

**U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
Administration for Community Living**

**Affordable Care Act State Health Insurance Assistance Program (SHIP) and
Aging and Disability Resource Center (ADRC) Options Counseling for
Medicare-Medicaid Individuals in States with
Approved Financial Alignment Models**

Announcement Type: Initial

Funding Opportunity Number: CMS-1N1-12-001

CFDA: 93.626

Date: August 23, 2012

Applicable Dates:

Application Due Dates: September 24, 2012; November 2, 2012; January 18, 2013; April 4, 2013; June 6, 2013; August 15, 2013

Anticipated Notice of Award (First Round): October 19, 2012

Anticipated Notice of Award (Future Rounds): Approximately 45 days after each deadline date

Period of Performance: Three years from date of award

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OVERVIEW INFORMATION

Agency Name: Department of Health and Human Services (HHS)
Centers for Medicare & Medicaid Services (CMS)
Administration for Community Living

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I. FUNDING OPPORTUNITY DESCRIPTION

1. Purpose

Under the Centers for Medicare and Medicaid Services (CMS), the Center for Medicare & Medicaid Innovation (the Innovation Center) is authorized to test innovative payment and service delivery models to reduce program expenditures under Medicare, Medicaid and the Children's Health Insurance Program (CHIP) while preserving or enhancing the quality of care furnished to individuals under such programs. The Federal Coordinated Health Care Office (Medicare-

Medicaid Coordination Office) is charged with more effectively integrating benefits under the Medicare and Medicaid programs and improving the coordination between the Federal government and states. In July 2011, CMS released a letter to State Medicaid Directors which discussed two models for integrating care and aligning financial incentives for Medicare and Medicaid as part of CMS' Financial Alignment Initiative, a joint initiative of the Innovation Center and the Medicare-Medicaid Coordination Office, under which States and CMS will collaborate to integrate care and financing for Medicare-Medicaid individuals.

The Financial Alignment Initiative is a unique Federal-state partnership to test aligning the service delivery and financing of the Medicare and Medicaid programs to better serve Medicare-Medicaid individuals. As part of this effort, there is a need for strong beneficiary support, education and outreach in each State that is implementing a Financial Alignment model, including options counseling for beneficiaries. State Health Insurance Assistance Programs (SHIPs) and Aging and Disability Resource Centers (ADRCs) have longstanding history and relationships with beneficiaries and are well situated to provide this service locally in each State.

Funding under this Announcement is only available to states that have signed a Memorandum of Understanding (MOU) with CMS to implement the Financial Alignment Initiative.

This Funding Opportunity will provide financial assistance to SHIPs and/or ADRCs to provide options counseling to Medicare-Medicaid Individuals (dual eligibles) to ensure that these individuals have access to an unbiased and consumer friendly source of information and counseling – distinct from the Demonstration Plans and Enrollment Brokers – to help them make informed decisions about options they have for receiving their Medicare and Medicaid benefits. SHIPs and ADRCs are directed to ensure that options counseling for Medicare-Medicaid Individuals that are part of the State Financial Alignment Demonstration Project is separate and distinct from benefits counseling they may perform for any and all beneficiaries that are not part of the Demonstration Project described in this FOA and paid for under other grant funding opportunities. A state signing the Demonstration Program MOU, will, per that MOU, be required to support options counseling. CMS, in consultation with ACL, will evaluate the performance data that SHIPs/ADRCs provide to measure their options counseling outcomes.

2. Statutory Authority

This solicitation is being issued under section 1115A of the Social Security Act (added by section 3021 of the Patient Protection and Affordable Care Act (P.L. 111-148)), which authorizes the Innovation Center to test innovative payment and service delivery models to reduce program expenditures under Medicare, Medicaid, and the Children's Health Insurance Program while preserving or enhancing the quality of care.

3. Background

As discussed above, the Innovation Center is authorized to test innovative service and payment delivery models. The Center's mission is threefold:

- **Better health care** by improving all aspects of patient care;
- **Better health** by encouraging healthier lifestyles in the entire population; and
- **Lower costs through improvement** by promoting preventative medicine, improved coordination of health care services, and by reducing waste and inefficiencies.

The Medicare-Medicaid Coordination Office, established pursuant to Section 2602 of the Affordable Care Act, serves individuals who receive and are enrolled in both Medicare and Medicaid, also known as dual eligibles.

The Medicare-Medicaid Coordination Office works with the Medicaid and Medicare programs, across Federal agencies, States and stakeholders to align and coordinate benefits between the two programs effectively and efficiently. It partners with States to develop new care models and improve the way Medicare-Medicaid enrollees receive health care.

In April 2011, the Medicare-Medicaid Coordination Office awarded design contracts to 15 states to implement State Demonstrations to Integrate Care for Medicare-Medicaid Individuals. The overall goal of this initiative is to develop, test and validate fully integrated delivery system and care coordination models. Early work with these States confirmed that a key component of such initiatives will be testing new payment and financing models to promote better care and align the incentives for improving care and lowering costs between Medicare and Medicaid.

In July 2011, CMS released a letter to State Medicaid Directors providing guidance on two financial alignment models that CMS is seeking to test with states. Through the Innovation Center, CMS will be testing these models across the country, over a three-year period, in programs that collectively serve up to 1-2 million Medicare-Medicaid individuals.

The Financial Alignment models will address a longstanding barrier to coordinating care for Medicare-Medicaid individuals, which is the financial misalignment between Medicare and Medicaid. To begin to address this issue, CMS will test two models for States to better align the financing of these two programs and integrate primary, acute, behavioral health and long term services and supports (LTSS) for their Medicare-Medicaid individuals. These two models include:

- **Capitated Model:** A State, CMS, and a health plan enter into a three-way contract, and the plan receives a prospective blended payment to provide comprehensive, coordinated care.
- **Managed Fee-for-Service Model:** A State and CMS enter into an agreement by which the State would be eligible to benefit from savings resulting from initiatives designed to improve quality and reduce costs for both Medicare and Medicaid.

As of June 2012, a total of 26 states have submitted financial alignment proposals to CMS.

CMS is presenting this Funding Opportunity Announcement and wants to ensure local counseling and informational resources are available for beneficiaries and/or caregivers who have questions about the care options under the Financial Alignment Initiative as implemented in their state. CMS and the Administration for Community Living (ACL) staff collaborated on the development of this FOA and will collaborate on implementation. ACL would serve in a cooperative role with CMS and will participate in consistent communication to states, technical assistance, reporting, training and ensuring collaboration between ADRCs/SHIPS at the state and local level.

The goal of this Funding Opportunity is to provide funding over a three year period to states that have signed a Memorandum of Understanding (MOU) with CMS to implement a CMS-approved State Financial Alignment Initiative. Awardees will develop and implement a coordinated SHIP/ADRC strategy and action plan to provide beneficiaries who are eligible for both Medicare and Medicaid – during both Phase 1 Activities and Ongoing Activities of the program, as described in Section I.4 below - with objective information and one-on-one counseling on the nature of the state's Financial Alignment model. Such activities will include, but are not limited to, providing information and counseling as to how and when the project will be implemented, the options these dual eligible beneficiaries will have for receiving their Medicare and Medicaid services in their state, the appeal rights they will have under the model, and what they need to do to participate in the program. The SHIP/ADRC staff assigned to this project must be able to provide this information and counseling in a way that is easy for beneficiaries to understand and is culturally and linguistically appropriate. These activities must be carried out in a SHIP/ADRC. Also, the SHIP/ADRC should possess a basic understanding of all CMS approved State Financial Alignment Initiatives.

State Health Insurance Assistance Programs (SHIPs)

The State Health Insurance Assistance Program, or SHIP, is a federally funded state-based program that offers free, objective, and local one-on-one health insurance counseling and assistance to people with Medicare, and their families, about Medicare, Medicaid and related programs. The SHIP program, established in 1990, is federally funded through and administered by the Centers for Medicare & Medicaid Services (CMS). SHIP programs reach more than 5 million people each year, including people who are eligible for both Medicare and Medicaid (dual eligibles), through one-on-one counseling, outreach, and media events. SHIPs are located in each of the 50 states, the District of Columbia, Guam, Puerto Rico, and the Virgin Islands. People with Medicare can visit a local SHIP office or call a toll-free phone number to speak to a trained SHIP counselor about their particular Medicare question(s). State SHIP programs are located in each State's Unit on Aging or Department of Insurance. SHIPs have a national network of over 15,250 trained counselors and 1,300 local SHIP sites. Some programs may be called by a name other than SHIP, but they are all part of the federally funded network. SHIPs are independent and are not connected to any insurance company or health plan. They do not promote or sell insurance products.

SHIPs help people find, understand, and enroll in programs and plans, including Medicare Prescription Drug Coverage, Medicare Advantage plans, Medicare supplement insurance policies, and long-term care options.. SHIPs also partner with State Medicaid Agencies and to counsel and provide assistance to duals. SHIPs provide counseling to assist beneficiaries in understanding and using quality of care and cost information, with appeals and grievance processes, provide counseling on Medicare wellness and preventive benefits including those available under the Patient Protection and Affordable Care Act (Affordable Care Act), and increase awareness about: Medicare fraud prevention, including increasing efforts in detecting and reporting fraud; Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) competitive bidding areas; Accountable Care Organizations (ACOs); and, Pre-Existing Condition Insurance Plans (PCIP).

