# 2016 ACL STANDARD TEMPLATE

**Additional Overview Content/Executive Summary**

Text Field: Executive Summary

1. **Funding Opportunity Description**

Text Field: Funding Opportunity Description

**Statutory Authority**

Text Field: Statutory Authority

1. **Award Information**

Funding Instrument Type:

Estimated Total Funding:

Expected Number of Awards:

Award Ceiling:

Award Floor:

Length of Project Period:

12-month project and budget period

18-month project and budget period

24-month project with two 12-month budget periods

36-month project with three 12-month budget periods

48-month project with four 12-month budget periods

60-month project with five 12-month budget periods Other



**Additional Information on Project Periods and Explanation of 'Other'**

Text Field: Project Period Explanation Other

Text Field: Additional Information on Awards

1. **Eligibility Information**
2. **Eligible Applicants**

Text Field: Eligible Applicants

1. **Cost Sharing or Matching**

Cost Sharing / Matching Requirement: Text Field: Cost Matching Explanation

1. **Responsiveness and Screening Criteria**

**Application Responsiveness Criteria**

Text Field: Application Responsiveness Criteria

**Application Screening Criteria**

Text Field: Application Screening Criteria

1. **Application and Submission Information**

**1. Address to Request Application Package**

Application materials can be obtained from [http://www.grants.gov](http://www.grants.gov/) or [http://www.acl.gov/Funding\_Opportunities/](http://www.acl.gov/Funding_Opportunities/Announcements/Index.aspx) [Announcements/Index.aspx](http://www.acl.gov/Funding_Opportunities/Announcements/Index.aspx).

Please note, ACL is requiring applications for all announcements to be submitted electronically through [http://www.grants.gov](http://www.grants.gov/). The Grants.gov ([http://www.grants.gov](http://www.grants.gov/)) registration process can take several days. If your organization is not currently registered with [http://www.grants.gov](http://www.grants.gov/), please begin this process immediately. **For assistance with** [**http://www.grants.gov**](http://www.grants.gov/)**, please contact them at** [support@grants.gov](mailto:support@grants.gov) **or 1-800-518-4726 between 7 a.m. and 9 p.m. Eastern Time.**

At the [http://www.grants.gov](http://www.grants.gov/) website, you will find information about submitting an application electronically through the site, including the hours of operation. ACL strongly recommends that you do not wait until the application due date to begin the application process through[http://www.grants.gov](http://www.grants.gov/) because of the time involved to complete the registration process.

All applicants must have a DUNS number (<http://fedgov.dnb.com/webform/>) and be registered with the System for Award Management (SAM, [www.sam.gov](http://www.sam.gov/)) and maintain an active SAM registration until the application process is complete, and should a grant be made, throughout the life of the award. Applicants should finalize a new, or renew an existing, registration at least two weeks before the application deadline. This action should allow you time to resolve any issues that may arise.

Failure to comply with these requirements may result in your inability to submit your application or receive an award. Maintain documentation (with dates) of your efforts to register or renew at least two weeks before the deadline. See the SAM Quick Guide for Grantees at:[https://www.sam.gov /sam/ transcript/ SAM\_Quick\_ Guide\_Grants\_](https://www.sam.gov/sam/transcript/SAM_Quick_Guide_Grants_Registrations-v1.6.pdf)  [Registrations-v1.6. pdf](https://www.sam.gov/sam/transcript/SAM_Quick_Guide_Grants_Registrations-v1.6.pdf).

The agency is prohibited from making an award until an applicant has complied with these requirements. At the time an award is ready to be made, if the intended recipient has not complied with these requirements, the agency:

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

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

**Note**: Failure to submit the correct EIN suffix can lead to delays in identifying your organization and access to funding in the Payment Management System.

