DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)
Administration on Aging (AoA)

FY 2003 Program Announcement and Application Instructions (AoA-03-04)

I. BACKGROUND AND PRIORITY AREA DESCRIPTION

A. Background

1. **Summary.** The Administration on Aging announced in the Federal Register of April 2003 that it will hold a competition for a cooperative agreement grant award for a National Consumer Protection Technical Resource center to provide advice, guidance, and assistance to Senior Medicare Patrol (SMP) projects and enhance their overall capacity to achieve program objectives. Applicants must demonstrate experience and understanding of SMP project activities and have the ability to replicate nationally SMP best practices for reducing or recouping improper payments from the Medicare trust fund. The award is a cooperative agreement because the AoA will be substantially involved in the development and execution of the activities of the grantee.

2. **Statutory Authority.** The statutory authority for a cooperative agreement award to a National Consumer Protection Technical Resource Center is contained in the Health Insurance Portability and Accountability Act of 1996, Title IV of the Older Americans Act, (42 U.S.C. 3001 et seq.), as amended by the Older Americans Act Amendments of 2000 (P.L. 106-501).

3. **Application Due Date.** The deadline date for the submission of applications under this program announcement is [45 days after publication in the Federal Register].

4. **Project Funding, Duration and Match**. AoA plans to fund **one** cooperative agreement at a federal share of approximately $450,000 per year for a project period of three years contingent on the availability of federal funds. Grantees are required to cover at least 25% of the total program costs from non-federal cash or in-kind resources - see instructions on AoA match requirement in Section III.A.

5. **Eligible Applicants.** Public and/or nonprofit agencies and organizations, including faith-based organizations, community-based organizations, and federally recognized tribes are eligible to apply under this program announcement.

6. **Priority Target Populations and Organizations.** Applicants must involve community-based organizations, particularly community organizations that serve limited-English proficiency persons in ethnically diverse communities, in the planning and implementation of their project. Applicants must also include disadvantaged populations, including limited-English speaking populations, as a target population for their proposed intervention.

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7. **For Further Information**. Contact: Barbara Lewis, U.S. Department of Health and Human Services, Administration on Aging, Washington, DC 20201, telephone: (202) 357-3532, e-mail: "Barbara.Lewis @aoa.gov"

A. Priority Area Description

The DHHS Office of Inspector General estimates that Medicare loses more than $12 billion each year due to errors, fraud, and abuse. These losses are due, to a considerable extent, to the many ways in which the funds are dispersed as well as to the sheer magnitude of health care expenditures. Both factors increase the probability of errors while opening wider opportunities for fraud and abuse. While the vast majority of health care providers are honest, those operating unscrupulously in this arena, intent on obtaining vital health care dollars illegally, have done so based on the perception that the risks of detection have lessened over the years.

Beginning in 1997, the AoA established twelve local demonstration projects designed to recruit and train retired professionals, such as doctors, nurses, teachers, lawyers, accountants, and others to identify and report error, fraud and abuse. Implemented through the Omnibus Consolidated Appropriation Act of 1997 (Public Law. 104-208), Senate Report 104-368 noted that senior citizens are our best front line defense against these losses, but they often don't have the information and experience needed to recognize and accurately report cases of error, fraud, and abuse.

The Report further noted that thousands of retired accountants, health professionals, investigators, teachers, and others ... with appropriate training could serve as volunteer expert resources and educators for seniors in their communities. Accordingly, these projects have worked to test different models designed to train retirees in local communities to serve as both volunteer resources and educators for other Medicare beneficiaries, and to build and strengthen community coalitions of older Americans and service providers. Currently there are projects in 45 states, the District of Columbia and Puerto Rico.

In August, 2000 the Administration on Aging (AoA) announced the award of four "National Consumer Protection Technical Assistance Resource Center Grants" to disseminate educational materials and replicate best practice strategies for promoting consumer awareness regarding error, fraud, and abuse in Medicare and Medicaid. The following list details the foci of the centers:

New York State Office for the Aging -- Partnership strategies to involve health care providers, family caregivers, and state and local government agencies in outreach and education activities related to Medicare and Medicaid error, fraud and abuse.

Florida Department of Elder Affairs -- Outreach and education to minority and non-English-speaking individuals.

Virginia Department for the Aging-- Outreach and education to rural and geographically isolated individuals.

