

OMB Approval No. 0985-0018

Expiration 5/31/2010

**Advanced Performance Outcome Measurement
Project (POMP)**

**Program Announcement and Grant Application
Instructions**

U.S. Administration on Aging

2007

Department of Health and Human Services (HHS)

Administration on Aging (AoA)

AoA Center: Office of Evaluation

Funding Opportunity Title: Advanced Performance Outcome Measurement Project (POMP)

Announcement Type: Initial

Funding Opportunity Number: HHS-2006-AoA-PO-0716

Catalog of Federal Domestic Assistance (CFDA) Number: 93.048

Key Dates: The deadline date for submission of applications is August 15, 2007.

Summary: The Administration on Aging (AoA) announced in the *Federal Register* on July 3, 2007 that it will hold a limited competition for Advanced Performance Outcome Measurement Projects (POMP) that will be funded with grant awards. Advanced POMP projects have been designed for the purpose of developing more robust performance outcome measures quantifying program impact in a manner that can be associated with cost. The purpose of this competition is to enhance or expand the existing POMP projects. Grant projects will receive technical support if requested. The full text of the announcement includes further project description and all the instructions necessary to prepare and submit a grant proposal to compete for these project awards.

I. FUNDING OPPORTUNITY DESCRIPTION

Statutory Authority

The statutory authority for grants under this program announcement is contained in Title IV of the Older Americans Act (OAA) (42U.S.C. 3032), as amended by the Older Americans Act Amendments of 2006, P.L. 109-365. (Catalog of Federal Domestic Assistance 93.048, Title IV Discretionary Projects).

Performance Outcome Measurement

The Government Performance and Results Act (GPRA) requires Federal agencies to use performance measurement, particularly outcome measurement, to improve the performance of Federal programs. Further, the Office of Management and Budget has

introduced the Program Assessment Rating Tool (PART), which they use to evaluate the performance of Federal programs. The PART places additional emphasis on assessing program performance through outcome measurement. Results from earlier POMP projects have been instrumental in improving AoA's PART scores.

Building on the Results of Earlier POMP Demonstrations

Over the past eight years, AoA has sponsored the Performance Outcome Measurement Project for Older Americans Act (OAA), Title III programs. This project with State Units on Aging (SUAs) and Area Agencies on Aging (AAAs) has produced a core set of performance measurement instruments. The instruments have been developed to obtain consumer-reported outcomes and quality assessment for critical OAA services. The instruments also measure special needs characteristics of the people who receive services such as physical and social functioning. Other measurement tools address the adequacy and benefit of services that support family caregivers. Performance measurement tools developed under POMP can be located at www.grpa.net.

Consumer assessment surveys have enabled AoA and our State and AAA partners to demonstrate that services provided by the National Aging Services Network:

- Are highly rated by recipients
- Are effectively targeted to vulnerable individuals and those who need services
- Provide assistance to individuals and caregivers that is instrumental in allowing older persons to maintain their independence and avoid premature nursing home placement.

In FY 2004, AoA determined that while consumer assessment will continue to be an important component of program performance measurement, it was time for the POMP project to begin the process of evolving into a more sophisticated performance measurement system to assess program impacts in relation to costs. In FY 2004, the first Advanced POMP competition occurred. The first year of Advanced POMP was a planning year. Grantees developed a statement of the project's overarching goals as follows:

Goal 1: Demonstrate Cost Savings or Cost Avoidance Attributed to Older Americans Act (OAA) Programs

Goal 2: Demonstrate Efficiency of OAA programs

Goal 3: Demonstrate Effectiveness of OAA programs

Grantees then researched various methodologies toward achievement of these goals. In the second and third years of Advanced POMP, grantees defined their specific projects; defined their data source development strategies, constructed their data bases or started data collection and conducted some data analysis. Current Advanced POMP projects are researching the following topics:

Advanced POMP Projects

Project Type	Nursing-Home Delay/Diversion Models	Impact of OAA Services on Nutritional Status and Social/Emotional Well-Being	Impact of OAA Services on Utilization of Emergency Room and In-Patient Hospital Services
Number of Projects	7	2	2

Project Objectives and Activities

The purpose of this competition is to solicit applications for the enhancement or expansion of Advanced POMP consistent with the original project goals stated above. For example, grantees may choose to enhance their current projects by incorporating additional data elements into their modeling data sets; expanding the time frame for longitudinal data collection; or accessing related data sources and incorporating the additional data into their analysis. Grantees may expand their current projects by proposing new performance impact analysis consistent with the Advanced POMP goals that will complement the current projects.

