California Department of Public Health
Alzheimer's Disease Program

2019-2022
CALIFORNIA HEALTHY BRAIN INITIATIVE
STATE AND LOCAL PUBLIC HEALTH
PARTNERSHIPS TO ADDRESS DEMENTIA

Request for Application #19-10704
October 2019

Chronic Disease Control Branch Alzheimer's
Disease Program P.O. Box 997377, MS 7208
Sacramento, CA 95899-7377

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PART I. INTRODUCTION AND OVERVIEW

A. Purpose of Request for Application

The California Department of Public Health Alzheimer's Disease Program[i] is soliciting applications from local health jurisdictions to promote cognitive health, address cognitive impairment for people living in the community, and help meet caregiver needs. Local health jurisdictions that receive funds shall include up to two (2) rural counties and at least one (1) coastal county.

The challenge of addressing cognitive health and caregiving is complex, and public health agencies face many demands for their expertise and support that often exceed available resources. The Alzheimer's Association and the Centers for Disease Control and Prevention developed the *Healthy Brain Initiative State and Local Public Health Partnerships to Address Dementia: The 2018-2023 Road Map* (referred to in this document as *Healthy Brain Initiative Road Map*) to advance cognitive health as an integral component of public health. The *Healthy Brain Initiative Road Map* outlines how to promote cognitive health, address cognitive impairment for people living in the community, and help meet the needs of caregivers.

The purpose of the Request for Application is to advance cognitive health as an integral component of public health. Local health jurisdictions receiving funds shall incorporate **all** of the following fundamental planning principles**:** eliminating health disparities, collaborating across multiple sectors, and leveraging public and private resources for sustained impact.

The California Department of Public Health shall allocate funds to local health jurisdictions to carry out Goal 1 (required):

Goal 1: Monitoring data and evaluating programs to contribute to evidence-based practice.

In addition, local health jurisdictions will select one (1) or more of the following goals:

Goal 2: Education and empowerment of the public with regard to brain health and cognitive aging.

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[i] The California Department of Public Health, Chronic Disease Control Branch, Alzheimer's Disease Program was established pursuant to Assembly Bill 2225 (Chapter 1601, Statutes of 1984) and was expanded pursuant to Senate Bill 139 (Chapter 303, Statutes of 1988). The mission of the Alzheimer's Disease Program is to reduce the human burden and economic costs associated with Alzheimer's disease and related dementias, and ultimately to assist in discovering the cause and treatment.

Goal 3: Mobilizing public and private partnerships to engage local stakeholders in effective community-based interventions and best practices.

Goal 4: Ensuring a competent workforce by strengthening the knowledge, skills, and abilities of health care professionals who deliver care and services to people with Alzheimer's disease and other dementias and their family caregivers.

See Appendix A. Planning, Implementation and Evaluation Guide to chart the local health jurisdiction's strategy for proposed work plan.

B. Background

California had 24,880 deaths attributable to Alzheimer's disease in 2017, making it the second leading cause of death in the state, as compared to 6th nationally.[1] Since 2000, the number of deaths from Alzheimer's disease has increased by 268%.[2] California is home to the largest number of family caregivers (1.6 million) in the nation, and the economic value of unpaid care is estimated to be worth $23 billion annually in California.[3] Within the next twenty years, the number of persons living with Alzheimer's disease in California is projected to nearly double to over 1.1 million, disproportionately impacting communities of color[ii] and women.[3] As California prepares for a doubling in the number of persons living with Alzheimer's disease, the immediate need for systematic public health action is critical.

C. Available Funding

$4,500,000 shall be available for encumbrance or expenditure until June 30, 2022 to six (6) local health jurisdictions. The California Department of Public Health will allocate $750,000 to each of the six (6) local health jurisdictions in one-time grant funding over three (3) consecutive fiscal years. The amounts are derived from the California State General Fund to pilot local health jurisdictions to assist in local planning and preparation in two (2) or more of the four (4) areas listed in the Purpose section of the Request for Application.

D. Budget Contingency Clause

If funding for any fiscal year is reduced or deleted by the Budget Act for purposes of this program, the State shall have the option to either cancel agreements with no liability occurring to the State, or offer an agreement amendment to Contractor to reflect the reduced amount.

[ii] For the purposes of this Request for Application, reference to communities of color and/or minority populations consist of African American, American Indian/Alaska Native, Asian, Latino/Hispanic, and Native Hawaiian/other Pacific Islander communities.

E. Agreement Term

The term of the expected agreements is anticipated to be a 25-month term and to be effective from June 1, 2020 to June 30, 2022.

Any resulting Agreement will be of no force or effect until signed by both parties and approved by the California Department of Public Health or the Department of General Services, whichever is applicable. The Awardee is cautioned not to commence performance until all approvals are obtained. Should performance commence before all approvals are obtained, said services may be considered to have been volunteered without State reimbursement.

The California Department of Public Health Chronic Disease Control Branch reserves the right to modify the term of resulting Agreements via a Contract amendment process.

F. Key Activities and Dates

Key activities and times are presented in **Table 1** below.

Table 1
2019-2022 Key Activities and Action Dates

Key Activities	Action Dates	Time
Last day to submit questions for informational webinar to AlzheimersD@cdph.ca.gov	November 15, 2019	4:00 PM (PST)
Informational Webinar (voluntary)	December 5, 2019	10:00 AM to 12:00 PM (PST)
Q&A Responses Published	December 16, 2019	Close of business
Applications Due	January 6, 2020	4:00 PM (PST)
Public Notice of Intent to Award posted on Alzheimer's Disease Project Web page; Grantees notified by e-mail	February 4, 2020	Close of business
Dispute Filing Deadline	February 18, 2020	4:00 PM (PST)
Grant Term Start Date	June 1, 2020	
Grant Term End Date	June 30, 2022	

Proposals received after the specified date and time are considered late and will not be accepted. There are no exceptions.

G. Delivery Method

1. Submit the application packet in accordance with detailed instructions in Part II. Required Grant Application Documents.

2. Submit the application in PDF format to AlzheimersD@cdph.ca.gov.

3. Request for Application packages must be received by **Monday, January 6, 2020 no later than 4:00 PM (PST).**

4. Confirmation of receipt of the application packet by the Alzheimer's Disease Program will be sent to the applicant via e-mail.

H. Contact Information

All questions concerning this Request for Application must be submitted in writing via e-mail to:

AlzheimersD@cdph.ca.gov

Include the Subject Line: ADP RFA #19-10704 Questions

The California Department of Public Health Chronic Disease Control Branch will accept questions related to the Request for application until the deadline, November 15, 2019, which is outlined in the Key Activities and Action Dates. Questions may include but are not limited to the services to be provided for the Request for Application and/or its accompanying materials, instructions, or requirements. All questions should include the name of the organization and the name of the individual submitting the question. Please submit a topic and reference the application page number or attachment/appendix number, if applicable.

A confirmation of receipt for questions by the Alzheimer's Disease Program will be sent to the prospective applicant via e-mail. It is the responsibility of applicants to contact the Alzheimer's Disease Program in the event that a confirmation receipt is not received.

I. Voluntary Informational Webinar

The California Department of Public Health Chronic Disease Control Branch will hold a voluntary Request for Application informational webinar. On the call, the California Department of Public Health Chronic Disease Control Branch staff will review the Request for Application process, eligibility, and funding; and provide a program overview. Additionally, the California Department of Public Health Chronic Disease Control Branch staff will respond to questions received by **Friday, November 15, 2019** as listed in the Key Activities and Action Dates.

Attending the Webinar:

1. Prospective Applicants should thoroughly review and be familiar with this Request for Application prior to the webinar.

2. Prospective Applicants are invited to join the voluntary Request for Application informational webinar on **Thursday, December 5, 2019** as listed in the Key Activities and Action Dates.

3. Prospective Applicants may access the log-in/call-in information; as well as posted questions and answers on the Alzheimer's Disease Program website.

J. California Department of Public Health Chronic Disease Control Branch Rights

The California Department of Public Health Chronic Disease Control Branch reserves the right to do any of the following up to the application submission deadline:

- Modify any date or deadline appearing in this Request for Application or the Key Activities and Action Dates
- Issue clarification notices, addenda, alternate Request for Application instructions, forms, etc.
- Waive any Request for Application requirement or instruction for all applicants if the California Department of Public Health determines that a requirement or instruction was unnecessary or erroneous.

If this Request for Application is corrected, clarified, or modified, the California Department of Public Health intends to post all clarification notices and/or Request for Application addenda on the Alzheimer's Disease Program website.

The California Department of Public Health Chronic Disease Control Branch reserves the right at its sole discretion to take any of the actions described below. These actions may be initiated at the onset of various events including but not limited to a determination that an insufficient number of applications are responsive, additional funding is identified, anticipated funding decreases, geographic service coverage is insufficient, applicant's funding needs exceed available funding, etc.

- Offer agreement modifications or amendments to funded Local Health Jurisdictions for increased or decreased services and/or increased/decreased funding following.
- Amend the term and/or funding amount of any agreement.

K. Local Health Jurisdiction Requirements

Applicants are invited to submit applications, focusing on two (2) or more of the four (4) Healthy Brain Initiative Essential Services of Public Health for Applied Research and Translation listed on Part I.A. Purpose of Request for Application. Local health jurisdictions include the 58 county health departments, and three (3) city health departments (Berkeley, Long Beach, and Pasadena). For the full index of local health jurisdictions go to:
https://www.cdph.ca.gov/Pages/LocalHealthServicesAndOffices.aspx

Part II. Required Grant Application Documents

Document A. Application Checklist

Document A. Application Checklist Instructions

The Required Application Checklist is a fillable form that must not exceed one (1) page. The checklist will serve as the cover sheet for the Request for Application. Complete the checklist in its entirety to ensure all required components are submitted. **Applications without the checklist will not be reviewed.**

Document A. Application Checklist

DUE BY 4:00 PM (PST) on Monday, January 6, 2020

Date of Submission:
Application Contact Name:
E-mail:
Organization:
Phone:

The following documents must be completed and submitted with this Application Checklist by January 6, 2020 4:00 PM (PST) by e-mail.

Application Contents	Please check
Application Checklist (This Form—Document A)	☐
Grantee Information Form (Document B)	☐
Narrative Summary Form (Document C)	☐
Letters of Commitment (Document D)	☐
Goals and Components (Document E)	☐
Work Plan (Document F)	☐
Detailed Budget and Budget Justification (Document G)	☐

Submit completed application documents via e-mail to: AlzheimersD@cdph.ca.gov

PART II. REQUIRED GRANT APPLICATION DOCUMENTS

Document B. Grantee Information Form

Document B. Grantee Information Form Instructions

The Grantee Information Form is a fillable form that must not exceed one (1) page. The Grantee Information Form provides California Department of Public Health Alzheimer's Disease Program with local health jurisdiction information.