Effective October 1, 2010, HHS requires all entities that plan to apply for and ultimately receive Federal grant funds from any HHS Operating/Staff Division (OPDIV/STAFFDIV) **or receive subawards directly from the recipients of those grant funds** to be:

* 1. Register in SAM prior to submitting an application or plan;
  2. Maintain an active SAM registration with current information at all times during which it has an active award or an application or plan under consideration by

an OPDIV; and

* 1. Provide its DUNS number in each application or plan to submit to the OPDIV.

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

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

Organizations can receive a DUNS number at no cost by calling the dedicated

toll-free DUNS Number request line at 1-866-705-5711 or by using this link to access a guide: [http://www. whitehouse.gov/ sites/default/files/omb/grants/duns](http://www.whitehouse.gov/sites/default/files/omb/grants/duns_num_guide.pdf)

[\_num\_guide.pdf](http://www.whitehouse.gov/sites/default/files/omb/grants/duns_num_guide.pdf).

You must submit all documents electronically, including all information included on the SF424 and all necessary assurances and certifications.

After you electronically submit your application, you will receive an automatic acknowledgement from [http://www.grants.gov](http://www.grants.gov/) that

contains [http://www.grants.gov](http://www.grants.gov/) tracking number. The Administration for Community Living will retrieve your application form from [http://www.grants.gov](http://www.grants.gov/).

Text Field: Address to Request Application Package

**Contact person regarding this Program Announcement:**

First Name: Last Name:

Center Name:

Phone Number:

E-mail:

2. Content and Form of Application Submission

**Project Narrative**

The Project Narrative is the most important part of the application, since it will be used as the primary basis to determine whether or not your project meets the minimum requirements for grants under the authorizing statutes. The Project Narrative should provide a clear and concise description of your project. ACL recommends that your project narrative include the following components:

Text Field: Project Narrative

**Summary/Abstract**

Text Field: Summary/Abstract

**Problem Statement**

Text Field: Problem Statement

**Goals and Objectives**

Text Field: Goals and Objectives

**Proposed Intervention**

Text Field: Proposed Intervention

**Special Target Populations and Organizations**

Text Field: Special Target Populations and Organizations

**Outcomes**

This section of the project narrative must clearly identify the measurable outcome(s) that will result from the project. **(NOTE: ACL will not fund any project that does not include measurable outcomes)**. This section should also describe how the project’s findings might benefit the field at large, (e.g., how the findings could help other organizations throughout the nation to address the same or similar problems.) List measurable outcomes in the optional work plan grid (“Project Work Plan – Sample Template”) under “Measurable Outcomes” in addition to any discussion included in the narrative along with a description of how the project might benefit the field at large.

A “measurable outcome” is an observable end-result that describes how a particular intervention benefits consumers. It demonstrates the functional status, mental well-being, knowledge, skill, attitude, awareness or behavior.) It can also describe a change in the degree to which consumers exercise choice over the types of services they receive, or whether they are satisfied with the way a service is delivered. Additional examples include: a change in the responsiveness or cost-effectiveness of a service delivery system; a new

model of support or care that can be replicated in the ACL network; new knowledge that can contribute to the field of community living; a measurable increase in community awareness; or a measurable increase in persons receiving services. A measurable outcome is not a measurable “output”, such as: the number of clients served; the number of training sessions held; or the number of service units provided.

You should keep the focus of this section on describing what outcome(s) will be produced by the project. You should use the Evaluation section noted below to describe how the outcome(s) will be measured and reported.

Your application will be scored on the clarity and nature of your proposed outcomes, not on the number of outcomes cited. It is totally appropriate for a project to have only ONE outcome that it is trying to achieve through the intervention reflected in the project’s design.

Text Field: Outcomes

**Project Managements**

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

Text Field: Project Management

**Evaluation**

This section should describe the method(s), techniques and tools that will be used to: 1) determine whether or not the proposed intervention achieved its anticipated outcome(s), and

2) document the “lessons learned” – both positive and negative - from the project that will be useful to people interested in replicating the intervention, if it proves successful.

