



Administration for Community Living

Administration on Aging

Alzheimer's Disease Programs Initiative - Dementia Capability in Indian Country

HHS-2025-ACL-AOA-ADPI-0027

08/25/2025

Table of Contents

Executive Summary	3
Additional Overview Content/Executive Summary	3
Additional Application Elements	4
Informational Call.....	4
I. Funding Opportunity Description	5
Funding Opportunity Requirements	7
GENERAL PROGRAM REQUIREMENTS/COMPONENTS.....	7
II. Award Information.....	10
III. Eligibility Information	13
1. Eligible Applicants.....	13
2. Cost Sharing or Matching	13
3. Responsiveness and Screening Criteria	13
IV. Application and Submission Information.....	14
1. Address to Request Application Package	14
2. Content and Form of Application Submission.....	16
Letter of Intent	16
Project Narrative	17
Summary/Abstract	18
Problem Statement.....	18
Goals and Objectives	18
Proposed Intervention	18
Special Target Populations and Organizations	19
Project Management	19
Evaluation	19
Dissemination	20
Organizational Capacity Statement	20
Budget Narrative/Justification	20
Budget Narrative/Justification	21
Letters of Commitment from Key Participating Organizations and Agencies.....	21
3. Unique Entity Identifier and System for Award Management (SAM).....	22
4. Submission Dates and Times	23
WILL INSERT INFORMATIONAL CALL INFO HERE WHEN CLOSE TO PUBLICATION	24

5. Intergovernmental Review	24
6. Funding Restrictions	24
7. Other Submission Requirements.....	25
V. Application Review Information	25
1. Criteria	25
2. Review and Selection Process.....	31
3. Anticipated Announcement Award Date	31
VI. Award Administration Information	31
1. Award Notices.....	31
2. Administrative and National Policy Requirements.....	31
3. Reporting.....	32
4. FFATA and FSRS Reporting.....	33
VII. Agency Contacts	33
VIII. Other Information	33
The Paperwork Reduction Act of 1995 (P.L. 104-13).....	33
Appendix.....	33
Instructions for Completing Required Forms	34
Budget Narrative/Justification- Sample Format	42
Instructions for Completing the Project Summary/ Abstract.....	46
APPENDIX.....	47
Definitions	47
AoA-Sponsored Resource Centers	51
Application Submission Checklist.....	52
Dementia Capability in Indian Country 2025.....	52
Activities Matrix.....	53

ACL Center:

Administration on Aging

Funding Opportunity Title:

Alzheimer's Disease Programs Initiative - Dementia Capability in Indian Country

Funding Opportunity Number:

HHS-2025-ACL-AOA-ADPI-0027

Primary CFDA Number:

93.470

Due Date for Letter of Intent:

08/09/2025

Due Date for Applications:

08/25/2025

Date for Informational Conference Call:

08/06/2025

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

Executive Summary

Additional Overview Content/Executive Summary

The goal of this Alzheimer's Disease Programs Initiative (ADPI) Notice of Funding Opportunity (NOFO) is to expand capacity to deliver dementia-capable home and community-based services (HCBS) in Indian Country. The Dementia Capability in Indian Country program is intended to support federally recognized tribes, tribal organizations and/or consortiums representing federally recognized tribes in these activities. The dementia-capable systems resulting from activities under this program are expected to provide high quality, strengths-based, person-centered services and supports that help people living with dementia and their caregivers remain independent and safe in their communities.

It is expected that supports, services and education delivered through funded applications will show positive outcomes for both people living with dementia (PLWD) and caregivers. All funded applications will include a third-party evaluation to show program impact/outcomes in the community and support sustainability beyond federal funding. Examples of program outcomes for both PLWD and caregivers from previously funded programs in Indian Country include, increased knowledge of Alzheimer's disease and related dementias (ADRD), improved quality of life, risk reduction, and decreased stigma, as well as earlier diagnosis and delayed placement in long term care facilities. Programs funded through this NOFO are expected to achieve impact outcomes like the examples provided.

There are two application options in this single NOFO:

Option A: Grants to Tribes and Tribal Entities that are **NEW** to the ADPI program, and

Option B: Grants to Tribes and Tribal Entities that have **previously received** ADPI grants and intend to expand on previously funded work.

Both **Option A** or **Option B** grants may only be used to support new dementia specific training, supports and services. If applicants propose to expand an existing training, support or service, a clear description must be included in the application narrative. No funds may be used to sustain existing dementia training, supports and services or to replace services funded through other federal or non-federal resources.

Applicants for the Dementia in Indian Country program are those that are presently responsible for providing home and community services in tribal communities (i.e. tribes, tribal organizations and/or consortiums representing federally recognized tribes). Applicants for **Option A** will propose to expand existing service systems to offer and provide dementia-capable services to Tribal Elders and their caregivers. Applicants for **Option B** will propose the ways to

build upon on their previously funded ADPI program and continue to expand their ability to deliver dementia-capable services. All applications will demonstrate tribal leadership support and the authority to conduct the activities proposed in their application.

Applications will propose a three-year (36 month) program that includes dementia-capable supports and services for people living with dementia and their caregivers as well as dementia education and training opportunities. Eligible applicants will engage dementia experts and community and government stakeholders to design and deliver proposed programs. Successful applications will include annual project milestones goals in their work plans. Progress toward and achievement of stated goals will inform funding continuation beyond the first year.

Additional Application Elements

Highlights of additional program requirements are noted below with further information outlined in the full Notice of Funding Opportunity (NOFO) description:

- Delivery of a minimum of one dementia-specific evidence-based or evidence informed intervention during the grant period. ACL's definitions of evidence-based and evidence informed interventions are provided in the Appendix of this NOFO;
- Inclusion of a robust, third-party, program evaluation, which includes anticipated program outcomes and measures to demonstrate program impact on people living with dementia and their caregivers;
- Partnership with AoA Older Americans Act Title VI Program;
- 10% cost sharing/match;
- Dedication of a percentage of TOTAL (Federal AND Match) grant funds to direct services as defined in the announcement (Year 1: 25%, Year 2: 35%, Year 3: 45%);
- Phased program implementation;
- Inclusion of proposed program milestones in the work plans for each year;
- No single program partner may receive more than 20% of funding (Note: pass-through projects are not-allowable)
- Participation by grantee and partners in an initial and then annual Dementia Capability Assessment;
- Program deliverables, resources and tools developed with grant funding will not be proprietary in nature. They will be delivered to ACL at the end of the grant period and will remain in the public domain and be posted on the website of ACL's National Alzheimer's and Dementia Resource Center for the benefit of the broader stakeholder community.
- Compliance with ACL ADPI program data collection requirements, and
- Participation in technical assistance opportunities.

Emailed Letters of Intent are requested (but not required) to be submitted 5 days after the NOFO posting date.

Informational Call

ACL will host an informational conference call in relation to this NOFO; the call will be recorded and made available to the public immediately following the call.

The call will be recorded and made available to the public immediately following the call.
Wednesday, July 9, 2025 from 4:00 pm – 5:00 pm eastern time

The dial-in information is below:

Toll Free Number: 888-469-1602 Passcode: 9776468

A recording will be available soon after the call concludes at the following number:

Toll Free Instant Replay Number: 866-378-0632

Instant Replay will be available through August 8, 2025

I. Funding Opportunity Description

The National Institute on Aging defines dementia, a major cause of impairment among older adults, as the loss of cognitive functioning, thinking, remembering, and reasoning and behavioral abilities, to the extent that it interferes with a person's daily life and activities.[1] Dementia is an umbrella term for many different types of cognitive impairment. Alzheimer's disease is the most common form of dementia; vascular dementia is the second most common. Estimates of the percentage of older persons with dementia vary, but it increases with age. Impairment, from dementia, has different stages. The mildest stage is when it is just beginning to affect a person's functioning. Eventually, the most severe stage is when the person must depend completely on others to support their basic activities of daily living.

Research shows that American Indian and Alaska Native (AI/AN) people experience some of the highest risk of developing dementia. [2] Age is the most common risk factor for dementia. As the number of Native Americans reaching older ages continues to increase, it is expected that there will be more tribal elders with dementia. Other risk factors for dementia include, but are not limited to, diabetes, high blood pressure, and heart disease, all of which are common in AI/AN communities. [3] There are 574 federally recognized and sovereign American Indian tribes, nations, pueblos, bands and Alaska Native villages in the United States, each with unique cultures, traditions and languages. Some tribes do not have a term that translates to dementia. [4] The Centers for Disease Control and Prevention estimates that the number of AI/AN 65 and older living with dementia will grow to five times its current size by 2060. [5] Tribes would benefit from culturally competent, dementia-specific supports, services and educational resources to support tribal elders and their caregivers.

Alzheimer's disease is responsible, at least in part, for an estimated 60 percent of cases of dementia. The CDC reports that one in six AI/ANs aged 45 and older has reported difficulties in memory or thinking which could be a sign of future dementia risk. [6] A number of conditions may cause dementia-like symptoms, including dehydration, malnutrition, hearing loss, and depression. Medication mismanagement can also result in the appearance of dementia. People with dementia and their caregivers use a broad range of home and community-based services (HCBS) available from public and private sector providers. It is very important to identify and treat these conditions correctly and also provide appropriate referrals to dementia-capable supports, services and education for people living with dementia and their family caregivers.

Given the impact of the dementia on people and communities, the HCBS systems that wish to be dementia-capable should consider adopting key aspects of a dementia-capable HCBS model. A dementia-capable HCBS system should:

1. Identify people with possible dementia and recommend that they see a physician for a timely, accurate diagnosis and to rule out reversible causes of dementia or conditions that resemble it.
2. Ensure that program eligibility and resource allocation take into account the impact of dementia related cognitive impairment.
3. Ensure that staff communicate effectively with people with dementia and their caregivers and provide services that are strengths-based, person-centered, offer self-direction of services, and are culturally appropriate.
4. Educate service providers to identify possible dementia and understand the symptoms and appropriate supportive services.
5. Educate the public about brain health, including information about the risk factors associated with developing dementia, first signs, management of symptoms if individuals have dementia, support programs, and opportunities to participate in research.
6. Implement quality assurance systems that measure how effectively providers serve people with dementia and their caregivers.
7. Encourage development of dementia-friendly communities, which include key parts of dementia-capability.

Information on how HCBS providers can become dementia-capable, to increase their ability to help people with dementia and their caregivers can be found in ACL's paper entitled [Dementia Capable States and Communities: Lessons Learned from Administration on Aging Grantees](#).