1. **Organization**: This is the information that will appear in the grant agreement.
    - **Name**: Enter organizational name
    - **Mailing Address**: Enter organizational mailing address
    - **Street Address**: Enter organizational street address, if different from mailing address
    - **County**: Enter county name
    - **Website**: Enter organization website, if applicable

2. **Grant Signatory:** The grant signatory has authority to sign the grant agreement.
    - **Name:** Enter grant signatory name
    - **Title:** Enter grant signatory title
    - **Address(es):** Skip if address(es) are the same as Organization
        - **Mailing Address:** Enter grant signatory mailing address
        - **Street Address:** Enter grant signatory street address, if different from mailing address
    - **Phone / Fax:** Enter grant signatory phone, and fax if applicable
    - **E-mail:** Enter grant signatory e-mail address

3. **Project Director:** The Project Director is responsible for day-to-day activities of project implementation and for seeing that all grant requirements are met. This person will be in contact with Alzheimer's Disease Program staff, receive programmatic, budgetary, and accounting mail for the project; and be responsible for the dissemination of program information.
    - **Name:** Enter project director name
    - **Title:** Enter project director title
    - **Address(es):** Skip if address(es) are the same as Organization
        - **Mailing Address:** Enter project director mailing address
        - **Street Address:** Enter project director street address, if different from mailing address
    - **Phone / Fax:** Enter project director phone, and fax if applicable
    - **E-mail:** Enter project director e-mail address

PART II. REQUIRED GRANT APPLICATION DOCUMENTS

Document B. Grantee Information Form

1. **Organization**

   Federal Tax ID#:

   Name:

   Mailing Address:

   Street Address:

   County:

   Phone / Fax:

   Website:

2. **Grant Signatory**

   Name:

   Title:

   Mailing Address:

   Street Address:

   Phone / Fax:

   E-mail:

3. **Project Director**

   Name:

   Title:

   Mailing Address:

   Street Address:

   Phone / Fax:

   E-mail:

Document C. Narrative Summary

Document C. Narrative Summary Instructions

The Narrative Summary is a fillable form that must not exceed two (2) pages, single-spaced, using 12 pt. Arial font, with one-inch margins on all sides.

1. **Local Health Jurisdiction:** Enter local health jurisdiction. Local health jurisdictions include the 58 county health departments and three (3) city health departments (Berkeley, Long Beach, and Pasadena). For the full index of local health jurisdictions go to: https://www.cdph.ca.gov/Pages/LocalHealthServicesAndOffices.aspx

2. **Designation of Local Health Jurisdiction Type**: Local health jurisdictions that receive funds shall include up to two (2) rural counties and at least one (1) coastal county. See Appendix B. Designation of Rural and Costal Local Health Jurisdictions to identify the local health jurisdiction type.

3. **Overview of Need for Public Health Action**: Provide narrative and/or numeric information to demonstrate the need for public health action on Alzheimer's and other dementias as chronic conditions in the local health jurisdiction.

   See Appendix C. County-Level Data Resources[iii] tables for applicable numeric information by county:
   Table A: Estimated deaths due to Alzheimer's Disease
   Table B: Estimated number of older adults with Alzheimer's Disease
   Table C: Average costs per Medicare beneficiary with Alzheimer's Disease
   Table D: Demographic characteristics of older adults
   Table E: County Health Ranking

4. **Response to Eliminating Health Disparities**: Provide a narrative response to eliminate health disparities through the selected Goal(s) and Component(s) from the Work Plan. The *Healthy Brain Initiative Road Map* provides the following examples for eliminating health disparities:

   - Increase ability to get preventative services.
   - Increase ability of healthcare and prevention workers to address disparities.
   - Implement strategies that are culturally, linguistically, and age appropriate for people and their caregivers.

Continued on next page

[iii] Local health jurisdiction cities may use county-level data, as applicable, for the Narrative Summary.

Document C. Narrative Summary Instructions (continued)

5. **Commitment to Collaboration and Leveraging Resources:**
   Include planned and, if applicable, current efforts of collaborating across multiple sectors. The *Healthy Brain Initiative Road Map* provides the following examples for collaborating across multiple sectors:

   1. Describe the number, breadth, and quality of cross-sector partnerships; the adequacy of investment in partnerships; and the adoption of policies needed to support cross-sector partnerships.
   2. Describe instances between public health and aging networks, employers, health systems, clinical and community providers, community service organizations, and faith-based and other spiritual groups.
   3. Describe collaboration across programs focused on prevention and management of specific diseases

   Include planned and, if applicable, current efforts of using public and private resources for continuing impact. The *Healthy Brain Initiative Road Map* provides the following examples of using public and private resources for continuing impact:

   - Physical resources: e.g. spaces, tools, and materials
   - Financial resources: e.g. direct funding or discounts
   - Social resources: e.g. networks of people or organizations, norms, shared understanding, and trust
   - Intellectual resources: e.g. data, skills, knowledge, time, and competencies of local groups interested in collaborating

PART II. REQUIRED GRANT APPLICATION DOCUMENTS

Document C. Narrative Summary

1. Local Health Jurisdiction:

2. Type (select all that apply): ☐Coastal ☐Rural ☐Metropolitan

3. Overview of Need for Public Health Action:

4. Response to Eliminating Health Disparities:

5. Commitment to Collaboration and Leveraging Resources:

Document D. Letters of Commitment

Document D. Letters of Commitment Instructions
Choose at least three (3) collaborators who will provide the different areas of expertise required by the content of the application. Obtain letters of commitment from each collaborator. Each letter should be signed by the collaborator and should list the contribution they intend to make and their commitment to the work. Each letter of commitment must not exceed two (2) pages. **Failure to include the Letters of Commitment will be viewed as non-responsive and the application may not be considered for funding.**

A sample letter is provided below. [Text in brackets] specify key information needed.

Document D. Sample Letter of Commitment

[Put letter on organization/agency letterhead]

[Date]

[Authorized representative(s) to make commitment on behalf of the institution]
[Legal Name of Collaborating Partner]
[Mailing address]

I am writing to express my support for Local Health Jurisdiction to develop [Specify proposed project activities/services]. [Insert organization name and description of organization {EXAMPLE – ORGANIZATION is a 501 (c)(3) non-profit organization that provides a wide array of services to caregivers for older adults in the region, including caregiver counseling and caregiver respite out-of-home day care}].

[Insert collaborating Institution name] will provide the following services in conjunction with the proposal submitted by [Insert local health jurisdiction] to the Alzheimer's Disease Program Request for Application #19-10704. [Insert Collaborating Institution name] is excited to support this Request for Application by [Insert local health jurisdiction] by leveraging the following resources: [Describe any resources committed as part of the proposed project]. We will work collaboratively with [Insert local health jurisdiction] to ensure our goals are aligned with the goals of the Request for Application, including efforts to track and report on results. We believe our support and commitment will significantly help eliminate health disparities in the region and we look forward to working with you on this exciting endeavor.

Sincerely,

Signature

[Insert Name and Position]

Document E. Goals and Components

Document E. Goals and Components Instructions

The Goals and Components document is a fillable form that must not exceed three (3) pages. The *Healthy Brain Initiative Road Map* is informed by four (4) essential services of public health—the Goals for this Request for Application: (1) Monitor and evaluate, (2) Educate and empower, (3) Develop policies and mobilize partnerships, and (4) Assure a competent workforce.

Select the Goal(s) and respective Component(s) that the local health jurisdiction intends to accomplish during the grant term. **Do not change the Goal and Component numbers.**

1) Healthy Brain Initiative Road Map Goal 1 Monitoring and Evaluation is required for all local health jurisdictions to complete.
   a) Select components M-3, M-4, and/or M-5 for implementation. Activities to achieve desired results must be detailed in Document F.
2) Select one (1) or more additional Goal(s).
3) Component #:
   Component descriptions have been provided based on Action Items from the *Healthy Brain Initiative Road Map*. Select one (1) or more Component(s) to correspond with the Goal(s) the local health jurisdiction intends to accomplish. At minimum:
   a) Goal 1 is required for all local health jurisdictions to complete. Select one (1) component from Goal 1 for *and*
   b) Select at least one (1) component from Goal 2, Goal 3, and/or Goal 4.

   Note: Components M-1, M-2, and P-2 are for state-level implementation and not included in this Request for Application.
4) Component Description:
   An agenda of 25 action items was developed for continuing impact for state and local public health agencies and their partners to accomplish. This Request for Application seeks to provide funding for local health jurisdictions to implement selected action items as components to the applicable goals.
5) Long-Term Outcomes:
   Components for each of the applicable goals are further divided by the desired long-term result they share. Multiple components of a goal may be selected for implementation based on shared long-term results.

Document E. Goals and Components

☒**Goal 1 Monitor and Evaluate (required):** Monitoring data and evaluating programs to contribute to evidence-based practice

#	Component Description	Long-Term Results
☐ M-3	Use data gleaned through available surveillance strategies and other sources to inform the public health program and policy response to cognitive health, impairment, and caregiving.	Improved decision making using state and local data
☐ M-4	Embed evaluation into training and caregiving support programs to determine program accessibility, effectiveness, and impact.	Improved decision making using state and local data
☐ M-5	Estimate the gap between workforce capacity and anticipated demand for services to support people with dementia and their caregivers.	Improved decision making using state and local data

☐**Goal 2 Education and Empowerment:** Education and empowerment of the public with regard to brain health and cognitive aging.

#	Component Description	Long-Term Results
☐ E-1	Educate the public about brain health and cognitive aging, changes that should be discussed with a health professional, and benefits of early detection and diagnosis.	Informed public
☐ E-2	Integrate the best available evidence about brain health and cognitive decline risk factors into existing health communications that promote health and chronic condition management for people across the life span.	Informed public
☐ E-3	Increase messaging that emphasizes both the important role of caregivers in supporting people with dementia and the importance of maintaining caregivers' health and well-being.	Informed public
☐ E-4	Promote prevention of abuse, neglect, and exploitation of people with dementia.	Informed public
☐ E-5	Provide information and tools to help people with dementia and caregivers anticipate, avert, and respond to challenges that typically arise during the course of dementia.	Informed people with dementia and caregivers
☐ E-6	Strengthen knowledge about, and greater use of, care planning and related tools for people in all stages of dementia.	Informed people with dementia and caregivers

#	Component Description	Long-Term Results
☐ E-7	Improve access to and use of evidence-informed interventions, services, and supports for people with dementia and their caregivers to enhance their health, well-being, and independence	Informed people with dementia and caregivers

☐**Goal 3 Policy Development and Mobilizing Partnerships:** Mobilizing public and private partnerships to engage local stakeholders in effective community-based interventions and best practices.

#	Component Description	Long-Term Results
☐ P-1	Promote the use of effective interventions and best practices to protect brain health, address cognitive impairment, and help meet the needs of caregivers for people with dementia.	Science translated into practice and policies
☐ P-3	Support better informed decisions by educating policymakers on the basics of cognitive health and impairment, the impact of dementia on caregivers and communities, and the role of public health in addressing this priority problem.	Science translated into practice and policies
☐ P-4	Improve inclusion of healthcare quality measures that address cognitive assessments, the delivery of care planning to people with diagnosed dementia, and improved Results.	Science translated into practice and policies
☐ P-5	Engage public and private partners in ongoing planning efforts to establish services and policies that promote supportive communities and workplaces for people with dementia and their caregivers.	Supportive communities and workplaces
☐ P-6	Assure public health plans that guide emergency preparedness and emergency response address the special needs of people with dementia and their caregivers, support access to critical health information during crises, and prepare emergency professionals for situations involving people with dementia.	Supportive communities and workplaces

☐**Goal 4 Assure a Competent Workforce:** Ensuring a competent workforce by strengthening the knowledge, skills, and abilities of health care professionals who deliver care and services to people with Alzheimer’s disease and other dementias and their family caregivers.