Text Field: Evaluation

**Dissemination**

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

Text Field: Dissemination

**Organizational Capacity Statement**

Each application should include an organizational capability statement and vitae for key project personnel. The organizational capability statement should describe how the applicant agency (or the particular division of a larger agency which will have responsibility for this project) is organized, the nature and scope of its work and/or the capabilities it possesses. It should also include the organization’s capability to sustain some or all project activities after Federal financial assistance has ended.

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

Text Field: Organizational Capacity Statement

**Other**

Text Field: Other

**Budget Narrative/Justification**

Text Field: Budget and Budget Justification

**Work Plan**

Text Field: Work Plan

**Letter of Commitment**

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

via [http://www.grants.gov](http://www.grants.gov/), signed letters of commitment should be scanned and included as attachments.

Text Field: Letters of Commitment from Key Participating Organizations and Agencies

1. **Submission Dates and Times**

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

In addition, if you are submitting your application via Grants.gov, you must (1) be designated by your organization as an Authorized Organization Representative (AOR); and

(2) register yourself with Grants.gov as an AOR. Details on these steps are outlined at the following Grants.gov Web page: <http://www.grants.gov/web/grants/register.html>.

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

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

If you are prevented from electronically submitting your application on the application deadline because of technical problems with the Grants.gov system, please contact the

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

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

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

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

**Number of Days & Date for Applications**:

Date for Informational Conference Call:

Text Field: Informational Conference Call

1. **Intergovernmental Review**
2. **Funding Restrictions**

**Note:** A recent Government Accountability Office (GAO) report has raised considerable concerns about grantees and contractors charging the Federal government for additional meals outside of the standard allowance for travel subsistence known as per diem expenses.

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

Meals are generally unallowable except for the following:

* + - * + For subjects and patients under study (usually a research program);
        + Where specifically approved as part of the project or program activity, e.g., in programs providing children’s services (e.g., 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)

Text Field: Commonly Used Funding Restrictions

1. **Other Submission Requirements**

Text Field: Fax and Email Explanation

1. **Application Review Information** 
   1. **Criteria**
      * 1. Project Relevance & Current Need
        2. Approach
        3. Budget
        4. Project Impact
        5. Organizational Capacity

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

Text Field: Review Criteria - Optional, Standard Language Lead-in Paragraph

1. **Review and Selection Process**

Text Field: Program Specific Description of Review and Selection Process

# Federal Awarding Agency Review of Risk Posed by Applicants

As required by 2 CFR 200 of the Uniform Guidance, effective January 1, 2016, ACL is required to review and consider any information about the applicant that is in the Federal Awardee Performance and Integrity Information System (FAPIIS), https://www.fapiis.gov before making any award in excess of the simplified acquisition threshold (currently $150,000) over the period of performance. An applicant may review

and comment on any information about itself that a federal awarding agency has previously entered into FAPIIS. ACL will consider any comments by the applicant, in addition to other information in FAPIIS, in making a judgment about the applicant's integrity, business ethics, and record of performance under federal awards when completing the review of risk posed by applicants as described in 2 CFR § 200.205 Federal Awarding Agency Review of Risk

Posed by Applicants ( [http://www.ecfr.gov/cgi-bin/text-idx?node=se2.1.200\_1205&rgn=div8](http://www.ecfr.gov/cgi-bin/text-idx?node=se2.1.200_1205&amp;rgn=div8)).

1. **Anticipated Announcement Award Date**

Text Field: Anticipated Announcement and Award Dates

1. **Award Administration Information** 
   1. Award Notices

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

Text Field: Award Notices

* 1. Administrative and National Policy Requirements

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

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

Text Field: Other Administrative and National Policy Requirements

1. **Reporting**

Effective March 1, 2011, ACL requires the submission of the SF-425 (Federal Financial Report). The reporting cycle will be reflected in the Notice of Award. The ACL program progress report is due semi-annually from the start date of the award and is due within 30 days of the reporting period end date. The final progress report and SF-425 reports are due 90 days after the end of the project period.

