Frequently Asked Questions on Evaluation Planning

1. What is evaluation?

Evaluation is a way of assessing how well a program, project, or some other activity is achieving or has achieved its objectives.

2. Why is evaluation important?

Good evaluation enables program and project managers and staffs, program administrators, funders, policymakers, and others to know whether their efforts are effectively accomplishing desired or expected results. With such knowledge, program and project activities can be adjusted and improved to better serve clients and communities, scarce resources can be used more effectively and efficiently, and results of challenges and accomplishments can be shared with others so that everyone can learn about and from their experiences. Without evaluation, it cannot be determined in a meaningful way whether a program, project, or activity is succeeding or failing and why.

3. Why is OMH requiring evaluation?

First of all, OMH is committed to evaluations that will demonstrate the effectiveness of the strategies, practices, and interventions that are supported by OMH funds, and that will 'grow the science' regarding 'what works' in improving the health and well-being of racial and ethnic minorities. Secondly, the Government Performance and Results Act of 1993 (GPRA) requires that Federal programs provide information about program goals, performance relative to program goals, and results regarding program effectiveness and cost efficiency in the spending of Federal funds. When OMH grantees are able to produce documented results showing how strategies and activities being funded contribute to OMH's objectives and goals, they support OMH's ability to comply with GPRA and demonstrate "returns on the investment" in the Office's grant programs. This further enables OMH to justify continued support for its grant programs and grantee efforts.

4. Are the steps and components outlined in OMH's evaluation planning *guidelines* required?

OMH's evaluation planning *guidelines* consist of very basic evaluation steps for developing an effective evaluation plan. The *Guidelines* were developed to help grant applicants improve the evaluation plans submitted as part of their grant applications. The fact that review of these plans is a part of the grant award decision-making process – and comprises 25% of the total score – reflects the importance of evaluation planning and implementation to OMH.

5.   What is *Healthy People 2020?*

Healthy People 2020 (*HP2020*) is a set of health objectives for the Nation to achieve over the second decade of this century (2011-2020). It can be used by many different people, States, communities, professional organizations, and others to help them develop programs to improve health. Like its predecessors, *Healthy People 2010, Healthy People 2000*, and the disease prevention/health promotion objectives laid out in the 1979 Surgeon General's Report, *HP2020* was developed through a broad consultation process, built on the best scientific knowledge, and designed to measure programs over time. More information about *HP2020* is available at http://www.healthypeople.gov/2020/.

The goals, objectives, and priorities established by OMH are intended to support the goals and objectives of *HP2020* and, therefore, where possible, efforts funded by OMH need to demonstrate their link to the relevant *Healthy People* goals and objectives.

Lastly, the CDC's National Center for Health Statistics maintains an online Health Indicators Warehouse, where you can locate data, per availability, for specific objectives by topical, geographic, and demographic categories. See http://www.healthindicators.gov/.

6.   What is the National Partnership for Action to End Health Disparities?

*   The *National Partnership for Action to End Health Disparities* (NPA) is an OMH-led strategy to mobilize, through systematic coordination and collaboration, a broad network of organizations and individuals to address the persistent health disparities that place a greater burden of preventable disease and premature death on racial/ethnic minorities in the U.S. The NPA has five main goals:

*   Increase awareness of the significance of health disparities, their impact on the nation, and the actions necessary to improve health outcomes for racial, ethnic, and other disparities populations;

*   Strengthen and broaden leadership for addressing health disparities at all levels

*   Improve health and healthcare outcomes for racial and ethnic minorities and for underserved populations and communities;

*   Improve cultural and linguistic competency and the diversity of the health-related workforce; and

*   Improve data availability and coordination, utilization, and diffusion of research and evaluation outcomes.

Prospective and current OMH grantees are considered to be part of this network of partners, and are expected to support selected NPA goals as appropriate.

