



**Administration for Community Living**

Administration on Intellectual and Developmental Disabilities

UCEDD National Training Initiative Supplemental Grant

HHS-2015-ACL-AIDD-DD-0114

Application Due Date: 09/10/2015

UCEDD National Training Initiative Supplemental Grant

HHS-2015-ACL-AIDD-DD-0114

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**Department of Health & Human Services  
Administration for Community Living**

**ACL Center:** Administration on Intellectual and Developmental Disabilities  
**Funding Opportunity Title:** UCEDD National Training Initiative Supplemental Grant  
**Announcement Type:** Initial  
**Funding Opportunity Number:** HHS-2015-ACL-AIDD-DD-0114  
**Primary CFDA Number:** 93.632  
**Due Date For Letter of Intent:** **08/21/2015**  
**Due Date for Applications:** **09/10/2015**  
**Date for Informational Conference Call:** N/A

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

### **Executive Summary**

The Administration on Intellectual and Developmental Disabilities (AIDD) within the Administration for Community Living (ACL), U.S. Department of Health and Human Services (DHHS), is the federal administering agency for the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (DD Act) programs. As such, AIDD is charged with funding and oversight of State Councils on Developmental Disabilities, Protection and Advocacy Programs, and the University Centers for Excellence in Developmental Disabilities (UCEDD).

#### **Purpose:**

The purpose of this National Training Initiative (NTI) grant is to award one year supplemental grants to multiple University Centers for Excellence in Developmental Disabilities (UCEDDs) to pay for the federal share of a diversity fellowship program. Funds are to be used to support recruitment and retention of trainees from culturally and linguistically diverse backgrounds to participate in a fellowship experience at the UCEDD and to work towards the long term goals of:

1. Increasing diversity of leadership, staff and governing bodies across the DD network;
2. Building cultural competence capacity with the leadership, staff, and governing bodies across the DD network;
3. Increasing the number of persons from underrepresented racial, ethnic groups, people with disabilities, people from disadvantaged backgrounds who benefit from AIDD supported programs; and
4. Improving the recruitment and employment of underrepresented groups including racial and ethnic groups, people with disabilities, and people from diverse or disadvantaged backgrounds in the UCEDD

### **I. Funding Opportunity Description**

## **Background:**

It is well understood that the United States is home to an ever-increasing number of individuals who come from culturally and linguistically diverse backgrounds. Trends in immigration and birth rates indicate that by 2050 there will be no majority racial or ethnic group in the United States (Center for Public Education, 2013). It is also well understood that individuals with developmental and other disabilities from culturally and linguistically diverse background experience a variety of economic, social, educational, and health disparities. With the minority population expected to grow in the coming years, ensuring a diverse workforce remains a top priority for the UCEDDs and AIDD.

The DD Act has long identified the importance of cultural competence and improving expectations and outcomes for people with developmental disabilities, including those from culturally and linguistically diverse backgrounds. The DD Act throughout requires that the programs authorized address the needs of people from unserved and underserved backgrounds. Section 101(a) identifies the need to ensure that services, supports, and other assistance are provided in a culturally competent manner and that individuals from racial and ethnic minority backgrounds are fully included in all activities provided under the Act. Section 107 [42 USC 15007] of the DD Act, requires that grantees take affirmative action to employ and advance employment of qualified individuals with disabilities on the same terms and conditions. The term “culturally competent” is defined in the DD Act of 2000, sec. 102(7) as: Services, supports, or other assistance that is conducted or provided in a manner that is responsive to the beliefs, interpersonal styles, attitudes, language, and behaviors of individuals who are receiving the services, supports, or other assistance, and in a manner that has the greatest likelihood of ensuring their maximum participation in the program involved. The DD Act of 2000 recognizes the important role that UCEDDs play in enhancing the diversity of the workforce, requiring that UCEDDs coordinate their efforts to recruit and retain underrepresented groups at all levels in order to respond to the changing United States demographics.

Building upon this framework, AIDD has supported and engaged in various efforts to build capacity in the UCEDD network and enhance overall diversity. In 2009, AIDD awarded supplemental grants to two UCEDDs to develop partnerships with Minority-Serving Institutions (MSIs). Through these grants, the partnerships established a positive presence in the respective institutions, created new initiatives, and established new programs that positively affected the participation of minority populations in disability and healthcare fields. The minority partnerships offered an opportunity to bring people from diverse populations into the disability field as collaborators and colleagues, creating a pipeline for them to enter the leadership. To this end, several UCEDD trainees who participated in the Minority Partnership grants pursued leadership roles. The partnerships allowed for the UCEDDs to expand the academic content of students and exposed many to careers in the developmental disabilities field. These outcomes potentially increased the numbers of racially, ethnically and linguistically diverse professionals seeking a career in the developmental disabilities field.

In July 2013, the UCEDD Resource Center funded by AIDD at the Association of University Centers on Disabilities (AUCD) conducted a survey of directors and co-directors to identify existing collaboration efforts with MSIs. Of the 43 responses, 24 or 55.8% reported having a current or past relationship with a MSI of which 12 were formal and 12 were informal relationships (Clarke, 2013). It, however, became evident that most of the relationships were informal and there was no concentrated effort within the UCEDDs or at the national level to help address diversity in education, training, and leadership across the UCEDD network. Although UCEDDs are working on a variety of projects focusing on underrepresented groups, the work is somewhat concentrated amongst a few Centers having multiple projects and the efforts are not yet fully coordinated.