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Puerto Rico -- Governor's Office of Elderly Affairs -- Innovative projects designed to educate rural and isolated non-English-speaking individuals. The information on best practice strategies and material feeds into the work of the Florida and Virginia resource centers.

In FY 2003 to streamline communications with SMP projects and the AoA **on**e National Consumer Protection Technical Resource center will be funded to provide advice, guidance, and technical assistance to all funded SMP projects that will enhance the overall capacity of the program to curb losses due to health care error, fraud, and abuse. Applicants must **demonstrate** experience and understanding of the AoA, SMP project activities and recouping improper payments made from the Medicare trust fund. The applicant must also demonstrate the ability to coherently replicate and disseminate SMP best practices on a national scale.

Finally, applicants must demonstrate how SMP program goals will be achieved through use of partnership strategies for involving health care providers, family caregivers, and state and governmental agencies, particularly community organizations that serve limited English proficiency persons in ethnically diverse communities, in outreach and educational activities. Activities should target two or more of the below priority areas:

- Practices which create dual Medicare/Medicaid billings and or involve individuals enrolled in managed care plans;

- Outreach and education to beneficiaries with limited English proficiency through partnerships with community-based organizations in ethnically diverse communities; and

- Outreach and education to rural or isolated seniors**.**

The applicant should provide a detailed work plan for the management and operation of the technical assistance resource center, which includes:
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- Identifying the needs and barriers associated with the priority area;

- Demonstrating a unique capacity to develop and provide outreach strategies which are specifically designed to identify and assist vulnerable beneficiaries in the priority area and disseminating nationally those outreach strategies determined to be effective to the audience concerned with health care error, fraud, and abuse;

- Developing a strategy for partnering with others in carrying out these activities and strategies;

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- Identifying a specific strategy for collecting and disseminating information and technical assistance in the priority area; and

- Developing collaborative efforts to improve services and follow-up assistance with the "Senior Medicare Patrol Projects, " the AoA, our partners, and beneficiaries.

Applicants are advised to pay particular consideration in designing their projects to:

- The firmness of the collaborative agreements between participating organizations which spell out the clear commitments and responsibilities of all key parties;

- Their unique capacity to produce measurable outcomes and to document and track referrals and other performance indicators; and

- The cost-effectiveness of their approach to the problems.

The application should also include a plan for training that includes such components as:

1) Project and training goals and objectives; 2) background information regarding benefits, care, and services available under the Medicare and Medicaid programs, e.g., an understanding of the Explanation of Medical Benefits Statement and Medicare Summary Notice; 3) an understanding of the magnitude of error, fraud, and abuse in the Medicare and Medicaid programs; 3) an understanding of current federal and state anti-fraud, error, and abuse provisions; 4) a general overview of state systems for investigating errors, fraud, and abuse; and 5) what is needed to detect, document and report possible errors, fraud, and abuse leading to appropriate investigations and further action.

II. INSTRUCTIONS FOR COMPLETING THE PROJECT NARRATIVE

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 The Health Insurance Portability Act of 1996.

A. Standard Components

The Project Narrative should provide a **clear and concise** description of your project. AoA recommends that your project narrative include the following components:

1. **Abstract.** This section should include a brief - **no more than 150 words max** - description of the proposed project, including: the goal, the list of objectives and the products to be developed. Please include the answers to What, When, Where, Why, and How in your abstract. Detailed instructions for completing the abstract are

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included in the appendix of this document. (Suggested Length – not to exceed 150 words.)

2. **<u>Problem Statement.</u>** 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 the elderly population and/or their caregivers (including specific subgroups within those populations), and possibly the health care and social services systems (e.g., the use of health care and/or nursing home services.) (Suggested Length and Format: two to four paragraphs.)

3. **<u>Goal(s) and Objectives.</u>** This section should consist of a description of the project's goal(s) and major objectives. NOTE: Unless the project involves multiple, complex interventions, we recommend you have only one overall goal. (Suggested Length and Format: Preferably, include this information in the attached project work plan grid; alternatively, use a bulleted format or describe in one paragraph.)