Aging and Disability Resource Center Programs (ADRCs)

The Administration on Aging (now part of the ACL) and CMS have provided grants to states since 2003 to develop “one stop shop” Aging and Disability Resource Center Programs (ADRCs) to make it easier for individuals of all ages to learn about and access the LTSS options that are available in their communities. ADRCs are designed to serve as visible and trusted sources where people can access objective information on their LTSS options and other benefits. These programs provide one-on-one counseling and advice to ensure that individuals, including private pay individuals, fully understand what options are available to meet their particular needs and preferences. For people who might qualify for a public program, ADRCs help individuals navigate the eligibility processes for the public programs they might be eligible for, including Medicaid. ADRCs currently operate in over 465 community sites across 50 States and the U.S. Territories, representing close to 70% of the US population. Similar to the SHIP program, each year ADRCs report serving close to 5.0 million beneficiary contacts.

SHIP and ADRC Coordination

While partnerships have existed between SHIPs and state and local aging and disability organizations since the inception of SHIP programs in 1990, CMS and ACL have helped to increase and solidify partnerships over the past decade, including partnerships with ADRCs, through a number of key efforts. In 2003, when the AoA (now part of the ACL) and CMS first provided grants to states to establish ADRCs, states were required to coordinate their ADRC and SHIP programs. In the 2006 Amendments to the Older Americans Act, ADRCs were charged with helping consumers with information and counseling on their Medicare benefits, and this statutory requirement reinforced the importance of SHIP and ADRC coordination at the federal, state and community level. This partnership was further enhanced through the implementation of the Medicare Part D drug plans, as well as the Medicare Improvements for Patients and Providers Act (MIPPA) of 2008. More recently in 2010, CMS and AOA provided \$40 million to ADRCs and SHIPs under authority provided by the Affordable Care Act (ACA) for the specific purpose of coordinated outreach to beneficiaries, including Medicare-Medicaid enrollees. Through these coordinated efforts, ADRC and SHIP programs and Area Agencies on Aging (AAAs) have successfully filled an important role, providing valuable support at both the state and community levels for organizations involved in reaching people eligible for Medicare Part

D, the Low Income Subsidy (LIS), and Medicare Savings Programs (MSP), as well as assisting beneficiaries in applying for Medicare and other health care and LTSS benefits.

To support the CMS-approved Financial Alignment Initiatives, this Funding Opportunity allows for a joint effort by SHIPs/ADRCs to provide options counseling to those Medicare-Medicaid individuals that need additional information to make informed decisions about their healthcare choices. SHIPs/ADRCs will not provide plan enrollment services; that service will be provided by Enrollment Brokers. SHIPs/ADRCs can refer Medicare-Medicaid individuals to Enrollment Brokers for joining a plan.

Enrollment Brokers

Enrollment into Demonstration plans will be managed by enrollment brokers. Individuals will be able to call these third-party entities to enroll into a Demonstration plan of their choice, or, in some cases, will be passively enrolled by the enrollment broker into a plan if they do not choose a Demonstration plan. Individuals will still have a need for options counseling and assistance from entities that will be able to provide broader options counseling. (The enrollment broker helps with enrollment into the Demonstration plans; the SHIP/ADRC will provide a distinct service to beneficiaries that is independent of the enrollment broker and specifically designed to provide beneficiaries with an unbiased and consumer friendly source of information and counseling that can help them make informed decisions about the options they have for receiving their Medicare and Medicaid services.)

4. Program Requirements

Awardee activities through this funding announcement will encompass three key phases:

- A. Planning Phase for the State to refine its plans for SHIP/ADRC activities for Medicare-Medicaid individuals;
- B. Phase I activities; and
- C. On-going activities.

A. Planning Phase Activities

The first three (3) to six (6) months of the three-year project period of this Cooperative Agreement will consist of developing detailed strategies, updated work plan charts and review of the approved budget to discuss any modifications which may be needed in advance of the start-up and implementation of the Phase 1 and On-going Activities. This budget review will take into account any adjustments needed to the original budget approved; however, these modifications to the budget cannot exceed or deviate from the total original award amount. This planning phase will also include the coordination of activities during the rollout of the Financial Alignment Initiatives. Start-up activities will include, but are not limited to:

- Developing and providing SHIP/ADRC staff with the information, training and tools they will need to effectively and efficiently help beneficiaries during the Phase 1 and On-going activities of this program.

- During the planning phase, grantees will work with CMS staff and their designated technical assistance providers, as well as peers from other Demonstration States, to develop strategies and detailed, updated work plan charts and revised budgets that will take into account the proposed implementation plan and timeframe of each state's Financial Alignment model. Awardees will also work with CMS to leverage opportunities for cross-state synergies in addressing common needs (e.g. the development of standardized information, training, and tools that could be used by SHIP/ADRC staff in all states).
- The updated work plan charts developed during the planning phase must delineate the roles and responsibilities of both the state and local level agencies and partners involved in financing, operating and oversight of the SHIP/ADRC counseling for Medicare-Medicaid enrollees within the geographic areas covered by the state's Financial Alignment model.
- At a minimum, the work plan charts should be created in a chart/matrix format and must contain the following elements: Goal, Measurable Outcome, Major Objectives, Key Tasks, Lead Person assigned, Timeframe (Start and End Dates), and the specific mechanisms that the State will employ/utilize to coordinate efforts of the SHIP and ADRC programs to ensure that the work is collaborative, that resources are leveraged to provide maximum effectiveness, and the work is not duplicative. Other elements may be added to the work plan chart during the initial planning phase.
- Plans must also ensure the appropriate coordination between SHIP/ADRC staff and the Enrollment Brokers.
- Plans must also ensure coordination with, the State's enrollment vendor(s), and appeals mechanisms associated with the Financial Alignment model.
- Plans must also ensure that the information and counseling the SHIP/ADRC staff provide to beneficiaries under this project is easy for the beneficiaries to understand and is culturally and linguistically appropriate.
- If more than six months time is needed the applicant should send a request to extend this period. This request must be made to and approved by CMS.

B. Phase I Activities

This phase will involve SHIP/ADRC programs providing information and, as necessary, one-on-one counseling to dually eligible beneficiaries who have questions about their state's Financial Alignment model before they begin participating in the model and preferably before the model begins. The SHIP/ADRC grantees will be required to provide high-quality information and counseling to all requesting beneficiaries, providers and caregivers, and document, track and report on the types of questions being asked and the type of information and assistance they are providing to these dually eligible beneficiaries. Minimally, the following are the data elements that awardees will be required to track and report to CMS on a quarterly basis using the National Performance Reporting (NPR) System:

- Number of SHIP and ADRC counselors serving Medicare-Medicaid individuals (duals) by zip code, by county, by state

- Number of SHIP and ADRC counselors trained on the financial alignment demonstration by zip, by county, by state
- Number of referrals to SHIPs and to ADRCs from:
 - State Medicaid Office
 - Enrollment brokers
 - 1-800-MEDICARE
 - CMS Federal Coordinated Health Care Office (FCHCO)
 - Other
- Number of types of topics discussed or services provided to beneficiaries:
 - Enrollment broker assistance
 - Letters received from State Medicaid Office
 - Managed care options
 - Opt-out of program
 - Enrollment assistance
 - Other Medicare issues
 - Given publications and other materials
- Number and type of referrals:
 - Referred to other service(s)/organizations
 - Referred to Enrollment broker
 - Referred to the appeals process
- Number of beneficiaries that elected to opt-out
- Number of beneficiaries who remained in assigned managed care program
- Provide a list of partners, their role(s), and expected outcome(s); identify if there is a Memorandum of Understanding (MOU) and/or contract in place with such partners.

C. Ongoing Activities

This stage will involve SHIP/ADRC programs providing information and, as necessary, one-on-one counseling to dually eligible beneficiaries to navigate or access portions of the Financial Alignment model including but not limited to a network benefit or determining whether a particular plan continues to meet an individual's care needs. On a quarterly basis, in the NPR system, SHIP/ADRC programs will be required to document, track and report on the types of questions they are being asked and the types of information and assistance they are providing.

In this phase, the SHIP/ADRC programs will provide high quality, tailored information and, as necessary, one-on-one counseling, on the state's Financial Alignment model in a manner that:

- Is fair, objective, accurate, timely, complete and impartial;
- Empowers consumers to make informed decisions about selecting plans that best meet their health and LTSS needs;
- Refers consumers and their families to other resources as needed; and,
- Ensures that a decentralized process is used to reach populations at the local level, and that there is access to a statewide 1-800 number, and an appropriate availability of counselors.

II. AWARD INFORMATION

1. Total Funding

In determining Cooperative Agreement amounts, the total amount of federal funds available is anticipated to be up to \$5,000,000. The allocation of funds will be determined by a formula that considers the number of Medicare-Medicaid Individuals in the state as a proportion of the number of Medicare beneficiaries, per 1,000 in the state. The estimated award per state may range from \$250,000 to \$1,000,000. For purposes of submitting an application, the Federal funds requested should remain within this range. CMS reserves the right to reduce the requested amount based on available funding, the number of applicants for a particular round, and the formula applied to each state applicant.

ADRCs and SHIPs within a state are expected to receive an equal amount of funding, unless otherwise negotiated by the components with the State and approved by CMS.

2. Award Amount

The total estimated amount of Federal funds available is \$5,000,000. Individual awards will range from \$250,000 to \$1,000,000. States with a signed Memorandum of Understanding (MOU) with CMS to implement the Financial Alignment Initiative, under which States and CMS will collaborate to integrate care and financing for Medicare-Medicaid individuals will, per that MOU, be required to support options counseling, and part of that will involve coordination with the agency that oversees the SHIP/ADRC. CMS and ACL will reach out to notify states of this Funding Opportunity after the MOU is signed.

3. Anticipated Award Dates

The anticipated award date for the first round of funding is October 19, 2012. Thereafter, it is approximately 45 days after each application due date.

4. The Period of Performance

The budget and project period for each Cooperative Agreement awarded will be three (3) years from the date of award. The estimated budget and project period for the first round of awards is October 19, 2012 to October 18, 2015.

