U.S. Administration on Aging

FY 2011 Lifespan Respite Care Program –
Competing Program Expansion Supplements

Program Announcement and Grant Application
Instructions

U.S. Administration on Aging
FY 2011
# Table of Contents

I. FUNDING OPPORTUNITY DESCRIPTION .......................................................... 5
II. AWARD INFORMATION .................................................................................. 10
III. ELIGIBILITY INFORMATION ........................................................................ 11
   1. Eligible Applicants ..................................................................................... 11
   2. Cost Sharing or Matching .......................................................................... 11
   3. Responsiveness and Screening Criteria .................................................... 12
IV. APPLICATION AND SUBMISSION INFORMATION ........................................ 13
   1. Address to Request Application Package ................................................ 13
   2. Content and Form of Application Submission .......................................... 15
   3. Submission Dates and Times ..................................................................... 19
   4. Intergovernmental Review ........................................................................ 20
   5. Funding Restrictions .................................................................................. 20
   6. Other Submissions Requirements .............................................................. 20
V. APPLICATION REVIEW INFORMATION ....................................................... 20
   1. Criteria ..................................................................................................... 20
   2. Review and Selection Process .................................................................. 23
   3. Anticipated Announcement Award Date .................................................... 23
VI. AWARD ADMINISTRATION INFORMATION .............................................. 23
   1. Award Notices ........................................................................................ 23
   2. Administrative and National Policy Requirements ..................................... 24
   3. Reporting ................................................................................................ 24
   4. FFATA and FSRS Reporting .................................................................... 24
VII. AGENCY CONTACTS .................................................................................... 24
VIII. OTHER INFORMATION .............................................................................. 25
   1. Application Elements .............................................................................. 25

ATTACHMENTS .................................................................................................... 27
   Attachment A: Instructions for Completing Required Forms ....................... 28
   Attachment B: Standard Form 424A – Sample Format .................................. 38
   Attachment C: Budget Narrative/Justification – Sample Format ..................... 40
   Attachment D: Budget Narrative/Justification — Sample Template ............... 43
   Attachment E: Project Work Plan – Sample Template .................................. 44
   Attachment F: Instructions for Completing the Project Summary/Abstract .... 47
Department of Health and Human Services (HHS)
Administration on Aging (AoA)
AoA Center for Home and Community Based Services

Funding Opportunity Title: FY 2011 Lifespan Respite Care Program

Announcement Type: Competing Program Expansion Supplements

Funding Opportunity Number: HHS-2011-AoA-LR-1111

Catalog of Federal Domestic Assistance (CFDA) Number: 93.072

Key Dates: The deadline date for submission of applications is 11:59 p.m., Eastern Time, on June 15, 2011.

Other key dates associated with this funding opportunity include:

- **Open Information Teleconference for Applicants:** May 5, 2011
  - Time: 2:00 PM Eastern
  - Telephone Number: 1-877-939-2758
  - Participant Pass Code: 1743703

- **Letters of Intent Due:** May 9, 2011

- **Projected Start Date:** September 1, 2011

Overview

The U.S. Administration on Aging (AoA) is providing this competitive grants opportunity to current grantees of the Lifespan Respite Care Program to further implement the requirements of the Lifespan Respite Care Act of 2006 (P.L. 109-442). Lifespan Respite Care programs are coordinated systems of accessible, community-based respite care services for family caregivers of children or adults of all ages with special needs.

Based on an FY 2011 appropriation of $2.5 million, it is anticipated that this opportunity could provide funding for as few as zero (0) and up to as many as nine (9) grants, with a federal funding level of up to $150,000 per award for a 12 month project period. The number of awards and the amount of each award will depend on several key factors, including the total FY 2011 appropriation for the Lifespan Respite Care Program and the amount of funds remaining after new grant awards are made to states under Funding Opportunity Number HHS-2011-AoA-LR-1103.

The primary focus of these one-year Competitive Supplement grants will be the provision of respite services to eligible populations. In addition to using the funds to provide respite services, successful applicants may also use funds to further enhance the volunteer recruitment, training and retention activities begun during years one and/or two of their existing grants and further enhancement of outreach and dissemination activities, provided those activities can be demonstrated to produce a measurable increase in the provision of respite services.
This is a limited grant competition. Awards will only be made to eligible state agencies as defined in Statute (P.L. 109-442) and who received funding under this program in FY 2009 or FY 2010.

I. FUNDING OPPORTUNITY DESCRIPTION

Purpose

The U.S. Administration on Aging (AoA) is providing this competitive program expansion grants opportunity to assist current FY 2009 and FY 2010 Lifespan Respite Care Program grantees to further implement the requirements of the Lifespan Respite Care Act of 2006 (P.L. 109-442). Eligible State agencies receiving funding under this Announcement will be required to build upon the work begun work through aging and disability resource centers and in collaboration with state respite coalitions or other state respite organizations to enhance and expand the availability of Lifespan Respite services in the state.

Successful applicants under this funding opportunity will be required to focus on the direct provision of respite services so as to fill identified gaps in service delivery and address unmet respite needs of family caregivers across the lifespan. In addition to the direct provision of respite services, grantees may also opt to use some portion of funds to further augment and strengthen any of the other required or optional services permitted, including developing and providing emergency respite services; further recruitment and training of respite care workers and volunteers; and strengthening/enhancing access assistance for caregivers seeking respite services.

Eligible respite recipients include family members, foster parents, or other adults providing unpaid care to adults who require care to meet basic needs or prevent injury and to children who require care beyond that required to meet the basic needs of the child. Lifespan Respite Care services provided through projects funded under this Announcement must, from the outset, address the respite needs of all age and disability/special needs populations. No phase-in or preferences for specific age groups or disability categories will be permitted.

This is a highly competitive opportunity. Limited funds are available to support proposed projects and not all states that apply will be funded. Applications will be evaluated on the degree to which applicants demonstrate the capacity to deliver Lifespan Respite Care Services and address the required elements of this Program Announcement, including a description of the extent to which each of the core capacities (outlined on pages 7 and 8 of this Announcement) are in place. Only those applications deemed to show the greatest likelihood of building on advancements made during the previous one or two years of Lifespan Respite Care Program development will be selected for funding.

Status of Federal Lifespan Respite Care Program Grantees

In FY 2009 and again in FY 2010, Congress appropriated $2.5 million for grants to eligible State agencies to implement the Federal Lifespan Respite care Program. In September 2009, AoA announced the first twelve states to receive grants to implement such Programs.
In August 2010, AoA awarded grants to twelve additional states, bringing to twenty-four the total number of states working to build Lifespan Respite Care Programs.

To date, grantees of the FY 2009 and FY 2010 Lifespan Respite Care programs, have made progress towards building upon existing infrastructures of multi-faceted caregivers services by providing training for caregivers, enhancing the provision of information about available respite and other supportive services, and assisting caregivers in accessing services available to them, including respite, from across the spectrum of caregiver support.  

Specifically, grantees have:

- Conducted needs assessments/environmental scans to determine the respite funding streams available, programs in existence, data collection, populations served and gaps in each area;
- Broadened stakeholder collaborations to ensure representation of all age, disability groups as well as the broadest possible cross section of the provider network;
- Convened focus groups of respite consumers to inform project activities;
- Strengthened collaborations between Respite Coalitions and ADRCs to streamline access to respite care;
- Designed and implemented awareness campaigns to promote knowledge and understanding of caregiver needs, respite services, and the importance of utilizing respite;
- Expanded respite websites and databases to centralize respite services for caregivers and providers and improve capacity for ADRCs and Information and Referral agencies to make referrals to appropriate respite resources;
- Developed Emergency Respite funds to be used to assist caregivers in paying for emergency respite services;
- Improved the collaboration among state agencies through meetings with Child and Adult Protective Services, 211s, and Information and Referral agencies;
- Established and enhanced partnerships with communities of faith in the delivery of volunteer respite services;
- Built network capacity at the local level to recruit and train volunteers to fill gaps in respite services, particularly in rural areas through partnerships with programs such as the Corporation for National Service (e.g., VISTA, Service Learning, Senior Companions, etc.);
- Established statewide entities responsible for coordination of respite care services; and
- Expanded toll free “helplines” to provide caregivers with information about available respite programs.

