

**Instructions for Preparing
Competitive Grant Applications
under the
Alzheimer's Disease Social Research Project**

**U.S. Administration on Aging
July 7, 2004**

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OVERVIEW

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration on Aging (AoA)

Center for Wellness and Community-Based Services

Program Name: Alzheimer's Disease Social Research Project

Announcement Type: New Competitive Grant

Funding Opportunity Number: AoA-04-07

CFDA Number: 93.048

Dates: The deadline date for submission of applications is August 31, 2004

Summary: The Administration on Aging (AoA) announced in the *Federal Register* on July 22, 2004 that it will hold a competition for a grant award for an *Alzheimer's Disease Social Research Project*. The full text of the announcement includes a description of the priority area and all the instructions necessary to prepare and submit a grant proposal to compete for this project award.

Statutory Authority: The statutory authority for grants under this program announcement is contained in 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).

Project Funding, Duration and Match: The AoA plans to fund one (1) project for approximately \$2,943,530 through this competition, for a project period of one year. Grantees are required to provide 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.B.

Eligibility: Public and/or nonprofit agencies and organizations, including faith-based organizations and community-based and organizations, and Federally recognized tribes are eligible to apply under this program announcement. To be eligible to compete the applicant must be designated by the Mayor of the municipality as officially representing a municipality with 1 million or more persons 60 years of age and older.

Priority Populations and Organizations: Priority will be given to applications that utilize and give discretion to Area Agencies on Aging and their nonprofit divisions in municipalities with aged populations (over the age of 60) of over 1,000,000, with preference given to the largest population. Applicants are encouraged to involve community-based organizations in the planning and implementation of their project. Applicants should include disadvantaged populations, including limited-English speaking populations, as a target population for their proposed intervention.

For Further Information: Contact: Lori Stalbaum, U.S. Department of Health and Human Services, Administration on Aging, Washington, DC 20201, telephone: (202) 357-3452, e-mail: Lori.Stalbaum@aoa.gov

FULL TEXT OF ANNOUNCEMENT

I. Funding Opportunity Description

1. Background

A. Summary.

The Administration on Aging announced in the *Federal Register* on July 22, 2004 that it will hold a competition for a grant award for an *Alzheimer's Disease Social Research Project*. This grant is to conduct social research into Alzheimer's disease care options, best practices and other Alzheimer's research priorities that include research into cause, cure, and care, as well as respite care, assisted living, the impact of intervention by social service agencies on persons with Alzheimer's disease, and related needs. The accompanying set of materials includes a description of the priority area and all the instructions necessary to prepare and submit a grant proposal to compete for this project award.

B. Statutory Authority.

The statutory authority for grants under this program announcement is contained in 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).

C. Priority Target Populations and Organizations.

Priority will be given to applications that utilize and give discretion to Area Agencies on Aging and their nonprofit divisions in municipalities with aged populations (over the age of 60) of over 1,000,000, with preference given to the largest population.

Applicants are encouraged to involve community-based organizations in the planning and implementation of their project. Applicants should include disadvantaged populations, including limited-English speaking populations, as a target population for their proposed intervention.

2. Priority Area Description

Under this priority area, the Administration on Aging is soliciting applications to conduct social research on the best practices and impact of social service agency intervention and care options for people with Alzheimer's disease and their caregivers, as well as, the cause, cure, and treatment of Alzheimer's disease. Care options include both home and community-based care such as respite and assisted living.

Alzheimer's disease and related disorders are common, care intensive, and costly. Therefore, these diseases present one of the greatest challenges to the health and economic security of millions of older Americans and their families. Alzheimer's disease, the most common cause of dementia among persons aged 65 and over, affects approximately 4.5 million Americans. If the

disease runs its course, each of these individuals will need full-time care. A large majority of these individuals receive care at home, while others are cared for in a variety of health care institutions. The annual cost of Alzheimer's disease is estimated to be \$100 billion per year, a financial burden that is carried primarily by the patient and his or her family. However, this illness also draws heavily upon Medicaid, Medicare, the Veteran Affairs Administration and various other state and local resources.