Grantees should develop a two year work plan that incorporates all their Advanced POMP analytical work and culminates with detailed written reports suitable for posting on www.gpra.net.

Technical Support

AoA will contract with a national research corporation to support Advanced POMP. Technical support available will include statistical modeling, data analysis, review of research protocols, and assistance in technical writing.

II. AWARD INFORMATION

The total amount of Federal funds available for the first year of this funding opportunity is \$530,000. AoA anticipates funding up to 9 new grant projects nationwide for a period of up to 2 years. The maximum Federal award for the first year is approximately \$70,000. Award amounts for the second year of the project will be increased to a maximum of \$100,000 contingent on the availability of Federal funds.

A key consideration for AoA is that the size of the award will correlate with the significance of the proposed endeavors. AoA reserves the right to offer a funding level that differs from the requested amount and to negotiate with the applicant with regard to the scope and intensity of effort that would be appropriate and commensurate with the final funding level.

III. ELIGIBILITY INFORMATION

1. Eligible Applicants

Only states that received an Advanced Performance Outcome Measurement Project award in FY 2004 are eligible to apply. These states are Arizona, Florida, Georgia, Iowa, New York, North Carolina, Ohio, Rhode Island and South Carolina.

“State” refers to the definition provided under 45 CFR 74.2. Executive Order 12372 is not applicable to these grant applications.

2. Cost Sharing or Matching

Under this Older Americans Act (OAA) program, AoA will fund no more than 75% of the project’s total cost, which means the applicant must cover at least 25% of the project’s total cost with non-federal resources. In other words, for every three (3) dollars received in federal funding, the applicant must contribute at least one (1) dollar in non-federal resources toward the project’s total cost. This “three-to-one” ratio is reflected in the formula included under Item 18 in Attachment A. You can use this formula to calculate your minimum required match. A common error applicants make is to match 25% of the federal share, rather than 25% of the project’s total cost. Match is not one of the responsiveness criteria as noted in Section III, 3 Application Screening Criteria.

3. Other

Application Screening Criteria

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

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

1. Applications must be submitted electronically via www.grants.gov by midnight August 15, 2007.
2. The Project Narrative section of the Application must be double-spaced, on 8 ½” x 11” plain white paper with 1” margins on both sides, and a font size of not less than 11.
3. The Project Narrative must **not** exceed 20 pages. NOTE: The Project Work Plan, Letters of Commitment, and Vitae of Key Project Personnel **are not counted** as part of the Project Narrative for purposes of the 20-page limit.

IV. APPLICATION AND SUBMISSION INFORMATION

1. Address to Request Application Package

Application materials can be obtained from <http://www.grants.gov> or <http://www.aoa.gov/doingbus/fundopp/fundopp.asp>.

Application materials are also available by writing to:

U.S. Department of Health and Human Services
Administration on Aging
Cynthia Bauer
Office of Evaluation
Washington, D.C. 20201

Or by calling: 202-357-0145

Or e-mailing: Cynthia.Bauer@aoa.hhs.gov

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

Applications submitted via www.grants.gov :

- You may access the electronic application for this program on www.Grants.gov. You must search the downloadable application page by the CFDA number (93.048).
- At the www.grants.gov website, you will find information about submitting an application electronically through the site, including the hours of operation. AoA strongly recommends that you do not wait until the application due date to begin the application process through www.grants.gov because of the time delay.
- All applicants must have a Dun and Bradstreet (D&B) Data Universal Numbering System number and register in the Central Contractor Registry (CCR). You should allow a minimum of **five days** to complete the CCR registration.
- You may submit all documents electronically, including all information included on the SF424 and all necessary assurances and certifications.
- Your application must comply with any page limitation requirements described in this program announcement.
- After you electronically submit your application, you will receive an automatic acknowledgement from www.grants.gov that contains a Grants.gov tracking

number. The Administration on Aging will retrieve your application form from Grants.gov.

- We may request that you provide original signatures on forms at a later date.
- Each year organizations registered to apply for federal grants through www.grants.gov will need to renew their registration with the Central Contractor Registry (CCR). You can register with the CCR online and it will take about 30 minutes (www.grants.gov/CCRRegister). You should receive your CCR registration within 7 – 10 business days.

2. Content and Form of Application Submission

a. DUNS Number

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

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

b. Project Narrative

The Project Narrative must be double-spaced, on 8 ½” x 11” paper with 1” margins on both sides, and a font size of not less than 11. You can use smaller font sizes to fill in the Standard Forms and Sample Formats. The suggested length for the Project Narrative is ten to twenty pages; twenty pages is the maximum length allowed. AoA will not accept applications with a Project Narrative that exceeds 20 pages. The Project Work Plan, Letters of Commitment, and Vitae of Key Personnel are not counted as part of the Project Narrative for purposes of the 20-page limit, but all of the other sections noted below are included in the limit.