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

Text Field: Reporting Requirements

1. **FFATA and FSRS Reporting**

The Federal Financial Accountability and Transparency Act (FFATA) requires data entry at the FFATA Subaward Reporting System ([http://www.FSRS.gov](http://www.fsrs.gov/)) for all sub-awards and

sub-contracts issued for $25,000 or more as well as addressing executive compensation for both grantee and sub-award organizations.

For further guidance please see the following link: <http://www.acl.gov/Funding_Opportunities/Grantee_Info/FFATA.aspx>.

1. **Agency Contacts**

**Project Officer**

Text Field: Program Office Information

**Grants Management Specialist**

Text Field: Grant Officer Information

1. **Other Information**

# Application Elements

* 1. SF 424, required – Application for Federal Assistance (See “Instructions for Completing Required Forms” for assistance).
  2. SF 424A, required – Budget Information. (See Appendix for instructions).
  3. Separate Budget Narrative/Justification, required (See “Budget Narrative/Justification - Sample Format” for examples and “Budget Narrative/Justification – Sample Template.”)

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

* 1. SF 424B – Assurance, required. Note: Be sure to complete this form according to instructions and have it signed and dated by the authorized representative (see item 18d on the SF 424).
  2. Lobbying Certification, required
  3. Proof of non-profit status, if applicable
  4. Copy of the applicant's most recent indirect cost agreement or cost allocation plan, if requesting indirect costs. If any sub-contractors or sub-grantees are requesting indirect costs, copies of their indirect cost agreements must also be included with the application.
  5. Project Narrative with Work Plan, required (See “Project Work Plan – Sample Template” for a formatting suggestions).
  6. Organizational Capability Statement and Vitae for Key Project Personnel.
  7. Letters of Commitment from Key Partners, if applicable. Text Field: Reference Websites

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

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The project description and Budget Narrative/Justification is approved under OMB control number 0985-0018 which expires on 3/12/17. Public reporting burden for this collection of information is estimated to average 10 hours per response, including the time for reviewing

instructions, gathering and maintaining the data needed and reviewing the collection information.

**Appendix**

**Instructions for Completing Required Forms**

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

**a. Standard Form 424**

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

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

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

* New
* Continuation
* Revision

1. **Date Received:** Leave this field blank.
2. **Applicant Identifier**: Leave this field blank

5a **Federal Entity Identifier**: Leave this field blank

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

1. **Date Received by State:** Leave this field blank.
2. **State Application Identifier:** Leave this field blank.
3. **Applicant Information**: Enter the following in accordance with agency instructions:
   1. **Legal Name**: (REQUIRED): Enter the name that the organization has registered with the

System for Award Management (SAM), formally the Central Contractor Registry. Information on registering with SAM may be obtained by visiting the Grants.gov website (http://[www.grants.gov](http://www.grants.gov/)) or by going directly to the SAM website (www.sam.gov).

* 1. **Employer/Taxpayer Number (EIN/TIN):** (REQUIRED): Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service. In addition, we encourage the organization to include the correct suffix used to identify your organization in order to properly align access to the Payment Management System.
  2. **Organizational DUNS**: (REQUIRED) Enter the organization’s DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained by visiting the Grants.gov website (http://[www.grants.gov](http://www.grants.gov/)). Your DUNS number can be verified at <http://fedgov.dnb.com/webform/>.
  3. **Address**: (REQUIRED) Enter the complete address including the county.
  4. **Organizational Unit:** Enter the name of the primary organizational unit (and department or division, if applicable**)** that will undertake the project.
  5. **Name and contact information of person to be contacted on matters involving this application**: Enter the name (First and last name required), organizational affiliation (if affiliated with an organization other than the applicant organization), telephone number (Required), fax number, and email address (Required) of the person to contact on matters related to this application.

