

**AGING AND DISABILITY RESOURCE CENTER  
GRANT INITIATIVE**

**Administration on Aging  
and  
Centers for Medicare & Medicaid Services**

**April 2005**

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**Department of Health and Human Services (HHS)**

**Administration on Aging (AoA)** <http://www.aoa.gov> and **Centers for Medicare & Medicaid Services (CMS)** <http://www.cms.hhs.gov>

**AoA Center for Planning and Policy Development (CPPD)**

**Funding Opportunity Title: Aging and Disability Resource Center Grant Program**

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**Catalog of Federal Domestic Assistance (CFDA) Number:** AoA - 93.048 and CMS - 93.779

**Key Dates:** The deadline date for submission of application is July 7, 2005. The deadline date for submission of letter of intent is June 1, 2005. An open informational teleconference for applicants of this solicitation will be held May 25, 2005 at 3:00 p.m. Additional information will be available at [www.aoa.gov](http://www.aoa.gov) or [www.cms.hhs.gov/newfreedom](http://www.cms.hhs.gov/newfreedom).

**Additional Overview Content:**

The Administration on Aging (AoA) and the Centers for Medicare & Medicaid Services (CMS), announced at [www.grants.gov/FIND](http://www.grants.gov/FIND) on April 29, 2005 that they will jointly hold a competition for grants to be awarded as cooperative agreements for projects that support the development of state Aging and Disability Resource Center (ADRC) programs. The word “grant,” as used in this solicitation, refers to a cooperative agreement. Resource Center programs will provide citizen-centered, “one-stop” entry points into the long-term support system. These one-stop entry points will be based in local communities accessible to individuals and their families who may require long-term support. The ADRC program represents a collaborative effort between AoA and CMS to help consumers learn about and access long-term support ranging from in-home services to nursing facility care. To date, 24 states have received these grants and are developing innovative Resource Center models. Resource Centers will serve individuals who need long-term support, their family caregivers, and those planning for future long-term support needs. Resource Centers will also serve as a resource for health and long-term support professionals, both public and private, and others who provide services to older adults and to people with disabilities. Due to the strategic importance of this effort, significant technical assistance resources are available to states awarded these grants. For more information regarding this technical assistance and the ADRC program, please see the following websites: <http://www.adrc-tae.org> and <http://www.hcbs.org>. The accompanying materials comprise the application kit for preparing and submitting a grant proposal to compete for these project awards.

**I. FUNDING OPPORTUNITY DESCRIPTION**

**Statutory Authority** The statutory authority for grants under this program announcement is contained in section 411 of the Older Americans Act and section 1110 of the Social Security Act.

**Background** The AoA/CMS Resource Center grants program reflects and supports the values of individual choice, independence, self-determination and community living inherent in President Bush's *New Freedom Initiative*. The grants awarded under this program will be another tool the Federal government is making available to help states tear down barriers to community living and redirect their systems of support to be more consumer-driven and more supportive of home and community-based service options. Building a sustainable infrastructure to support streamlined access to community based services and long-term care reform constitute over-arching goals of this initiative. The essence of the ADRC program is not about offering new services or adding staff, but re-aligning infrastructure and orienting staff.

**Goal and Vision** The goal of the Aging and Disability Resource Center Program is to empower individuals to make informed choices and to streamline access to long-term support. Long-term support refers to a wide range of in-home, community-based, and institutional services and programs that are designed to help individuals with disabilities.

AoA and CMS share a vision for the Resource Center program. The vision is to have Resource Centers in every community serving as highly **visible and trusted** places where people can turn for information on the full range of long-term support options and a single point of entry to public long-term support programs and benefits. The Centers will be a resource for both public and private-pay individuals. They will serve older adults, younger individuals with disabilities, family caregivers, as well as persons planning for future long-term support needs. The Centers will also be a resource for health and long-term support professionals and others who provide services to older adults and to people with disabilities.

AoA and CMS believe Resource Centers are a key component of an effectively managed, consumer-driven system of long-term support. In many communities, long-term support services are supported by numerous funding streams, administered by multiple agencies, and have complex, fragmented, and often duplicative intake, assessment, and eligibility functions. Figuring out how to obtain services is difficult for persons who qualify for publicly-funded supports and for those who can pay privately. These barriers can lead to institutional long-term support as the default outcome. A single, coordinated system of information and access for all persons seeking long-term support will minimize confusion, enhance individual choice and support informed decision-making. It will also improve the ability of state and local governments to manage resources and to monitor program quality through centralized data collection and evaluation. Resource Centers will enable policy makers and program administrators to more effectively respond to individual needs, address system problems, and limit the unnecessary use of high-cost services, including institutional care. The strategy is not to add resources, but to ensure the needs and preferences of consumers underpin all aspects of the system. Implementation of this

approach may require some realignment or reorientation of a state's long-term care system, particularly the eligibility processes and resources.

The availability of **information and counseling for private-pay individuals** is a central element of the AoA/CMS Resource Center vision. Reaching people before they become Medicaid-eligible, and helping them to learn about low-cost options and programs such as private long-term support insurance, can help individuals make better use of their own resources and help to prevent or delay spend-down to Medicaid.

The AoA/CMS vision is for Resource Centers to:

- Actively promote public awareness of both public and private long-term support options, as well as awareness of the Resource Center, especially among underserved and hard-to-reach populations.
- Provide information, and counseling as needed, on all available long-term support options.
- Help people assess their potential eligibility for public long-term support programs and benefits.
- Determine programmatic eligibility for public long-term support programs and benefits, including level of care determinations for Medicaid nursing home and HCBS waiver programs.
- Assist people with the Medicaid eligibility determination process (in collaboration or coordination with Medicaid eligibility determination staff).
- Provide short-term assistance or case management to stabilize long-term support individuals and their families in times of immediate need and before they have been connected to ongoing support (e.g., enrolled in a home and community-based waiver). Resource Centers may also provide on-going case management to public- and/or private-pay individuals.
- Provide information and referral to other programs and benefits that can help people remain in the community, such as disease prevention and health promotion programs, transportation services, and income support programs.
- Help people plan for their future long-term support needs.
- Organize, simplify, and ensure “one-stop shopping” for access to all public long-term support programs.

The operational configuration of Resource Centers will vary from state to state. In most states, Resource Centers will involve a state/local partnership, where the state will provide oversight and guidance, but may arrange for responsibility for the operation of Resource Center functions to be vested in local entities. In some communities, all Resource Center functions may be performed in a single location. However, in some localities, Resource Centers may be decentralized and have multiple sites and organizations involved in performing the information and access functions. Some communities may even have different access points for different populations, provided they perform all functions of a Resource Center. Regardless of the configuration, **the functions of the Resource Center will be coordinated and standardized to ensure that all individuals are provided with**

**uniform information and access to long-term support**, with the system appearing seamless.

Resource Centers will create **formal linkages between and among the major pathways to long-term support**, including preadmission screening programs for nursing home services, hospital discharge planning, physician services, and the various community agencies and organizations that serve the Resource Center's target populations. These linkages will ensure people have the information they need to make informed decisions about their support options as they pass through critical transition points in the health and long-term support system.

Aging and Disability Resource Center programs will **coordinate closely with other long-term care systems change initiatives** at the state and local level to ensure a single and efficient state approach to long-term care reform. This will include close coordination with CMS Real Choice Systems Change grant programs, Department of Health and Human Services Administration on Developmental Disabilities Family Support 360 grants and other initiatives.

In addition, Resource Center programs will **establish collaborative working relationships** with programs that provide services important to consumers who are either seeking home and community-based services or planning for future long-term support needs. Collaborative relationships must be established with State Health Insurance Assistance Programs (SHIP), National Family Caregiver Support Programs, Alzheimer's Disease service and support programs, health promotion and disease prevention programs, transportation, employment, housing, adult education and others. A strong collaborative relationship with local CMS SHIP programs is particularly important to ensure streamlined access for consumers interested in planning for future long-term care needs.

Resource Centers will gather and manage information from individuals in a way that ensures their confidentiality, but limits repeated collection of the same information throughout their long-term support careers. The individual-level data will be used, in part, as the foundation of a **management information system that will track client intake, needs assessment, service plans, utilization, and costs**. The management information system will support on-going program analysis, planning, budgeting, quality assurance, program evaluation, and continuous improvement, as well as state and local policy development.

AoA and CMS recognize that all states can not immediately implement the ideal Resource Center described above. However, the vision indicates the latitude of design possibilities for Resource Centers and our long-range expectations. We believe implementation of the full vision can achieve success in meeting individual needs and preferences and in effectively managing public resources, while implementation of too few of the elements will limit the success of a Resource Center program.

**Overview of the Program** AoA and CMS will award competitive grants to assist states to implement new, or significantly expand existing, Resource Center programs. Building on

previous state efforts, Resource Centers will move beyond information and assistance and assume the role of primary entry point into the long-term support system. **People who are eligible for Medicaid long-term support, including HCBS waiver services or Medicaid funded institutional services, will access those programs through the Aging and Disability Resource Center.**

Several states have initiated groundbreaking programs proven successful in informing and empowering individuals by bringing long-term support services to individuals and their families in one easy location. (For information on state systems to improve access, go to: <http://www.cms.hhs.gov/promisingpractices/access.asp>, or <http://www.hcbs.org>). Potential applicants are encouraged to read: *Single Entry Point Systems: State Survey Results* at <http://hcbs.org/browse.php/topic/218/ofis/30/>.

