FY2017 Lifespan Respite Care Program: Advancing State Lifespan Respite Systems
HHS-2017-ACL-CIP-LRLI-0230
Application Due Date: 07/18/2017
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Department of Health & Human Services
Administration for Community Living

ACL Center: Center for Integrated Programs
Funding Opportunity Title: FY2017 Lifespan Respite Care Program: Advancing State Lifespan Respite Systems
Announcement Type: Initial
Funding Opportunity Number: HHS-2017-ACL-CIP-LRLI-0230
Primary CFDA Number: 93.072
Due Date For Letter of Intent: 06/16/2017
Due Date for Applications: 07/18/2017
Date for Informational Conference Call: 06/06/2017

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

Executive Summary
The U.S. Administration for Community Living (ACL) is providing this new competitive grants opportunity to all states that have either previously received and completed a full three-year initial Lifespan Respite Grant, or who will have completed two years of a three-year initial Lifespan Respite Grant by the award date of this funding opportunity. Eligible states include: Alabama, Arizona, Arkansas, Colorado, Connecticut, Delaware, District of Columbia, Florida, Hawaii, Illinois, Iowa, Idaho, Kansas, Louisiana, Massachusetts, Minnesota, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New York, North Carolina, Ohio, Oklahoma, Pennsylvania, Rhode Island, South Carolina, Tennessee, Texas, Utah, Virginia, Washington, and Wisconsin.

Based on an estimated FY2017 appropriation of $3.36 million, two funding opportunities totaling approximately $3,000,000 are being issued. Approximately $400,000 is being made available under the funding opportunity: FY2017 Lifespan Respite Care Program: Grant to New States (HHS-2017-ACL-CIP-LRLR-0209). Approximately $2,600,000 is available for this funding opportunities. Any remaining balance in the FY2017 Lifespan Respite Care Program: Grant to New States funding opportunity (HHS-2017-ACL-CIP-LRLR-0209) may also be available for this funding opportunity.

The primary focus of this new three-year grant opportunity is to enable successful applicants to more fully bring to scale the provision of respite services to eligible populations through the establishment or strengthening of a statewide Lifespan Respite Care System and corresponding policy framework necessary to support and sustain the system. Grantees will be expected to focus on advancing their existing respite care initiatives into a sustainable statewide system, and simultaneously concentrate on developing a policy framework that expands and strengthens
continued provision of respite and related supports to family caregivers across the lifespan. Grantees will be expected to build on advancements made under previous Lifespan Respite Care Program grants and focus on developing and strengthening the components of a Lifespan Respite Care System deemed necessary for improving access, consistency, quality, sustainability; and reducing duplication in respite service delivery. Grantees must assure that their Lifespan Respite Care System supports ongoing provision of all required services (and the optional services as deemed appropriate by the state) as outlined in the Lifespan Respite Care Act, doing so in ways that will ensure greater capacity to meet the objectives of the Act by the end of the grant. Applicants are expected to propose systems-level, programmatic-level AND consumer-level outcomes and describe how these outcomes will be measured and tracked. This is expected to be a highly competitive opportunity. Only those applicants demonstrating the greatest likelihood of making measurable advances in developing and/or expanding a statewide Lifespan Respite Care System will be selected for funding.

I. Funding Opportunity Description

Purpose

The U.S. Administration for Community Living (ACL) is providing this new competitive grant opportunity to assist states in further implementing the requirements of the Lifespan Respite Care Act of 2006 (The Act - P.L.109-442), with a specific focus on the advancement of statewide systemic approaches and an associated policy framework for delivering gap-filling respite services to family caregivers across the age and disability spectrum.

The Act defines Lifespan Respite Care as “a coordinated system of accessible, community-based respite care services for family caregivers of children or adults with special needs.” A state lifespan respite care system brings together an array of public and privately funded respite programs, funding streams, and related services; and in collaboration with a state Aging and Disability Resource Center (ADRC)/No Wrong Door (NWD) Systems helps caregivers access these services. With this definition in mind, grantees will be required to expand existing lifespan respite care programs and partnerships by taking them to a statewide systemic level, with a continued focus on addressing identified gaps in respite care service delivery and unmet respite needs of family caregivers across the lifespan. These efforts must be coordinated with the ADRC/NWD system and carried out in collaboration with the statewide respite coalition or other state respite organizations to enhance and expand the availability of lifespan respite care services in the state. A focus on developing the policy framework necessary to assure sustained long-term support for the provision of lifespan respite care services is also strongly encouraged.

Limited funds are available to support state systems-level efforts, and not all states that apply will be funded. Only those applications deemed to show the greatest likelihood of building upon advancements previously made toward lifespan respite care program development and scaling up to a sustained systemic approach will be selected for funding.

Program Priority Areas

The overarching goal of this funding opportunity is to advance state systems and capacities to
deliver respite care and related services to family caregivers of adults or children with disabilities. With this in mind, applicants should describe their current capacity and outline a strategy for building or strengthening the systemic infrastructure necessary to address gaps in, and assure consistent provision of, respite care services statewide. Applicants are also encouraged to discuss any objectives related to the development or strengthening of a policy framework aimed at furthering the long-term continuation and support of statewide respite care service provision. Applicants will also be expected to propose consumer, programmatic and systems level outcomes and describe how these outcomes will be measured and tracked for the people they will serve.

To be competitive, applicants should fully describe their proposed approaches for advancing their State Lifespan Respite Systems, with particular attention to the following three key Program Priority Areas: Systems Advancement, Partnership Development/Stakeholder Engagement, and Service Provision.

**Systems Advancement**

Applicants should describe in detail their objectives for systemically advancing existing lifespan respite care services statewide, with a focus on the following areas: data collection and sharing; capacity building of respite care providers (both paid and unpaid); leveraging of resources across various funding streams and partners to sustain and expand available respite care services; implementation of key administrative functions (including logistical, information technology, communications, operational, and service coordination activities); and ongoing monitoring and quality assurance of respite care service provision. Applicants are strongly encouraged to also consider including any objectives related to policy development that would support or sustain the continuation of lifespan respite care services in the future.