Dementia-capable services within a HCBS system builds on existing programs from both private and public sectors. Public sector partners/programs include, but are not limited to, tribes or tribal organizations including their Title VI programs, Area Agencies on Aging, Centers for Medicare & Medicaid Services (CMS), Centers for Disease Control and Prevention (CDC), and the Department of Veterans Affairs (VA).

The ADPI is not intended as a program funding "research"; in fact, "research" projects will not be funded. The program is designed to pilot much-needed dementia-capable HCBS programs to communities, evaluate program outcomes and use program outcome data to secure support to sustain successful initiatives beyond the Federal program period. **The ADPI grant program is intended to advance non-clinical, social models of HCBS in support of people living with dementia and their caregivers.**

1. National Institute on Aging. What Is Dementia? Symptoms, Types, and Diagnosis. Accessed April 8, 2025 at <https://www.nia.nih.gov/health/alzheimers-and-dementia/whatdementia-symptoms-types-and-diagnosis> .
2. National Institute on Aging. Can I Prevent Dementia? Accessed April 8, 2025 at <https://www.alzheimers.gov/life-with-dementia/can-i-prevent-dementia>
3. Centers for Disease Control and Prevention. Healthy Brain Initiative: Road Map for American Indian and Alaska Native Peoples. Accessed April 10, 2025 at [Healthy Brain Initiative: Road Map for American Indian and Alaska Native Peoples | Alzheimer's Disease Program | CDC](#).
4. Centers for Disease Control and Prevention. Healthy Brain Initiative: Road Map for American Indian and Alaska Native Peoples. Accessed April 10, 2025 at [Healthy Brain Initiative: Road Map for American Indian and Alaska Native Peoples | Alzheimer's Disease Program | CDC](#).

5. Centers for Disease Control and Prevention. Healthy Brain Initiative: Road Map for American Indian and Alaska Native Peoples. Accessed April 10, 2025 at [Healthy Brain Initiative: Road Map for American Indian and Alaska Native Peoples | Alzheimer's Disease Program | CDC](#).
6. Centers for Disease Control and Prevention. Healthy Brain Initiative: Road Map for American Indian and Alaska Native Peoples. Accessed April 10, 2025 at [Healthy Brain Initiative: Road Map for American Indian and Alaska Native Peoples | Alzheimer's Disease Program | CDC](#).

Funding Opportunity Requirements

GENERAL PROGRAM REQUIREMENTS/COMPONENTS

All applicants to this Notice of Funding Opportunity (NOFO) are subject to the General program items listed below and must consider and include all of them in the development of their application, work, and evaluation plans.

Phased Implementation

Successful applicants will propose a phased approach to their projects. A description of the phases follows:

Planning Phase: The period during which the grantee, ACL and the National Alzheimer's and Dementia Resource Center (NADRC) Teams work together to finalize the Work and Evaluation Plans, to ensure they align with the ACL program intent. The resulting plans are the ACL approved roadmaps for grantee goals, objectives, and milestone targets. During the planning phase, and before entering the implementation phase, all grantees and their partners will complete ACL's Dementia-Capability Assessment Tool to establish a baseline for program evaluation activities. Grantees will work with the NADRC staff to provide the assessment to their partners. The NADRC will collect and analyze the results and deliver them to the grantee. The assessment activity is not expected to be part of the required 3rd party evaluation activities.

Applicants are to propose a Planning Phase of not less than 6 months from the grant award. During this planning phase, grantees will have access to 15% of Year One grant funding to complete the work and evaluation plans. The remaining 85% of funding will be available when the planning phase is complete. ACL will be actively involved during the Planning Phase to ensure that all ACL program objectives outlined in the Notice of Funding Opportunity (NOFO) are addressed in the final plans. To conclude the Planning Phase the grantee must have received ACL's approval of their work and evaluation plans and uploaded those plans, and the related budget, into the reporting system. The grantee and all relevant partners will have completed the initial Dementia-Capability Assessment Tool and participated in a "Planning Phase Exit Conference".

Implementation Phase: The period during which grantees implement their approved work and evaluation plans to accomplish their goals, objectives, and milestone targets. All grantees and their partners will complete annual Dementia Capability Assessments, each fall, over the course of the grant period.

Milestone Model

The three-year grant program uses a program milestones model to show program progress.

Milestones are the points in the project where targeted project outcomes are occurring and signaling program progress. Each program work plan will include at least one milestone for each budget year and include the steps toward achieving those milestones. In addition to the availability of funding, progress in achieving milestone targets will be included in the considerations for funding program continuation years.

Examples of program milestones include:

Year 1 (*Focus on Capacity Building*):

- Complete Planning Phase of Grant
- Develop or adapt existing dementia training and education program to create culturally competent program designed to build awareness of dementia in Indian Country;
- Train home and community-based service providers, family caregivers and community members in dementia.

Year 2 (*Focus on Intervention Implementation*):

- Modify evidence-based or evidenced informed (EB/EI) intervention for delivery with cultural competence;
- Train staff in culturally competent EB/EI intervention delivery;
- Recruit and enroll participants in intervention and deliver intervention, collecting evaluation data to demonstrate impact.

Year 3 (*Focus on Program Sustainability*):

- Use data collected and related impact analysis to support sustainability and secure leadership buy-in for future resources to sustain successful programs;
- Implement program sustainability plan to sustain successful programs after federal funding ends.

Delivery of Evidence-Based/Evidence-Informed (EB/EI) Intervention:

All applicants must identify, by name, and describe the dementia-specific, evidence-based or evidence-informed intervention proposed for the grant. This would include how it fits into their proposed overall program and the people who will benefit from its delivery. The chosen intervention must fit the definitions outlined below.

Evidence-based programs or interventions: These are interventions that have been tested through randomized controlled trials and are: 1) effective at improving, maintaining, or slowing the decline in the health or functional status of older people or family caregivers; 2) suitable for deployment through community-based human services organizations and involve non-clinical workers and/or volunteers in the delivery of the intervention; 3) the research results have been published in a peer-reviewed scientific journal; and 4) the intervention has been translated into practice and is ready for distribution through community-based human services organizations.

Evidence-informed interventions: These are interventions that have substantive research evidence that demonstrates an ability to improve, maintain, or slow the decline in the health and functional status of older people or family caregivers. For the purposes of this announcement, an evidence-informed intervention is one that has: 1) been tested by at least one quasi-experimental

design with a comparison group, with at least 50 participants; OR 2) is an **adaptation or translation of a single evidence-based intervention**.

An example of an evidence-based dementia-specific intervention that can be delivered, with fidelity, in Tribal communities is the Virtual Dementia Tour, an experiential training to increase dementia awareness/knowledge and reduce stigma. Evidence-based dementia-specific interventions adapted for cultural competency are considered evidence-informed. Examples of culturally competent evidence-informed dementia-specific interventions would include REACH Community, which was modified to create REACH into Indian Country and SAVVY Caregiver in Indian Country.

Examples of dementia-specific evidence-based and evidence-informed interventions implemented through ACL state and community grant programs can be found in ACL's NADRC's paper entitled [Grantee-Implemented Evidence-Based and Evidence-Informed Interventions. Best Programs for Caregiving](#), a free online database of proven dementia programs for family caregivers, is another excellent resource for identifying dementia-specific evidence based interventions. ACL's National Alzheimer's and Dementia Resource Center (NADRC) created a resource to support the selection of dementia-specific EB/EI interventions to meet applicants needs: [Choosing an Evidence-Based or Evidence-Informed Intervention: Considerations to Inform Decision-Making](#).

Evidence-based and evidence-informed interventions implemented through the program should demonstrate impact/outcomes for persons living with dementia and their caregivers. Applicants must identify in the project narrative and in the project evaluation plan the intended, measurable outcomes (i.e. increased knowledge, improved quality of life, reduced stigma, etc.) of the proposed dementia-specific intervention, as well as providing estimates of persons served by each programmatic component. ACL's NADRC created a resource to support program evaluation: [Evaluating Dementia Services and Supports: Instrument Resource List](#) that could provide assistance in identifying desired measurable outcomes of program activities. The list is simply resources used in previously funded grants, grantees may work with their evaluators to create new tools to evaluate the impact of their work. All program activities identified as “direct services” are required to be included in the program evaluation.

Direct Service Requirement

All successful applicants are required to dedicate a portion of the total program budget to providing direct services to people living with dementia and caregivers. All funded projects will dedicate the following percentage of the **total program budget** to direct services: Year 1: 25%, Year 2: 35%, Year 3: 45%.

Direct services come in many forms, in addition to training and education other direct services include, but are not limited to, respite care (i.e. home health aide and companion services). A definition of direct service is provided in the NOFO Appendix. Program activities identified as “direct service” and expected to support the requirement must be evaluated to demonstrate their impact on the people who receive the service. Budget narratives included in the application must clearly indicate where direct service funding is located, to ensure intent to meet the requirement.

Data Collection

Grantees are required to collect information on services provided under the authority of existing or future approved data collections.

Evaluation

All successful grant applications **MUST** include a plan for a robust, **third-party** evaluation of the services provided with grant funding. A “third-party” is one that is not engaged in proposed program activities beyond development and implementation of the program's evaluation plan and reports. Individuals or organizations involved in the development or implementation of any component of the proposed program would not qualify as "third party" evaluator.

At the beginning of funded projects, grantees and their partners will conduct a baseline assessment of the dementia-capability of their existing systems. The NADRC developed the [Dementia Capability Assessment Tool](#) to measure the dementia capability of grantees and their partners. Grantees will work with the NADRC staff to deliver the assessment tool to their partners. The assessment helps to refine program goals, objectives and milestones, as well as monitoring and reporting. The baseline information provides a basis to track program progress toward greater dementia-capability. The NADRC analyzes results and delivers them to the grantee. Grantees and their partners will agree to conduct assessments each year of program funding.

Applications are scored on the inclusion of a **robust, third-party, evaluation plan** which demonstrates the impact of each of the direct services and supports implemented with grant funding. Evaluations should, at a minimum, demonstrate the impact of program services and goal achievement. Over the grant period, it is expected that each grantee will evaluate outcomes tied to numerous grant funded services and supports for people living with dementia and caregivers.

