

**Disaster Assistance for State Units on Aging (SUAs) and
Tribal Organizations Impacted by National Disasters
Declared by the President**
Program Announcement and Grant Application Instructions

**U.S. Administration on Aging
2012**

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Department of Health and Human Services (HHS)

Administration on Aging (AoA)

AoA Center: Program Operations

Funding Opportunity Title: Disaster Assistance for State Units on Aging (SUAs) and Title VI Tribal Organizations Impacted by National Disasters Declared by the President

Announcement Type: Initial

Funding Opportunity Number: HHS-2012-AOA-DA-1201

Catalog of Federal Domestic Assistance (CFDA) Number: 93.048

Key Dates: The deadline date for submission of applications is September 14, 2012.

NOTE: Funding is only available for areas included in a Presidential National Disaster declaration. Only State Units on Aging and federally recognized Tribal Organizations funded under the Older Americans Act in the affected areas may apply for disaster assistance funding.

I. FUNDING OPPORTUNITY DESCRIPTION

Grants awarded under this announcement are to provide disaster reimbursement and assistance funds to those State Units on Aging (SUAs) and federally recognized Tribal Organizations who are currently receiving a grant under Title VI of the Older Americans Act (OAA), as amended. These funds **only** become available when the President declares a National Disaster and may only be used in those areas designated in the Disaster Declaration issued by the President of the United States.

Eligible SUAs and Title VI grantees should discuss all disaster applications with AoA Regional staff before submitting a formal application. The amount of funds requested should be discussed with Regional staff before the application is completed. Providing a draft of the narrative justification for the application will help expedite the processing of an award. Applicants should talk with the State and local Emergency Managers to determine what funds may be available through other resources before applying for OAA funding.

State Units on Aging (SUAs) and federally recognized Tribal Organizations currently receiving a grant under Title VI of the Older Americans Act must submit proposals electronically via <http://www.grants.gov>. At <http://www.grants.gov>, you will be able to download a copy of the application packet, complete it off-line, and then upload and submit the application via the Grants.gov website.

Statutory Authority

The statutory authority for grants under this program announcement is contained in Title III of the Older Americans Act (OAA) (42U.S.C. 3030), as amended by the Older Americans Act Amendments of 2000, P.L. 106-501 (Catalog of Federal Domestic Assistance 93.048).

II. AWARD INFORMATION

Awards made will be grants for a period of one year. The amount of funding available to applicants is determined by three factors: (1) the number of older persons affected; (2) the amount and severity of need, and (3) the amount of disaster funds available as prescribed in the Older Americans Act.

Total funding available for disaster assistance is subject to the availability of funds appropriated under the OAA.

III. ELIGIBILITY INFORMATION

1. Eligible Applicants

- a. State Units on Aging in states for which some or all of the state has been declared a federal disaster area by the President of the United States.
- b. Federally recognized tribal organizations within the areas declared a federal disaster area who are currently receiving a grant under Title VI of the Older Americans Act, as amended.

2. Cost Sharing or Matching

None.

3. Other

None.

IV. APPLICATION AND SUBMISSION INFORMATION

1. Address to Request Application Package

Application materials can be obtained from <http://www.grants.gov> or <http://www.aoa.gov/AoARoot/Grants/Funding/index.aspx>.

Please note, AoA is requiring applications for all announcements to be submitted electronically through <http://www.grants.gov>. The Grants.gov (<http://www.grants.gov>) registration process can take several days. If your organization is not currently registered with <http://www.grants.gov>, please begin this process immediately. **For assistance with <http://www.grants.gov>, please contact them at support@grants.gov or 1-800-518-4726 between 7 a.m. and 9 p.m. Eastern Time.** At <http://www.grants.gov>, you will be able to download a copy of the application packet, complete it off-line, and then upload and submit the application via the Grants.gov website (<http://www.grants.gov>).

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

- You may access the electronic application for this program on <http://www.grants.gov>. You must search the downloadable application page by the Funding Opportunity Number HHS-2012-AoA-DA-1201 or CFDA number 93.048.
- At the <http://www.grants.gov> website, you will find information about submitting an application electronically through the site, including the hours of operation. AoA strongly recommends that you do not wait until the application due date to begin the application process through <http://www.grants.gov> because of the time involved to complete the registration process.
- All applicants must have a Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number and register in the Central Contractor Registry (CCR). You should allow a minimum of **five days** to complete the CCR registration.
- 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. Be registered in the CCR prior to submitting an application or plan;
 2. Maintain an active CCR registration with current information at all times during which it has an active award or an application or plan under consideration by an OPDIV; and
 3. Provide its DUNS number in each application or plan it submits to the OPDIV.

