Instructions for Preparing
AoA Continuation Grant Applications

Administration on Aging
2004

Contents

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AoA Continuation Grant Applications

I. Standard Forms

This document provides step-by-step instructions for completing all necessary forms, documents and information required by the U.S. Administration on Aging for continuation grant applications authorized under the Older Americans Act, including special instructions for completing Standard 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 the SF 424 and 424A 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 single-sided copies of all required forms must be used in submitting your application.

1. Standard Form 424

<u>Item 1</u>. Mark "Non-Construction" under "Application".

<u>Item 2</u>. Fill in the date you submit the application. Put your current grant number in the "Applicant Identifier" box. Leave the other two boxes blank.

<u>Item 3</u>. Not applicable – Mark "NA".

<u>Item 4</u>. Leave blank.

<u>Item 5</u>. Enter the legal name of the applicant organization; the name of the primary organizational unit responsible for managing the project, the applicant's address, and the name and telephone number of the person to contact on matters related to this application.

<u>Item 6</u>. Enter the Employer Identification Number (EIN) that has been assigned to the applicant organization by the Internal Revenue Service. Please include the suffix to the EIN if known.

<u>Item 7</u>. Enter the appropriate letter in the box provided.

<u>Item 8</u>. Check the "Continuation" box.

<u>Item 9</u>. Enter - Administration on Aging.

<u>Item 10</u>. Enter – 93.048.

<u>Item 11</u>. Enter the title of the project.

<u>Item 12</u>. List only the largest political entity affected.

<u>Item 13</u>. Enter the start and end date for the upcoming budget period of the project.

Item 14a.Enter the Congressional District where the applicant organization is located.

Item 14b. Enter the Congressional District(s) where the project will be implemented.

Item 15. Applicants should review the regulations pertinent to matching contained in 45 CFR Part 74 or 45 CFR Part 92 before completing not just item 15, but also the Budget Information Sections A, B, and C that follow.

All budget information entered under item 15 should cover the upcoming budget period. For sub-item 15a, enter the federal funds being requested. Sub-items 15b-15e are considered matching funds. The dollar amounts entered in sub-items 15b-15f must total at least 1/3rd of the amount of federal funds being requested (the amount in 15a). For sub-item 15f, enter only the amount, if any, that is going to be used as part of the required match.

AoA's Match Requirement

Under this and other OAA programs, AoA requires the applicant to cover at least 25% of the project's total cost (the amount entered on line 15g on SF 424) with non-federal resources. This means, the applicant must contribute at least one (1) dollar in non-federal resources for every three (3) dollars received in federal funding.

You can calculate the minimum required match by using the following formula:

$$\frac{\text{Federal Funds Requested (i.e., amount on line 15a)}}{3} = \begin{array}{l}\textbf{Minimum} \\ \textbf{Match} \\ \textbf{Required}\end{array}$$

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 the formula above to calculate your match requirement.

The non-federal share may be in the form of: 1.) cash from non-federal sources, 2.) non-cash (in-kind) contributions, or 3.) project-related income. Costs borne by the grantee and any third parties involved in the project, such as sub-grantees, contractors and consultants, can be considered in calculating the required match. In-kind contributions include volunteered time and use of facilities to hold meetings or conduct project activities. Project-related income is income derived from project activities such as participant fees and the sale of publications. Only program income that is to be used as part of the required match should be included (on line 15f). **If the required non-federal share is not met by a funded project, AoA will disallow any unmatched federal dollars.**

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.

Item 16. Check b. No – Program is not covered by E.O. 12372

Item 17. This item applies to the applicant organization. Categories of debt include delinquent audit disallowances, loans, and taxes.

Item 18. To be signed by the authorized representative of the applicant organization. A document attesting to that sign-off authority must be on file in the grantee's office.

2. 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.

Section A - Budget Summary

Line 5: 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).

For continuation projects, if you anticipate having unobligated funds from the grant(s) you previously received for this project, on Line 5 enter in columns (c) and (d) the estimated amount of federal and non-federal funds that will remain unobligated at the end of the current budget period. You must submit an interim SF-269 with your budget justification to support and explain these costs. If you do not anticipate having unobligated funds, leave these columns blank.

Section B - Budget Categories

Column 3: Enter the break down 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 break down of how you plan to use the non-federal share by object class category.

Column 5: Enter the total funds required (the sum of Columns 3 and 4) by object class category.

<div style="border: 1px solid black; padding: 10px;">

<u>Separate Budget Justification Requirement</u>

You must submit a separate budget justification as part of your application. **A sample format has been included in the Attachments for your use in presenting your Budget Justification.** 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.