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

A. State Government B. County Government C. City or Township Government D. Special District Government E. Regional Organization F. U.S. Territory or Possession G. Independent School District H. Public/State Controlled Institution of Higher Education I. Indian/Native American Tribal Government (Federally Recognized) J. Indian/Native American Tribal Government (Other than Federally Recognized) K. Indian/Native American Tribally Designated Organization L. Public/Indian Housing Authority M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education) N. Nonprofit without

501C3 IRS Status (Other than Institution of Higher Education) O. Private Institution of Higher Education P. Individual Q. For-Profit Organization (Other than Small Business) R. Small Business S. Hispanic-serving Institution T. Historically Black Colleges and Universities (HBCUs) U. Tribally Controlled Colleges and Universities (TCCUs) V. Alaska Native and Native Hawaiian Serving Institutions W. Non-domestic (non-US) Entity X. Other (specify)

1. **Name Of Federal Agency**: (REQUIRED) Enter U.S. Administration for Community Living
2. **Catalog Of Federal Domestic Assistance Number/Title:** The CFDA number can be found on page one of the Program Announcement.
3. **Funding Opportunity Number/Title:** (REQUIRED) The Funding Opportunity Number and title of the opportunity can be found on page one of the Program Announcement.
4. **Competition Identification Number/Title:** Leave this field blank.
5. **Areas Affected By Project:** List the largest political entity affected (cities, counties, state etc.).
6. **Descriptive Title of Applicant’s Project:** (REQUIRED) Enter a brief descriptive title of the project (This is not a narrative description).
7. **Congressional Districts Of**: (REQUIRED) 16a. Enter the applicant’s Congressional District, and 16b. Enter all district(s) affected by the program or project. Enter in the format: 2 characters State Abbreviation – 3 characters District Number, e.g., CA-005 for California 5th district, CA-012 for California 12th district, NC-103 for North Carolina’s 103rd district. If all congressional districts in a state are affected, enter “all” for the district number, e.g., MD-all for all congressional districts in Maryland. If nationwide, i.e. all districts within all states are affected, enter US-all. See the below website to find your congressional district: <http://www.house.gov/>
8. **Proposed Project Start and End Dates**: (REQUIRED) Enter the proposed start date and final end date of the project**. If you are applying for a multi-year grant, such as a 3 year grant project, the final project end date will be 3 years after the proposed start date.** In general, all start dates on the SF424 should be the 1st of the month and the end date of the last day of the month of the final year, for example 7/01/2014 to 6/30/2017. The Grants Officer can alter the start and end date at their discretion.
9. **Estimated Funding:** (REQUIRED) If requesting multi-year funding, enter the full amount requested from the Federal Government in line item 18.a., as a multi-year total. For example and illustrative purposes only, if year one is $100,000, year two is $100,000, and year three is $100,000, then the full amount of Federal funds requested would be reflected as

$300,000. The amount of matching funds is denoted by lines b. through f. with a combined Federal and non-Federal total entered on line g. Lines b. through f. represents contributions to the project by the applicant and by your partners during the total project period, broken down by each type of contributor. The value of in-kind contributions should be included on appropriate lines, as applicable.

**NOTE:** Applicants should review cost sharing or matching principles contained

in Subpart C of 45 CFR Part 75 before completing Item 18 and the Budget Information Sections A, B and C noted below.

All budget information entered under item 18 should cover the total project period. For sub-item 18a, enter the Federal funds being requested. Sub-items 18b-18e is considered

matching funds. The dollar amounts entered in sub-items 18b-18f must total at least 1/3rd of the amount of Federal funds being requested (the amount in 18a). For a full explanation

of ACL’s match requirements, see the information in the box below. For sub-item 18f (program income), enter only the amount, if any, that is going to be used as part of the required match. Program Income submitted as match will become a part of the award match and recipients will be held accountable to meet their share of project expenses even if program income is not generated during the award period.