#	Component Description	Long-Term Results
☐ W-1	Educate public health and healthcare professionals on sources of reliable information about brain health and ways to use the information to inform those they serve.	Improved practice in promoting health and reducing risk

#	Component Description	Long-Term Results
☐ W-2	Ensure that health promotion and chronic disease interventions include messaging for healthcare providers that underscores the essential role of caregivers and the importance of maintaining their health and well-being.	Improved practice in promoting health and reducing risk
☐ W-3	Educate public health professionals about the best available evidence on dementia (including detection) and dementia caregiving, the role of public health, and sources of information, tools, and assistance to support public health action.	Improved early detection and diagnosis
☐ W-4	Foster continuing education to improve healthcare professionals' ability and willingness to support early diagnoses and disclosure of dementia, provide effective care planning at all stages of dementia, offer counseling and referral, and engage caregivers, as appropriate, in care management.	Improved early detection and diagnosis
☐ W-5	Strengthen the competencies of professionals who deliver healthcare and other care services to people with dementia through interprofessional training and other strategies.	Improved professional care for people with dementia
☐ W-6	Educate healthcare professionals about the importance of treating co-morbidities, addressing injury risks, and attending to behavioral health needs among people at all stages of dementia.	Improved professional care for people with dementia
☐ W-7	Educate healthcare professionals to be mindful of the health risks for caregivers, encourage caregivers' use of available information and tools, and make referrals to supportive programs and services.	Improved professional care for people with dementia

Document F. Work Plan

Document F. Work Plan Instructions:

The Work Plan is a fillable form that must not exceed 20 pages. The Work Plan must include details on how the local health jurisdiction will accomplish selected Goal Components including project objectives, deliverables and completion dates for each state fiscal year. The Work Plan activities and time frames can be divided by state fiscal year to illustrate the sequence of project activities, at the discretion of the applicants.

Goal 1 Monitor and Evaluate (Required)

Goal 1 "Monitoring data and evaluating programs to contribute to evidence-based practice" is required. Applicants must select component M-2, M-3, and/or M-4. Activities and Time Frames for Goal 1 have been pre-populated with required milestones to:

- Complete Project Planning by **January 4, 2021**
- Initiate Project Implementation by **January 5, 2021**
- Provide a written Project Evaluation to the California Department of Public Health Alzheimer's Disease Program by **June 30, 2022**

Applicants may add detail as needed to specify deliverables, responsible parties, and additional activities as they pertain to the proposed project. Appendix A. Planning, Implementation and Evaluation Guide may be used as further reference of the flow for Planning, Implementation, and Evaluation activities.

Awardees will collect and analyze available data sources for completion of a Community (Needs) Assessment to qualify the Work Plan. Key issues that are elevated by the Community (Needs) Assessment may be used to identify target groups, key partners, and provide information for strategies to achieve selected goal(s). Local health jurisdictions are encouraged to collaborate with local stakeholders (e.g. California Alzheimer's Disease Centers[iv], Area Agencies on Aging, Caregiver Resource Centers, community organizations, etc.) to conduct the Community (Needs) Assessment and implement intervention strategies for achieving Goal(s) 2, 3, and/or 4 of the Work Plan.

Continued on next page

[iv] The California Department of Public Health Alzheimer's Disease Program administers the statewide network of the Alzheimer's Disease Centers located at university medical schools. Locations and contact information for the California Alzheimer's Disease Centers can be found on the Alzheimer's Disease Program webpage.

Document F. Work Plan Instructions (continued)

Goal Component:

List the Goal Components selected in Document E. Add Goal Components as needed.

*Example: "**Goal Component: E-7**"*

Objective #:

Objectives may be in the form of a one-line statement or a few concise bullets that specify what the plan is trying to achieve. List how program objectives will be carried out to fulfill each component with a reasonable and appropriate basis. Reference the following:

- Evidence-based Methods: Proven success of past effectiveness
- Innovation: Describe any novel theoretical concepts, approaches or methodologies, instrumentation or interventions to be developed or used, and any advantage over existing methodologies, instrumentation, or interventions. Explain any refinements, improvements, or new applications of theoretical concepts, approaches or methodologies, instrumentation, or interventions.
- Identify the target audiences, desired benefits, results or performance improvements expected.

Number objectives sequentially, starting at 1 for each Goal Component. Add a table for each Objective as needed.

Example: "Objective # 1. Provide a community workshop to increase knowledge for African American Alzheimer's disease and related dementia caregivers by 50% by November 2020. The workshop will be evidence-based from a Family Caregiver Alliance publication and expanded with culturally-tailored components and take place six (6) times monthly from March 2020 through August 2020."

Activities:

Define the activities that need to be performed to cause the desired results. Number each activity with the corresponding Objective Number, and then sequentially in order of occurrence. Add a row for each activity as needed.

Example: "1.1 Partner with the local Alzheimer's Association Chapter and California Alzheimer's Disease Center to convene experts" In this example "1" is the Objective number, and ".1" indicates the first activity under the Objective.

Continued on next page

Document F. Work Plan Instructions (continued)

Deliverables

Deliverables are tangible things that will be produced to demonstrate the achievement of each activity.

Example: "1.1.2 Scope of workshop program topics to provide information and resources on issues facing the African American community (e.g. connections between common chronic conditions)." In this example, "1.1" is the Activity number, and ".2" indicates the second deliverable for the Activity.

Time Frame

The time frame must be specific and apply to each activity. Specify if individual functions or tasks have separate time frames by using the numbering for corresponding deliverables. Time frames may be illustrated as actual dates XX/XX/XX, a range of dates (i.e., XX/XX/XX through XX/XX/XX), ongoing (i.e., re-occurring at regular intervals monthly, quarterly, or annually by fiscal year).

Example: "Reoccurring biweekly meetings three months in advance of the first workshop taking place on 1/17/20, 1/31/20, 2/14/20, and 2/28/20."

Responsible Party

Provide the position title (not the person's name) of the person responsible for each activity. To repeat a position title many times throughout the Work Plan, write out the entire position title the first time, followed by parentheses with the initials of that position title.

Example: "Project Director (PD)"

Document F. Work Plan

STATE FISCAL YEAR ONE (1)

6/1/2020 upon approval - through 6/30/2020

Goal Component: ☐M-3 ☐M-4 ☐M-5

Objective 1: Develop a core team of individuals who will actively participate in the day-to-day activities and decisions related to conducting a Community (Needs) Assessment.

Activities	Deliverables	Time Frame	Responsible Party
1.1 Coordinate the overall assessment process.		6/1/2020 - 1/4/2021	
1.2 Identify data sources and data collection methods.		6/1/2020 - 1/4/2021	
1.3 Collect, organize and analyze secondary data.		6/1/2020 - 1/4/2021	
1.4 Assess the need and feasibility of hiring a consultant for data collection and analysis, if applicable.		6/1/2020 - 1/4/2021	
1.5 Determine who will pay for the Community (Needs) Assessment costs and/or provide in-kind support, if applicable.		6/1/2020 - 1/4/2021	
1.6 Facilitate face-to-face meetings.		6/1/2020 - 1/4/2021	
1.7 Identify priority issues related to Alzheimer's and other dementias based on selected Monitor and Evaluate Goal component.		6/1/2020 - 1/4/2021	
1.8 Make recommendations regarding programs and policies to address priority issues.		6/1/2020 - 1/4/2021	
1.9 Motivate stakeholders to act on priority issues.		6/1/2020 - 1/4/2021	
1.10 Communicate with stakeholders throughout the process.		6/1/2020 - 1/4/2021	

PART II. REQUIRED GRANT APPLICATION DOCUMENTS

Use the blank table below to input project activities. Add more tables and/or rows as needed.

Goal Component:

Objective #:

Activities	Deliverables	Time Frame	Responsible Party

STATE FISCAL YEAR TWO (2)
7/1/2020 through 6/30/2021

Goal Component: ☐M-3 ☐M-4 ☐M-5

Objective 1: Develop a core team of individuals who will actively participate in the day-to-day activities and decisions related to conducting a Community (Needs) Assessment.

Activities	Deliverables	Time Frame	Responsible Party
1.11 Coordinate the overall assessment process.		6/1/2020 - 1/4/2021	
1.12 Identify data sources and data collection methods.		6/1/2020 - 1/4/2021	
1.13 Collect, organize and analyze secondary data.		6/1/2020 - 1/4/2021	
1.14 Assess the need and feasibility of hiring a consultant for data collection and analysis, if applicable.		6/1/2020 - 1/4/2021	
1.15 Determine who will pay for the Community (Needs) Assessment costs and/or provide in-kind support, if applicable.		6/1/2020 - 1/4/2021	
1.16 Facilitate face-to-face meetings.		6/1/2020 - 1/4/2021	

Activities	Deliverables	Time Frame	Responsible Party
1.17 Identify priority issues related to Alzheimer’s and other dementias based on selected Monitor and Evaluate Goal component.		6/1/2020 - 1/4/2021	
1.18 Make recommendations regarding programs and policies to address priority issues.		6/1/2020 - 1/4/2021	
1.19 Motivate stakeholders to act on priority issues.		6/1/2020 - 1/4/2021	
1.20 Communicate with stakeholders throughout the process.		6/1/2020 - 1/4/2021	

Objective 2: Assess the population affected and gather data in the categories below (or others), as applicable to the project.

Activities	Deliverables	Time Frame	Responsible Party
2.1 Define the population to be assessed.		7/1/2020 - 1/4/2021	
2.2 Document resources or assets that currently exist and can be used to help meet the needs of those affected by Alzheimer’s and other dementias by one or more of the following approaches: a. Identify the assets that are already known for supporting the needs of those affected by Alzheimer’s and other dementias. b. Build upon the experience of other communities to highlight resources that may be available.		7/1/2020 - 1/4/2021	
2.3 Create a community description.		7/1/2020 - 1/4/2021	

Objective 3: Synthesize Community (Needs) Assessment data

Activities	Deliverables	Time Frame	Responsible Party
3.1 Review numeric and/or narrative information.		7/1/2020 - 1/4/2021	
3.2 Review trends/implications.		7/1/2020 - 1/4/2021	

Objective 4: Articulate a shared core team vision and findings for project success that is realistic for implementation of Healthy Brain Infinitive Goal(s) 2, 3, and/or 4 by 1/5/2021

Activities		Deliverables	Time Frame	Responsible Party
4.1	Create a vision.		7/1/2020 - 1/4/2021	
4.2	Identify priorities for improvement.		7/1/2020 - 1/4/2021	
4.3	Communicate methods and results with stakeholders.		7/1/2020 - 1/4/2021	
4.4	Initiate Project Implementation activities for the Healthy Brain Infinitive Goal(s) 2, 3, and/or 4 by 1/5/2021		1/5/2021	

Objective 5: Create a written Project Evaluation Plan for submission to the California Department of Public Health Alzheimer's Disease Program by 6/30/2022 that describes how progress toward meeting project goals will be tracked, measured, and evaluated. Describe how this assessment will contribute to the continuous quality improvement efforts and sustainability beyond state funding.

Activities		Deliverables	Time Frame	Responsible Party
5.1	Review the Needs Assessment and Work Plan to ensure that the goals and objectives for the Implementation phase of the proposed project are assessed.		7/1/2020 - 6/30/2022	
5.2	Develop an appropriate evaluation design.		7/1/2020 - 6/30/2022	
5.3	Gather evidence to draw conclusions for presentation of findings in a written evaluation plan to the California department of Public Health Alzheimer's Disease Program. Findings will include: a. Resources to support the evaluation b. Specific activities undertaken and planned to achieve project outcomes c. Deliverables produced by activities d. Observable and measurable outcomes e. Recommendations supported by the evaluation.		7/1/2020 - 6/30/2022	

Use the blank table below to input project Implementation activities. Add more tables and/or rows as needed.