Continued access to funding will be contingent on the applicant's ability to comply with key deliverables within the Period of Performance and demonstration of need in the State (regarding participation in Financial Alignment model).

5. Number of Awards

The number of estimated awards is based on the number of states that, at the time of each application deadline, have signed MOUs with CMS to implement the Financial Alignment Initiative.

6. Type of award

These awards will be structured as Cooperative Agreements. CMS will be substantially involved in award activities (as outlined in Section VI. Award Administration Information) by reviewing and approving technical assistance products and participating in planning and training activities, which will be determined by the needs and priorities of grantee states in collaboration with CMS.

7. Termination of Award

Continued funding to an awardee is dependent on satisfactory performance against goals and performance expectations delineated in the cooperative agreement's terms and conditions. CMS reserves the right to terminate the cooperative agreement if it is determined to be in the Government's best interests. Projects will be funded subject to meeting terms and conditions of the award, and subject to Section 1115A(b)(3)(B) of the Social Security Act, which requires the Secretary to terminate or modify the design and implementation of a model unless it is determined after testing has begun that it is expected to improve quality of care without increasing Medicare, Medicaid and CHIP spending, reduce Medicare, Medicaid and CHIP spending without reducing quality of care, or improve quality of care and reduce spending for Medicare, Medicaid, and CHIP beneficiaries.

CMS also may terminate or modify an agreement based upon CMS review of the state's progress, including a review of whether or how well quality and savings targets are met. In such cases CMS staff will make a recommendation to the CMS Administrator based on the best interests of CMS including consideration of the Innovation Center's mission to test and evaluate new payment and service delivery models.

III. ELIGIBILITY INFORMATION

1. Eligible Applicants

Funding under this Announcement is only available to states that have signed an MOU with CMS to implement the Financial Alignment Initiative. A list of states that have submitted proposals for the Financial Alignment Initiative at the time of the release of the FOA can be found at: <http://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid->

[Coordination/Medicare-Medicaid-Coordination-Office/FinancialModelstoSupportStatesEffortsinCareCoordination.html](#)

Eligible applicants from the CMS-approved Financial Alignment States include any one of the state agencies that administers the ADRC and/or SHIP program(s) within the state (e.g. State Unit on Aging, State Department of Insurance, a State Disability Agency, State Medicaid Agency or other state entity). Regardless of which agency serves as the "lead" applicant agency, the State Unit on Aging, State Department of Insurance, State Disability Agency/Agencies and State Medicaid Agency must all be involved in the planning, development and implementation of the state's options counseling efforts under this funding opportunity. A letter of commitment signed by the State Official of each coordinating agency must be provided with the submitted application. The letter of commitment should contain the name of the state agency(s), name of SHIP, name of ADRC and the designated "lead" agency. Please include a statement that the State Official agrees to deliver the services outlined in this Funding Opportunity Announcement (FOA) for the entire project period stated in Section II-Award Information. The SHIP and ADRC operational activities supported by this opportunity must be fully coordinated at both the state and community level. Only one application can be submitted for approval from each eligible state.

Legal Status: All applicants must have a valid Employer Identification Number (EIN), otherwise known as a Taxpayer Identification Number (TIN) assigned by the Internal Revenue Service.

Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS number): All applicants must have a Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number in order to apply. The DUNS number is a nine-digit identification number that uniquely identifies business entities. Obtaining a DUNS number is easy and free. To obtain a DUNS number, access the following website: <http://www.dunandbradstreet.com> or call 1-866-705-5711. See Section IV, Application and Submission Information, for more information on obtaining a DUNS number.

Central Contractor Registration (CCR) Requirement: All applicants must provide their DUNS and EIN/TIN numbers in order to be able to register in the Central Contractor Registration (CCR) database at <https://www.sam.gov/portal/public/SAM/>. Applicants must successfully register with CCR prior to submitting an application or registering in the Federal Funding Accountability and Transparency Act Subaward Reporting System (FSRS) as a prime awardee user. See Section IV, Application and Submission Information, for more guidance on CCR registration. Prime recipients must maintain a current registration with the CCR database, and **may make subawards only to entities that have DUNS numbers**. Organizations must report executive compensation as part of the registration profile at <https://www.sam.gov/portal/public/SAM/> by the end of the month following the month in which this award is made, and annually thereafter (based on the reporting requirements of the Federal Funding Accountability and Transparency Act (FFATA) of 2006 (Pub. L. 109-282), as amended

by section 6202 of Public Law 110-252 and implemented by 2 CFR Part 170)). See Section VI, Award Administration Information, for more information on FFATA.

2. Cost Sharing or Matching

State Cost-Sharing and Matching payments are not required for this program.

IV. APPLICATION AND SUBMISSION INFORMATION

1. Address to Request Application Package

This Funding Opportunity Announcement serves as the application package for this Cooperative Agreement and contains all the instructions to enable a potential applicant to apply. The application should be written primarily as a narrative with the addition of standard forms required by the Federal government for all grants and Cooperative Agreements.

Application materials can be obtained from:

- <http://www.grants.gov> OR,
- <https://shiptalk.org/> OR,
- <http://www.aoa.gov/AoARoot/Grants/Funding/index.aspx>.

Please note that HHS requires applications for all announcements to be submitted electronically through <http://www.grants.gov>. For assistance with grants.gov, contact support@grants.gov or call 1-800-518-4726. At <http://www.grants.gov>, applicants 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. Specific instructions for applications submitted via <http://www.grants.gov>:

- You can access the electronic application for this project at <http://www.grants.gov>. You must search the downloadable application page by the CFDA number 93.626.
- At the <http://www.grants.gov> website, you will find information about submitting an application electronically through the site, including the hours of operation. HHS 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 needed to complete the required registration steps.
- All applicants under this announcement must have an Employer Identification Number (EIN), otherwise known as a Taxpayer Identification Number (TIN), to apply. **Please note, the time needed to complete the EIN/TIN registration process is substantial, and applicants should therefore begin the process of obtaining an EIN/TIN immediately upon posting of this FOA to ensure this information is received in advance of application deadlines.**
- All applicants, as well as sub-recipients, must have a Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number at the time of application in order to be considered for a grant or Cooperative Agreement. A DUNS number is required whether an

application is submitting a paper application (only applicable if a waiver is granted) or using the Government-wide electronic portal, <http://www.grants.gov>. The DUNS number is a nine-digit identification number that uniquely identifies business entities. Obtaining a DUNS number is easy and free. To obtain a DUNS number, access the following website: <http://www.dunandbradstreet.com> or call 1-866-705-5711. This number should be entered in the block with the applicant's name and address on the cover page of the application (Item 8c on the Form SF 424, Application for Federal Assistance). The name and address in the application should be exactly as given for the DUNS number. **Applicants should obtain this DUNS number as soon as possible after the announcement is posted to ensure all registration steps are completed in time.**

- The applicant must also register in the Central Contractor Registration (CCR) database in order to be able to submit the application. Applicants are encouraged to register early, and must have their DUNS and EIN/TIN numbers in order to do so. Information about CCR is available at <https://www.sam.gov/portal/public/SAM/>. The Central Contractor Registration process is a separate process from submitting an application. **You should allow a minimum of five business days to complete CCR registration; however, in some cases, the registration process can take approximately two weeks or longer to be completed. Therefore, applicants should begin the CCR registration process as soon as possible after the announcement is posted to ensure that it does not impair your ability to meet required submission deadlines.**
- Authorized Organizational Representative: The Authorized Organizational Representative (AOR) who will officially submit an application on behalf of the organization must register with Grants.gov for a username and password. AORs must complete a profile with Grants.gov using their organization's DUNS Number to obtain their username and password at http://grants.gov/applicants/get_registered.jsp. AORs must wait one business day after successful registration in CCR before entering their profiles in Grants.gov. **Applicants should complete this process as soon as possible after successful registration in CCR to ensure this step is completed in time to apply before application deadlines.**
- When an AOR registers with Grants.gov to submit applications on behalf of an organization, that organization's E-Biz POC will receive an email notification. The email address provided in the profile will be the email used to send the notification from Grants.gov to the E-Biz POC with the AOR copied on the correspondence.
- The E-Biz POC must then login to Grants.gov (using the organization's DUNS number for the username and the special password called "M-PIN") and approve the AOR, thereby providing permission to submit applications.
- **Any files uploaded or attached to the Grants.Gov application must be PDF file format and must contain a valid file format extension in the filename. Even though Grants.gov allows applicants to attach any file format as part of their application, CMS restricts this practice and only accepts PDF file formats. Any file submitted as part of the Grants.gov application that is not in a PDF file format, or contains password protection, will not be accepted for processing and will be excluded from the application**

during the review process. In addition, the use of compressed file formats such as ZIP, RAR, or Adobe Portfolio will not be accepted. The application must be submitted in a file format that can easily be copied and read by reviewers. It is recommended that scanned copies not be submitted through Grants.gov unless the applicant confirms the clarity of the documents. Pages cannot be reduced in size, resulting in multiple pages on a single sheet, to avoid exceeding the page limitation. All documents that do not conform to the above constraints will be excluded from the application materials during the review process.