**Partnership Development/Stakeholder Engagement**

Among those states eligible to apply for funding, there exists a great deal of variability with respect to stakeholder capacities, engagement, and active collaboration. Partnership, collaboration and stakeholder involvement are critical underpinnings of successful statewide Lifespan Respite Care Programs. Whether these partnerships are facilitated by the state agency, the statewide respite coalition/organization, the state ADRC/NWD System, or through collaborative efforts of multiple stakeholders, having the broadest possible array of stakeholders involved is essential for ensuring the needs of family caregivers.

In addition to the core partnership between the applicant, the ADRC/NWD system, and the statewide respite coalition, applicants funded under this announcement must propose approaches for expanding collaboration and partnerships with 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; (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; (c) any other public, private, or not-for-profit entities that are providing respite care services or other supports to caregivers focused on special or targeted populations that may not be otherwise captured in or involved with the state’s existing respite care coalition; and (d) any additional federally-funded, local, or state program that may provide supports or resources that can be leveraged to further support the expansion of
lifespan respite care services (including but not limited to the State Assistive Technology Act programs, traumatic brain injury programs, paralysis resource centers, etc.).

Applications should clearly demonstrate the enhanced and expanded 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. To that end, applicants should carefully describe their approaches for further developing and expanding the partnerships and stakeholder involvement in the design and implementation of their projects. This can include, but is not limited to, growing the reach and involvement of the statewide respite coalition/organization and its involvement in the implementation of program requirements; the increased role of the ADRC/NWD System in the administration of the state’s Lifespan Respite Program; and/or the increased participation of a range of state and local-level agencies in the development of new respite programs and related services.

Service Provision

The Lifespan Respite Care Act stipulates the provision of five required and three optional services. Application narratives should clearly and completely describe the State agency’s plan for further developing and delivering each of the required and, where appropriate, optional services in a way that considers the available evidence, emerging strategies, and promising practices in the field of respite to expand capacities and deliver direct services. For more information on emerging, model, or promising practices in the field of respite and family caregiver support, applicants should review information available on the ARCH National Respite Network and Resource Center website at https://archrespite.org/ta-center-for-respite/

Applicants will be evaluated, in part, on the extent to which the proposed use of funds will advance the State’s capacity to leverage public and private partnerships to deliver and increase access to respite services and achieve desired outcomes. This may also include investing in the training and ongoing development of both new and existing respite care professionals (paid and unpaid). 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. Proposals 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 service delivery model and/or payment mechanism(s) that will be used; and how the investment in respite services will inform policy development and strategies to increase access to respite services beyond the life of the grant.

States should determine the proportion of their requested funds that will be used for developing a Lifespan Respite System and the proportion of requested funds that will be used for direct service provision. Applicants should propose to both further develop their Lifespan Respite Care System and fill gaps in respite service provision.

Additional Application Elements

In addition to the priority areas described above, as well as the required narrative elements described in “Section IV. Project Narrative” section of this program announcement, applicants should clearly demonstrate/address the following in their applications:

Knowledge of existing systems and service gaps and unmet consumer needs

Applicants are expected to demonstrate this knowledge in their applications and detail the
manner in which this information will be used as a foundation for advancing their statewide systems of lifespan respite care services, including how such services are targeted and delivered, as well as how known gaps in respite services are addressed.

System & Programmatic Performance and Outcomes Measurement

Performance is an important component of a fully functioning Lifespan Respite Care System. This includes system and programmatic performance outcomes (including associated cost/benefits) with particular attention to consumer level information regarding service delivery and impact on consumers. Applicant goals should identify relevant consumer-based, programmatic and systems-level outcomes the state would like to measure and proposed approaches.

Applicants should describe how they plan to count and record the experiences of the people being served with these funds as well as the impact of a statewide lifespan respite care system on consumers, their families, and employers. Successful applicants will describe how such data would be collected and presented and do so in concert with current efforts across existing respite programs/funding streams. Applicants may identify a consumer level outcome measure (or measures) of their choosing or draw upon the "Measuring Systems Change and Consumer Outcomes: Recommendations for Developing Performance Metrics for State Lifespan Respite Programs" document to assist in the conceptualization, development and implementation of useful performance metrics. This resource can be accessed at: https://archrespite.org/images/docs/2014_Guidebooks/PerformanceMeasurementGuide_web.pdf. Applicants are encouraged to review the document and consider this information when designing their application for this announcement.

Program Sustainability

Through this funding opportunity, ACL expects to realize tangible, measurable and sustainable advancements in state capacities to provide respite and related services to family caregivers across the age and disability spectrum. Applications will be evaluated, in part, on the extent to which a plan for the project’s sustainability beyond the period of Federal funding is articulated and appears feasible. Applicants are encouraged to consider and propose a range of potential approaches for ensuring sustainability of project efforts once Federal funding has ended. Tools and resources for the sustainability of Lifespan Respite Programs are available on the ARCH National Respite Network and Resource Centers’ web site, https://lifespanrespite.wildapricot.org/Sustainability_Tools.

Grants/Subcontracts

Successful applicants to this Announcement may carry out the required activities described above directly or by sub-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 sub-granting or sub-contracting 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 statewide
lifespan respite care system.

**Participation in Technical Assistance Efforts**

Grantees will be expected to participate in technical assistance activities as they pertain to Lifespan Respite Care Program and System development, management, and integration. This includes, but is not limited to, participation in regularly scheduled conference calls, web casts and one-on-one Technical opportunities initiated by the ACL Project Officer, the Lifespan Respite Program Technical Assistance Resource Center, or as requested by the grantee and stakeholder themselves.