**Required Activities/Uses of Funds**

Services provided under this Announcement must meet the unique respite care needs of the states in which they operate and employ a coordinated approach for ensuring statewide availability of respite services. With limited resources and great need, applicants must be strategic in their approach for how grant funds will be used. Application narratives should

---

1 For more information about the twelve states to receive Federal Lifespan Respite Care Program grants in 2009, visit AoA’s web site at: [http://www.aoa.gov/AoARoot/AoA_Programs/HCLTC/LRCP/index.aspx](http://www.aoa.gov/AoARoot/AoA_Programs/HCLTC/LRCP/index.aspx)
clearly and completely describe the State agency’s plan for providing respite and any of the other required services and optional services described below in a way that considers the available evidence and best/model/emerging practices in the field of respite to expand capacities and deliver direct services.2

Each eligible State agency awarded a grant under this Announcement shall use the funds awarded primarily for the provision of respite care services for eligible family caregivers caring for children or adults. Additionally, successful applicants may also use some portion of funds for the other following required services:

- Further development and enhancement of lifespan respite care services at the State and local levels; and/or
- Enhanced capacity for training and recruiting of respite care workers and volunteers; and/or
- Enhanced capacity for the provision of information to caregivers about available respite and support services; and/or
- Further development of respite access assistance to caregivers.

Funds available under this Announcement may also be used to develop or further enhance a range of optional services, including:

- Training programs for family caregivers to assist family caregivers in making informed decisions about respite care services;
- Other services and/or approaches essential to the provision of respite care such as the employment of evidence-based or evidence-informed methods for respite delivery; or
- Training and education for new caregivers, especially as such training pertains to assisting caregivers with understanding the needs of the care recipient or to provide caregivers with the specialized knowledge and skills to provide care more efficiently, effectively and/or safely.

Grantee Core Capacities

AoA understands that among the 24 states funded in FY 2009 and FY 2010 there exists a great deal of variability with respect to program structures, respite availability, service gaps and unmet needs, and the role of key stakeholders including the grantee, ADRCs, and statewide respite coalitions/organizations. Therefore, applications will be evaluated on several key factors that demonstrate the degree to which the Lifespan Respite Care Program infrastructures, capacities and resources developed over the past one or two years of grant activities are brought to bear on the delivery of respite care and other required services to all eligible populations.

In addition to addressing all required narrative elements described on pages 15 – 19 of this program announcement, applicants must demonstrate in their applications the degree to which the following core capacities are in place:

2 For more information on emerging, model, or best practices in the field of respite and family caregiver support, applicants should review information available on the Technical Assistance Center for Caregiver Programs on the Family Caregiver Alliance web site at http://www.caregiver.org/caregiver/isp/home.jsp or on the ARCH National Respite Network and Resource Center web site at http://www.archrespite.org/ta-center-for-respite/ta-center-for-lifespan-respite.
Core Capacity #1: Knowledge of current respite programs and funding streams in the state; eligible populations to be served; current service gaps and unmet needs; and broad stakeholder representation. One of the key activities of most of the grantees to date has been the design and implementation of an “environmental scan” to determine the respite landscape in a given state. Results of such scans have varied from state to state but each state has gained valuable insights about its current respite programs and funding streams; eligible populations; and current service gaps and unmet needs. Applicants are expected to demonstrate this knowledge in their applications and detail the manner in which this information will be used to ensure respite services are appropriately targeted and delivered and known gaps in respite services are filled.

Core Capacity #2: A plan for providing respite services to family caregivers of all population, age and disability groups across the lifespan. Based on the knowledge and understanding of the state’s current respite environment, applicants are required to provide detailed plans for how respite services funded under this opportunity will be delivered. Such plans must provide sufficient detail so as to describe how funds will be allocated across programs and population groups; how funds will flow to service recipients; the type of service delivery and/or payment mechanism that will be used (e.g., in-home respite, group respite, vouchers, direct payment, contract, etc.); how emergency respite needs will be addressed; and how the use of volunteers will be expanded and improved.

Core Capacity #3: A system or approach for tracking key data elements associated with the provision of respite services. Data collection is an important component of a fully functioning Lifespan Respite Care Program. As Congress and the Administration look to expand funding for this program, there will likely be an increased interest in program and performance outcomes, including associated cost/benefits, with particular attention to consumer-level information regarding service delivery and impact on consumers. Therefore, applicants should describe how such data would be collected and presented and do so in concert with current efforts across existing respite programs/funding streams.

Core Capacity #4: Ongoing and meaningful involvement of the Respite Coalitions/Organizations and the ADRCs in the delivery of respite care services. Statewide Respite Coalitions or Respite Organizations have played a key role in the establishment of state lifespan respite programs both in those predating the Federal program as well as in the development and implementation of current programs. Since their inception in 2003, ADRCs have become recognized and trusted sources of information and access to a range of home and community based services for individuals of all ages and disabilities and their families. Applicants are expected to describe the role of both the Respite Coalitions and the ADRCs and provide for each, the opportunity to remain fully engaged in the program’s ongoing growth and development.

Additionally, a memorandum of agreement regarding the joint responsibility for the eligible State agency’s lifespan respite program between the eligible State agency and a public or private nonprofit statewide respite coalition or organization must be in place and in effect at the time of application to this announcement. The document should outline the roles and responsibilities of each party to the memorandum and offer the opportunity for modification to the memorandum by all parties, as project goals, objectives and activities
may change over the course of the project. **A copy of such memorandum must be included as part of the Application package.**

**Grants/Subcontracts**

Successful applicants to this Announcement may carry out the required and optional activities described above directly or by grant to, or contract with, public or private entities. Due to the nature of this program, the State Project Director must maintain an **active** role in the management of this project. Applicants who propose conduit or pass-through funding for another agency to lead the project will not be considered for funding.

Applicants under this funding announcement should clearly describe, if necessary, their processes for subcontracting specific activities under this Program Announcement. Additionally, applicants should clearly describe the role of the project director along with the stakeholder group that will guide the design and implementation of the Lifespan Respite Program in the state.

**Stakeholder Partnership and Collaboration**

In addition to the core partnership between grantee, ADRC and Respite coalition, Lifespan Respite Programs funded under this announcement must work in conjunction with all relevant stakeholders to ensure the program reaches the broadest population of eligible services recipients possible. Potential stakeholders include (a) entities of state and local government that administer and deliver human services programs designed to meet the respite care needs of family caregivers; and (b) state and local chapters of organizations and entities representing individuals with special needs from across the disease and disability spectrum and for whom respite is an essential component of their ongoing support in a community setting.

Applications should clearly demonstrate the involvement of key state- and local-level organizations and stakeholders from across the age and disability spectrum as full partners in the design, implementation, and evaluation of the Lifespan Respite Program. For example, such a group might include but is **not limited to**:

- **State government agencies** providing human services programs, of which respite may (or may not) be a component service;
- **Providers** of respite care serving the full range of population groups with varying, disabilities and service needs and for whom respite is an essential component of remaining in the community; and
- **Non-profit organizations** that function at the state and local levels to enhance services and education to persons with respite care needs, their families, and caregivers to enhance and promote the coordination of a more comprehensive and appropriate service delivery between the social service network and the state service system.