There are two types of match: 1) non-Federal cash and 2) non-Federal in-kind. In general, costs borne by the applicant and cash contributions of any and all third parties involved in the project, including sub-grantees, contractors and consultants, are considered **matching funds**. Examples of **non-Federal cash match** includes budgetary funds provided from the applicant agency’s budget for costs associated with the project. Generally, most

contributions from sub-contractors or sub-grantees (third parties) will be non-Federal in-kind matching funds. Volunteered time and use of third party facilities to hold meetings or conduct project activities may be considered in-kind (third party) donations.

NOTE: **Indirect charges** may only be requested if: (1) the applicant has a current indirect cost rate agreement approved by the Department of Health and Human Services or another Federal agency; or (2) the applicant is a state or local government agency. State governments should enter the amount of indirect costs determined in accordance

with DHHS requirements. **If indirect costs are to be included in the application, a copy of the approved indirect cost agreement or cost allocation plan must be included with the application.**

**Further, if any sub-contractors or sub-grantees are requesting indirect costs, a copy of the latest approved indirect cost agreements must also be included with the application, or reference to an approved cost allocation plan.**

1. **Is Application Subject to Review by State Under Executive Order 12372**

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

1. **Is the Applicant Delinquent on any Federal Debt?** (Required) This question applies to the applicant organization, not the person who signs as the authorized representative. If yes, include an explanation on the continuation sheet.
2. **Authorized Representative**: (Required) To be signed and dated by the authorized representative of the applicant organization. Enter the name (First and last name required) title (Required), telephone number (Required), fax number, and email address (Required) of the person authorized to sign for the applicant. A copy of the governing body’s authorization for you to sign this application as the official representative must be on file in the applicant’s office. (Certain Federal agencies may require that this authorization be submitted as part of the application.)

**Standard Form 424A**

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

a multi-year budget. **Section A - Budget Summary**

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

**Section B Budget Categories**

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

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

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

**Section C – Non Federal Resources**

Column A: Enter the federal grant program.

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

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

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

**Section D –Forecasted Cash Needs**

**Line 13:** Enter Federal forecasted cash needs broken down by quarter for the first year only. **Line 14**: Enter Non-Federal forecasted cash needs broken down by quarter for the first year. Line 15: Enter total forecasted cash needs broken down by quarter for the first year.

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

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

Column A: Enter the federal grant program

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

Column D (third): Enter the requested year four funding, if applicable. Column E (forth): Enter the requested year five funding, if applicable. **Section F – Other Budget Information**

**Line 21:** Enter the total Indirect Charges

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

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

**Separate Budget Narrative/Justification Requirement**

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

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

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

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

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

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

Line 6c: **Travel**: Enter total costs of all travel (local and non-local) for staff on the project. NEW: Local travel is considered under this cost item not under Other. Local transportation (all travel which does not require per diem is considered local travel). Do not enter costs for consultant's travel - this should be included in line 6h.

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

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

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

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

**In the Justification**: . For any grant award that has supply costs in excess of 5% of total direct costs (Federal or Non-Federal), you must provide a detailed break down of the supply items (e.g., 6% of $100,000 = $6,000 – breakdown of supplies needed). If the 5% is applied against $1 million total direct costs (5% x $1,000,000 = $50,000) a detailed breakdown of supplies is not needed. Please note: any supply costs of $5,000 or less regardless of total direct costs does not require a detailed budget breakdown (e.g., 5% x $100,000 = $5,000 –

no breakdown needed).