The components counted as part of the 20 page limit include:

- Summary/Abstract
- Problem Statement
- Goal(s) and Objective(s)
- Proposed Intervention
- Special Target Populations and Organizations
- Outcomes
- Project Management
- Evaluation
- Dissemination
- Organizational Capability

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

Summary/Abstract. This section should include a brief - no more than 300 words maximum - description of the proposed project, including: the goal, the list of objectives and the products to be developed. Detailed instructions for completing the summary/abstract are included in Attachment E of this document.

Problem Statement. This section should describe, in both quantitative and qualitative terms, the nature and scope of the particular problem or issue the proposed intervention is designed to address, including how the project will potentially affect the elderly population and/or their caregivers (including specific subgroups within those populations), and possibly the health care and social services systems (e.g., the use of health care and/or nursing home services.)

Goals and Objectives. This section should consist of a description of the project's goal(s) and major objectives. Unless the project involves multiple, complex interventions, we recommend you have only one overall goal.

Proposed Intervention. This section should provide a clear and concise description of the intervention you are proposing to use to address the problem described in the "Problem Statement". You should also describe the rationale for using the particular intervention, including factors such as: "lessons learned" for similar projects previously tested in your community, or in other areas of the country; factors in the larger environment that have created the "right conditions" for the intervention (e.g., existing social, economic or political factors that you'll be able to take advantage of, etc.). Also note any major barriers you anticipate encountering, and how your project will be able to overcome those barriers. Be sure to describe the role and makeup of any strategic partnerships you plan to involve in implementing the intervention, including other organizations, funders, and/or consumer groups.

Special Target Populations and Organizations. This section should describe how you plan to involve community-based organizations in a meaningful way in the planning and implementation of the proposal project. This section should also describe how the proposed intervention will target disadvantaged populations, including limited-English speaking populations.

Outcomes. This section of the project narrative must clearly identify the measurable outcome(s) that will result from the project. (NOTE: AoA 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 attached work plan grid (Attachment D)

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 aging network; or new knowledge that can contribute to the field of aging. 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.

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

Evaluation. This section should describe the method(s), techniques and tools that will be used 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

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

Organizational Capability 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. 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 the project and achieving project goals.

Work Plan. The Project Work Plan should reflect and be consistent with the Project Narrative and Budget. It should include a statement of the project's overall goal, anticipated outcome(s), key objectives, and the major tasks / action steps that will be pursued to achieve the goal and outcome(s). For each major task / action step, the work plan should identify the timeframes involved (including start- and end-dates), and the lead person responsible for completing the task. Please use the Sample Work Plan format included in the Attachments.

Letters of Commitment from Key Participating Organizations and Agencies. Include confirmation of the commitments to the project (should it be funded) made by key collaborating organizations and agencies in this part of the application. Any organization that is specifically named to have a significant role in carrying out the project should be considered an essential collaborator. For applications submitted electronically via Grants.gov, signed letters of commitment should be scanned and included as attachments. Applicants unable to scan the signed letters of commitment may fax them to the AoA Grants Management Office at 202-357-3466 by the application submission deadline.

3. Submission Dates and Times

The deadline for the submission of applications under this program announcement is August 15, 2007. Applications must be submitted electronically by midnight Eastern time, August 15, 2007.

Applications that fail to meet the application due date will **not** be reviewed and will receive **no** further consideration.

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 Grants.gov.

4. Intergovernmental Review

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

5. Funding Restrictions

The following activities are not fundable:

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

6. Other Submission Requirements

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

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

V. APPLICATION REVIEW INFORMATION

1. *Criteria*

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

- Purpose and Need for Assistance - (20 points);
- Approach/Method – Workplan and Activities - (30 points);
- Outcomes/Evaluation/Dissemination - (25 points); and
- Level of Effort - (25 points).

a. Purpose and Need for Assistance

Weight: 20 points

i. Does the proposed project clearly and adequately respond to the priority area, as described in this Program Announcement? (10 points).