Goal Component:

Objective #:

Activities	Deliverables	Time Frame	Responsible Party

STATE FISCAL YEAR THREE (3)

7/1/2021 through 6/30/2022

Goal Component: ☐M-3 ☐M-4 ☐M-5

Objective 5: Create a written Project Evaluation Plan for submission to the California Department of Public Health Alzheimer's Disease Program by 6/30/2022 that describes how progress toward meeting project goals will be tracked, measured, and evaluated. Describe how this assessment will contribute to the continuous quality improvement efforts and sustainability beyond state funding.

Activities		Deliverables	Time Frame	Responsible Party
5.4	Review the Needs Assessment and Work Plan to ensure that the goals and objectives for the Implementation phase of the proposed project are assessed.		7/1/2020 - 6/30/2022	
5.5	Develop an appropriate evaluation design.		7/1/2020 - 6/30/2022	

Activities		Deliverables	Time Frame	Responsible Party
5.6	Gather evidence to draw conclusions for presentation of findings in a written evaluation plan to the California department of Public Health Alzheimer's Disease Program. Findings will include: a. Resources to support the evaluation b. Specific activities undertaken and planned to achieve project outcomes c. Deliverables produced by activities d. Observable and measurable outcomes e. Recommendations supported by the evaluation.		7/1/2020 - 6/30/2022	

Use the blank table below to input project activities. Add more tables and/or rows as needed.

Goal Component:

Objective #:

Activities	Deliverables	Time Frame	Responsible Party

Document G. Detailed Budget and Budget Justification

Document G. Detailed Budget and Budget Justification Instructions

General instructions are provided to assist local health jurisdictions receiving funds or negotiating grant agreements with the California Department of Public Health Alzheimer's Disease Program. The Detailed Budget and Budget Justification will serve as the local health jurisdiction's funding expenditure plan.

Detailed Budget Instructions

The Detailed Budget is a fillable form that must not exceed one (1) page per fiscal year, for a total of three (3) pages. Develop a budget, for each state fiscal year of funding, that identifies and justifies the costs related to the implementation of the Work Plan. Use only whole numbers for the budget. Cents must be rounded to the nearest whole dollar.

1. Ensure the total dollar amount for each state fiscal year does not exceed the stated maximum amount allowed in the grant.
2. Use the seven (7) budget categories:
   i. Personnel Costs
   ii. Fringe Benefits
   iii. Operating Expenses
   iv. Travel/Per Diem and Training
   v. Subcontracts and Consultants
   vi. Other Costs
   vii. Indirect Expenses
3. Verity that each activity in the Work Plan that results in an expenditure of funds is adequately reflected in the budget.

Budget Justification Instructions

The Budget Justification is a fillable form that must not exceed three (3) pages, single space, Arial 12 pt. font. In the budget justification, clearly describe how the costs identified for each state fiscal year were determined. If each year's budget is essentially the same, one (1) overall narrative is enough.

1. Provide easy-to-follow formulas to substantiate how costs are calculated.
2. Provide an explanation if no funds or limited funds are budgeted for a standard cost (i.e., in-kind personnel, Internet, Space Rent/Lease, Educational Materials, etc.).
3. Provide an explanation when costs vary significantly from one (1) state fiscal year to the next.
4. If unit costs are stated as a range in the description and formula, use best professional judgement to determine the final value for calculating the requested budget amount.

Continued on next page

Document G. Detailed Budget and Budget Justification Instructions (continued)

Detailed instructions for each of the seven (7) required budget categories are provided below.

i. Personnel Costs

- List each position by title, required to complete the Work Plan activities throughout the term of the agreement.
- Position Titles in the budget justification must be consistent with the titles listed in the Work Plan Responsible Parties section.
- Positions budgeted under Personnel Costs must have a direct role connected to activities in the Work Plan.
- Positions providing indirect support to the Work Plan and budgeted at less than 10% full time equivalent (FTE) should typically be budgeted under Indirect Expenses. If budgeted as a Personnel Cost, provide an explanation for the percentage FTE and the description of the direct connection to the Work Plan.
- Designate a lead staff position to provide a minimum required 50% FTE per week and oversight of evaluation activities.
- Include all leave time (vacation, sick leave, military leave, etc.) in Personnel Costs.
- For each position, provide a brief description of the duties, responsibilities, and activities to be performed. Identify and document any Personnel that will not receive Fringe Benefits.
- Provide a formula to substantiate how costs were calculated for Personnel.
- Salary X percentage (%) of FTE X number of pay periods = Amount Requested by state fiscal year

Salary Range:

- If the precise salary is known, apply that salary in the formula; if the position is not currently filled and the precise final salary is unknown, indicate the range for the position classification. Select the low, middle or high end of the salary range to include in the formula, based on agency hiring policies, degree of expertise required, or agency budgeting standards.
- Include any cost of living adjustments for all state fiscal years
- Salaries should be comparable to CALHR. Refer to CALHR Pay Scales. Applicants may reference the Civil Service Pay Scales alphabetically by class title to identify personnel titles and applicable salary cap(s).

Continued on next page

Document G. Detailed Budget and Budget Justification Instructions (continued)

Percentage of FTE:

- 100% FTE equals 2,080 hours annually, including paid leave.
- Personnel working 80 hours in a two-week period are 100% FTE.
- Personnel working 20 hours in a 40-hour work week are 50% FTE.
- When the percentage of FTE varies from month to month, enter a range (i.e., 30%-40% FTE). Enter the average percentage into the final calculation.

Number of Pay Periods:

- Monthly = 12 pay periods per year.
- Semi-monthly = 24 pay periods per year.
- Bi-weekly = 26 pay periods per year.
- Weekly = 52 pay periods per year.
- Hourly = “X” number of hours per pay period (do not use FTE percentages if a position is paid hourly).

Sample formulas for Personnel Costs:

- $2,000 x 50% FTE x 24 pay periods = $24,000 (semi-monthly)
- $2,000 x 100% FTE x 26 pay periods = $52,000 (bi-weekly)
- $20 per hour x 100 monthly hours x 12 months = $24,000 hourly state fiscal year total

ii. Fringe Benefits

- List each fringe benefit that will be provided to eligible personnel.
- Identify any personnel that will not receive benefits.
- List the fringe benefit percentage and total amount requested for each state fiscal year.
- Provide a range if the fringe benefit percentage rate will vary between Personnel or at different times within the state fiscal year.
- Anticipate any increases in the fringe benefit rate over the three-year project term.
- Fringe Benefits may not include the following:
    - Employee leave (including annual, vacation, sick, holidays, jury duty, military, training, and administrative leave).
    - Employee vacation or sick leave accruals earned outside the allocation term.
    - Workers compensation claims. (Budget for premiums only).

Continued on next page

Document G. Detailed Budget and Budget Justification Instructions (continued)

- Budget at actual costs for each eligible employee.
- Sample formula for Fringe Benefits:
  $75,000 annual salary cost x 35% fringe benefit rate = $26,250 fringe benefit state fiscal year total

iii. Operating Expenses

Operating expenses include costs related to completing the activities in the Work Plan. Two standard cost line items that must appear in every budget justification are Internet, and Space Rent/Lease. Additional operating expenses subcategories may be proposed in the budget justification.

- Sample formula for Internet:
  # FTE x $__ per month x # months = $___.

Space Rent/Lease:

- Budget project Space Rent/Lease costs at a maximum of 150 square feet per FTE plus reasonable square footage for common space, such as: conference rooms, break room(s), restrooms, storage, library, etc.
- Separate formulas for office space and common space are acceptable.
- Provide a detailed justification if project space exceeds 150 square feet per FTE and/or the amount of shared space is significant.
- Include any space cost increases over the three-year project term.
- Sample formula for space rent/lease:
  1.4 FTE x 150 square feet x $1.20 per square foot x 12 months = $3,024

Office Expenses/Supplies:

- Budget for consumable supplies such as: paper, copier toner, pens, pencils, folders, binders, staplers, etc.
- Provide a list of supplies needed for the project and an estimated budget amount.

Communications:

- Budget for the installation cost of telephones and any recurring monthly charges related to the telephone system including: fax line, and costs related to teleconferencing that may be necessary to complete the Work Plan

Continued on next page

Document G. Detailed Budget and Budget Justification Instructions (continued)

- Budget amounts for monthly mobile phone charges (device purchase costs should be budgeted under Equipment).
- Cell phone service fees are limited to five (5) phones and not to exceed $2,500 annually.
- All mobile computing devices must be encrypted. Unencrypted devices (e.g., Smartphones.) are not allowed.
- Describe the expenses related to this line item and provide the estimated budget amount needed for each state fiscal year.
- Sample formula for Communications:
  $250 combined monthly charges x 12 months = $3,000 state fiscal year total

Postage

- Budget for postage to mail project correspondence, other materials and for overnight express mail costs.
- Provide a brief description of the postage expenses and the estimated budget amount for each state fiscal year.
- Sample formula for Postage:
  $25 combined monthly postage x 12 months = $300 state fiscal year total

Printing

- Identify expenses for printing and reproduction completed by outside vendors for items such as brochures, leaflets, posters, forms, flyers, announcements, banners, etc.
- List and explain the types of items that require printing by outside vendors and the estimated budget amount for each FY.
- Sample formulas for Printing:
  - $85 combined monthly printing x 12 months = $1,020 state fiscal year total
  - $100-$300 per printing job x 5 projects = $1,000 state fiscal year total

Duplicating

- Identify expenses for in-house duplicating and reproduction. Duplicating is typically internal and routine, usually for small office jobs.
- Allowable costs in this line item may include:
  - Copy machine total usage related to Work Plan activities

Continued on next page

Document G. Detailed Budget and Budget Justification Instructions (continued)

- Copier maintenance agreements, copier supplies such as paper, toner, etc. (Do not include if already listed in Office Expenses).
- Provide a description of the costs related to in-hour duplicating and the estimated budget amount.

- Indicate whether the budget includes supplies, and maintenance agreements. (Costs related to renting copiers should be budgeted under Equipment Rental/Lease.)
- Provide the estimated budget needed for each state fiscal year.
- Sample formula for Duplicating:
  $75 combined monthly duplicating x 12 months
  = $900 state fiscal year total

Equipment Lease/Rental

- Rental Equipment will be authorized by the California Department of Public Health Alzheimer's Disease Program on a case-by-case basis.
- Leasing/renting to own, purchase/leaseback, and lease/purchase of equipment is not permitted.
- List all lease/rental equipment that will be charged to this grant and justify in detail.
- Provide the monthly lease/rental rate for each item and the number of the lease/rental months.
- Provide budget totals for each piece of equipment leased/rented. Examples of leased/rental items are desktop work stations that include computers, printers, facsimile machines, scanners, and copiers.
- Provide the estimated budget amount needed for each state fiscal year
- Sample formula for Equipment Lease/Rental:
  $50 monthly lease rental for copier x 12 months
  = $600 state fiscal year total

iv. Travel/Per Diem and Training

- Travel and training expenses are to be consistent with the needs of the project and connect directly to Work Plan activities.
- Travel expenses will be reimbursed at the current rate identified by the California Department of Human Resources or county rates.

