

AOA-PI-02

PROGRAM INSTRUCTION

TO : STATE AGENCIES ON AGING ADMINISTERING PROGRAMS FOR THE PROTECTION OF ELDER RIGHTS UNDER TITLE VII OF THE OLDER AMERICANS ACT OF 1965, AS AMENDED

SUBJECT : Opportunity to Apply for Funding to Support Outreach, Education, Training, Technical Assistance, and Capacity Building to Prevent and Combat Health Care Waste, Fraud, and Abuse. Competition for up to Four Cooperative Agreement Awards is Limited to State Agencies on Aging a Deadline: May 19, 2000

LEGAL AND RELATED REFERENCES : Older Americans Act, as Amended (Public Law 102-375); Health Insurance Portability and Accountability Act (Public Law 104-191)

The Administration on Aging (AoA) invites State Agencies on Aging to apply for new cooperative agreement awards to replicate and provide technical assistance on best practices for consumer protection, education, and awareness regarding waste, fraud and abuse in the Medicare and Medicaid programs. The Health Insurance Portability and Accountability Act of 1996 has provided AoA with funds in support of training, outreach, technical assistance, and capacity building activities. Each state agency on aging may apply for funding of up to \$330,000 (up to \$110,000 in each year of a three-year project period) to serve as one of four Consumer Protection Technical Assistance Resource Centers for the purpose of replicating and expanding consumer education and awareness to targeted populations throughout the country. Guidelines for preparing and submitting the cooperative agreement application for funding by the AoA are enclosed.

The DHHS Office of Inspector General estimates that Medicare loses more than \$13 billion each year due to waste, fraud, and abuse. In 1995, the AoA became a partner in a government-led effort to fight fraud, waste, and abuse in the Medicare and Medicaid programs through the implementation of a demonstration program called AOperation Restore Trust@ (ORT). ORT created an interdisciplinary team of federal, state, and local resources. The partnership includes three agencies within the U.S. Department of Health and Human Services - the Office of Inspector General (OIG), the Health Care Financing Administration (HCFA), and the AoA, as well as the U.S. Department of Justice, state and area agencies on aging, long-term care ombudsmen, state Medicaid fraud control units, attorneys general offices, Medicaid agencies, insurance counseling programs, health departments, and a number of other local entities.

During the first phase of this initiative, the AoA focused its efforts on operating two coordinated sets of projects at the state and community levels. The first set of projects, the Health Care Fraud and Abuse Control Program Projects, worked to educate and train state and local ombudsmen, health insurance counselors, the network of aging service agencies, older persons and their families, and others who work directly with older people to:

recognize individual instances and patterns of Medicare and Medicaid waste, fraud, and abuse when they encounter it and;
have a clear understanding of how, and to whom, to refer cases when an investigation may be warranted. These efforts were funded through three-year cooperative agreements with state agencies on aging in Arizona, California, Colorado, Florida, Georgia, Illinois, Louisiana, Massachusetts, Missouri, New Jersey, New York, Ohio, Oregon, Pennsylvania, Tennessee, Texas, Virginia, and Washington. The second set of activities, the ASenior Medicare Patrol Projects,@ established local, community-based projects to recruit and train retired professionals how to identify and report potential waste, fraud and abuse. Implemented through the Omnibus Consolidated Appropriation Act of 1997 (Pub.L. 104-208), these projects have worked to test different models designed to train retirees in local communities to serve as both volunteer resources and educators for other Medicare beneficiaries, and to build and strengthen community coalitions of older Americans and service providers.

The AoA is now moving into a second phase of this initiative designed to build on the best practices and lessons learned during the initial phase, and by targeting consumer information and protection outreach activities to particularly vulnerable and at-risk populations. The Consumer Protection Technical Assistance Resource Centers are intended to play a key role in this phase of the initiative by strengthening the capability of the ASenior Medicare Patrol Projects@ nationally, the AoA and its partners, health care providers, the aging network, retired professionals and others to effectively educate and inform these vulnerable and at-risk individuals. Applicants should base their applications on best practices and lessons learned during the first phase of the AoA=s funding under the Health Insurance Portability and Accountability Act of 1996, as well as the expertise and resources they can contribute to meeting the issues related to one of the priority areas.