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

**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.

**II. Award Information**

<table>
<thead>
<tr>
<th>Funding Instrument Type:</th>
<th>Cooperative Agreement</th>
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<tr>
<td>Estimated Total Funding:</td>
<td>$2,600,000</td>
</tr>
<tr>
<td>Expected Number of Awards:</td>
<td>15</td>
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<tr>
<td>Award Ceiling:</td>
<td>$265,000 Per Budget Period</td>
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<tr>
<td>Award Floor:</td>
<td>$175,000 Per Budget Period</td>
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<tr>
<td>Length of Project Period:</td>
<td>36-month project with three 12-month budget periods</td>
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The amount of Federal funds available for this funding opportunity will depend on the following factors:

- The total FY 2017 Appropriation for the Lifespan Respite Care Program; and
- The amount of Lifespan Respite Care Program funds remaining after awards are made thru the new FY2017 Lifespan Respite Care Program: Grant to New States (HHS-2017-ACL-CIP-LRLR-0209).

ACL plans to fund approximately ten (10) to fifteen (15) grants under this announcement, with a federal funding level of approximately $175,000 to $265,000 per award for a 36-month project period with three 12 month budget periods, pending availability of federal funds. Not all states who apply for funding will receive grants. Actual award amounts will vary based on the
availability of federal funds. Successful applicants may be asked to revise their proposals based on smaller-than-requested awards. Eligible state agencies funded under this announcement shall use grant funds solely on lifespan respite care service provision and systemic advancement as outlined in the Lifespan Respite Care Act of 2006. 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.

III. Eligibility Information

1. Eligible Applicants

This is a limited grant competition. By statute, awards may only be made to eligible state agencies that administer the State program under the Older Americans Act of 1965; administer the State program under title XIX of the Social Security Act; or are designated by the Governor of that state to administer the program activities described in this Announcement.

This grant competition is further limited as follows: Eligible state agencies receiving funding under this Funding Opportunity Announcement will be required to develop a Lifespan Respite Care System and build upon the foundation they established by completing a full three-year initial Lifespan Respite Grant, or who will have completed a minimum of two years of the three-year initial Lifespan Respite Grant at the time this grant will be awarded. Therefore, eligibility is limited to: Alabama, Arizona, Arkansas, Colorado, Connecticut, Delaware, District of Columbia, Florida, Hawaii, Illinois, Iowa, Idaho, Kansas, Louisiana, Massachusetts, Minnesota, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New York, North Carolina, Ohio, Oklahoma, Pennsylvania, Rhode Island, South Carolina, Tennessee, Texas, Utah, Virginia, Washington and Wisconsin.

2. Cost Sharing or Matching

Cost Sharing / Matching Requirement: Yes

Section 2902(f)(3)(A) 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 ACL program, ACL 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 the instructions for Completing Requested Forms. 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.

Budgetary funds provided from the applicant agency’s budget for costs associated with the project are an example of a non-federal cash match. ACL 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 one of the responsiveness criteria as noted in Section III, 3 Application Disqualification Factors.

### 3. Responsiveness and Screening Criteria

#### Application Responsiveness Criteria

Applications will be reviewed to establish responsiveness to the following criteria:

1. Is an eligible State Agency, as outlined in Section III (1) of this Funding Opportunity Announcement;
2. Has included in the application package an MOU between the Eligible State Agency and the statewide respite coalition/organization;
3. Does not propose conduit or pass-through funding for another agency to lead the project; and
4. Has included the required match in the budget and a description of the match in the budget narrative.

Applications that fail to meet all four of the above criteria will not be reviewed and will receive no further consideration.

#### Application Screening Criteria

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

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

1. Applications must be submitted electronically via [https://www.grants.gov](https://www.grants.gov) by 11:59 p.m., Eastern Time, by the **due date listed in section IV.3 Submission Dates and Times**.
2. The Project Narrative section of the Application must be **double-spaced**, on 8.5” x 11” plain white paper with **1” margins** on both sides, and a **standard font size of no less than 11-point, preferably Times New Roman or Arial**.
3. The Project Narrative must not exceed 10 pages. **Project Narratives that exceed 10 pages** will have the additional pages removed and only the first 10 pages of the Project Narrative will be provided to the merit reviewers for funding consideration. NOTE: The Project Work Plan, Letters of Commitment, and Vitae of Key Project Personnel are not counted as part of the Project Narrative for purposes of the 10-page limit.

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

### IV. Application and Submission Information

#### 1. Address to Request Application Package

Application materials can be obtained from [https://www.grants.gov](https://www.grants.gov).

**Please note:** ACL is requiring applications for all announcements be submitted electronically through [https://www.grants.gov](https://www.grants.gov). The Grants.gov ([https://www.grants.gov](https://www.grants.gov)) registration process can take several days. If your organization is not currently registered, please begin this process immediately. For assistance with [https://www.grants.gov](https://www.grants.gov), please contact them at support@grants.gov or 800-518-4726 between 7:00 a.m. and 9:00 p.m. Eastern Time.

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

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

**Note:** Failure to submit the correct suffix can lead to delays in identifying your organization and access to funding in the Payment Management System.

**Effective October 1, 2010, HHS requires all entities that plan to apply for and ultimately receive federal grant funds from any HHS Operating/Staff Division (OPDIV/STAFFDIV) or receive sub awards directly from the recipients of those grant funds to:**

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

3. Provide its DUNS number in each application or plan to submit to the OPDIV.

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

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

Additionally, all first-tier sub award recipients must have a DUNS number at the time the sub award 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 866-705-5711 or by accessing the D&B web site: [http://fedgov.dnb.com/webform/](http://fedgov.dnb.com/webform/).
- You must submit all documents electronically, including all information included on the SF424 and all necessary assurances and certifications.
- Your application must comply with any page limitation requirements described in this Program Announcement.

After you electronically submit your application, you will receive an automatic acknowledgement from [https://www.grants.gov](https://www.grants.gov) that contains [https://www.grants.gov](https://www.grants.gov) tracking number. The Administration for Community Living will retrieve your application form from [https://www.grants.gov](https://www.grants.gov).