Twenty-four states have received ADRC awards since the grant's inception in 2003. The ADRC Technical Assistance Exchange website ([www.adrc-tae.org](http://www.adrc-tae.org)) is a repository of valuable information associated with the program and acquired knowledge to date. Information on key topics such as management information systems (MIS), partnership development, program governance, stakeholder involvement, program administration, program evaluation, outreach and a number of other topics are available on this website.

AoA and CMS will jointly review grant applications and issue awards to the lead state agency responsible for administering the Resource Center program in the state. Regardless of which state agency is the lead agency, planning and implementation must substantially involve the Single State Agency on Aging, the State Agency(s) serving the target population(s) of individuals with disabilities and the Single State Medicaid Agency.

States that received an AoA and CMS Aging and Disability Resource Center award in 2003 or 2004 are not eligible to apply for this funding opportunity. For a complete listing of these states, go to [http://www.aoa.gov/prof/aging\\_dis/statemap.asp](http://www.aoa.gov/prof/aging_dis/statemap.asp).

AoA and CMS recognize there are other grant funding opportunities available to streamline access to long-term care for older Americans and individuals with disabilities. In these instances, applying for and receiving funding from multiple sources is encouraged. Examples of permissible combinations of access grant opportunities are:

- Applicant has been awarded a CMS Real Choice Systems Change grant that relates to access and is applying for the FY 2005 ADRC and/or FY 2005 CMS Real Choice "System Transformation Grant".
- An applicant has already been funded for a FY2003 or 2004 ADRC grant, and wants to apply for the FY 2005 CMS Real Choice "Systems Change Transformation Grant".
- An applicant has not been awarded an access grant from CMS, AoA, or other entity and wants to apply for the FY 2005 ADRC and/or CMS Real Choice "System Transformation Grant".

If any of the above circumstances apply to a 2005 ADRC applicant, in the ADRC proposal they must 1) list, in the ADRC proposal, all current initiatives related to access to long-term support and/or all grant applications proposed for FY 2005 that include access activities; and 2) explain in the ADRC proposal narrative how the activities of each grant will not be duplicative or in any way conflict with other grants but rather build upon other initiatives to further enhance the states efforts to streamline access to long-term care.

AoA and CMS, together with our technical assistance providers, have developed a minimum data set and processes for data collection for Aging and Disability Resource Center grantees. Evaluation and analysis of these data will result in increased understanding of outcomes and strategies that are effective in serving people with a disability. Evaluation also serves a valuable purpose as a decision making and reporting tool for state leadership. Sustainability is often linked to sound performance metrics and continuous improvement, concepts enabled by effective evaluation processes. For more information on this requirement, please see the section of this solicitation on Measurable Performance Goals.

**Target Groups** Resource Centers supported under this program must, at a minimum, include the older adult population and at least one of the following major target groups by the first quarter of the second year: (a) individuals with physical disabilities, (b) individuals with serious mental illness, and/or (c) individuals with mental retardation/developmental disabilities. States may elect to develop distinct entry points for different target groups as long as they are a coordinated part of the single state Resource Center program. Individuals with traumatic brain injury may be classified by the state in the target group that best conforms with the state's service delivery system and historical practice. The same principle applies to any other condition that often spans target group boundaries. For the definition of "older adult" in this solicitation we use age 60 and above as specified in the Older Americans Act.

**Involvement of Stakeholders and Public-Private Partnerships.** States must meaningfully involve stakeholders in the planning, implementation, and evaluation of their Resource Center program. In addition, we encourage the development of public-private partnerships that make the most effective use of each partner's expertise. Specific letters of support should be included with the application. Coordination and collaboration efforts must include intersection with other programs as well as including functional areas such as employment, transportation and affordable housing. Innovative approaches that drive coordination, joint planning, single access points and streamlined eligibility for programs associated with long-term care community resources are encouraged. As an example, available transportation, employment and housing are critical components of aging in place but are often not included in a discrete definition of home and community based services. In summary, detailed letters of support showing partnerships across a broad stakeholder constituency should be included in responses to this solicitation.

Since partnerships are critical, memorandums of understanding from key stakeholders are encouraged. Examples of organizations that should be involved include: Alzheimer's Association chapters, Area Agencies on Aging, disability/aging advocacy groups

community service providers, State Health Insurance Assistance Programs (SHIPs), Long-term Care Ombudsmen Programs, Developmental Disabilities Councils, State Mental Health Planning Councils, Independent Living Centers, State Assistive Technology Act Projects, housing agencies, volunteer groups, employers, faith-based service providers, private philanthropic organizations, private service providers, hospitals, transportation authorities and other community-based organizations.

Applicant states **must establish or designate an Advisory Board** to assist in the development and implementation of their Resource Center program. (Advisory boards established under the Real Choice Systems Change Program may be used for this purpose in an existing or modified form.) The Advisory Board will advise the lead state agency on: (a) the design and operations of Resource Centers, (b) stakeholder input, (c) the state's progress toward achieving the goal and vision described in this announcement, and (d) other program and policy development issues related to the state's Resource Center program.

The lead state agency will have ultimate authority over the program and its Advisory Board. The Advisory Board must be composed of (a) individuals representing all populations served by the state's Resource Center program including individuals who have a disability or a chronic condition requiring long-term support, (b) representatives from organizations that provide services to the individuals served by the program, and (c) representatives of the government and non-governmental agencies that are impacted by the program.

Under this grant program, grantees must meet the provisions for consumer task force participation that apply to the overall Real Choice Systems Change Grants for Community Living as administered by CMS. Congress expressed its preference that Real Choice Systems Change Grants applications "be developed jointly by the State and the Consumer Task Force" (H. Conf. Rep. No. 106-1033 at 150 and H. Conf. Rep. No. 107-342 at 101, adopting S. Rep. No. 107-84 at 17). "The task force should be composed of individuals with disabilities from diverse backgrounds (including older adults), representatives from organizations that provide services to individuals with disabilities, consumers of long-term services and supports, and those who advocate on behalf of such individuals" (H. Conf. Rep. No. 106-1033 at 150 and H. Conf. Rep. No. 107-342 at 101, adopting S. Rep. No. 107-84 at 17). In its report accompanying, the "Consolidated Appropriations Resolution, 2003," Pub. L. No. 108-7, the conferees stated that they "continue to strongly support the Real Choice Systems Change grants and expect CMS to provide expanded technical assistance for the consumer task forces involved with the program by contracting with a consortium of consumer controlled organizations for people with disabilities," H.R. Conf. Rep. 108-10 at 1107. Applicants may elect to use or expand existing Real Choice Consumer Task Forces to meet the consumer involvement provisions of this solicitation.

### **Resource Center Design Issues**

A state's Resource Center program must provide information and assistance to both public- and private-pay individuals and must include both public and private programs in

its information and assistance functions. A state's Resource Center program must also serve as the entry point to publicly administered long-term supports for individuals who are eligible for, or appear to be eligible for, those publicly supported programs. **By the end of the third year, an eligible Resource Center must, at a minimum, perform the following functions of "Awareness, Assistance, and Access":**

#### **Awareness and Information**

- Public Education.
- Information on Long-term support Options.

#### **Assistance**

- Long-term Support Options Counseling.
- Benefits Counseling
- Employment options counseling for people who are interested in, or may be interested in, such counseling. Grantees would be expected to coordinate with other sources funding employment counseling in their state, such as the Social Security Administration and/or the Department of Labor, to ensure access and prevent duplication.
- Referral to other programs and benefits that can help people remain in the community, including programs that can assist a person in obtaining and sustaining paid employment.
- Crisis Intervention.
- Helping people to plan for their future long-term support needs.

#### **Access**

- Eligibility Screening.
- Assistance in gaining access to long-term support service that may be paid with private funds.
- Comprehensive assessment of long-term support needs and care planning.
- Programmatic Eligibility Determination for long-term support services (see Section II for a definition of Long-term Support Services).
- Medicaid Financial Eligibility Determination that is either integrated or so closely coordinated with the Resource Center that each individual applicant experiences a seamless interaction.
- One-Stop Access to all public programs for community and institutional long-term support services administered by the state under Medicaid, and those portions of Older Americans Act programs that the state has determined will be devoted to long-term support services (see definition), and any other publicly funded services which the state determines should be accessed through the Resource Center.

For a description of these functions, see the Definitions listed later in this section.

Grantees must have **at least one Resource Center operational at the community level within 12 months** of receipt of grant funds that at a minimum, is providing information and counseling on long-term support options, **and has a work plan in place approved by the lead state agency and signed by the directors of the Single State Agency on Aging,**

**Single State Medicaid Agency and State agency(s) serving the intended target population(s) of people with disabilities.** The plan should describe how it will institute the following functions within the following 24 months: Eligibility Screening, Programmatic Eligibility Determination, and Coordination with Medicaid Financial Eligibility Determination. **In the first quarter of the second year the State's Resource Center program must include, in addition to older adults, at least one additional major target group identified in this solicitation.** By the end of the 3-year grant period, the Resource Center must be performing all required functions.