**Participation in and Collaboration with Technical Assistance Activities**

Successful grantees under this Program Announcement will be expected to participate in technical assistance activities as they pertain to Lifespan Respite Care Program
development, management, and expansion. This includes but is not limited to participation in regularly scheduled conference calls, web casts and one-on-one Technical Assistance opportunities initiated by the AoA Project Officer, FCA/ARCH, or as requested by the grantee and stakeholders themselves.

Applicants under this Program Announcement are strongly encouraged to budget resources for travel to and participation in the National Respite Conference, convened annually by the ARCH National Respite Network and Resource Center. This conference provides participants with the opportunity to learn about the latest trends in respite program development and with the opportunity to network and share best practices associated with Lifespan Respite Care Program implementation.

Statutory Authority

The statutory authority for grants under this program announcement is contained in Title XXIX of the Public Health Service Act (42 U.S.C 201 et.seq), as amended by the Public Health Service Act P.L. 109-442. The Catalog of Federal Domestic Assistance (CFDA) number for this program is 93.072.

II. AWARD INFORMATION

**Award type:** Competing Program Expansion Supplement Grants  
**Estimated Federal Funds Available:** Up to approximately $1 million  
**Estimated Number of Awards:** Zero (0) to nine (9) Grants  
**Estimated Award Range:** Up to approximately $150,000 per award  
**Projected Start Date:** September 1, 2011  
**Estimated Project Length:** 12 Months

The amount of Federal funds available for this funding opportunity will depend on the following factors:
- The total FY 2011 Appropriation for the Lifespan Respite Care Program; and
- The amount of Lifespan Respite Care Program funds remaining after awards are made to the new FY 2011 grantees.

Based on anticipated FY 2011 appropriation of $2.5 million, the AoA plans to fund approximately zero (0) to nine (9) grants under this Announcement, with a federal funding level of up to approximately $150,000 per award for a 12 month project period. Not all states who apply for funding will receive grants. Further, actual award amounts may vary based on the exact amount of federal funds available. Eligible state agencies funded under this announcement shall use grant funds to provide respite and other required and optional services as outlined in the Lifespan Respite Care Act of 2006.

Projects will be funded for a 12-month project period. AoA reserves the right to offer a funding level that differs from the requested amount, which may require revision to your proposal.
Grantees are required to provide at least a 25% match of total project cost. Funds made available under this Announcement shall be used to supplement and must not supplant other Federal, State, and local funds available for respite care services.

AoA and Grantee Collaboration

The Administration on Aging will assist each of the grantees in understanding the strategic goals and objectives, policy perspectives, and priorities of the Assistant Secretary for Aging and the Department of Health and Human Services, by sharing such information via email, conference calls, briefings, memos, and other consultations. The AoA project officer will provide technical assistance and guidance for all grant management and implementation issues and as such should be the first point of contact for grantees and partners with any questions pertaining to program management or implementation. The AoA project officer will also share information with each grantee about other federally sponsored projects and activities relevant to activities funded under this announcement.

Each grantee under this announcement must develop a project work plan to be submitted as part of the application package. Within 45 days of award, the grantee and AoA Project Officer will agree upon and finalize a work plan that details expectations for major activities, products and reports during the project period. The work plan should include a detailed timetable with tangible milestones. In addition, the work plan should contain project and activity implementation plans, including potential sub-grantees/contractors, staff assignments, and other areas that require AoA consultation, review, and/or prior approval. Either the AoA project officer or the grantee can propose a revision of the final work plan at any time.

III. ELIGIBILITY INFORMATION

1. Eligible Applicants

   By statute, only the following state agencies may apply for funding under the Lifespan Respite Care Program:
   • State Units on Aging
   • State Medicaid Agencies
   • State agency designated by the Governor

   Further, this funding opportunity is only open to current Lifespan Respite Care Program grantees in the following states: Alabama, Arizona, Connecticut, Delaware, District of Columbia, Illinois, Kansas, Louisiana, Massachusetts, Minnesota, Nebraska, New York, Nevada, New Hampshire, North Carolina, Oklahoma, Pennsylvania, Rhode Island, South Carolina, Tennessee, Texas, Utah, Washington State, and Wisconsin.

2. Cost Sharing or Matching

   Section 2902 of the Public Health Service Act (42 U.S.C. 201 et seq.), as amended, requires that grantees provide at least 25% match (cash or in-kind) of total costs. Waivers to these match requirements are not allowed.
Under this program, AoA will fund no more than 75% of the project’s total cost, which means the applicant must cover at least 25% of the project’s total cost with non-Federal resources. In other words, for every three (3) dollars received in Federal funding, the applicant must contribute at least one (1) dollar in non-Federal resources toward the project’s total cost. This “three-to-one” ratio is reflected in the formula included under Item 18 in Attachment A. You can use this formula to calculate your minimum required match. A common error applicants make is to match 25% of the Federal share, rather than 25% of the project’s total cost.

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. Volunteered time and use of facilities to hold meetings or conduct project activities may be considered in-kind (third party) donations. Examples of non-Federal cash match includes budgetary funds provided from the applicant agency’s budget for costs associated with the project. AoA encourages you to not exceed the minimum match requirement. Applications with a match greater than the minimum required will not receive additional consideration under the review. Match is not one of the responsiveness criteria as noted in Section III, 3 Application Screening Criteria.

3. Responsiveness and Screening Criteria

Application Responsiveness Criteria

Applications will go through an initial screening to verify that the applicant:

- Is an Eligible State Agency, as outlined in Section III (I) of this Program Announcement;
- Has included with the application package submitted an MOU between the Eligible State Agency and the statewide respite organization/coalition; and
- Does not propose conduit or pass-through funding for another agency to lead the project.

Application Screening Criteria

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

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

2. The Project Narrative section of the Application must be double-spaced, on 8 ½” x 11” plain white paper with 1” margins on both sides, and a font size of not less than 11.

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

IV. APPLICATION AND SUBMISSION INFORMATION

1. Address to Request Application Package

Application materials can be obtained from http://www.grants.gov or http://www.aoa.gov/AoARoot/Grants/Funding/index.aspx.

Please note, AoA is requiring applications for all announcements to be submitted electronically through http://www.grants.gov. The Grants.gov (http://www.grants.gov) registration process can take several days. If your organization is not currently registered with http://www.grants.gov, please begin this process immediately. For assistance with http://www.grants.gov, please contact them at support@grants.gov or 1-800-518-4726 between 7 a.m. and 9 p.m. Eastern Time. At http://www.grants.gov, you will be able to download a copy of the application packet, complete it off-line, and then upload and submit the application via the Grants.gov website (http://www.grants.gov).