4. **<u>Proposed Intervention.</u>** This section should provide a clear and concise description of the intervention you are proposing to use to address the problem described in section 2. You should also describe the rationale for using the particular intervention, including factors such as: "lessons learned" for similar projects previously tested in your community, or in other areas of the country; factors in the larger environment that have created the "right conditions" for the intervention (e.g., existing social, economic or political factors that you'll be able to take advantage of, etc.). Also note any major barriers you anticipate encountering, and how your project will be able to overcome those barriers. Be sure to describe the role and makeup of any strategic partnerships you plan to involve in implementing the intervention, including other organizations, funders, and/or consumer groups. (Suggested Length and Format: Four to six paragraphs.)

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

6. **<u>Outcome(s)</u>**. This section of the project narrative must clearly identify the <u>measurable</u> outcome(s) that will result from the project. (NOTE: AoA will not fund any project that does not include measurable outcomes - see the section below for a definition of a measurable outcome.). 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.) (Suggested Length and Format: For your measurable outcomes: preferably list them in the attached work plan grid; alternatively, present them in bullet format; if presented in narrative format – one paragraph. For the description of how the project might benefit the field at large: use one to three paragraphs.)

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NOTE: You should keep the focus on this section on describing <u>what</u> outcome(s) will be produced by the project. You should use the Evaluation section noted below to described <u>how</u> the outcome(s) will be measured and reported.

Examples of outcomes include a change in a client's financial, health and/or functional status, mental well-being, knowledge, skill, attitude, awareness or behavior. Other examples include a change in the degree to which consumers exercise choice over the types of services they receive, or the degree to which consumers are satisfied with the way a service is delivered. Additional examples include: a change in the cost-efficiency and/or cost-effectiveness of a service delivery system; a new model of support or care that can be replicated in the aging network; or, new knowledge that can contribute to the field of aging.

NOTE: Your application will be scored on the clarity and nature of your proposed outcome(s), NOT on the number of outcomes you cite. 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.

6. **<u>Project Management</u>**. 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 AoA. It should also describe the approach that will be used to monitor and track progress on the project's tasks and objectives. (Suggested Length and Format: Three paragraphs.)

7. **<u>Evaluation</u>**. 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. (Suggested Length and Format: Five to eight paragraphs.)

8. **<u>Dissemination.</u>**   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. (Suggested Length – three to five paragraphs.)

9. **<u>Work Plan</u>**. 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 the timeframes involved (including start- and end-dates),

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and the lead person responsible for completing the task. A Sample Work Plan format for your use is included in the Attachments.   (Suggested Length and Format: use the sample grid; alternatively, not more than two pages preferably presented in bulleted **format.)**

10. **Organizational Capability Statement and Vitae for Key Project Personnel.** 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. 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. Include 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.

11. **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.

B. 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. You can use smaller font sizes to fill in the Standard Forms and Sample Formats. The suggested length for the Project Narrative is ten to twenty pages; twenty pages is the maximum length allowed. AoA will not accept applications with a Project Narrative that exceeds 20 pages, excluding the Project Work Plan. NOTE: The Project Work Plan, Letters of Cooperation, and Vitae of Key Personnel are not counted as part of the Project Narrative for purposes of the 20-page limit, but all of the other sections noted above are included in the limit, including Sections, 1 through 8, and Section 10 except for the Vitae.

III. 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 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. 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

Item 10. Enter – 93.048

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 AoA 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

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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 $1/3^{rd}$ of the amount of federal funds being requested (the amount in 15a). For a full explanation of AoA's match requirements, see the information in the box below. For sub-item 15f, enter only the amount, if any, that is going to be used as part of the required match.

There are three types of match: 1.) non-federal cash; 2.) non-federal non-cash (i.e., in-kind); and program income. 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 consider <u>cash matching funds</u>. Generally, most contributions from third parties will be non-cash (i.e., in-kind) matching funds. Examples of <u>non-cash (in-kind) match</u> include: volunteered time and use of facilities to hold meetings or conduct project activities. A third form of non-federal match is projected <u>program income</u> derived from activities of the project such as participant fees and sale of publications. <u>Only program income that is to be used as part of the required match should be shown on Line 15.</u>

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AOA's Match Requirement

Under this and other OAA programs, AoA will fund no more than 75 % of the project's total cost, which means the applicant must cover at least 25% of the project's total cost with non-federal resources. In other words, for every three (3) dollars received in federal funding, the applicant must contribute at least one (1) dollar in non-federal resources toward the project's total cost (i.e., the amount on line 15g.). This "three-to-one" ratio is reflected in the following formula which you can use to calculate your minimum required match:

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

For example, if you request $100,000 in federal funds, then your <u>minimum</u> match requirement is $100,000/3 or $33,333.