While the current impact of Alzheimer's disease on Americans is significant it will grow substantially if a cure or effective treatments are not found. The demographic trends have serious implications as to the number of individuals who may be affected by this disease in the future. The prevalence of Alzheimer's disease and other dementias rises sharply with age and our aging population is growing rapidly. Recent research estimates that 300,000 people aged 65 to 74 years are living with the disease. This figure jumps to 2.4 million for people aged 75 to 84 years. Currently, over 35 million individuals, or about 13 percent of the total population, are over the age of 65. The U.S. Census Bureau estimates that their numbers will increase to 70 million, or 20 percent of the population, by the year 2030. In addition, the number of individuals over the age of 85 is expected to double to 8.5 million by the year 2030 and quadruple by 2050. Research suggests that nearly half of this population has symptoms of Alzheimer's disease. The implications are ominous.

Spouses and other family members, friends and neighbors assume the major burden of caregiving by providing care at home. In today's world, with husbands and wives working, multi-generational families, single parent households, and great geographic distances between family members, the shortage of caregivers is not surprising and will be exacerbated in future years. To add to these care challenges, many people with Alzheimer's disease live alone. When the disease progresses to the point where living alone is no longer safe, who will provide care and how will it be provided? With the growing elderly population, the numbers of person with this disease living alone will increase raising even greater concerns about the health and safety of this population. Caregiving needs and issues continue to multiply for individuals who suffer from this disease, family who must provide the care and for the communities who must provide the services.

Communities, which must continually evaluate resource allocation, find it difficult to respond to the needs of families and people with Alzheimer's disease because it is not always easy to determine the most cost effective ways to help, and because families tend to struggle along until a care crisis occurs. Ultimately, the burden of caregiving rests with families, friends, and neighbors who in turn, may be poorly equipped to make crucial decisions. Knowledge and expertise about the course of the disease and how to plan for future caregiving needs is invaluable to families. They need counseling, training and caregiver support in order to provide appropriate and adequate care at home. Communities and social service agencies need more information about how to design programs that are flexible enough to meet individual needs; reach and meet the needs of ethnic communities; reduce caregiver stress through services such as respite and adult day care, and offer skilled training in how and when to provide what type of care. Research that addresses these needs is important if we wish to improve services and ensure a system of care that supports caregivers – alleviating some of their burden - and maximizes the health and quality of life of older adults.

This program announcement aims at gaining a more credible knowledge base and more effective

models for addressing this growing national problem. More specifically, it responds to provisions of the Consolidation Appropriation Act of 2004 (P.L. 108-199) which, by incorporating both Senate Report 108-81 and House Report 108-188 (Conference Report 108-401) provides \$3 million “for social research into Alzheimer’s disease care options, best practices and other Alzheimer’s research priorities that include research into cause, cure and care, as well as respite care, assisted living, the impact of intervention by social service agencies on victims, and related needs.” The Conference Report further provides that the research “utilize and give discretion to Area Agencies on Aging and their non-profit division in municipalities with aged populations (over the age of 60) of over 1,000,000, with preference given to the largest population.”

Accordingly, the AoA will fund one grant for a 12 month period, with a federal budget not to exceed \$2,943,530, to a qualified applicant, designated by the Mayor as officially representing a municipality with 1 million or more persons 60 years of age and older. The applicant is expected to enter into unique partnerships, which will open new avenues for enhancing the care of persons with Alzheimer’s disease and support caregivers in their efforts to provide the best quality of life possible for persons with this disease.

II. AWARD INFORMATION

1. Award Type: Grant

2. Project Funding, Duration and Match:

Anticipated Total Funding: \$2,943,530

Anticipated Number of Awards: AoA plans to fund one (1) project through this competition.

Ceiling on Amount of Awards: \$2,943,530

Floor of Individual Amounts: None

Average Projected Award Amount: \$2,943,530

Project Period for Awards: 12 months

Match: Grantees are required to cover at least 25% of the total program costs from non-federal cash or in-kind resources.

III. ELIGIBILITY INFORMATION

1. Eligible Applicants

Public and/or nonprofit agencies and organizations, including faith-based organizations and community-based and organizations, and Federally recognized tribes are eligible to apply under this program announcement. To be eligible to compete the applicant must be designated by the Mayor of the municipality as officially representing a municipality with 1 million or more persons 60 years of age and older.