Applications submitted via http://www.grants.gov:

- You may access the electronic application for this program on http://www.grants.gov. You must search the downloadable application page by the Funding Opportunity Number (HHS-2011-AoA- LR-1111) or CFDA number (93.072).
- At the http://www.grants.gov website, you will find information about submitting an application electronically through the site, including the hours of operation. AoA strongly recommends that you do not wait until the application due date to begin the application process through http://www.grants.gov because of the time involved to complete the registration process.
- All applicants must have a Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number and register in the Central Contractor Registry (CCR). You should allow a minimum of five days to complete the CCR registration.
- Effective October 1, 2010, HHS requires all entities that plan to apply for and ultimately receive Federal grant funds from any HHS Operating/Staff Division (OPDIV/STAFFDIV) or receive subawards directly from the recipients of those grant funds to:
  1. Be registered in the CCR prior to submitting an application or plan;
2. Maintain an active CCR registration with current information at all times during which it has an active award or an application or plan under consideration by an OPDIV; and
3. Provide its DUNS number in each application or plan it submits to the OPDIV.
An award cannot be made until the applicant has complied with these requirements. At the time an award is ready to be made, if the intended recipient has not complied with these requirements, the OPDIV/STAFFDIV:
• May be determined that the applicant is not qualified to receive an award; and
• May use that determination as a basis for making an award to another applicant.
Additionally, all first-tier subaward recipients must have a DUNS number at the time the subaward is made.
• Since October 1, 2003, The Office of Management and Budget has required applicants to provide a Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number when applying for Federal grants or cooperative agreements. It is entered on the SF 424. It is a unique, **nine-digit identification number**, which provides unique identifiers of single business entities. The DUNS number is **free and easy** to obtain.
• Organizations can receive a DUNS number at no cost by calling the dedicated toll-free DUNS Number request line at 1-866-705-5711 or by using this link to access a guide: [https://www.whitehouse.gov/omb/grants/duns_num_guide.pdf](https://www.whitehouse.gov/omb/grants/duns_num_guide.pdf)
• You must submit all documents electronically, including all information included on the SF424 and all necessary assurances and certifications.
• **Your application must comply with any page limitation requirements described in this Program Announcement.**
• After the Administration on Aging retrieves your application form from [http://www.grants.gov](http://www.grants.gov), a return receipt will be emailed to the applicant contact. This will be in addition to the validation number provided by [http://www.grants.gov](http://www.grants.gov).
• Each year organizations registered to apply for Federal grants through [http://www.grants.gov](http://www.grants.gov) will need to renew their registration with the Central Contractor Registry (CCR). You can register with the CCR online and it will take about 30 minutes ([http://www.ccr.gov](http://www.ccr.gov)).

Contact person regarding this Program Announcement:

U.S. Department of Health and Human Services
Administration on Aging
2. **Content and Form of Application Submission**

   a. **Letter of Intent**

   Applicants are requested, but not required, to submit a letter of intent to apply for this funding opportunity to assist AoA 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. The deadline for submission of the letter of intent is **May 9, 2011**. Letters of intent should be sent to:

   U.S. Department of Health and Human Services  
   Administration on Aging  
   **Greg Link**  
   Office of Home and Community Based Services  
   Email: [greg.link@aoa.hhs.gov](mailto:greg.link@aoa.hhs.gov)  
   Fax: 202-357-3558

   b. **Project Narrative**

   The Project Narrative must be double-spaced, on 8 ½” x 11” paper with 1” margins on both sides, and a font size of not less than 11. You can use smaller font sizes to fill in the Standard Forms and Sample Formats. The suggested length for the Project Narrative is ten to twenty pages; twenty pages is the maximum length allowed. AoA will not accept applications with a Project Narrative that exceeds 20 pages. The Project Work Plan, Letters of Commitment, and Vitae of Key Personnel are not counted as part of the Project Narrative for purposes of the 20-page limit, but all of the other sections noted below are included in the limit.

   The components of the Project Narrative counted as part of the 20 page limit include:

   - Summary/Abstract  
   - Problem Statement  
   - Goal(s) and Objective(s)  
   - Proposed Intervention  
   - Special Target Populations and Organizations  
   - Outcomes  
   - Project Management
The Project Narrative is the most important part of the application, since it will be used as the primary basis to determine whether or not your project meets the minimum requirements for grants under the Lifespan Respite Care Program of 2006. The Project Narrative should provide a clear and concise description of your project. AoA recommends that your project narrative include the following components:

**Summary/Abstract.** This section should include a brief - no more than 265 words maximum - description of the proposed project, including: goal(s), objectives, outcomes, and products to be developed. Detailed instructions for completing the summary/abstract are included in Attachment F of this document.

**Problem Statement.** This section should describe, in both quantitative and qualitative terms, the nature and scope of the particular problem or issue the proposed intervention is designed to address, including how the project will potentially affect targeted populations and/or their caregivers (including specific subgroups within those populations), and possibly the health care and social services systems (e.g., the use of health care and/or nursing home services.)

For purposes of this Program Announcement, applicants are **required** to provide updates from their previous FY 2009 or FY 2010 applications, the following descriptive information as it pertains to the caregiving needs and current respite care infrastructure in their state:

- The population of family caregivers in the state;
- The extent and nature of the respite care needs of that population;
- Existing respite care services for that population, including numbers of family caregivers being served and the extent of unmet needs;
- Existing methods or systems to coordinate respite care information and services to the population at the State and local level and the extent of unmet need in this area;
- A description of respite care services available to family caregivers in the eligible State agency’s State or locality, including unmet needs and how the eligible State agency’s plan for use of funds will improve the coordination and distribution of respite care services for family caregivers of children and adults with special needs; and
- The criteria used to identify family caregivers eligible for respite care services;

**Goals and Objectives.** This section should consist of a description of the project’s goal(s) and major objectives. Unless the project involves multiple, complex interventions, we recommend you have only one overall goal.

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

In addition, applicants must update the following from their FY 2009 and FY 2010 applications:

- How respite care information dissemination and coordination, respite care services, respite care worker and volunteer recruitment and training programs, or training programs for family caregivers that assist them in making informed decisions about respite care services will be provided using funds provided under this Announcement;
- A plan for administration, collaboration, and coordination of the proposed respite care activities with other related services or programs offered by public or private, nonprofit entities, including area agencies on aging;
- How the population, including family caregivers, care recipients, and relevant public or private agencies, will participate in the planning and implementation of the proposed respite care activities;
- How the proposed respite care activities will make use, to the maximum extent feasible, of other Federal, State, and local funds, programs, contributions, other forms of reimbursements, personnel, and facilities; and
- A description of how the quality and safety of any respite care services provided will be monitored, including methods to ensure that respite care workers and volunteers are appropriately screened and possess the necessary skills to care for the needs of the care recipient in the absence of the family caregiver.

**Special Target Populations and Organizations.** This section should describe how you plan to involve community-based organizations in a meaningful way in the planning and implementation of the proposal project. This section should also describe how the proposed intervention will target disadvantaged populations, including limited-English speaking populations.

**Outcomes.** This section of the project narrative must clearly identify the measurable outcome(s) that will result from the project. (NOTE: AoA will not fund any project that does not include measurable outcomes). This section should also describe how the project’s findings might benefit the field at large, (e.g., how the findings could help other organizations throughout the nation to address the same or similar problems.) List measurable outcomes in the attached work plan grid (Attachment E) under “Measurable Outcomes” in addition to any discussion included in the narrative along with a description of how the project might benefit the field at large.

A “measurable outcome” is an observable end-result that describes how a particular intervention benefits consumers. It demonstrates the functional status, mental well-being, knowledge, skill, attitude, awareness or behavior.) It can also describe a change in the degree to which consumers exercise choice over the types of services they receive, or whether they are satisfied with the way a service is delivered. Additional examples include: a change in the responsiveness or cost-effectiveness of a service delivery system; a new model of support or care that can be replicated in the aging network; new knowledge
that can contribute to the field of aging; a measurable increase in community awareness; or a measurable increase in persons receiving services. A measurable outcome is not a measurable “output”, such as: the number of clients served; the number of training sessions held; or the number of service units provided.

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

Your application will be scored on the clarity and nature of your proposed outcomes, not on the number of outcomes cited. It is totally appropriate for a project to have only ONE outcome that it is trying to achieve through the intervention reflected in the project’s design.

**Project Management.** This section should include a clear delineation of the roles and responsibilities of project staff, consultants and partner organizations including the Respite Coalition/organization and ADRC, and how they will contribute to achieving the project’s objectives and outcomes. It should specify who would have day-to-day responsibility for key tasks such as: leadership of project; monitoring the project’s on-going progress (including training, evaluation, service delivery, and monitoring fidelity of the program), preparation of reports; communications with other partners and AoA. It should also describe the approach that will be used to monitor and track progress on the project’s tasks and objectives.

