- [Succeed at Grant Proposals: Have a Plan and a Process](#)