2. Cost Sharing or Matching

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 IV. This means that

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. While the matching requirement will not be used as a responsiveness criterion for purposes of screenout, applicants must show their anticipated match in their proposed applications.

3. Other Required

A. DUNS Number

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

Organizations can receive a DUNS number at no cost by calling the dedicated toll-free DUNS Number request line at 1-866-705-5711 or by using this link:

<https://eupdate.dnb.com/requestoptions.html?cmid=EOE100537>.

B. Application Screening Criteria

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

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

1. Applications must be postmarked by midnight, August 31, 2004, or hand-delivered by 5:30 p.m. Eastern Time, on August 31, 2004, or submitted electrically by midnight, August 31, 2004.
2. Organizational Eligibility: Priority will be given to applications that utilize and give discretion to Area Agencies on Aging and their nonprofit divisions in municipalities with aged populations (over the age of 60) of over 1,000,000, with preference given to the largest population
3. Project Narrative: 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:
 - ❑ Summary/Abstract
 - ❑ Problem Statement
 - ❑ Goal(s) and Objective(s)
 - ❑ Proposed Intervention
 - ❑ Special Target Populations and Organizations
 - ❑ Outcomes

- ❑ Project Management
- ❑ Evaluation
- ❑ Dissemination
- ❑ Organizational Capability
- ❑ Application Survey Form

IV. APPLICATION AND SUBMISSION INFORMATION

1. Address to Request Application Package

Application kits are available by writing to:

U.S. Department of Health and Human Services
Administration on Aging
Office of Community-Based Services
Washington, D.C. 20201

Or by calling: 202-357-3452.

Application materials can also be obtained from <http://www.aoa.gov/egrants> or <http://www.grants.gov>.

You may submit your application to us either in electronic or paper format. To submit an application electronically, please use the www.Grants.gov website. If you use Grants.gov, you will be able to download a copy of the application packet, complete it off-line, and then upload and submit the application via the Grants.gov website. You may not e-mail an electronic copy of a grant application to us.

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

- Electronic submission is voluntary.
- When entering the Grants.gov website, you will find information about submitting an application electronically through the site, as well as the hours of operation. We strongly recommend that you do not wait until the application due date to begin the application process through Grants.gov.
- To use Grants.gov, you, as the applicant, must have a D-U-N-S Number and register in the Central Contractor Registry (CCR). You should allow a minimum of five days to complete the CCR registration.
- You will not receive additional point value because you submit a grant application in paper format.
- You may submit all documents electronically, including all information included on the SF424 and all necessary assurances and certifications.
- Your application must comply with any page limitation requirements described in this program announcement.
- After you electronically submit your application, you will receive an automatic acknowledgement from Grants.gov that contains a Grants.gov tracking number. The Administration on Aging will retrieve your application form from Grants.gov.

- We may request that you provide original signatures on forms at a later date.
- You may access the electronic application for this program on www.Grants.gov. You must search the downloadable application page by the CFDA number (93.048).

2. Content and Form of Application Submission

A. 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 Title IV of the Older Americans Act. The Project Narrative should provide a clear and concise description of your project. AoA recommends that your project narrative include the following components:

i. Summary/Abstract

This section should include a brief - no more than 180 words maximum - description of the proposed project, including: the goal, the list of objectives and the products to be developed. Detailed instructions for completing the summary/abstract are included in the appendix of this document.

ii. 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 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.)

iii. Goal(s) and Objectives

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.)

iv. 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 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.)

v. Special Target Populations and Organizations

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

vi. Outcome(s)

This section of the project narrative must clearly identify the measurable outcome(s) that will result from the project. (NOTE: AoA will not fund any project that does not include measurable outcomes - 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.)

NOTE: You should keep the focus on 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.

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.

vii. 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 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.)

viii. 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. (Suggested Length and Format: Five to eight paragraphs.)

ix. 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. (Suggested Length – three to five paragraphs.)

x. 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 the timeframes involved (including start- and end-dates), 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.)

xi. 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.

xii. 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 Project Narrative 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.