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

If the required non-federal share is not met by a funded project, AoA will disallow any unmatched federal dollars.

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.

<u>Item 16</u>.   Check b. No - Program is not covered by E.O. 12372

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

<u>Item 18</u>. 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 grantee'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 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.

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.

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

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

Line 6f: <u>Contractual</u>: 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. <u>In the
        Justification</u>: 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: <u>Construction</u>: Leave blank since construction is not an allowable cost under this
        AoA program.

Line 6h: <u>Other</u>: 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; <u>local</u>
        transportation (all travel which does not require per diem is considered local
        travel); postage; space and equipment rentals/lease; printing and publication;

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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

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: NOTE: Leave this line blank. Section E is relevant only for **multi-year** grant applications, where the project period is 24 months or longer. This section does not apply to grant awards where the project period is less than 17 months.

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<u>Section F - Other Budget Information</u>

Line 22:   <u>Indirect Charges</u>: 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:   <u>Remarks</u>: 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. Please note that a duly authorized representative of the applicant organization must certify that the organization is in compliance with these assurances.

D. Standard Form CD-511 – 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.

IV. APPLICATION SCREENING CRITERIA

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

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

1. Applications must be postmarked by midnight, [insert date], or hand-delivered by 5:30 p.m. Eastern Time, on [insert date], or submitted electically by midnight, [insert date].

    Electronic submissions must be sent to: http://www.aoa.gov/egrants. NOTE: For electronic submissions, the required signature form must be postmarked by midnight, [insert date], or hand-delivered by 5:30 p.m., Eastern Time, on [insert date].

    One original and two copies of paper submissions may be mailed or hand delivered to the following address. Acknowledgement cards will be mailed.

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Department of Health and Human Services
Administration on Aging
Grants Management Division (AoA-03-04)
Washington, DC   20201
Attention: Margaret A. Tolson

2. The Project Narrative section of the application must **not** exceed 20 pages.
    NOTE: The Project Work Plan, Letters of Cooperation, and Vitae of Key Project
    Personnel **are not counted** as part of the Project Narrative for purposes of the 20-
    page limit. The components counted as part of the 20 page limit include:

    - ❑ Abstract
    - ❑ Problem Statement
    - ❑ Goal(s) and Objective(s)
    - ❑ Proposed Intervention
    - ❑ Special Target Populations and Organizations
    - ❑ Outcomes
    - ❑ Project Management
    - ❑ Evaluation
    - ❑ Dissemination
    - ❑ Organizational Capability

V. APPLICATION REVIEW PROCESS AND EVALUATION CRITERIA

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 other than AoA. Based on the specific programmatic
considerations set forth above in the priority area, 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 four criteria:

1. <u>Purpose and Need for Assistance</u>   <u>Weight: 20 points</u>

    a. Does the proposed project clearly and adequately respond to the priority
        area, as described in Part 1 of this Program Announcement? (10 points).

    b. Does the application adequately and appropriately describe and document
        the key problem(s)/condition(s) relevant to health care fraud? Is the
        proposed project justified in terms of nationally replicating SMP best
        practices to curb health care fraud, error and abuse? (10 points)

2. <u>Approach, Work Plan and Activities</u>   <u>Weight: 30 points</u>

   a. Is the technical assistance to be provided clearly defined? Does it reflect a coherent approach for successfully providing advice, guidance and technical assistance to SMP projects and for enhancing overall capacity of the program to achieve its stated purpose? Does the proposal take into account barriers and opportunities that exist in the larger environment that may impact on the resource center's success? Does the methodology optimize the use of potential partnerships with other organizations and/or consumer groups, as appropriate? (10 points)

   b. Is the project work plan clear and comprehensive? Does it include sensible and feasible timeframes for the accomplishment of tasks presented? Does the work plan include specific objectives and tasks that are linked to measurable outcomes? Does the proposal include a clear and coherent management plan? Are the roles and responsibilities of project staff, consultants and partners clearly defined and linked to specific objectives and tasks? Are the qualifications of the project staff, consultants and/or partners, and the proposed level of effort, adequate to carryout the project? (10 points)

   c. Does the application describe how local community-based organizations will be involved in a meaningful way in the planning and implementation of the proposed project? Does the proposed include disadvantaged populations, including limited-English speaking populations in its target population? (10 points)