In 2014, AIDD launched a diversity initiative with the goal to maximize participation for all people with disabilities, older adults, their families and caregivers in all aspects of community life. The outcomes of the initiative are to :

1. Build knowledge and capacity to effectively design, implement, and evaluate cultural, linguistic diversity and competency within ACL and its programs.
2. Diversify leadership, staff, and governing bodies across the DD network.
3. Build cultural competence capacity within the leadership, staff, and governing bodies across the DD network.
4. Support implementation of culturally competent practices and programs across the DD Network for individuals with I/DD of diversity.
5. Increase the number of persons from underrepresented racial, ethnic groups, people with disabilities, people from disadvantaged backgrounds benefits from AIDD supported programs.

This same year, AIDD funded the UCEDD Resource Center to develop a national blueprint for diversity for the UCEDDs, AIDD and AUCD with the purpose of bringing to scale efforts to enhance diversity in the workforce across the UCEDD network and in the developmental disabilities field and promote—through training—cultural competence at all levels. The goal of the blueprint is to identify for the national network of UCEDDs an overall vision and goal for and strategies and structures that can be implemented to enhance diversity through training. The UCEDD Resource Center will complete the national blueprint for diversity later this year which should serve as a foundation for launching a national effort that will:

- Cultivate partnerships at the national level that includes AUCD, AIDD, and other key organizations representing culturally and linguistically diverse populations which will promote engagement with the blueprint, provide a foundation for implementation of the blueprint in future years and ultimately facilitate collaboration at the local level.
- Expand diversity ultimately within the UCEDD network and the developmental disabilities field.
- Ensure that UCEDDs are well-positioned to address the unprecedented growth of diverse communities, including the growth in the number of people with disabilities, to ensure the future yields prosperity for all.
- Increase cultural and linguistic competence (CLC) throughout the UCEDD network.
- Support implementation of broader strategies and practices that will incentivize, recruit, support, and maintain an increasingly diverse trainee and faculty population and workforce.

Although the blueprint is still in development, initial review of the information from feedback process indicates that the blueprint will include action items related to training programs that offer leadership projects and funding to support trainees from diverse backgrounds, ,

To further these efforts, AIDD will award NTI grants as a supplement to the UCEDD core grant to pay for the federal share of a diversity fellowship program to support UCEDDs in:

- Growing the diversity of its trainee enrollment;
- Building a cohort of trainees in the UCEDD network from diverse backgrounds;
- Creating a forum for knowledge exchange and transfer at the UCEDD; and
- Committing to participate in an AUCD coordinated national forum for knowledge exchange and transfer across the UCEDD network.

The UCEDD will use the funds to recruit at least one trainee from a diverse background to participate in a fellowship program with opportunities to make systemic change through a capstone project in community based activities, organizations, policy and/or programs. The fellowship should include a formal training experience with mentoring and other opportunities that will engage the trainee in the national network of UCEDDs and support knowledge exchange and transfer in a national forum. AIDD defines diversity to include: (1) Individuals from racial and ethnic minority backgrounds (2) Individuals with limited English proficiency (3) Individuals from underserved geographic areas (rural or urban) (4) Different disabilities; and, (5) Lesbian, Gay, Bisexual, and Transgender.

### **Statutory Authority**

Section 151(b) of the DD Act of 2000 states that appropriations authorized under section 156(a)(1) and reserved under section 156(a)(2), grants shall be made to University Centers for Excellence in Developmental Disabilities (UCEDDs) to carry out national training initiative grants.

## **II. Award Information**

Funding Instrument Type:	Grant
Estimated Total Funding:	\$340,000
Expected Number of Awards:	10
Award Ceiling:	\$34,000 Per Budget Period
Award Floor:	\$10,000 Per Budget Period
Average Projected Award Amount:	\$20,000 Per Budget Period
12-month project and budget period	

## **III. Eligibility Information**

### **1. Eligible Applicants**

Section 151(b) of the DD Act of 2000 states that from appropriations authorized under section 156(a)(1) and reserved under section 156(a)(2), grants shall be made to University Centers for Excellence in Developmental Disabilities (UCEDDs) to carry out national training initiative grants. Entities eligible to apply for funds under this funding opportunity announcement are the 67 current AIDD grantees that are designated UCEDDs.

The list of UCEDDs can be found at: <http://www.acl.gov/Programs/AIDD/Programs/UCEDD/Contacts.aspx>

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

Cost Sharing / Matching Requirement: Yes

**Grantees are required to meet a non-Federal share of the project cost, in accordance with Section 154(d) of the Developmental Disabilities Assistance and Bill of Rights Act of 2000.**

**Grantees must provide at least 25% percent of the total approved cost of the project.**

**Reduced Match Amount- 10% match to the total federal funds for the UCEDDs whose activities or products target individuals with developmental disabilities who live in an urban or rural poverty**

## area.

Section 154 (d)(2) of the DD Act states:

*In the case of a project whose activities or products target individuals with developmental disabilities who live in an urban or rural poverty area, as determined by the Secretary, the Federal share of the cost of the project may not be more than 90 percent of the necessary costs of the project, as determined by the Secretary.*

### 3. Responsiveness and Screening Criteria

#### Application Responsiveness Criteria

#### Application Screening Criteria

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

1. Applications must be received from eligible UCEDDs. Applications must be submitted electronically via <http://www.grants.gov> by 11:59 p.m., Eastern

Time.