Applications will be sought which focus on one of the following four consumer education and protection target groups or partnership strategies:

- Outreach and education to rural and geographically isolated individuals;
- Outreach and education to minority and non-English-speaking individuals;
- Outreach and education to Medicaid beneficiaries and individuals enrolled in managed care plans; and
- Partnership strategies for involving health care providers, family caregivers, and state and government agencies in outreach and education activities.

Applications must be postmarked by midnight, May 19, 2000, or hand-delivered by 5:30 p.m. Eastern time on May 19, 2000, to:

Department of Health and Human Services
Administration on Aging
Office of Management
330 Independence Avenue, S.W., Room 4257

Washington, D.C. 20201

Attn: AoA-00-03

Questions or additional information related to the application packet are available by writing to the Department of Health and Human Services, Administration on Aging, Office of Governmental Affairs and Elder Rights, 330 Independence Avenue, S.W., Room 4748, Washington, DC 20201, by telephone at (202) 690-7525 or (202) 619-3951, or by e-mail at Brian.Lutz@aoa.gov.

Attachment (application packet)

Dated:

Jeanette C. Takamura

Assistant Secretary for Aging

Administration on Aging (AoA)

Cooperative Agreement Awards to State Units on Aging for the Support of National Consumer Protection Technical Assistance Resource Centers Targeted to Vulnerable Populations for Preventing and Combating Health Care Waste, Fraud, and Abuse.

PROGRAM DESCRIPTION AND GUIDELINES FOR PREPARING AND SUBMITTING APPLICATIONS

SUMMARY: These Guidelines have two parts. Part I describes the program priority under which the AoA is inviting State Agencies on Aging to submit cooperative agreement award applications for funding. Part II describes the procedures for preparing and submitting the application.

All of the forms (Standard Form 424), Assurances, and Certifications necessary to complete the application are included following Part II. Project awards to be made under this program priority beyond fiscal year 2000 are subject to the availability of funds. [Web Users: See <http://www.aoa.gov/t4/forms/default.htm> for copies of the standard forms.]

The deadline date for the submission of applications is May 19, 2000.

Application receipt point: U.S. Department of Health and Human Services, Administration on Aging, Office of Management, Division of Grants Management, 330 Independence Avenue, S.W., Room 4257, Washington, D.C. 20201, telephone: (202) 619-3951 or (202) 690-7525.

Part I. Background Information and Priority Area Description

A. Statutory Authority

The statutory authority for awards made under this program priority is contained in the Older Americans Act, (42 U.S.C. 3001 et seq.), as amended by the Older Americans Act Amendments of 1992, Pub.L. 102-375, September 30, 1992, and in the Health Insurance Portability and Accountability Act (HIPAA) of 1997, Pub. L. 104-191.

B. Eligible Applicants

Eligibility is limited to State Units on Aging. Applicants should base their proposals on best practices and lessons learned during the first phase of the AoA=s funding under the HIPAA.

C. Level of Funding

State Agencies on Aging submitting acceptable applications shall receive up to \$110,000 for the first year, up to \$110,000 for the second year, and up to \$110,000 for the third year of a three year project cooperative agreement.

D. Priority Description

1) Background: Operation Restore Trust

In 1995, the AoA became a partner in a government-led effort to fight fraud, waste, and abuse in the Medicare and Medicaid programs through the implementation of a two-year health care anti-fraud and abuse program called AOperation Restore Trust@ (ORT). ORT created an interdisciplinary team of federal, state, and local resources. The partnership includes three agencies within the U.S. Department of Health and Human Services - the Office of Inspector General (OIG), the Health Care Financing Administration (HCFA), and the AoA, as well as the U.S. Department of Justice, state and area agencies on aging, long-term care ombudsmen, state Medicaid fraud control units, attorneys general offices, Medicaid agencies, insurance counseling programs, health departments, and a number of other local entities.

During the first phase of this initiative, the AoA focused its efforts on operating two coordinated sets of projects at the state and community levels. The first set of projects, the Health Care Fraud and Abuse Control Program Projects, worked to educate and train state and local ombudsmen, health insurance counselors, the network of aging service agencies, older persons and their families, and others who work directly with older people to: 1) recognize individual instances and patterns of Medicare and Medicaid waste, fraud, and abuse when they encounter it and;

2) have a clear understanding of how, and to whom, to refer cases when an investigation may be warranted. These efforts were funded through cooperative agreements with State Units on Aging in the following states: Arizona; California; Colorado; Florida; Georgia; Illinois; Louisiana; Massachusetts; Missouri; New Jersey; New York; Ohio; Oregon; Pennsylvania; Tennessee; Texas; Virginia; and Washington.