- After you electronically submit your application, you will receive an acknowledgement from <http://www.grants.gov> that contains a Grants.gov tracking number. **Please be aware that this notice does not guarantee that the application will be accepted by Grants.gov. Rather, this email is only an acknowledgement of receipt of the application by Grants.gov.** All applications must be validated by Grants.gov before they will be accepted. Please note, applicants may incur a time delay before they receive acknowledgement that the application has been validated and accepted by the Grants.gov system. In some cases, the validation process could take up to 48 hours. If for some reason the application is not accepted, then the applicant will receive a subsequent notice from Grants.gov indicating that the application submission has been rejected. **Applicants should not wait until the application deadline to apply because notification by Grants.gov that the application is incomplete may not be received until close to or after the application deadline, eliminating the opportunity to correct errors and resubmit the application. Applications submitted after the deadline because the original submission failed validation and is therefore rejected by Grants.gov, as a result of errors on the part of the applicant, will not be accepted by CMS and/or granted a waiver.** For this reason, CMS recommends that applicants apply in advance of the application due date and time.
- After CMS retrieves your application package from Grants.gov, a return receipt will be emailed to the applicant contact. This will be in addition to the tracking number provided by Grants.gov.
- Each year organizations and entities registered to apply for Federal grants through <http://www.grants.gov> will need to renew their registration with the Central Contractor Registration (CCR). You can register with the CCR online; registration will take about 30 minutes to complete (<https://www.sam.gov/portal/public/SAM/>). Failure to renew CCR registration prior to application submission will prevent an applicant from successfully applying.

Applications cannot be accepted through any e-mail address. Full applications can only be accepted through <http://www.grants.gov>. Full applications cannot be received via paper mail, courier, or delivery service, unless a waiver is granted per the instructions below.

All cooperative agreement applications, for each award round deadline, must be submitted electronically and be received through <http://www.grants.gov> by 5:00 pm Eastern Daylight Time

or Eastern Standard Time, depending on the specific deadline date. See subsection 3. *Submission Dates and Times* under this section for more information.

All applications will receive an automatic time stamp upon submission and applicants will receive an e-mail reply acknowledging the application's receipt.

The applicant must seek a waiver **at least** ten days prior to the application deadline if the applicant wishes to submit a paper application. Applicants that receive a waiver to submit paper application documents must follow the rules and timelines that are noted below.

In order to be considered for a waiver application, an applicant **must** have adhered to the timelines for obtaining a DUNS number, registering with the Central Contractor Registration (CCR), registering as an Authorized Organizational Representative (AOR), obtaining an Employer/Taxpayer Identification Number (EIN/TIN), completing Grants.gov registration, as well as requested timely assistance with technical problems. Applicants that do not adhere to timelines and/or do not demonstrate timely action with regards to these steps will not be considered for waivers based on the inability to receive this information in advance of application deadlines.

Please be aware of the following:

- Search for the application package in Grants.gov by entering the CFDA number. This number is located on the first page of this announcement.
- Paper applications are not the preferred method for submitting applications. However, if you experience technical challenges while submitting your application electronically, please contact Grants.gov Support directly at: <http://grants.gov/contactus/contactus.jsp> or (800) 518-4726. Customer Support is available to address questions 24 hours a day, 7 days a week (except on Federal holidays).
- Upon contacting Grants.gov, obtain a tracking number as proof of contact. The tracking number is helpful if there are technical issues that cannot be resolved and a waiver from the agency must be obtained.
- If it is determined that a waiver is needed, you must submit a request in writing (emails are acceptable to Christopher.Clark@cms.hhs.gov with a clear justification for the need to deviate from our standard electronic submission process.
- If the waiver is approved, the application should be sent directly to the Division of Grants Management and received by the application due date.

To be considered timely, applications must be received by the published deadline date. However, a general extension of a published application deadline that affects all applicants or only those applicants in a defined geographical area may be authorized by circumstances that

affect the public at large, such as natural disasters (e.g., floods or hurricanes) or disruptions of electronic (e.g., application receipt services) or other services, such as a prolonged blackout. Grants.gov complies with Section 508 of the Rehabilitation Act of 1973. If an individual uses assistive technology and is unable to access any material on the site including forms contained with an application package, they can email the Grants.gov contact center at support@grants.gov or call 1-800-518-4726.

2. Content and Form of Application Submission

Each application must include all contents described below, in the order indicated, and in conformity with the following specifications:

- Use 8.5” x 11” letter-size pages (one side only) with 1” margins (top, bottom, and sides). Other paper sizes will not be accepted. This is particularly important because it is often not possible to reproduce copies in a size other than 8.5” x 11”.
- All pages of the project narrative must be paginated in a single sequence.
- Font size must be 12-point with an average character density no greater than 14 characters per inch.
- The narrative portions of the application must be **DOUBLE-SPACED**.
- The project abstract is restricted to a one-page summary which should be single-spaced.
- The Project Narrative must not exceed 10 pages in length.
- The Budget Request and Narrative must not exceed 5 pages in length.
- Letters of Commitment, Work Plan Chart, and Vitae of Key Personnel must not exceed 15 pages in length.
- The total of all narrative portions, including supporting materials, should not exceed 30 pages. The Cover Letter, Project Abstract, signed Memorandum of Understanding, and Standard Forms are not included within the 30-page limit. The total size of all uploaded files may not exceed a total file size of 10 MB.

A. Standard Forms

- SF 424: Official Application for Federal Assistance (see note below)
- SF 424A: Budget Information Non-Construction
- SF 424B: Assurances-Non-Construction Programs

- SF LLL: Disclosure of Lobbying Activities
- Project Site Location Form(s)

Note: On SF 424 “Application for Federal Assistance:”

- Item 15 “Descriptive Title of Applicant’s Project.” Please indicate in this section the name of this Cooperative Agreement funding opportunity: State Health Insurance Assistance Program (SHIP) and Aging and Disability Resource Center (ADRC) Options Counseling for Medicare-Medicaid Individuals in States with Approved Financial Alignment Models
- Check box “C” to item 19, as Review by State Executive Order 12372 does not apply to these cooperative agreement awards.
- Assure that the total Federal Cooperative Agreement funding requested is for the entire period of the Cooperative Agreement.

B. Required Letters of Commitment

Please refer to Section III.1. for information on the letters that must be submitted with the application.

C. Cover Letter

A letter from the applicant indicating the title of the project, the principal contact person, and the amount of funding requested.

This letter should be addressed to:

Christopher Clark
Grants Management Specialist
Centers for Medicare and Medicaid Services
Office of Acquisition and Grants Management
200 Independence Ave., S.W.
Room 733H-02
Washington, DC 20201

D. Copy of Signed Memorandum of Understanding

Applicants must include a copy of the signed Memorandum of Understanding (MOU) with CMS to implement the Financial Alignment Initiative.

E. Project Abstract

The one-page abstract (single-spaced) should serve as a succinct description of the proposed project and should include the goals of the project, the total budget, and a description of how the grant will be used. The abstract is often distributed to provide information to the public and Congress, so please write the abstract so that it is clear, accurate, concise, and without reference to other parts of the application. Personal identifying information should be excluded from the abstract.

F. Project Narrative

The Project Narrative is the most important part of the application, since it will be used as the primary evaluative tool for determining whether your project meets the minimum requirements for this cooperative agreement. The Project Narrative should provide a clear and concise description of your project, and include complete and separate responses to the following nine questions outlined below:

1. Will all funds provided under this cooperative agreement be used solely to support outreach, information, and one-on-one counseling efforts directed toward dually eligible Medicare-Medicaid beneficiaries? (Yes or No – Note that an answer of Yes is required to be eligible for funding.)
2. Will all activities provided through the SHIP/ADRC programs under this cooperative agreement to dually eligible Medicare-Medicaid beneficiaries be above and beyond the regular activities that the ADRC and SHIP have planned in response to federal funding provided under the other ADRC and SHIP program grant awards? (Yes or No – Note that an answer of Yes is required to be eligible for funding.) If yes, awardee agrees to include a description of how this funding will extend or enhance the ADRC and SHIP efforts within the State as part of their detailed work plan chart, which will be reviewed and may be adjusted within 6 months from receipt of funds.
3. Will all the required state agencies that must be involved in the planning and implementation of this project (i.e., the State Unit on Aging, State Department of Insurance, State Disability Agency/Agencies and State Medicaid Agency) have meaningful coordination and partnership roles in the project? (Yes or No – Note that an answer of Yes is required to be eligible for funding.) Please provide a letter of commitment signed by all coordinating agencies.
4. Will funding be provided to the state and local agencies and organizations that administer the ADRC and SHIP programs within the state as appropriate to support the goals of this funding opportunity and the timeline and work plan chart for the state's Financial Alignment model? (Yes or No – Note that an answer of Yes is required to be eligible for funding.)
5. Does the "lead" applicant and its partner agencies within the state agree to work with CMS/ACL and their Technical Assistance Providers to review and revise a proposed, detailed work plan chart and project budget during the six (6) month planning phase of the cooperative agreement, as outlined in the funding announcement? (Yes or No – Note that an answer of Yes is required to be eligible for funding.)