**Evaluation.** This section should describe the method(s), techniques and tools that will be used to: 1) determine whether or not the proposed intervention achieved its anticipated outcome(s), and 2) document the “lessons learned” – both positive and negative - from the project that will be useful to people interested in replicating the intervention, if it proves successful.

**Dissemination.** This section should describe the method that will be used to disseminate the project’s results and findings in a timely manner and in easily understandable formats, to parties who might be interested in using the results of the project to inform practice, service delivery, program development, and/or policy-making, including and especially those parties who would be interested in replicating the project.

**Organizational Capability Statement.** Each application should include an organizational capability statement and vitae for key project personnel. The organizational capability statement should describe how the applicant agency (or the particular division of a larger agency which will have responsibility for this project) is organized, the nature and scope of its work and/or the capabilities it possesses. It should also include the organization’s capability to sustain some or all project activities after Federal financial assistance has ended.

This description should cover capabilities of the applicant agency not included in the program narrative, such as any current or previous relevant experience and/or the record of the project team in preparing cogent and useful reports, publications, and other products. If appropriate, include an organization chart showing the relationship of the project to the current organization. Please attach short vitae for key project staff only. Neither vitas nor
an organizational chart will count towards the narrative page limit. Also include information about any contractual organization(s) that will have a significant role(s) in implementing project and achieving project goals.

c. Work Plan

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

d. Letters of Commitment from Key Participating Organizations and Agencies

Include confirmation of the commitments to the project (should it be funded) made by key collaborating organizations and agencies in this part of the application. Any organization that is specifically named to have a significant role in carrying out the project should be considered an essential collaborator. For applications submitted electronically via http://www.grants.gov, signed letters of commitment should be scanned and included as attachments. Applicants unable to scan the signed letters of commitment may fax them to the AoA Office of Grants Management at 202-357-3467 by the application submission deadline. In your fax, be sure to include the funding opportunity number and your agency name.

e. Budget Narrative/Justification

The Budget Narrative/Justification should be provided using the format included as Attachment C of this Program Announcement. Applicants are encouraged to pay particular attention to Attachment C, which provides an example of the level of detail sought.

3. Submission Dates and Times

The deadline for the submission of applications under this Program Announcement is June 15, 2011. Applications must be submitted electronically by 11:59 p.m. Eastern Time, on June 15, 2011.

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.
Unsuccessful submissions will require authenticated verification from [http://www.grants.gov](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](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](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](http://www.grants.gov). After the Administration on Aging retrieves your application form from [http://www.grants.gov](http://www.grants.gov), a return receipt will be emailed to the applicant contact. This will be in addition to the validation number provided by [http://www.grants.gov](http://www.grants.gov).

4. **Intergovernmental Review**

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

5. **Funding Restrictions**

The following activities are not fundable:
- Construction and/or major rehabilitation of buildings
- Basic research (e.g. scientific or medical experiments)
- Continuation of existing projects without expansion or new and innovative approaches

6. **Other Submissions Requirements**

Letters of intent should be emailed or faxed **no later than May 9, 2011** to:

**Greg Link**  
Email: [greg.link@aoa.hhs.gov](mailto:greg.link@aoa.hhs.gov)  
Fax: 202-357-3558

**V. APPLICATION REVIEW INFORMATION**

1. **Criteria**

Applications are scored by assigning a maximum of 100 points across five criteria:
a. Project Relevance & Current Need - (20 points);

b. Approach - (30 points);

c. Budget – (10 points);

d. Project Impact - (25 points); and

e. Organizational Capacity - (15 points).

a. Project Relevance & Current Need

i. Does the proposed project clearly and adequately identify the relevance of the priority areas, as described in this Program Announcement, in relation to current state/community needs for respite care?

ii. Does the proposed project demonstrate the extent to which respite and other required services will be appropriately targeted and delivered?

iii. Does the application describe: the population of caregivers in the state; the extent and nature of respite needs; existing respite care services, including numbers currently served; existing methods to coordinate respite information; respite services currently available in the state, including unmet needs; and the criteria to be used to identify family caregivers eligible for respite care services?

b. Approach

i. Is the intervention clearly defined? Is the proposed approach reflective of the applicant’s progress and current capacity as an existing Lifespan Respite Care Program grantee? Does the applicant include a plan for how funds will be accessed by or targeted to service recipients? Does the application describe how funds will be allocated across all population groups of eligible individuals? Does the application include a description of the service delivery methods, payment mechanisms, etc? Does the project take into account barriers and opportunities that exist in the larger environment that may impact on the project’s success? Does the applicant consider available research, evidence, and models for respite and caregiver supports in their proposed approach for respite service delivery?

ii. Is the project work plan clear and comprehensive? Does the work plan include sensible and feasible timeframes for the accomplishment of tasks presented? Does the work plan include specific objectives and tasks that are linked to measurable outcomes? Does the proposal include a clear and coherent management plan? Are the roles and responsibilities of project staff, consultants and partners clearly defined and linked to specific objectives and tasks? Are the qualifications of the project staff, consultants and/or partners, and the proposed level of effort, adequate to carryout the project?

iii. Does the intervention optimize the use of required partnerships with ADRCs, Respite Coalitions and other organizations and/or consumer groups, as appropriate? Does the
application include disadvantaged populations, including limited-English speaking populations in its target population? Has the applicant stated clear and meaningful goals and objectives for the proposed program as well as problems that relate to the proposed program?

c. Budget

Weight: 10 points

i. Is the budget request justified with respect to the adequacy and reasonableness of resources requested? Is the scope of project activities consistent with resources requested? Is the time commitment of the proposed director and other key project personnel sufficient to assure proper direction, management and timely completion of the project?

ii. Are budget line items clearly delineated and consistent with work plan objectives?

d. Project Impact

Weight: 25 points

i. Are the expected project benefits/results clear, realistic, and consistent with the objectives and purpose of the project? Are the anticipated outcomes of the proposed project likely to be achieved and will they significantly benefit the populations affected by the intervention, and the field of respite as a whole? Are the proposed outcomes quantifiable and measurable, consistent with the definition of a project outcome contained in Attachment E of the Program Announcement?

ii. Does the project evaluation reflect a thoughtful and well-designed approach that will be able to successfully measure whether or not the project has achieved its proposed outcome(s)? Does the plan include the qualitative and/or quantitative methods necessary to reliably measure outcomes? Is the evaluation also designed to capture “lessons learned” from the overall effort that might be of use to others in the field, especially those who might be interested in replicating the project? Will the evaluation permit a determination of whether objectives have been achieved? Does the applicant describe how the quality and safety of respite care services will be monitored, including methods to ensure appropriate screening of workers?

iii. Is there a clear plan for sustainability of the Program, beyond Federal funding? Is there a realistic plan to try to secure resources to continue some or all project activities after Federal financial assistance has ended?

iv. Will the dissemination plan get relevant and easy to use information about respite care services, worker recruitment and training, and programs for family caregivers, including training, in a timely manner to parties that might be interested in making use of its findings, particularly to those who might want to replicate the project? Does the dissemination plan include multiple means for delivering information, including electronic, print, and web-based media?

e. Organizational Capacity

Weight: 15 points

i. Does the applicant organization clearly identify their capacity for carrying out the proposed project and evaluation?

ii. Do the proposed project director(s), key staff and consultants have the background, experience, and other qualifications required to carry out their designated roles? Are
letters from participating organizations included, as appropriate, and do they express the clear commitment and areas of responsibility of those organizations, consistent with the work plan description of their intended roles and contributions? Does the applicant demonstrate the commitment to lead the project? Does the application clearly describe the agency’s ability to work with other state and community-based agencies? Does the applicant’s proposed approach for working with public and private non-profit state respite coalitions/organizations seem feasible? Does the applicant demonstrate an understanding of respite care and family caregiver issues across all age groups, disabilities, and chronic conditions? Does the applicant demonstrate capacity and commitment to ensuring meaningful involvement of family members, family caregivers and care recipients? Does the applicant demonstrate the commitment to continued implementation of the program so as to serve all age groups, disability populations with out preference for select demographic or disability groups? Do the proposed project director(s), key staff and consultants have the background, experience, and other qualifications required to carry out their designated roles? Are letters from participating organizations included, as appropriate, and do they express the clear commitment and areas of responsibility of those organizations, consistent with the work plan description of their intended roles and contributions? Are assurances in place that the grantee will have a system for maintaining confidentiality of care recipient and family caregiver records? Does the applicant describe a means to capture and present data on individuals served?