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

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

Additionally, all first-tier subaward recipients must have a DUNS number at

the time the subaward is made.

- Since October 1, 2003, The Office of Management and Budget has required applicants to provide a Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number when applying for Federal grants or cooperative agreements. It is entered on the SF 424. It is a unique, **nine-digit identification number**, which provides unique identifiers of single business entities. The DUNS number is *free and easy* to obtain.
- Organizations can receive a DUNS number at no cost by calling the dedicated toll-free DUNS Number request line at 1-866-705-5711 or by using this link to access a guide: https://www.whitehouse.gov/omb/grants/duns_num_guide.pdf
- You must submit all documents electronically, including all information included on the SF424 and all necessary assurances and certifications.
- Prior to application submission, Microsoft Vista and Office 2007 users should review the <http://www.grants.gov> compatibility information and submission instructions provided at <http://www.grants.gov> (click on “**Vista and Microsoft Office 2007 Compatibility Information**”).
- **Your application must comply with any page limitation requirements described in this Program Announcement.**
- After you electronically submit your application, you will receive an automatic acknowledgement from <http://www.grants.gov> that contains <http://www.grants.gov> tracking number. The Administration on Aging will retrieve your application form from <http://www.grants.gov>.
- After the Administration on Aging retrieves your application form from <http://www.grants.gov>, a return receipt will be emailed to the applicant contact. This will be in addition to the validation number provided by <http://www.grants.gov>.
- Each year organizations registered to apply for Federal grants through <http://www.grants.gov> will need to renew their registration with the Central Contractor Registry (CCR). You can register with the CCR online and it will take about 30 minutes (<http://www.ccr.gov>).

Contact person regarding this Program Announcement:

U.S. Department of Health and Human Services
Administration on Aging
Robert Logan
Washington, D.C. 20201

Or by calling: 202-357-3585

Or e-mailing: Robert.Logan@aoa.hhs.gov

a. DUNS Number

The Office of Management and Budget requires applicants to provide a Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number when applying for Federal grants or cooperative agreements on or after October 1, 2003.

It is entered on the SF 424. It is a unique, **nine-digit identification number**, which provides unique identifiers of single business entities. The D-U-N-S number is *free and easy* to obtain.

Organizations can receive a DUNS number at no cost by calling the dedicated toll-free DUNS Number request line at 1-866-705-5711 or by using this link: https://www.whitehouse.gov/omb/grants/duns_num_guide.pdf.

b. Project Narrative

A brief narrative must be submitted to justify the request for funding. The project narrative should provide a clear and concise description of the number of older persons residing in the affected area, the damage in the affected area(s) and the types of assistance needed. Plans for how the SUA or tribal organizations will use these funds should be indicated. Funds may be used to reimburse area agencies or tribal organization grantees for expenses incurred prior to the grant award, but must be related to the current disaster and to OAA related costs. Funds typically requested are for the following Title III types of gap-filling services: outreach, information and assistance, counseling, case management, advocacy on behalf of older persons unable or reluctant to speak for themselves, and staff overtime. Funds may be used for additional food, supplies, extra home delivered meals, home clean up and safety, emergency medications, transportation and other such immediate needs. OAA funds may be used for permissible expenses incurred which are not or can not be paid for through other disaster funding resources. At the end of the project period a final report will be required regarding the appropriate and timely expenditure of Federal funds.

3. Submission Dates and Times

Applications are generally submitted within the first few weeks following a disaster. The final deadline for application submission for current Fiscal Year funding is September 14, 2012.