ii. Does the application adequately and appropriately describe and document the key problem(s)/condition(s) relevant to its purposes? Is the proposed project justified in terms of the most recent, relevant, and available performance measurement information and knowledge? (10 points)

b. Approach, Work Plan and Activities

Weight: 30 points

i. Is the proposed methodology clearly defined? Does it reflect a coherent and feasible approach for successfully addressing the identified problem and achieving the identified outcome(s)? Does the project take into account barriers and opportunities that exist in the larger environment that may impact on the project's

success? Does the methodology describe the use of potential partnerships with other organizations and/or consumer groups, as appropriate? (15 points)

ii. Is the project work plan clear and comprehensive? Does it include sensible and feasible timeframes for the accomplishment of tasks presented? Does the work plan include specific objectives and tasks that are linked to measurable outcomes? Does the proposal include a clear and coherent management plan? Are the roles and responsibilities of project staff, consultants and partners clearly defined and linked to specific objectives and tasks? Are the qualifications of the project staff, consultants and/or partners, and the proposed level of effort, adequate to carryout the project? Does the work plan address both years of the project? (15 points)

c. Project Outcomes, Evaluation and Dissemination Weight: 25 points

i. Are the expected project benefits/results clear, realistic, and consistent with the objectives and purpose of the project? Are the anticipated outcomes of the proposed project likely to be achieved and will they significantly benefit the populations affected by the intervention, and the field of aging as a whole? Are the proposed outcomes quantifiable and measurable, consistent with the definition of a project outcome contained in Attachment F of the Program Announcement? (10 points)

ii. Does the project evaluation reflect a thoughtful and well-designed approach that will be able to successfully measure whether or not the project has achieved its proposed outcome(s)? Does the plan include the qualitative and/or quantitative methods necessary to reliably measure outcomes? Is the evaluation also designed to capture “lessons learned” from the overall effort that might be of use to others in the field of aging, especially those who might be interested in replicating the project? (5 points)

iii. Will the dissemination plan get relevant and easy to use information in a timely manner to parties that might be interested in making use of its findings, particularly to those who might want to replicate the project? (10 points)

d. Level of Effort: Weight: 25 points

i. Do the proposed project director(s), key staff and consultants have the background, experience, and other qualifications required to carry out their designated roles? Are letters from participating organizations included, as appropriate, and do they express the clear commitment and areas of responsibility of those organizations, consistent with the work plan description of their intended roles and contributions? (15 points)

ii. Is the budget justified with respect to the adequacy and reasonableness of resources requested? Is the time commitment of the proposed director and other key project personnel sufficient to assure proper direction, management and timely completion of the project? Are budget line items clearly delineated and consistent with work plan objectives? (10 points)

2. ***Review and Selection Process***

An independent review panel of at least three individuals will evaluate applications that pass the screening. These reviewers are experts in their field, and 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 as outlined under section I, Funding Opportunity Description, the reviewers will comment on and score the applications, focusing their comments and scoring decisions on the criteria identified above.

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

Applicants have the option of omitting from the application specific salary rates or Social Security Numbers for individuals specified in the application budget.

VI. AWARD ADMINISTRATION INFORMATION

1. *Award Notices*

Successful applicants will receive an Approval Letter, and a Notice of Award. The Notice of Award is the authorizing document, and will be signed by the AoA grants management officer, the AoA authorizing official, and the AoA budget office. Unsuccessful applicants are notified within 30 days of the final funding decision and will receive a disapproval letter via U.S. mail.

2. *Administrative and National Policy Requirements*

The award is subject to DHHS Administrative Requirements, which can be found in 45CFR Part 74 and 92 and the Standard Terms and Conditions implemented through the HHS Grants Policy Statement, October 1, 2006 located at <http://www.hhs.gov/grantsnet/adminis/gpd/index.htm>.

3. *Reporting*

The SF-269 (Financial Status Report) is due annually and the AoA program progress report is due semi-annually. Final performance and SF-269 reports are due 90 days after the end of the project period.

VII. AGENCY CONTACTS

Project Officer:

U.S. Department of Health and Human Services
Administration on Aging
Washington, DC 20201
Attn: Cynthia Bauer
Telephone: (202) 357-0145, e-mail Cynthia.Bauer@aoa.hhs.gov

Grants Management Officer:

U.S. Department of Health and Human Services
Administration on Aging
Washington, DC 20201
Attn: Stephen Daniels
Telephone: (202) 357-3464, e-mail: Stephen.Daniels@aoa.hhs.gov

VIII. OTHER INFORMATION

A. Application Elements

1. SF 424 – Application for Federal Assistance.
2. SF 424A – Budget Information.
3. Separate Budget Narrative/Justification (See Attachments for Sample Format).
4. SF 424B – Assurances. Note: Be sure to complete this form according to instructions and have it signed and dated by the authorized representative (see item 18d on the SF 424).
5. Certification
6. Proof of non-profit status
7. Copy of the applicant's most recent indirect cost agreement, as necessary.
8. Project Narrative with Work Plan (See Attachment for Sample Work Plan Format).
9. Organizational Capability Statement and Vitae for Key Project Personnel.
10. Letters of Commitment from Key Partners.
11. “Survey on Ensuring Equal Opportunity for Applicants” (Optional non-profit applicants)

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

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The project description and budget justification is approved under OMB control number 0985-0018 which expires on 5/31/2010.