2. The Project Narrative section of the Application must be single spaced on 8 ½” x 11” plain white paper and a **standard font size of not less than 11, preferably** Times New Roman or Arial.

3. The Project Narrative must not exceed 5 pages. **The Project Narratives that exceed 5 pages will** have the additional pages removed and only the first 5 pages of the Project Narrative will be provided to the merit reviewers for funding consideration. NOTE: The Project Work Plan, Letters of Commitment, and Vitae of Key Project Personnel **are not counted** as part of the Project Narrative for purposes of the 5-page limit.

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

### IV. Application and Submission Information

#### 1. Address to Request Application Package

Application materials can be obtained

from <http://www.grants.gov> or [http://www.acl.gov/Funding\\_Opportunities/Announcements/Index.aspx](http://www.acl.gov/Funding_Opportunities/Announcements/Index.aspx).

Please note, ACL is requiring applications for all announcements to be submitted electronically through <http://www.grants.gov>. The Grants.gov (<http://www.grants.gov>) registration process can take several days. If your organization is not currently registered with <http://www.grants.gov>, please begin this process immediately. **For assistance with <http://www.grants.gov>, please contact them at [support@grants.gov](mailto:support@grants.gov) or 1-800-518-4726 between 7 a.m. and 9 p.m. Eastern Time.**

At <http://www.grants.gov>, you will be able to download a copy of the application packet, complete it off-line, and then upload and submit the application via the Grants.gov website (<http://www.grants.gov>).

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

- You may access the electronic application for this program on <http://www.grants.gov>. You must search the downloadable application page by the Funding Opportunity Number or CFDA number.
- At the <http://www.grants.gov> website, you will find information about submitting an application electronically through the site, including the hours of operation. ACL strongly recommends that

you do not wait until the application due date to begin the application process through <http://www.grants.gov> because of the time involved to complete the registration process.

- All applicants must have a DUNS number (<http://fedgov.dnb.com/webform/>) and be registered with the System for Award Management (SAM, [www.sam.gov](http://www.sam.gov)) and maintain an active SAM registration until the application process is complete, and should a grant be made, throughout the life of the award. Finalize a new, or renew an existing, registration at least two weeks before the application deadline. This action should allow you time to resolve any issues that may arise. Failure to comply with these requirements may result in your inability to submit your application or receive an award. Maintain documentation (with dates) of your efforts to register or renew at least two weeks before the deadline. See the SAM Quick Guide for Grantees at: [https://www.sam.gov/sam/transcript/SAM\\_Quick\\_Guide\\_Grants\\_Registrations-v1.6.pdf](https://www.sam.gov/sam/transcript/SAM_Quick_Guide_Grants_Registrations-v1.6.pdf).
- HHS requires all entities that plan to apply for, and ultimately receive, federal grant funds from any HHS Agency, or receive sub-awards directly from recipients of those grant funds to:
  - Be registered in the SAM prior to submitting an application or plan;
  - Maintain an active SAM registration with current information at all times during which it has an active award or an application or plan under consideration by an OPDIV; and
  - Provide its active DUNS number in each application or plan it submits to the OPDIV.
- The agency is prohibited from making an award until an applicant has complied with these requirements. At the time an award is ready to be made, if the intended recipient has not complied with these requirements, the agency:
  - May determine that the applicant is not qualified to receive an award; and
  - May use that determination as a basis for making an award to another applicant.

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

- **Note:** Failure to submit the correct suffix can lead to delays in identifying your organization and access to funding in the Payment Management System.
- Effective October 1, 2010, HHS requires all entities that plan to apply for and ultimately receive Federal grant funds from any HHS Operating/Staff Division (OPDIV/STAFFDIV) **or receive subawards directly from the recipients of those grant funds** to be:
  1. Be registered in SAM prior to submitting an application or plan;
  2. Maintain an active SAM registration with current information at all times during which it has an active award or an application or plan under consideration by an OPDIV; and
  3. Provide its DUNS number in each application or plan it submits to the OPDIV.

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

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

Additionally, all first-tier subaward recipients must have a DUNS number at the time the subaward is made.

- Since October 1, 2003, The Office of Management and Budget has required applicants to provide a Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number when applying for Federal grants or cooperative agreements. It is entered on the SF 424. It is a unique, **nine-digit**

**identification number**, which provides unique identifiers of single business entities. The DUNS number is *free and easy* to obtain.

- Organizations can receive a DUNS number at no cost by calling the dedicated toll-free DUNS Number request line at 1-866-705-5711 or by using this link to access a guide: [http://www.whitehouse.gov/sites/default/files/omb/grants/duns\\_num\\_guide.pdf](http://www.whitehouse.gov/sites/default/files/omb/grants/duns_num_guide.pdf).
- You must submit all documents electronically, including all information included on the SF424 and all necessary assurances and certifications.
- Prior to application submission, Microsoft Vista and Office 2007 users should review the <http://www.grants.gov> compatibility information and submission instructions provided at <http://www.grants.gov> (click on “**Vista and Microsoft Office 2007 Compatibility Information**”).
- **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 <http://www.grants.gov> that contains <http://www.grants.gov> tracking number. The Administration for Community Living will retrieve your application form from <http://www.grants.gov>.
- Each year organizations applying for Federal grants through <http://www.grants.gov> need to register or update their registration with the System for Award Management (SAM) [Formerly the Central Contractor Registry (CCR)]. You can complete the initial registration on [www.SAM.gov](http://www.SAM.gov) in three days; however, you must update your registration on [www.SAM.gov](http://www.SAM.gov) every year, which can take five days. When you register, or update your registration on [www.SAM.gov](http://www.SAM.gov), you must have your DUNS number and other information about your organization available.
- To keep your SAM.gov registration active, be sure to renew at least once each year. If your registration expires you cannot submit a grant application until it is renewed.