Line 6f: **Contractual**: Regardless of the dollar value of any contract, you must follow your established policies and procedures for procurements and meet the minimum standards established in the Code of Federal Regulations (CFR’s) mentioned below. Enter the total costs of all contracts, including (1) procurement contracts (except those which belong on other lines such as equipment, supplies, etc.). Note: The 33% provision has been removed and line item budget detail is not required as long as you meet the established procurement standards. Also include any awards to organizations for the provision of technical assistance. Do not include payments to individuals on this line. Please be advised:

A subrecipient is involved in financial assistance activities by receiving a sub-award and a subcontractor is involved in procurement activities by receiving a sub-contract. Through the recipient, a subrecipient performs work to accomplish the public purpose authorized by law. Generally speaking, a sub-contractor does not seek to accomplish a public benefit and does not perform substantive work on the project. It is merely a vendor providing goods or services to directly benefit the recipient, for example procuring landscaping or janitorial services. In either case, you are encouraged to clearly describe the type of work that will be accomplished and type of relationship with the lower tiered entity whether it be labeled as

a subaward or subcontract.

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

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

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

Note: A recent Government Accountability Office (GAO) report number 11-43, has raised considerable concerns about grantees and contractors charging the Federal government for additional meals outside of the standard allowance for travel subsistence known as

per diem expenses. If meals are to be charged towards the grant they must meet the following criteria outlined in the Grants Policy Statement:

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

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

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

Line 6j: **Indirect Charges**: Enter the total amount of indirect charges (costs), if any. If no indirect costs are requested, enter "none." Indirect charges may be requested if: (1) the applicant has a current indirect cost rate agreement approved by the Department of Health and Human Services or another federal agency; or (2) the applicant is a state or local government agency. **State governments should enter the amount of indirect costs determined in accordance with DHHS requirements.** An applicant that will charge indirect costs to the grant must enclose a copy of the current rate agreement. Indirect Costs can only be claimed on Federal funds, more specifically, they are to only be claimed on the Federal share of your direct costs. Any unused portion of the grantee’s eligible Indirect Cost amount that are not claimed on the Federal share of direct charges can be claimed as

un-reimbursed indirect charges, and that portion can be used towards meeting the recipient match.

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

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

funds, **do not** include that portion here or on Item 15(f) of the Form 424 face sheet. Any anticipated program income that will not be applied as grantee match should be described in the Level of Effort section of the Program Narrative.

1. **Standard Form 424B – Assurances (required)**

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

1. **Certification Regarding Lobbying (required)**

This form contains certifications that are required of the applicant organization regarding lobbying. Please note that a duly authorized representative of the applicant organization

must attest to the applicant’s compliance with these certifications.

**Proof of Non-Profit Status (as applicable)**

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

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

**Indirect Cost Agreement**

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

**Budget Narrative/Justification - Sample Format**

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

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  | Life (1%)  Unemployment (1%)  **Non-Fed Cash**  Fringe on Office Manager at 36.65% = $8,632  FICA (7.65%)  Health (25%)  Dental (2%)  Life (1%)  Unemployment (1%) |
| Travel | $4,707 | $2,940 | $0 | $7,647 | **Federal**  Local travel: 6 TA site visits for 1 person  Mileage: 6RT @ .585 x 700 miles $2,457  Lodging: 15 days @  $110/day  $1,650  Per Diem: 15 days @  $40/day  $600  Total  $4,707  **Non-Fed Cash**  Travel to National Conference in (Destination) for 3 people  Airfare 1 RT x 3 staff @  $500  $1,500  Lodging: 3 days x 3 staff @  $120/day $1,080 Per Diem: 3 days x 3 staff  @ $40/day $360 Total  $2,940 |
| Equipment | $10,000 | $0 | $0 | $10,000 | No Equipment requested OR:  Call Center Equipment Installation =  $5,000  Phones =  $5,000  Total  $10,000 |
| Supplies | $3,700 | $5,670 | $0 | $9,460 | **Federal**  2 desks @ $1,500  $3,000  2 chairs @ $300  $600  2 cabinets @ $200  $400  **Non-Fed Cash**  2 Laptop computers  $3,000  Printer cartridges @  $50/month  $300  Consumable supplies (pens, paper, clips etc…)  @ $180/month  $2,160  Total  $9,460 |
| Contractual | $30,171 | $0 | $0 | $30,171 | (organization name, purpose of contract and estimated dollar amount)  Contract with AAA to provide respite services:  11 care givers @ $1,682 =  $18,502  Volunteer Coordinator =  $11,669  Total  $30,171  *If contract details are unknown due to contract yet to be made provide same information listed above and:*  A detailed evaluation plan and budget will be submitted by (date), when contract is made. |
| Other | $5,600 | $0 | $5,880 | $11,480 | **Federal**  2 consultants @ $100/hr for  24.5 hours each =  $4,900  Printing 10,000 Brochures  @ $.05 =  $500 |
|  |  |  |  |  | Local conference registration fee (name conference) = $200 Total  $5,600  **In-Kind Volunteers**  15 volunteers @ $8/hr for 49 hours =  $5,880 |
| Indirect Charges | $20,934 | $0 | $0 | $20,934 | 21.5% of salaries and fringe  =  $20,934  IDC rate is attached. |
| TOTAL | $140,294 | $40,866 | $5,880 | $187,060 |  |