4. Intergovernmental Review

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

5. Funding Restrictions

The following activities are not fundable:

- Construction and/or major rehabilitation of buildings & other areas funded by the Federal Emergency Management Agency (FEMA)
- Basic research (e.g. scientific or medical experiments)
- Area to receive funding must have Presidential Disaster Declaration

6. Other Submission Requirements

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

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

V. AWARD ADMINISTRATION INFORMATION

1. Criteria

Applicants must be a State Agency on Aging or an Older Americans Act Title VI funded tribal organization. Funds may only be used in areas (counties) covered by a specific Presidential declaration. Funds are for Older Americans Act types of services such as “gap-filling” services, information and assistance, assisted transportation and other types of emergency assistance. It is permissible to use the funds for reimbursing Area Agencies on Aging and services providers for disaster assistance provided prior to the date of the award, as long as the services were provided within the declared areas

Applicants will receive a Notice of Award through e-mail to the Authorized Organization Official and Principal Investigator as shown on the SF-424. The Notice of Award is the authorizing document, and will be signed by the AoA grants officer, the AoA authorizing official, and the AoA budget office.

2. Administrative and National Policy Requirements

The award is subject to DHHS Administrative Requirements, which can be found in 45CFR Part 74 and 92, the DHHS Grants Policy Statement, which serves as the AoA Standard Terms and Conditions. Information about the DHHS Grants Policy Statement is available at <http://www.hhs.gov/grantsnet/adminis/gpd/index.htm>.

3. Reporting

Effective March 1, 2011, AoA requires the submission of the SF-425 (Federal Financial Report). The AoA program progress report is due semi-annually from the start date of the award. Final performance and SF-425 reports are due 90 days after the end of the project period.

Grantees are required to complete the federal cash transactions portion of the SF-425 within the Payment Managements System as identified in their award documents for the calendar quarters ending 3/31, 6/30, 9/30, and 12/31 through the life of their award. In addition, the fully completed SF-425 will be required as denoted in the Notice of Award terms and conditions.

VI. AGENCY CONTACTS

Grants Management Officer:
U.S. Department of Health and Human Services
Administration on Aging
Washington, DC 20201
Attn: Holly Blake
e-mail: Holly.Blake@aoa.hhs.gov

Project Officer:
U.S. Department of Health and Human Services
Administration on Aging
Washington, DC 20201
Attn: Robert Logan
Telephone: (202) 357-3585, e-mail: Robert.Logan@aoa.hhs.gov

VII. OTHER INFORMATION

A. Application Elements

1. SF 424 – Application for Federal Assistance.
2. SF 424A – Budget Information.
3. Separate Budget Narrative/Justification (See Attachments for Sample Format).
4. SF 424B – Assurances. Note: Be sure to complete this form according to instructions and have it signed and dated by the authorized representative (see item 18d on the SF 424).
5. Certification
6. Copy of the applicant's most recent indirect cost agreement, as appropriate.
7. Project Narrative

B. 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 justification is approved under OMB control number 0985-0018 which expires on 8/31/13.

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.

**Attachment A:
Instructions for Completing Required Forms
(SF 424, Budget (SF 424A), Budget Narrative/Justification)**

**Attachment B:
SF 424 – Sample Format with Example**

**Attachment C:
Budget Narrative/Justification Format – Sample Format with Examples**

**Attachment D:
Budget Narrative/Justification – Sample Template**

**Attachment E:
Project Work Plan - Sample Template**

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

**Attachment A: Instructions for Completing Required Forms
(SF 424, Budget (SF 424A), Budget Narrative/Justification)**

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. AoA does not require all the information on these Standard Forms. Accordingly, please use the instructions below in lieu of the standard instructions attached to SF 424 and 424A to complete these forms.

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 AoA 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 Central Contractor Registry. Information on registering with CCR may be obtained by visiting the Grants.gov website (<http://www.grants.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.

c. Organizational DUNS: (REQUIRED) Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained by visiting the Grants.gov website (<http://www.grants.gov>). Your DUNS number can be verified at <http://www2.zapdata.com/CompanyLookup.do>.

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 on Aging

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.

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

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

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 4/01/2012 to 3/31/2014. 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.

Note: For Disaster Assistance awards funding is provided for up to one year only.

All budget information entered under item 18 should cover the total project period. There are no match requirements for this application.

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

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

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

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

b. Standard Form 424A

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

Section A - Budget Summary

Line 5: Leave columns (c) (d) & (f) blank. Enter TOTAL Federal costs in column (e). Enter the sum of column (e) in column (g).

Section B - Budget Categories

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

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

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

Section C – Non Federal Resources

Column A: Enter the federal grant program.