**Contact person regarding this Program Announcement:**

U.S. Department of Health and Human Services  
Administration for Community Living  
Pamela O'Brien, UCEDD Project Officer  
Administration on Intellectual and Developmental Disabilities  
Phone Number: 202.357.3487  
E-mail: [pamela.obrien@acl.hhs.gov](mailto:pamela.obrien@acl.hhs.gov)

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

**a. Letter of Intent**

**Letter of Intent**

Due Date for Letter of Intent: **08/21/2015**

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

U.S. Department of Health and Human Services  
Administration for Community Living  
Pamela O'Brien, UCEDD Project Officer  
Administration for Intellectual and Developmental Disabilities  
Phone: 202-357-3487

## **b. Project Narrative**

The Project Narrative must be single spaced, on 8 ½” x 11” paper, with 1” margins on both sides and a standard font size of not less than 11, preferably Times New Roman or Arial. You can use smaller font sizes to fill in the Standard Forms and Sample Formats. The required length for the Project Narrative is 5 pages; 5 pages is the maximum length allowed. Project Narratives that exceed 5 pages will have the additional pages removed only the first 5 pages of the Project Narrative will be provided to the merit reviewers for funding consideration. The Project Work Plan, Letters of Commitment, and Vitae of Key Personnel are not counted as part of the Project Narrative for purposes of the 5-page limit, but all of the other sections noted below are included in the limit.

The components of the Project Narrative counted as part of the 5 page limit includes:

- Goal(s) and Objective(s)
- Proposed Intervention (Approach)
- Outcomes
- Project Management
- Evaluation
- Dissemination

### **Summary/Abstract**

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

SUMMARY ABSTRACT IS NOT REQUIRED FOR APPLICATIONS UNDER THIS FOA

### **Problem Statement**

This section should describe, in both quantitative and qualitative terms, the nature and scope of the particular problem or issue the proposed intervention is designed to address, including how the project will potentially affect older adults and /or people with disabilities, their families and caregivers and the health care and social services systems.

PROBLEM STATEMENT IS NOT REQUIRED FOR APPLICATIONS UNDER THIS FOA

### **Goals and Objectives**

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

### **Proposed Intervention**

This section should provide a clear and concise description of the intervention you are proposing to use to address the problem described in the “Problem Statement”. You should also describe the rationale for using the particular intervention, including factors such as: “lessons learned” for similar projects previously tested in your community, or in other areas of the country; factors in the larger environment

that have created the “right conditions” for the intervention (e.g., existing social or economic factors that you’ll be able to take advantage of, etc.). Also note any major barriers you anticipate encountering, and how your project will be able to overcome those barriers. Be sure to describe the role and makeup of any strategic partnerships you plan to involve in implementing the intervention, including other organizations, supporters, and/or consumer groups.

## FOR THIS FOA

PROPOSED INTERVENTION (APPROACH) is a clear and concise description of the approach including strategies you are proposing to use in the implementation of this diversity fellowship. Describe the rationale for this particular approach. The approach should describe how you will use the funds to recruit at least one trainee from a diverse background to participate in a fellowship program with opportunities to make systemic change through a capstone project in community based activities, organizations, policy and/or programs. The approach should describe how the fellowship program includes a formal training experience with mentoring and other opportunities that will engage the trainee in the national network of UCEDDs and support knowledge exchange and transfer in a national forum.

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

This section should describe how you plan to involve organizations in a meaningful way in the planning and implementation of the proposed project. This section should also describe whether, and if so, how the proposed intervention will target disadvantaged populations, including limited-English speaking populations, those of greatest economic need and those of greatest social need.

## SPECIAL TARGET POPULATIONS AND ORGANIZATIONS NOT REQUIRED FOR APPLICATIONS UNDER THIS FOA

### **Outcomes**

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

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

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

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

## **Project Management**

This section should include a clear delineation of the roles and responsibilities of project staff, consultants and partner organizations, and how they will contribute to achieving the project's objectives and outcomes. It should specify who would have day-to-day responsibility for key tasks such as: leadership of project; monitoring the project's on-going progress, preparation of reports; communications with other partners and ACL. It should also describe the approach that will be used to monitor and track progress on the project's tasks and objectives.

## **Evaluation**

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

## **Dissemination**

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

## **Organizational Capacity Statement**

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

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

ORGANIZATIONAL CAPACITY IS NOT REQUIRED FOR APPLICATIONS UNDER THIS FOA

## **c. Work Plan**

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

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

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

#### **e. Budget Narrative/Justification**

The Budget Narrative/Justification can be provided using the format included in the document, “Budget Narrative/Justification – Sample Format.” Applicants are encouraged to pay particular attention to this document, which provides an example of the level of detail sought.