2. **Review and Selection Process**

An independent review panel of at least three individuals will evaluate applications that pass the screening and meet the responsiveness criteria if applicable. These reviewers are experts in their field, and are drawn from academic institutions, non-profit organizations, state and local government, 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 Assistant Secretary for Aging (ASA). In making these decisions, the ASA will take into consideration: recommendations of the review panel; reviews for programmatic and grants management compliance; the reasonableness of the estimated cost to the government considering the available funding and anticipated results; and the likelihood that the proposed project will result in the benefits expected.

3. **Anticipated Announcement Award Date**

Anticipated notification date for successful applicants is August 1, 2011 for a project start date of September 1, 2011.

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 on Aging authorizing official,
Officer of Grants Management, and the AoA Office of Budget and Finance. Unsuccessful applicants are generally notified within 30 days of the final funding decision and will receive a disapproval letter via e-mail or U.S. mail. Unless indicated otherwise in this announcement, unsuccessful applications will not be retained by the agency and destroyed.

2. **Administrative and National Policy Requirements**

The award is subject to DHHS Administrative Requirements, which can be found in 45CFR Part 74 and 92 and the Standard Terms and Conditions implemented through the HHS Grants Policy Statement located at [http://www.hhs.gov/grantsnet/adminis/gpd/index.htm](http://www.hhs.gov/grantsnet/adminis/gpd/index.htm).

3. **Reporting**

Effective March 1, 2011, AoA requires the submission of the SF-425 (Federal Financial Report). The AoA program progress report is due semi-annually from the start date of the award. Final performance and SF-425 reports are due 90 days after the end of the project period.

Grantees are required to complete the federal cash transactions portion of the SF-425 within the Payment Managements System as identified in their award documents for the calendar quarters ending 3/31, 6/30, 9/30, and 12/31 through the life of their award. In addition, the fully completed SF-425 will be required as denoted in the Notice of Award terms and conditions.

4. **FFATA and FSRS Reporting**

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

For further guidance please see the following link:
[http://www.aoa.gov/AoARoot/Grants/FFATA_Terms/docs/Requirements_for_Federal_Funding_Accountability_and_Transparency_Act_Implementation.pdf](http://www.aoa.gov/AoARoot/Grants/FFATA_Terms/docs/Requirements_for_Federal_Funding_Accountability_and_Transparency_Act_Implementation.pdf)

VII. **AGENCY CONTACTS**

**Project Officer:**
U.S. Department of Health and Human Services
Administration on Aging
Washington, DC  20201
Attn: **Greg Link**
Telephone: (202) 357-3545, e-mail: greg.link@aoa.hhs.gov

**Grants Management Specialist:**
U.S. Department of Health and Human Services
VIII. OTHER INFORMATION

1. Application Elements

   a. SF 424 – Application for Federal Assistance (See Attachment A for Instructions).

   b. SF 424A – Budget Information. (See Attachment A for Instructions; See Attachment B for an example of a completed SF 424A).

   c. Separate Budget Narrative/Justification (See Attachment C for a Budget Narrative/Justification Sample Format with Examples and Attachment D for a Sample Template).
      NOTE: Applicants requesting funding for multi-year grant projects are REQUIRED to provide a Narrative/Justification for each year of potential grant funding, as well as a combined multi-year detailed Budget Narrative/Justification.

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

   e. Lobbying Certification

   f. Proof of non-profit status, if applicable

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

   h. Project Narrative with Work Plan (See Attachment E, for Sample Work Plan Format).

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

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


An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The project description and Budget Narrative/Justification is approved under OMB control
number 0985-0018 which expires on 8/31/13. Public reporting burden for this collection of information is estimated to average 10 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed and reviewing the collection information.
ATTACHMENTS

Attachment A:
Instructions for Completing Required Forms
(SF 424, Budget (SF 424A), Budget Narrative/Justification)

Attachment B:
SF 424 – Sample Format with Example

Attachment C:
Budget Narrative/Justification Format – Sample Format with Examples

Attachment D:
Budget Narrative/Justification – Sample Template

Attachment E:
Project Work Plan - Sample Template

Attachment F:
Instructions for Completing the Summary/Abstract
Attachment A: Instructions for Completing Required Forms
(SF 424, Budget (SF 424A), Budget Narrative/Justification)

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

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 AoA 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 Central Contractor Registry. Information on registering with CCR may be obtained by visiting the Grants.gov website (http://www.grants.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.
c. Organizational DUNS: (REQUIRED) Enter the organization’s DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained by visiting the Grants.gov website (http://www.grants.gov). Your DUNS number can be verified at http://www2.zapdata.com/CompanyLookup.do.

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.

10. Name Of Federal Agency: (REQUIRED) Enter U.S. Administration on Aging

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

http://www.house.gov/Welcome.shtml

17. Proposed Project Start and End Dates: (REQUIRED) Enter the proposed start date and final end date of the project. If you are applying for a multi-year grant, such as a 3 year grant project, the final project end date will be 3 years after the proposed start date. In general, all start dates on the SF424 should be the 1st of the month and the end date of the last day of the month of the final year, for example 4/01/2011 to 3/31/2014. 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 74 or 45 CFR Part 92 before completing Item 18 and the Budget Information Sections A, B and C noted below.

All budget information entered under item 18 should cover the total project period. For sub-item 18a, enter the Federal funds being requested. Sub-items 18b-18e is considered matching funds. The dollar amounts entered in sub-items 18b-18f must total at least 1/3rd of the amount of Federal funds being requested (the amount in 18a). For a full explanation of AoA’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 facilities to hold meetings or conduct project activities may be considered in-kind (third party) donations.

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

### AOA’s Match Requirement

Under this and other OAA programs, AoA will fund no more than 75% of the project’s total cost, which means the applicant must cover at least 25% of the project’s total cost with non-Federal resources. In other words, for every three (3) dollars received in Federal funding, the applicant must contribute at least one (1) dollar in non-Federal resources toward the project’s total cost (i.e., the amount on line 18g.). This “three-to-one” ratio is reflected in the following formula which you can use to calculate your minimum required match:

\[
\frac{\text{Federal Funds Requested (i.e., amount on line 15a)}}{3} = \text{Minimum Match Requirement}
\]

For example, if you request $100,000 in Federal funds, then your minimum match requirement is $100,000/3 or $33,333. In this example the project’s total cost would be $133,333.

A common error applicants make is to match 25% of the Federal share, rather than 25% of the project’s total cost, so be sure to use one of the formulas above to calculate your match requirement.

If the required non-Federal share is not provided by the completion date of the funded project period, AoA will reduce the Federal dollars awarded when closing out the award to meet the match percentage, which may result in a requirement to return Federal funds.