# Budget Narrative/Justification - Sample Template

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

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| --- | --- | --- | --- | --- | --- |
| **Object Class Category** | **Federal Funds** | **Non-Federal Cash** | **Non-Federal In-Kind** | **TOTAL** | **Justification** |
| Personnel |  |  |  |  |  |
| Fringe Benefits |  |  |  |  |  |
| Travel |  |  |  |  |  |
| Equipment |  |  |  |  |  |
| Supplies |  |  |  |  |  |
| Contractual |  |  |  |  |  |
| Other |  |  |  |  |  |
| Indirect Charges |  |  |  |  |  |
| TOTAL |  |  |  |  |  |

**Project Work Plan - Sample Template**

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

Goal:

Measurable Outcome(s):

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

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| Major Objectives | Key Tasks | Lead Person | 1\* | 2\* | 3\* | 4\* | 5\* | 6\* | 7\* | 8\* | 9\* | 10\* | 11\* | 12\* |
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NOTE: Please do note infer from this sample format that your work plan must have 6 major objectives. If you need more pages, simply repeat this format on additional pages.

**Instructions for Completing the Project Summary/Abstract**

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

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

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

**Outcomes** - measurable results of a project. Positive benefits or negative changes, or measurable characteristics that occur as a result of an organization’s or program’s activities. (Outcomes are the end-point)

**Products** – materials, deliverables.

* A model abstract/summary is provided below:

The Delaware Division of Services for Aging and Adults with Physical Disabilities (DSAAPD), in **partnership** with the Delaware Lifespan Respite Care Network (DLRCN) and key stakeholders will, in the course of this two-year project, expand and maintain

a statewide coordinated lifespan respite system that builds on the infrastructure currently in place. The **goal** of this project is to improve the delivery and quality of respite services available to families across age and disability spectrums by expanding and coordinating existing respite systems in Delaware. The **objectives** are: 1) to improve lifespan respite infrastructure; 2) to improve the provision of information and awareness about respite service; 3) to streamline access to respite services through the Delaware ADRC; 4) to increase availability of respite services. Anticipated **outcomes** include: 1) families and caregivers of all ages and disabilities will have greater options for choosing a respite provider; 2) providers will demonstrate increased ability to provide specialized respite care;

1. families will have streamlined access to information and satisfaction with respite services;
2. respite care will be provided using a variety of existing funding sources and 5) a sustainability plan will be developed to support the project in the future. The

expected **products** are marketing and outreach materials, caregiver training, respite worker training, a Respite Online searchable database, two new Caregiver Resource Centers (CRC), an annual Respite Summit, a respite voucher program and 24/7 telephone information and referral services.

Text Field: Appendix