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.

ATTACHMENTS

**Attachment A:
Instructions for completing the SF 424, Budget (SF
424A), Budget Narrative and Other Required
Forms**

**Attachment B:
Budget Justification Format – Sample Format with
Examples**

**Attachment C:
Budget Justification – Sample Format**

**Attachment D:
Project Work Plan - Sample Format**

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

**Attachment F:
“Survey on Ensuring Equal Opportunity for
Applicants”**

Attachment A

Instructions for completing the SF 424, Budget (SF 424A), Budget Narrative, and Other 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. AoA does not require all the information on these Standard Forms. Accordingly, please use the instructions below in lieu of the standard instructions attached to SF 424 and 424A to complete these forms. Please note that in FY 2006, a new version of the SF 424 is being used for new grants.

a. Standard Form 424

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

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

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

• New . • Continuation • Revision

3. **Date Received:** Leave this field blank.

4. **Applicant Identifier:** Leave this field blank

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

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

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

7. **State Application Identifier:** Leave this field blank.

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

a. **Legal Name:** (Required): Enter the name that the organization has registered with the Central Contractor Registry. Information on registering with CCR may be obtained by visiting the Grants.gov website.

b. Employer/Taxpayer Number (EIN/TIN): (Required): Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service.

c. Organizational DUNS: (Required) Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained by visiting the Grants.gov website.

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

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

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

9. Type of Applicant: (Required) Select the applicant organization "type" from the following drop down list.

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

10. Name Of Federal Agency: (Required) Enter U.S. Administration on Aging

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

12. Funding Opportunity Number/Title: (Required) The Funding Opportunity Number and title of the opportunity can be found on page one of the program announcement.

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

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

15. Descriptive Title of Applicant's Project: (Required) Enter a brief descriptive title of

the project.

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

17. Proposed Project Start and End Dates: (Required) Enter the proposed start date and end date of the project.

18. Estimated Funding: (Required) Enter the amount requested or to be contributed during the first funding/budget period by each contributor. Value of in-kind contributions should be included on appropriate lines, as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of the change. For decreases, enclose the amounts in parentheses.

NOTE: Applicants should review cost sharing or matching principles contained in Subpart C of 45 CFR Part 74 or 45 CFR Part 92 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 upcoming budget 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 AoA's match requirements, see the information in the box below. For sub-item 18f, enter only the amount, if any, that is going to be used as part of the required match.

There are three types of match: 1.) non-federal cash; 2.) non-federal non-cash (i.e., in-kind); and 3.) program income. 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 cash matching funds. Generally, most contributions from third parties will be non-cash (i.e., in-kind) matching funds. Examples of non-cash (in-kind) match include: volunteered time and use of facilities to hold meetings or conduct project activities. A third form of non-federal match is projected program income derived from activities of the project such as participant fees and sale of publications. Only program income that is to be used as part of the required match should be shown on Line 15.

NOTE: Indirect charges may only be requested if: (1) the applicant has a current indirect cost rate agreement approved by the Department of Health and Human Services or another federal agency; or (2) the applicant is a state or local government agency. State governments should enter the amount of indirect costs determined in accordance with DHHS requirements. **If indirect costs are to be included in the application, a copy of the approved indirect cost agreement must be included with the application.**

AOA's Match Requirement

Under this and other OAA programs, AoA will fund no more than 75 % of the project's total cost, which means the applicant must cover at least 25% of the project's total cost with non-federal resources. In other words, for every three (3) dollars received in federal funding, the applicant must contribute at least one (1) dollar in non-federal resources toward the project's total cost (i.e., the amount on line 15g.). This "three-to-one" ratio is reflected in the following formula which you can use to calculate your minimum required match:

$$\frac{\text{Federal Funds Requested (i.e., amount on line 15a)}}{3} = \text{Minimum Match Requirement}$$

For example, if you request \$100,000 in federal funds, then your minimum match requirement is \$100,000/3 or \$33,333.

A common error applicants make is to match 25% of the federal share, rather than 25% of the project's total cost, so be sure to use one of the formulas above to calculate your match requirement.

If the required non-federal share is not met by a funded project, AoA will disallow any unmatched federal dollars.