7. **If objectives are supposed to be measurable, does that mean that they have to be quantitative (such as numbers of people served, numerical scores on questionnaires, or changes in health statistics)?**

No. Being "measurable" simply means being able to show, through the collection of data or information, that something is different from something else or how it has changed over time. A project objective is measurable if changes from the conditions described in baseline data can be shown in a convincing way. Some objectives describe things that can be counted (or that are quantitative), such as numbers of people receiving training; numbers of people receiving or providing particular kinds of services; numerical scores on questionnaires about people's knowledge, attitudes, or behavior; or, the numbers of people giving similar responses in interviews. Sometimes, however, measuring change is simply showing that something has been created that did not exist before, such as a new policy, a new organization, a new source of funding, a new training program, or a new building.

8. **What are baseline data?**

Baseline data are basic information or data that are available or can be collected before a program, project, or activity begins. Such data are used to provide a starting point against which to compare data collected later in the program, project, or activity in order to determine if there has been a change in specific conditions over time.

9. **What is the difference between an outcome and an impact?**

In evaluation, an outcome is generally used to describe a *short- or intermediate-term* result of an activity, such as changes in knowledge or attitudes, behavioral change, or policy changes. An impact is generally a *long-range* result of an activity and can be a direct or an indirect consequence of an activity. In evaluation, impacts are more desirable than shorter-term outcomes because they are more likely to show changes or improvements in health status.

10. **What is a performance measure?**

A performance measure is a particular value used to measure progress towards goals, and also to find ways to improve progress, reduce risks, or improve cost-effectiveness. A measure should represent the actual data or information that will be collected at the program or project level to measure the specific outputs, processes, outcomes, or impacts that the program/project is designed to achieve. Therefore, performance measures are generally developed for each program or project objective.

11.   What is a logic model?

A logic model is a tool that describes how a program or project should work, presents the planned activities for the program or project, and focuses on anticipated outcomes. They are called "logic" models because they are very useful in helping program or project planners and evaluators to identify and clarify the "logic" or rationale behind what is being done and how programs or projects should work. Logic models typically tie together: *long-term problem(s)* to be addressed; *factors* that must be addressed that contribute to the problem(s); *strategies and practices* and supporting resources that can be mobilized to address the factors and the problems; and *measurable outcomes and impacts* that can be expected to result from implementing the strategies and practices – as these relate to the long-term problem(s).

12.   What are the different types of evaluations that should be used?

Generally, there are five major types of evaluations used: (1) *process evaluation* which examines the tasks and procedures involved in implementing a program, project, or activities, including the administrative and organizational aspects of, and delivery procedures involved in, the efforts; (2) *outcome evaluation* which is used to obtain descriptive data on a program or project and to document (typically) short- and intermediate-term results; (3) *impact evaluation* which focuses on the long-range results of the program or project, and changes or improvements as a result (for e.g., long-term maintenance of desired behavior, reduced absenteeism from work, reduced morbidity and mortality); (4) *formative evaluation* which is typically conducted during the development (or formation) of a strategy, program, or product (including trained personnel) to assess (or 'test') their strengths and weaknesses before implementation; and (5) *summative evaluation* which looks at a combination of measures and conclusions for larger patterns and trends in performance, to assess, in summary, whether the program or project overall did what it was designed to do. A good evaluator can help grant applicants identify and select the types of evaluations and related methods needed to determine whether expected results have been achieved.

13.   Although pre- and post-activity assessments have been used in past or current evaluation efforts, it is often difficult to see evidence of achievement. Are there better ways to use such assessments for evaluation purposes?

Many times when responding to a pre-activity questionnaire or test instrument, people try to present the best possible image of themselves. As a consequence, the post-activity test instrument may show very little change. Such results are fairly common in evaluations of activities seeking changes in behavior. To be able to measure changes with less bias, an alternative approach may be to use the pre-activity survey retrospectively. That is, the pre-activity survey is not given until *after* the activity, and people are asked to *recall* their opinions or behavior before the activity. Then, the post-activity test instrument is administered. With this technique, the ability to identify and measure change may be improved.