C. Instructions for completing the Budget (SF424A) and Budget Justification

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.

i. 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 organization’s DUNS number (received from Dun and Bradstreet); 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

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 1/3rd 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 considered cash matching funds. Generally, most contributions from third parties will be non-cash (i.e., in-kind) matching funds. Examples of non-cash (in-kind) match include: volunteered time and use of facilities to hold meetings or conduct project activities. A third form of non-federal match is projected program income derived from activities of the project such as participant fees and sale of publications. Only program income that is to be used as part of the required match should be shown on Line 15.

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 minimum 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.

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

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

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

ii. 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.

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

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

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

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

Line 6g: Construction: Leave blank since construction is not an allowable cost under this AoA program.

Line 6h: Other: Enter the total of all other costs. Such costs, where applicable, may include, but are not limited to: insurance, medical and dental costs (i.e. for project volunteers this is different from personnel fringe benefits); non-contractual fees and travel paid directly to *individual* consultants; local transportation (all travel which does not require per diem is considered local travel); postage; space and equipment rentals/lease; printing and publication; computer use; training and staff development costs (i.e. registration fees). If a cost does not clearly fit under another category, and it qualifies as an allowable cost, then rest assured this is where it belongs. In the Justification: Provide a reasonable explanation for items in this category. For individual consultants, explain the nature of services provided and the relation to activities in the work plan. Describe the types of activities for staff development costs.

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

Line 6j: Indirect Charges: Enter the total amount of indirect charges (costs), if any. If no indirect costs are requested, enter "none." Indirect charges may be requested if: (1) the applicant has a current indirect cost rate agreement approved by the Department of Health and Human Services or another federal agency; or (2) the applicant is a state or local government agency.

Justification: State governments should enter the amount of indirect costs determined in accordance with DHHS requirements. An applicant that will charge indirect costs to the grant must enclose a copy of the current rate agreement. If the applicant organization is in the process of initially developing or renegotiating a rate, it should immediately upon notification that an award will be made, develop a tentative indirect cost rate proposal based on its most recently completed fiscal year in accordance with the principles set forth in the cognizant agency's guidelines for establishing indirect cost rates, and submit it to the cognizant agency. Applicants awaiting approval of their indirect cost proposals may also request indirect costs. It should be noted that when an indirect cost rate is requested, those costs included in the indirect cost pool should not also be charged as direct costs to the grant. Also, if the applicant is requesting a rate which is less than what is allowed under the program, the authorized representative of the applicant organization must submit a signed acknowledgement that the applicant is accepting a lower rate than allowed.

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

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

Section C - Non-Federal Resources

Line 12: Enter the amounts of non-Federal resources that will be used in carrying out the proposed project, by source (Applicant; State; Other) and enter the total amount in Column (e). Do not include program income unless it is used to meet the match requirement. Keep in mind that if program income used to meet the match requirement and the projected level of program income is not met, thereby decreasing the level of match, the amount of federal funds available to the grantee may be reduced if the match falls below required levels.

Section D - Forecasted Cash Needs - Not applicable.

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

Line 20: 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.

Section F - Other Budget Information

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

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

iii. 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.

iv. AoA Certification

This form contains certifications that are required of the applicant organization regarding (a) lobbying; (b) debarment, suspension, and other responsibility matters; and (c) 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.

v. Other Application Components

a. Survey on Ensuring Equal Opportunity for Applicants

The Office of Management and Budget (OMB) has approved an HHS form to collect information on the number of faith-based groups applying for a HHS grant. Non-profit organizations, excluding private universities, are asked to include a completed survey with their grant application packet. Attached you will find the OMB approved HHS "Survey on Ensuring Equal Opportunity for Applicants" form (see Attachments). Please be sure to return it with your grant application.

b. Proof of Non-Profit Status

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

A copy of a currently valid IRS tax exemption certificate.

A statement from a State taxing body, State attorney general, or other appropriate State official certifying that the applicant organization has a non-profit status and that

none of the net earnings accrue to any private shareholders or individuals.

A certified copy of the organization's certificate of incorporation or similar document that clearly establishes non-profit status.

c. Indirect Cost Agreement

State 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 state applicants that have not included indirect costs in their budgets.

3. Submission Dates and Times

The *deadline date* for the submission of applications under this program announcement is August 31, 2004. Applications must be postmarked by midnight, August 31, 2004, hand-delivered by 5:30 p.m. Eastern Time, on August 31, 2004, or submitted electronically by midnight, August 31, 2004.