To ensure that the appropriate level of focus is directed towards ADRC design and implementation, grantees are required to have the ADRC **project lead designated/hired within 6 months of receipt of an ADRC award.**

Resource Centers must have a **management information system that supports the functions proposed under this program.** The system should allow for the tracking of client intake, needs assessment, care plans, utilization, and costs. The data must be in a transmittable form. CMS and AoA will provide technical assistance to successful applicants in order to assist in creating measures and methods of collection of data. It is recognized that Resource Centers will build upon existing state and local information systems. In order to achieve the functional capacity envisioned for Resource Centers in the time available, it will often be necessary to enhance the information system related to the Resource Center without completing a redesign and implementation of the whole state or local information system. In that case, experience gained on the Resource Center information system may be helpful in informing the redesign of the larger system when the necessary funds, time, and consensus are in place.

### **Achieving Required Milestones**

In developing an ADRC project work plan applicants should detail specific milestones for years 1, 2 and 3. Applicant's may choose from a number of milestones or apply their own creativity to develop those unique to their environment and constituents. Below are some examples of specific milestones. Applicants should focus on delineating those milestones that are feasible and measurable for year 1 and should strive for specific and measurable goals for all three years of the project. Experience to date has shown that not having specific milestones in year 1 often impedes or slows down progress in achieving the overall objectives of the grant.

- ***Streamlining Access*** - development of web-based applications for services; co-location of functional and financial determination staff; redesigning forms to be more user friendly and shorter; protocols and management information systems for the submission and exchange of information across agencies; rapid response initiatives for determining eligibility; self-declaration of financial resources and presumptive eligibility; written protocols for coordination across agencies; standardized instruments across systems and populations

- ***Increasing Awareness*** - choosing a name; developing a logo and outreach materials; launching or enhancing a web-based resource directory that includes both non-profit and for-profit providers; crafting a marketing plan
- ***Providing Assistance*** - written protocols for incorporating SHIP, National Family Caregiver Support Program and other programs into ADRC functions; cross-training staff; disease prevention and health promotion activities; serving the private pay sector; long-term care options counseling established
- ***Management Information System Enhancement*** - requirements defined for an information technology/MIS that supports all ADRC functions (client tracking, needs assessment, care plans, case management, utilization and costs); consultant and or vendor contracted; website with resource database functioning protocols for exchanging information that are HIPAA compliant
- ***Stakeholder Partnerships & Input*** - advisory board established; working groups established; regular schedule for cross-agency meetings; shared work plan responsibilities across agencies; planned activities and roles for the state and local levels established; consumer representation and substantive roles
- ***Other Operations*** - pilot site selection; establishing linkages to critical pathways to institutional care
- ***Evaluation*** - engaging an evaluator; submitting a detailed evaluation plan that includes the evaluation methodology for each data element, timeline/data collection interval, frequency, responsible entity and data sources and instruments to be used for consumer satisfaction or any other surveys; submitting baseline and follow-up minimum data elements information

### **Measurable Performance Goals**

Grantees must establish measurable performance goals for their programs, along with indicators that can be used to track progress on the performance goals. The measurable performance goals and indicators should be incorporated into the design of the program's evaluation, and be used to measure the success of the Resource Center program over the long run. The goals and indicators must be developed with input from the stakeholders and the advisory board specified for these grants.

At a minimum, grantees must establish performance goals and indicators related to their Resource Center program's: (a) **Visibility** - extent to which the public is aware of the existence and functions of the Resource Center, (b) **Trust** on the part of the public in the objectivity, reliability, and comprehensiveness of the information and assistance available at the Resource Center, (c) **Ease of Access** (e.g., reduction in the amount of time and level of frustration and confusion individuals and their families experience in trying to access long-term support), and (d) **Responsiveness** to the needs, preferences, unique circumstances, and feedback of individuals as it relates to the functions performed by the

Resource Center. Grantees must also establish performance goals and indicators related to the program's **Efficiency** and **Effectiveness** (e.g., reduction in the number of intake, screening, and eligibility determination processes, diversion of people to more appropriate, less costly forms of support, improved ability to match each person's preferences with appropriate services and settings, ability to rebalance the state's long-term support system, ability to implement methods that enable money to follow the person. etc.)

Program evaluation is a critical component of success and ensuring an environment of continuous improvement. In coordination with 2003 and 2004 Resource Center grantees, an evaluation model for the ADRC's with detailed indicators and outcomes has been developed. Applicants are encouraged to go to <http://www.adrc-tae.org/tiki-page.php?pageName=Evaluation-Public> and read *State Project Evaluation Guidelines for Assessing ADRC Project Progress and Accomplishments* for information on AoA and CMS recommended evaluation research questions and dataset elements.

## **DEFINITIONS**

**Aged (or Older adult Person):** As defined in the Older Americans Act, "an individual who is 60 years of age or older."

**Benefits Counseling:** The provision of information and assistance designed to help people learn about and, if desired, apply for public and private benefits to which they are entitled, including but not limited to, private insurance (such as Medigap policies), Supplemental Security Income (SSI), Food Stamps, Medicare, Medicaid and private pension benefits. For purposes of this program, Benefits Counseling funded under the Older Americans Act that is provided to individuals who need help in order to remain in the community, is included in this definition.

**Coordination With Medicaid Financial Eligibility Determination:** The determination of financial eligibility for Medicaid may take place either at the Resource Center or off-site. Regardless of where it takes place, the Resource Center must assure that the process is coordinated or integrated with the functions of the Center so that it takes place in an expeditious manner that avoids duplication of effort for individuals, their families and agency workers. The result of this coordination should be a seamless system of long-term support as experienced by the individual.

**Counseling and Referral to Help People Remain in the Community:** The provision of comprehensive and accurate information on services and programs that can help people to remain at home and in the community. These include (a) direct services (such as home and community-based waiver programs, home health, personal care, case management), (b) generic community sources of help (such as nutrition programs, prescription drug programs, health promotion and disease prevention programs, transportation services, home repair programs, real property tax relief), and public or private insurance (such as long-term care insurance, Medicare, Social Security Disability Insurance (SSDI), and SSI). For purposes of this program, counseling and referral activities designed to help

individuals to remain in the community that are funded under the Older Americans Act are included in this definition.

**Eligibility Screening:** Is a non-binding inquiry into an individual's income and assets, as necessary, and other circumstances in order to determine probable eligibility for programs, services, and benefits, including Medicaid. This screening should be provided to all individuals who may be eligible for publicly funded programs.

**Crisis Intervention:** Resource Center programs must be able to respond to situations where short-term assistance is needed to support an individual until a plan for long-term support services can be put in place. For example, an individual whose existing support system has fallen apart may need immediate support to assist them while a more comprehensive plan is developed and implemented. If an individual is in danger to self or others, Resource Centers will refer to, and coordinate with, existing supports such as Adult Protective Services, in accordance with state laws and agency procedures.

**Information on Long-term Support Options:** The information available must be comprehensive, objective, up-to-date, citizen-friendly, and cover the full range of available options, including in-home, community-based, and institutional services (including nursing home services). The information must cover options that people will use immediately (such as Medicaid services) to long-range options (such as private long-term care insurance). The information must also cover programs and services that support family caregivers, as well as any special options in the state to maintain independence or direct one's own long-term support services.

**Long-term Support Services:** Long-term support refers to a wide range of in-home, community-based, and institutional services and programs that are designed to help individuals with disabilities or chronic conditions with activities of daily living or instrumental activities of daily living. Public long-term support services are those administered by a governmental entity. For purposes of this program, long-term support services under Medicaid include home health, personal care, targeted case management, home and community-based waivers under section 1915(c) of the Social Security Act, nursing facility services, and Intermediate Care Facilities for the Mentally Retarded (ICFs-MR). Long-term support services under the Older Americans Act include personal care and other in-home services similar to those provided under section 1915(c) of the Social Security Act. Long-term support services under state-only programs include home health and personal care. Finally, for purposes of this program, the state may include in the definition of long-term support services any other publicly-funded service which the state determines should be accessed through the assessment process of the Resource Center.

**Long-term Support Options Counseling :** Resource Centers will help people make informed decisions by assisting individuals and their families in understanding how their strengths, needs, preferences, and unique situations translate into possible support strategies, plans, and tactics, based on the options available in the community. The counseling includes helping individuals assess their needs and resources, the assessment of the needs of family caregivers, developing a plan, and assisting the individual/family in

implementing their long-term support choices. Counseling links individuals to other counseling programs and services, including Web-based information and counseling programs. For purposes of this program, Long-term Support Options Counseling activities funded under the Older Americans Act are included in this definition.