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

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

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

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

Section D –Forecasted Cash Needs

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

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

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

Note: This area is not meant to be one whereby an applicant merely divides the requested funding by four and inserts that amount in each quarter but an area where thought is given as to how your estimated expenses will be incurred during each quarter. For example, if you have initial start up 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 break-down of amounts and percentages that comprise fringe benefit costs, such as health insurance, FICA, retirement, etc. A percentage of 35% or less does not require a break down but you must show the percentage charged for each full/part time employee.

Line 6c: **Travel:** Enter total costs of all travel (local and non-local) for staff on the project. **NEW:** Local travel is considered under this cost item not under Other. Local transportation (all travel which does not require per diem is considered local travel). Do not enter costs for consultant's travel - this should be included in line 6h.
In the Justification: Include the total number of trips, number of travelers, destinations, purpose (e.g., attend conference), length of stay, subsistence allowances (per diem), and transportation costs (including mileage rates).

Line 6d: **Equipment:** Enter the total costs of all equipment to be acquired by the project. For all grantees, "equipment" is non-expendable tangible personal property

having a useful life of more than one year and an acquisition cost of \$5,000 or more per unit. If the item does not meet the \$5,000 threshold, include it in your budget under Supplies, line 6e.

In the Justification: Equipment to be purchased with federal funds must be justified as necessary for the conduct of the project. The equipment must be used for project-related functions. 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 sub-grantees.

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 breakdown of the supply items (e.g., 6% of \$100,000 = \$6,000 – breakdown of supplies needed). If the 5% is applied against \$1 million total direct costs (5% x \$1,000,000 = \$50,000) a detailed breakdown of supplies is not needed. Please note: any supply costs of \$5,000 or less regardless of total direct costs does not require a detailed budget breakdown (e.g., 5% x \$100,000 = \$5,000 – no breakdown needed).

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

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

the justification and attached to the budget narrative.

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

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

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

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

d. Certification Regarding Lobbying

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

Proof of Non-Profit Status

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.

Attachment B: Standard Form 424A – Sample Format

OMB Approval No. 0348-0044						
BUDGET INFORMATION--Non-Construction Programs						
SECTION A-BUDGET SUMMARY						
Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. LifeSpan Respite	93.048			300,000	100,000	400,000
2.						
3.						
4.						
5. TOTALS				300,000	100,000	400,000
SECTION B-BUDGET CATEGORIES						
6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)	
	(1) Year 1	(2) Year 2	(3) Year 3	(4)		
a. Personnel	25,000	30,000	35,000		90,000	
b. Fringe Benefits	10,000	15,000	20,000		45,000	
c. Travel	5,000	5,000	5,000		15,000	
d. Equipment	5,000	0	0		5,000	
e. Supplies	5,000	2,500	1,000		8,500	
f. Contractual	15,000	0	0		15,000	
g. Construction	0	0	0			
h. Other	43,333	55,833	47,334		146,500	
i. Total Direct Charges (sum 6a-h)	75,000	75,000	75,000		225,000	
j. Indirect Charges @	25,000	25,000	25,000		75,000	
k. TOTALS (sum 6i and j)	133,333	133,333	133,334		400,000	
7. Program Income	None					

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SECTION C-NON-FEDERAL RESOURCES					
(a) Grant Program	(b) Applicant	(c) State	(d) Other sources	(e) TOTALS	
8. Life Span Respite	60,000	30,000	10,000	100,000	
9.					
10.					
11.					
12. TOTALS (sum of lines 8 and 11)	60,000	30,000	10,000	100,000	
SECTION D-FORECASTED CASH NEEDS					
13. Federal	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
	100,000	15,000	50,000	20,000	15,000
14. Non-Federal	33,333	6,000	10,000	9,000	8,333
15. TOTAL (sum of lines 13 and 14)					
SECTION E-BUDGET ESTIMATES OF <u>FEDERAL</u> FUNDS NEEDED FOR BALANCE OF THE PROJECT					
(a) Grant Program	Future Funding Periods (Years)				
	(b) First	(c) Second	(d)	(e)	
16. Life Span Respite	100,000	100,000			
17.					
18.					
19.					
20. TOTALS (sum of lines 16-19)					
SECTION F-OTHER BUDGET INFORMATION (Attach additional Sheets if Necessary)					
21. Direct Charges:		22. Indirect Charges:			
23. Remarks					