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

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

In addition, if you are submitting your application via Grants.gov, you must (1) be designated by your organization as an Authorized Organization Representative (AOR); and (2) register yourself with Grants.gov as an AOR. Details on these steps are outlined at the following Grants.gov Web page: [www.grants.gov/applicants/get\\_registered.jsp](http://www.grants.gov/applicants/get_registered.jsp).

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

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

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

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

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

Grants.gov (<http://www.grants.gov>) will automatically send applicants a tracking number and date of receipt verification electronically once the application has been successfully received and validated in <http://www.grants.gov>.

Due Date for Applications: **09/10/2015**

## 4. Intergovernmental Review

This program is subject to Executive Order (E.O.) 12372, Intergovernmental Review of Federal Programs. Applicants must contact their State's Single Point of Contact (SPOC) to find out about and comply with the State's process under the EO 12372.

## 5. Funding Restrictions

The following activities are not fundable:

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

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

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

Note: This grant meets the HHS definition of a training grant and the indirect cost rate is limited to 8%.

## 6. Other Submission Requirements

## V. Application Review Information

### 1. Criteria

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

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

- a. Project Relevance & Current Need
- b. Approach

- c. Budget
- d. Project Impact
- e. Organizational Capacity

**Project Relevance & Current Need**

**Maximum Points: 0**

NOT APPLICABLE

**Approach**

**Maximum Points: 70**

Using the values below for each required item in this criterion, the UCEDD application for supplemental funds will be evaluated according to the extent to which the applicant outlines a sound, workable and detailed plan of action pertaining to the measurable goals and objectives of NTI and the proposed approach; identifies activities in chronological order, with target dates for accomplishment, and clearly identifies the plan of action and delineates the roles and involvement of each of the proposed project's potential partners.

- Overall strategy, methodology, and analysis in a well-reasoned manner that will appropriately accomplish the specific goal for the project of creating a formal diversity fellowship experience that supports a trainee from a diverse background (as defined by AIDD). **(15 points)**
- A well-reasoned strategy for recruiting a trainee from a diverse background. **(15 points)**
- A complete description of a one-year plan for meeting the purpose of the NTI by outlining a projected measurable and attainable goal(s). Provides quantitative projections of the accomplishments to be achieved for each area. Provides chronological order of approach with target dates. **(15 points)**
- Describes a plan for knowledge sharing and transfer between the fellow and the UCEDD as well as the national network of UCEDDs. Describes an information dissemination plan that includes strategies for enhancing the overall diversity of the UCEDD network and the process for identifying and developing new and innovative approaches to promote cultural competence, through training, at all levels in the UCEDD Network. **(15 points)**
- Describes a sustainability plan for continuing the diversity fellowship past the project period **(10 points)**

**Budget**

**Maximum Points: 10**

Using the values below for each required item in this criterion, the UCEDD application for supplemental funds will be evaluated according to the extent to which the applicant provides a budget with line-items and detailed calculations for each budget objective, identified on the “Budget Information” form; detailed calculations that include estimation methods, quantities, unit costs, and other similar quantitative detail sufficient for the calculation to be duplicated; a breakout by the funding sources identified in Block 18 of the SF-424; a narrative budget justification that describes how the categorical costs are derived; and a discussion of the necessity, reasonableness, and allocability of the proposed costs.

- Provides a narrative budget justification that describes how the categorical costs are derived and discusses the necessity, reasonableness, and allocability of the proposed costs in relation to the operation of the diversity fellowship program. **(10 points)**

### **Project Impact**

**Maximum Points: 20**

Using the values below for each required item in this criterion, the UCEDD application for supplemental funds will be evaluated according to the extent to which the applicant provides a narrative outlining how the NTI results will be evaluated; states methods for measuring the extent to which project goals have been achieved; discusses the criteria to be used to evaluate results; explains the methodology that will be used to determine if the needs identified and discussed are being met and if the project results and benefits are being achieved; with respect to the conduct of the project, defines the procedures to be employed to determine whether the project is being conducted in a manner consistent with the work plan presented; and discusses the impact of the project’s various activities on the effectiveness of the projects.

- Explains the methodology that will be employed to report outcomes and results. The methodology should include use of quantitative and qualitative techniques to determine if the needs identified and discussed are being met and if the results and benefits are being achieved. **(10 points)**
- Describes an ongoing monitoring activity that is structured to gain information that is quantifiable and that permits objective rather than subjective judgments. **10 points)**

### **Organizational Capacity**

**Maximum Points: 0**

NOT APPLICABLE

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

**The grant applications will undergo a rigorous review process that follows the requirements of Section 154(c) of the DD Act of 2000.** This shall include the following:

(1) *Peer Review.* All applications submitted shall undergo a technical and qualitative review by federal peer review groups. Each peer review group will be comprised of approximately three federal reviewers and shall include individuals with disabilities.

(2) *Recommendation for Funding.* The peer review group will make a recommendation for funding an application.

**AIDD may approve an application only if the application has been recommended by the peer review group; unless the requirement for such review and recommendation has been waived by the Secretary of HHS [see Section 154(c)].**

AIDD may consider other factors or elements, other than the evaluation criteria, such as past performance, ability of the applicant to meet the purpose of the DD Act of 2000, and geographical dispersion and diversity, in reviewing and selecting applications.

