Required Grant Application Documents

# 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

# Document B. Grantee Information Form

1. **Organization**

**Federal Tax ID#:**

**Name:**

**Mailing Address:**

**Street Address:**

**County:**

**Phone / Fax:**

**Website:**

1. **Grant Signatory**

**Name:**

**Title:**

**Mailing Address:**

**Street Address:**

**Phone / Fax:**

**E-mail:**

1. **Project Director**

**Name:**

**Title:**

**Mailing Address:**

**Street Address:**

**Phone / Fax:**

**E-mail:**

# 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:**

1. **Response to Eliminating Health Disparities:**

1. **Commitment to Collaboration and Leveraging Resources:**

# 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

**[x] 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 |
| **[ ]** 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 |
| **[ ]** 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

## 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. Coordinate the overall assessment process.
 |       | 6/1/2020 - 1/4/2021 |       |
| 1. Identify data sources and data collection methods.
 |       | 6/1/2020 - 1/4/2021 |       |
| 1. Collect, organize and analyze secondary data.
 |       | 6/1/2020 - 1/4/2021 |       |
| 1. Assess the need and feasibility of hiring a consultant for data collection and analysis, if applicable.
 |       | 6/1/2020 - 1/4/2021 |       |
| 1. 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. Facilitate face-to-face meetings.
 |       | 6/1/2020 - 1/4/2021 |       |
| 1. 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. Make recommendations regarding programs and policies to address priority issues.
 |       | 6/1/2020 - 1/4/2021 |       |
| 1. Motivate stakeholders to act on priority issues.
 |       | 6/1/2020 - 1/4/2021 |       |
| 1. Communicate with stakeholders throughout the process.
 |       | 6/1/2020 - 1/4/2021 |       |

**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. Coordinate the overall assessment process.
 |       | 6/1/2020 - 1/4/2021 |       |
| 1. Identify data sources and data collection methods.
 |       | 6/1/2020 - 1/4/2021 |       |
| 1. Collect, organize and analyze secondary data.
 |       | 6/1/2020 - 1/4/2021 |       |
| 1. Assess the need and feasibility of hiring a consultant for data collection and analysis, if applicable.
 |       | 6/1/2020 - 1/4/2021 |       |
| 1. 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. Facilitate face-to-face meetings.
 |       | 6/1/2020 - 1/4/2021 |       |
| 1. 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. Make recommendations regarding programs and policies to address priority issues.
 |       | 6/1/2020 - 1/4/2021 |       |
| 1. Motivate stakeholders to act on priority issues.
 |       | 6/1/2020 - 1/4/2021 |       |
| 1. 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** |
| --- | --- | --- | --- |
| 1. Define the population to be assessed.
 |       | 7/1/2020 - 1/4/2021 |       |
| 1. 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:
	1. Identify the assets that are already known for supporting the needs of those affected by Alzheimer’s and other dementias.
	2. Build upon the experience of other communities to highlight resources that may be available.
 |       | 7/1/2020 - 1/4/2021 |       |
| 1. Create a community description.
 |       | 7/1/2020 - 1/4/2021 |       |

**Objective 3:** Synthesize Community (Needs) Assessment data

| **Activities** | **Deliverables** | **Time Frame** | **Responsible Party** |
| --- | --- | --- | --- |
| 1. Review numeric and/or narrative information.
 |       | 7/1/2020 - 1/4/2021 |       |
| 1. 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** |
| --- | --- | --- | --- |
| 1. Create a vision.
 |       | 7/1/2020 - 1/4/2021 |       |
| 1. Identify priorities for improvement.
 |       | 7/1/2020 - 1/4/2021 |       |
| 1. Communicate methods and results with stakeholders.
 |       | 7/1/2020 - 1/4/2021 |       |
| 1. 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** |
| --- | --- | --- | --- |
| 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 |       |
| 1. Develop an appropriate evaluation design.
 |       | 7/1/2020 - 6/30/2022 |       |
| 1. 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:
	1. Resources to support the evaluation
	2. Specific activities undertaken and planned to achieve project outcomes
	3. Deliverables produced by activities
	4. Observable and measurable outcomes
	5. 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** |
| --- | --- | --- | --- |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

## 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** |
| --- | --- | --- | --- |
| 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 |       |
| 1. Develop an appropriate evaluation design.
 |       | 7/1/2020 - 6/30/2022 |       |
| 1. 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:
	1. Resources to support the evaluation
	2. Specific activities undertaken and planned to achieve project outcomes
	3. Deliverables produced by activities
	4. Observable and measurable outcomes
	5. 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 Jusfication