Applicants should include in their evaluation plans impact outcome goals and the associated measures for all direct services. The outcomes must be designed to demonstrate their impact on the target audience (persons living with dementia, caregivers, community members, etc.). **ACL will NOT fund any project that does not include measurable outcomes.**

The impact outcomes proposed in the evaluation plan must align with the activities proposed for implementation with grant funding (work plan). Potential project impact outcomes are informed by the proposed grant activities and may include, but are not limited to, increased knowledge, improved quality of life (for people living with dementia/caregivers), dementia risk reduction, decreased stigma, early diagnosis and delayed placement in long-term care facilities. **To demonstrate the overall ADPI funding impact on people living with dementia, all proposed projects must include at least one project component through which they will measure the support/service's impact on the quality of life of persons living with dementia.**

More information on evaluation expectations is in Section V of this NOFO.

Technical Assistance

All grantees are required to participate in technical assistance activities to support program development, management and integration. This includes, but is not limited to, participation in regularly scheduled technical assistance conference calls, webinars, as well as group and one-on-one technical assistance opportunities initiated by ACL staff, resource center staff or the grantees.

Statutory Authority

Older Americans Act/Title IV: Sec. 411

II. Award Information

Funding Instrument Type:
CA (Cooperative Agreement)

Estimated Total Funding:
\$2,000,000

Expected Number of Awards:
7

Award Ceiling:
\$300,000

Per Budget Period

Award Floor:
\$200,000
Per Budget Period

Length of Project Period:
36-month project period with three 12-month budget periods

Additional Information on Project Periods and Explanation of 'Other'

The projects will be 36-month awards with three 12-month budget periods. Funded three-year programs will be designed in single year increments with well-defined required milestones. Continuation funding for each year is contingent upon both the achievement of annual program milestones and the availability of Federal funding.

Option A (NEW): Award Ceiling: \$250,000/Floor \$200,000 per Budget Period

Option B (Expansion): Award Ceiling: \$300,000/Floor \$250,000 per Budget Period

Awards made are subject to terms provided for in the Federal Grant and Cooperative Agreement Act of 1977 (P.L. 95-224). The cooperative agreement provides for the substantial involvement and collaboration of ACL/AoA in activities that the recipient organization will carry out in accordance with the provisions of the approved award.

Once a cooperative agreement is in place, requests to modify or amend it or the work plan may be made by ACL/AoA or the awardee at any time as long as it stays within the original confines of the proposed project description. Major changes may affect the integrity of the competitive review process. Modifications and/or amendments of the cooperative agreement or work plan shall be effective upon the execution of an award notice. When an award is issued, the cooperative agreement terms and conditions from the program announcement are incorporated by reference unless ACL/AOA is authorized under the Terms and Conditions of award, 45 CFR Part 75, or other applicable regulation or statute to make unilateral amendments.

The grantee agrees to execute the responsibilities outlined below:

1. Fulfill all requirements of the grant initiative as outlined in this Notice of Funding Opportunity (NOFO), as well as carry out project activities as reviewed, approved, and awarded;
2. Communicate with the ACL/AoA Project Officer and/or the assigned technical assistance liaison regularly to support the activities carried out as part of this Agreement;
3. Conduct a baseline assessment of project dementia-capability (grantee and all appropriate partners) and annual reassessments each fall through the duration of the project;

4. Produce and submit to the ACL/AoA Project Officer, at the conclusion of the project, a program report/manual (including and tools, resources developed with grant funding) and an independent evaluation report describing how the project was conducted and goals, program outcomes that were achieved, as well as program components sustained beyond the program funding period. The report would also include ways in which barriers to goal achievement were addressed. **Reminder: Nothing developed with grant funding is proprietary, final versions of all grant developed tools/resources will be open source and delivered to ACL, in their original format (ppx, Word, etc, not PDF versions) to be made available to the broader stakeholder community on ACL's NADRC website;**
5. Cooperate with any Federal evaluation efforts and comply with the timeline, content and format of all required data collection and reporting requirements (see Section VI-3 for more detail). Submit to the ACL/AoA Project Officer a final, clean copy of all data developed or supported with these grant funds, in the format in which it was developed or produced, as provided for in the HHS Grants Policy Statement and referenced in the Notice of Award. The HHS Grants Policy Statement defines “data” as: “recorded information, regardless of the form or media on which it may be recorded, and includes writings, films, sound recordings, pictorial reproductions, drawings, designs or other graphic representations, procedural manuals, forms, diagrams, work flow charts, equipment descriptions, data files, data processing or computer programs (software), statistical records, and other research data” (p. II-69, Footnote 18);
6. Participate in program technical assistance activities as organized by the ACL/AoA Project Officer and the technical assistance team; and
7. Include the following disclaimer on all products produced using this grant funding:

This [project/publication/program/website, etc.] [is/was] supported by the Administration for Community Living {ACL}, U.S. Department of Health and Human Services {HHS} as part of a financial assistance award totaling \$XX with XX percentage funded by ACL/HHS and \$XX amount and XX percentage funded by non-government source(s). The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by ACL/HHS, or the U.S. Government.

The ACL/AoA Project Officer agrees to execute the responsibilities outlined below:

1. Perform the day-to-day Federal responsibilities of managing a grant initiative and work with the grantee to ensure that grant requirements are met;
2. Work cooperatively with the grantee to clarify the programmatic and budgetary issues to be addressed by the funded project, and, as necessary, negotiate with grantee to achieve a mutually agreed upon solution to any needs identified by the grantee or ACL/AoA;
3. Assist the grantee project leadership in understanding the strategic goals and objectives, policy perspectives, and priorities of AoA, ACL, and the U.S. Department of Health and Human Services; and about other federally-sponsored projects and activities relevant to activities funded under this announcement;
4. Provide technical advice to the grantee on the tasks related to achieving the goals and objectives of this grant;
5. Attend and participate in major project events as appropriate; and

6. Communicate with the grantee project director regularly to improve the effectiveness of the activities carried out under this Agreement.

III. Eligibility Information

1. Eligible Applicants

This is a Limited Competition Notice of Funding Opportunity. Eligible applicant are Tribes, Tribal Organizations and/or consortiums representing federally recognized Tribes.

2. Cost Sharing or Matching

Cost Sharing / Matching Requirement:

Yes

For awards that do not require matching or cost sharing by statute, recipients are not expected to provide cost sharing or matching. However, recipients are allowed to voluntarily propose a commitment of non-federal resources. If an applicant decides to voluntarily contribute non-federal resources towards project costs and the costs are accepted by ACL, the non-federal resources will be included in the approved project budget. The applicant will be held accountable for all proposed non-federal resources as shown in the Notice of Award (NOA). **A recipient's failure to meet the voluntary amount of non-federal resources that was accepted by ACL as part of the approved project costs and that was identified in the approved budget in the NOA, may result in the disallowance of federal funds. Recipients will be required to report these funds in the Federal Financial Reports.**

The Federal match required for the Dementia Capability in Indian Country program is 10% (cash and/or in-kind). All applicants are required to comply with the 10% match requirement outlined in Notice of Funding Opportunity.

There are two types of match: 1) non-Federal cash and 2) non-Federal in-kind. In general, costs borne by the applicant and cash contributions of any and all third parties involved in the project, including sub-grantees, contractors and consultants, are considered matching funds.

Volunteered time and use of facilities to hold meetings or conduct project activities may be considered in-kind (third-party) donations.

Budgetary funds provided from the applicant agency's budget for costs associated with the project are an example of a non-Federal cash match.

All proposed matching funds must be directly connected to proposed program activities and cannot come from other Federal sources.

ACL discourages applicant agencies exceeding the minimum match requirement.

Applications with a match greater than the minimum required will not receive more favorable consideration under the review. Match is one of the responsiveness criteria as noted in Section III, 3 Application Disqualification Factors.

3. Responsiveness and Screening Criteria

Application Responsiveness Criteria

All applications will go through an initial programmatic screening to verify that the applicant meets the minimum responsiveness criteria. Applications will be reviewed to establish responsiveness to the following criteria.

All applications will go through an initial programmatic screening to verify that the applicant meets the NOFO criteria. Those applicants that do not meet the minimum responsiveness criteria outlined below will be "screened out" and will not be forwarded for panel review.

The responsive project applicant:

1. Is an eligible Tribe, Tribal Organization and/or consortiums representing federally recognized Tribes;
2. Demonstrates existing responsibility for and active provision of home and community-based services and supports in the tribal community proposed for dementia service delivery;
3. Include a signed resolution(s) permitting the tribe/tribal organization to apply for the ADPI Dementia-Capability in Indian Country funding opportunity. If the organization is applying as a consortium, a signed letter from organization leadership authorizing consortium application is required.

Application Screening Criteria

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

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

1. Applications must be submitted electronically via <http://www.grants.gov> by 11:59 p.m., Eastern Time, by the due date listed in section IV.3 Submission Dates and Times.
2. The Project Narrative section of the Application must be double-spaced, on 8.5" x 11" plain white paper with 1" margins on both sides, and a standard font size of no less than 11 point, preferably Times New Roman or Arial.
3. The Project Narrative must not exceed 20 pages. Project Narratives that exceed 20 pages will have the additional pages removed and only the first 20 pages of the Project Narrative will be provided to the merit reviewers for funding consideration. NOTE: The Project Work Plan, Letters of Commitment, and Vitae of Key Project Personnel are not counted as part of the Project Narrative for purposes of the 20-page limit.

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

IV. Application and Submission Information

1. Address to Request Application Package

Application materials can be obtained from <https://www.grants.gov> or <https://www.acl.gov/grants/applying-grants>.

Please note, ACL requires applications for all announcements to be submitted electronically through <http://www.grants.gov> in Workspace. Grants.gov Workspace is the standard way for organizations and individuals to apply for federal grants in Grants.gov. An overview and training on Grants.gov Workspace can be found here at:

<https://www.grants.gov/web/grants/applicants/workspace-overview.html>

The [Grants.gov](https://www.grants.gov) registration process can take several days. If your organization is not currently registered, please begin this process immediately. For assistance with <https://www.grants.gov>, please contact them at support@grants.gov or 800-518-4726 between 7:00 a.m. and 9:00 p.m. Eastern Time.

- At the <https://www.grants.gov> website, you will find information about submitting an application electronically through the site, including the hours of operation. ACL strongly recommends that you do not wait until the application due date to begin the application process because of the time involved to complete the registration process.
- All applicants must have a UEI and be registered with the System for Award Management (SAM, www.sam.gov) and maintain an active SAM registration until the application process is complete, and should a grant be made, throughout the life of the award. Effective June 11, 2018, when registering or renewing your registration, you must submit a notarized letter appointing the authorized Entity Administrator. Please be sure to read the FAQs located at www.sam.gov to learn more. Applicants should allot sufficient time prior to the application deadline to finalize a new, or renew an existing registration. This action should allow you time to resolve any issues that may arise. Failure to comply with these requirements may result in your inability to submit your application or receive an award. Maintain documentation (with dates) of your efforts to register or renew at least two weeks before the deadline. See the SAM Quick Guide for Grantees at: [SAM.GOV Quick Start Guide for Financial Assistance Registrations](#).