Successful applicants will be judged on their ability to demonstrate the capacity or the development of the capacity to meet the purpose of the DD Act of 2000. Based on the Application Review Criteria as outlined under section V.1, the reviewers will comment on and score the applications, focusing their comments and scoring decisions on the identified criteria.

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

### 3. Anticipated Announcement Award Date

## VI. Award Administration Information

### VI. Award Administration Information

#### 1. Award Notices

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

#### 2. Administrative and National Policy Requirements

The award is subject to DHHS Administrative Requirements, which can be found in 45CFR Part 75 and the Standard Terms and Conditions, included in the Notice of Award as well as implemented through the HHS Grants Policy Statement.

A standard term and condition of award will be included in the final notice of award; all applicants will be subject to a term and condition that applies to the terms of 48 CFR section 3.908 to the award, and requires the grantees inform their employee in writing of employee whistleblower rights and protections under 41

U.S.C. 4712 in the predominant native language of the workforce.

### 3. Reporting

Grantees will be required to include annual performance progress reports for the NTI as part of the UCEDD annual report. Financial reports are submitted semi-annually throughout the project period as part of the UCEDD core grant financial status report.

### 4. FFATA and FSRS Reporting

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

For further guidance please see the following link:

[http://www.acl.gov/Funding\\_Opportunities/Grantee\\_Info/FFATA.aspx](http://www.acl.gov/Funding_Opportunities/Grantee_Info/FFATA.aspx)

## VII. Agency Contacts

### Project Officer:

U.S. Department of Health and Human Services

Administration for Community Living

Pamela O'Brien

Administration on Intellectual and Developmental Disabilities

Phone Number: (202) 357-3487

E-mail: [Pamela.O'Brien@acl.hhs.gov](mailto:Pamela.O'Brien@acl.hhs.gov)

### Grants Management Specialist:

U.S. Department of Health and Human Services

Administration for Community Living

LaDeva Harris

ACLOffice of Grants Management

Phone Number: (202) 357-3437

E-mail: [LaDeva.Harris@acl.hhs.gov](mailto:LaDeva.Harris@acl.hhs.gov)

## VIII. Other Information

### 1. Application Elements

a. SF 424, required – Application for Federal Assistance (See “Instructions for Completing Required Forms” for assistance).

b. SF 424A, required – Budget Information. (See Attachment A for Instructions; See “Standard Form 424A – Sample Format” for an example of a completed SF 424A).

c. Separate Budget Narrative/Justification, required (See “Budget Narrative/Justification - Sample Format” for examples and “Budget Narrative/Justification – Sample Template.”)

NOTE: Applicants requesting funding for multi-year grant projects are REQUIRED to provide a

Narrative/Justification for each year of potential grant funding, as well as a combined multi-year detailed Budget Narrative/Justification.

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

e. Lobbying Certification, required

f. Proof of non-profit status, if applicable

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

h. Project Narrative with Work Plan, required (See “Project Work Plan – Sample Template” for a formatting suggestions).

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

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

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

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The project description and Budget Narrative/Justification is approved under OMB control number 0985-0018 which expires on 3/12/17. Public reporting burden for this collection of information is estimated to average 10 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed and reviewing the collection information.

### Instructions for Completing Required Forms

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

#### a. Standard Form 424

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

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

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

- New
- Continuation
- Revision

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

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

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

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

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

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

**8. Applicant Information:** Enter the following in accordance with agency instructions:

**a. Legal Name:** (REQUIRED): Enter the name that the organization has registered with the System for Award Management (SAM), formally the Central Contractor Registry. Information on registering with SAM may be obtained by visiting the Grants.gov website (<http://www.grants.gov>) or by going directly to the SAM website ([www.sam.gov](http://www.sam.gov)).

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

**c. Organizational DUNS:** (REQUIRED) Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained by visiting the Grants.gov website (<http://www.grants.gov>). Your DUNS number can be verified at <http://fedgov.dnb.com/webform/>.

**d. Address:** (REQUIRED) Enter the complete address including the county.

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

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

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

A. State Government B. County Government C. City or Township Government D. Special District Government E. Regional Organization F. U.S. Territory or Possession G. Independent School District H. Public/State Controlled Institution of Higher Education I. Indian/Native American Tribal Government (Federally Recognized) J. Indian/Native American Tribal Government (Other than Federally Recognized) K. Indian/Native American Tribally Designated Organization L. Public/Indian Housing Authority M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education) N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education) O. Private Institution of Higher Education P. Individual Q. For-Profit Organization (Other than Small Business) R. Small Business S. Hispanic-serving Institution T. Historically Black Colleges and Universities (HBCUs) U. Tribally Controlled Colleges and Universities (TCCUs) V. Alaska Native and Native Hawaiian Serving Institutions W. Non-domestic (non-US) Entity X. Other (specify)

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

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

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

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

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

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

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

<http://www.house.gov/>

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

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

**NOTE:** Applicants should review cost sharing or matching principles contained in Subpart C of 45 CFR Part 74 or 45 CFR Part 92 before completing Item 18 and the Budget Information Sections A, B and C noted below.

All budget information entered under item 18 should cover the total project period. For sub-item 18a, enter the Federal funds being requested. Sub-items 18b-18e is considered matching funds. The dollar amounts entered in sub-items 18b-18f must total at least 1/3rd of the amount of Federal funds being requested (the amount in 18a). For a full explanation of ACL's match requirements, see the information in the box below. For sub-item 18f (program income), enter only the amount, if any, that is going to be used as part of the required match. Program Income submitted as match will become a part of the award match and recipients will be held accountable to meet their share of project expenses even if program income is not generated during the award period.