The second set of activities, the ASenior Medicare Patrol Projects,@ established local, community-based projects to recruit and train retired professionals how to identify and report potential waste, fraud and abuse. Implemented through the Omnibus Consolidated Appropriation Act of 1997 (Pub.L. 104-208), these projects have worked to test different models designed to train retirees in local communities to serve as both volunteer resources and educators for Medicare beneficiaries, and to build and strengthen community coalitions of older Americans and service providers.

2) Building on Phase 1:

The Department of Health and Human Services= Office of Inspector General (OIG) reports that the Medicare and Medicaid programs lose billions of dollars each year due to waste, fraud, and abuse. However, education, prevention, and compliance efforts are beginning to reap significant results in preserving funds for the health care needs of beneficiaries. The OIG reports in its most recent audit of the Medicare program that improper, fee-for-service payments have been reduced by 45 percent, or nearly \$11 billion dollars, over the past two years.

A significant contributor to this success has been the consumer information and protection activities initiated by the AoA=s projects: the SUA-based AHealth Care Fraud and Abuse Control Program Projects@ and the ASenior Medicare Patrol Projects.@ Over the past two years, these projects combined to train more than 16,000 volunteers; educate, inform, and counsel more than 325,000 beneficiaries in group and one-on-one sessions; inform an estimated 30 million individuals through various media outreach efforts; and refer over 5,000 cases to health care providers, Medicare contractors, or appropriate agencies for follow-up.

While a number of best practice strategies were developed for educating and informing the general population during the initial phase of the initiative, many vulnerable and hard-to-reach segments of the population were not sufficiently reached by this education effort. The second phase of this initiative, and the focus of this application request, is to establish technical assistance resource centers which can successfully replicate and expand consumer protection, education, and information activities and materials to targeted groups of individuals in our communities. The AoA seeks to establish one technical assistance resource center for each of the following priority areas:

- Outreach and education to rural and geographically isolated individuals;
- Outreach and education to minority and non-English-speaking individuals;
- Outreach and education to Medicaid beneficiaries and individuals enrolled in managed care plans; and
- Partnership strategies for involving health care providers, family caregivers, and state and government agencies in outreach and education activities.

Applications are sought which can replicate best practices and expand consumer protection and education regarding waste, fraud, and abuse in the Medicare and Medicaid programs in one of these priority areas. The applicant should focus on a strategy for providing technical assistance to the AoA=s

ASenior Medicare Patrol Projects,@ to the AoA, and to our partners on ways to most effectively reach the targeted populations.

The applicant should provide a detailed plan for the management and operation of the technical assistance resource center, which includes:

- identifying the needs and barriers associated with the priority area;
- demonstrating a unique capacity to develop and provide outreach strategies which are specifically designed to identify and assist vulnerable beneficiaries in the priority area and disseminating those outreach strategies determined to be effective to the audience concerned with health care waste, fraud, and abuse;
- developing a strategy for partnering with others in carrying out these activities and strategies;
- identifying a specific strategy for collecting and disseminating information and technical assistance in the priority area; and
- developing collaborative efforts to improve services and follow-up assistance with the ASenior Medicare Patrol Projects,@ the AoA, our partners, and beneficiaries.

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

- the firmness of the collaborative agreements between participating organizations which spell out the clear commitments and responsibilities of all key parties;
- their unique capacity to produce measurable outcomes and to document and track referrals and other performance indicators;
- the cost-effectiveness of their approach to the problems; and
- the solid prospects for the project continuing at the end of the grant period

3) Project Funding, Duration, and Related Matters

AoA plans to fund up to four (4) projects at a federal share of approximately \$110,000 per year for a project period of three years.

The application should also include funds for the project leadership to participate in six meetings: 1) an initial planning meeting of the technical assistance resource centers; 2) four regional training and technical assistance sessions, and 3) a national fraud and abuse control program conference of all of the AoA=s funded projects to be held annually in Washington, D.C.

Part II. Guidelines for Preparing and Submitting the Application

Part II contains guidelines for State Agencies on Aging in preparing and submitting applications, including all the forms and instructions needed for preparing the application package for submittal to the AoA.