14. What is the difference between a best practice and an evidence-based practice or strategy?

A *best practice* is a program, process, method, technique, or other activity for which effectiveness in achieving specified outcomes/impacts or objectives/goals has been demonstrated or suggested across a number of implementations and evaluations. A best practice may also refer to a way of accomplishing a task that has been determined to be most efficient (least effort or expenditure for result desired) or most effective (best result), based on *repeated use of the practice* for large numbers of people over time. An *evidence-based practice or strategy* is one in which the best *scientific or research evidence* of what is effective for a desired result has been integrated into the effort.

15. Obtaining evaluation expertise to prepare the grant application may be difficult. Is it really necessary?

Yes. Grant applications are more likely to be successful if proposals demonstrate that adequate and appropriate expertise will be available to the project to ensure that expected results can be identified, measured, and achieved. External evaluators are not required, but may be useful in the preparation of evaluation plans. Local colleges and universities with faculty, staff, and graduate students who are engaged in academic research are often good sources for such expertise. However, it is important for such individuals to also have knowledge and experience with the populations and health issues being addressed. Depending upon the culture or the primary language spoken by the target population(s) involved in the project, it may be necessary for the evaluators to also understand that culture and speak the language of the population(s) in question. Grant applicants should note that evaluation training and targeted technical assistance on evaluation are provided to new grantees by OMH contractors shortly after award.

16. Do evaluation results need to be submitted to OMH? If so, how are such results submitted?

All OMH grantees are required to submit program/project data and results via OMH's Performance Data System (PDS) and through requested reports. The PDS is OMH's web-based system for collecting and reporting performance data across all OMH-funded programs and projects. It is organized to reflect the logic depicted in the Strategic Framework for Improving Racial/Ethnic Minority Health and Eliminating Racial/Ethnic Health Disparities, and emphasizes outcome-oriented measures that are more clearly linked to OMH-wide outcomes and longer-term objectives and goals. Further details and training on the PDS and OMH reporting requirements will be provided to all new grantees at a time specified by OMH following grant awards.

17. Are there other resources that OMH would recommend to guide the development of our evaluation plan?

OMH's evaluation planning guidelines suggest several resources for more information on logic models. These include, but are not limited to:

- The University of Wisconsin-Extension web site at: http://www1.uwex.edu/ces/lmcourse

- http://www.uidaho.edu/extension/LogicModel.pdf

- http://www.wkkf.org/knowledge-center/resources/2006/02/WK-Kellogg-Foundation-Logic-Model-Development-Guide.aspx
- In addition, the Centers for Disease Control and Prevention provides a set of evaluation resources in a variety of topical areas, available at: http://www.cdc.gov/eval/resources/index.htm.

Office of Minority Health -- Division of Program Operations

NON-COMPETITIVE CONTINUATION APPLICATION
GUIDELINES

for

State Partnership Initiative to Address Health Disparities

Year 03

Due Date: May 15, 2017
(Progress Report: 1 - 3rd Quarter: August 1, 2016 – April 30, 2017)

Performance Data System Report Due Date: June 23, 2017

Program Guidelines have been prepared to assist the grantees in the preparation of the noncompeting continuation application. The continuation application is used by the Office of Minority Health (OMH) to review the funding request for the **03 Year, 08/01/17 – 07/31/18** budget period of the project. This continuation announcement is subject to the appropriation of funds. The information provided in the program guidelines is supplementary instructions to the "General Information and Instructions for Grant Application" on page 1 of Standard Form 424.