3. <u>Project Outcomes, Evaluation and Dissemination</u>   <u>Weight: 30 points</u>

   a. Are the expected project benefits/results clear, realistic, and consistent with the objectives and purpose of the project? Are the anticipated outcomes of the proposed project likely to be achieved and will they significantly benefit the populations affected by the intervention, and the field of aging as a whole? Are the proposed outcomes quantifiable and measurable, consistent with the definition of a project outcome contained in Section II of the Program Announcement? (10 points)

   b. Does the project evaluation reflect a thoughtful and well-designed approach that will be able to successfully measure whether or not the project has achieved its proposed outcome(s)? Does the plan include the qualitative and/or quantitative methods necessary to reliably measure outcomes? Is the evaluation also designed to capture "lessons learned" from the overall effort that might be of use to others in the field of aging, especially those who might be interested in replicating the project? (10 points)

   c. Will the dissemination plan get relevant and easy to use information in a timely manner to parties that might be interested in making use of its findings, particularly to those who might want to replicate the project?   (10 points)

4. Level of Effort: Weight: 20 points

   a. Do the proposed project director(s), key staff and consultants have the background, experience, and other qualifications required to carry out their designated roles? Are letters from participating organizations included, as appropriate, and do they express the clear commitment and areas of responsibility of those organizations, consistent with the work plan description of their intended roles and contributions? (10 points)

   b. Is the budget justified with respect to the adequacy and reasonableness of resources requested? Is the time commitment of the proposed director and other key project personnel sufficient to assure proper direction, management and timely completion of the project? Are budget line items clearly delineated and consistent with work plan objectives? (10 points)

VI. SUBMISSION OPTIONS AND APPLICATION COMPONENTS

Applicants have the option of mailing, hand delivering, or electronically submitting their grant application.

If you elect to submit your application electronically, follow the instructions at: http://www.aoa.gov/egrants.

If you elect to mail or hand delivery your application, you must submit **one original application and two copies**, plus a completed application checklist to AoA. The Checklist is included the Attachments. To expedite the processing of applications, we request that you arrange the components of your application in the following order:

1. SF 424 Note: 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. SF CD-511.

6.   Proof of nonprofit status,

7. Copy of the applicant's most recent indirect cost agreement, as necessary.

8. Project Narrative with Work Plan (See Attachments for Sample Work Plan Format).

9. Organizational Capability Statement and Vitae for Key Project Personnel.
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10. Letters of Commitment From Key Partners.

11. Completed Application Package Checklist

Mail your application package to:
>   U.S. Department of Health and Human Services
>   Administration on Aging
>   Office of Grants Management
>   Washington, DC   20201
>   Attention: Margaret A. Tolson (AoA-03-04)

Hand-deliver your application package to:
>   U.S. Department of Health and Human Services
>   Administration on Aging
>   Office of Grants Management
>   One Massachusetts Avenue, NW, Room 4604
>   Washington, DC   20001
>   Attention: Margaret A. Tolson (AoA-03-04)

Electronic submission address: http://www.aoa.gov/egrants/

Doing Business with AoA

We have provided a number of resources to assist interested patrons in doing business electronically.

How to Obtain a D-U-N-S Number

Electronic Government or eGovernment is one of the Presidential Management Initiatives. The United States government is moving toward providing the public the ability to conduct all business with the government electronically.

All grant applicants are encouraged to obtain a **D-U-N-S number** from Dun and Bradstreet. This number will be a requirement if the applicant applies on-line. 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.

To obtain a number, please use this link:
http://www.dnb.com/US/duns_update/

FOR FURTHER INFORMATION CONTACT: U.S. Department of Health and Human Services, Administration on Aging, Office of Grants Management, Washington, D.C. 20001, telephone: (202) 357-3440.