Project Travel/Training:

- Includes airfare, meals, lodging, mileage and incidental expenses, which are essential to complete the Work Plan.

Continued on next page

Document G. Detailed Budget and Budget Justification Instructions (continued)

- Includes registration fees for staff development or any other additional training events for professional, clerical, administrative personnel, etc., necessary for the completion of activities in the Work Plan.
- Provide a brief explanation for each type of cost connected with the Work Plan travel activity.
- Provide a travel estimate for each event. Estimate the number of project staff attending and the estimated budget amount for each traveler.
- Use mileage formulas to provide additional detail.
- Provide the estimated state fiscal year budget amounts.
- Sample formula for Project Travel/Training:
  - Lodging formula: 2 project travelers x $80 per traveler x 2 nights = $320 lodging total
  - Per Diem formula: 2 project travelers x $40 per person per day x 3 days = $240 per diem total
  - Mileage formula: 1 project traveler x 400 miles x $.565 per mile = $226 mileage total
  - Airfare formula: 2 travelers x $640 round trip airfare = $1,280 airfare total

v. Subcontracts and Consultants

A subcontractor is an individual or agency qualified to:

- Complete a specialized task that is directly related to the project's Work Plan activities.
- Execute/implement/complete a component of the project, carryout implement solutions, and/or perform a limited-term service/activity.
- Requires a multi-category budget, including indirect expenses

A Consultant is an individual who:

- Possesses a level or area of expertise that extends beyond those held by local health jurisdiction staff.
- Supports the skills and effort of the local health jurisdiction staff but does not duplicate those skills or effort.
- Provides technical advice on programmatic activities and problem solve issues.
- Charges an hourly rate that is inclusive of all expenses.

Continued on next page

Document G. Detailed Budget and Budget Justification Instructions (continued)

In the description of the Subcontracts and Consultants line item:

- Separately list the name of each subcontractor and/or consultant who will provide the specialized effort directly related to activities in the Work Plan.
- Verify each subcontractor and/or consultant listed in this section of the Budget justification is also referenced with the same title in the Work Plan's "Responsible Parties".
- Provide the following details:
  - Name of each subcontractor and/or consultant. Identify subcontractors and/or consultants, who have not been selected at the time of submission, as "To Be Determined".
  - Description of the activities/services to be performed.
  - Amount of service time in increments of hours, days, weeks, months.
  - Salary or hourly rate.
  - Formula indicating how costs were determined and the total cost.
- The salary/hourly rate must correspond to education and experience.
- Provide a detailed justification when the salary/hourly rate is budgeted at a salary/rate that exceeds the amount paid to state personnel for similar position/classifications.
- Sample formula for Subcontracts and Consultants:
  - Consultant: $65 hourly rate x 10 hours monthly x 12 months = $7,800 state fiscal year Total
  - Subcontractor: $1,500 combined salary cost monthly + $750 fringe benefits cost monthly + $120 travel cost monthly + $338 indirect cost monthly = $2,708 monthly total x 12 months = $32,496 state fiscal year total

vi. Other Costs

Other Costs include costs related to completing the activities in the Work Plan not listed in Operating Expenses. Standard cost line items that are suggested to appear in every budget justification are Educational Materials, Paid Media, and Booth Rental/Facility Fees. Additional other cost subcategories may be proposed in the budget justification.

Educational Materials:
Items such as brochures, pamphlets, posters, curriculum, training guides, videos, slides, flip charts, CD-ROMs and signage necessary for Work Plan activities. Local health jurisdictions may develop their own educational materials, but must first demonstrate the need for the material. Coordination of educational materials through grant-funded partnerships is strongly encouraged.

Continued on next page

Document G. Detailed Budget and Budget Justification Instructions (continued)

Paid Media:

- Expenses may include the cost for the purchase or placement of paid advertisements (ads) on radio, television, newspaper, magazines, billboards, bus shelters, etc. (Development of radio, television, and print ads must be budgeted in the Subcontracts and Consultants category.)
- List the types of paid media, public relations, advertising and total budget amount that support activities in the Work Plan.
- Sample formula for Paid Media:
  - Radio Ad Placement: 25 Ad placements July through December 2020 x $120 per Ad = $3,000 for July through December 2020
  - Print Ad Placement: 1 Quarter Page Ad x 20 ad placements per state fiscal year x $75 per ad placement = $1,500 state fiscal year total

Booth Rental Facility Fees:

- Identify the costs for booth rental/facility fees that are incurred for local events, such as: health fairs, farmer's markets, community outreach activities, or trainings that are identified in the Work Plan.
- The description should include examples of local events, estimated number of events, and the estimated cost per event to substantiate how the total costs were calculated.
- Use ranges if necessary, for the anticipated number of events and cost per event.
- Sample formula for Booth Rental/Facility Fees:
  - $150 booth rental x 1 local health fair (Goal Component E-1, Objective # 2 Activity 2.1) = $150 event booth rental
  - $250 booth rental x 2 weeks county fair (Goal Component W-3 Activity 1.5) = $250 booth rental event

Other Local Health Jurisdiction Subcategories:

Local health jurisdictions may propose additional Other Cost items. Provide enough details, justification, and formula to substantiate the costs when budgeting for additional local health jurisdiction-defined Other Costs.

Continued on next page

Document G. Detailed Budget and Budget Justification Instructions (continued)

vii. Indirect Expenses

An indirect cost rate is simply a device for determining fairly and conveniently within the boundaries of sound administrative principles, what proportion of indirect cost each program should bear. An indirect cost rate is the ratio between the total indirect expenses and direct cost base.

Indirect costs are a general management cost that cannot be attributed to a specific Work Plan activity and consists of administrative services necessary for the general operation of the agency.

Examples include: accounting, budgeting, payroll preparation, human resources services, purchasing, maintenance, centralized network and data processing.

Conversely, direct costs are costs that provide measurable, direct benefits to specific Work Plan activities and can include costs that relate directly to instructional programs and support costs that apply to the minor services necessary to support the program, such as: salaries and benefits, educational materials, office supplies and travel. An indirect cost rate is the percentage of an agency's total personnel costs (personnel + fringe benefits) or total direct costs and is a standardized formula charging shared costs for an agency's indirect operation.

Identify:

- The cost basis for calculating indirect expenses, i.e. total personal costs or total direct cost.
- Percentage rate. The percentage rate is negotiated between the California Department of Public Health and the local health jurisdictions. A range is acceptable when the percentage rate will vary at different times during the state fiscal year or between multiple state fiscal years.
- Include personnel, budgeted at less than 10% FTE and not directly connected to the Work Plan.
- Indirect costs cannot exceed 25% of total personnel services (Personnel Costs plus Fringe Benefits).
- Sample formula for Indirect Expenses:
  $50,000 staff salaries total + $20,000 staff fringe benefits total = $70,000 total personnel costs x 25% = $17,500 indirect cost state fiscal year total

Document G. Detailed Budget – State Fiscal Year One (1)
(06/01/2020 through 06/30/2020)

. Personnel Costs

Position Title	Monthly Salary Range	Monthly	Annual	FTE %	Months	Requested Amount
	$___-$___	$___	$___	___%	___	$___
	$___-$___	$___	$___	___%	___	$___

Total Personnel: $___

ii. Fringe Benefits

Fringe Benefits @ ___%

Total Fringe: $___

iii. Operating Expenses

Expense	Calculation Methodology	Cost
Internet (required)		
Space/Rental (required)		

Total Operating Expenses: $___

iv. Travel/Per Diem and Training

Travel	Cost

Total travel: $___

v. Subcontracts and Consultants

Subcontracts	Cost

Total Subcontracts: $___

vi. Other Costs

Other	Cost

Total Other Costs: $___

vii. Indirect Expenses

Indirect Expenses	Cost

Total Indirect Costs: $___

Document G. Detailed Budget – State Fiscal Year Two (2)
(07/01/2020 through 06/30/2021)

. Personnel Costs

Position Title	Monthly Salary Range	Monthly	Annual	FTE %	Months	Requested Amount
	$___-$___	$___	$___	___%	___	$___
	$___-$___	$___	$___	___%	___	$___

Total Personnel: $___

ii. Fringe Benefits

Fringe Benefits @ ___%

Total Fringe: $___

iii. Operating Expenses

Expense	Calculation Methodology	Cost
Internet (required)		
Space/Rental (required)		

Total Operating Expenses: $___

iv. Travel/Per Diem and Training

Travel	Cost

Total travel: $___

v. Subcontracts and Consultants

Subcontracts	Cost

Total Subcontracts: $___

vi. Other Costs

Other	Cost

Total Other Costs: $___

vii. Indirect Expenses

Indirect Expenses	Cost

Total Indirect Costs: $___

Document G. Detailed Budget – State Fiscal Year Three (3)
(07/01/2021 through 06/30/2022)

. Personnel Costs

Position Title	Monthly Salary Range	Monthly	Annual	FTE %	Months	Requested Amount
	$___-$____	$____	$____	____%	____	$____
	$___-$____	$____	$____	____%	____	$____

Total Personnel: $___

ii. Fringe Benefits

Fringe Benefits @ ___%

Total Fringe: $___

iii. Operating Expenses

Expense	Calculation Methodology	Cost
Internet (required)		
Space/Rental (required)		

Total Operating Expenses: $___

iv. Travel/Per Diem and Training

Travel	Cost

Total travel: $___

v. Subcontracts and Consultants

Subcontracts	Cost

Total Subcontracts: $___

vi. Other Costs

Other	Cost

Total Other Costs: $___

vii. Indirect Expenses

Indirect Expenses	Cost

Total Indirect Costs: $___

Document G. Budget Justification

i. Personnel Costs
Total Personnel Costs: $_____

Role on Project	Name	Description of Duties
Project Director	Name	Description of duties
Role on Project	Name	Description of duties
Role on Project	Name	Description of duties
Role on Project	Name	Description of duties
Role on Project	Name	Description of duties

ii. Fringe Benefits
$x (xx%-xx%)
(Description of what is paid for with Fringe Benefits funds)

iii. Operating Expenses
Total Operating Costs: $x
(Sub-category i.e., Internet) (these are sample categories)
(Description)
Year 1 $xx/mo. x 1 month = $
Year 2 $xx/mo. x 12 months = $
Year 3 $xx/mo. x 12 months = $

Space/Rent
(Description)
Year 1 $xx/mo. x 1 month = $
Year 2 $xx/mo. x 12 months = $
Year 3 $xx/mo. x 12 months = $

Printing/Duplication
(Description here)
Year 1 $xx/mo. x 1 month = $
Year 2 $xx/mo. x 12 months = $
Year 3 $xx/mo. x 12 months = $

iv. Travel/Per Diem and Training
$0 (Total Travel)

(Example: Trips)
Year 1 $0
(Description here: This is an annual required trip to Sacramento per Goal Component W-4, Activity 2.1)
$0 airline tickets + $0 hotel + $0 per diem + $0 car rental + $0 misc.

Year 2 $0
(Description here: This is an annual required trip to Sacramento per Goal Component W-4, Activity 2.1)
$0 airline tickets + $0 hotel + $0 per diem + $0 car rental + $0 misc.

Year 3 $0
(Description here: This is a required trip to Sacramento per Goal Component W-4, Activity 2.1)
$0 airline tickets + $0 hotel + $0 per diem + $0 car rental + $0 misc.