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

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

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

- The Federal Government will transition from the DUNS Number to the New Unique Entity Identifier. As of April of 2022, the federal government stopped using the DUNS number to uniquely identify entities. At that point, entities doing business with the federal government will use a Unique Entity Identifier (SAM) created in SAM.gov. It is entered on the SF-424. It is a unique, nine-digit identification number, which provides unique identifiers of single business entities.
- You must submit all documents electronically, including all information included on the SF424 and all necessary assurances and certifications. In accordance with the Federal Government's efforts to reduce reporting burden for recipients of federal financial assistance, the general certification and representation requirements contained in the Standard Form 424B (SF-424B) – Assurances – Non-Construction Programs, and the Standard Form 424D (SF-424D) – Assurances – Construction Programs, have been standardized federal-wide. Effective January 1, 2020, the updated common certification and representation requirements will be stored and maintained within SAM. Organizations or individuals applying for federal financial assistance as of January 1, 2020, must validate the federally required common certifications and representations annually through SAM located at SAM.gov.
- After you electronically submit your application, you will receive an automatic acknowledgment from <https://www.grants.gov> that contains <https://www.grants.gov> tracking number. The Administration for Community Living will retrieve your application form from <https://www.grants.gov>.

U.S. Department of Health and Human Services
Administration for Community Living

Kari Benson

Deputy Assistant Secretary for Aging

Administration for Community Living/Administration on Aging

U.S. Department of Health and Human Services
Administration for Community Living

Email address: aoa.oaa@acl.hhs.gov

Please include the Notice of Funding Opportunity number in the subject line of email communications.

2. Content and Form of Application Submission

Letter of Intent

Number of Days from Publication 15

08/09/2025

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

Applicants are requested, **but not required**, to submit a letter of intent to apply for this funding opportunity to assist ACL in planning for the application independent review process. The purpose of the letter of intent is to allow our staff to estimate the number of independent reviewers needed and to avoid potential conflicts of interest in the review. The letter need only indicate intent to apply for program funding, no additional application details are necessary.

The deadline for submission of the letter of intent is 15 days after the publication of the FOA.

Letters of intent should be sent to:

Kari Benson, U.S. Department of Health and Human Services, Administration for Community Living at aoa.oaa@acl.hhs.gov

Please include the Notice of Funding Opportunity number in the subject line of Letter of Intent email communications.

Project Narrative

The Project Narrative must be double-spaced, on 8.5" x 11" paper with 1" margins on both sides, and a standard font size of no less than 11 point, preferably Times New Roman or Arial. You can use smaller font sizes to fill in the Standard Forms and Sample Formats. The suggested length for the Project Narrative is 15 to 20 pages; 20 pages is the maximum length allowed.

Project Narratives that exceed 20 pages will have the additional pages removed and only the first 20 pages of the Project Narrative will be provided to the merit reviewers for funding consideration.

The Project Work and Evaluation Plans, Letters of Commitment, and Vitae/resumes of Key Personnel are submitted as attachments and are not counted as part of the Project Narrative for purposes of the 20-page limit, but all other sections noted below are included in the limit.

The sample components of the Project Narrative 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

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

Summary/Abstract

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

Problem Statement

In this section **eligible** applicants should describe, in both quantitative and qualitative terms, the nature and scope of the particular problem or issue the proposed program is designed to address in the community you serve, including how the project will potentially affect older adults and/or people with disabilities, their families, and caregivers as well as the health care and home and community-based service system within which they are operating.

Problem Statements must include descriptions of:

- The impact of Alzheimer's disease and related dementias (ADRD) on the community and population that you serve;
- The trainings and services presently available to address ADRD in the community you serve, if any;
- The existing dementia-capability of the home and community-based service system within which you operate and how it relates to the target population;
- Describe existing service gaps that the applicant will address through the proposed program, and
- The management, systems, financial or other challenges requiring attention in order to implement and sustain programs funded under this opportunity.

Goals and Objectives

This section should consist of a description of the project's goal(s) and major objectives. In this section applicants should:

- Identify your proposed project goal(s) and major objectives (i.e. proposed annual project milestones) including the projected total number of individuals who will likely benefit from services provided this proposed project;
- Identify how you plan to address the major challenges stated in the problem statement;
- Describe partnerships, collaborations and innovative activities that will be implemented in support of goal/objective achievement, including the project implementation of dementia-specific evidence-based/evidence informed intervention(s);
- Explain how you will build program awareness and conduct outreach and identify participants;
- Explain anticipated outcomes and the planned measures to demonstrate program outcomes; and
- Describe the sustainability plan for program elements that are deemed successful.

Proposed Intervention

This section should provide a clear and concise description of the project designed to use to address the problem described in the “Problem Statement”. You should also describe the rationale for the proposed activities, including factors such as: “lessons learned” for similar projects previously tested in your community, or in other areas of the country; factors in the larger environment that have created the “right conditions” for the intervention (e.g., existing social or economic factors that you will be able to take advantage of, etc.). Option B applicants will describe what was implemented under their previous grant and how a new program would build upon/complement their previous efforts.

Applicants should also note any anticipated major barriers to proposed service delivery, 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 program, including other organizations, supporters, and/or consumer groups.

PLEASE NOTE: All interventions proposed to meet the dementia specific evidence-based or evidence-informed requirement must comply with the ACL standards defined in this NOFO.

Applicants must include in the application package an attachment that describes the intervention proposed to meet this requirement.

Special Target Populations and Organizations

This section should describe how you plan to target and engage relevant and necessary organizations (i.e. Indian Health Service, Title VI programs, Tribal Council, National Indian Council on Aging, etc.) in a meaningful way in the planning and implementation of the proposed project.

Project Management

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

Evaluation

This section should describe the method(s), techniques, and tools that will be used by the **third-party** evaluator to: 1) determine whether the proposed intervention achieved its anticipated outcome(s), and 2) document the “lessons learned” – both positive and negative - from the project that will be useful to people interested in replicating the intervention, if it proves successful. The third-party evaluator will develop and submit an evaluation report to the grantee which will be submitted to the funder as a project deliverable.

Individuals or organizations involved in the development or implementation of any component of the proposed program would not qualify as "third-party" evaluator.

The third-party program evaluation plan will include a matrix (as an application appendix) that reflects the following program components: Activity proposed, Responsibility for activity, How

program participants will be identified, Participant target numbers, Desired Impact Outcomes/Tools to measure Impact Outcomes. A list of outcome measurement tools that assess outcomes in dementia-related programs (used by other funded programs) can be found in the National Alzheimer's and Dementia Resource Center's (NADRC) compendium of [Evaluation Measures Instruments](#). Grantees are not required to use these tools, but they can inform development of culturally competent tools designed to demonstrate the impact of their efforts. The third-party evaluator will not be expected to collect or analyze the required Dementia Capability Assessments, the NADRC team is responsible for this activity.

The development and implementation of a quality assurance (QA) program which ensures continuous quality improvement should be included in this section. The QA program description will include techniques and tools to demonstrate project impact outcomes, methods for monitoring and tracking progress toward program goal(s)/objectives and, milestones, and documentation of both positive and negative lessons learned. This section will include the role in program evaluation of the initial and annual (each fall) completion of the Dementia Capability Quality Assessment of the grantee and its partners.

The NADRC conducted a webinar entitled "[Writing an Effective Work Plan and Evaluation Plan](#)", which may be useful in the development of the application evaluation plan. The resource page provides sample work and evaluation plans and templates, as well as other tools to support creating effective plans.

Dissemination

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

Organizational Capacity Statement

Each application should include an organizational capability statement and resumes 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, including dementia-capability. It should also include the organization's capability to sustain some or all project activities after Federal financial assistance has ended.

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

Budget Narrative/Justification

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

A combined multi-year Budget Narrative/Justification, as well as a detailed Budget Narrative/Justification for each year of potential grant funding, is required. The budget narrative/justification will detail where Federal and non-Federal funds will be expended over the course of the proposed project.

The budget narrative/justification breakdown should reflect the structure of the project team. Primary grantee personnel and other related programmatic costs would be outlined in the main sections of the budget, while contract or subgrantee detail (including personnel and other costs) would be included in the contract section of the budget.

The budget narrative/justification must indicate the budget lines where the applicant expects the direct service expenditures to occur - to demonstrate intent to meet the program requirement of dedication of the program budget to direct services (Year 1: 25%, Year 2: 35%, Year 3: 45%).

The budget narrative/justification must demonstrate the budget lines that will include the required match dollars. Match dollars must be directly connected to program activities articulated in the narrative, work and evaluation plans.

Budget Narrative/Justification

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

A combined multi-year Budget Narrative/Justification, as well as a detailed Budget Narrative/Justification for each year of potential grant funding, is required. The budget narrative/justification will detail where Federal and non-Federal funds will be expended over the course of the proposed project.

The budget narrative/justification breakdown should reflect the structure of the project team. Primary grantee personnel and other related programmatic costs would be outlined in the main sections of the budget, while contract or sub-grantee detail (including personnel and other costs) would be included in the contract section of the budget.

The budget narrative/justification must indicate the budget lines where the applicant expects the direct service expenditures to occur - to demonstrate intent to meet the program requirement of dedication of the program budget to direct services (Year 1: 25%, Year 2: 35%, Year 3: 45%).

The budget narrative/justification must demonstrate the budget lines that will include the required match dollars. **Match dollars must be directly connected to program activities articulated in the narrative, work and evaluation plans.**

Letters of Commitment from Key Participating Organizations and Agencies

Include confirmation of the commitments to the project (should it be funded) made by key collaborating organizations and agencies in this part of the application. Any organization that is specifically named to have a significant role in carrying out the project should be considered an

essential collaborator and letters included. Signed letters of commitment detailing organization's roles in the proposed project should be scanned and included as attachments to the applications.

A copy of negotiated indirect cost rate letters should accompany letters of commitment from collaborators/agencies that anticipate collection of a negotiated indirect cost expenses.

A signed letter of commitment from the Third-Party Evaluator is required.

3. Unique Entity Identifier and System for Award Management (SAM)

The Grants.gov registration process can take several days. If your organization is not currently registered, please begin this process immediately. For assistance with <https://www.grants.gov>, please contact them at support@grants.gov or 800-518-4726 between 7:00 a.m. and 9:00 p.m. Eastern Time.