A. General Information

1. Review Process and Considerations for Funding

a. Notification: All applicants will automatically be notified of the receipt of their application and informed of the identification number assigned to it.

b. c. Timeframe: The State Agencies on Aging approved for funding will be notified 40 days after the deadline for submitting their application.

2. Notification Under Executive Order 12372

This is not a covered program under Executive Order 12372.

B. Deadline for Submission of Applications

The closing date for submission of applications is May 19, 2000.

C. Grantee Share of the Project Costs

Under this and similar programs, AoA does not make grant awards for the entire project cost. Successful applicants must, at a minimum, contribute one (1) dollar, secured from non-federal sources, for every three (3) dollars received in federal funding. The non-federal share must equal at least 25% of the total project cost. Thus, if the applicant requests federal support for \$110,000, its match is at least \$37,000. Applicants should not that, among applications of comparable technical merit as determined by the reviewers, the greater the non-federal share, the more favorably the application is likely to be considered for funding by the AoA.

The non-federal share of total project costs for each budget period may be in the form of grantee-incurred direct or indirect costs, third party in-kind contributions, and/or project-related income. Indirect costs may not exceed those allowed under federal rules established, as appropriate, by OMB Circulars A-21, A-87, and A-122. If the required non-federal share is not met by a funded project, AoA will disallow any unmatched federal dollars. A common error is to match 25% of the federal share rather than 25% of the entire project cost.

D. Application Receipt Point

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

1. Applications must be postmarked by midnight, May 19, 2000, or hand-delivered by 5:30 p.m. Eastern Time on May 19, 2000 to:

Department of Health and Human Services
Administration on Aging
Office of Management
Division of Grants Management
330 Independence Avenue, S.W., Room 4257
Washington, D.C. 20201
Attn: AoA-00-03

2. An application must be responsive to one of the technical assistance priority areas.

E. Indirect Costs

As a state government agency, the SUA may include indirect charges (costs) in its budget as determined in accordance with HHS requirements.

F. Evaluation Criteria

Applicants will be evaluated by an independent review panel of at least three individuals. These reviewers, experts in the field, are drawn from academic institutions, non-profit organizations, state and local government, and federal government agencies other than AoA. Based on the specific programmatic considerations set forth above in the priority area, the reviewers will comment on and score the applications, focusing their comments and scoring decisions on the criteria below.

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

1. Purpose and Need for Assistance Weight: 20 points

- Does the proposed project clearly and adequately respond to the program and policy issues discussed in the priority area for the technical assistance resource center?
- Does the application adequately and appropriately describe and document the key problem(s)/condition(s) relevant to its purpose?
- Is the proposed project justified in terms of the most recent, relevant, and available information and knowledge?
- Does the application adequately and appropriately describe the applicant's knowledge of, and experience with, providing the types of technical assistance associated with the priority area?

2. Approach/Method - Workplan and Activities Weight: 30 points

- Does the proposal clearly express and organize a workplan that systematically includes specific objectives, tasks, and activities which are responsive to the statement of needs and purpose?

- Does the workplan include a detailed timeline for the accomplishment of tasks and objectives?
- Is the sequence and timing of events logical and realistic?
- Are the roles and contribution of staff, consultants, and collaborative organizations clearly defined and linked to specific objects and tasks? Does the workplan specify who will be responsible for managing the project; for the preparation and dissemination of project results, products, and reports; and for communications with the Administration on Aging?
- Does the workplan include measurable outcomes and performance measures?
- Does the proposal include a plan for dissemination which is likely to increase the awareness of project activities and events during project performance? Is this plan adequate for communicating project outcomes and products to all appropriate audiences?

3. Operational Strategies Weight: 30 points

- Does the applicant have an established track record of collaboration among a variety of local, state, and federal agencies and organizations? Does the proposal demonstrate the ability to expand and generalize activities to a nationwide effort?
- Does the application demonstrate a unique capacity to track and collect relevant data, with an explanation of the method of analysis to be used in measuring project achievement and significance? Does the plan conform with data collection requirements and performance outcome measures consistent with the Government Performance and Results Act?
- Does the proposal include a plan of information dissemination which is likely to increase awareness among Medicare beneficiaries about strategies to combat health care waste, fraud, and abuse?