APPLICATION KIT

You may find your non-competing continuation application kit in GrantSolutions.gov. The application kit includes the following pre-determined fields:
- **Online Forms**
    - SF-424 – Application for Federal Assistance: Complete all 18 items. As a reminder, this program is covered by Executive Order 12372. Contact the Single Point of Contact (SPOC) as indicated on the enclosed listing of instructions.
    - SF-424A – Budget Information Non-Construction Program
    - SF-424B – Asssurances Non-Construction Program
    - SF-LLL – Disclosure of Lobbying Activities

- **Program Narrative**
    - Program Narrative – upload the work plan for the upcoming budget year

    - Budget Narrative – upload the (1) detailed budget and (2) budget narrative justification for the upcoming budget year

- **Miscellaneous Information** – upload any documents to include in the Appendix

PROGRAM NARRATIVE

The grant number, name of the grantee organization, address, telephone number, name of the Project Director, and the name of the preparer should be provided on the first page of the narrative section.

The Program Narrative consists of three sections: Progress Report, Program Data and Program Plan. The Progress Report describes the activities conducted during the reporting period. The Program Data consists of data collected during the reporting period, and is reported via the Performance Data System (PDS) (see page 6). The Program Plan describes the activities to be carried out during **Year 03** of the project period.

PART I: PROJECT PROGRESS (Begin on Separate Page)

Part I of the Quarterly Project Report focuses on planning and implementation of project interventions and corresponding evaluation design, data collection protocols, instrument and testing tools, and/or other efforts underway or completed to support and document evaluation of intervention effectiveness.

1. **Project Background and Context** – As context for the discussion on project progress to follow, outline the problems and contributing factors being addressed by the project, project objectives, expected outcomes and impacts, measures to assess results, and relationship of project efforts. If there have been no changes to the objectives, expected results, and measures, then this information should not change from quarter to quarter. However, any changes should be described and their significance explained as indicated and appropriate.

   A. Problems and contributing factors being addressed by the project

   B. Project objectives

      (1) Describe briefly the project's originally stated objectives

      (2) Describe changes or modifications, if any, made to the original objectives and the significance of these changes.

   C. Desired/expected results (outputs, outcomes, impacts, and measures to assess such results) Discuss the progress made toward achieving the following project results that relates to your project:

      • Health Disparities Profile (Year 1):
         o Collection and analysis of surveillance data, vital statistics needs and epidemiologic studies.
         o Establishment of baseline measures for Leading Health Indicators (LHI) for the identified geographical hotspots.

      • Implementation Plan (Year 1-5):
         o Status implementation plan to improve health outcomes and address health disparities (using baseline data measures from the Health Disparities Profile).
         o Contribution of internal and external partners to the project to improve health outcomes.
         o Status of activities conducted by sub-grantees to implement the project.

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- Number and type of organizations participating in training/technical assistance/consultation activities
- Number and nature of training/education/outreach activities conducted (e.g., print/broadcast/social media campaigns, outreach events).
- Number of individuals attending training/educational/outreach activities and events.
- Number of individuals receiving screenings and referrals/linkages to support and treatment services as a direct result of the implemented plan.
- Number of audience reached for print/broadcast/social media campaigns.
- Number of formal partnerships established to implement project activities.
- Comparison of baseline data on the one to three targeted leading health indicator.
- Tracking of outcome measures an comparison of baseline data on LHI topics and the interventions in order to show changes in the health disparity(ies) and/or leading health indicator(s) by the end of the fifth year of the grant.

(1) Describe briefly the expected tangible results of the project, including a summary of the process and outcome measures for each of the project's objectives.

(2) Identify the measures being used for the desired or expected outputs, outcomes, and impacts of the project, including:

    a. **Other OMH-specified or grant program-specific performance measures:**

- Increased awareness of health disparities;
- Increased knowledge of health disparities, LHIs and geographical areas of the most affected minority and vulnerable populations;
- Improved coordination, collaboration and linkages among state/tribal partners and/or local partners to address health disparities;
- Increased preventive health screening, disease intervention and management and linkages to care;
- Increased access to public health and/or social services;
- Improved health outcomes for program participants; and/or
- Reduction in rates of disease and/or contributing factors.

D. Other Related Changes or Modifications

(1) Describe briefly any other changes made to the project's originally stated problems, contributing factors, expected results, measures of results, and long-term objectives and goals towards which results will contribute.