NOTE: At a minimum, the detailed work plan chart that awardee states will have to develop during their six (6) month planning phase must include:

- *a statement of the project's overall goal, and anticipated outcome(s),*
 - *key objectives, and the major tasks / action steps that will be pursued to achieve the goal and outcome(s) for the Phase I activities and Ongoing activities of the cooperative agreement.*
 - *For each major task / action step, the work plan chart will identify timeframes involved (including start- and end-dates), and the lead person responsible for completing the task.*
 - *The specific mechanisms that the State will employ/utilize to coordinate efforts of the SHIP and ADRC programs to ensure that the work is collaborative, that resources of the programs are leveraged to provide maximum effectiveness and the work is not duplicative.*
6. Will the awardee agree to work with CMS/ACL and its Technical Assistance Providers to develop an approach to evaluate the state's progress? If Yes, awardee agrees to implement its detailed work plan chart and achieve specific measurable outcomes, including outcomes related to: (Yes or No – Note that an answer of Yes is required to be eligible for funding.)
- Number of SHIP and ADRC counselors serving Medicare-Medicaid individuals (duals) by zip code, by county, by state
 - Number of SHIP and ADRC counselors trained on the Financial Alignment demonstration, by zip, by county, by state
 - Number of referrals to SHIPs and to ADRCs from:
 - State Medicaid Office
 - Enrollment brokers
 - 1-800-MEDICARE
 - CMS Federal Coordinated Health Care Office (FCHCO)
 - Other
 - Number of types of topics discussed or services provided to beneficiaries:
 - Enrollment broker assistance
 - Letters received from State Medicaid Office
 - Managed care options
 - Opt-out of program
 - Enrollment assistance
 - Other Medicare issues
 - Given publications and other materials
 - Number and type of referrals

- Referred to other service(s)/organizations
 - Referred to Enrollment broker
 - Referred to the appeals process
- Number of beneficiaries that elected to opt-out
 - Number of beneficiaries who remained in assigned managed care program
 - Provide a list of partners, their role(s), and expected outcome(s); identify if there is a MOU and/or contract in place with such partners.
7. Will the awardee establish new and/or expand existing partnerships that will enable the awardee to reach and/or provide options counseling to Medicare-Medicaid eligible individuals? (Yes or No) If Yes, awardee agrees to include a description of what specific partnerships the awardee will establish or expand as part of its detailed, revised work plan chart due no later than 6 months from receipt of funds. (Yes or No – Note that an answer of Yes is required to be eligible for funding.)
 8. Who will provide project management for the cooperative agreement? Please briefly describe the clear delineation of the roles and responsibilities of key project staff, consultants and partner organizations, and how they will contribute to achieving the project's objectives and outcomes. Please specify who would have day-to-day responsibility for key tasks such as: leadership of the project; monitoring the project's on-going progress, preparation of reports and submission of data; communications with other partners and CMS and ACL. Please also describe the approach that will be used to monitor and track progress on the project's tasks and objectives.
 9. Please briefly describe the organizational capability of the "lead" organization to carry-out the activities of this cooperative agreement. Ensure that the vitae for key project personnel are provided as attachments to the application. This description should include how the applicant agency is organized, the nature and scope of its work and/or the capabilities it possesses, as well as a description of the organization's capability to sustain some or all project activities after federal financial assistance has ended. If appropriate, include an organization chart showing the relationship of the project to the current organization as an attachment to the Project Narrative. Also include information about any contractual organization(s) that will have a significant role(s) in implementing project and achieving project goals.

G. Work Plan Chart

At a minimum, the proposed work plan chart should be created in a chart/matrix format and must contain the following elements: Goal, Measurable Outcome, Major Objectives, Key Tasks, Lead Person assigned, Timeframe (Start and End Dates), and the specific mechanisms that the State will employ/utilize to coordinate efforts of the SHIP and ADRC programs to ensure that the

work is collaborative, that resources of the programs are leveraged to provide maximum effectiveness, and the work is not duplicative. The applicant should be as detailed as possible in its proposal. Upon award, grantees will revise the work plan chart during the planning phase.

H. Vitae for Key Project Personnel

As indicated in the description under the Project Narrative (see questions 8 and 9), applicants should include vitae for key project personnel involved in this project. Vitae may include the following elements: Contact information, Brief biography, Undergraduate education, Graduate education, Training, Employment history, Technical, computer, and language skills, Professional licenses and certifications, Memberships.

I. Budget and Budget Narrative

a. Budget SF424A

All applicants must submit a SF424A. For the budget recorded on form SF 424A, the instructions outlined below should be followed, in addition to reviewing the general instructions provided for the SF424A.

Section A – Budget Summary

Grant Program Function or Activity (column a) = Enter “SHIP and ADRC Options Counseling” in row 1.

New or Revised Budget, Federal (column e) = Enter the Total Federal Budget Requested for the 3-year project period in rows 1 and 5.

New or Revised Budget, Non-Federal (column f) = Enter Total Amount of any Non-Federal Funds Contributed (if applicable) in rows 1 and 5.

New or Revised Budget, Total (column g) = Enter Total Budget Proposed in rows 1 and 5, reflecting the sum of the amount for the Federal and Non-Federal Totals.

Section B – Budget Categories

Enter the total costs requested for each Object Class Category (Section B, number 6) for each year of the 3-year project period.

Column (1) = Enter the heading for this column as Year 1. Enter Year 1 costs for each line item (rows a-h), including the sum of the total direct charges (a-h) in row i. Indirect charges should be reflected in row j. The total for direct and indirect charges for all year 1 line items should be entered in column 1, row k (sum of row i and j).

Column (2) = Enter the heading for this column as Year 2. Enter Year 2 costs for each line item (rows a-h), including the sum of the total direct charges (a-h) in row i. Indirect charges should be reflected in row j. The total for direct and indirect charges for all year 2 line items should be entered in column 2, row k (sum of row i and j).

Column (3) = Enter the heading for this column as Year 3. Enter Year 3 costs for each line item (rows a-h), including the sum of the total direct charges (a-h) in row i. Indirect charges should

be reflected in row j. The total for direct and indirect charges for all year 3 line items should be entered in column 2, row k (sum of row i and j).

Column 5 = Enter total costs for all years of the project period for each line item (rows a-h), direct total costs (row i), and indirect costs (row j). The total costs for all line items for the three years should be entered in row k (sum of row i and j). The total in column 5, row k should match the total provided in Section A - Budget Summary, New or Revised Budget, column g, row 5.

b. Budget Narrative

The Budget Narrative must include a yearly breakdown of costs for the 3-year project period. Specifically, the Budget Narrative should provide a detailed cost breakdown for each line item outlined in the SF424A by grant year, including a breakdown of costs for each activity/cost within the line item. The proportion of grant funding designated for each grant activity should be clearly outlined and justify the State's readiness to receive funding throughout the three-year project period including complete explanations and justifications for the proposed grant activities. The budget must separate out funding that is administered directly by the lead agency from funding that will be used by any entity other than the lead agency.

The following budget categories should be addressed (as applicable):

- Personnel
- Fringe benefits
- Contractual costs, including subcontract contracts
- Equipment
- Supplies
- Travel
- Indirect charges, in compliance with the Code of Federal Regulations. If requesting indirect costs in the budget, a copy of the indirect cost rate agreement is required.
- Other costs (can include infrastructure, data collection, and data analysis costs)

Completion of the Budget Form SF424A remains a requirement for consideration of your application. This Estimated Budget and Budget Narrative are an important part of your proposal and will be reviewed carefully by HHS staff.

3. Submission Dates and Times

The deadline for the submission of initial applications under this Program Funding Opportunity Announcement is September 24, 2012. Applications must be submitted electronically by 5:00 p.m. Eastern Daylight Time.

Following this deadline, based on available funding, applications will be accepted for review and approval from eligible states throughout fiscal year 2013 according to the submission due dates outlined in the chart below:

FY 2013 Subsequent Funding Application Submissions and Review Schedule

Application Submission Due	Estimated Review Period	Anticipated Notice of Award Date	Anticipated Funding Period
November 2, 2012, 5 p.m. Eastern Daylight Time	November 5 – December 10, 2012	December 17, 2012	December 17, 2012 to December 16, 2015
January 18, 2013, 5 p.m. Eastern Standard Time	January 21, 2013 – February 25, 2013	March 4, 2013	March 4, 2013 to March 3, 2016
April 4, 2013, 5 p.m. Eastern Daylight Time	April 4, 2013 – April 30, 2013	May 20, 2013	May 20, 2013 to May 19, 2016
June 6, 2013, 5 p.m. Eastern Daylight Time	June 6, 2013 – July 8, 2013	July 22, 2013	July 22, 2013 to July 21, 2016
August 15, 2013, 5 p.m. Eastern Daylight Time	August 15, 2013 – September 17, 2013	September 27, 2013	September 27, 2013 to September 26, 2016

4. Intergovernmental Review

Applications for these Cooperative Agreements are not subject to review by States under Executive Order 12372, “Intergovernmental Review of Federal Programs” (45 CFR 100). Please check box “C” on item 19 of the SF 424 (Application for Federal Assistance) as Review by State Executive Order 12372, does not apply to these Cooperative Agreements.

5. Funding Restrictions

Indirect Costs

If requesting indirect costs, a currently effective Indirect Cost Rate Agreement will be required. Applicants are required to use the rate agreed to in the Indirect Cost Rate Agreement. However, if there is not an agreed upon rate, the award (if the applicant is selected) may not include an amount for indirect costs unless the organization has never established an indirect cost rate (usually a new recipient) and intends to establish one. In such cases, the award shall include a

provisional amount equaling one-half of the amount of indirect costs requested by the applicant, up to a maximum of 10 percent of direct salaries and wages (exclusive of fringe benefits). If the recipient fails to provide a timely proposal, indirect costs paid in anticipation of establishment of a rate will be disallowed. See the Health and Human Services Grants Policy Statement at <http://www.hhs.gov/grantsnet/adminis/gpd/> for more information.

The provisions of 2 CFR Part 225 (previously OMB Circular A-87) govern reimbursement of indirect costs under this solicitation.

Reimbursement of Pre-Award Costs

No grant funds awarded under this solicitation may be used to reimburse pre-award costs.

Prohibited Uses of Grant Funds

1. To match any other Federal funds.
2. To provide services, equipment, or support that are the legal responsibility of another party under Federal or State law (e.g., vocational rehabilitation or education services) or under any civil rights laws. Such legal responsibilities include, but are not limited to, modifications of a workplace or other reasonable accommodations that are a specific obligation of the employer or other party.
3. To provide infrastructure for which Federal Medicaid matching funds are available at the 90 / 10 matching rate, such as certain information systems projects.
4. To supplant existing Federal, State, local, or private funding of infrastructure or services, such as staff salaries, etc.