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

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

**with the application. Further, if any sub-contractors or sub-grantees are requesting indirect costs, a copy of the latest approved indirect cost agreements must also be included with the application, or reference to an approved cost allocation plan.**

### **ACL's Match Requirement**

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

$$\frac{\text{Federal Funds Requested} * \text{Match Percentage}}{\text{Inverse Match Percentage}} = \text{Minimum Match Requirement}$$

#### **Examples of varying match levels:**

1)  $\frac{\$100,000 \text{ (federal funds requested)} * 5\% \text{ (match)}}{95\%} = \$5,263$

95%

2)  $\frac{\$100,000 * 25\% \text{ (match)}}{75\%} = \$33,333$

75%

3)  $\frac{\$100,000 * 35\% \text{ (match)}}{65\%} = \$53,846$

65%

4)  $\frac{\$100,000 * 45\% \text{ (match)}}{55\%} = \$81,818$

55%

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

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

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

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

**Standard Form 424A**

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

### **Section A - Budget Summary**

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

### **Section B Budget Categories**

Column 1: Enter the breakdown of how you plan to use the Federal funds being requested by object class category (see instructions for each object class category in Attachment C).

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

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

### **Section C – Non Federal Resources**

Column A: Enter the federal grant program.

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

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

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

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

### **Section D –Forecasted Cash Needs**

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

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

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

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

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

Column A: Enter the federal grant program

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

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

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

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

## Section F – Other Budget Information

**Line 21:** Enter the total Indirect Charges

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

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

### Separate Budget Narrative/Justification Requirement

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

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

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

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

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

**In the Justification:** If the total fringe benefit rate exceeds 35% of Personnel costs, provide a breakdown of amounts and percentages that comprise fringe benefit costs, such as health insurance, FICA, retirement, etc. A percentage of 35% or less does not require a break down but you must show the percentage charged for each full/part time employee.

Line 6c: **Travel:** Enter total costs of all travel (local and non-local) for staff on the project. NEW: Local travel is considered under this cost item not under Other. Local transportation (all travel which does not require per diem is considered local travel). Do not enter costs for consultant's travel - this should be included in line 6h.

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

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

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

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

**In the Justification:** . For any grant award that has supply costs in excess of 5% of total direct costs (Federal or Non-Federal), you must provide a detailed break down of the supply items (e.g., 6% of \$100,000 = \$6,000 – breakdown of supplies needed). If the 5% is applied against \$1 million total direct costs (5% x \$1,000,000 = \$50,000) a detailed breakdown of supplies is not needed. Please note: any supply costs of \$5,000 or less regardless of total direct costs does not require a detailed budget breakdown (e.g., 5% x \$100,000 = \$5,000 – no breakdown needed).

Line 6f: **Contractual:** Regardless of the dollar value of any contract, you must follow your established policies and procedures for procurements and meet the minimum standards established in the Code of Federal Regulations (CFR's) mentioned below. Enter the total costs of all contracts, including (1) procurement contracts (except those which belong on other lines such as equipment, supplies, etc.). Note: The 33% provision has been removed and line item budget detail is not required as long as you meet the established procurement standards. Also include any awards to organizations for the provision of technical assistance. Do not include payments to individuals on this line. Please be advised: A subrecipient is involved in financial assistance activities by receiving a sub-award and a subcontractor is involved in procurement activities by receiving a sub-contract. Through the recipient, a subrecipient performs work to accomplish the public purpose authorized by law. Generally speaking, a sub-contractor does not seek to accomplish a public benefit and does not perform substantive work on the project. It is merely a vendor providing goods or services to directly benefit the recipient, for example procuring landscaping or janitorial services. In either case, you are encouraged to clearly describe the type of work that will be accomplished and type of relationship with the lower tiered entity whether it be labeled as a subaward or subcontract.

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

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

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

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

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

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

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

Line 6j: **Indirect Charges:** Enter the total amount of indirect charges (costs), if any. If

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

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

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

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

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

### **d. Certification Regarding Lobbying (required)**

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

### **Proof of Non-Profit Status (as applicable)**

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

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

**Indirect Cost Agreement**

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

**Standard Form 424A - Sample Format**

OMB Approval No. 0348-0044 BUDGET INFORMATION--Non-Construction Programs						
SECTION A-BUDGET SUMMARY						
Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
Lifespan Respite	93.048			340,294	113,433	453,727
2.						
3.						
4.						
5.				340,294	113,433	453,727
<b>TOTALS</b>						
SECTION B-BUDGET CATEGORIES						
6. Object Class Categories	Grant Program, Function, or Activity				Total (5)	
	(1) Year 1	(2) Year 2	(3) Year 3	(4)		
a. Personnel	71,254	30,000	35,000		136,254	
b. Fringe Benefits	26,114	15,000	20,000		61,114	
c. Travel	7,647	5,000	5,000		17,647	
d. Equipment	10,000	0	0		10,000	
e. Supplies	9,460	2,500	1,000		12,960	
f. Contractual	30,171	0	0		30,171	
g. Construction	0	0	0			
h. Other	11,480	55,833	47,334		114,647	
i. Total Direct Charges (Sum 6a-h)	166,126	108,333	108,334		382,793	