(2) Describe the significance of these changes.

2. **Project Progress on Interventions & Evaluation of Effectiveness** - Describe, in detail, the progress made during this reporting period on the planned approach (as laid out in the work plan) in relation to the problems and contributing factors being addressed by the project, partnerships established and/or partnership efforts effected to achieve project outcomes and results, and data collection and evaluation activities planned or conducted to enable a determination of intervention effectiveness by the project's completion. If there have been changes or modifications to the work plan and the conduct of the project, these changes also need to be identified and their significance explained.

A. Strategies/Practices or Interventions

(1) Describe the planning, implementation, or completion during the reporting period of project activities related to the strategies/practices or interventions employed to achieve the intended project outcomes and results. Specifically, the approach to the project (as laid out in the work plan) – and the nature and extent of the strategies and practices -- conducted during the reporting period should be identified and described.

(2) Describe any changes or modifications in conducting the project as laid out in the work plan and the significance of such changes or modifications in terms of expected results.

B. Partnership Efforts

Describe partnership efforts planned, conducted, and/or completed during the reporting period.

C. Data Collection and Evaluation

Project progress should also describe efforts made during the reporting period relative to the approach to evaluation (i.e., how effectiveness of interventions conducted will be measured, monitored, and documented).

Outline the progress made in implementing the evaluation plan initially submitted with the grant application and subsequently reviewed by OMH's Evaluation Technical Assistance Center (ETAC) staff, in accordance with the *OMH Evaluation Planning Guidelines for Grant Applicants*. The status report should include actions taken to address issues raised about the planned approach to evaluation in initial and quarterly consultations with ETAC staff.

(1) If there have been changes in your logic model (Step 5 of the *Evaluation Planning Guidelines*) that are particularly related to evaluation, describe the changes and their rationale and provide an updated logic model.

(2) Describe efforts to plan, implement, and complete data collection forms and protocols; needs assessments; evaluation methods; evaluation tools, instruments, and guidelines; data analysis; and identification of tangible results to date.

(3) Include a discussion of the kinds of data collected or to be collected for each of the project's performance measures and any efforts to date to review and analyze performance and evaluation data already available.

(4) Note any expected project outcomes and results for which there are no measures, and identify those process and outcome measures, if any, for which data are not available and not being collected.

(5) Describe any tangible accomplishments, outcomes, and other results achieved during the reporting period in conducting and completing strategies/practices or interventions and evaluating the effectiveness of such interventions.

(6) Identify and describe any project findings that have been presented, published, and/or otherwise disseminated nationally.

3. **Project Data** - It is critical that data on project activities and results be collected and provided to OMH for the purpose of documenting and demonstrating the overall effectiveness of grantee projects.

   A. **Performance Data System**

   OMH's web-based PDS is designed to support the ability to capture standardized, "core" data about grantee organizations as well as selected process and outcome data related to grantee project activities and results. Grantees are required to enter data into the web-based PDS and submit the project data to OMH's support contractor (NORC at the University of Chicago) by specified due dates. Note the PDS portal is open June 6 – 23, 2017. **For this quarter's PDS report, the due date is June 23, 2017**, for **3rd Quarter FY 2017.** The PDS may be accessed at: https://omh.norc.org. For assistance in accessing the site or entering data, please contact the NORC Helpdesk via e-mail at pds@norc.org or via (toll-free) phone at 1-888-257-7208.

   Please note that the PDS is not the sole source for reporting data on project activities.

   B. **Additional Data Outcomes**

   In addition, grantees need to be collecting, monitoring, and reporting on data for other

OMH-specific or grant program-specific performance measures identified in the Program Guidelines as well as for other grantee project measures being used by the grantee organization.

Technical assistance on data collection and evaluation of project efforts to demonstrate intervention effectiveness is available through OMH's ETAC.

4. **Related Products** –Describe all products developed or modified using grant funds that are directly related to project activities, including evaluation efforts, and attach copies.