Unallowable Costs

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.
- Technology projects/data systems (excluding equipment, e.g., lap top, PC)

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. Executive Orders on Promoting Efficient Spending (EO 13589) and Delivering Efficient, Effective and Accountable Government (EO 13576) have been issued and instruct Federal agencies to promote efficient spending. Therefore, if meals are to be charged in your proposal, applicants should understand such costs must meet the following criteria outlined in the Executive Orders and HHS Grants Policy Statement:

Meals are generally unallowable except for the following:

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

V. APPLICATION REVIEW INFORMATION

In order to receive a Cooperative Agreement for establishing Options Counseling for Medicare-Medicaid Individuals in States with Approved Financial Alignment Initiatives, States must submit an application, in the required format, no later than the deadline date.

If an applicant does not submit all of the required documents and does not address each of the topics described below, the applicant risks not being awarded a Cooperative Agreement. Please see Section IV, Application and Submission Information for more information on what is required to apply.

Written proposals for funding under this announcement will be reviewed by a CMS determined review panel, based on the requirements of the Program Funding Opportunity Announcement. Applicants selected for award will have answered yes to all the "Yes" required questions (1 to 7) and provided detailed responses which address the criteria outlined below.

1. Criteria

Applications will be evaluated using the following three criteria:

- **Approach;**
- **Budget; and,**
- **Organizational Capacity**

Applicants must sufficiently address the following:

A. Approach

Does the project narrative provide “yes” answers for questions 1 through 7? Does the project narrative provide sufficiently detailed responses to questions 8 and 9 to allow CMS/ACL staff and the independent reviewers to assess the overall strengths and merits of approach being proposed?

B. Budget

Is the budget justified with respect to the adequacy and reasonableness of resources requested? Is the time commitment of the proposed director and other key project personnel sufficient to assure proper direction, management and timely completion of the project? Is the use of consultants, contractors and sub-awardees justified?

Are budget line items clearly delineated and consistent with the project narrative? For example, has a multiyear budget covering the entire proposed project period been included as well as a budget covering each individual year? Ensure that there is no duplication of effort.

C. Organizational Capacity

Do the applicant organization and its partners clearly identify their capacity for carrying out the proposed project and evaluation, including current and/or proposed volunteers and paid staff? Do the proposed project director(s), key staff and consultants have the background, experience, and other qualifications required to carry out their designated roles?

2. Review and Selection Process

Proposals for funding under this announcement will be reviewed by a CMS determined review panel. An independent review panel of at least three individuals will evaluate applications. These reviewers may be drawn from academic institutions, non-profit organizations, state and local government, and Federal government agencies. Based on the Application Review Criteria as outlined under section V.1, the reviewers will provide substantive feedback on the applications submitted.

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

CMS reserves the right to conduct budget negotiations prior to award.

3. Anticipated Announcement and Award Dates

It is anticipated that decisions for the initial awards under this Funding Opportunity, for the September 24, 2012 deadline date, will be made and awards announced no later than October 19, 2012.

Based on available funding, subsequent applications will be accepted for review and approval during fiscal year 2013 according to the following due dates: November 2, 2012, January 18, 2013, April 4, 2013, June 6, 2013 and August 15, 2013. The anticipated award date is approximately 45 days after each application due date.

VI. AWARD ADMINISTRATION INFORMATION

1. Award Notices

Successful applicants will receive a Notice of Award (NoA) signed and dated by the Grants Management Officer. The NoA is the document authorizing the cooperative agreement award and will be sent through electronic mail to the applicant organization as listed on the SF424. Any communication between CMS and applicants prior to issuance of the NoA is not an authorization to begin performance of a project.

Unsuccessful applicants are notified within 30 days of the final funding decision for each cooperative agreement and will receive a disapproval letter via e-mail or U.S. mail.

Federal Funding Accountability and Transparency (FFATA) subaward Reporting Requirement: New awards issued under this funding opportunity announcement are subject to the reporting requirements of the Federal Funding Accountability and Transparency Act of 2006 (Pub. L. 109–282), as amended by section 6202 of Public Law 110–252 and implemented by 2 CFR Part 170. Cooperative agreement recipients must report information for each first-tier subaward of \$25,000 or more in Federal funds and executive total compensation for the recipient’s and subrecipient’s five most highly compensated executives as outlined in Appendix A to 2 CFR Part 170 (available online at <https://www.fsrc.gov/>).

2. Administrative and National Policy Requirements

The following standard requirements apply to applications and awards under this FOA:

1. Specific cost principles, as outlined in 2 CFR Part 225 (previously OMB Circular A-87), as well as the administrative requirements outlined in 45 CFR Part 92, apply to cooperative agreements awarded under this announcement.

2. All awardees receiving awards under this agreement project must comply with all applicable Federal statutes relating to nondiscrimination including, but not limited to:
 - a. Title VI of the Civil Rights Act of 1964,
 - b. Section 504 of the Rehabilitation Act of 1973,
 - c. The Age Discrimination Act of 1975, and
 - d. Title II Subtitle A of the Americans with Disabilities Act of 1990.
3. All equipment, staff, other budgeted resources, and expenses must be used exclusively for the project identified in the applicant's original agreement application or agreed upon subsequently with CMS, and may not be used for any prohibited uses.
4. Consumers and other stakeholders must have meaningful input into the planning and implementation of the project. All grant budgets must include some funding to facilitate participation on the part of individuals who have a disability or long term illness in their families. Appropriate budget justification to support the request for these funds must be included. Awardees must coordinate their project activities with other State, local and Federal agencies that serve the population targeted by their application.

3. Terms and Conditions

Cooperative Agreements issued under this FOA are subject to the *Health and Human Services Grants Policy Statement (HHS GPS)* at <http://www.hhs.gov/grantsnet/adminis/gpd/>. Standard terms and special terms of award will accompany the Notice of Award. Potential applicants should be aware that special requirements could apply to cooperative agreement awards based on the particular circumstances of the effort to be supported and/or deficiencies identified in the application by the HHS review panel. The general terms and conditions that are outlined in Section II of the HHS GPS will apply as indicated unless there are statutory, regulatory, or award-specific requirements to the contrary. Awardees must also agree to respond to requests that are necessary for the evaluation of the overall financial alignment demonstration and provide data on key elements of their own cooperative agreement activities.

Subaward Reporting and Executive Compensation: New awards issued under this funding opportunity announcement are subject to the reporting requirements of the Federal Funding Accountability and Transparency Act of 2006 (Pub. L. 109–282), as amended by section 6202 of Public Law 110–252 and implemented by 2 CFR Part 170. Cooperative agreement recipients must report information for each first-tier subaward of \$25,000 or more in Federal funds and executive total compensation for the recipient's and subrecipient's five most highly compensated executives as outlined in Appendix A to 2 CFR Part 170 (available online at <https://www.fsrs.gov/>).

Termination of Award

Continued funding to an awardee is dependent on satisfactory performance against goals and performance expectations delineated in the cooperative agreement's terms and conditions. CMS reserves the right to terminate the cooperative agreement if it is determined to be in the Government's best interests. Projects will be funded subject to meeting terms and conditions of the award, and subject to Section 1115A(b)(3)(B) of the Social Security Act, which requires the Secretary to terminate or modify the design and implementation of a model unless it is determined after testing has begun that it is expected to improve quality of care without increasing Medicare, Medicaid and CHIP spending, reduce Medicare, Medicaid and CHIP spending without reducing quality of care, or improve quality of care and reduce spending for Medicare, Medicaid, and CHIP beneficiaries.

CMS also may terminate or modify an agreement based upon CMS review of the state's progress, including a review of whether or how well quality and savings targets are met. In such cases CMS staff will make a recommendation to the CMS Administrator based on the best interests of CMS including consideration of the Innovation Center's mission to test and evaluate new payment and service delivery models.

4. Cooperative Agreement Terms and Conditions of Award

The terms and conditions for this cooperative agreement are as follows and will be incorporated by reference in the Notice of Award (NOA).

U. S. Department of Health and Human Services

CMS will carry out the following activities for the cooperative agreement:

- The CMS Project Officer will jointly perform the day-to-day federal responsibilities of managing a cooperative agreement initiative and will work with the awardee to ensure that the minimum requirements for the cooperative agreement are met;
- Assist the awardee project leadership in understanding the policy concerns and/or priorities of CMS by conducting periodic briefings and by carrying out ongoing consultations;
- Work cooperatively with the awardee to clarify the programmatic and budgetary issues to be addressed by the project. Based on these negotiations, and the planning phase that will occur following the award, the awardee will revise the project work plan chart and budget detailing expectations for major activities and products during the project period;
- Provide technical support to the awardee on the implementation of their project, including coordination with other awardees;
- Provide consultation to the awardee in identifying emerging issues as they relate to the goals and objectives of this funding program;
- Coordinate with other parts of CMS engaged in long-term services and supports systems redesign, and share with the awardee information about other Federally-supported projects and activities relevant to the awardees' scope of work;

- Attend and participate in major project events of the awardee as appropriate; and
- Conduct site visits to awardees as appropriate.