**One-Stop Access to Public Programs:** The organizational ability and authority to provide intake, full access, and comprehensive point of entry to publicly supported long-term support services for individuals who are eligible for, or appear to be eligible for, publicly supported long-term support services, as those services are defined under Section II. A single program performs these functions, along with information and assistance, through a simple, convenient, single contact point. The program may involve more than one entry point (or “site) at the community level (e.g., different access points for different populations) so long as (a) each access point is authorized and performs all functions of a single point of entry, (b) the process of access experienced by individuals is uniform across all entry points, and (c) individuals do not access long-term support services through admission points that do not perform all functions of a single point of entry. One-stop access to public programs also ensures that individuals have the information they need to make informed decisions and that individuals reliant on public support are not admitted to service by alternate means or by direct admission through an individual provider of services.

**Programmatic Eligibility Determination:** A determination of the publicly supported benefits or services to which a person is eligible, based on non-financial criteria. This may require a formal assessment to determine the full scope of the individual’s needs. It may include a functional assessment of the individual’s current health conditions and provide a situational assessment of the client’s environment, available resources, and current support. For Medicaid services, this function includes the “Level of Care” determination process.

**Public Education and Outreach:** Activities related to ensuring that all potential users of long-term support (and their families) are aware of both public and private long-term support options, as well as awareness of the Resource Center, especially among underserved and hard-to-reach populations.

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

## **II. AWARD INFORMATION**

The total amount of Federal funds available for this funding opportunity is \$16 million. AoA and CMS plan to fund up to 20 new projects nationwide for a period of up to 3 years. The maximum total Federal award for the entire 3-year project period is \$800,000.

We reserve the right to disqualify applications submitted in excess of the maximum award (\$800,000) and to return such applications without review to the applicant. If the number of highly qualified applications exceed the maximum grant funding of 20 awards in FY 2005, AoA and CMS reserve the right to defer additional awards based on 2005 applications until FY 2006, subject to the availability of funding.

All funds will be awarded by September 30, 2005. Applicants are required to submit one project budget (SF424A) and budget justification. AoA and CMS are both providing funding for this program. As a result, successful applicants may receive an award from each agency that, when combined, will total the Federal award for the project. AoA and CMS reserve the right to request a revised budget to reflect these determinations.

These grants will be issued as cooperative agreements because AoA and CMS anticipate having substantial involvement with the recipients during performance of funded activities. This involvement may include collaboration, participation, or intervention in the funded activities. AoA and CMS will also be involved in the development and implementation of the funded projects by way of conducting a joint review of the applications and providing technical assistance, training, guidance, and oversight throughout the project period. More specifically, applications may be submitted to AoA and CMS through the AoA "single point of application" address listed in this solicitation. AoA will ensure that all appropriate parties in both AoA and CMS receive the application. AoA and CMS will make final decisions on the grant awards jointly. AoA and CMS project officers will jointly perform the day-to-day Federal responsibilities. Grantees will be expected to keep in contact with Federal project officer staff on a regular basis. Grantees will also be expected to share all significant products that result from their projects with AoA and CMS.

**Award Size** As noted above, AoA and CMS plan to fund up to 20 grants totaling up to \$800,000 each for a 3-year period. Applicants are encouraged to develop project budgets that reflect annual Federal funding of about \$250,000 for each project year. Grantees are required to make a non-financial or cash recipient contribution (match) of at least five percent (5%) of the total grant award. AoA and CMS are both providing funding for this grants program.

A key consideration for AoA and CMS is that the size of the award will correlate with the significance of the proposed endeavors, rather than with the size of the state. AoA and CMS reserve the right to offer a funding level that differs from the requested amount and to negotiate with the applicant with regard to the scope and intensity of effort that would be appropriate and commensurate with the final funding level. AoA and CMS also reserve the right to select alternates from the pool of applicants.

Significance will be measured in terms of the breadth of the initiative (i.e., the potential number of people affected and the number of populations served) and the degree of enduring change in the system (i.e., the "intensity" or depth of the improvement, including the range of long-term support information and access functions that are effectively integrated and/or coordinated). Sustainability is a crucial component of the ADRC

program. States that have systems that already include major elements of Resource Centers may apply but may be successful only to the extent that further progress is to be demonstrated (e.g., by adding additional Resource Center functions specified in this solicitation, expanding geographical coverage, expanding target group coverage, etc.). States that received an AoA and CMS Aging and Disability Resource Center grant in FY 2003 or FY 2004 are not eligible to apply for this funding opportunity.

**Use of Funds** Aging and Disability Resource Center Grant awards are intended to provide funds that can be the catalyst for achieving “enduring systems change”. Applicants must demonstrate that the grant (a) establishes new capacity or significantly enhances existing capabilities; (b) does not duplicate existing work or supplant existing funding; (c) devotes all funding under the new proposal to endeavors that advance the goal and vision of the Resource Center Program, and (d) links with other Real Choice Systems Change Grant initiatives, where they exist.

It is critical that the Resource Centers tie-into and leverage other Real Choice Systems Change initiatives and create formal linkages to these programs.

Design activities may include, but are not limited to:

- Obtaining and analyzing stakeholder input.
- Conducting a feasibility and planning study.
- Developing an Advance Planning Document (APD).
- Completing a fiscal impact analysis.

Implementation activities may include, but are not limited to:

- Hiring or contracting for staff dedicated to the administration and operation of the Resource Center Program (this does not include using these grant funds to pay for staff to perform functions that are mandated and reimbursable under other funding sources.)
- Purchasing computers and computer software used specifically for the operation and administration of the center, as well as collecting, analyzing, reporting, and disseminating Resource Center data.
- Performing public awareness and outreach activities to inform individuals of the information and assistance offered at the Resource Center.
- Initial and continuous training, particularly for staff that directly serve individuals.
- Funds must be set-aside for two individuals, one must be from the lead agency, to attend two conferences per year one of which is the annual CMS Real Choice Systems Change conference in Baltimore, Maryland. We also recommend that at least one attendee represent the state Medicaid agency. However, states are not limited to only two participants per meeting and are encouraged to bring other partners, pilot site representatives and others.
- Evaluation activities.

### III. ELIGIBILITY INFORMATION

#### 1. Eligible Applicants

States that received an AoA and CMS Aging and Disability Resource Center award in 2003 or 2004 are not eligible to apply for this funding opportunity. For a complete listing of these states go to [http://www.aoa.gov/prof/aging\\_dis/statemap.asp](http://www.aoa.gov/prof/aging_dis/statemap.asp).

Only a state agency or instrumentality of a state may apply for a Resource Center grant. The applicant agency must have the documented support and active participation of the Single State Agency on Aging, the Single State Medicaid Agency and the State Agency(s) serving the target population(s) of people with disabilities specified in the applicant's proposal. This document of support may come in the form of a letter or memorandum of understanding at the time of application. As described in Section I of this solicitation, 12 months after the receipt of an ADRC award, these State agency partners will sign a work plan describing how they plan to streamline access to publicly funded long-term supports. **A letter of support from the Governor indicating high level state executive support and designating the lead agency is also required.** Applicants should also enclose the organizational chart for the application lead agency and State Medicaid Agency. Only one application per state will be funded. "State" refers to the definition provided under 45 CFR 74.2. Executive Order 12372 is not applicable to these grant applications.

#### 2. Cost Sharing or Matching

Grantees are required to make a non-financial or cash recipient contribution (match) of a minimum of five percent (5%) of the total grant award. Letters of support should specifically note any in-kind or cash contributions. Non-financial recipient contributions may include the value of goods and/or services contributed by the Grantee (e.g., salary and fringe benefits of staff devoting a percentage of their time to the grant not otherwise included in the budget or derived from Federal funds). Recipient contributions must be included in the applicant's budget in Item 15 (Estimated Funding) on Standard Form 424A and described in the budget narrative/justification section of the application. The non-financial match requirement may also be satisfied if a third party participating in the grant makes an "in-kind contribution," provided that the Grantee's contribution and/or the third-party in-kind contribution equals five percent (5%) or more of the total grant award (including all direct and indirect costs). Third-party "in-kind contributions" may include the value of the time spent by citizen task force members (using appropriate cost allocation methods to the extent that non-Federal funds are involved) who specifically contribute to the design, development, and implementation of the grant. While the five percent (5%) recipient contribution is not included as a screening criteria, it is a requirement that a five percent (5%) match of the total award be included in all funded projects.

### IV. APPLICATION AND SUBMISSION INFORMATION

#### 1. Address to Request Application Package

Application materials can be obtained from <http://www.grants.gov>, <http://www.aoa.gov/doingbus/fundopp/fundopp.asp>, or <http://www.cms.hhs.gov/newfreedom/>.

Application kits are also available by writing to:

U.S. Department of Health and Human Services  
Administration on Aging  
Greg Case  
Center for Planning and Policy Development  
Washington, D.C. 20201

Or by calling: 202-357-3442 or e-mailing: [greg.case@aoa.hhs.gov](mailto:greg.case@aoa.hhs.gov)

## 2. Content and Form of Application Submission

The Office of Management and Budget requires applicants to provide a Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number when applying for Federal grants or cooperative agreements on or after October 1, 2003. It is entered on the SF 424. It is a unique, **nine-digit identification number**, which provides unique identifiers of single business entities. The D-U-N-S number is *free and easy* to obtain.

See instructions under the 3<sup>rd</sup> bullet below for obtaining a DUNS number.