    (1) Strategies/Practices & Interventions – e.g., informational materials, training manuals, media samples

    (2) Data Collection & Evaluation – e.g., data collection forms and protocols, evaluation design and protocols, evaluation and assessment tools, survey instruments, data analysis plans

    (3) Presentations, Publications, Dissemination of Results, and Materials – e.g., slides or talking points of presentations at workshops or scientific conferences; articles in newsletters, magazines, or journals; spotlights and web pages on grantee, OMH, and other web sites

Note: The extent to which the grantee can demonstrate progress in meeting project and overall program outcomes will be considered for any future OMH competitive funding.

PART II: PROJECT ADMINISTRATION AND MANAGEMENT (Begin on Separate Page)

Part II of the Quarterly Progress Report emphasizes managerial and other aspects of the project not specifically related to the implementation of grantee evaluation plans or subsequent data analysis, reporting, and dissemination. This includes, but is not limited to, project management changes and challenges, personnel issues, modifications to previously approved project plans and partnerships, and related documentation or other supplementary information as appropriate.

1. **Personnel Matters** -- Summarize the status of the project's staffing situation, including key staff vacancies, efforts to fill these vacancies, and changes in key personnel during the reporting period. If there have been staffing changes, provide the current project organizational chart with titles and names of incumbents, including evaluation specialist(s). Provide resumes for any new key staff (if not previously provided).

2. **Partnerships** -- Describe the role of each partner for this reporting period. Discuss the activities relative to the project carried out during the reporting period by each partner.

Discuss changes, if any, (e.g. change of membership in the partnership, change in roles) that occurred during the reporting period.

3. **Other Administrative/Management Issues** -- Discuss any current or anticipated problems and include strategies for resolution.

4. **Related Products** — Describe and provide copies of products developed, modified, or otherwise used in the planning, administration, and management of the grant during the reporting period. Examples of such products – not related to project intervention and evaluation activities described in Part I of the Quarterly Progress Report – include, but are not limited to resumes, memorandums of agreement, and subcontracts.

5. **Other Matters** -- Provide any other programmatic information, materials, questions, or recommendations developed under the grant during the reporting period.

PART III: PROGRAM PLAN FORMAT (Begin this section on a new page.)

YEAR 03 – August 1, 2017 – July 31, 2018

1. **Project Objectives, Activities and Implementation Plan:** Describe the activities for **Year 03** in relation to the objectives and provide a detailed project time line. Discuss the type of planned community intervention(s) focusing on gaps in health (e.g., using surveillance, screening, testing, and outreach, linkage to services and follow-up, and education of clients/family/gatekeepers/community). Describe what internal and external partners will do to contribute to the project to improve health outcomes. If sub-grantees will be used to implement activities, the continuation application must describe what specific activities they will perform to implement the project, and the oversight provided by the grantee organization. Any proposed modifications to previously approved project activities must be described and justified.

2. **Target Population:** Provide the number of individuals targeted to participate in the activities/intervention strategies in the **03 Year**. Provide the projected number of service providers and/or staff to be trained, if applicable, in the **03 Year**.

3. **Partners:** Describe and justify any plans for change in the current partner organizations for **Year 03**. If a change in partners or partner organization roles occurs, include a revised Memoranda of Agreement which reflects the changes. The agreement must be signed by a representative from each member organization.

4. **Personnel/Management:** Describe any projected changes in the personnel/management system anticipated for **Year 03**.

5. **Evaluation:** Describe in detail the plan for continuing to measure and monitor progress and

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performance - and for ensuring evaluation and reporting of the effectiveness of OMH-funded efforts - in meeting project objectives and outcomes by the end of the **Year 03**. Discuss plans for collecting and analyzing baseline and outcome data, and describe instruments to be used to measure performance and progress. Discuss plans to measure increases in service delivery of targeted population. Identify staff that will be responsible for continued evaluation planning, monitoring, and implementation activities.