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

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

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

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

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

Applications that fail to meet the application due date will **not** be reviewed and will receive **no** further consideration.

Applicants who fill in the return address information on the confirmation of application receipt postcard, and submit with their application package, will receive confirmation of their application receipt from AoA.

Applicants applying through Grants.gov will automatically receive a tracking number and date of receipt verification electronically once the application has been successfully received and validated in Grants.gov.

Applicants must ensure that a legibly dated U.S. Postal Service postmark or a legibly dated machine produced postmark of a commercial mail service is affixed to the envelope/package containing the application(s). To be acceptable as proof of a timely mailing, a postmark from a commercial mail service must include the logo/emblem of the commercial mail service company and must reflect the date the package was received by the commercial mail service company from the applicant. Private Metered postmarks shall not be acceptable as proof of timely mailing. Applicants are cautioned that express/overnight mail services do not always deliver as agreed.

4. Intergovernmental Review

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

5. Funding Restrictions

The following activities are not fundable activities:

- 1). Construction and/or major rehabilitation of buildings
- 2). Continuation of existing projects without expansion or new and innovative approaches.

6. Other Submission Requirements

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

V. APPLICATION REVIEW INFORMATION

1. Criteria

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

- Purpose and Need for Assistance (20 points);
- Approach/Method – Workplan and Activities (30 points);
- Outcomes/Evaluation/Dissemination (30 points); and
- Level of Effort (20 points).

1. Purpose and Need for Assistance Weight: 20 points

1. Does the proposed project proposal clearly and fully respond to the substantive components of the program announcement regarding the functions and activities of the project to carry out the Alzheimer’s Disease Social Research Project? (10 points).
2. Does the project proposal demonstrate a thorough understanding of Alzheimer’s disease, it’s burden on family members and caregivers, social service interventions that are

currently available and caregiving options that currently exist. (10 points).

2. Approach, Work Plan and Activities Weight: 30 points

1. Is the project work plan clear and comprehensive? Does it systematically integrate specific objectives and tasks in a feasible and effective approach toward accomplishing its purpose? (10 points).
2. Is a well-ordered and sensible timeline for the accomplishment of tasks and objectives presented? Are the sequence and timing of events logical and realistic? (10 points).
3. Are the roles and responsibilities of project staff, consultants, and collaborative organizations clearly defined and linked to specific objectives and tasks? Does the work plan specify who would be responsible for such tasks as: leadership of the project; preparation of reports and products; communications with the AoA; and dissemination of project results/products? (10 points).

3. Project Outcomes, Evaluation and Dissemination Weight: 30 points

1. Are the expected benefits/results clear, realistic, and consistent with the objectives and purpose of the project? Are the anticipated outcomes of the project likely to be achieved and will they significantly benefit those, especially family members, providing care to persons with Alzheimer's disease? (20 points).
2. Does the proposal include a plan for dissemination that is likely to promote a timely awareness among interested parties of the project's activities and events during salient stages of the project? Is this plan adequate for disseminating the project products to all appropriate audiences? (10 points).

4. Level of Effort Weight: 20 points

1. Do the proposed project director, key staff and consultants have the background, experience, and other qualifications required to carry out their designated roles? Is the time commitment of the proposed director sufficient to assure proper direction, management, and completion of the project? Is the time commitment of other key staff sufficient to assure completion of the tasks proposed for the project? (10 points).
2. Is the budget justified with respect to the adequacy and reasonableness of resources requested? Are budget line items consistent with work plan objectives? (10 points).

2. Review and Selection Process

An independent review panel of at least three individuals will evaluate applications that pass the screening. These reviewers are experts in their field, and are drawn from academic institutions, non-profit organizations, state and local government, and federal government agencies other than AoA. Based on the specific programmatic considerations as outlined under "Program Priorities", section I, Funding Opportunity Description, the reviewers will comment on and score the applications, focusing their comments and scoring decisions on the criteria identified above.

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

VI. AWARD ADMINISTRATION INFORMATION

1. Award Notices

Successful applicants will receive an Approval letter, and a Notice of Financial Assistance Award. The Notice of Financial Assistance Award is the authorizing document, and will be signed by the AoA grants officer, the AoA authorizing official, and the AoA budget office. Unsuccessful applicants are notified 30 days after successful applicants and will receive a disapproval letter.