While AoA and CMS encourage applicants to submit proposals electronically, you may submit your application to us either in electronic or paper format. To submit an application electronically, please use the [www.Grants.gov](http://www.Grants.gov) website. If you use Grants.gov, you will be able to download a copy of the application packet, complete it off-line, and then upload and submit the application via the *Grants.gov* website. As a joint initiative of AoA and CMS the **Aging and Disability Resource Center Program Announcement has been posted separately by both agencies on Grants.gov. An applicant need only submit a single application and may do so through either the AoA or CMS posting on Grants.gov.**

Please note the following if you plan to submit your application electronically via Grants.gov:

- When entering the Grants.gov website, you will find information about submitting an application electronically through the site, as well as the hours of operation. We strongly recommend that you do not wait until the application due date to begin the application process through Grants.gov.
- To use Grants.gov, you, as the applicant, must have a D-U-N-S Number and register in the Central Contractor Registry (CCR). You should allow a minimum of five days to complete the CCR registration.
- DUNS Number: The Office of Management and Budget requires applicants to provide a Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number when applying for Federal grants or cooperative agreements on or after October 1, 2003. It is entered on the SF 424. It is a unique, nine-digit identification number, which provides unique identifiers of single business entities. The D-U-N-S number is *free and easy* to obtain. Organizations can receive a DUNS number at no cost by calling the dedicated toll-free DUNS Number request line at 1-866-705-5711 or by using this link: [https://www.whitehouse.gov/omb/grants/duns\\_num\\_guide.pdf](https://www.whitehouse.gov/omb/grants/duns_num_guide.pdf).

- You will not receive additional point value because you submit a grant application in paper format.
- You may 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 Grants.gov that contains a Grants.gov tracking number. The Administration on Aging will retrieve your application form from Grants.gov.
- You may access the electronic application for this program on [www.Grants.gov](http://www.Grants.gov). You must search the downloadable application page by the CFDA number (AoA - 93.048 or CMS - 93.779).

If you elect to mail or hand-deliver your application, you must submit **one original application and two copies**, a completed application checklist, and a copy of the application on a computer diskette to AoA. The Checklist is included in the Attachments.

**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 postmarked by midnight July 7, 2005, or hand-delivered by 5:30 p.m. Eastern Time on July 7, 2005, or submitted electronically by midnight July 7, 2005. Electronic submissions are encouraged and must be sent via [www.grants.gov](http://www.grants.gov).
2. The Project Narrative section of the Application must be double-spaced, on single-sided 8 ½" x 11" plain white paper with 1" margins on both sides, and a font size of not less than 11.
3. The Project Narrative must **not** exceed 25 pages. NOTE: The Project Work Plan, Letters of Commitment, and Vitae of Key Project Personnel **are not counted** as part of the Project Narrative for purposes of the 25-page limit.

**Required Format and Length.** The Project Narrative must be double-spaced, on single-sided 8 ½" x 11" plain white paper with 1" margins on both sides, and a font size of not less than 11. The maximum length allowed for the project narrative is 25 pages. We will **not accept** applications with a Project Narrative that exceeds 25 pages. NOTE: The Project Work Plan, Letters of Commitment, organizational charts, and Vitae of Key Personnel are not counted as part of the Project Narrative for purposes of the 25-page limit, but all of the other sections noted below are included in the 25-page limit.

Beginning with the page for the executive summary, pages must be numbered sequentially. Please do not use covers or tabs. **Do not include extraneous materials** such as agency

promotion brochures, slides, tapes, film clips, and appendices, etc. It is not feasible to include such items in the review process. They will be discarded if submitted as part of the application. The application should not be bound. A staple is recommended.

**Standard Components** The Project Narrative is the most important part of the application, since it will be used as the primary basis by AoA to determine whether or not your project meets the minimum requirements for grants under Title IV of the Older Americans Act. The Project Narrative should provide a **clear and concise** description of your project.

**Executive Summary/Abstract.** This section should include a clear and concise summary of your proposal including: the project's goal and objectives; the proposed intervention; target population(s); and anticipated outcomes. (Length: **not to exceed one page.**)

**Problem Statement.** The applicant must provide a general description of its long-term support system, including a description of how the current system limits or facilitates individual choice and access for both public- and private-pay individuals in the applicant's target population. The applicant should describe current efforts to address information and access issues and problems.

**Target Population(s).** This section should describe the target group(s) to be served and the rationale for focus on the specified group(s).

**Proposed Intervention.** Describe your overall approach to advancing the vision and goals outlined in this Announcement, including your plans to streamline, coordinate, and/or integrate existing intake, screening, assessment, eligibility determination, and counseling services, and how the project will ensure that targeted populations will utilize the Resource Center to access the long-term support system. This section must address coordination with both the Medicaid Level of Care determination process for Nursing Home and other long-term support, and the Medicaid eligibility process. You must include a description of the management information system that will be used and/or developed to support the functions and goals of your Resource Center program. Your process for selecting local entities to carry out Resource Center functions at the community level should also be described. You should note any major barriers you anticipate encountering, and how your project will be able to overcome those barriers. This section should also include how the project will improve collaboration between health support and human service agencies (including housing) at the state and local level. Interventions should include the use of information technology tools to streamline and coordinate ADRC functions. (See the ADRC technical assistance website for further information and suggestions.) For example, an automated case management system is being used by a number of current ADRC grantees to accomplish their goals.

**Involvement of Key Stakeholders.** Describe the role and makeup of the Advisory Committee and any strategic partnerships you plan to involve in implementing the intervention, including other agencies, organizations, funders, and/or citizen groups. Describe how the Resource Center will coordinate with the State Health Insurance Assistance Program, ADD Family Support 360, National Family Caregiver Support

program or other key community programs. Note how your project will ensure Consumer involvement in all aspects of program design and implementation.

**Performance Goals and Indicators.** Provide a description of the initial measurable performance goals and indicators you plan to use to measure the success of your program over the long run, including those related to the program's visibility, trust, ease of access, responsiveness, efficiency, and cost-effectiveness. Also describe how you plan to refine your performance goals and indicators over the course of the project period, if you plan to do so. These should include milestones for years 1, 2 and 3.

**Evaluation.** Describe the approach, methods, and data that will be used to evaluate the program's progress toward achieving its policy goals and objectives, and its measurable performance goals. Applicants are encouraged to read *State Project Evaluation Guidelines for Assessing ADRC Project Progress and Accomplishments* at <http://www.adrc-tae.org/tiki-page.php?pageName=Evaluation-Public>.

**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.

**Project Management.** This section should include a clear delineation of the roles and responsibilities of the involved agencies, project staff, consultants and partner organizations, and how they will contribute to achieving the project's objectives. It should specify who would have day-to-day responsibility for project leadership and the key tasks associated with designing, establishing, and operating a Resource Center program. It should also describe the approach that will be used to track progress on the project's tasks and objectives. Grant solicitation respondents are strongly encouraged to specify the name of the project director as well as the lead contact from the Medicaid agency.

**Work Plan.** The Project Work Plan should reflect and be consistent with the Project Narrative and Budget. It should include a statement of the project's overall goal(s) and objectives, and the major tasks / action steps that will be undertaken to achieve the goal and objectives. For each major task / action step, the work plan should identify the timeframes involved (including start- and end-dates), and the lead person responsible for completing the task. (See Attachment E for a sample work plan grid you can use for this purpose.)

**Organizational Capability Statement and Vitae for Key Project Personnel.** Each application should include an organizational capability statement, organizational charts for the lead agency and State Medicaid Agency and vitae for key project personnel. The organizational capability statement should assure and demonstrate that the lead state agency for the Resource Center Program has the capacity to implement the full Resource Center Goal and Vision described in section I of this announcement. Likewise, local entities designated to implement the operational Resource Centers at the community level

should demonstrate that they have this capacity. Include a short vitae for key project staff only. Also include information about any contractual organization(s) that will have a significant role(s) in implementing project and achieving project goals.

**Sustainability.** Applicants must describe in the application the steps the State has taken (or will take) to ensure its Resource Center project will be sustained beyond the grant period. It is recommended that state leadership, especially executive and legislative branches of state government, and legislative approaches be explored as well as long-term funding options for sustained operation of the ADRC. In addition, leveraging information technology tools could add value to sustainability.

**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 and should have a letter of commitment included. In addition, a letter of support from the Governor's office designating the lead applicant agency is required.

### **Instructions for Completing Standard Forms**

See Attachment A

### **3. Submission Dates and Times**

The *deadline date* for the submission of applications under this program announcement is **July 7, 2005.**

**Potential applicants are encouraged to submit a letter of intent to apply for a grant no later than June 1, 2005.** Letters of intent (submission by facsimile or e-mail preferred) should be sent to:

Greg Case  
Center for Planning and Policy Development  
U.S. Administration on Aging  
Washington, DC 20201  
Phone: 202-357-3442; Fax: 202-357-3469  
e-mail: greg.case@aoa.hhs.gov

AoA and CMS will conduct an ADRC Applicant's Teleconference on May 25, 2005. Information regarding the time and call-in number for this open teleconference call will be available on the AoA Website at [http://www.aoa.gov/prof/aging\\_dis/aging\\_dis.asp](http://www.aoa.gov/prof/aging_dis/aging_dis.asp) and on the CMS Website at <http://www.cms.hhs.gov/newfreedom>. All "Questions and Answers" resulting from inquiries from the field will be posted on these two web sites. Additionally, AoA and CMS staff will be available for questions and answers on an on-going basis. (See Section VII for contact information.)