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ATTACHMENTS

Attachment A:
Sample Budget Justification Format with Examples

Attachment B:
Sample Budget Justification Format

Attachment C:
Sample Work Plan Format

Attachment D:
Application Package Checklist

Attachment E:
Instructions for Completing the Abstract

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

Object Class Category	Federal Funds	Non-Federal Cash	Non-Federal In-Kind	TOTAL	Justification
Personnel	$40,000		$5,000	$45,000	Project Supervisor (name) = .3FTE @ $50,000/yr = $15,000 Project Director (name) = 1FTE @ $40,000 = $30,000
Fringe Benefits	$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

Travel	$3,000	0	$ 967	$3,967	Travel to Annual Grantee Meeting:
					  Airfare: 1 RT x 2 people x $750/RT = $1,500
					  Lodging: 3 nights x 2 people x $100/night = $ 600
					  Per Diem: 4 days x 2 people x $40/day = $ 320
					Out-of-Town Project Site Visits
					  Car mileage: 3 trips x 2 people x 350 miles /trip
					          x $ .365/mile = $ 767
					  Lodging: 3 trips x 2 people x 1 night/ trip x $50/night = $300
					  Per Diem: 3 trips x 2 people x 2days/trip x $40/day = $480

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

Object Class Category	Federal Funds	*Non-Federal Cash*	Non-Federal In-Kind	*TOTAL*	Justification
Equipment	0	0	0	0	No equipment requested
Supplies	$1,500		$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

Contractual	$200,000	$50,000	0	$250,000	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 = $50,000
					    personal care/companion provider = $50,000
					
					See detailed budget justification for each provider (and then provide it!)

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

Other	$10,000	$8,000	$19,800	$37,800	
					Local conference registration fee (name conference) = $ 200
					Printing brochures (50,000 @ $ .05 ea) = $ 2,500
					Video production = $19,800
					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
Indirect Charges	0	0	0	0	None
TOTAL	$265,700	$60,800	$27,767	$354,267	

75% of Total Cost

(Federal $)

25% of Total Cost

(Required Match)

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Attachment B: Budget Justification – Page 1 – Sample Format

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

Attachment B: Budget Justification – Page 2 – Sample Format

Object Class Category	Federal Funds	Non-Federal Cash	Non-Federal In-Kind	TOTAL	Justification
Supplies					
Contractual					
Other					
Indirect Charges					
TOTAL					

Attachment C: Project Work Plan, Page 1 – Sample Format

Goal:

Measurable Outcome(s):

Major Objectives	Key Tasks	Lead Person	Timeframe (Start and End Date by Month)											
1.											1.			
2.											2.			

Attachment C: 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.														

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Attachment C: 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 note 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 D:
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.

- ❑ SF CD-511. 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, including Abstract

- ❑ Completed Grant Application Package Checklist

- ❑ Receipt of Application Acknowledgement Card (Optional)

- ❑ Proof of non profit status

Attachment E
Instructions for Completing the Abstract

- All applications seeking a grant from the Administration on Aging must include an ABSTRACT.
  - Your abstract is a summary of the project that is being submitted for possible funding;
  - It will succinctly inform the researcher, the general public, or anyone interested in what your project is doing.
- Please write your abstract for presentation to the general public and others, in a manner that follows a logical order and is easy to understand.
  - Please limit the length to no more than 150 words in 12-15 sentences using TYPE-ARIEL, Font 12.
- The information must contain the *GOAL*, the list of *Objectives* and the *Products* to be developed.
- Please include the answers to *What, When, Where, How,* and *Why* in your abstract.
- Begin with a general statement containing the length of the proposed project/program in months or years and give the type of project this is, (e.g., a demonstration, a model project, a research project, an education project, or a training project).
- Then state the GOAL using broad and general terms.
- Next, make a list of the OBJECTIVES, i.e., more specific steps for attaining the GOAL. The objectives may include the anticipated results and the approach, and/or coalitions and partnerships.
- Finally, make a brief list of the major *Products* to be developed and disseminated.

SAMPLE ABSTRACT

This is a two year demonstration/research project by a national aging organization in eastern US that will impact on the health of a large number of diverse populations. The goal of this project is to reduce or eliminate health disparities among African American elders as compared with older White Americans. Activities will focus on five of the six health priority areas identified by the Surgeon General. They are: diabetes, cancer screening and management, cardiovascular disease, adult immunization levels and HIV/AIDS rates. Sites will be established in three cities, Baltimore, MD; Cleveland, OH; and Washington, D.C. Project objectives include: 1) convening community health coalitions; 2) conducting health improvement activities; and 3) conducting training and providing technical assistance to partners to facilitate actions that will reduce or eliminate health disparities. Anticipated results and products include the establishment of coalitions at each site committed to policies designed to reduce or eliminate health disparities; compilation and distribution of local health data and health improvement strategies; conduct of health improvement activities focused on physical activity and nutrition, health screening and immunization, and management of chronic disease.