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

Check c. Program is not covered by E.O. 12372

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

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

b. Standard Form 424A

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

Section A - Budget Summary

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

Section B - Budget Categories

Column 3: Enter the breakdown of how you plan to use the federal funds being requested by object class category (see instructions for each object class category below).

Column 4: 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 (the sum of Columns 3 and 4) by object class category.

Separate Budget Narrative/Justification Requirement

You must submit a separate budget narrative as part of your application. **A blank sample format (and one with examples) has been included in the attachments for your use in developing and presenting your Budget Narrative.** In your budget justification, you should include a breakdown of the budget which shows the costs for all of the object class categories noted in Section B, across three columns: federal; non-federal cash; and non-federal in-kind. The justification should fully explain and justify the costs in each of the major budget items for each of the object class categories, as described below. Third party in-kind contributions and program income designated as non-federal match contributions should be clearly identified and justified separately from the justification for the budget line items. The full budget justification should be included in the application immediately following the SF 424 forms. **The budget justification should provide a detailed breakdown of large dollar values.**

Line 6a: Personnel: Enter total costs of salaries and wages of applicant/grantee staff. Do not include the costs of consultants; consultant costs should be included under 6h - Other. In the Justification: Identify the project director, if known. Specify the key staff, their titles, brief summary of project related duties, and the percent of their time commitments to the project 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: 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. Do not enter costs for consultant's travel - this should be included in line 6h. In the Justification: Include the total number of trips, destinations, purpose, length of stay, subsistence allowances and transportation costs (including mileage rates).

Line 6d: Equipment: Enter the total costs of all equipment to be acquired by the project. For all grantees, "equipment" is non-expendable tangible personal property having a useful life of more than one year and an acquisition cost of \$5,000 or more per unit. If the item does not meet the \$5,000 threshold, include it in your budget under Supplies, line 6e. In the Justification: Equipment to be purchased with federal funds must be justified as necessary for the conduct of the project. The equipment must be used for project-related functions; 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. In the Justification: Provide general description of types of items included.

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.). Also include any contracts with organizations for the provision of technical assistance. Do not include payments to individuals on this line. In the 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 must provide a completed copy of Section B, Budget Categories for each contractor, along with supporting information and justifications.

Line 6g: Construction: Leave blank since construction is not an allowable cost under this AoA 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; local transportation (all travel which does not require per diem is considered local travel); postage; space and equipment rentals/lease; printing and publication; computer use; training and staff development costs (i.e. registration fees). If a cost does not clearly fit under another category, and it qualifies as an allowable cost, then rest assured this is where it belongs. In the Justification: Provide a reasonable explanation for items in this category. For individual consultants, explain the nature of services provided and the relation to

activities 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.

Justification: 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. If the applicant organization is in the process of initially developing or renegotiating a rate, it should immediately upon notification that an award will be made, develop a tentative indirect cost rate proposal based on its most recently completed fiscal year in accordance with the principles set forth in the cognizant agency's guidelines for establishing indirect cost rates, and submit it to the cognizant agency. Applicants awaiting approval of their indirect cost proposals may also request indirect costs. It should be noted that when an indirect cost rate is requested, those costs included in the indirect cost pool should not also be charged as direct costs to the grant. Also, if the applicant is requesting a rate which is less than what is allowed under the program, the authorized representative of the applicant organization must submit a signed acknowledgement that the applicant is accepting a lower rate than allowed.

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.

Section C - Non-Federal Resources

Line 12: Enter the amounts of non-Federal resources that will be used in carrying out the proposed project, by source (Applicant; State; Other) and enter the total amount in Column (e). Do not include program income unless it is used to meet the match requirement. Keep in mind that if program income used to meet the match requirement and the projected level of program income is not met, thereby decreasing

the level of match, the amount of federal funds available to the grantee may be reduced if the match falls below required levels.

Section D - Forecasted Cash Needs - Not applicable.

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

Line 20: NOTE: Leave this line blank. Section E is relevant only for multi-year grant applications, where the project period is 24 months or longer. This section does not apply to grant awards where the project period is less than 17 months.

Section F - Other Budget Information

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. Include a copy of your current Indirect Cost Rate Agreement.

Line 23: Remarks: Provide any other comments deemed necessary.

c. Standard Form 424B - Assurances

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

d. Certification Regarding Lobbying

This form contains certifications that are required of the applicant organization regarding (a) lobbying; (b) debarment, suspension, and other responsibility matters; and (c) 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.

e. Other Application Components

Survey on Ensuring Equal Opportunity for Applicants

The Office of Management and Budget (OMB) has approved an HHS form to collect information on the number of faith-based groups applying for a HHS grant. Non-profit organizations, excluding private universities, are asked to include a completed survey with their grant application packet. Attached you will find the OMB approved HHS "Survey on Ensuring Equal Opportunity for Applicants" form (Attachment G).