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BUDGET INFORMATION--Non-Construction Programs

j. Indirect Charges @	20,934	25,000	25,000		70,934
TOTALS (Sum 6i and j)	187,060	133,333	133,334		453,727
7. Program Income	None				

SECTION C-NON-FEDERAL RESOURCES

(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8. Lifespan Respite	80,866	32,547		113,433
9.				
10.				
11.				
12. TOTALS (Sum of lines 8 and 11)	80,866	32,547		113,433

SECTION D-FORECASTED CASH NEEDS

13. Federal	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
	140,294	20,000	50,000	20,000	50,294
	46,766	12,000	10,000	9,000	15,766
TOTAL (Sum of lines 13 and 14)					

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

(a) Grant Program	Future Funding Periods (Years)			
	(b) First	(c) Second	(d)	(e)
Life Span Respite	100,000	100,000		
17.				
18.				
19.				
20. TOTALS (Sum of lines 16-19)				

SECTION F-OTHER BUDGET INFORMATION

21. Direct Charges	22. Indirect Charges
23. Remarks	

**Budget Narrative/Justification - Sample Format**

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

<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>
Personnel	\$47,700	\$23,554	\$0	\$71,254	<p><b>Federal</b>                      Project Director (name) = .5 FTE @ \$95,401/yr = \$47,700</p> <p><b>Non-Fed Cash</b>                      Officer Manager (name) = .5FTE @ \$47,108/yr = <u>\$23,554</u></p> <p><b>Total</b>                      71,254</p>
Fringe Benefits	\$17,482	\$8,632	\$0	\$26,114	<p><b>Federal</b>                      Fringe on Project Director at 36.65% = \$17,482                      FICA (7.65%)                      Health (25%)                      Dental (2%)                      Life (1%)                      Unemployment (1%)</p> <p><b>Non-Fed Cash</b>                      Fringe on Office Manager at 36.65% = \$8,632                      FICA (7.65%)                      Health (25%)                      Dental (2%)                      Life (1%)                      Unemployment (1%)</p>
Travel	\$4,707	\$2,940	\$0	\$7,647	<p><b>Federal</b>                      Local travel: 6 TA site visits for 1 person                      Mileage: 6RT @ .585 x 700 miles                      \$2,457                      Lodging: 15 days @ \$110/day                      \$1,650                      Per Diem: 15 days @ \$40/day                      \$600</p> <p><b>Total</b>                      \$4,707</p> <p><b>Non-Fed Cash</b></p>

					Travel to National Conference in (Destination) for 3 people Airfare 1 RT x 3 staff @ \$500 \$1,500 Lodging: 3 days x 3 staff @ \$120/day \$1,080 Per Diem: 3 days x 3 staff @ \$40/day <u>\$360</u> Total \$2,940
Equipment	\$10,000	\$0	\$0	\$10,000	No Equipment requested OR: Call Center Equipment Installation = \$5,000 Phones = <u>\$5,000</u> Total \$10,000
Supplies	\$3,700	\$5,670	\$0	\$9,460	<b>Federal</b> 2 desks @ \$1,500 \$3,000 2 chairs @ \$300 \$600 2 cabinets @ \$200 \$400 <b>Non-Fed Cash</b> 2 Laptop computers \$3,000 Printer cartridges @ \$50/month \$300 Consumable supplies (pens, paper, clips etc...) @ \$180/month <u>\$2,160</u> Total \$9,460
Contractual	\$30,171	\$0	\$0	\$30,171	(organization name, purpose of contract and estimated dollar amount) Contract with AAA to provide respite services: 11 care givers @ \$1,682 = \$18,502 Volunteer Coordinator = <u>\$11,669</u> Total \$30,171  <i>If contract details are unknown due to  contract yet to be made provide same  information listed above and:</i> A detailed evaluation plan and budget

					will be submitted by (date), when contract is made.
Other	\$5,600	\$0	\$5,880	\$11,480	<b>Federal</b> 2 consultants @ \$100/hr for 24.5 hours each = \$4,900 Printing 10,000 Brochures @ \$.05 = \$500 Local conference registration fee (name conference) = <u>\$200</u> Total \$5,600 <b>In-Kind Volunteers</b> 15 volunteers @ \$8/hr for 49 hours = \$5,880
Indirect Charges	\$20,934	\$0	\$0	\$20,934	21.5% of salaries and fringe = \$20,934 IDC rate is attached.
<b>TOTAL</b>	<b>\$140,294</b>	<b>\$40,866</b>	<b>\$5,880</b>	<b>\$187,060</b>	

**Budget Narrative/Justification - Sample Template**

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

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

**Project Work Plan - Sample Template**

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

Goal:

Measurable Outcome(s):

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

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



services. Anticipated **outcomes** include: 1) families and caregivers of all ages and disabilities will have greater options for choosing a respite provider; 2) providers will demonstrate increased ability to provide specialized respite care; 3) families will have streamlined access to information and satisfaction with respite services; 4) respite care will be provided using a variety of existing funding sources and 5) a sustainability plan will be developed to support the project in the future. The expected **products** are marketing and outreach materials, caregiver training, respite worker training, a Respite Online searchable database, two new Caregiver Resource Centers (CRC), an annual Respite Summit, a respite voucher program and 24/7 telephone information and referral services.