</div>

Line 6a: <u>Personnel</u>: 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.
　　　　<u>In the Justification</u>: Identify the project director, if known. Specify the key staff, their titles, brief summary of project related duties, and time commitments in the budget justification.

Line 6b: <u>Fringe Benefits</u>: Enter the total costs of fringe benefits unless treated as part of an approved indirect cost rate.
　　　　<u>In the Justification</u>: Provide a break-down of amounts and percentages that comprise fringe benefit costs, such as health insurance, FICA, etc.

Line 6c: <u>Travel</u>: Enter total costs of <u>out-of-town travel</u> (travel requiring per diem) for staff of the project. Do not enter costs for consultant's travel - this should be included in line 6h.
　　　　<u>In the Justification</u>: Include the total number of trips, destinations, purpose, length of stay, subsistence allowances and transportation costs (including mileage rates).

Line 6d: <u>Equipment</u>: 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.
　　　　<u>In the Justification</u>: 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, 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: <u>Supplies</u>: Enter the total costs of all tangible expendable personal property (supplies) other than those included on line 6d.
　　　　<u>In the Justification</u>: Provide general description of types of items included.

Line 6f: <u>Contractual</u>: 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. <u>In the Justification</u>: 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 entity, the applicant/grantee must provide a completed copy of Section B, Budget Categories for each contractor, along with supporting information and justifications.**

<u>Line 6g</u>: <u>Construction</u>: Leave blank since construction is not an allowable costs for this program.

<u>Line 6h</u>: <u>Other</u>: 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, <u>local</u> 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.
<u>In the Justification:</u> 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.

<u>Line 6i</u>: <u>Total Direct Charges</u>: Show the totals of Lines 6a through 6h.

<u>Line 6j</u>: <u>Indirect Charges</u>: 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.

<u>Line 6k</u>: <u>Total</u>: Enter the total amounts of Lines 6i and 6j.

<u>Line 7</u>: <u>Program Income</u>: 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). **<u>Note:</u>** 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 requirements, **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 explained in the budget justification narrative.

<u>Section C - Non-Federal Resources</u>

<u>Line 12</u>: 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 is 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: Section E is relevant only for NEW multi-year grant applications. It does not apply to continuation applications, so you should leave this section blank.
Line 21: Not applicable.

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.

3. Standard Form 424B - Assurances

This form contains various 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.

II. Project Narrative

The Project Narrative for the continuation budget period is the most important part of the application because it is a summary of the progress to date and the details of what will be accomplished during the coming grant period. The Project Narrative must be **clear and concise** and include the following components:

1. Progress-to-Date
2. Proposal for the Coming Grant Period
   A. Summary/Abstract
   B. Goals, Objectives and Outcomes
   C. Intervention / Overall Approach
   D. Evaluation (if you have an evaluation as part of your project)
   E. Dissemination
   F. Project Management
   G. Work Plan

The narrative must be double-spaced, on single-sided 8 ½" x 11" plain white 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 four to five pages; ten pages is the maximum length allowed**. **AoA will not accept continuation grant applications with a Project Narrative that exceeds 10 pages.** The Work Plan (i.e. grid or matrix format) is not counted as part of the Project Narrative.

The contents, suggested length, and preferred format for each component of the Project Narrative are as follows:

1. Progress-to-Date

This section should include a brief summary of your progress-to-date on the major objectives contained in the work plan in the previous year's grant application. Any measurable outcomes that have been achieved should be clearly identified. If progress has not been in line with the previous year's work plan, please briefly explain why. Do not repeat details already provided in semi-annual reports; instead, highlight major outcomes and accomplishments and note any new achievements since the last semi-annual report. (Suggested Length – one to three paragraphs, bullet format preferred.)

2. Proposal for the Coming Grant Period

NOTE: Unless prior approval has been received to make changes, the scope of the project, including the goals, objectives, and outcomes of this continuation project must remain consistent with the original project that was funded.

This section should include the following elements, presented either in a work plan grid or matrix format (for the preferred format, see sample provided in the Attachments), or in narrative format:

A. **Summary/Abstract.** This section should include a brief description of the proposed project activities for the coming budget period. (Suggested Format and Length: one to two paragraphs.)

B. **Goals, Objectives and Outcomes.** Your project's major goals, objectives and outcomes were approved in your original application. For this continuation application, please note any *significant approved changes, and reflect those changes in revised action steps in your work plan.* (Suggested length if NOT in grid format – one to two paragraphs; may be presented in bulleted format.)