U.S. Department of Health and Human Services
Administration for Community Living
Victoria Wright
Center for Integrated Programs
Phone Number: (202) 795-7473
E-mail: victoria.wright@acl.hhs.gov

<table>
<thead>
<tr>
<th>2. Content and Form of Application Submission</th>
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<tr>
<td>Letter of Intent</td>
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Due Date for Letter of Intent: **06/16/2017**

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

U.S. Department of Health and Human Services
Administration for Community Living
Victoria Wright
Center for Integrated Programs
Email: victoria.wright@acl.hhs.gov

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### Project Narrative

The Project Narrative must be double-spaced, on 8.5” x 11” paper with 1” margins on both sides, and a standard font size of no less than 11-point, preferably Times New Roman or Arial. You can use smaller font sizes to fill in the Standard Forms and Sample Formats. The suggested length for the Project Narrative 5 to 10 pages; 10 pages is the maximum length allowed. Project Narratives that exceed 10 pages will have the additional pages removed and only the first 10 pages of the Project Narrative will be provided to the merit reviewers for funding consideration. The Project Work Plan, Letters of Commitment, and Vitae of Key Personnel are not counted as part of the Project Narrative for purposes of the 10-page limit, but all of the other sections noted below are included in the limit.

The Project Narrative should describe the status of the state’s Lifespan Respite Care programs and systems to date, outline the vision for transforming or strengthening the state’s current Lifespan Respite Care investments into a statewide lifespan respite care system, and detail the plan for achieving the vision outlined.

The components of the Project Narrative counted as part of the 10-page limit include:

- Summary/Abstract
- Problem Statement
- Goal(s) and Objective(s)
- Proposed Intervention
- Special Target Populations and Organizations
- Outcomes
- Project Management
- Evaluation
- Dissemination
• Organizational Capacity

The Project Narrative is the most important part of the application, since it will be used as the primary basis to determine whether your project meets the minimum requirements for grants under the authorizing statutes. The Project Narrative should provide a clear and concise description of your project. ACL recommends that your project narrative include the following components:

Summary/Abstract
This section should include a brief (265 words maximum) description of the proposed project, including: goal(s), objectives, outcomes, and products to be developed. Detailed instructions for completing the summary/abstract are included in the “Instructions for Completing the Project Summary/Abstract.”

Problem Statement
This section should describe, in both quantitative and qualitative terms, the nature and scope of lifespan respite care services currently available within the state, including increased availability of services as a result of previous grant activities, existing gaps and unmet needs that need to be addressed, anticipated challenges with bringing existing lifespan respite care services to a systems level of scalability, and available partners and resources that are being leveraged to support bringing existing lifespan respite care services to scale. Also discuss the impact of existing lifespan respite care services on older adults and people with disabilities (including specific subgroups within those populations), their families and caregivers.

For purposes of this Funding Opportunity Announcement, applicants are required to include 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 applicant’s state or locality, including unmet needs and how the applicant’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 projects 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 or economic factors that you’ll be able to take advantage of, etc.). Also note any major barriers you anticipate encountering, and how your project will be able to overcome those barriers. Be sure to describe the role and makeup of any strategic partnerships you plan to involve in implementing the intervention, including other organizations, supporters, and/or consumer groups.

In addition, applicants must describe the following:

- How respite care services will be delivered, enhanced, expanded, and brought to a statewide scale using funds provided under this Funding Opportunity Announcement;
- A plan for administration, collaboration, and coordination of the proposed respite care activities and programs with other related services or programs offered by public or private nonprofit entities to build a statewide lifespan respite care system;
- How the population, including family caregivers, care recipients, and relevant public or private agencies, will participate or have participated 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 caregivers of older adults and/or children or adults with disabilities who use or are in need of respite care, as well as stakeholder organizations, in a meaningful way in the planning and implementation of a statewide lifespan respite care system. This section should also describe whether and how the proposed strategy targets other populations (which may include limited-English speaking populations, rural populations, veterans, military personnel and family members, and other populations.)

Applicants should be able to clearly describe the populations and organizations targeted including the extent to which the applicant has been successful in responding to the needs of the populations they had targeted. Applicants will also describe how funds from this funding opportunity will be used to address newly identified or existing unmet respite needs that expand, enhance and/or build upon previous efforts.

**Outcomes**

This section of the project narrative must clearly identify the measurable outcome(s) that will result from the project. (NOTE: ACL will not fund any project that does not include
measurable outcomes.) This section should also describe how the project’s findings might benefit the field at large, (e.g., how the findings could help other organizations throughout the nation to address the same or similar problems.), List measurable outcomes in the optional work plan grid (“Project Work Plan – Sample Template”) 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.

As a reminder:

Applicant goals should identify relevant outcomes the state would like to measure and proposed approaches. Applicants should describe how they plan to track the people being served with these funds as well as the impact on consumers of respite services. Successful applicants will describe how such data would be collected and presented and do so in concert with current efforts across existing respite programs/funding streams. Applicants may identify a consumer level outcome measure (or measures) of their choosing or draw upon the “Measuring Systems Change and Consumer Outcomes: Recommendations for Developing Performance Metrics for State Lifespan Respite Programs" document to assist in the conceptualization, development and implementation of useful performance metrics. This resource can be accessed at: https://archr espite.org/images/docs/2014_Guidebooks/PerformanceMeasurmentGuide_web.pdf.

Applicants are encouraged to review the document and consider this information when designing their application for this announcement.

Project Management
This section should include a clear delineation of the roles and responsibilities of project staff, consultants, and partner organizations, 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; preparation of reports; and communications with other partners and ACL. 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 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 Capacity 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.

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

**Work Plan**
The Project Work Plan should reflect and be consistent with the Project Narrative and Budget and should cover all three (3) years of the project period. It should include a statement of the project’s overall goal, anticipated outcome(s), key objectives, and the major tasks/action steps
that will be pursued to achieve the goal and outcome(s). For each major task/action step, the work plan should identify timeframes involved (including start- and end-dates), and the lead person responsible for completing the task. Please use the “Project Work Plan - Sample Template” format as a reference and resource, if desired.

**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 https://www.grants.gov, signed letters of commitment should be scanned and included as attachments.