Recipients

The awardee will execute the responsibilities of the cooperative agreement as follows:

- Collaborate with CMS in the development and execution of the updated work plan chart and budget when appropriate, including during the initial planning phase of the grant;
- Ensure that funding will be provided to the state and local agencies and organizations that administer the ADRC and SHIP programs within the state as appropriate to support the goals of this funding opportunity and the timeline and work plan chart for the state's Financial Alignment model.
- Involve partners identified in the initial application in appropriate key activities of this initiative;
- Fulfill all of the requirements of the cooperative agreement initiative as detailed in this program announcement;
- Develop and implement a customer satisfaction process that ensures quality and reports results to CMS and a corrective action plan, if necessary.
- Provide electronic copies of all document and semiannual and final reports to facilitate CMS review and submit all reports on time;
- Agree to work with CMS, its Technical Assistance providers, and their peers in other Financial Alignment model states to identify and collect common data elements and measures to facilitate cross state comparisons.
- Complete activities outlined in the Program Requirements section of the funding announcement, including development and submission of a project work plan chart and implementation of the work plan chart.
- Submit all required documents within agreed upon timeframes.
- Submit any required data within agreed upon timeframes, and in the agreed upon format.
- At a minimum, the detailed, updated work plan charts that will have to be developed during the six (6) month planning phase must include:
 - a statement of the project's overall goal,
 - anticipated outcome(s),
 - key objectives and major tasks/action steps that will be pursued to achieve the goal and outcome(s) for the first phase and continuing activities of the cooperative agreement, and
 - For each major task/action step, the work plan chart will identify timeframes involved (including start- and end-dates), and the lead person responsible for completing the task.

Once a Cooperative Agreement has been approved and signed and a Notice of Award is released, requests to modify or amend it or the work plan chart and budget may be coordinated between CMS and the awardee at any time.

5. Reporting

All successful applicants under this announcement must comply with the following reporting and review activities:

A. Data Element Reports

- Quarterly reports will contain the data elements listed in the Phase I Activities (please see Section I.4 Program Requirements) and will be submitted electronically via the NPR system. The quarterly reporting of data will be due 30 days after the end of each quarter. The quarterly reporting due dates are: 4/30, 7/30, 10/30, 1/30.

B. Progress Reports

The following is required:

- The CMS program progress report narrative is due semi-annually from the start date of the award and is due within 30 days of the reporting period end date. The first mid-term narrative report for the initial round of awardees is estimated to be due May 18, 2013. The program progress narrative report elements –are as follows:
 - i. Program Name;
 - ii. Program Leader Name;
 - iii. Reporting Period;
 - iv. Budget Status - include amounts for planned expenditure, actual expenditure, and deficit/surplus;
 - v. Work Plan Chart/Timeline status;
 - vi. Project description - short summary;
 - vii. Milestones - Milestones are high-level goals that often define the phases of a project. Record here milestones that have been reached at this point in the project;
 - viii. Accomplishments - Tasks that were accomplished during this reporting period;
 - ix. Projected Goals - Goals projected to be completed during the next reporting period; and
 - x. Issues - Issues that must be addressed for the project to be successful.
- The year-end narrative reports for the initial round of awardees are estimated to be due November 18, 2013 and November 18, 2014. Annual project reports for future rounds of awardees will be due within 30 days of each 12-month period (for the first two years).
- The final progress report for the initial round of awardees is estimated to be due January 18, 2016, 90 days after the end of the project period. Final progress reports for future rounds of awardees will also be due within 90 days after the end of the project period.

C. Federal Financial Report (FFR)

The Federal Financial Report (FFR or Standard Form 425) has replaced the SF-269, SF-269A, SF-272, and SF-272A financial reporting forms. All grantees must utilize the FFR to report cash transaction data, expenditures, and any program income generated.

Awardees must report on a quarterly basis cash transaction data via the Payment Management System (PMS) using the FFR in lieu of completing a SF-272/SF272A. The FFR, containing cash transaction data, is due within 30 days after the end of each quarter. The quarterly reporting due dates are as follows: 4/30, 7/30, 10/30, 1/30. A Quick Reference Guide for completing the FFR in PMS is at: http://www.dpm.psc.gov/grant_recipient/guides_forms/ffr_quick_reference.aspx.

In addition to submitting the quarterly FFR to PMS, Grantees must also provide, on an annual basis, a hard copy FFR to CMS which includes their expenditures and any program income generated in lieu of completing a Financial Status Report (FSR) (SF269/269A). Expenditures and any program income generated should only be included on the annually submitted FFR, as well as the final FFR. Annual hard-copy FFRs should be mailed and received within 30 calendar days of the applicable year end date. The final FFR should be mailed and received within 90 calendar days of the project period end date.

More details will be outlined in the Notice of Award.

D. Transparency Act Reporting Requirements

New awards issued under this funding opportunity announcement are subject to the reporting requirements of the Federal Funding Accountability and Transparency Act of 2006 (Pub. L. 109–282), as amended by section 6202 of Public Law 110–252 and implemented by 2 CFR Part 170. Grant and Cooperative Agreement recipients must report information for each first-tier sub-award of \$25,000 or more in Federal funds and executive total compensation for the recipient’s and sub-recipient’s five most highly compensated executives as outlined in Appendix A to 2 CFR Part 170 (available online at <https://www.fsr.gov/>).

E. Audit Requirements

Awardees must comply with the audit requirements of Office of Management and Budget (OMB) Circular A-133. Information on the scope, frequency, and other aspects of the audits can be found on the Internet at http://www.whitehouse.gov/omb/circulars_default.

F. Payment Management Requirements

Awardees must submit a quarterly electronic SF-425 via the Payment Management System. The report identifies cash expenditures against the authorized funds for the grant. Failure to submit the report may result in the inability to access Cooperative Agreement funds. The SF-425 Certification page should be faxed to the PMS contact at the fax number listed on the SF-425, or it may be submitted to:

Division of Payment Management
HHS/ASAM/PSC/FMS/DPM
PO Box 6021
Rockville, MD 20852
Telephone: (877) 614-5533

VII. AGENCY CONTACTS

For questions and concerns regarding this Cooperative Agreement, please contact:

Program Official/Programmatic Management:

Donna Cupina

U.S. Department of Health and Human Services

Centers for Medicare & Medicaid Services

7500 Security Blvd., Baltimore, MD 21244

Attn: Donna Cupina

Telephone: (410) 786-2126

E-mail: donna.cupina@cms.hhs.gov

Grants Management Specialist/Business Administration:

Christopher Clark

U.S. Department of Health and Human Services

Centers for Medicare & Medicaid Services

200 Independence Ave., S.W.

Room 733-H

Washington, DC 20201

Attn: Christopher Clark

Telephone (301) 492-4319

e-mail: Christopher.Clark@cms.hhs.gov

VIII. APPENDICES

Appendix A: Guidance for Preparing a Budget Request and Narrative in Response to SF 424A

INTRODUCTION

This guidance is offered for the preparation of a budget request. Following this guidance will facilitate the review and approval of a requested budget by ensuring that the required or needed information is provided. This is to be completed for each 12 month period of the cooperative agreement project period. Applicants should be careful to only request funding for activities that will be funded by the SHIP ADRC Options Counseling funding opportunity. Any other grant funding provided by HHS or another source, should not be supplanted by this SHIP ADRC Options Counseling funding. In the budget request, States should distinguish between activities that will be funded under this grant and activities funded with other sources. Other funding sources include other HHS grant programs, and other funding sources as applicable.

Please refer to Section IV of this FOA for more information on the Budget and Budget Narrative.

A. Salaries and Wages

For each requested position, provide the following information: name of staff member occupying the position, if available; annual salary; percentage of time budgeted for this program; total months of salary budgeted; and total salary requested. Also, provide a justification and describe the scope of responsibility for each position, relating it to the accomplishment of program objectives.

Sample budget Personnel

					Total \$ _____
					<i>SHIP ADRC Options Counseling Grant</i> \$ _____
					<i>Funding other than Grant</i> \$ _____
					<i>Sources of Funding</i> _____
<i>Position Title and Name</i>	<i>Annual</i>	<i>Time</i>	<i>Months</i>	<i>Amount Requested</i>	
<i>Project Coordinator Susan Taylor</i>	\$45,000	100%	12 months	\$45,000	
<i>Finance Administrator John Johnson</i>	\$28,500	50%	12 months	\$14,250	
<i>Outreach Supervisor (Vacant*)</i>	\$27,000	100%	12 months	\$27,000	

Sample Justification

The format may vary, but the description of responsibilities should be directly related to specific program objectives.

Job Description: Project Coordinator - (Name)

This position directs the overall operation of the project; responsible for overseeing the implementation of project activities, coordination with other agencies, development of materials, provisions of in service and training, conducting meetings; designs and directs the gathering, tabulating and interpreting of required data, responsible for overall program evaluation and for staff performance evaluation; and is the responsible authority for ensuring necessary reports/documentation are submitted to HHS. This position relates to all program objectives.

B. Fringe Benefits

Fringe benefits are usually applicable to direct salaries and wages. Provide information on the rate of fringe benefits used and the basis for their calculation. If a fringe benefit rate is not used, itemize how the fringe benefit amount is computed.

Sample Budget

Fringe Benefits

	Total \$ _____
SHIP ADRC Options Counseling Grant	\$ _____
Funding other than Grant	\$ _____
Sources of Funding	_____

25% of Total salaries = Fringe Benefits

If fringe benefits are not computed by using a percentage of salaries, itemize how the amount is determined.

Example: Project Coordinator — Salary \$45,000

Retirement 5% of \$45,000	=	\$2,250	
FICA 7.65% of \$45,000	=	3,443	
Insurance	=	2,000	
Workers' Compensation	=	_____	
		Total:	

C. Consultant Costs

This category is appropriate when hiring an individual to give professional advice or services (e.g., training, expert consultant, etc.) for a fee but not as an employee of the

grantee organization. Hiring a consultant requires submission of the following information to HHS (see **Required Reporting Information for Consultant Hiring later in this Appendix**):

1. Name of Consultant;
2. Organizational Affiliation (if applicable);
3. Nature of Services to be Rendered;
4. Relevance of Service to the Project;
5. The Number of Days of Consultation (basis for fee); and
6. The Expected Rate of Compensation (travel, per diem, other related expenses)—list a subtotal for each consultant in this category.