(Example: Mileage)
(Description here: This mileage will pay for ___)
Year 1 xx miles/mo. x $0.XX/mile x 1 month = $
Year 2 xx miles/mo. x $0.XX/mile x 12 months = $
Year 3 xx miles/mo. x $0.XX/mile x 12 months = $

v. Subcontracts and Consultants
$0 (Total Subcontracts/Consultants)

(Name of Subcontractor or Consultant #1)
$0
(Description of duties to complete activities in the Work Plan per state fiscal year, total hours, and $xx per hour)

(Name of Subcontractor or Consultant #2)
$0
(Description of duties to complete activities in the Work Plan per state fiscal year, total hours, and $xx per hour)

(Name of Subcontractor or Consultant #3)
$0
(Description of duties to complete activities in the Work Plan per state fiscal year, total hours, and $xx per hour)

vi. Other Costs
$0 (Total Other Costs)
Sub-category i.e., Educational Materials (these are sample categories)
Description and calculation:
Year 1 $0
Year 2 $0
Year 3 $0

Sub-category

Description and calculation:
Year 1 $0
Year 2 $0
Year 3 $0

Sub-category
Description and calculation:
Year 1 $0
Year 2 $0
Year 3 $0

vii. Indirect Expenses
$0 (Total Indirect Costs)
(Description of what is paid for with Indirect Costs funds)

PART III. SCORING AND RUBRIC

A. Phase I Review

The Alzheimer's Disease Program will carefully screen all applications received by the due date for compliance with all requirements stated in this Request for Application. Only fully completed applications will be considered eligible and advanced to the review committee. Non-responsive applications will not advance to Phase II review. Applicants will be notified that their applications did not meet eligibility and/or published submission requirements.

B. Phase II Review

The Review committee will evaluate complete, eligible applications in accordance with the criteria below.

i. Narrative Summary,
ii. Letters of Commitment,
iii. Work Plan, and
iv. Budget and Budget Justification.

The rubric is valued at a maximum of 52 points. An application must have a minimum of 39 points (75%) to qualify for a grant award. These scores are advisory to the Review Committee. The Review Committee will recommend "total funding" or "no funding," and then convene to make the final selections.

Table 3 displays the maximum point values for each section.

Table 3
Maximum Point Values for Request for Application Documents

Document	Maximum Point Value
C. Narrative Summary	15
D. Letters of Commitment	3
F. Work Plan	25
G. Budget and Budget Justification	9

PART III. SCORING AND RUBRIC

i. Narrative Summary (Maximum Points: 15)

- **Overview of Need for Public Health Action**: The extent to which the applicant describes the public health problem; identifies a target population—as demonstrated with scientific evidence—that is disproportionately affected by Alzheimer's disease and/or other related dementias; and defines local public health priorities (5 points).
- **Response to Eliminating Health Disparities:** The extent to which the proposal clearly describes having adequate reach within the applicant's target population to accomplish a population-based, public health approach using the *Healthy Brain Initiative Road Map* framework for strategies and activities for this project (5 points).
- **Commitment to Collaboration and Leveraging Resources**: The extent to which the applicant demonstrates ability to lead strategically through the creation of a common agenda, serve as a catalyst for change, and demonstrate program accomplishments such as leveraging resources with respect to brain health, cognitive impairment, caregiving, and other local health-related programs (5 points).

ii. Letters of Commitment (Maximum Points: 3)

- The extent to which *each* letter of commitment demonstrates the applicant's ability to establish and maintain strong cross-sector working relationships to implement public health actions for brain health and cognitive impairment (1 point each letter).

iii. Work Plan (Maximum Points: 25)

- **Goal 1 Monitor and Evaluate:** The extent to which the applicant demonstrates the ability to effectively gather, analyze, interpret, and use evidence-based or evidence-informed strategies where such information exists (5 points).
- The extent to which the applicant provides objectives within the Work Plan that are feasible, ethical, methodologically sound, and innovative (5 points).
- The extent to which the applicant describes clear project procedures and how performance measurement will be incorporated into planning and implementation of project activities (5 points).
- The extent to which the applicant demonstrates the ability to improve population health by engaging key stakeholders (5 points).
- The extent to which the applicant provides a staffing plan that will be enough to meet the goals of the proposed project (5 points).

iv. Budget and Budget Justification (Maximum Points: 9)

- **Detailed Budget:** The extent to which the applicant aligns budget activities closely with activities described in the Work Plan for proposed activities (3 points).
- **Budget Justification:** The extent to which the applicant identifies the allowable and appropriate project expenses to support for proposed activities. (3 points)
- **Budget Justification:** The extent to which the applicant describes each line item from the Detailed Budget and how each proposed cost is necessary and reasonable in terms of project activities, benefits to targeted population(s), and project results. (3 points)

C. Phase III Review

Applications will be funded in order by score and rank determined by the Review Committee. When selecting awardees, the Review Committee will consider requirements the following factors may affect the funding rank order and decision. Justification will be provided for any decision to fund out of rank order:

- *Geographic Diversity* – Applicants may be funded out of order to ensure there is geographic diversity among grant recipients representing **up to two (2) rural**, **at least one (1) coastal**, and metropolitan areas within the state.
- *Target Population Diversity* – Applicants may be funded out of order to ensure target population representation of recipients is **non-duplicative** and to ensure that the breadth of opportunities across groups highly affected by Alzheimer's disease and dementias in the areas served are maintained through this Request for Application. The applicant should explain the different types of consequences, such as: how many people have Alzheimer's disease and related dementias, populations most likely to have Alzheimer's disease and related dementias, or health consequences related to Alzheimer's disease and related dementias on specific populations.

Upon completion of the grant review process, a notification of acceptance will be posted on the Alzheimer's Disease Program web page. Final posting of successful applicants will be posted to the same web page.

PART IV. ADMINISTRATIVE REQUIREMENTS

Following the review process, grant awards will be negotiated between the successful applicant institution and the California Department of Public Health. Grantees will be required to conform to California Department of Public Health's contractual requirements and standard State provisions and restrictions included in each grant.

Part IV. Administrative Requirements includes some of the major grant provisions and restrictions.

A. Confidentiality

Grantees shall maintain confidentiality of any and all data collected on individuals.

B. Invoicing

Grantees, upon submission of an acceptable invoice, will be reimbursed in arrears for actual expenses incurred by the Grantee under the terms of the grant agreement and budget. Invoices shall be submitted on a quarterly basis. The final invoice of each grant year is due 30 calendar days after the end of the budget period. Invoices submitted more than 30 calendar days after the end of the budget period, grant agreement expiration, or grant termination, may not, at the State's discretion, be honored by the State unless the Grantee has obtained prior written approval from the State.

C. Audits

Grantees may be audited up to three (3) years after the final invoice payment is made under the grant.

D. Use of Funds

The funds awarded through this Request for Application may not be used for program activities that are not defined in the Work Plan.

E. Disposition of Applications

Upon application opening, all documents submitted in response to this Request for Application will become the property of the State of California, and will be regarded as public records under the California Public Records Act (Government Code Section 6250 et seq.) and subject to review by the public.

F. Inspecting or Obtaining Copies of Application Materials

Persons wishing to view or inspect any application or award related materials must follow the Public Records Act request process detailed at: https://www.dgs.ca.gov/Services/Page-Content/Service-List/Request-Public-Records

G. Cost of Developing the Application

The Applicant is responsible for the cost of developing and submitting an application. This cost cannot be charged to the State.

H. Dispute Resolution, California Department of Public Health Rights, and Grant Termination

1. Resolution of Differences Between Request for Application and Contract Language:
   If an inconsistency or conflict arises between the terms and conditions appearing in the final grant and the proposed terms and conditions appearing in this Request for Application, any inconsistency or conflict will be resolved by giving precedence to the grant.

2. California Department of Public Health Rights:
   In addition to the rights discussed elsewhere in this Request for Application, the California Department of Public Health Alzheimer's Disease Program reserves the right to do any of the following:

   a. Modify any date or deadline appearing in this Request for Application

   b. Issue clarification notices, addenda, alternate Request for Application instructions, forms, etc. If this Request for Application is clarified, corrected, or modified, the California Department of Public Health Alzheimer's Disease Program intends to post all clarification notices and/or Request for Application addenda on the California Department of Public Health Alzheimer's Disease Program Grants website.

   c. The California Department of Public Health Alzheimer's Disease Program reserves the right to fund any or none of the applications submitted in response to this Request for Application. The California Department of Public Health Alzheimer's Disease Program may also waive any immaterial deviation in any application. The California Department of Public Health Alzheimer's Disease Program waiver of any immaterial deviation shall not excuse an application from full compliance with the grant terms if a grant is awarded.

   d. The California Department of Public Health Alzheimer's Disease Program reserves the right to withdraw any award or request modifications to the Work Plan and/or Budget of any application component(s) as a condition of the grant award.

3. Termination:
   The California Department of Public Health Alzheimer's Disease Program reserves the right to terminate the grant if the application submitted, awarded, modified, and approved by the California Department of Public Health Alzheimer's Disease Program

as a result of this Request for Application is not implemented satisfactorily, or if work is not completed by the due dates prescribed in the grant's Work Plan.

I. Award Appeal Process

An applicant who has submitted an application and was not funded may file an appeal with the California Department of Public Health Chronic Disease Control Branch. Appeals must state the reason, law, rule, regulation, or practice that the applicant believes has been improperly applied in regard to the evaluation or selection process.

There is no appeal process for applications that are submitted late or are incomplete.

Appeals shall be limited to the following grounds:

1. The California Department of Public Health Chronic Disease Control Branch failed to correctly apply the application review process, the format requirements, or evaluating the applications as specified in the Request for Application.

2. The California Department of Public Health Chronic Disease Control Branch failed to follow the methods for evaluating and scoring the applications as specified in the Request for Application.

Appeals must be sent by email to AlzheimersD@cdph.ca.gov and received by February 18, 2020. The Chief of the Chronic Disease Control Branch, or designee, will decide based on the written appeal letter. The decision of the Branch Chief of Chronic Disease Control Branch, or designee, shall be the final remedy and there will be no further administrative appeal. Appellants will be notified by e-mail within 15 business days of receiving the written dispute letter. The California Department of Public Health Chronic Disease Control Branch reserves the right to withdraw, or respond to the satisfaction of the California Department of Public Health Chronic Disease Control Branch.

PART V. SUPPORTING APPENDICES

Appendix A. Planning, Implementation and Evaluation Guide

For reference purposes only.

Planning →		
Needs • Eliminating health disparities • Target populations		**Inputs** • Existing infrastructure • Awardee funding • Collaboration across sectors • Public and private resources • Additional resources
→ Implementation →		
Objectives	**Activities**	**Deliverables**
Identify specific program activities related to Goals 1-4 and respective Components.	Develop Activities with levels of performance for each measure, time frames for achieving the levels of performance, and sources of data for measuring progress.	Identify the work products that will produce the results.
→ Evaluation		
Short-Term Results	**Intermediate Results**	**Long-Term Results**
Include knowledge, skills, attitude, motivation, awareness needed for further progress.	Include behaviors, practices, policies, and procedures changed.	Improved social, economic, and environmental conditions for people with Alzheimer's and related dementias, and their caregivers.