6. **Publish Results/Articles:** Grantees are expected to publish results or articles that provide objective data demonstrating a change through a comparative analysis from the established baseline in health disparities (e.g., rate of emergency room visits, screenings for Hepatitis B and C among minorities, vaccine uptake, weight reduction, links to primary care medical homes, and sentinel surveillance projects for racial and ethnic minority populations); and conduct presentations, and publish results and/or scholarly articles about the project. *Describe your 03 Year plan to conduct briefings, presentations, disseminate and/or publish results.*

7. **Program Sustainability:** Describe plans for obtaining resources to continue the project beyond the project period.

8. **Appendices:** Provide supplementary information as appropriate.

PART IV. BUDGET and BUDGET NARRATIVE GUIDANCE FOR NON-COMPETING CONTINUATION APPLICATIONS

You should develop your budget and budget narrative for a total budget that is equal to the amount shown in Box 14 of your Notice of Award, "Recommended Future Support". You must complete the required budgetary forms (SF-424A) and submit a budget narrative with detailed justification as part of your continuation application. You must enter the project budget on the Budget Information Non-construction Programs standard form (SF 424A) according to the directions provided with this standard form. The budget narrative consists of a detailed line-item budget that includes calculations for all costs and activities by "object class categories" identified on the SF-424A and justification of the costs. You must indicate the method you are selecting for your indirect cost rate. See Indirect Charges below for further information.

Project budget calculations in your budget narrative must include estimation methods, quantities, unit costs, and other similar quantitative detail sufficient to verify the calculations.
You must provide an object class category budget using Section B, box 6 of the SF 424A for the next year of the proposed project that matches your budget narrative. Your budget narrative with line-item detail, for the next year of the proposed project, should discuss the necessity, reasonableness, and allocation of the proposed costs.

If matching or cost sharing is required, you must include a detailed listing of any funding sources identified in box 18 of the SF-424 (Application for Federal Assistance).

Your budget narrative should justify the overall cost of the project as well as the proposed cost per activity, service delivered, and/or product. For example, the budget narrative should define the amount of work you have planned and expect to perform, what it will cost, and an explanation of how the result is cost effective. For example, if you are proposing to provide services to clients, you should describe how many clients are you expecting to serve, the unit cost of serving each client, and how this is cost effective. If this analysis differs significantly from that provided in your original proposal or subsequent continuation applications, explain the difference.

Use the following guidelines for preparing the detailed object class budget required by box 6 of the SF-424A. The object class budget organizes your proposed costs into a set of defined categories outlined below. Both federal and non-federal resources (when required) must be detailed and justified in the budget narrative. "Federal resources" refers only to the HHS/OASH grant funds for which you are applying. "Non-federal resources" are all other non-HHS/OASH federal and non-federal resources. We recommend you present budget amounts and computations in a columnar format: first column, object class categories; second column, federal funds requested; third column, non-federal resources; and last column, total budget. Note, subrecipient/contract and consultant detailed costs should all be included in those specific line items, not in the overall project object class line items, i.e., subrecipient travel should be included in the Contractual line item not in Travel.

Object Class Descriptions and Required Justifications

Personnel Description: Costs of staff salaries and wages, excluding benefits.

Personnel Justification: Identify the project director or principal investigator, if known at the time of application. Provide a separate table for personnel costs detailing for each proposed staff person: the title; full name (if known at time of application), time commitment to the project as a percentage or full-time equivalent: annual salary and/or annual wage rate; federally funded grant salary; non-federal grant salary, if applicable; and total salary. No salary rate may exceed the statutory limitation in effect at the time you submit your application (see D.6 Funding Restrictions, Salary Limitation for details). Do not include the costs of consultants, personnel costs of delegate agencies, or of specific project(s) and/or businesses to be financed by the applicant. Contractors and consultants should not be placed under this category.

Fringe Benefits Description: Costs of employee fringe benefits unless treated as part of an approved indirect cost rate.