19. **Is Application Subject to Review by State Under Executive Order 12372 Process?**
Check c. Program is not covered by E.O. 12372

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.)

b. **Standard Form 424A**

<table>
<thead>
<tr>
<th>NOTE: Standard Form 424A is designed to accommodate applications for multiple grant programs; thus, for purposes of this AoA program, many of the budget item columns and rows are not applicable. You should only consider and respond to the budget items for which guidance is provided below. Unless otherwise indicated, the SF 424A should reflect a multi year budget. See Attachment B.</th>
</tr>
</thead>
</table>

**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 (see instructions for each object class category in Attachment C).

Column 2: Enter the breakdown of how you plan to use the non-Federal share by object class category.

Column 5: Enter the total funds required for the project (sum of Columns 1 and 2) by object class category.

**Section C – Non Federal Resources**

Column A: Enter the federal grant program.

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

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

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

Column E: Enter the total non-federal resources for each program listed in column A.
Section D – Forecasted Cash Needs
Line 13: Enter Federal forecasted cash needs broken down by quarter for the first year only.

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

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

Note: This area is not meant to be one whereby an applicant merely divides the requested funding by four and inserts that amount in each quarter but an area where thought is given as to how your estimated expenses will be incurred during each quarter. For example, if you have initial start up 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, subcontractor 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 break-down of amounts and percentages that comprise fringe benefit costs, such as health insurance, FICA, retirement, etc. A percentage of 35% or less does not require a break down but you must show the percentage charged for each full/part time employee.

Line 6c: **Travel**: Enter total costs of all travel (local and non-local) for staff on the project. **NEW**: Local travel is considered under this cost item not under Other. Local transportation (all travel which does not require per diem is considered local travel). Do not enter costs for consultant's travel - this should be included in line 6h. **In the Justification**: Include the total number of trips, number of travelers, destinations, purpose (e.g., attend conference), length of stay, subsistence allowances (per diem), and transportation costs (including mileage rates).

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

**In the Justification:** Equipment to be purchased with federal funds must be justified as necessary for the conduct of the project. The equipment must be used for project-related functions. 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 sub-grantees.

**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 breakdown of the supply items (e.g., 6% of $100,000 = $6,000 – breakdown of supplies needed). If the 5% is applied against $1 million total direct costs (5% x $1,000,000 = $50,000) a detailed breakdown of supplies is not needed. Please note: any supply costs of $5,000 or less regardless of total direct costs does not require a detailed budget breakdown (e.g., 5% x $100,000 = $5,000 – no breakdown needed).

**Line 6f: Contractual:** Regardless of the dollar value of any contract, you must follow your established policies and procedures for procurements and meet the minimum standards established in the Code of Federal Regulations (CFR’s) mentioned below. Enter the total costs of all contracts, including (1) procurement contracts (except those which belong on other lines such as equipment, supplies, etc.).

**Note:** The 33% provision has been removed and line item budget detail is not required as long as you meet the established procurement standards. Also include any awards to organizations for the provision of technical assistance. Do not include payments to individuals on this line. Please be advised: A subrecipient is involved in financial assistance activities by receiving a sub-award and a subcontractor is involved in procurement activities by receiving a sub-contract. Through the recipient, a subrecipient performs work to accomplish the public purpose authorized by law. Generally speaking, a sub-contractor does not seek to accomplish a public benefit and does not perform substantive work on the project. It is merely a vendor providing goods or services to directly benefit the recipient, for example procuring landscaping or janitorial services. In either case, you are encouraged to clearly describe the type of work that will be accomplished and type of relationship with the lower tiered entity whether it be labeled as a subaward or subcontract.

**In the Justification:** Provide the following three items – 1) Attach a list of contractors indicating the name of the organization; 2) the purpose of the contract; and 3) the estimated dollar amount. If the name of the contractor and estimated costs are not available or have not been negotiated, indicate when this information will be available. The Federal government reserves the right to request the final executed contracts at any time. If an individual contractual item is over the small purchase threshold, currently set at $100K in the CFR, you must certify that your procurement standards are in accordance with the policies and procedures as stated in 45 CFR 74.44 for non-profits and 92.36 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. 

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

d. Certification Regarding Lobbying

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

Proof of Non-Profit Status
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.
## Attachment B: Standard Form 424A – Sample Format

### BUDGET INFORMATION--Non-Construction Programs

#### SECTION A-BUDGET SUMMARY

<table>
<thead>
<tr>
<th>Grant Program Function or Activity (a)</th>
<th>Catalog of Federal Domestic Assistance Number (b)</th>
<th>Estimated Unobligated Funds</th>
<th>New or Revised Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Federal (c)</td>
<td>Non-Federal (d)</td>
</tr>
<tr>
<td>1. LifeSpan Respilte</td>
<td>93.048</td>
<td>300,000</td>
<td>100,000</td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. TOTALS</td>
<td></td>
<td>300,000</td>
<td>100,000</td>
</tr>
</tbody>
</table>

#### SECTION B-BUDGET CATEGORIES

<table>
<thead>
<tr>
<th>Object Class Categories</th>
<th>GRANT PROGRAM, FUNCTION OR ACTIVITY</th>
<th>Total (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(1) Year 1 (2) Year 2 (3) Year 3 (4)</td>
<td></td>
</tr>
<tr>
<td>a. Personnel</td>
<td>25,000</td>
<td>30,000</td>
</tr>
<tr>
<td>b. Fringe Benefits</td>
<td>10,000</td>
<td>15,000</td>
</tr>
<tr>
<td>c. Travel</td>
<td>5,000</td>
<td>5,000</td>
</tr>
<tr>
<td>d. Equipment</td>
<td>5,000</td>
<td>0</td>
</tr>
<tr>
<td>e. Supplies</td>
<td>5,000</td>
<td>2,500</td>
</tr>
<tr>
<td>f. Contractual</td>
<td>15,000</td>
<td>0</td>
</tr>
<tr>
<td>g. Construction</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>h. Other</td>
<td>43,333</td>
<td>55,833</td>
</tr>
<tr>
<td>i. Total Direct Charges</td>
<td>75,000</td>
<td>75,000</td>
</tr>
<tr>
<td>j. Indirect Charges</td>
<td>25,000</td>
<td>25,000</td>
</tr>
<tr>
<td>k. TOTALS (sum 6i and j)</td>
<td>133,333</td>
<td>133,333</td>
</tr>
</tbody>
</table>

7. Program Income

None
## SECTION C-NON-FEDERAL RESOURCES

<table>
<thead>
<tr>
<th>(a) Grant Program</th>
<th>(b) Applicant</th>
<th>(c) State</th>
<th>(d) Other sources</th>
<th>(e) TOTALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. Life Span Respite</td>
<td>60,000</td>
<td>30,000</td>
<td>10,000</td>
<td>100,000</td>
</tr>
<tr>
<td>9.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. <strong>TOTALS</strong> (sum of lines 8 and 11)</td>
<td>60,000</td>
<td>30,000</td>
<td>10,000</td>
<td>100,000</td>
</tr>
</tbody>
</table>

## SECTION D-FORECASTED CASH NEEDS

<table>
<thead>
<tr>
<th>13. Federal</th>
<th>Total for 1st Year</th>
<th>1st Quarter</th>
<th>2nd Quarter</th>
<th>3rd Quarter</th>
<th>4th Quarter</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>100,000</td>
<td>15,000</td>
<td>50,000</td>
<td>20,000</td>
<td>15,000</td>
</tr>
<tr>
<td>14. Non-Federal</td>
<td>33,333</td>
<td>6,000</td>
<td>10,000</td>
<td>9,000</td>
<td>8,333</td>
</tr>
<tr>
<td>15. <strong>TOTAL</strong> (sum of lines 13 and 14)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## SECTION E-BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT

<table>
<thead>
<tr>
<th>(a) Grant Program</th>
<th>Future Funding Periods (Years)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(b) First</td>
</tr>
<tr>
<td>16. Life Span Respite</td>
<td>100,000</td>
</tr>
<tr>
<td>17.</td>
<td></td>
</tr>
<tr>
<td>18.</td>
<td></td>
</tr>
<tr>
<td>19.</td>
<td></td>
</tr>
<tr>
<td>20. <strong>TOTALS</strong> (sum of lines 16-19)</td>
<td></td>
</tr>
</tbody>
</table>

## SECTION F-OTHER BUDGET INFORMATION

(Attach additional Sheets if Necessary)

21. Direct Charges:  
22. Indirect Charges:  
23. Remarks
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.

<table>
<thead>
<tr>
<th>Object Class Category</th>
<th>Federal Funds</th>
<th>Non-Federal Cash</th>
<th>Non-Federal In-Kind</th>
<th>TOTAL</th>
<th>Justification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personnel</td>
<td>$47,700</td>
<td>$23,554</td>
<td>$0</td>
<td>$71,254</td>
<td><strong>Federal</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Project Director (name) = .5 FTE @ $95,401/yr = $47,700</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Non-Fed Cash</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Officer Manager (name) = .5FTE @ $47,108/yr = $23,554</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Total $71,254</td>
</tr>
<tr>
<td>Fringe Benefits</td>
<td>$17,482</td>
<td>$8,632</td>
<td>$0</td>
<td>$26,114</td>
<td><strong>Federal</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Fringe on Project Director at 36.65% = $17,482</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>FICA (7.65%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Health (25%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Dental (2%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Life (1%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Unemployment (1%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Non-Fed Cash</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Fringe on Office Manager at 36.65% = $8,632</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>FICA (7.65%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Health (25%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Dental (2%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Life (1%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Unemployment (1%)</td>
</tr>
<tr>
<td>Object Class Category</td>
<td>Federal Funds</td>
<td>Non-Federal Cash</td>
<td>Non-Federal In-Kind</td>
<td>TOTAL</td>
<td>Justification</td>
</tr>
<tr>
<td>-----------------------</td>
<td>---------------</td>
<td>------------------</td>
<td>---------------------</td>
<td>-------</td>
<td>---------------</td>
</tr>
<tr>
<td>Travel</td>
<td>$4,707</td>
<td>$2,940</td>
<td>$0</td>
<td>$7,647</td>
<td><strong>Federal</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Local travel: 6 TA site visits for 1 person</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Mileage: 6RT @ .585 x 700 miles</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$2,457</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Lodging: 15 days @ $110/day</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$1,650</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Per Diem: 15 days @ $40/day</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$600</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Non-Fed Cash</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Travel to National Conference in (Destination) for 3 people</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Airfare 1 RT x 3 staff @ $500</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$1,500</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Lodging: 3 days x 3 staff @ $120/day</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$1,080</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Per Diem: 3 days x 3 staff @ $40/day</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$360</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Total</strong> $4,707</td>
</tr>
<tr>
<td>Equipment</td>
<td>$10,000</td>
<td>$0</td>
<td>$0</td>
<td>$10,000</td>
<td><strong>Federal</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>No Equipment requested OR:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Call Center Equipment</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Installation =</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$5,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Phones =</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$5,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Total</strong> $10,000</td>
</tr>
<tr>
<td>Supplies</td>
<td>$3,700</td>
<td>$5,784</td>
<td>$0</td>
<td>$9,484</td>
<td><strong>Federal</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2 desks @ $1,500</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$3,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2 chairs @ $300</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$600</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2 cabinets @ $200</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$400</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Non-Fed Cash</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2 Laptop computers</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$3,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Printer cartridges @ $50/month</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$300</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Consumable supplies (pens, paper, clips etc…)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>@ $182/month</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$2,184</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Total</strong> $9,484</td>
</tr>
<tr>
<td>Object Class Category</td>
<td>Federal Funds</td>
<td>Non-Federal Cash</td>
<td>Non-Federal In-Kind</td>
<td>TOTAL</td>
<td>Justification</td>
</tr>
<tr>
<td>-----------------------</td>
<td>---------------</td>
<td>------------------</td>
<td>--------------------</td>
<td>-------</td>
<td>---------------</td>
</tr>
<tr>
<td>Contractual</td>
<td>$30,171</td>
<td>$0</td>
<td>$0</td>
<td>$30,171</td>
<td>(organization name, purpose of contract and estimated dollar amount) Contract with AAA to provide respite services: 11 care givers @ $1,682 = $18,502 Volunteer Coordinator = $11,669 Total $30,171</td>
</tr>
<tr>
<td>Other</td>
<td>$5,600</td>
<td>$0</td>
<td>$5,880</td>
<td>$11,480</td>
<td>If contract details are unknown due to contract yet to be made provide same information listed above and: A detailed evaluation plan and budget will be submitted by (date), when contract is made.</td>
</tr>
<tr>
<td>Indirect Charges</td>
<td>$20,934</td>
<td>$0</td>
<td>$0</td>
<td>$20,934</td>
<td>Federal 2 consultants @ $100/hr for 24.5 hours each = $4,900 Printing 10,000 Brochures @ $.05 = $500 Local conference registration fee (name conference) = $200 Total $5,600 In-Kind Volunteers 15 volunteers @ $8/hr for 49 hours = $5,880 21.5% of salaries and fringe = $20,934</td>
</tr>
<tr>
<td>TOTAL</td>
<td>$140,294</td>
<td>$40,910</td>
<td>$5,880</td>
<td>$187,084</td>
<td>IDC rate is attached.</td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>Object Class Category</th>
<th>Federal Funds</th>
<th>Non-Federal Cash</th>
<th>Non-Federal In-Kind</th>
<th>TOTAL</th>
<th>Justification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personnel</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fringe Benefits</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Travel</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equipment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supplies</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contractual</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indirect Charges</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment E: 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)

<table>
<thead>
<tr>
<th>Major Objectives</th>
<th>Key Tasks</th>
<th>Lead Person</th>
<th>1*</th>
<th>2*</th>
<th>3*</th>
<th>4*</th>
<th>5*</th>
<th>6*</th>
<th>7*</th>
<th>8*</th>
<th>9*</th>
<th>10*</th>
<th>11*</th>
<th>12*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Major Objectives</td>
<td>Key Tasks</td>
<td>Lead Person</td>
<td>1*</td>
<td>2*</td>
<td>3*</td>
<td>4*</td>
<td>5*</td>
<td>6*</td>
<td>7*</td>
<td>8*</td>
<td>9*</td>
<td>10*</td>
<td>11*</td>
<td>12*</td>
</tr>
<tr>
<td>-----------------</td>
<td>-----------</td>
<td>-------------</td>
<td>-----</td>
<td>-----</td>
<td>-----</td>
<td>-----</td>
<td>-----</td>
<td>-----</td>
<td>-----</td>
<td>-----</td>
<td>-----</td>
<td>-----</td>
<td>-----</td>
<td>-----</td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Attachment E: Project Work Plan, Page 3 – Sample Template

- **Goal:**
- **Measurable Outcome(s):**

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

<table>
<thead>
<tr>
<th>Major Objectives</th>
<th>Key Tasks</th>
<th>Lead Person</th>
<th>1*</th>
<th>2*</th>
<th>3*</th>
<th>4*</th>
<th>5*</th>
<th>6*</th>
<th>7*</th>
<th>8*</th>
<th>9*</th>
<th>10*</th>
<th>11*</th>
<th>12*</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**NOTE:** Please do not infer from this sample format that your work plan must have 6 major objectives. If you need more pages, simply repeat this format on additional pages.
Attachment F: Instructions for Completing the Project
Summary/Abstract

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

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

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

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

Products – materials, deliverables.

- A model abstract/summary is provided below:

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