## Detailed Budget – State Fiscal Year One (1)

**(06/01/2020 through 06/30/2020)**

**i****. Personnel Costs**

| **Position Title** | **Monthly Salary Range** | **Monthly** | **Annual** | **FTE %** | **Months** | **Requested Amount** |
| --- | --- | --- | --- | --- | --- | --- |
|       | $      to $      | $      | $      |      % |       | $      |
|       | $      to $      | $      | $      |      % |       | $      |

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: $

## Detailed Budget – State Fiscal Year Two (2)

**(07/01/2020 through 06/30/2021)**

**i. Personnel Costs**

| **Position Title** | **Monthly Salary Range** | **Monthly** | **Annual** | **FTE %** | **Months** | **Requested Amount** |
| --- | --- | --- | --- | --- | --- | --- |
|       | $      to $      | $      | $      |      % |       | $      |
|       | $      to $      | $      | $      |      % |       | $      |

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: $

## Detailed Budget – State Fiscal Year Three (3)

**(07/01/2021 through 06/30/2022)**

**i. Personnel Costs**

| **Position Title** | **Monthly Salary Range** | **Monthly** | **Annual** | **FTE %** | **Months** | **Requested Amount** |
| --- | --- | --- | --- | --- | --- | --- |
|       | $      to $      | $      | $      |      % |       | $      |
|       | $      to $      | $      | $      |      % |       | $      |

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: $

## 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**

$      (     %-     %)

Description of what is paid for with Fringe Benefits funds

**iii. Operating Expenses**

**Total Operating Costs: $**

Internet: Description

| Fiscal Year | Calculation | Cost |
| --- | --- | --- |
| Year 1  | $     /mo. x 1 month = | $      |
| Year 2 | $     /mo. x 12 months = | $      |
| Year 3 | $     /mo. x 12 months = | $      |

Space / Rent: Description

| Fiscal Year | Calculation | Cost |
| --- | --- | --- |
| Year 1  | $     /mo. x 1 month = | $      |
| Year 2 | $     /mo. x 12 months = | $      |
| Year 3 | $     /mo. x 12 months = | $      |

Printing/Duplication: Description

| Fiscal Year | Calculation | Cost |
| --- | --- | --- |
| Year 1  | $     /mo. x 1 month = | $      |
| Year 2 | $     /mo. x 12 months = | $      |
| Year 3 | $     /mo. x 12 months = | $      |

Subcategory: Description

| Fiscal Year | Calculation | Cost |
| --- | --- | --- |
| Year 1  | $     /mo. x 1 month = | $      |
| Year 2 | $     /mo. x 12 months = | $      |
| Year 3 | $     /mo. x 12 months = | $      |

**iv. Travel/Per Diem and Training**

**Total Travel: $**

Subcategory (e.g. Mileage): Description (e.g. This mileage will pay for \_\_\_)

| Fiscal Year | Calculation Methodology | Cost |
| --- | --- | --- |
| Year 1  |      miles/mo. x $     /mile x 1 month = | $      |
| Year 2 |      miles/mo. x $     /mile x 12 months = | $      |
| Year 3 |      miles/mo. x $     /mile x 12 months = | $      |

Subcategory: Description

| Fiscal Year | Calculation Methodology | Cost |
| --- | --- | --- |
| Year 1  |       | $      |
| Year 2 |       | $      |
| Year 3 |       | $      |

**v. Subcontracts and Consultants**

**Total Subcontracts/Consultants: $**

| Name  | Description of Duties | Cost |
| --- | --- | --- |
| Subcontractor Name | Description of duties to complete activities in the Work Plan per state fiscal year, total hours, and cost per hour | $      |
| Subcontractor Name | Description of duties to complete activities in the Work Plan per state fiscal year, total hours, and cost per hour | $      |
| Subcontractor Name | Description of duties to complete activities in the Work Plan per state fiscal year, total hours, and cost per hour | $      |

**vi. Other Costs**

**Total Other Costs: $**

Subcategory: Description

| Fiscal Year | Calculation Methodology | Cost |
| --- | --- | --- |
| Year 1  |       | $      |
| Year 2 |       | $      |
| Year 3 |       | $      |

Subcategory: Description

| Fiscal Year | Calculation Methodology | Cost |
| --- | --- | --- |
| Year 1  |       | $      |
| Year 2 |       | $      |
| Year 3 |       | $      |

Subcategory: Description

| Fiscal Year | Calculation Methodology | Cost |
| --- | --- | --- |
| Year 1  |       | $      |
| Year 2 |       | $      |
| Year 3 |       | $      |

**vii. Indirect Expenses**

**Total Indirect Costs: $**

**Description:** Description of what is paid for with Indirect Costs funds