**3. Submission Dates and Times**

Due Date for Applications: **07/18/2017**
Date for Informational Conference Call: **06/06/2017**
Date for Informational Conference Call: June 6, 2017 at 3:00pm Eastern Time

Conference call-in number: 888-324-9423
Participant Passcode: 3185206

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

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

After you electronically submit your application, you will receive from Grants.gov an automatic notification of receipt that contains a Grants.gov tracking number. (This notification indicates receipt by Grants.gov only.) If you are experiencing problems submitting your application through Grants.gov, please contact the Grants.gov Support Desk, toll free, at 1-800-518-4726. You must obtain a Grants.gov Support Desk Case Number and must keep a record of it.

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

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

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

Grants.gov (https://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 https://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

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

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

6. Other Submission Requirements

Letter of intent should be emailed to victoria.wright@acl.hhs.gov

V. Application Review Information

1. Criteria

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

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

- Project Relevance & Current Need – 25 points
- Approach – 30 points
- Budget – 5 points
- Project Impact – 25 points
- Organizational Capacity - 15 points

**Project Relevance & Current Need**

**Purpose and Need (15 Points)**

1. Does the proposed project clearly and adequately respond to the priority area, as described in this Funding Opportunity Announcement?

2. Does this applicant clearly describe the need for further development of Lifespan Respite Care in the state?

3. Does the applicant demonstrate knowledge of the family caregiver populations to be served?

4. Does the application describe:
1. The population of caregivers in the state;
2. The extent and nature of respite needs of that population;
3. Existing respite care services, including numbers currently served;
4. Existing methods to coordinate respite information and services to the population;
5. Respite services currently available in the state, including unmet needs; and
6. The criteria used to identify family caregivers eligible for respite care services?

In demonstrating knowledge of family caregiver populations, does the applicant apply the knowledge and lessons learned under current and previous Lifespan Respite grant(s) to further understand and describe the respite needs of family caregivers in the state?

Does the applicant describe how the proposed project will build upon the accomplishments made in previous Lifespan Respite Care Program grants?

**Problem to be Addressed (10 Points)**

1. Does the applicant include a description of the problems and challenges this proposal is intended to address through the development of a Lifespan Respite Care System?
2. Does the applicant provide demographic information as it applies to the State in which the Lifespan Respite Care System will be implemented?
3. Is the proposed project justified in terms of the most recent, relevant, and available information and knowledge included in the application?
4. Does the applicant provide information on the impact of the state's previous efforts under the Lifespan Respite Care Program to date?
5. Does the applicant describe the current status of the state Lifespan Respite Care Program and to what degree it is becoming a Lifespan Respite Care System?

**Approach**

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<th>Maximum Points:30</th>
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**Goals/Objectives (10 Points)**

1. Has the applicant stated clear and meaningful goals and objectives for the proposed system-change and development as well as any problems that relate to the proposed development of the system?
2. Are the goals and objectives reasonable and likely to be achieved?
3. Does the project take into account barriers and opportunities that exist in the larger environment that may impact the project’s success?
4. Does the intervention optimize the use of potential partnerships with other organizations and/or consumer groups, as appropriate?
5. Does the application propose an approach for expanding the range of collaborations and
partnerships to ensure the program is reaching the broadest population of eligible caregivers?

6. Does the application tie current goals and objectives clearly to the applicant's work in their previous and current Lifespan Respite Care Program grant(s)?

7. Does the applicant describe the actions they will take to further develop their Lifespan Respite program into a Lifespan Respite Care System?

8. What progress is the applicant likely to make in developing their Lifespan Respite program into a Lifespan Respite Care system?

**Work Plan/Management Plan (5 points)**

1. Is the project work plan clear and comprehensive?

2. Does the work plan include sensible and feasible timeframes for the accomplishment of tasks presented?

3. Does the work plan include specific objectives and tasks that are linked to measurable outcomes?

4. Does the proposal include a clear and coherent management plan, including plans for the administration, collaboration and coordination of respite care activities with other related services or programs offered by public or private nonprofit entities, including the ADRC/NWD system, Area Agencies on Aging, Centers for Independent Living, state Developmental Disability Councils, University Centers for Excellence in Developmental Disabilities Education, state Assistive Technology Act programs and other respite care organizations?

5. Are the roles and responsibilities of project staff, consultants and partners clearly delineated and linked to specific objectives and tasks?

**Methods of Addressing the Problem (5 Points)**

1. Has the applicant described a coherent approach for building on the accomplishments made in previous and current grants?

2. Does the proposed approach address the problems described?

3. Has the applicant adequately described their proposed approach for service provision and system development?

4. Has the applicant proposed methods for recording clients served?

**Coordination and Linkages (10 Points)**

1. Does the application detail the means by which the State respite coalition/organization and the ADRC/NWD system will work collaboratively with the applicant in designing, implementing and managing a Lifespan Respite Care System?

2. Does the application describe how other state and/or local community-based organizations will be involved in a meaningful way in the planning, implementation and
delivery of respite care services?

3. Does the application clearly describe the population groups it will be targeting with these funds?

4. Does the application describe the plan for administering, collaborating and coordinating respite care activities in the state with other related programs and services, such as the state Assistive Technology Act program, the Traumatic Brain Injury program or the Paralysis Resource Center?

5. Does the Memorandum of Agreement included in the application provide for adequate flexibility to modify parameters agreed to by the Eligible State Agency and the Respite Coalition/organization?