Attachment C: 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	<p>Federal Project Director (name) = .5 FTE @ \$95,401/yr = \$47,700</p> <p>Non-Fed Cash Officer Manager (name) = .5FTE @ \$47,108/yr = <u>\$23,554</u></p> <p>Total \$71,254</p>
Fringe Benefits	\$17,482	\$8,632	\$0	\$26,114	<p>Federal Fringe on Project Director at 36.65% = \$17,482 FICA (7.65%) Health (25%) Dental (2%) Life (1%) Unemployment (1%)</p> <p>Non-Fed Cash Fringe on Office Manager at 36.65% = \$8,632 FICA (7.65%) Health (25%) Dental (2%) Life (1%) Unemployment (1%)</p>

Object Class Category	Federal Funds	Non-Federal Cash	Non-Federal In-Kind	TOTAL	Justification
Travel	\$4,707	\$2,940	\$0	\$7,647	<p>Federal</p> <p>Local travel: 6 TA site visits for 1 person</p> <p>Mileage: 6RT @ .585 x 700 miles \$2,457</p> <p>Lodging: 15 days @ \$110/day \$1,650</p> <p>Per Diem: 15 days @ \$40/day <u>\$600</u></p> <p>Total \$4,707</p> <p>Non-Fed Cash</p> <p>Travel to National Conference in (Destination) for 3 people</p> <p>Airfare 1 RT x 3 staff @ \$500 \$1,500</p> <p>Lodging: 3 days x 3 staff @ \$120/day \$1,080</p> <p>Per Diem: 3 days x 3 staff @ \$40/day <u>\$360</u></p> <p>Total \$2,940</p>
Equipment	\$10,000	\$0	\$0	\$10,000	<p><i>No Equipment requested OR:</i></p> <p>Call Center Equipment</p> <p>Installation = \$5,000</p> <p>Phones = <u>\$5,000</u></p> <p>Total \$10,000</p>
Supplies	\$3,700	\$5,784	\$0	\$9,484	<p>Federal</p> <p>2 desks @ \$1,500 \$3,000</p> <p>2 chairs @ \$300 \$600</p> <p>2 cabinets @ \$200 \$400</p> <p>Non-Fed Cash</p> <p>2 Laptop computers \$3,000</p> <p>Printer cartridges @ \$50/month \$300</p> <p>Consumable supplies (pens, paper, clips etc...)</p> <p>@ \$182/month <u>\$2,184</u></p> <p>Total \$9,484</p>

Object Class Category	Federal Funds	Non-Federal Cash	Non-Federal In-Kind	TOTAL	Justification
Contractual	\$30,171	\$0	\$0	\$30,171	<p>(organization name, purpose of contract and estimated dollar amount)</p> <p>Contract with AAA to provide respite services:</p> <p>11 care givers @ \$1,682 = \$18,502</p> <p>Volunteer Coordinator = <u>\$11,669</u></p> <p>Total \$30,171</p> <p><i>If contract details are unknown due to contract yet to be made provide same information listed above and:</i></p> <p>A detailed evaluation plan and budget will be submitted by (date), when contract is made.</p>
Other	\$5,600	\$0	\$5,880	\$11,480	<p>Federal</p> <p>2 consultants @ \$100/hr for 24.5 hours each = \$4,900</p> <p>Printing 10,000 Brochures @ \$.05 = \$500</p> <p>Local conference registration fee (name conference) = <u>\$200</u></p> <p>Total \$5,600</p> <p>In-Kind</p> <p>Volunteers</p> <p>15 volunteers @ \$8/hr for 49 hours = \$5,880</p>
Indirect Charges	\$20,934	\$0	\$0	\$20,934	<p>21.5 % of salaries and fringe = \$20,934</p> <p>IDC rate is attached.</p>
TOTAL	\$140,294	\$40,910	\$5,880	\$187,084	

Attachment D: 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					

Attachment E: 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.														

Attachment E: Project Work Plan, Page 2 – Sample Template

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*
3.														
4.														

Attachment E: Project Work Plan, Page 3 – Sample Template

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*
5.														
6.														

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

Attachment F: 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 that occur as a result of an organization's or program's activities. (Outcomes are the end-point)

Products – materials, deliverables.

- A model abstract/summary is provided below:

The 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.