#### 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 activities:

- Construction and / or major rehabilitation of buildings
- Basic research (e.g. scientific or medical experiments)
- Continuation of existing projects without expansion or new and innovative approaches

#### 6. Other Submission Requirements

##### Application Submission

Electronic submissions must be sent to: <http://www.grants.gov>.

Submissions using the regular, U.S. Postal Service must be addressed to:

Department of Health and Human Services  
Administration on Aging  
Grants Management Division  
Washington, DC 20201  
Attention: Margaret A. Tolson

Submissions by courier, express mail, priority mail, delivered in person, etc. should be addressed to:

Department of Health and Human Services  
Administration on Aging  
Grants Management Division  
One Massachusetts Avenue, NW, Room 4604  
Washington, DC 20001  
Attention: Margaret A. Tolson

If you elect to mail or hand deliver your application, you must submit **one original application and two copies**, plus a completed application checklist to AoA. The checklist is included in the Attachments.

For applicants submitting their application through [grants.gov](http://www.grants.gov), you will be required to register in the Central Contractor Registry (CCR) database in order to be able to submit the application. (One element of the CCR is the DUNS number (see section IV.2), which must be obtained separately from CCR registration. Information about CCR is available at <http://www.grants.gov/CCRRegister> . You must also register with a Credential Provider to receive a username and password to securely submit your grant application. Information is available at <http://www.grants.gov/CredentialProvider> .

## V. APPLICATION REVIEW INFORMATION

### 1. *Review Criteria*

1. Problem Statement / Need for Assistance Weight: 5 points  
Does the applicant describe and demonstrate an understanding of: (i) the state's current long-term support system and (ii) how the system currently limits or facilitates individual choice and access for both public- and private-pay individuals in the applicant's target population? Does the applicant adequately: (i) analyze the strengths and challenges of the current system as it related to information and access; (ii) highlight current strengths that the Resource Center will be building on and what challenges must be overcome for it to succeed; and (iii) discuss any and all ongoing effort to address information and access problems and issues?

2. Approach, Work Plan and Activities Weight: 25 points  
**Target Population/Goals/Objectives:** Are the target groups to be substantially served by the Resource Center clearly described and include older adults? Has the applicant evidenced clear goals and objectives that are related in a meaningful way to the problems of citizen access and choice of long-term support? Are the goals and objectives reasonable and likely to be effective in accomplishing the purpose of the grant?

**Methods of Addressing the Problem:** Has the applicant clearly described a coherent approach that would successfully address the existing systemic problems in the areas of information, choice and access? Is it likely that the approach described will achieve the goals of the program?

**Coordination and Linkages:** Has the applicant demonstrated that the initiatives proposed (i) complement other programs designed to create individual choice and access to long-term support; (ii) utilize existing programs and services in a coordinated way through the Resource Center to improve long-term support options; (iii) coordinate significant programs – including Medicaid, programs for individuals with disabilities, the Older Americans Act, and state-only programs – supporting efforts by individuals to access long-term support options; and (iv) reflect a commitment from partners, include a description of their involvement and specific undertakings, and include their letters of support? Does the applicant show linkage with private/public groups? How will other system reform grants be leveraged with the ADRC? Does the application include a letter of support from the Governor's office designating the lead applicant agency?

**Work Plan and Timeline:** Has the applicant included a work plan that documents reasonable benchmarks, measurable outcomes, milestones, timeframes, and identifies the responsible parties to accomplish the goals of the project? Are there specific milestones developed for each year of the grant project?

3. Formative Learning and Information Management Weight: 10 points  
**Evaluation, Formative Learning and Management Information System:** Has the applicant outlined proposed data collection and management strategies, consistent with the Resource Center vision, for (i) supporting program management and tracking progress on the program goals and objectives and (ii) incorporating feedback into the project's ongoing operations, in a way that will improve program quality, promote individual choice, and limit repetitive provision of information by individuals? Does the

response demonstrate that the applicant accessed the ADRC web site and is using lessons learned from existing ADRC grantees in developing the evaluation criteria and the management information system and other information technology tools?

4. Capabilities

Weight: 10 points

**Organization, Management, and Qualifications:** Has the applicant: (i) indicated that a project lead will be designated within six months of receipt of funds (ii) provided evidence that key project staff, stakeholders and partners are qualified and possess the experience and skills to design, implement, and evaluate the program within the available time frames; (iii) provided information to show that key project staff who will be working at the community level have direct professional experiences serving populations targeted by the program; (iv) addressed any significant circumstances that would affect the ability of the applicant to recruit and hire staff for the project (e.g., identified whether there are any current hiring freezes or other obstacles that would affect staffing) and, if so, identified methods by which such obstacles will be overcome?

5. Significance and Sustainability

Weight: 15 points

**Enduring Systems Change:** Has the applicant demonstrated that the state seeks to implement enduring and effective systems changes and develop relationships among stakeholders that will advance the goal and vision of Resource Centers and help people of relevant ages with a disability to reside in the most integrated setting and exercise meaningful choice and control over where they reside and have access to community living and support services that are delivered in a manner that is consistent with the individual priorities and preferences and ensures the continuity of services?

**Populations Impacted:** Is the program likely to have a meaningful impact on the targeted populations?

**Sustainability:** Has the state taken steps to ensure that the Resource Center endures after the grant period? Is senior leadership engaged and specific activities targeted that will help embed the ADRC program in future state initiatives?

6. Stakeholder Input and Partnerships:

Weight: 15 points

Has the applicant provided a plan to meaningfully involve individuals and other public and private partners in all stages of the problem analysis, planning, implementation, monitoring and evaluation activities? Does the plan document citizen involvement in the Advisory Board and detail how coordinated public/private efforts will ensure the utilization of Resource Centers as the single entry-point for long-term support for the target population? Does the plan clearly indicate that consumers are involved in all aspects of project design and implementation?

7. Budget and Resources:

Weight: 20 points

Has the applicant proposed: (i) a reasonable and detailed budget; (ii) budgeted costs that are reasonable in relation to the project's objectives, design and significance; (iii) a budget that follows the requirements stated in the program announcement and specifically does not use grant funds to supplant existing funds; and (iv) included the

required five percent (5%) non-financial or cash recipient contribution Does the applicant delineate funds for two representatives to attend two ADRC meetings/events during each year?

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

An independent review panel of at least three individuals will evaluate applications that pass the screening. These reviewers are experts in their field, and are drawn from academic institutions, non-profit organizations, state and local government, and Federal government agencies. Based on the specific programmatic considerations set forth above, the reviewers will comment on and score the applications, focusing their comments and scoring decisions on the criteria below. Applications are scored by assigning a maximum of 100 points across the seven evaluation criteria described below. AoA and CMS reserve the right to take into account geographic distribution and program diversity, in addition to the reviewer scores, in making the final award decisions.

## **VI. AWARD ADMINISTRATION INFORMATION**

### **1. *Award Notices***

Successful applicants will receive a joint Award letter from AoA and CMS and Notices of Financial Assistance Awards from each agency. The Notice of Financial Assistance Award is the authorizing document. Unsuccessful applicants are notified by letter within 30 days after successful applicants have been notified.

### **2. *Administrative and National Policy Requirements***

Awards are subject to Department of Health and Human Services Administrative Requirements, which can be found in 45CFR Part 74 and 92 as well as in the Terms and Conditions and Cooperative Agreement which accompany the Award package.

### **3. *Reporting***

Instructions for annual financial and semi-annual program performance reports will be included with the Award packets sent to successful applicants. The reporting requirements for the AoA and CMS ADRC grant awards have been coordinated for ease of completion. While Awardees are required to prepare separate financial reports for each of the two Agency awards, a single semi-annual progress report is required. The AoA financial report and one copy of the program performance report is sent to the AoA Project Officer and AoA Grants Management Officer. The CMS financial report and one copy of the program performance report is sent to the CMS Project Officer and CMS Grants Management Officer. Final performance and SF-269 reports are due 90 days after the end of the project period.