2. Administrative and National Policy Requirements

The award is subject to DHHS Administrative Requirements, which can be found in 45CFR Part 74 and 92 and AoA Standard Terms and Conditions.

3. Reporting

An original and two copies of the SF-269 (Financial Status Report) and the program progress report are due semi-annually. Final performance and SF-269 reports are due 90 days after the end of the project period. For more information see DHHS / AoA Standard Terms and Conditions.

VII. AGENCY CONTACTS

Project Officer:

U.S. Department of Health and Human Services
Administration on Aging
Washington, DC 20201
Attn: Lori Stalbaum, MSW
Telephone: (202) 357- 3452, e-mail: Lori.Stalbaum@aoa.gov

Grants Management Officer:

U.S. Department of Health and Human Services
Administration on Aging
Washington, DC 20201
Attn: Margaret Tolson
Telephone: (202) 357-3440, e-mail: Margaret.Tolson@aoa.gov

VIII. OTHER INFORMATION

1. Order of Application Elements

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

1. SF 424 – Application for Federal Assistance. Note: The original copy of the application must have an original signature in item 18d on the SF 424.
2. SF 424A – Budget Information.
3. Separate Budget Justification (See Attachments for Sample Format).
4. SF 424B – Assurances. Note: Be sure to complete this form according to instructions and have it signed and dated by the authorized representative (see item 18d on the SF 424).
5. AoA Certification.
6. Proof of non-profit 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.
10. Letters of Commitment From Key Partners.
11. Completed Application Package Checklist
12. “Survey on Ensuring Equal Opportunity for Applicants” (Optional non-profit applicants)

2. The Paperwork Reduction Act Statement

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 justification is approved under OMB control number 0985-0018 which expires on 3/31/07.

Public reporting burden for this collection of information is estimated to average 10 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed and reviewing the collection information.

ATTACHMENTS

**Attachment A:
Grant Application Package Checklist**

**Attachment B:
Budget Justification Format – Sample Format with
Examples**

**Attachment C:
Budget Justification – Sample Format**

**Attachment D:
Project Work Plan - Sample Format**

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

**Attachment F:
“Survey on Ensuring Equal Opportunity for
Applicants”**

Attachment A: 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 include 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 – Application for Federal Assistance.
- SF 424A – Budget Information.
- Budget Justification.
- SF 424B - Assurances.
- AoA Certification. Be sure this form is completed according to the instructions, signed and dated by the authorized representative (see item 18d on SF 424).
- Proof of non-profit status (if applicable)
- A copy of the current indirect cost rate agreement approved by the Department of Health and Human Services or another federal agency. (if applicable)
- Project Narrative, including Summary/Abstract
- Completed Grant Application Package Checklist
- Receipt of Application Acknowledgement Card (Optional)
- “Survey on Ensuring Equal Opportunity for Applicants” (non-profit applicants only)

Attachment B: 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 @ \$30,000 = \$30,000
Fringe Benefits	\$12,600	0	0	\$12,600	Fringes on Supervisor and Director @ 28% of salary. FICA (7.65%) = \$3,442 Health (12%) = \$5,400 Dental (5%) = \$2,250 Life (2%) = \$ 900 Workers Comp Insurance (.75%) = \$ 338 Unemployment Insurance (.6%) = \$ 270
Travel	\$3,000	0	\$ 967	\$3,967	Travel to National Conference: 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 B: Budget Justification, Page 2 - Sample Format with EXAMPLES

Object Class Category	Federal Funds	<u>Non-Federal Cash</u>	Non-Federal In-Kind	<u>TOTAL</u>	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 B: 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
<u>TOTAL</u>	\$265,700	\$60,800	\$27,767	\$354,267	

**75% of
Total Cost
(Federal \$)**

25% of Total Cost
(Required Match)

Attachment C: 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 C: 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					
<i>TOTAL</i>					

Attachment D: 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.														
2.														

Attachment D: Project Work Plan, Page 2 – Sample Format

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

Attachment D: Project Work Plan, Page 3 – Sample Format

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

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

Attachment E

Instructions for Completing the Project Summary/Abstract

1.