4. Level of Effort Weight: 20 points

- Do the proposed project director(s), key staff, and consultants have the background, experience, and other qualifications required to carry out their designated roles?
- Is the time commitment of the proposed project director sufficient to assure proper direction, management and completion of the project? Is the time commitment of other key staff sufficient to assure completion of the project as proposed? Are the writers of the proposal identified and will they be involved in its oversight and implementation? If not, is there a logical explanation for their non-participation?
- Is the budget justified with respect to the adequacy and reasonableness of resources requested? Are budget line items consistent with workplan objectives?

- Are letters from participating organizations included and do they express the clear commitment and areas of responsibility of those organizations, consistent with the workplan description of their intended roles and contributions?

G. The Components of an Application

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

SF 424, Application for Federal Assistance; SF 424A, Budget, accompanied by your budget justification; SF 424B (Assurances); and the certification forms regarding lobbying; debarment, suspension, and other responsibility matters; and drug-free workplace requirements. Note: The original copy of the application must have an original signature in item 18d on the SF 424.

- Project summary description;
- Program narrative;
- Letters of commitment from participating organizations and agencies.

H. Communications with the AoA

All applicants will be notified (using the information provided by the SF 424, item 5) of the receipt of their application and informed of the identification number assigned to it. This number should be referred to in all subsequent communication with AoA concerning the application. If acknowledgment is not received within four weeks after the deadline date, please notify the Office of Governmental Affairs and Elder Rights by telephone at (202) 619-3951.

I. Completing the Application

In completing the application, please recognize that the set of standardized forms is prescribed by the Office of Management and Budget and is not perfectly adaptable to the particulars of this program. If you need technical help in completing the forms, please call Brian Lutz at (202) 690-7525. Please prepare your application consistent with the following guidance:

1. SF 424, Cover Page: Complete only the items specified in the following instructions:

Item 1. Preprinted on the form.

Item 2. Fill in the date you submitted the application. Leave the applicant identifier box blank.

Item 3. Not applicable.

Item 4. Leave blank.

Item 5. Provide the legal name of the applicant; the name of the primary organizational unit which will undertake the assistance activity; the applicant address; and the name and telephone number of the person to contact on matters related to this application.

Item 6. Enter the employer identification number (EIN) of the applicant organization as assigned by the Internal Revenue Service. Please include the suffix to the EIN, if known.

Item 7. Preprinted on the form.

Item 8. Preprinted on form.

Item 9. Preprinted on form.

Item 10. Leave blank.

Item 11. The title should describe concisely the nature of the project. Avoid repeating the title of the priority area or the name of the applicant. Try not to exceed 10 to 12 words and 120 characters including spaces and punctuation.

Item 12. Preprinted on form.

Item 13. Enter the desired start date for the project, either August 1, 2000, and the end date for the project, three years later.

Item 14. List the applicant's Congressional District and the District(s), if any, directly affected by the proposed project.

Item 15. All budget information entered under item #15 should cover only the first 12 months of the project. The applicant should show the federal support requested under sub-item 15a. Sub-items 15b-15e are considered cost-sharing or Amatching funds.@ Cost-sharing is at the discretion of the State Agency on Aging and any organizations collaborating with the SUA on this project.

Item 16. Preprinted on form.

Item 17. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes.

Item 18. To be signed by an authorized representative of the State Agency on Aging.

2. SF 424A - Budget Information

This form (SF424A) is designed to apply for funding under more than one grant program; thus, for purposes of this AoA program, most of the budget item columns/blocks are superfluous and should be

regarded as not applicable. The applicant should consider and respond to only the budget items for which guidance is provided below.

Section A - Budget Summary and Section B - Budget Categories should include both federal and (if applicable) non-federal funding for the proposed project covering the first 12 months of the 36 month project period.

Section A - Budget Summary

On line 5, enter total Federal Costs in column (e) and, if applicable, total non-Federal Costs (including, third party in-kind contributions and program income) in column (f). Enter the total of columns (e) and (f) in column (g).

Section B - Budget Categories

Use only the last column under Section B, namely the column headed Total (5), to enter the total requirements for funds (combining the federal share with, if applicable, costs borne by the applicant and cash contributions of any and all third parties involved in the project, including sub-grantees, contractors and consultants) by object class category. Show the totals in row 6-k, column 5.

If applicable, under row 7, Program Income/Third Party In-Kind, column 5, include any in-kind (third party) contributions and program income shown in Item 15 (d) (e) and (f) on the face sheet of the SF 424.