Appendix B. Designation of Rural[4] and Coastal[5] Local Health Jurisdictions

Local Health Jurisdiction	Rural	Metropolitan	Coastal
Alameda County		☒	
Alpine County	☒		
Amador County	☒		
Butte County		☒	
Calaveras County	☒		
City of Berkeley		☒	
City of Long Beach		☒	☒
City of Pasadena		☒	
Colusa County	☒		
Contra Costa County		☒	
Del Norte County	☒		☒
El Dorado County		☒	
Fresno County		☒	
Glenn County	☒		
Humboldt County	☒		☒
Imperial County		☒	
Inyo County	☒		
Kern County		☒	
Kings County		☒	
Lake County	☒		
Lassen County	☒		
Los Angeles County		☒	☒
Madera County		☒	
Marin County		☒	☒
Mariposa County	☒		
Mendocino County	☒		☒
Merced County		☒	
Modoc County	☒		
Mono County	☒		
Monterey County		☒	☒
Napa County		☒	
Nevada County	☒		
Orange County		☒	☒
Placer County		☒	
Plumas County	☒		
Riverside County		☒	

Local Health Jurisdiction	Rural	Metropolitan	Coastal
Sacramento County		☒	
San Benito County		☒	
San Bernardino County		☒	
San Diego County		☒	☒
San Francisco County		☒	☒
San Joaquin County		☒	
San Luis Obispo County		☒	☒
San Mateo County		☒	☒
Santa Barbara County		☒	☒
Santa Clara County		☒	
Santa Cruz County		☒	☒
Shasta County		☒	
Sierra County	☒		
Siskiyou County	☒		
Solano County		☒	
Sonoma County		☒	☒
Stanislaus County		☒	
Sutter County		☒	
Tehama County	☒		
Trinity County	☒		
Tulare County		☒	
Tuolumne County	☒		
Ventura County		☒	☒
Yolo County		☒	
Yuba County		☒	

Appendix C. County-Level Data Resources

Table A.
County Deaths due to Alzheimer's Disease: Rank Ordered by Increasing Age-Adjusted Death Rate and Decreasing Size of Population, 2015-2017[6]

Rank	County	2016 Population	2015-17 Average Deaths	Crude Death Rate	Age-Adjusted Death Rate	95% Confidence Limit: Lower	95% Confidence Limit: Upper
31	Alameda	1,637,176	587	35.9	33.8	31	36.6
12	Alpine	1,128	0.3	29.6*	21.7*	<0.1	283.2
47	Amador	37,181	30.7	82.5	41.6	28.2	59.2
55	Butte	224,761	178.7	79.5	53.2	45.2	61.1
13	Calaveras	44,747	19.3	43.2*	23.2*	14	36
25	Colusa	22,428	7.7	34.2*	30.4*	12.8	60.8
40	Contra Costa	1,129,332	518.7	45.9	38.3	34.9	41.6
2	Del Norte	26,956	3	11.1*	8.6*	1.8	25
22	El Dorado	184,085	69	37.5	27.9	21.7	35.3
39	Fresno	988,072	351	35.5	38.1	34	42.1
33	Glenn	29,084	12.7	43.6*	36.3*	19.2	62.6
17	Humboldt	135,884	44.3	32.6	26.1	19	35
3	Imperial	186,520	19.3	10.4*	10.1*	6.1	15.7
4	Inyo	18,658	3.3	17.9*	10.9*	2.5	30.4
56	Kern	887,922	349	39.3	53.4	47.8	59
36	Kings	149,172	40.7	27.3	37.2	26.7	50.5
19	Lake	64,712	26.3	40.7	26.5	17.4	38.8
9	Lassen	30,599	5	16.3*	15.2*	4.9	35.6

Rank	County	2016 Population	2015-17 Average Deaths	Crude Death Rate	Age-Adjusted Death Rate	95% Confidence Limit: Lower	95% Confidence Limit: Upper
32	Los Angeles	10,215,103	3,994.30	39.1	35.6	34.5	36.7
49	Madera	155,518	68	43.7	42.4	32.9	53.8
44	Marin	262,706	175.7	66.9	39.4	33.5	45.3
10	Mariposa	18,057	6.7	36.9*	18.2*	7.1	38.1
5	Mendocino	88,779	14.7	16.5*	11.8*	6.5	19.5
21	Merced	272,286	60.3	22.2	27.7	21.2	35.7
6	Modoc	9,506	2	21.0*	11.9*	1.4	43.1
14	Mono	13,801	1.3	9.7*	25.0*	1.4	115.3
20	Monterey	439,945	128.7	29.2	26.9	22.1	31.6
26	Napa	141,569	63.7	45	31.2	24	39.9
16	Nevada	98,300	49.3	50.2	26	19.2	34.3
43	Orange	3,179,122	1,432.00	45	38.6	36.6	40.6
41	Placer	375,805	222.3	59.2	38.4	33.3	43.4
11	Plumas	19,535	7.3	37.5*	21.1*	8.7	42.8
37	Riverside	2,359,588	1,002.70	42.5	37.8	35.5	40.2
48	Sacramento	1,503,536	655.7	43.6	42.1	38.9	45.4
7	San Benito	58,010	6.7	11.5*	12.0*	4.7	25.2
51	San Bernardino	2,143,578	716	33.4	43.3	40.1	46.4
38	San Diego	3,295,816	1,425.30	43.2	38	36	40
18	San Francisco	872,463	342.3	39.2	26.4	23.6	29.3

Rank	County	2016 Population	2015-17 Average Deaths	Crude Death Rate	Age-Adjusted Death Rate	95% Confidence Limit: Lower	95% Confidence Limit: Upper
54	San Joaquin	738,343	345	46.7	51.6	46.1	57
46	San Luis Obispo	278,080	177.7	63.9	41.1	35	47.2
23	San Mateo	768,507	300.3	39.1	27.9	24.7	31.2
42	Santa Barbara	447,309	225.7	50.4	38.5	33.4	43.7
1	Santa Clara	1,932,827	119.3	6.2†	5.5†	4.5	6.5
28	Santa Cruz	275,754	93.7	34	32.2	26	39.4
58	Shasta	177,631	149	83.9	55.7	46.7	64.7
15	Sierra	3,141	1.3	42.4*	25.5*	1.4	117.5
27	Siskiyou	44,373	25.7	57.8	31.6	20.6	46.4
52	Solano	433,412	201.3	46.5	43.7	37.6	49.7
45	Sonoma	503,152	285	56.6	40	35.3	44.7
57	Stanislaus	543,592	286.7	52.7	55.1	48.6	61.5
30	Sutter	98,208	35.7	36.3	32.3	22.6	44.8
35	Tehama	64,158	33	51.4	37	25.5	52
24	Trinity	13,492	7	51.9*	28.3*	11.4	58.3
29	Tulare	467,960	124.7	26.6	32.3	26.6	38
8	Tuolumne	54,291	13	23.9*	12.4*	6.6	21.1
50	Ventura	853,673	418.7	49	42.6	38.5	46.7
53	Yolo	216,726	96.3	44.4	48.3	39.1	58.9
34	Yuba	76,138	23	30.2	36.7	23.2	55

Rank	County	2016 Population	2015-17 Average Deaths	Crude Death Rate	Age-Adjusted Death Rate	95% Confidence Limit: Lower	95% Confidence Limit: Upper
-	**Statewide**	**39312207**	**15,603.00**	**39.7**	**35.7**	**35.2**	**36.3**

* Rates are deemed unreliable when based on fewer than 20 data elements.

† Data and rates for Santa Clara County may not provide the true reflection of Alzheimer's deaths due to reporting inconsistencies.

<0.1 Indicates lower confidence limit is less than 0.1 but greater than 0.0.

Table B.
Estimated Number and Percent Change in People 65+ with Alzheimer's Disease by Race and County, 2015 and 2030[7]

County	2015	2030	% Change 2015-2030	Latino/ Hispanic, 2030	African American, 2030	Asian/ Pacific Islander, 2030
Alameda	25,192	45,590	81	6,511	4,527	13,322
Alpine	51	102	100	4*	0*	0*
Amador	1,236	2,127	72	119*	18*	28*
Butte	4,909	7,862	60	490	95*	193
Calaveras	1,599	2,753	72	154	35*	48*
Colusa	397	677	71	196	5*	34*
Contra Costa	19,190	35,735	86	4,416	2,132	6,258
Del Norte	615	1,081	76	105*	13*	40*
El Dorado	3,818	7,688	101	402	58*	198
Fresno	13,353	23,771	78	8,155	889	2,820
Glenn	624	1,000	60	180	9*	47*
Humboldt	2,506	4,320	72	179	55*	124*
Imperial	3,263	5,682	74	4,286	107*	177
Inyo	592	876	48	104*	1*	17*
Kern	10,645	19,726	85	5,770	987	1,349
Kings	1,715	3,200	87	1,110	222	193
Lake	1,961	3,294	68	172	83*	66*
Lassen	607	1,164	92	105*	29*	23*
Los Angeles	166,540	278,806	67	92,640	18,829	60,163
Madera	2,821	5,954	111	2,066	94*	124*
Marin	5,861	10,361	77	1,077	126	579
Mariposa	584	1,076	84	87*	7*	21*
Mendocino	2,039	3,508	72	276	35*	105*
Merced	3,542	6,168	74	2,348	138	456
Modoc	305	529	73	48*	6*	8*
Mono	247	521	111	75*	6*	14*
Monterey	7,186	12,101	68	3,959	116*	1,328
Napa	3,080	4,984	62	895	84*	397
Nevada	2,609	4,768	83	168	19*	81*
Orange	50,896	88,639	74	17,081	987	20,271
Placer	7,985	13,721	72	970	97*	759
Plumas	692	1,029	49	67*	8*	18*
Riverside	34,949	57,460	64	16,630	3,032	4,487
Sacramento	24,138	42,587	76	6,836	2,708	6,430
San Benito	844	1,692	100	683	37*	98*

County	2015	2030	% Change 2015-2030	Latino/ Hispanic, 2030	African American, 2030	Asian/ Pacific Islander, 2030
San Bernardino	27,883	54,245	95	17,980	4,731	4,975
San Diego	51,004	88,834	74	16,413	2,271	12,011
San Francisco	18,440	25,546	39	3,000	1,583	11,282
San Joaquin	11,174	19,811	77	5,275	1,153	3,315
San Luis Obispo	6,503	10,601	63	1,188	97*	272
San Mateo	13,792	22,413	63	3,632	872	7,172
Santa Barbara	8,228	12,720	55	3,273	308	656
Santa Clara	30,956	56,270	82	8,474	1,160	16,499
Santa Cruz	3,634	7,416	104	1,551	100*	555
Shasta	4,301	7,258	69	225	68*	226
Sierra	112	168	50	18*	1*	1*
Siskiyou	1,396	2,087	49	132*	49	44*
Solano	6,964	13,664	96	1,358	1,146	3,683
Sonoma	8,586	15,396	79	2,258	160	965
Stanislaus	8,775	15,601	78	4,723	274	1,381
Sutter	1,933	3,520	82	781	85*	522
Tehama	1,514	2,250	49	173	20*	44*
Trinity	453	797	76	35*	4*	9*
Tulare	6,301	11,253	79	4,420	111*	612
Tuolumne	1,949	3,165	62	141*	34*	52*
Ventura	13,884	25,481	84	5,632	356	2,141
Yolo	2,845	5,478	93	1,068	110*	473
Yuba	1,220	2,112	73	303	79*	156