<table>
<thead>
<tr>
<th>Budget</th>
<th>Maximum Points: 5</th>
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<tbody>
<tr>
<td>Adequacy, Scope and Applicability (5 points)</td>
<td></td>
</tr>
<tr>
<td>1. Is the budget justified with respect to the adequacy and reasonableness of resources requested?</td>
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<tr>
<td>2. Is the scope of project activities consistent with the resources requested?</td>
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<tr>
<td>3. Are budget line items clearly delineated and consistent with work plan objectives?</td>
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<tr>
<td>4. Does the applicant describe the percentage of the grant funds to be used for the direct provision of respite services?</td>
<td></td>
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<tr>
<td>5. Does the applicant describe the percentage of the grant fund to be use for Lifespan Respite System development?</td>
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<tr>
<td>6. Given the scope of this project has the applicant clearly described the time commitment of the proposed director and other key project personnel under this project to assure proper direction, management and timely completion of the project?</td>
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<tr>
<td>7. Does the budget include the required match?</td>
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<table>
<thead>
<tr>
<th>Project Impact</th>
<th>Maximum Points: 25</th>
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<tbody>
<tr>
<td>Project Outcomes (10 Points)</td>
<td></td>
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<tr>
<td>1. Are the expected project benefits/results clear, realistic, and consistent with the objectives and purpose of the project?</td>
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<tr>
<td>2. Are the proposed outcomes quantifiable and measurable, consistent with the definition of a project outcome contained in the program announcement?</td>
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<tr>
<td>3. 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 as a whole?</td>
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</table>
4. Does the applicant propose to develop or enhance a state Lifespan Respite System?

**Project Evaluation (5 Points)**

1. Does the project evaluation reflect a thoughtful and well-designed approach to measure whether or not the project has achieved its proposed outcome(s)?
2. Does the plan include the qualitative and/or quantitative methods necessary to reliably measure consumer outcomes?
3. Is the evaluation also designed to capture “lessons learned” from the overall effort that can influence ongoing program and policy recommendations; and be of use to others in the field, especially those interested in replicating the project?
4. Will the evaluation permit a determination of whether objectives have been achieved?
5. Does the applicant describe how the quality and safety of respite care services will be monitored?

**Sustainability (5 Points)**

1. Is there a plan to make use of, to the maximum extent possible, other Federal, state and local funds, programs, contributions, other forms of reimbursement, personnel, and facilities to expand and enhance the availability of respite services?
2. Is there a clear and realistic plan to make policy changes or to secure resources to continue the Lifespan Respite Care System and access to respite services after Federal financial assistance has ended?
3. Is the sustainability of the Lifespan Respite Care System likely?
4. Will the results of the project be used to inform state lifespan respite care system, program and policy development?

**Dissemination (5 Points)**

1. Does the applicant describe how the information obtained from this project will be used to further educate state and local partners?
2. Will the dissemination plan provide relevant and easy to use information about respite care service delivery 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?
3. Does the dissemination plan include multiple means for delivering information, including electronic, print and web-based methods?

**Organizational Capacity**

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<th>Maximum Points: 15</th>
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**Project Staffing and Qualifications (5 Points)**

1. Does the applicant organization clearly identify their capacity for carrying out the proposed project and evaluation?
2. Do the proposed project director(s), key staff and consultants have the background,
experiences, and other qualifications required to carry out their designated roles?

3. 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?

**Organization and Management (10 Points)**

1. Does the applicant demonstrate the commitment to lead the project?

2. Does the application adequately describe the agency’s ability to work with other state and community based agencies?

3. Does the applicant’s proposed approach for working with public and private non-profit state respite coalitions/organizations seem feasible?

4. Does the applicant demonstrate an understanding of respite care and family caregiver issues across all age groups, disabilities, and chronic conditions?

5. Does the applicant demonstrate capacity and commitment to ensuring meaningful involvement of family members, family caregivers, and care recipients?

6. Does the applicant demonstrate the commitment to implement the program so as to expand or enhance the delivery of respite services?

7. Are letters of support 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?

8. Are assurances in place that the applicant will have a system for maintaining confidentiality of care recipient and family caregiver records?

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**2. Review and Selection Process**

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

An independent review panel of at least three individuals will evaluate applications that pass the screening and meet the responsiveness criteria. These reviewers are experts in their field, and
are drawn from academic institutions, non-profit organizations, state and local governments, and federal government agencies. Based on the Application Review Criteria as outlined under section V.1, the reviewers will comment on and score the applications, focusing their comments and scoring decisions on the identified criteria. Final award decisions will be made by the Administrator, ACL. In making these decisions, the Administrator will take into consideration: recommendations of the review panel; reviews for programmatic and grants management compliance; the reasonableness of the estimated cost to the government considering the available funding and anticipated results; and the likelihood that the proposed project will result in the benefits expected.

3. Anticipated Award Date
The anticipated award date is on or around August 31, 2017.
The anticipated project start date is on or around September 1, 2017.

VI. Award Administration Information

1. Award Notices
Successful applicants will receive an electronic Notice of Award. The Notice of Award is the authorizing document from the U.S. Administration for Community Living authorizing official, Office of Grants Management, and the ACL Office of Budget and Finance. Acceptance of this award is signified by the drawdown of funds from the Payment Management System. Unsuccessful applicants are generally notified within 30 days of the final funding decision and will receive a disapproval letter via e-mail or U.S. mail. Unless indicated otherwise in this announcement, unsuccessful applications will not be retained by the agency and will be destroyed.

2. Administrative and National Policy Requirements
The award is subject to HHS Administrative Requirements, which can be found in 45 CFR Part 75 and the Standard Terms and Conditions, included in the Notice of Award as well as implemented through the HHS Grants Policy Statement. A standard term and condition of award will be included in the final notice of award; all applicants will be subject to a term and condition that applies the terms of 48 CFR section 3.908 to the award and requires the grantees inform their employee in writing of employee whistleblower rights and protections under 41 U.S.C. 4712 in the predominant native language of the workforce.

3. Reporting
Effective March 1, 2011, ACL requires the submission of the SF-425 (Federal Financial Report). The reporting cycle will be reflected in the Notice of Award. The ACL program progress report is due semi-annually from the start date of the award and is due within 30 days of the reporting period end date. The final progress report and SF-425 reports are due 90 days
after the end of the project period.
Grantees are required to complete the federal cash transactions portion of the SF-425 within the Payment Managements System as identified in their award documents for the calendar quarters ending 3/31, 6/30, 9/30, and 12/31 through the life of their award. In addition, the fully completed SF-425 will be required as denoted in the Notice of Award terms and conditions.