Your help in this data collection process is greatly appreciated.

Proof of Non-Profit Status

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

A copy of a currently valid IRS tax exemption certificate.

A statement from a State taxing body, State attorney general, or other appropriate State official certifying that the applicant organization has a non-profit status and that none of the net earnings accrue to any private shareholders or individuals.

A certified copy of the organization's certificate of incorporation or similar document that clearly establishes non-profit status.

Indirect Cost Agreement

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

Attachment B: Budget Narrative, Page 1 – Sample Format with EXAMPLES

Object Class Category	Federal Funds	Non-Federal Cash	Non-Federal In-Kind	TOTAL	Justification
Personnel	\$40,000		\$5,000	\$45,000	Project Supervisor (name) = .3FTE @ \$50,000/yr = \$15,000 Project Director (name) = 1FTE @ \$30,000 = \$30,000
Fringe Benefits	\$12,600	0	0	\$12,600	Fringes on Supervisor and Director @ 28% of salary. FICA (7.65%) = \$3,442 Health (12%) = \$5,400 Dental (5%) = \$2,250 Life (2%) = \$ 900 Workers Comp Insurance (.75%) = \$ 338 Unemployment Insurance (.6%) = \$ 270
Travel	\$3,000	0	\$ 967	\$3,967	Travel to Annual Grantee Meeting: Airfare: 1 RT x 2 people x \$750/RT = \$1,500 Lodging: 3 nights x 2 people x \$100/night = \$ 600 Per Diem: 4 days x 2 people x \$40/day = \$ 320 Out-of-Town Project Site Visits Car mileage: 3 trips x 2 people x 350 miles/trip x \$.365/mile = \$ 767 Lodging: 3 trips x 2 people x 1 night/ trip x \$50/night = \$300 Per Diem: 3 trips x 2 people x 2days/trip x \$40/day = \$480

Attachment B: Budget Narrative, Page 2 - Sample Format with EXAMPLES

Object Class Category	Federal Funds	Non-Federal Cash	Non-Federal In-Kind	<u>TOTAL</u>	Justification
Equipment	0	0	0	0	No equipment requested
Supplies	\$1,500		\$2,000	\$3,500	Laptop computer for use in client intakes = \$1,340 Consumable supplies (paper, pens, etc.) \$100/mo x 12 months = \$1,200 Copying \$80/mo x 12 months = \$ 960
Contractual	\$200,000	\$50,000	0	\$250,000	Contracts to A,B,C direct service providers (name providers) adult day care contractor = \$75,000 respite care contractor in home= \$75,000 respite care contractor-NF = \$50,000 personal care/companion provider = \$50,000 See detailed budget justification for each provider (and then provide it!)

Attachment B: Budget Narrative, Page 3 – Sample Format with EXAMPLES

Other	\$10,000	\$8,000	\$19,800	\$37,800	Local conference registration fee (name conference) = \$ 200 Printing brochures (50,000 @ \$.05 ea) = \$ 2,500 Video production = \$19,800 Video Reproduction = \$ 3,500 NF Respite Training Manual reproduction \$3/manual x 2000 manuals = \$ 6,000 Postage \$150/mo x 12 months = \$ 1,800 Caregiver Forum meeting room rentals \$200/day x 12 forums = \$ 2,400 Respite Training Scholarships = \$1,600
Indirect Charges	0	0	0	0	None
TOTAL	\$267,100	\$58,000	\$27,767	\$352,267	

75% or less
of Total
Cost
(Federal \$)

25% or more of Total
Cost
(Required Match)

Attachment C: Budget Narrative – Page 1 – Sample Format

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

Attachment C: Budget Narrative – Page 2 – Sample Format

Object Class Category	Federal Funds	Non-Federal Cash	Non-Federal In-Kind	TOTAL	Justification
Supplies					
Contractual					
Other					
Indirect Charges					
TOTAL					

Attachment D: Project Work Plan, Page 1 – Sample Format

Goal:														
Measurable Outcome(s):														
Major Objectives	Key Tasks	Lead Person	Timeframe (Start and End Date by Month)											
			1	2	3	4	5	6	7	8	9	10	11	12
1.														
2.														

Attachment D: Project Work Plan, Page 2 – Sample Format

Major Objectives	Key Tasks	Lead Person	Timeframe (Start and End Date by Month)													
			1	2	3	4	5	6	7	8	9	10	11	12		
3.																
4.																