## **VII. AGENCY CONTACTS**

Greg Case  
U.S. Department of Health & Human Services  
Administration on Aging

Center for Planning and Policy Development  
Washington, DC 20201  
Telephone number: (202) 357-3442  
Fax: (202) 357-3469  
E-mail: [greg.case@aoa.hhs.gov](mailto:greg.case@aoa.hhs.gov)

Joe Razes  
Technical Director  
U.S. Department of Health & Human Services  
Centers for Medicare and Medicaid Services  
Disabled and Elderly Health Policy Programs Group  
Mail Stop: S2-14-26  
7500 Security Blvd.  
Baltimore, MD 21244-1850  
Telephone number: (410) 786-6126  
Fax: (410) 786-9004  
E-mail: [jrazes@cms.hhs.gov](mailto:jrazes@cms.hhs.gov)

## **VIII. OTHER INFORMATION**

To expedite the processing of applications, we request that you arrange the components of your application in the following order:

1. SF 424 Note: Unless filing electronically via [www.grants.gov](http://www.grants.gov), the original copy of the application must have an original signature in item 18d on the SF 424.
2. SF 424A.
3. Separate Budget Justification (See Attachments for Sample Format).
4. SF 424B 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).
5. Certifications
6. Copy of the applicant's most recent indirect cost agreement, as necessary.
7. Project Narrative with Work Plan (See Attachments for Sample Work Plan Format.)
8. Organizational Capability Statement and Vitae for Key Project Personnel.
9. Letters of Commitment From Key Partners.
10. Completed Application Package Checklist

# **ATTACHMENTS**

**Attachment A:  
Instructions for Completing Standard Forms**

**Attachment B:  
Instructions for Completing the Summary/Abstract**

**Attachment C:  
Sample Budget Justification Format with Examples**

**Attachment D:  
Sample Budget Justification Format**

**Attachment E:  
Sample Work Plan Format**

**Attachment F:  
Application Package Checklist**

**Attachment G:  
Notice of Intent to Apply**

## **Attachment A: INSTRUCTIONS FOR COMPLETING STANDARD FORMS**

This section provides step-by-step instructions for completing the four (4) standard Federal forms required by as part of your grant application, including special instructions for completing Standard Budget Forms 424 and 424A. Standard Forms 424 and 424A are used for a wide variety of federal grant programs, and federal agencies have the discretion to require some or all of the information on these forms. AoA and CMS do 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. Please note that single-sided copies of all required forms must be used in submitting your application.

### **A. Standard Form 424**

- Item 1. Mark “Non-Construction” under “Application”.
- Item 2. Fill in the date you submit the application. The three “Identifier” boxes to the right of Items 2 through 4 should be left blank.
- Item 3. Not applicable – Mark “NA”.
- Item 4. Leave blank.
- Item 5. Enter the legal name of the applicant organization; the name of the primary organizational unit responsible for managing the project; the applicant’s address; and the name and telephone number of the person to contact on matters related to this application.
- Item 6. Enter the Employer Identification Number (EIN) of the applicant organization that has been assigned to the organization by the Internal Revenue Service. Please include the suffix to the EIN if known.
- Item 7. Enter the appropriate letter in the box provided.
- Item 8. Check the “New” box.
- Item 9. Enter - Administration on Aging and Centers for Medicare & Medicaid Services.
- Item 10. Enter the AoA CFDA # 93.048 in the box provided. Underneath of the box provided for Item 10, also list the CMS CFDA # 93.779.
- Item 11. Enter the title of the project.
- Item 12. List only one entity - it should be the largest political entity affected.

Item 13. Enter the start and end date for the upcoming budget period for the project. (NOTE: The start date usually coincides with the date that AoA or CMS issues the grant award to the applicant organization, with the end date usually being 12 months later.)

Item 14. Enter the Congressional District(s) affected by the project.

Item 14a. Enter the Congressional District where the applicant organization is located.

Item 14b. Leave Blank.

Item 15. **NOTE:** Applicants should review cost sharing or matching principles contained in Subpart C of 45 CFR Part 74 or 45 CFR Part 92 before completing Item 15 and the Budget Information Sections A, B and C noted below.

All budget information entered under item 15 should cover the upcoming budget period. For sub-item 15a, enter the federal funds being requested. Sub-items 15b-15e are considered matching funds. The dollar amounts entered in sub-items 15b-15f must total at least 5 percent of the amount of federal funds being requested (the amount in 15a) in the form of a non-financial or cash recipient contribution (match).

Non-financial recipient contributions may include the value of goods and/or services contributed by the Grantee (e.g., salary and fringe benefits of staff devoting a percentage of their time to the grant not otherwise included in the budget or derived from federal funds). Recipient contributions must be included in the applicant's budget on Standard Form 424A and described in the budget narrative/justification section of the application. The non-financial match requirement may also be satisfied if a third party participating in the grant makes an "in-kind contribution," provided that the Grantee's contribution and/or the third-party in-kind contribution equals 5% of the total grant award. Third-party "in-kind contributions" may include the value of the time spent by citizen task force members (using appropriate cost allocation methods to the extent that non-Federal funds are involved) who specifically contribute to the design, development and implementation of the grant.

**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 (HHS) 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.

Item 16. Check b. No - Program is not covered by E.O. 12372

Item 17. This item applies to the applicant organization. Categories of debt include delinquent audit disallowances, loans, and taxes.

Item 18. To be signed by the authorized representative of the applicant organization. A document attesting to that sign-off authority must be on file in the applicant's office.

## B. Standard Form 424A

NOTE: Standard Form 424A is designed to accommodate applications for multiple grant programs; thus, for purposes of this AoA and CMS program, many of the budget item columns and rows are not applicable. For your convenience, these non-applicable columns and rows have been shaded-out on the form. You should only consider and respond to the budget items for which guidance is provided below.

### 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 3: Enter the breakdown of how you plan to use the Federal funds being requested by object class category (see instructions for each object class category below).

Column 4: 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 (the sum of Columns 3 and 4) by object class category.

### Separate Budget Justification Requirement

You must submit a separate budget justification as part of your application. **A blank sample format (and one with examples) has been included in the attachments for your use in developing and presenting your Budget Justification.** In your budget justification, you should include a breakdown of the budget which shows the costs for all of the object class categories noted in Section B, across three columns: federal; non-federal cash; and non-federal in-kind. The justification should fully explain and justify the costs in each of the major budget items for each of the object class categories, as described below. Third party in-kind contributions and program income designated as non-Federal match contributions should be clearly identified and justified separately from the justification for the budget line items. The full budget justification should be included in the application immediately following the SF 424 forms. **The budget justification should provide a detailed breakdown of large dollar values or explain in the narrative the reason for not providing more specificity in a budget line item.**

Line 6a: Personnel: Enter total costs of salaries and wages of applicant/grantee staff. Do not include the costs of consultants; consultant costs should be included under 6h - Other. In the Justification: Identify the project director, if known. Specify the key

staff, their titles, brief summary of project related duties, and the percent of their time commitments to the project 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: Provide a break-down of amounts and percentages that comprise fringe benefit costs, such as health insurance, FICA, retirement insurance, etc.

Line 6c: Travel: Enter total costs of out-of-town travel (travel requiring per diem) for staff of the project. Do not enter costs for consultant's travel - this should be included in line 6h. In the Justification: Include the total number of trips, destinations, purpose, length of stay, subsistence allowances and transportation costs (including mileage rates).

Line 6d: Equipment: Enter the total costs of all equipment to be acquired by the project. For all grantees, "equipment" is non-expendable tangible personal property having a useful life of more than two years 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; the equipment, or a reasonable facsimile, must not be otherwise available to the applicant or its sub-grantees. The justification also must contain plans for the use or disposal of the equipment after the project ends.

Line 6e: Supplies: Enter the total costs of all tangible expendable personal property (supplies) other than those included on line 6d. In the Justification: Provide general description of types of items included.

Line 6f: Contractual: Enter the total costs of all contracts, including (1) procurement contracts (except those which belong on other lines such as equipment, supplies, etc.). Also include any contracts with organizations for the provision of technical assistance. Do not include payments to individuals on this line. In the Justification: Attach a list of contractors indicating the name of the organization, the purpose of the contract, and the estimated dollar amount. If the name of the contractor, scope of work, and estimated costs are not available or have not been negotiated, indicate when this information will be available. **Whenever the applicant/grantee intends to delegate a substantial part (one-third, or more) of the project work to another agency, the applicant/grantee must provide a completed copy of Section B, Budget Categories for each contractor, along with supporting information and justifications.**

Line 6g: Construction: Leave blank since construction is not an allowable cost under this AoA and CMS grants 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; local transportation (all travel which does not require per diem is considered local travel); postage; space and equipment rentals/lease; printing and publication; computer use; training and staff development costs (i.e. registration fees). If a cost does not clearly fit under another category, and it qualifies as an allowable cost, then rest assured this is where it belongs. In the Justification: Provide a reasonable explanation for items in this category. For individual consultants, explain the nature of services provided and the relation to activities 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. If the applicant organization is in the process of initially developing or renegotiating a rate, it should immediately upon notification that an award will be made, develop a tentative indirect cost rate proposal based on its most recently completed fiscal year in accordance with the principles set forth in the cognizant agency's guidelines for establishing indirect cost rates, and submit it to the cognizant agency. Applicants awaiting approval of their indirect cost proposals may also request indirect costs. It should be noted that when an indirect cost rate is requested, those costs included in the indirect cost pool should not also be charged as direct costs to the grant. Also, if the applicant is requesting a rate which is less than what is allowed under the program, the authorized representative of the applicant organization must submit a signed acknowledgement that the applicant is accepting a lower rate than allowed.

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.

### Section C - Non-Federal Resources

Line 12: Enter the amounts of non-Federal resources that will be used in carrying out the proposed project, by source (Applicant; State; Other) and enter the total amount in

Column (e). Do not include program income unless it is used to meet the match requirement. Keep in mind that if program income used to meet the match requirement and the projected level of program income is not met, thereby decreasing the level of match, the amount of Federal funds available to the grantee may be reduced if the match falls below required levels.