- All applications for grant funding must include a Summary / Abstract that concisely describes the proposed project. It should be written for the general public.
- The abstract must include the project's goal(s), objectives, overall approach (including target population and significant partnerships), anticipated outcomes / products, and duration.
- To ensure uniformity, please limit the length to no more than 180 words in 12-15 sentences, with a font size of not less than 11, doubled-spaced.
- A model abstract / summary is provided below.

AN EXAMPLE

[Name of organization] will conduct a 2-year program of dyadic counseling to family caregivers and care recipients who are in early stages of dementia. The goals are to develop positive communication patterns, increase knowledge and understanding about available services, and increase the care recipients' active participation in his/her care plan. Eighty-eight care recipient dyads will be randomly assigned to either dyadic counseling or treatment as usual. Expected outcomes are: Family caregivers will have an increased understanding of their relative's preferences and values; Caregivers' and care recipients' preferences for care will show increased agreement; Knowledge of available services will increase; and Caregivers and care recipients will experience an increased sense of self-efficacy in managing consequences of dementia. Products will include a treatment manual, assessment tools, evaluation tools, a final report, manuscripts for publication, and web page information. These products will be disseminated to direct service organizations and Area Agencies on Aging.



SURVEY ON ENSURING EQUAL OPPORTUNITY FOR APPLICANTS

Enter relevant Grant Announcement Title and Number

OMB No. 1890-0014

Exp. 1/31/2006

Purpose: This form is for applicants that are nonprofit private organizations (not including private universities). Please complete it to assist the Federal government in ensuring that all qualified applicants, small or large, non-religious or faith-based, have an equal opportunity to compete for Federal funding. Information provided on this form will not be considered in any way in making funding decisions.

Instructions for Submitting Survey

If submitting hard copy, please place the completed survey in an envelope labeled "Applicant Survey." Seal the envelope and include it with your application package.

If submitting electronically, please include the Number assigned to your e-application in the box above entitled "Enter relevant Grant Announcement Title and Number," in addition to the grant announcement title and number. Place and seal the completed survey in an envelope labeled "Applicant Survey" and mail it to the hard copy receipt point for the application. **SEE INSTRUCTIONS ON BACK.**

1. Does the applicant have 501(c)(3) status?
 Yes No
2. How many full-time equivalent employees does the applicant have? (Check only one box).
 3 or Fewer 15-50
 4-5 51-100
 6-14 over 100
3. What is the size of the applicant's annual budget? (Check only one box.)
 Less Than \$150,000
 \$150,000 - \$299,999
 \$300,000 - \$499,999
 \$500,000 - \$999,999
 \$1,000,000 - \$4,999,999
 \$5,000,000 or more
4. Is the applicant a faith-based/religious organization?
 Yes No
5. Is the applicant a non-religious community-based organization?
 Yes No
6. Is the applicant an intermediary that will manage the grant on behalf of other organizations?
 Yes No
7. Has the applicant ever received a government grant or contract (Federal, State, or local)?
 Yes No
8. Is the applicant a local affiliate of a national organization?
 Yes No

Survey Instructions on Ensuring Equal Opportunity for Applicants

1. 501(c)(3) status is a legal designation provided on application to the Internal Revenue Service by eligible organizations. Some grant programs may require nonprofit applicants to have 501(c)(3) status. Other grant programs do not.
2. For example, two part-time employees who each work half-time equal one full-time equivalent employee. If the applicant is a local affiliate of a national organization, the responses to survey questions 2 and 3 should reflect the staff and budget size of the local affiliate.
3. Annual budget means the amount of money your organization spends each year on all of its activities.
4. Self-identify.
5. An organization is considered a community-based organization if its headquarters/service location shares the same zip code as the clients you serve.
6. An “intermediary” is an organization that enables a group of small organizations to receive and manage government funds by administering the grant on their behalf.
7. Self-explanatory.
8. Self-explanatory.

Paperwork Burden Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is **1890-0014**. The time required to complete this information collection is estimated to average five (5) minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. **If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to:** Paperwork Reduction Act Clearance Officer, U.S. Department of Health and Human Services, Washington, D.C. 20201. **If you have comments or concerns regarding the status of your individual submission of this form, write directly to:** the Program Official at the Agency where the form was submitted.