Attachment D: Project Work Plan, Page 3 – Sample Format

Major Objectives	Key Tasks	Lead Person	Timeframe (Start and End Date by Month)													
			1	2	3	4	5	6	7	8	9	10	11	12		
5.																
6.																

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

Attachment E

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, please limit the length to no more than 265 words 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”). Specific performances which will result in the attainment of a goal.

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 grantee, Okoboji University, supports this three year Dementia Disease demonstration (DD) project in collaboration with the local Alzheimer's Association and related Dementias groups. The goal of the project is to provide comprehensive, coordinated care to individuals with memory concerns and to their caregivers. The approach is to expand the services and to integrate the bio-psycho-social aspects of care. The objectives are: 1) to provide dementia specific care, i.e., care management fully integrated into the services provided; 2) to train staff, students and volunteers; 3) to establish a system infrastructure to support services to individuals with early stage dementia and to their caregivers; 4) to develop linkages with community agencies; 5) to expand the assessment and intervention services; 6) to evaluate the impact of the added services; 7) to disseminate project information. The expected outcomes of this DD project are: patients will maintain as high a level of mental function and physical functions (thru Yoga) as possible; caregivers will increase ability to cope with changes; and pre and post – project patient evaluation will reflect positive results from expanded and integrated services. The products from this project are: a final report, including evaluation results; a website; articles for publication; data on driver assessment and in-home cognitive retraining; abstracts for national conferences.

Attachment F

Survey on Ensuring Equal Opportunity for Applicants

OMB No. 1890-0014 Exp. 1/131/2006

Purpose: The Federal government is committed to ensuring that all qualified applicants, small or large, non-religious or faith-based, have an equal opportunity to compete for Federal funding. In order for us to better understand the population of applicants for Federal funds, we are asking nonprofit private organizations (not including private universities) to fill out this survey.

Upon receipt, the survey will be separated from the application. Information provided on the survey will not be considered in any way in making funding decisions and will not be included in the Federal grants database. While your help in this data collection process is greatly appreciated, completion of this survey is voluntary.

Instructions for Submitting the Survey: If you are applying using a hard copy application, please place the completed survey in an envelope labeled "Applicant Survey." Seal the envelope and include it along with your application package. If you are applying electronically, please submit this survey along with your application.

Applicant's (Organization) Name: _____

Applicant's DUNS Number: _____

Grant Name: _____ **CFDA Number:** _____

1. Does the applicant have 501(c)(3) status?

Yes No

2. How many full-time equivalent employees does the applicant have? *(Check only one box).*

3 or Fewer 15-50
 4-5 51-100
 6-14 over 100

3. What is the size of the applicant's annual budget?

(Check only one box.)

Less Than \$150,000
 \$150,000 - \$299,999
 \$300,000 - \$499,999
 \$500,000 - \$999,999
 \$1,000,000 - \$4,999,999
 \$5,000,000 or more

4. Is the applicant a faith-based/religious organization?

Yes No

5. Is the applicant a non-religious community-based organization?

Yes No

6. Is the applicant an intermediary that will manage the grant on behalf of other organizations?

Yes No

7. Has the applicant ever received a government grant or contract (Federal, State, or local)?

Yes No

8. Is the applicant a local affiliate of a national organization?

Yes No

Survey Instructions on Ensuring Equal Opportunity for Applicants

Provide the applicant's (organization) name and DUNS number and the grant name and CFDA number.

1. 501(c)(3) status is a legal designation provided on application to the Internal Revenue Service by eligible organizations. Some grant programs may require nonprofit applicants to have 501(c)(3) status. Other grant programs do not.
2. For example, two part-time employees who each work half-time equal one full-time equivalent employee. If the applicant is a local affiliate of a national organization, the responses to survey questions 2 and 3 should reflect the staff and budget size of the local affiliate.
3. Annual budget means the amount of money your organization spends each year on all of its activities.
4. Self-identify.
5. An organization is considered a community-based organization if its headquarters/service location shares the same zip code as the clients you serve.
6. An "intermediary" is an organization that enables a group of small organizations to receive and manage government funds by administering the grant on their behalf.
7. Self-explanatory.
8. Self-explanatory.

Paperwork Burden Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1890-0014. The time required to complete this information collection is estimated to average five (5) minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. **If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to:** U.S. Department of Education, Washington, D.C. 20202-4651.

If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Joyce I. Mays, Application Control Center, U.S. Department of Education, 7th and D Streets, SW, ROB-3, Room 3671, Washington, D.C. 20202-4725