- At the <https://www.grants.gov> website, you will find information about submitting an application electronically through the site, including the hours of operation. ACL strongly recommends that you do not wait until the application due date to begin the application process because of the time involved to complete the registration process.
- All applicants must have a UEI number and be registered with the System for Award Management (SAM, www.sam.gov) and maintain an active SAM registration until the application process is complete, and should a grant be made, throughout the life of the award. Effective June 11, 2018, when registering or renewing your registration, you must submit a notarized letter appointing the authorized Entity Administrator. Please be sure to read the FAQs located at www.sam.gov to learn more. Applicants should allot sufficient time prior to the application deadline to finalize a new, or renew an existing registration. This action should allow you time to resolve any issues that may arise. Failure to comply with these requirements may result in your inability to submit your application or receive an award. Maintain documentation (with dates) of your efforts to register or renew at least two weeks before the deadline. See the SAM Quick Guide for Grantees at: [SAM.GOV Quick Start Guide for Financial Assistance Registrations](#).

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

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

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

- The Federal Government will transition from the DUNS Number to the New Unique Entity Identifier. As of April of 2022, the federal government stopped using the DUNS number to uniquely identify entities. At that point, entities doing business with the federal government will use a Unique Entity Identifier (SAM) created in SAM.gov. They will no longer have to go to a third-party website to obtain their identifier. This transition allows the government to streamline the entity identification and validation process, making it easier and less burdensome for entities to do business with the federal government. If your entity is registered in SAM.gov today, your Unique Entity ID (SAM) has already been assigned and is viewable in SAM.gov. This includes inactive registrations. The Unique Entity ID is currently located below the DUNS Number on your entity registration record. Remember, you must be signed in to your SAM.gov account to view entity records. To learn how to view your Unique Entity ID (SAM) go to this help [article](#).
- You must submit all documents electronically, including all information included on the SF424 and all necessary assurances and certifications. In accordance with the Federal Government's efforts to reduce reporting burden for recipients of federal financial assistance, the general certification and representation requirements contained in the Standard Form 424B (SF-424B) – Assurances – Non-Construction Programs, and the Standard Form 424D (SF-424D) – Assurances – Construction Programs, have been standardized federal-wide. Effective January 1, 2020, the updated common certification and representation requirements will be stored and maintained within SAM. Organizations or individuals applying for federal financial assistance as of January 1, 2020, must validate the federally required common certifications and representations annually through SAM located at SAM.gov.
- After you electronically submit your application, you will receive an automatic acknowledgment from <https://www.grants.gov> that contains <https://www.grants.gov> tracking number. The Administration for Community Living will retrieve your application form from <https://www.grants.gov>.

4. Submission Dates and Times

Number Of Days from Publication 30

08/25/2025

Date for Informational Conference Call:

08/06/2025

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

In addition, if you are submitting your application via Grants.gov, you must (1) be designated by your organization as an Authorized Organization Representative (AOR) and (2) register yourself with Grants.gov as an AOR. Details on these steps are outlined at the following Grants.gov web page: <http://www.grants.gov/web/grants/register.html>.

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

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

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

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

If for any reason (including submitting to the wrong funding opportunity number or making corrections/updates) an application is submitted more than once prior to the application due date, ACL will only accept your last validated electronic submission, under the correct funding opportunity number, prior to the Grants.gov application due date as the final and only acceptable application

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

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

WILL INSERT INFORMATIONAL CALL INFO HERE WHEN CLOSE TO PUBLICATION

5. Intergovernmental Review

This program is not subject to Executive Order (E.O.) 12372, Intergovernmental Review of Federal Programs.

6. Funding Restrictions

The following activities are not fundable:

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

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

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

The following updated sections 2 CFR 200.216 "Prohibition on certain telecommunications and video surveillance services or equipment" became **effective on or after August 13, 2020**.

Recommended Actions for any recipient that has received a loan, grant, or cooperative agreement **on or after August 13, 2020**:

- Develop a compliance plan to implement 2 CFR 200.216 regulation.
- Develop and maintain internal controls to ensure that your organization does not expend federal funds (in whole or in part) on covered equipment, services or systems.
- Determine through reasonable inquiry whether your organization currently uses "covered telecommunication" equipment, services, or systems and take necessary actions to comply with the regulation as quickly as is feasibly possible.

7. Other Submission Requirements

V. Application Review Information

1. Criteria

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

Applications are scored by assigning a maximum of 100 points across the desired review criteria:

1. Project Relevance & Current Need
2. Approach
3. Budget
4. Project Impact
5. Organizational Capacity

Project Relevance & Current Need

Maximum Points: 15

1. Does the application provide a clear understanding of the dementia-capability of the system within which they are operating, if any?
2. Does the application provide a clear description of the need for dementia-capability to support the population it serves?
3. If the applicant is for Option B, does the applicant clearly articulate what they were previously funded to do, the impact and what they are building on?
4. Does the application describe:
 1. Their understanding of the population of individuals living with Alzheimer's or a related dementia and their caregivers in their community?
 2. Their understanding of the high risk of ADRD in AI/AN people?
 3. The extent and nature of the needs of that population?
 4. Existing services for persons living with dementia and their caregivers in their community?
 5. Is the proposed project justified in terms of the most recent, relevant, and available information and knowledge?

Approach

Maximum Points: 30

Goals/Objectives (9 Points)

1. Does the applicant include a signed Tribal Resolution (s), providing them the authority to undertake the proposed project?
2. Are clear and meaningful goals, objectives and milestones of the dementia-capability systems project clearly defined, including the projected total number of individuals who will benefit from services provided this proposed project?
 1. Are they reasonable and likely to be achieved?
3. Does the applicant clearly articulate how they plan to address the major challenges identified in the problem statement?
4. Does the applicant describe partnerships, collaborations and innovative activities that will be implemented in support of goal/objective achievement, including the dementia specific evidence-based/evidence informed intervention(s) to be implemented in the project?
5. Does the applicant explain how program activities will be marketed and participants identified?

6. Does the applicant include measurable performance outcome goals and indicators related to program impact, responsiveness to persons with dementia and their family caregivers, efficiency and effectiveness?
7. Does the project take into account barriers and opportunities that exist in the larger environment that may impact project success?
8. If the applicant is for **Option B**, have they clearly articulated what they were previously funded to do, the Goals and Objectives from their previous funding that they are building on?

Work/Management Plan (12 Points)

1. Does the application include a work plan? (**Failure to include a Work Plan with the application will result in a score of "zero" for this section.**)
2. Does the work plan include education and training to develop or expand the dementia-capable workforce, to work with and on behalf of persons living with dementia and caregivers?
3. Does the applicant project work plan detail all intended program activities?
 1. Is the work plan clear and comprehensive, covering ALL years of the proposed project?
 2. Does the work plan include required milestones to demonstrate progress for each project year?
4. Does the applicant include in its narrative a management plan that demonstrates the intent to undertake the activities laid out in the work plan
5. Do the work and management plans clearly delineate the roles and responsibilities of project staff, consultants and partners and link them to specific objectives and tasks?
6. Does the work plan include training for delivery and implementation of at least one dementia-specific evidence-based/evidence-informed intervention that meets ACL definitions?
7. Does the applicant include letters of commitment from all individuals/organizations with roles in the work and management plans?
8. Do the work and management plans include sensible timeframes for the accomplishment of the tasks necessary to implement a successful project?
9. Does the work plan include specific objectives and tasks that are linked to measurable outcomes?
 1. **Does the applicant work plan include program activity that will impact the Quality of Life of people with dementia and be measurable through the proposed evaluation plan?**
10. Does the work plan include a commitment to conduct an initial Dementia Capability Assessment at the beginning of the project and reassess each fall over the course of the program?
11. Does the applicant fully describe their implementation and use of a quality assurance and improvement process that will help ensure delivery of quality, dementia-capable services?

12. Does the project work plan include production and submission of a final report describing how the project was conducted and goals were achieved, as well as ways in which barriers to goal achievement were addressed?
13. Does the work plan include the development and submission of an evaluation report, developed by a third-party evaluator, which demonstrates the impact outcomes of the project, including the impact of the work on persons living with dementia and paid and unpaid caregivers?
14. Does the narrative acknowledge that no grant funded deliverables are proprietary and copies of all deliverables will be included with their final reports?

Methods of Addressing the Problem (9 Points)

1. Does the application specify services chosen and the rationale for those choices, as well as the proposed methods for service development, implementation and evaluation?
2. Does the application fully describe how people living with ADRD and their family will have access to a wide range of strengths-based, person-centered HCBS that promote independence in the community?
3. Does the application name and fully describe (in an attachment) how they plan to provide at least one dementia specific evidence-based or evidence-informed intervention in their project?
4. Does the application fully describe their implementation and use of a quality assurance and improvement process that will help ensure delivery of quality, dementia-capable services?
5. Does the application fully describe how people with ADRD and their family are accessing a wide range of person-centered HCBS that promote independence in the community?

Budget

Maximum Points: 15

1. Does the budget and associated justification cover the entirety of the proposed project (One budget for each year and a summary, for a total of four budgets)? **(Failure to include a Budget and Budget Justification with the application will result in a score of "zero" for this section.)**
2. Is it clear that the applicant is not proposing conduit or pass-through funding for another agency to lead the project?
 1. No project partner will be proposed to receive more than 20% of the primary grantee's Federal budget.
 2. Does the budget clearly delineate between resources dedicated to the Primary Grantee their contractors/sub-grantees (i.e. all contracted funding, including staff should be outlined under contracts in the budget)?
 3. Has the applicant included letters of commitment for project partners, as well as negotiated indirect cost rate letters for those who are claiming those costs?
3. Does the budget reflect the 10% match (cash and/or in-kind) match requirement?
4. Does the application reflect an understanding that the applicant agrees to expend the required level of the TOTAL grant funds for the provision of direct services to persons with ADRD and their caregivers?

1. **Does the budget identify where in the budget the direct services will be allocated?**
5. Is the time commitment of the proposed Project Director and other key project personnel sufficient to assure proper direction, management and timely completion of the project?
 1. Are the budget amounts proposed for personnel proportionate to other activities, given the scope of the proposal?
 2. Does the proposed budget include time and financial resources for the lead agency staff to ensure engagement in and oversight of program activities?
6. Is the budget justified with respect to the adequacy and reasonableness of resources requested?
7. Are budget line items clearly delineated and consistent with work plan objectives?