A separate budget justification sheet(s) should be included which shows in three columns the breakdown of budget cost items by federal, non-federal (if applicable), and total funds. The rest of this separate budget presentation should fully explain the major budget items: personnel, travel, other, etc., as outlined below. The column for non-federal funds shown for any of the budget line items in the budget justification sheet reflects only cash match contributions (see instructions above for item 15 on the face sheet of the SF 424). Third party in-kind contributions and program income designated as non-federal match contributions should be identified and justified separately from the justification for the budget line items. The full budget justification should be included in the application immediately follow the SF 424 budget forms.

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

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

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

Justification: Provide a break-down of amounts and percentages that comprise fringe benefit costs, such as health insurance, FICA, retirement insurance, etc.

Line 6c - Travel: Enter total costs of out-of-town travel (travel requiring per diem) for staff of the project. Please set aside travel funds for an initial coordination and planning meeting (1- day) of the technical assistance resource centers, four (2-day) regional technical assistance sessions, and a (3-day) annual meeting in Washington, D.C. Do not enter costs for consultant's travel or local transportation.

Justification: Include the total number of trips, destinations, length of stay, transportation costs and subsistence allowances.

Line 6d - Equipment: Enter the total costs of all equipment to be acquired by the project. Equipment is defined as non-expendable tangible personal property having a useful life of more than two years and an acquisition cost of \$5,000 or more per unit. If the item does not meet the \$5,000 threshold, include it in your budget as part of supplies.

Justification: Equipment to be purchased with federal funds must be justified as necessary for the conduct of the project. The equipment, or a reasonable facsimile, must not be otherwise available to the applicant or its sub-grantees. The justification also must contain plans for the use or disposal of the equipment after the project ends.

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

Line 6f - Contractual: Enter the total costs of all contracts, including (1) procurement contracts (except those which belong on other lines such as equipment, supplies, etc.) and, (2) contracts with secondary recipient organizations including delegate agencies. Also include any contracts with organizations for the provision of technical assistance. Do not include payments to individuals on this line.

Justification: Attach a list of contractors indicating the name of the organization, the purpose of the contract, and the estimated dollar amount. If the name of the contractor, scope of work, and estimated costs are not available or have not been negotiated, indicate when this information will be available. Whenever the applicant/grantee intends to delegate a substantial part (one-third, or more) of the project work to another agency, the applicant/grantee should provide a completed copy of Section B, Budget Categories for each contractor, along with supporting information.

Line 6g - Construction: Leave blank since new construction is not allowable and federal funds are rarely used for either renovation or repair.

Line 6h - Other: Enter the total of all other costs. Such costs, where applicable, may include, but are not limited to: insurance, medical and dental costs; noncontractual fees and travel paid directly to

individual consultants; local transportation (all travel which does not require per diem is considered local travel); space and equipment rentals; printing and publication; computer use; training and staff development costs.

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

Line 6j - Indirect Charges: Enter the total amount of indirect charges (costs), if any. If no indirect costs are requested, enter "none."

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

Line 7 - Program Income/Third Party In-Kind Contributions: Estimate the amount of income, if any, expected to be generated from this project which you wish to designate as match (equal to the amount shown in Item 15 (f) on SF 424) and combine that with third party in-kind contributions, if any.

Non-match anticipated program income should be described in the Level of Effort section of the Program Narrative.

Section C - Non-Federal Resources

Line 12 - Totals: If applicable, enter amounts of non-federal resources that will be used in carrying out the proposed project. Do not include program income unless it is used to meet match requirements.

Section D - Forecasted Cash Needs: Not applicable.

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

Complete this section since the total project period encompasses three funding periods.

Line 20 - Totals: Enter the estimated required federal funds for the period covering months 13 through 24 under column "(b) First," [and for the period covering months 25 through 36 under column "(c) Second."]

Section F - Other Budget Information

Line 21 - Direct Charges: Not applicable

Line 22 - Indirect Charges: Enter the type of indirect rate (provisional, predetermined, final or fixed) to be in effect during the funding period, the base to which the rate is applied, and the total indirect costs.

Line 23 - Remarks: Provide any other explanations or comments deemed necessary.

3. SF 424B - Assurances

SF 424B, Assurances--Non-Construction Programs, contains assurances required of applicants. Please note that a duly authorized representative of the applicant organization must certify that the applicant is in compliance with these assurances.