C. **Intervention / Overall Approach.** The intervention/overall approach you proposed to use to achieve your goals and objectives were approved in your original application. For this continuation application, please note any *significant changes* to your intervention and/or overall approach. Again, if using the work plan grid format, you may incorporate such changes into your action steps. Be sure to highlight, bold, capitalize or otherwise offset the changes when using the grid format. (If using a narrative format, suggested length: one to three paragraphs).

D. **Evaluation**. If your project includes an approved evaluation component, please note any significant approved changes to your plan. (Suggested length – one to three paragraphs as necessary if not using the work plan grid format.)

E. **Dissemination.** Your dissemination plan was approved in your original application. For this continuation application, please note any dissemination that has already occurred, significant changes to your dissemination plan, and dissemination activities to be undertaken during the next grant period. You may use the work plan grid format for describing dissemination activities. (Suggested Length if using narrative format – one or two paragraphs.)

F. **Project Management.** Your project management plan, including the roles and responsibilities of project staff, consultants and major partner organizations, was approved in your original application. For this continuation application, please note any approved significant changes to your original management plan.

G. **Work Plan.** Your project work plan, including those items discussed in Part II above, as well as project timelines, were approved in your original application; however, it is unlikely that you were able to identify all activities and appropriate timelines for subsequent years of your project. For this continuation application, please provide specific activities and timelines for the upcoming grant period, organized by your project's major objectives. You may provide this information in a work plan grid format (see sample grid format in the Attachments) or in a separate narrative and detailed timeline chart.

III. Application Review Process

All continuation grant applications will be reviewed by at least two AoA staff, including, at a minimum, the project officer and grant management specialist assigned to the current grant. Information previously provided in semi-annual reports, as well as information in this continuation application will be considered to determine satisfactory progress of your project and ensure that proposed activities are within the approved scope and budget of your grant.

IV. Components and Order of the Application

You must submit **one original application and two copies**, plus a completed application checklist, to AoA. The Checklist is included in the Attachments. To expedite the processing of applications, we request that you arrange the components of your application in the following order:

1. SF 424. <u>Note</u>: The original copy of the application <u>must</u> have an original signature in item 18d on the SF 424.

2. SF 424A.

3. Separate Budget Justification. (See Attachments for Sample Format.)

4. SF 424B. 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. Copy of the applicant's most recent indirect cost agreement, as necessary

6. Project Narrative, including summary/abstract.

7. Work Plan. (See Attachments for Sample Format.)

V. Mailing Instructions

Mail one original application and two copies, along with a completed checklist and the receipt of application card (optional), to:

Submissions using the regular, U.S. Postal Service must be addressed to:

> Department of Health and Human Services
> Administration on Aging
> Office of Grants Management
> Washington, DC   20201
> Attention: Margaret A. Tolson, Director

Submissions by courier, express mail, priority mail, delivered in person, ect. should be addressed to:

> Administration on Aging
> One Massachusetts Avenue, NW – Room 4604
> Washington, DC 20201
> Attention: Margaret A. Tolson, Director

ATTACHMENTS

Sample Budget Justification Format with Examples

Sample Budget Justification Format

Sample Work Plan Format

Grant Application Package Checklist

Budget Justification, 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

Budget Justification, Page 2 Sample Format with EXAMPLES

Object Class Category	Federal Funds	*Non-Federal Cash*	Non-Federal In-Kind	*TOTAL*	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!)

Budget Justification, 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	$265,700	$60,800	$27,767	$354,267	

75% of Total Cost

(Federal $)

25% of Total Cost

(Required Match)

Budget Justification – Page 1 – Sample Format

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

Budget Justification – Page 2 – Sample Format

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

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.														

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.														

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 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.

Grant Application Package Checklist

The checklist below identifies the items that must be included in your mail-in application submission. Please check-off each item to ensure your submission is complete, and includes a copy of the completed checklist in your application package. The components of your submission should be ordered in the same sequence as the items listed below.

I have checked my application package to ensure that it includes:

❑ One original application plus two copies, with the SF 424 as the first page of each copy of the application.

❑ SF 424.

❑ SF 424A.

❑ Budget Justification.

❑ SF 424B.

❑ A copy of the current indirect cost rate agreement approved by the Department of Health and Human Services or another federal agency.

❑ Project Narrative.

❑ Completed Grant Application Package Checklist

❑ Receipt of Application Acknowledgement Card (Optional)