Project Impact

Maximum Points: 25

Project Outcomes (9 Points)

1. Are the expected project benefits/results clear, realistic, and consistent with the objectives and purpose of the project?
2. Are the proposed impact outcomes quantifiable and measurable, consistent with the definition of the project outcome contained in the program announcement?
3. Does the evaluation plan include the required measures designed to assess program impact outcomes for proposed direct supports and services?
 1. Does the evaluation plan include the required program outcome to demonstrate impact on the Quality of Life for people living with dementia?
4. Has the applicant agreed to work with AoA/ACL and comply with any OMB approved reporting requirements and to submit reports according to the required schedule?
5. Does the application provide measurable targets for achieving maximum population coverage of dementia-capable information, referral and access for each year of the cooperative agreement period?

Project Evaluation (12 Points) (ACL will not fund any project that does not include measurable outcomes.)

1. Does the application include a robust, third-party, evaluation plan that demonstrates the intent to meet program direct services and impact outcome measure requirements?
(Failure to include an Evaluation Plan with the application will result in a score of "zero" for this section.)
 1. Does the applicant name and include a letter of commitment from the proposed third-party evaluator (the proposed individual or organization's role in the project has zero connection to program implementation)?
2. 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 outcomes?
3. Does the evaluation plan include well-articulated intended program targets, outcomes and outcome measures?
4. Is the evaluation designed to capture "lessons learned" from the overall effort?

5. Does the applicant include the development and submission of an evaluation report developed by a third-party evaluator?

Dissemination (2 points)

1. Does the application describe the method and related financial resources that will be used to disseminate the project's results and findings in a timely manner and in easily understandable formats?
2. Is there a dissemination plan to get relevant and easy to use information about the program, the services they are providing?
3. Does the project plan include efforts to deliver information on project efforts (i.e. program deliverables, conference presentations, web-based methods, media outreach, etc.)?

Sustainability (2 points)

1. Does the applicant include a sufficient plan to ensure sustainability of the grantee's expanded dementia-capable HCBS system?
2. Does the applicant describe the sustainability plan for program elements that are deemed successful?
3. Is sustainability sufficiently addressed in the work plan?
4. Is there a clear and realistic plan to try to identify resources and avenues through which program activities can continue after Federal financial assistance has ended?
5. Is sustainability of the program beyond the program period likely?

Organizational Capacity

Maximum Points: 15

Organizational Capacity (8 Points)

1. Does the applicant organization clearly articulate their capacity for carrying out the proposed project of funded activities?
2. Do the proposed project director(s), key staff and contracted consultants have necessary dementia background, experience, and other qualifications required to carry out their designated roles?
3. Does the proposed third-party evaluator have the necessary experience to plan, conduct and deliver a comprehensive program evaluation report?
4. Are time commitments of key staff sufficient to carry out proposed project activities?
5. Are letters of commitment from partner organizations included, as appropriate?
 1. Do the letters demonstrate clear understanding of partner roles in the project and are those commitments consistent with the work plan description of their intended roles and contributions?

Organization and Management (7 Points)

1. Does the applicant demonstrate the commitment to lead the project?
2. Does the applicant clearly describe the organizations capacity to undertake the program activities laid out narrative and work plan?
3. Does the application demonstrate the organization's intent/capability to sustain some or all project activities after Federal financial assistance has ended?

4. Does the applicant demonstrate commitment and ability to comply with the timeline, content and format of all required Federal data collection and reporting requirements?

2. Review and Selection Process

3. Anticipated Announcement Award Date

Award notices to successful applicants will be sent out prior to the project start date.

The anticipated project period start date for this announcement is: 08/01/2025

VI. Award Administration Information

1. Award Notices

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

2. Administrative and National Policy Requirements

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

If you receive an award, you must follow all applicable nondiscrimination laws. You agree to this when you register in SAM.gov. You must also submit an Assurance of Compliance ([HHS-690](#)). To learn more, see the [HHS Office for Civil Rights website](#).

A standard term and condition of award will be included in the final notice of award; all applicants will be subject to a term and condition that applies the terms of 48 CFR section 3.908 to the award and requires the grantees inform their employee in writing of employee whistleblower rights and protections under 41 U.S.C. 4712 in the predominant native language of the workforce.

Applicants may follow their own procurement policies and procedures when contracting with Project Funds, but You must comply with the requirements of 2 C.F.R. §§ 200.317-200.326. Additionally, when using Project Funds to procure supplies and/or equipment, applicants are encouraged to purchase American-manufactured goods to the maximum extent practicable. American-manufactured goods are those products for which the cost of their component parts that were mined, produced, or manufactured in the United States exceeds 50 percent of the total cost of all their components. For further guidance regarding what constitutes an American manufactured good (also known as a domestic end product), see 48 C.F.R. Part 25.

As of October 1, 2024, 2 CFR 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards updated to a new version. The eCFR is currently updating its site with the newly adopted content. Until that time, the links below to 2 CFR 200

will not include the changes. If you need to see specific changes while they complete that work, see [78 FR 78608](#).

Also as of October 1, 2024, HHS adopted several provisions in the new 2 CFR 200 that affect your application. These new provisions supersede those previously used in 45 CFR 75. The changes include:

Indirect costs

De minimis rate

If you use the de minimis rate to calculate indirect costs:

- When you calculate this rate, you will now use 15% of modified total direct costs (MTDC) rather than 10%. See [2 CFR 200.414\(f\)](#).
- Additionally, when you calculate MTDC, you can now use up to \$50,000 of subawards and subcontracts rather than \$25,000. See [2 CFR 200.1](#).

Training awards

If your application is for a training award, your indirect cost rate remains capped at 8% of MTDC. However, when calculating MTDC, you can now use up to \$50,000 of subawards and subcontracts rather than \$25,000. See [2 CFR 200.1](#).

Budget

When planning your budget, HHS now uses the definitions for [equipment](#) and [supplies](#) in 2 CFR 200.1. The new definitions change the threshold for equipment to the lesser of the recipient's capitalization level or \$10,000 and the threshold for supplies to below that amount.

All changes

HHS adopted all the following superseding provisions on October 1, 2024:

- [2 CFR 200.1](#), Definitions, Modified Total Direct Cost.
- [2 CFR 200.1](#), Definitions, Equipment.
- [2 CFR 200.1](#), Definitions, Supplies.
- [2 CFR 200.313\(e\)](#), Equipment, Disposition.
- [2 CFR 200.314\(a\)](#), Supplies.
- [2 CFR 200.320](#), Methods of procurement to be followed.
- [2 CFR 200.333](#), Fixed amount subawards.
- [2 CFR 200.344](#), Closeout.
- [2 CFR 200.414\(f\)](#), Indirect (F&A) costs.
- [2 CFR 200.501](#), Audit requirements.

3. Reporting

Reporting frequency for performance and financial reports, as well as any required form or formatting and the means of submission will be noted within the terms and conditions on the Notice of Award.

4. FFATA and FSRS Reporting

The Federal Financial Accountability and Transparency Act (FFATA) requires data entry at the FFATA Subaward Reporting System (<http://www.FSRS.gov>) for all sub-awards and sub-contracts issued for \$30,000 or more as well as addressing executive compensation for both grantee and sub-award organizations.

For further guidance please follow this link to access ACL's Terms and Conditions:
<https://www.acl.gov/grants/managing-grant#>

VII. Agency Contacts

Project Officer

First Name:

Kari

Last Name:

Benson

Phone:

XXX-XXX-XXXX

Office:

Office of Supportive and Caregiver Services

Grants Management Specialist

First Name:

Rasheed

Last Name:

Williams

Phone:

202-401-5481

Office:

Center for Management and Budget

VIII. Other Information

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

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The project description and Budget Narrative/Justification is approved under OMB control number 0985-0018. 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.

Appendix

Accessibility Provisions for All Grant Application Packages and Funding Opportunity Announcements

Should you successfully compete for an award, recipients of federal financial assistance (FFA) from HHS will be required to complete an HHS Assurance of Compliance form (HHS 690) in

which you agree, as a condition of receiving the grant, to administer your programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, age, sex and disability, and agreeing to comply with federal conscience laws, where applicable. This includes ensuring that entities take meaningful steps to provide meaningful access to persons with limited English proficiency; and ensuring effective communication with persons with disabilities. The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. See <https://www.hhs.gov/civil-rights/for-individuals/nondiscrimination/index.html>.

- Recipients of FFA must ensure that their programs are accessible to persons with limited English proficiency. HHS provides guidance to recipients of FFA on meeting their legal obligation to take reasonable steps to provide meaningful access to their programs by persons with limited English proficiency. Please see <https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/fact-sheet-guidance/index.html> and <https://www.lep.gov>. For further guidance on providing culturally and linguistically appropriate services, recipients should review the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care at <https://minorityhealth.hhs.gov/>.
- Recipients of FFA also have specific legal obligations for serving qualified individuals with disabilities. Please see <http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html>.
- HHS funded health and education programs must be administered in an environment free of sexual harassment. Please see <https://www.hhs.gov/civil-rights/for-individuals/sex-discrimination/index.html>; <https://www2.ed.gov/about/offices/list/ocr/docs/shguide.html>; and <https://www.eeoc.gov/sexual-harassment>.
- Recipients of FFA must also administer their programs in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws. Collectively, these laws prohibit exclusion, adverse treatment, coercion, or other discrimination against persons or entities on the basis of their consciences, religious beliefs, or moral convictions. Please see <https://www.hhs.gov/conscience/your-protections-against-discrimination-based-on-conscience-and-religion/index.html>
- Please contact the HHS Office for Civil Rights for more information about obligations and prohibitions under federal civil rights laws at <https://www.hhs.gov/ocr/about-us/contact-us/index.html> or call 1-800-368-1019 or TDD 1-800-537-7697.

If you receive an award, HHS may terminate it if any of the conditions in [2 CFR 200.340\(a\)\(1\)-\(4\)](#) are met. No other termination conditions apply.

Instructions for Completing Required Forms

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

a. Standard Form 424

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

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

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

- New
- Continuation
- Revision

3. Date Received: Leave this field blank.

4. Applicant Identifier: Leave this field blank

5a Federal Entity Identifier: Leave this field blank

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

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

7. State Application Identifier: Leave this field blank.

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

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

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

c. Organizational UEI (REQUIRED): If your entity is registered in SAM.gov today, your Unique Entity ID (SAM) has already been assigned and is viewable in SAM.gov. This includes inactive registrations. The Unique Entity ID is currently located below the DUNS Number on your entity registration record. Remember, you must be signed in to your SAM.gov account to view entity records.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

NOTE: Applicants should review cost sharing or matching principles contained in Subpart C of 45 CFR Part 75 before completing Item 18 and the Budget Information Sections A, B and C noted below.