Section D - Forecasted Cash Needs - Not applicable.

Section E - Budget Estimate of Federal Funds Needed for Balance of the Project

Line 20: Enter the additional funding amounts requested for the second and third years of the project. Note that federal funding for the three years cannot total more than \$800,000.

Section F - Other Budget Information

Line 22: Indirect Charges: Enter the type of indirect rate (provisional, predetermined, final, or fixed) to be in effect during the funding period, the base to which the rate is applied, and the total indirect costs. **Include a copy of your current Indirect Cost Rate Agreement.**

Line 23: Remarks: Provide any other comments deemed necessary.

### **C. Standard Form 424B - Assurances**

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

### **D. Standard Certifications**

This form contains certifications that are required of the applicant organization regarding (a) lobbying; (b) debarment, suspension, and other responsibility matters; and (3) drug-free workplace requirements. Please note that a duly authorized representative of the applicant organization must attest to the applicant's compliance with these certifications.

## Attachment B

### 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, please limit the length to no more than 300 words 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”). Specific performances which will result in the attainment of a goal.

**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 grantee, Okoboji University, supports this three year Dementia Disease demonstration (DD) project in collaboration with the local Alzheimer's Association and related Dementias groups. The goal of the project is to provide comprehensive, coordinated care to individuals with memory concerns and to their caregivers. The approach is to expand the services and to integrate the bio-psycho-social aspects of care. The objectives are: 1) to provide dementia specific care, i.e., care management fully integrated into the services provided; 2) to train staff, students and volunteers; 3) to establish a system infrastructure to support services to individuals with early stage dementia and to their caregivers; 4) to develop linkages with community agencies; 5) to expand the assessment and intervention services; 6) to evaluate the impact of the added services; 7) to disseminate project information. The expected outcomes of this DD project are: patients will maintain as high a level of mental function and physical functions (thru Yoga) as possible; caregivers will increase ability to cope with changes; and pre and post – project patient evaluation will reflect positive results from expanded and integrated services. The products from this project are: a final report, including evaluation results; a website; articles for publication; data on driver assessment and in-home cognitive retraining; abstracts for national conferences.

**Attachment C: Budget Justification, Page 1 – Sample Format with EXAMPLES**

Object Class Category	Federal Funds	Non-Federal Cash	Non-Federal In-Kind	TOTAL	Justification
<b>Personnel</b>	\$40,000		0	\$40,000	Project Director (name) = 1FTE @ \$40,000 = \$40,000
<b>Fringe Benefits</b>	\$14,000	0	0	\$14,000	Fringes on Supervisor and Director @ 28% of salary.  FICA (7.65%) = \$3,825 Health (12%) = \$6,000 Dental (5%) = \$2,500 Life (2%) = \$1,000 Workers Comp Insurance (.75%) = \$ 375 Unemployment Insurance (.6%) = \$ 300
<b>Travel</b>	0	0	\$ 1,984	\$ 1,984	Travel to Annual Grantee Meeting: Airfare: 1 RT x 1 person x \$750/RT = \$ 750 Lodging: 3 nights x 1 person x \$100/night = \$ 300 Per Diem: 4 days x 1 person x \$40/day = \$ 160 Out-of-Town Project Site Visits Car mileage: 3 trips x 1person x 350 miles /trip x \$ .365/mile = \$ 384 Lodging: 3 trips x 1 person x 1 night/ trip x \$50/night = \$ 150 Per Diem: 3 trips x 1 person x 2days/trip x \$40/day = \$ 240

**Attachment C: Budget Justification, Page 2 - Sample Format with EXAMPLES**

<b>Object Class Category</b>	<b>Federal Funds</b>	<i>Non-Federal Cash</i>	<b>Non-Federal In-Kind</b>	<u><i>TOTAL</i></u>	Justification
<b>Equipment</b>	0	0	0	0	No equipment requested
<b>Supplies</b>	\$1,500	0	\$2,000	\$3,500	Laptop computer for use in client intakes = \$1,340 Consumable supplies (paper, pens, etc.) \$100/mo x 12 months = \$1,200 Copying \$80/mo x 12 months = \$ 960
<b>Contractual</b>	\$200,200	0	0	\$200,200	Contracts to A,B,C direct service providers (name providers) adult day care contractor = \$75,000 respite care contractor in home= \$75,000 respite care contractor-NF = \$50,200  See detailed budget justification for each provider (and then provide it!)

**Attachment C: Budget Justification, Page 3 – Sample Format with EXAMPLES**

<b>Other</b>	\$10,000	\$9,404	\$ 596	\$20,000	Local conference registration fee (name conference) = \$ 200 Printing brochures (50,000 @ \$ .05 ea) = \$ 2,500 Video production = \$ 2,000 Video Reproduction = \$ 3,500 NF Respite Training Manual reproduction \$3/manual x \$2000 manuals = \$ 6,000 Postage \$150/mo x 12 months = \$ 1,800 Caregiver Forum meeting room rentals \$200/day x 12 forums = \$ 2,400 Respite Training Scholarships = \$1,600
<b>Indirect Charges</b>	0	0	0	0	None
<b>TOTAL</b>	<b>\$265,700</b>	<b>\$ 9,404</b>	<b>\$ 4,580</b>	<b>\$279,684</b>	

**95% of  
Total Cost  
(Federal \$)**

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**(Federal \$)**

5% of Total Cost  
**(Required Match)**

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**(Required Match)**

**Attachment D: Budget Justification – Page 1 – Sample Format**

<b>Object Class Category</b>	<b>Federal Funds</b>	<b>Non-Federal Cash</b>	<b>Non-Federal In-Kind</b>	<b>TOTAL</b>	<b>Justification</b>
<b>Personnel</b>					
<b>Fringe Benefits</b>					
<b>Travel</b>					
<b>Equipment</b>					

**Attachment D: Budget Justification – Page 2 – Sample Format**

<b>Object Class Category</b>	<b>Federal Funds</b>	<b>Non-Federal Cash</b>	<b>Non-Federal In-Kind</b>	<b>TOTAL</b>	<b>Justification</b>
<b>Supplies</b>					
<b>Contractual</b>					
<b>Other</b>					
<b>Indirect Charges</b>					
<i><b>TOTAL</b></i>					

## Attachment E: Project Work Plan, Page 1 – Sample Format

<b>Goal:</b>													
<b>Measurable Outcome(s):</b>													
Major Objectives	Key Tasks	Lead Person	Timeframe (Start and End Date by Month)										
1.													
2.													

**Attachment E: Project Work Plan, Page 2 – Sample Format**

Major Objectives	Key Tasks	Lead Person	Timeframe (Start and End Date by Month)														
			1	2	3	4	5	6	7	8	9	10	11	12			
3.																	
4.																	

**Attachment E: Project Work Plan, Page 3 – Sample Format**

Major Objectives	Key Tasks	Lead Person	Timeframe (Start and End Date by Month)												
			1	2	3	4	5	6	7	8	9	10	11	12	
5.															
6.															

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

# **Attachment F: Grant Application Package Checklist**

The checklist below identifies the items that must be included in your mail-in application submission. Please check-off each item to ensure your submission is complete, and includes a copy of the completed checklist in your application package. The components of your submission should be ordered in the same sequence as the items listed below.

I have checked my application package to ensure that it includes:

- One original application plus two copies, with the SF 424 as the first page of each copy of the application.
- SF 424.
- SF 424A.
- Budget Justification.
- SF 424B.
- Certifications. Be sure this form is completed according to the instructions, signed and dated by the authorized representative (see item 18d on SF 424).
- A copy of the current indirect cost rate agreement approved by the Department of Health and Human Services or another Federal agency.
- Project Narrative
- Completed Grant Application Package Checklist
- Receipt of Application Acknowledgement Card (optional)

**Aging and Disability Resource Center Grant Program**  
**Notice of Intent To Apply**

**Please complete and return (submission by facsimile or e-mail preferred) to:**

Greg Case  
Center for Planning and Policy Development  
U.S. Administration on Aging  
Washington, DC 20201  
Phone: 202-357-3442; Fax: 202-357-3469  
e-mail: [greg.case@aoa.hhs.gov](mailto:greg.case@aoa.hhs.gov)

1. Name of State: \_\_\_\_\_
2. Applicant agency: \_\_\_\_\_
3. Contact name and title: \_\_\_\_\_
4. Address: \_\_\_\_\_
5. Contact numbers: Phone: \_\_\_\_\_ Fax: \_\_\_\_\_
6. E-mail address: \_\_\_\_\_
7. Expected amount of request: \$ \_\_\_\_\_

Please submit any questions that you would like to have answered by AoA or CMS before you submit your formal grant application by e-mail to:  
Greg Case, 202-357-3442, [greg.case@aoa.hhs.gov](mailto:greg.case@aoa.hhs.gov)

\*It is not mandatory for an applicant to submit a Notice of Intent to Apply; such submissions help us plan our review panels. Submission of a Notice of Intent to Apply does not bind the applicant to apply nor will it cause a proposal to be reviewed more favorably.