4. Certification Forms

Certifications are required of the applicant regarding: (a) lobbying; (b) debarment and suspension, (c) civil rights; and (d) drug-free workplace requirements. Please note that a duly authorized representative of the applicant organization must attest to the applicant's compliance with these certifications.

5. Project Summary Description

The project summary description (page one) begins the substantive part of the application. It should be headed by two identifiers: (1) the name of the applicant organization as shown in SF 424, item 5 and (2) one of the following program priorities: Rural/Geographically Isolated Beneficiaries; Minority Beneficiaries; Medicaid & Managed Care Beneficiaries; Providers, Caregivers, and Agencies. Please limit the summary description to one page with a maximum of 1,200 characters, including words, spaces, and punctuation.

Be specific and succinct. Outline the objectives of the project, the approaches to be used and the outcomes expected. At the end of the summary, list major products that will result from the proposed project (such as manuals, data collection instruments, training packages, audio-visuals, software packages). The project summary description, together with the information on the SF 424, becomes the project "abstract" which is entered into AoA's computer data base. The project description provides the reviewer with an introduction to the substantive parts of the application. Therefore, care should be taken to produce a summary which accurately and concisely reflects the proposal.

6. Program Narrative

The Program Narrative is the critical part of the application. It should be clear, concise, and, of course, responsive to the program priority as described above under Part I, D. The narrative should cover: (A) the project's purpose(s), relevance, significance, and responsiveness to the program priority; (B) the workplan/ approach(es) the project will follow to achieve its purpose(s); (C) the anticipated outcomes/results/benefits of the project and how these will be disseminated and utilized, and; (D) the level of effort needed to carry out the project, in terms of the Project Director and other key staff, funding, and other resources.

Please have the narrative typed, double-spaced, on one side of 8 1/2" x 11" plain white paper with 1" margins on both sides. All pages of the narrative (including charts, tables, etc.) should be sequentially numbered, beginning with "Objectives and Need for Assistance" as page number two (2). At the close

of the project narrative, please identify the author(s) of the proposal, their relationship with the applicant, and the role they will play, if any, should the project be funded.

7. Letters of Commitment From Participating Organizations and Agencies

Include confirmation of the commitments to the project (should it be funded) made by collaborating organizations and agencies in this part of the application.

J. Checklist for a Complete Application

The checklist below should be typed on 8-1/2" x 11" plain white paper, completed and included in your application package. It should help in making sure you have not overlooked anything of importance.

CHECKLIST

I have checked my application package to ensure that it includes or is in accord with the following:

- One original application plus two copies, with SF 424 as the first page of each copy of the application;
- SF 424; SF 424A - Budget Information (and accompanying Budget Justification); SF 424B - Assurances; and Certifications;
- SF 424 has been completed according to the instructions, signed and dated by an authorized official (item 18);
- Summary description;
- Program narrative;
- Vitae for key personnel;
- Letters of commitment and cooperation, as appropriate.

K. Points to Remember

1. A thirty (30) double-spaced page limitation is strongly recommended for the substantive parts of the application.
2. You are required to send an original and two copies of an application.
3. The summary description (1,200 characters or less) should accurately reflect the nature and scope of the proposed project.

4. To meet the cost sharing requirement, you must, at a minimum, match \$1 for every \$3 requested in federal funding to reach 25% of the total project cost.

5. Be sure you are satisfied that your program narrative responds fully to the four (4) evaluative criteria which will be used by reviewers to evaluate and score all applications.

6. Do not include letters which endorse the project in general and perfunctory terms. In contrast, letters which describe and verify tangible commitments to the project, e.g., funds, staff, space, should be included.

7. Before submitting the application, have someone other than the authors(s): 1) apply the screening requirements to make sure you are in compliance; and 2) carry out a trial run review based upon the evaluative criteria. Take the opportunity to consider the results of the trial run and then make whatever changes you deem appropriate.

8. The evaluation must be mailed by midnight, May 19, 2000, or hand-delivered by 5:30 p.m., Eastern Time, on May 19, 2000 to:

Department of Health and Human Services
Administration on Aging
Office of Management
Division of Grants Management
330 Independence Avenue, S.W., Room 4257
Washington, D.C. 20201
Attn: AoA-00-03

Dated:

Jeanette C. Takamura
Assistant Secretary for Aging

DUE DATE:

INQUIRIES: Inquiries should be addressed to Regional Administrators on Aging, DHHS regional offices.