4. FFATA and FSRS Reporting
The Federal Financial Accountability and Transparency Act (FFATA) requires data entry at the FFATA Sub Award Reporting System (http://www.FSRS.gov) for all sub-awards and subcontracts issued for $25,000 or more as well as addressing executive compensation for both grantee and sub-award organizations.
For further guidance please see the following link: http://www.acl.gov/Funding_Opportunities/Grantee_Info/FFATA.aspx.

VII. Agency Contacts

Project Officer
Victoria Wright
U.S. Department of Health and Human Services
Administration for Community Living
Center for Integrated Programs
Phone: (202) 795-7473
Email: victoria.wright@acl.hhs.gov

Grants Management Specialist
Sherlonda Blue
U.S. Department of Health and Human Services
Administration for Community Living
Office of Grants Management
Phone: (202) 795-7310
Email: sherlonda.blue@acl.hhs.gov

VIII. Other Information

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

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

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

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

a. Standard Form 424

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

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

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

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

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

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

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

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

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

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

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

   c. **Organizational 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 (https://www.grants.gov). Your DUNS number can be verified at https://fedgov.dnb.com/webform/.
   d. **Address**: (REQUIRED) Enter the complete address including the county.

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

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

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


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

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

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

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

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

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

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

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

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

**NOTE:** Applicants should review cost sharing or matching principles contained in Subpart C of 45 CFR Part 75 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 1/3 of the amount of federal funds being requested (the amount in 18a). For a full explanation of ACL’s match requirements, see the information in the box below. For sub-item 18f (program income), enter only the amount, if any, that is going to be used as part of the required match. Program Income submitted as match will become a part of the award match and recipients will be held accountable to meet their share of project expenses even if program income is not generated during the award period.

There are two types of match: 1) non-federal cash and 2) non-federal in-kind. In general, costs borne by the applicant and cash contributions of any and all third parties involved in the project, including sub-grantees, contractors and consultants, are considered **matching funds.** Examples of **non-federal cash match** includes budgetary funds provided from the applicant agency’s budget for costs associated with the project. Generally, most contributions from subcontractors or sub-grantees (third parties) will be non-federal in-kind matching funds. Volunteered time and use of third party facilities to hold meetings or conduct project activities may be considered in-kind (third party) donations.

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

ACL's Match Requirement:
Under many ACL programs, ACL will fund no more than 75% of the projects total cost, which means the applicant must cover at least 25% of the projects 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 projects 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:

Federal Funds Requested* Match Percentage = Minimum Match Requirement

Inverse Match Percentage

Examples of varying match levels:
1) \$100,000(federal funds requested)*5%(match) = \$5,263
   95%
2) \$100,000*25%(match) = \$33,333
   75%
3) \$100,000*35%(match) = \$53,846
   65%
4) \$100,000*45%(match) = \$81,818
   55%

If the required non-Federal share is not provided by the completion date of the funded project period, ACL 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? Please refer to IV. Application and Submission Information, 4. Intergovernmental Review to determine if the ACL program is subject to E.O. 12372 and respond accordingly.

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

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

**Standard Form 424A**

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

**Section A - Budget Summary**

**Line 5**: Leave columns (c) and (d) blank. Enter TOTAL Federal costs in column (e) and total non federal costs (including third party in-kind contributions and any program income to be used as part of the grantee match) in column (f). Enter the sum of columns (e) and (f) in column (g).

**Section B - Budget Categories**

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

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

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

**Section C - Non-Federal Resources**

Column A: Enter the federal grant program.

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

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

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

**Section D - Forecasted Cash Needs**

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

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

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

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

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

Column A: Enter the federal grant program

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

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

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

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

**Section F – Other Budget Information**
**Line 21:** Enter the total Indirect Charges

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

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

**Separate Budget Narrative/Justification Requirement**

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

For your use in developing and presenting your Budget Narrative/Justification, a sample format with examples and a blank sample template have been included in these Attachments. In your Budget Narrative/Justification, you should include a breakdown of the budgetary costs for all of the object class categories noted in Section B, across three columns: Federal; non-Federal cash; and non-Federal in-kind. Cost breakdowns, or justifications, are required for any cost of $1,000 or for the thresholds as established in the examples. The Budget Narratives/Justifications should fully explain and justify the costs in each of the major budget items for each of the object class categories, as described below. Non-Federal cash as well as, sub-contractor or sub-grantee (third party) in-kind contributions designated as match must be clearly identified and explained in the Budget Narrative/Justification. The full Budget Narrative/Justification should be included in the application immediately following the SF 424 forms.

**Line 6a: Personnel:** Enter total costs of salaries and wages of applicant/grantee staff. Do not include the costs of consultants, which should be included under 6h Other.

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

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

**In the Justification:** If the total fringe benefit rate exceeds 35% of Personnel costs, provide a breakdown of amounts and percentages that comprise fringe benefit costs, such as health insurance, FICA, retirement, etc. A percentage of 35% or less does not require a breakdown but you must show the percentage charged for each full/part time employee.
Line 6c: **Travel:** Enter total costs of all travel (local and non-local) for staff on the project. NEW: Local travel is considered under this cost item not under Other. Local transportation (all travel which does not require per diem is considered local travel). Do not enter costs for consultant's travel - this should be included in line 6h.

**In the Justification:** Include the total number of trips, number of travelers, destinations, purpose (e.g., attend conference), length of stay, subsistence allowances (per diem), and transportation costs (including mileage rates).

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

**In the Justification:** Equipment to be purchased with federal funds must be justified as necessary for the conduct of the project. The equipment must be used for project-related functions. Further, the purchase of specific items of equipment should not be included in the submitted budget if those items of equipment, or a reasonable facsimile, are otherwise available to the applicant or its subgrantees.

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

**In the Justification:** For any grant award that has supply costs in excess of 5% of total direct costs (Federal or Non-Federal), you must provide a detailed 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 Part 75 for states, in lieu of providing separate detailed budgets. This certification should be referenced in the justification and attached to the budget narrative.