* Estimate is unreliable; race/ethnicity population for specified group is less than 1,000 individuals

Table C.
Average Costs per Medicare Beneficiary with Primary Chronic Condition of Alzheimer's Disease, Related Disorders, or Senile Dementia by County, 2017[8]

County	Primary Cost	Total Cost
Alameda	$1,403	$34,241
Alpine	$2,252	$66,469
Amador	$999	$26,120
Butte	$897	$26,707
Calaveras	$1,701	$29,587
Colusa	$1,341	$22,779
Contra Costa	$1,531	$31,286
Del Norte	$802	$28,502
El Dorado	$1,234	$26,052
Fresno	$1,181	$23,575
Glenn	$647	$29,215
Humboldt	$754	$24,214
Imperial	$645	$26,415
Inyo	$1,326	$26,362
Kern	$1,321	$31,166
Kings	$795	$23,327
Lake	$769	$34,131
Lassen	$755	$24,515
Los Angeles	$1,294	$38,033
Madera	$761	$21,873
Marin	$1,738	$27,958
Mariposa	$1,312	$25,348
Mendocino	$742	$26,032
Merced	$697	$27,444
Modoc	$1,450	$21,620
Mono	$675	$25,668
Monterey	$1,095	$28,256
Napa	$1,033	$26,759
Nevada	$755	$23,054
Orange	$1,525	$30,513
Placer	$1,732	$25,159
Plumas	$545	$24,905
Riverside	$1,409	$30,103
Sacramento	$1,326	$29,318
San Benito	$1,202	$24,954
San Bernardino	$1,437	$36,196
San Diego	$1,341	$31,338

County	Primary Cost	Total Cost
San Francisco	$1,122	$30,357
San Joaquin	$1,375	$28,457
San Luis Obispo	$1,643	$22,149
San Mateo	$1,931	$31,059
Santa Barbara	$1,295	$23,114
Santa Clara	$1,208	$33,374
Santa Cruz	$1,310	$30,528
Shasta	$888	$24,683
Sierra	$924	$17,643
Siskiyou	$647	$20,754
Solano	$1,224	$30,492
Sonoma	$1,001	$26,849
Stanislaus	$1,180	$26,923
Sutter	$1,058	$23,607
Tehama	$941	$23,935
Trinity	$1,468	$25,717
Tulare	$983	$25,452
Tuolumne	$695	$23,042
Ventura	$1,754	$29,745
Yolo	$1,211	$25,034
Yuba	$900	$23,866

Table D.
Demographic Projections for Population Aged 60 and Over by County, 2019[9]

County	Population	Non-Minority	Minority	Low-Income	Medi-Cal Eligible	Lives Alone	Non-English
Alameda	338,154	152,496	185,658	37,740	75,366	62,755	17,715
Alpine	408	360	48	50	50	85	0
Amador	13,634	12,304	1,330	1,205	1,045	2,645	75
Butte	57,400	49,628	7,772	7,710	10,110	13,325	490
Calaveras	17,238	15,356	1,882	1,825	1,552	3,510	60
Colusa	4,722	3,071	1,651	500	904	875	410
Contra Costa	265,724	163,265	102,459	21,455	36,638	45,655	5,575
Del Norte	6,994	5,999	995	1,170	1,471	1,695	35
El Dorado	55,970	49,375	6,595	4,580	4,555	8,760	530
Fresno	175,151	91,535	83,616	28,020	47,646	32,695	13,125
Glenn	6,511	5,054	1,457	1,285	1,310	1,580	350
Humboldt	34,113	30,390	3,723	3,945	5,597	7,570	290
Imperial	34,029	6,766	27,263	7,130	15,471	5,420	8,085
Inyo	5,932	4,955	977	805	788	1,720	55
Kern	146,797	87,328	59,469	21,185	35,254	24,670	9,200
Kings	22,896	12,227	10,669	3,265	5,168	3,685	1,320
Lake	19,897	16,806	3,091	3,325	4,559	5,070	135
Lassen	7,268	6,638	630	805	934	1,410	10
Los Angeles	1,287,571	497,536	791,733	180,270	376,492	198,960	109,810
Madera	30,909	19,398	11,511	4,620	5,896	4,590	2,080
Marin	79,071	68,624	10,447	5,675	6,391	19,210	505
Mariposa	6,790	6,084	706	945	714	1,195	4
Mendocino	25,734	22,099	3,635	3,305	5,075	6,215	270
Merced	44,786	22,794	21,992	7,225	12,421	7,215	4,265
Modoc	3,195	2,875	320	530	435	820	4
Mono	3,164	2,801	363	190	286	740	160
Monterey	84,726	48,086	36,640	9,620	15,239	14,405	6,115
Napa	35,633	27,100	8,533	3,445	4,299	7,535	745
Nevada	35,485	32,951	2,534	3,760	3,201	6,990	190
Orange	674,732	401,835	272,897	68,900	128,061	107,165	31,895

County	Population	Non-Minority	Minority	Low-Income	Medi-Cal Eligible	Lives Alone	Non-English
Placer	105,417	89,419	15,998	8,725	7,786	19,115	765
Plumas	7,585	6,961	624	890	944	1,585	35
Riverside	496,233	303,523	192,710	59,490	84,047	80,370	21,120
Sacramento	304,268	189,175	115,093	40,115	64,992	63,355	12,065
San Benito	12,173	6,797	5,376	1,290	1,750	1,460	615
San Bernardino	373,348	182,041	191,307	51,095	86,102	57,050	18,795
San Diego	682,648	434,007	248,641	76,000	116,563	119,505	26,070
San Francisco	198,655	77,808	120,847	33,860	58,612	48,320	21,720
San Joaquin	137,221	72,388	64,833	17,425	31,085	21,920	6,330
San Luis Obispo	80,307	68,977	11,330	6,715	6,748	14,585	460
San Mateo	182,059	99,079	82,980	14,435	24,353	31,200	6,080
Santa Barbara	93,919	65,484	28,435	8,820	13,859	19,570	3,045
Santa Clara	391,784	190,035	201,749	38,570	79,338	56,810	18,060
Santa Cruz	64,570	50,381	14,189	5,820	9,033	13,045	1,810
Shasta	49,632	44,736	4,896	5,900	7,633	10,855	200
Sierra	1,288	1,210	78	85	173	270	0
Siskiyou	15,122	13,299	1,823	2,365	2,602	3,470	70
Solano	99,315	52,560	46,755	8,570	14,323	16,115	1,905
Sonoma	138,044	115,628	22,416	11,570	15,092	29,560	1,740
Stanislaus	102,527	66,180	36,347	14,345	24,583	17,550	5,490
Sutter	20,318	13,107	7,211	3,105	5,204	3,875	1,430
Tehama	16,278	13,867	2,411	2,550	2,940	3,255	315
Trinity	5,139	4,575	564	875	694	1,015	4
Tulare	78,089	42,501	35,588	14,345	22,991	11,940	6,320
Tuolumne	18,908	16,959	1,949	2,000	1,938	3,895	60
Ventura	188,648	124,779	63,869	16,105	25,142	31,035	8,650
Yolo	39,054	26,398	12,656	4,655	6,816	8,325	1,970
Yuba	14,005	10,469	3,536	1,970	3,309	2,605	290
California	8,202,155	4,553,043	3,649,112	1,026,095	1,748,090	1,436,715	447,017

Table E.
County Health Rankings, 2019[10]

County	Health Factors [v]	Health Outcomes [vi]
Alameda	6	12
Alpine	43	34
Amador	16	25
Butte	32	35
Calaveras	23	24
Colusa	41	27
Contra Costa	10	11
Del Norte	50	45
El Dorado	7	17
Fresno	52	50
Glenn	44	40
Humboldt	37	49
Imperial	56	31
Inyo	24	43
Kern	57	52
Kings	53	30
Lake	54	58
Lassen	38	39
Los Angeles	30	23
Madera	51	36
Marin	1	1
Mariposa	27	42
Mendocino	39	41
Merced	55	47
Modoc	40	56
Mono	21	18
Monterey	33	21

[v] **Health factors** represent the focus areas that drive how long and how well we live, including health behaviors (tobacco use, diet & exercise, alcohol & drug use, sexual Component), clinical care (access to care, quality of care), social and economic factors (education, employment, income, family & social support, community safety), and the physical environment (air & water quality, housing & transit).
[vi] **Health outcomes** represent measures of how long people live and how healthy people feel. Length of life is measured by premature death (years of potential life lost before age 75) and quality of life is measured by self-reported health status (percent of people reporting poor or fair health and the number of physically and mentally unhealthy days within the last 30 days) and the % of low birth weight newborns.

County	Health Factors [v]	Health Outcomes [vi]
Napa	12	7
Nevada	15	14
Orange	9	5
Placer	3	4
Plumas	29	54
Riverside	35	26
Sacramento	25	29
San Benito	22	20
San Bernardino	47	38
San Diego	20	10
San Francisco	5	6
San Joaquin	46	44
San Luis Obispo	8	15
San Mateo	2	2
Santa Barbara	17	19
Santa Clara	4	3
Santa Cruz	14	13
Shasta	31	48
Sierra	28	37
Siskiyou	36	57
Solano	26	22
Sonoma	11	8
Stanislaus	42	33
Sutter	34	32
Tehama	45	46
Trinity	48	55
Tulare	58	51
Tuolumne	19	28
Ventura	18	9
Yolo	13	16
Yuba	49	53

PART IV. SUPPORTING APPENDICES

Appendix D. Statewide Data and Other Resources

Statewide Data

- 20% of people in hospice have a primary diagnosis of dementia[11]
- The dementia patient hospital readmission rate is 21.7%.[11]
- Medicare spends $30,665 per capita on people with dementia.[11]
- $3.925 billion of Medicaid costs are spent on caring for people with Alzheimer's.[11]
- There is an estimated 32% increase in Medicaid costs from 2019 to 2025.[11]
- California is home to the largest number of family caregivers (1.6 million) in the nation, and the economic value of unpaid care is estimated to be worth $23 billion annually.[3]
- The business community faces $1.4 billion in lost productivity per year due to caregivers missing work, reducing hours, or changing jobs—putting caregivers at risk of losing health insurance and vital financial resources.[3]
- 11.1% of those aged 45 and over report experiencing confusion or memory loss happening more often or getting worse[12]
    - 58.4% have not talked to a health care professional about it
    - 41.5% say it has caused them to give up day-to-day activities and/or interfered with work or social activities
    - 27.1% live alone
    - 70.5% have at least one (1) other chronic condition (arthritis, asthma, chronic obstructive pulmonary disease, cancer, cardiovascular disease, and diabetes).
- 60.5% of unpaid caregivers provide 20 or more hours of care per week[13]
- 43.7% of caregivers have been providing care for at least two (2) years[13]
- Care receivers are 70.6% female, 56.4% over age 85, and 45.9% a parent or parent-in-law of the caregivers[13]
- Alzheimer's disease within California's Asian Pacific Islander and Latino/Hispanic populations is projected to triple by the year 2030[3]
- 16.7% baby boomers (born between 1946 and 1964) will have Alzheimer's disease[3]

Other Resources

- California Department of Public Health, Chronic Disease Control Branch: Alzheimer's Disease Resources for Families and Health Professionals

- Centers for Disease Control and Prevention, A Public Health Approach to Alzheimer's and Other Dementias

- Curriculum Video: Alzheimer's, A Public Health Crisis

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