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

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

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

19. Is Application Subject to Review by State Under Executive Order 12372 Process?

Please refer to IV. Application and Submission Information, 4. Intergovernmental Review to determine if the ACL program is subject to E.O. 12372 and respond accordingly.

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

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

Standard Form 424A

<p>NOTE: Standard Form 424A is designed to accommodate applications for multiple grant programs; thus, for purposes of this ACL program, many of the budget item columns and rows are not applicable. You should only consider and respond to the budget items for</p>

which guidance is provided below. Unless otherwise indicated, the SF 424A should reflect a multi-year budget.

Section A - Budget Summary

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

Section B - Budget Categories

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

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

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

Section C - Non-Federal Resources

Column A: Enter the federal grant program.

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

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

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

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

Section D - Forecasted Cash Needs

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

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

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

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

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

Column A: Enter the federal grant program

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

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

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

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

Section F – Other Budget Information

Line 21: Enter the total Indirect Charges

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

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

Separate Budget Narrative/Justification Requirement

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

Budget Narrative/Justification is also REQUIRED for each potential year of grant funding requested.

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

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

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

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

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

Line 6c: **Travel:** Enter total costs of all travel (local and non-local) for staff on the project.

NEW: Local travel is considered under this cost item not under Other. Local transportation (all travel which does not require per diem is considered local travel). Do not enter costs for consultant's travel - this should be included in line 6h.

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

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

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

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

In the Justification: For any grant award that has supply costs in excess of 5% of total direct costs (Federal or Non-Federal), you must provide a detailed break down of the supply items (e.g., 6% of \$100,000 = \$6,000 – breakdown of supplies needed). If the 5% is applied against \$1

million total direct costs ($5\% \times \$1,000,000 = \$50,000$) a detailed breakdown of supplies is not needed. Please note: any supply costs of \$10,000 or less regardless of total direct costs does not require a detailed budget breakdown (e.g., $5\% \times \$200,000 = \$10,000$ – no breakdown needed).

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

In the Justification: Provide the following three items – 1) Attach a list of contractors indicating the name of the organization; 2) the purpose of the contract; and 3) the estimated dollar amount. If the name of the contractor and estimated costs are not available or have not been negotiated, indicate when this information will be available. The Federal government reserves the right to request the final executed contracts at any time. If an individual contractual item is over the small purchase threshold, currently set at \$100K in the CFR, you must certify that your procurement standards are in accordance with the policies and procedures as stated in 45 CFR Part 75 for states, in lieu of providing separate detailed budgets. This certification should be referenced in the justification and attached to the budget narrative.

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

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

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

Meals are generally unallowable except for the following:

For subjects and patients under study(usually a research program);

Where specifically approved as part of the project or program activity, e.g., in programs providing children's services (e.g., Headstart);

When an organization customarily provides meals to employees working beyond the normal workday, as a part of a formal compensation arrangement;

As part of a per diem or subsistence allowance provided in conjunction with allowable travel; and

Under a conference grant, when meals are a necessary and integral part of a conference, provided that meal costs are not duplicated in participants' per diem or subsistence allowances (Note: the sole purpose of the grant award is to hold a conference).

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

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

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

State governments should enter the amount of indirect costs determined in accordance with DHHS requirements. An applicant that will charge indirect costs to the grant must enclose a copy of the current rate agreement. Indirect Costs can only be claimed on Federal funds, more specifically, they are to only be claimed on the Federal share of your direct costs. Any unused portion of the grantee's eligible Indirect Cost amount that are not claimed on the Federal share of direct charges can be claimed as un-reimbursed indirect charges, and that portion can be used towards meeting the recipient match.

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

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

c. Standard Form 424B – Assurances (required)

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

d. Certification Regarding Lobbying (required)

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

Proof of Nonprofit Status (as applicable)

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

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

Indirect Cost Agreement

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

Budget Narrative/Justification- Sample Format

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

Object Class Category	Federal Funds	Non-Federal Cash	Non-Federal In-Kind	TOTAL	Justification
Personnel	\$47,700	\$23,554	\$0	\$71,254	Federal Project Director (name) = .5 FTE @ \$95,401/yr = \$47,700 Non-Fed Cash Officer Manager (name) = .5FTE @ \$47,108/yr = \$23,554 Total 71,254
Fringe Benefits	\$17,482	\$8,632	\$0	\$26,114	Federal Fringe on Project Director at 36.65% = \$17,482 FICA (7.65%) Health (25%) Dental (2%) Life (1%) Unemployment (1%) Non-Fed Cash Fringe on Office Manager at 36.65% = \$8,632 FICA (7.65%) Health (25%) Dental (2%) Life (1%) Unemployment (1%)
	\$4,707	\$2,940	\$0	\$7,647	Federal

Travel					<p>Local travel: 6 TA site visits for 1 person Mileage: 6RT @ .585 x 700 miles \$2,457 Lodging: 15 days @ \$110/day \$1,650 Per Diem: 15 days @ \$40/day \$600 Total \$4,707 Non-Fed Cash Travel to National Conference in (Destination) for 3 people Airfare 1 RT x 3 staff @ \$500 \$1,500 Lodging: 3 days x 3 staff @ \$120/day \$1,080 Per Diem: 3 days x 3 staff @ \$40/day \$360 Total \$2,940</p>
Equipment	\$10,000	\$0	\$0	\$10,000	<p>No Equipment requested OR: Call Center Equipment Installation = \$5,000 Phones = \$5,000 Total \$10,000</p>
Supplies	\$3,700	\$5,670	\$0	\$9,460	<p>Federal 2 desks @ \$1,500 \$3,000 2 chairs @ \$300 \$600 2 cabinets @ \$200 \$400 Non-Fed Cash 2 Laptop computers \$3,000 Printer cartridges @ \$50/month \$300 Consumable supplies (pens, paper, clips etc...) @ \$180/month \$2,160</p>

					Total \$9,460
Contractual	\$30,171	\$0	\$0	\$30,171	(organization name, purpose of contract and estimated dollar amount) Contract with AAA to provide respite services: 11 care givers @ \$1,682 = \$18,502 Volunteer Coordinator = \$11,669 Total \$30,171 <i>If contract details are unknown due to contract yet to be made provide same information listed above and:</i> A detailed evaluation plan and budget will be submitted by (date), when contract is made.
Other	\$5,600	\$0	\$5,880	\$11,480	Federal 2 consultants @ \$100/hr for 24.5 hours each = \$4,900 Printing 10,000 Brochures @ \$.05 = \$500 Local conference registration fee (name conference) = \$200 Total \$5,600 In-Kind Volunteers 15 volunteers @ \$8/hr for 49 hours = \$5,880
Indirect Charges	\$20,934	\$0	\$0	\$20,934	21.5% of salaries and fringe = \$20,934 IDC rate is attached.
TOTAL	\$140,294	\$40,866	\$5,880	\$187,060	

Budget Narrative/Justification - Sample Template

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

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

Supplies					
Contractual					
Other					
Indirect Charges					
TOTAL					

Project Work Plan - Sample Template

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

Goal:

Measurable Outcome(s):

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

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

Instructions for Completing the Project Summary/ Abstract

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

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

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

Outcomes - measurable results of a project. Positive benefits or negative changes, or measurable characteristics among those served through this funding (e.g., clients, consumers, systems, organizations, communities) that occur as a result of an organization's or program's activities. These should tie directly back to the stated goals of the funding as outlined in the funding opportunity announcement. (Outcomes are the end-point)

Products - materials, deliverables.

- A model abstract/summary is provided below:

The Delaware Division of Services for Aging and Adults with Physical Disabilities (DSAAPD), in **partnership** with the Delaware Lifespan Respite Care Network (DLRCN) and key stakeholders will, in the course of this two-year project, expand and maintain a statewide coordinated lifespan respite system that builds on the infrastructure currently in place. The **goal** of this project is to improve the delivery and quality of respite services available to families across age and disability spectrums by expanding and coordinating existing respite systems in Delaware. The **objectives** are: 1) to improve lifespan respite infrastructure; 2) to improve the provision of information and awareness about respite service; 3) to streamline access to respite services through the Delaware ADRC; 4) to increase availability of respite services. Anticipated **outcomes** include: 1) families and caregivers of all ages and disabilities will have greater options for choosing a respite provider; 2) providers will demonstrate increased ability to provide specialized respite care; 3) families will have streamlined access to information and satisfaction with respite services; 4) respite care will be provided using a variety of existing funding sources and 5) a sustainability plan will be developed to support the project in the future. The expected **products** are marketing and outreach materials, caregiver training, respite worker training, a Respite Online searchable database, two new Caregiver Resource Centers (CRC), an annual Respite Summit, a respite voucher program and 24/7 telephone information and referral services.

Instructions for Completing the "Supplemental Information for the SF-424" Form

1. Project Director.

Name, address, telephone and fax numbers, and e-mail address of the person to be contacted on matters involving this application. Items marked with an asterisk (*) are mandatory.

2. **Novice Applicant.**Select "Not Applicable To This Program."

APPENDIX

Definitions

Care Transitions: is a person-centered, interdisciplinary approach to integrating health care and social support services for individuals and their caregivers as they move across settings in which individual needs and preferences are identified, comprehensive service plans are developed and activated, individuals are empowered to take an active role in their healthcare and support and connection to resources are provided by options counselors and/or identified care transition staff. Randomized-controlled trials of care transitions activities (or care coordination programs with care transition elements) have shown positive results, such as significant reductions in hospital admissions and re-admissions, hospital costs, and nursing facility days. Some examples of these types of interventions include:

- Care Transitions Intervention
- Hospital 2 Home
- Guided Care
- Transitional Care Model
- The Bridge Program

Dementia-capable: Means tailored to the unique needs of persons with dementia stemming from conditions such as Alzheimer's disease and related disorders, and their caregivers. In model dementia-capable systems, programs are tailored to the unique needs of people with Alzheimer's disease and related dementias, and their caregivers:

- Information and assistance services have a method to identify people with possible dementia. Individuals with possible dementia receive a recommendation for follow-up with a physician.
- Options counseling staff communicate effectively with persons with dementia and their family caregivers and know what services this population is likely to need.
- Eligibility criteria and resource allocation take into account the impact of dementia on the need for services.
- Publicly and privately financed services are capable of meeting the unique needs of persons with dementia and their caregivers.
- Self-directed services ensure that persons with dementia and their caregivers are supported in their decision-making and involve others who can represent the person's best interest when necessary.
- Workers who interact with persons with dementia and their caregivers have appropriate training in identifying a possible dementia in persons that they serve, the symptoms of Alzheimer's disease and related dementias, the likely illness trajectory, and services needed. Quality assurance systems measure how effectively individual providers, the Aging Network, and LTSS systems serve persons with dementia and their family caregivers.