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

Line 6h: **Other:** Enter the total of all other costs. Such costs, where applicable, may include, but are not limited to: insurance, medical and dental costs (i.e. for project volunteers this is different from personnel fringe benefits), non-contractual fees and travel paid directly to individual consultants, postage, space and equipment rentals/lease, printing and publication, computer use, training and staff development costs (i.e. registration fees). If a cost does not clearly fit under another category, and it qualifies as an allowable cost, then rest assured this is where it belongs.

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

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

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

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

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

Line 6k: **Total:** Enter the total amounts of Lines 6i and 6j.

Line 7: **Program Income:** As appropriate, include the estimated amount of income, if any, you expect to be generated from this project that you wish to designate as match (equal to the amount shown for Item 15(f) on Form 424). **Note:** Any program income indicated at the bottom of Section B and for item 15(f) on the face sheet of Form 424 will be included as part of non-Federal match and will be subject to the rules for documenting completion of this pledge. If program income is expected, but is not needed to achieve matching funds, **do not** include that portion here or on Item 15(f) of the Form 424 face sheet. Any anticipated program income that will not be applied as grantee match should be described in the Level of Effort section of the Program Narrative.

c. **Standard Form 424B – Assurances (required)**

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

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

Proof of Nonprofit Status (as applicable)

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

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

Indirect Cost Agreement

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

Budget Narrative/Justification - Sample Format

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

<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></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></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><strong>Total</strong></td>
</tr>
</tbody>
</table>

37 of 42
<table>
<thead>
<tr>
<th>Category</th>
<th>Federal</th>
<th>Non-Fed Cash</th>
<th>Total</th>
<th>71,254</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fringe Benefits</td>
<td>$17,482</td>
<td>$8,632</td>
<td>$0</td>
<td>$26,114</td>
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<td></td>
<td>$17,482</td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>FICA (7.65%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Health (25%)</td>
<td></td>
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<td></td>
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<tr>
<td></td>
<td>Dental (2%)</td>
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<tr>
<td></td>
<td>Life (1%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Unemployment (1%)</td>
<td></td>
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<td></td>
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<tr>
<td></td>
<td>Non-Fed Cash</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$8,632</td>
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<td></td>
<td></td>
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<td></td>
<td>FICA (7.65%)</td>
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<td></td>
<td>Health (25%)</td>
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<td></td>
<td>Dental (2%)</td>
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<td></td>
<td>Life (1%)</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Unemployment (1%)</td>
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<tr>
<td>Travel</td>
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<td>$7,647</td>
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<td></td>
<td>Federal</td>
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</tr>
<tr>
<td></td>
<td>Local travel: 6 TA site visits for 1 person</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mileage: 6RT @ .585 x 700 miles</td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$2,457</td>
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</tr>
<tr>
<td></td>
<td>Lodging: 15 days @ $110/day</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$1,650</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Per Diem: 15 days @ $40/day</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$600</td>
<td></td>
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<td>Total</td>
<td></td>
<td></td>
<td>$4,707</td>
</tr>
<tr>
<td></td>
<td>Non-Fed Cash</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Travel to National Conference in (Destination) for 3 people</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Airfare 1 RT x 3 staff @ $500</td>
<td></td>
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<td></td>
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<tr>
<td></td>
<td>$1,500</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lodging: 3 days x 3 staff @ $120/day</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>$1,080</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Per Diem: 3 days x 3 staff @ $40/day</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$360</td>
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<tr>
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<td>Total</td>
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<td>$2,940</td>
</tr>
<tr>
<td>Equipment</td>
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<td>$0</td>
<td>$0</td>
<td>$10,000</td>
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<tr>
<td></td>
<td>No Equipment requested OR:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Call Center Equipment Installation =</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$5,000</td>
<td></td>
<td></td>
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<td>Phones =</td>
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<td>$5,000</td>
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<td>Category</td>
<td>Federal</td>
<td>Non-Fed Cash</td>
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<td>Other</td>
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<td>----------------</td>
<td>---------</td>
<td>--------------</td>
<td>-------------</td>
<td>-------</td>
</tr>
<tr>
<td>Supplies</td>
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<td>$5,600</td>
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<td>$3,000</td>
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<td>$9,460</td>
<td>$2,160</td>
<td>$30,171</td>
<td>$11,480</td>
</tr>
<tr>
<td>Federal</td>
<td>2 desks @ $1,500</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Fed Cash</td>
<td>2 chairs @ $300</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2 cabinets @ $200</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Printer cartridges @ $50/month</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Consumable supplies (pens, paper, clips etc…) @ $180/month</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Total</td>
<td>$10,000</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Federal**
- 2 desks @ $1,500
- 2 chairs @ $300
- 2 cabinets @ $200
- Printer cartridges @ $50/month
- Consumable supplies (pens, paper, clips etc…) @ $180/month
- Total $9,460

**Non-Fed Cash**
- 2 Laptop computers
- Printer cartridges @ $50/month
- Consumable supplies (pens, paper, clips etc…) @ $180/month
- Total $9,460

**Contractual**
- Contract with AAA to provide respite services:
  - 11 care givers @ $1,682 = $18,502
  - Volunteer Coordinator = $11,669
  - Total $30,171

**Other**
- 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 $11,480

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.
<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 Justification</th>
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</thead>
<tbody>
<tr>
<td>Personnel</td>
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<td>Fringe Benefits</td>
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<td>Travel</td>
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<td>Supplies</td>
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<td>Contractual</td>
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<tr>
<td>Other</td>
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<tr>
<td>Indirect Charges</td>
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<tr>
<td>TOTAL</td>
<td>$140,294</td>
<td>$40,866</td>
<td>$5,880</td>
<td>$187,060</td>
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</table>

Budget Narrative/Justification - Sample Template

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

**Goal:**

Measurable Outcome(s):

* Time Frame (Start/End Dates by Month in Project Cycle)
NOTE: Please do not infer from this sample format that your work plan must have 6 major objectives. If you need more pages, simply repeat this format on additional pages.

**Instructions for Completing the Project Summary/Abstract**

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

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

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

**Outcomes** - measurable results of a project. Positive benefits or negative changes, or measurable characteristics 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.