If the above information is unknown for any consultant at the time the application is submitted, the information may be submitted at a later date as a revision to the budget. In the body of the budget request, a summary should be provided of the proposed consultants and amounts for each.

D. Equipment

Provide justification for the use of each item and relate it to specific program objectives. Maintenance or rental fees for equipment should be shown in the “Other” category. All Information Technology equipment should be uniquely identified. As an example, we should not see a single line item for “software.” Show the unit cost of each item, number needed, and total amount.

*Sample Budget
Equipment*

Total \$ _____
 SHIPADRC Options Counseling Grant \$ _____
 Funding other than Grant \$ _____
 Sources of Funding _____

<u>Item Requested</u>	<u>How Many</u>	<u>Unit Cost</u>	<u>Amount</u>
Computer Workstation	2 ea.	\$2,500	\$5,000
Fax Machine	1 ea.	600	<u>600</u>
		Total \$5,600	

Sample Justification

Provide complete justification for all requested equipment, including a description of how it will be used in the program. For equipment and tools which are shared among programs, please cost allocate as appropriate. States should provide a list of hardware, software and IT equipment which will be required to complete this effort. Additionally, they should provide a list of non-IT equipment which will be required to complete this effort.

E. Supplies

Individually list each item requested. Show the unit cost of each item, number needed, and total amount. Provide justification for each item and relate it to specific program objectives. If appropriate, General Office Supplies may be shown by an estimated amount per month times the number of months in the budget category.

Sample Budget

Supplies

Total \$ _____
SHIP-ADRC Options Counseling Grant \$ _____
Funding other than Grant \$ _____
Sources of Funding _____

<i>General office supplies (pens, pencils, paper, etc.)</i>		
<i>12 months x \$240/year x 10 staff</i>	=	\$2,400
<i>Educational Pamphlets (3,000 copies @) \$1 each</i>	=	\$3,000
<i>Educational Videos (10 copies @ \$150 each)</i>	=	\$1,500
<i>Word Processing Software (@ \$400—specify type)</i>	=	\$ 400

Sample Justification

General office supplies will be used by staff members to carry out daily activities of the program. The education pamphlets and videos will be purchased from XXX and used to illustrate and promote safe and healthy activities. Word Processing Software will be used to document program activities, process progress reports, etc.

F. Travel

Dollars requested in the travel category should be for **staff travel only**. Travel for consultants should be shown in the consultant category. Travel for other participants, advisory committees, review panel, etc. should be itemized in the same way specified below and placed in the “**Other**” category.

In-State Travel—Provide a narrative justification describing the travel staff members will perform. List where travel will be undertaken, number of trips planned, who will be making the trip, and approximate dates. If mileage is to be paid, provide the number of miles and the cost per mile. If travel is by air, provide the estimated cost of airfare. If per diem/lodging is to be paid, indicate the number of days and amount of daily per diem as well as the number of nights and estimated cost of lodging. Include the cost of ground transportation when applicable.

Out-of-State Travel—Provide a narrative justification describing the same information requested above. Include HHS meetings, conferences, and workshops, if required by HHS. Itemize out-of-state travel in the format described above.

Sample Budget

Travel (in-State and out-of-State)

Total \$ _____
 SHIP-ADRC Options Counseling Grant \$ _____
 Funding other than Grant \$ _____
 Sources of Funding _____

In-State Travel:

<i>1 trip x 2 people x 500 miles r/t x .27/mile</i>	=	\$ 270
<i>2 days per diem x \$37/day x 2 people</i>	=	148
<i>1 nights lodging x \$67/night x 2 people</i>	=	134
<i>25 trips x 1 person x 300 miles avg. x .27/mile</i>	=	2,025
<i>Total</i>		\$ 2,577

Sample Justification

The Project Coordinator and the Outreach Supervisor will travel to (location) to attend an eligibility conference. The Project Coordinator will make an estimated 25 trips to local outreach sites to monitor program implementation.

Sample Budget

Out-of-State Travel:

<i>1 trip x 1 person x \$500 r/t airfare</i>	=	\$500
<i>3 days per diem x \$45/day x 1 person</i>	=	135
<i>1 night's lodging x \$88/night x 1 person</i>	=	88
<i>Ground transportation 1 person</i>	=	50
<i>Total</i>		\$773

Sample Justification

The Project Coordinator will travel to HHS, in Atlanta, GA, to attend the HHS Conference.

G. Other

This category contains items not included in the previous budget categories. Individually list each item requested and provide appropriate justification related to the program objectives.

Sample Budget

Other

Total \$ _____
 SHIP ADRC Options Counseling Grant \$ _____

Funding other than Grant \$ _____
Sources of Funding _____

Telephone	
(\$ ___ per month x ___ months x #staff)	= \$ <u>Subtotal</u>
Postage	
(\$ ___ per month x ___ months x #staff)	= \$ <u>Subtotal</u>
Printing	
(\$ ___ per x ___ documents)	= \$ <u>Subtotal</u>
Equipment Rental (describe)	
(\$ ___ per month x ___ months)	= \$ <u>Subtotal</u>
Internet Provider Service	
(\$ ___ per month x ___ months)	= \$ <u>Subtotal</u>

Sample Justification

Some items are self-explanatory (telephone, postage, rent) unless the unit rate or total amount requested is excessive. If the item is not self-explanatory and/or is excessive, include additional justification. For printing costs, identify the types and number of copies of documents to be printed (e.g., procedure manuals, annual reports, materials for media campaign).

H. Contractual Costs

Cooperative Agreement recipients must submit to HHS the required information establishing a third-party contract to perform program activities (**see Required Information for Contract Approval later in this Appendix**).

1. Name of Contractor;
2. Method of Selection;
3. Period of Performance;
4. Scope of Work;
5. Method of Accountability; and
6. Itemized Budget and Justification.

If the above information is unknown for any contractor at the time the application is submitted, the information may be submitted at a later date as a revision to the budget. Copies of the actual contracts should not be sent to HHS, unless specifically requested. In the body of the budget request, a summary should be provided of the proposed contracts and amounts for each.

I. Total Direct Costs \$ _____

Show total direct costs by listing totals of each category.

J. Indirect Costs \$ _____

To claim indirect costs, the applicant organization must have a current approved indirect cost rate agreement established with the cognizant Federal agency. A copy of the most recent indirect cost rate agreement must be provided with the application.

Sample Budget

The rate is ___% and is computed on the following direct cost base of \$_____.

<i>Personnel</i>		\$	
<i>Fringe</i>		\$	
<i>Travel</i>		\$	
<i>Supplies</i>		\$	
<i>Other</i>	\$ _____		
<i>Total</i>	\$		$x \text{ ___\%} = \textit{Total Indirect Costs}$

If the applicant organization does not have an approved indirect cost rate agreement, costs normally identified as indirect costs (overhead costs) can be budgeted and identified as direct costs.

REQUIRED REPORTING INFORMATION FOR CONSULTANT HIRING

This category is appropriate when hiring an individual who gives professional advice or provides services for a fee and who is not an employee of the grantee organization. Submit the following required information for consultants:

1. Name of Consultant: Identify the name of the consultant and describe his or her qualifications.
2. Organizational Affiliation: Identify the organization affiliation of the consultant, if applicable.
3. Nature of Services to be Rendered: Describe in outcome terms the consultation to be provided including the specific tasks to be completed and specific deliverables. A copy of the actual consultant agreement should not be sent to HHS.
4. Relevance of Service to the Project: Describe how the consultant services relate to the accomplishment of specific program objectives.
5. Number of Days of Consultation: Specify the total number of days of consultation.
6. Expected Rate of Compensation: Specify the rate of compensation for the consultant (e.g., rate per hour, rate per day). Include a budget showing other costs such as travel, per diem, and supplies.
7. Method of Accountability: Describe how the progress and performance of the consultant will be monitored. Identify who is responsible for supervising the consultant agreement.

REQUIRED INFORMATION FOR CONTRACT APPROVAL

All contracts require reporting the following information to HHS.

1. Name of Contractor: Who is the contractor? Identify the name of the proposed contractor and indicate whether the contract is with an institution or organization.
2. Method of Selection: How was the contractor selected? State whether the contract is sole source or competitive bid. If an organization is the sole source for the contract, include an explanation as to why this institution is the only one able to perform contract services.
3. Period of Performance: How long is the contract period? Specify the beginning and ending dates of the contract.
4. Scope of Work: What will the contractor do? Describe in outcome terms, the specific services/tasks to be performed by the contractor as related to the accomplishment of program objectives. Deliverables should be clearly defined.
5. Method of Accountability: How will the contractor be monitored? Describe how the progress and performance of the contractor will be monitored during and on close of the contract period. Identify who will be responsible for supervising the contract.
6. Itemized Budget and Justification: Provide an itemized budget with appropriate justification. If applicable, include any indirect cost paid under the contract and the indirect cost rate used.

Appendix B. Application Check-Off List

REQUIRED CONTENTS

A complete application consists of the following materials organized in the sequence below. Please ensure that the project narrative is page-numbered. The sequence is:

- Forms/Mandatory Documents (Grants.gov) (with an electronic signature)
 - SF 424: Application for Federal Assistance
 - SF-424A: Budget Information
 - SF-424B: Assurances-Non-Construction Programs
 - SF-LLL: Disclosure of Lobbying Activities
 - Project Site Location Form(s)

- Copy of signed Memorandum of Understanding with CMS to implement the approved Financial Alignment Initiative

- Letter(s) of Commitment

- Cover Letter

- Project Abstract

- Project Narrative

- Work Plan Chart

- Vitae of Key Project Personnel

- Budget Narrative