Direct Service: Direct services include both services delivered to people living with dementia and caregivers as well as professional and community trainings. Outreach and awareness

activities such as health fairs or brief telephone referral contacts do not count toward direct service requirements. One unit of direct service equals 1 hour, except for durable goods. Examples of direct services are provided in the table below:

Direct Service Examples
Adult day care (an organized program that takes place outside of the home and provides care for the person living with dementia in a community-based setting during daytime hours)
Care consultation or case management
Companion/homemaker services (non-medical care, supervision, and socialization provided to a participant/client)
Home health (in-home assistance that addresses medical needs, such as administering medications and physical therapy)
Initial assessments that result in enrollment, follow-up, or referrals
Monitoring (using assistive technology to observe a person living with dementia)
Options Counseling
Personal care (in-home assistance with daily living activities, including bathing, dressing, and eating)
Respite (an interval of rest or relief OR the result of a direct dementia-specific service or supportive intervention that generates rest or relief for the caregiver or care recipient)
Short-term care in a health care facility (services provided on a short-term basis in a residential or assisted living facility, nursing home, or other long-term care institution because of the absence/need for relief of the regular caregiver)
Skills and knowledge trainings (trainings for people who will be directly implementing the content they are being trained on)
Support groups
Volunteer visitors (e.g., friendly visitors, home delivered meals)

Disability: As defined by the American's with Disability Act Statutory Definition -- With respect to an individual, the term "disability" means (A) a physical or mental impairment that substantially limits one or more of the major life activities of such individual; (B) a record of such an impairment; or (C) being regarded as having such an impairment. 42 U.S.C. § 12102(2); see also 29 C.F.R. § 1630.2(g). A person must meet the requirements of at least one of these three criteria to be an individual with a disability under the Act.

Elder abuse and neglect: can affect people of all ethnic backgrounds and social status and can affect both men and women. The following types of abuse are commonly accepted as the major categories of elder mistreatment:

- **Physical Abuse** - Inflicting, or threatening to inflict, physical pain or injury on a vulnerable elder, or depriving them of a basic need.
- **Emotional Abuse** - Inflicting mental pain, anguish, or distress on an elder person through verbal or nonverbal acts.
- **Sexual Abuse** - Non-consensual sexual contact of any kind, coercing an elder to witness sexual behaviors
- **Exploitation** - Illegal taking, misuse, or concealment of funds, property, or assets of a vulnerable elder.
- **Neglect** - Refusal or failure by those responsible to provide food, shelter, health care or protection for a vulnerable elder.
- **Abandonment** - The desertion of a vulnerable elder by anyone who has assumed the responsibility for care or custody of that person.

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

Evidence-based programs or interventions: have been tested through randomized controlled trials and are: 1) effective at improving, maintaining, or slowing the decline in the health or functional status of older people or family caregivers; 2) suitable for deployment through community-based human services organizations and involve non-clinical workers and/or volunteers in the delivery of the intervention; 3) the research results have been published in a peer-reviewed scientific journal; and 4) the intervention has been translated into practice and is ready for distribution through community-based human services organizations.

Evidence-informed interventions: have substantive research evidence that demonstrates an ability to improve, maintain, or slow the decline in the health and functional status of older people or family caregivers. For the purposes of this announcement, an evidence-informed intervention is one that has: 1) been tested by at least one quasi-experimental design with a comparison group, with at least 50 participants; OR 2) is an adaptation or translation of a single evidence-based intervention.

Long-Term Services and Supports (LTSS): refers to a wide range of in-home, community-based, and institutional services and programs that are designed to help older adults and individuals with disabilities or chronic conditions with activities of daily living or instrumental activities of daily living.

Options Counseling: is a person-centered, interactive, decision-support process whereby individuals receive assistance in their deliberations to make informed long-term support choices in the context of their own preferences, strengths, and values. Essential components of Options Counseling include:

- a personal interview
- assisting with the identification of choices available (including personal, public, and private resources)
- facilitating a decision-support process (weighing pros/cons of various options)
- assisting as requested and directed by the individual in the development of an action plan

- connecting to services (when services are requested and assistance in connecting is requested or needed)
- follow-up
Options Counseling is available to persons regardless of their income or financial assets. Options Counseling is preferably provided by one person but may be collaboratively provided by more than one person or agency.

Palliative Care: is comprehensive treatment of the discomfort, symptoms and stress of serious illness. The goal is to prevent and ease suffering and improve an individual's quality of life.

Person-centered Planning and Services: are those that empower people with disabilities by focusing on the desires and abilities of the individual. Person-centered Planning and Services most importantly are directed by the individual but often involves a team of family members, friends, and professionals. The individual chooses their team members. This team then identifies the skills and abilities of the individual that can help them achieve their goals of competitive employment, independent living, continuing education, and full inclusion in the community.

They also identify areas in which the individual may need assistance and support and decide how the team can meet those needs. While it is recognized that not all of the elements of a complete person-centered plan can be achieved prior to discharge from the hospital, many elements can be addressed. Elements, such as working with the consumer to develop the most independent living arrangement and providing assistance and supports that are desired by the consumer are included. The consumer with involvement of family members, professionals and others work toward the ultimate discharge plan goal of living as independently as possible with home and community-based services.

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

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

Single Entry Point (SEP)/No Wrong Door (NWD): is a system that enables consumers to access long-term and supportive services through one agency or organization. In their broadest form, SEPs perform a range of activities that may include information and assistance, referral, initial screening, nursing facility preadmission screening, assessment of functional capacity and service needs, care planning, service authorization, monitoring, and periodic reassessments. SEPs may also provide protective services. [1]

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

Self-direction: is an approach to providing services (including programs, benefits, supports, and technology) intended to assist an individual so that:

- Services (including the amount, duration, scope, provider, and location of the services are planned, budgeted, and purchased under the control of the individual;
- The individual is provided with the information and assistance necessary and appropriate to enable the individual to make informed decisions about the individual's care options;
- The needs, capabilities, and preferences of the individual with respect to services, and the individual's ability to direct and control the individual's receipt of services, are assessed by the area agency on aging (or other agency designated by the area agency on aging) involved;
- Based on the assessment made under subparagraph (C), the area agency on aging (or other agency designated by the area agency on aging) develops together with the individual and the individual's family, caregiver (as defined in paragraph (18)(B)), or legal representative:
 - a plan of services for the individual that specifies which services the individual will be responsible for directing;
 - a determination of the role of family members (and others whose participation is sought by such individual) in providing services under the plan; and
 - a budget for the services;
 - the Area Agency on Aging or State agency provides for oversight of such individual's self-directed receipt of services, including steps to ensure the quality of services provided and the appropriate use of funds under this Act.

Senior or Older Adult: as defined in the Older Americans Act, "an individual who is 60 years of age or older."

Statewide system: is one in which individuals anywhere in the state have streamlined access to the full array of public and private sector programs and services that promote community living, health and independence.

AoA-Sponsored Resource Centers

National Alzheimer's and Dementia Resource Center (NADRC): supports Alzheimer's/dementia program grantees and their community partners' efforts to maintain integrated and sustainable service delivery systems for individuals with AD/DRD and their family caregivers. Materials developed through the efforts of the resource center can be found at <https://nadrc.acl.gov/home> .

Technical Assistance Centers for Caregiver Programs and Lifespan Respite - offer comprehensive information and training on a range of issues associated with the development and implementation of family caregiver support and Lifespan Respite Care Programs. Technical Assistance available includes two web sites (<http://www.archrespice.org> and <http://www.caregiver.org>) training materials, fact sheets, policy briefs, workshops, webinars, and specialized technical assistance through phone calls, emails and in-person communication.

National Center on Advancing Person-Centered Practices and Systems (NCAPPS) is an initiative from the Administration for Community Living and the Centers for Medicare & Medicaid Services that helps states, tribes, and territories implement person-centered thinking,

planning, and practice in line with U.S. Department of Health and Human Services policy.
<https://ncapps.acl.gov/home.html> .

The RAISE Act Family Caregiver Resource and Dissemination Center To better support family caregivers, Congress passed the Recognize, Assist, Include, Support, and Engage {RAISE} Family Caregivers Act in 2018, which established the Family Caregiving Advisory Council tasked with creating the country's first national Family Caregiver Strategy. NASHP supports the council's work by providing resources, convening experts, and supporting states as they develop policies. <https://nashp.org/policy/aging-and-disabilities/family-caregiving/>

Application Submission Checklist

Dementia Capability in Indian Country 2025

All items listed below align with what is included in the application scoring criteria (included in the NOFO) and should be included in the application package

1. **Project Abstract**
2. **Program Narrative** (up to 20 Pages) covering all items included in the Notice of Funding Opportunity (NOFO). Point Values for each section of Narrative included in the Scoring Criteria section of the NOFO.

Required Application Attachments (in addition to the Abstract and Narrative

- **Work Plan** (include full three years of project -**ZERO points if not included**)
- **Evaluation Plan** (include full three years of project – **ZERO points if not included**)
 - *Third Party Evaluator Letter of Commitment*
- **Budget Narrative/Justification** (Individual budgets for all three years and total budget summary – total of four budgets)
- **Information on Dementia-specific Evidence-Based/Evidence-Informed intervention** demonstrating chosen intervention meets stated requirements. (Intervention name, a brief description, including relevant information demonstrating that it meets programmatic requirements/definitions)
- **Curriculum Vitae/Resumes** of key program staff
- **Program Activity Matrix** (template in application package)
- **Letters of Commitment** (for partners)
- **Letters of Support**
- **Negotiated Indirect Cost materials** (if applicable)
- Other miscellaneous attachments at the discretion of applicant

Required Standard Forms

1. **SF-424 (Application for Federal Assistance)**
2. **Certification Regarding Lobbying**
3. **Key Contacts Form**
4. **Project Performance Site/Locations Form**

Activities Matrix

Activity: Exactly what activities are going to be conducted?	Responsibility: Who is going to provide the intervention/ services?	How will program participants be identified and recruited?	Outputs: Target numbers of people served?	Outcomes: What will change?
---	--	---	--	------------------------------------