Fringe Benefits Justification: Provide a breakdown of the amounts and percentages that comprise fringe benefit costs such as health insurance, Federal Insurance Contributions Act (FICA) taxes, retirement insurance, and taxes.

Travel Description: Costs of travel by staff of the applicant organization.

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Travel Justification: For each trip, show the date of the proposed travel, total number of traveler(s); travel destination; duration of trip; per diem; mileage allowances, if privately owned vehicles will be used; and other transportation costs and subsistence allowances.

Equipment Description: "Equipment" means an article of nonexpendable, tangible personal property having a useful life of more than one year per unit and an acquisition cost that equals or exceeds the lesser of: (a) the capitalization level established by the organization for the financial statement purposes, or (b) $5,000. (Note: Acquisition cost means the net invoice unit price of an item of equipment, including the cost of any modifications, attachments, accessories, or auxiliary apparatus necessary to make it usable for the purpose for which it is acquired. Ancillary charges, such as taxes, duty, protective in-transit insurance, freight, and installation, shall be included in or excluded from acquisition cost in accordance with your organization's regular written accounting practices.)

Equipment Justification: For each type of equipment requested applicants must provide a description of the equipment; the cost per unit; the number of units; the total cost; and a plan for use of the equipment in the project; as well as a plan for the use, and/or disposal of, the equipment after the project ends. An applicant organization that uses its own definition for equipment should provide a copy of its policy, or section of its policy, that includes the equipment definition; include this with your Budget Narrative file. Reference the policy in this justification and include the policy copy in your Budget Narrative file (not your appendices).

Supplies Description: Costs of all tangible personal property other than those included under the Equipment category. This includes office and other consumable supplies with a per-unit cost of less than $5,000.

Supplies Justification: Specify general categories of supplies and their costs. Show computations and provide other information that supports the amount requested.

Contractual Description: Costs of all contracts or subawards for services and goods except for those that belong under other categories such as equipment, supplies, construction, etc. Include third-party evaluation contracts, if applicable, and contracts or subawards with subrecipient organizations (with budget detail), including delegate agencies and specific project(s) and/or businesses to be financed by the applicant. This line item is not for individual consultants.

Contractual Justification: Demonstrate that all procurement transactions will be conducted in a manner to provide, to the maximum extent practical, open, and free competition. Recipients and subrecipients are required to use 45 CFR § 75.328 procedures and must justify any anticipated procurement action that is expected to be awarded without competition and exceeds the simplified acquisition threshold fixed by 41 U.S.C. § 134, as amended by 2 CFR § 200.88, and currently set at $150,000. Recipients may be required to make pre-award review and procurement documents, such as requests for proposals or invitations for bids, independent cost estimates, etc., available to HHS/OASH.

Note: Whenever you intend to delegate part of the project to another agency, the applicant must provide a detailed budget and budget narrative for each subrecipient/contractor, by agency title, along with the same supporting information referred to in these instructions. If you plan to select the subrecipients/contractors post-award and a detailed budget is not available at the time of application, the applicant must provide information on the nature of the work to be delegated, the estimated costs, and the process for selecting the delegate agency.

Other Description: Enter the total of all other costs. Such costs, where applicable and appropriate, may include but are not limited to: consultants; insurance; food (when allowable); participant support costs; professional services (including audit charges); space and equipment rent; printing and publication; training, such as tuition and stipends; staff development costs; and any other costs not addressed elsewhere in the budget.

Other Justification: Provide computations, a narrative description, and a justification for each cost under this category.

Indirect Charges Description: Total amount of indirect costs. This category has one of two methods that an applicant may select. You may only select one. For either method, you must show your calculation of the direct cost lines included in the base multiplied by the applicable indirect rate. If you are not using an indirect rate, all costs must be charged to direct cost line items.

1) Your organization currently has an indirect cost rate approved by the Department of Health and Human Services (HHS) or another cognizant federal agency. You should enclose a copy of the current approved rate agreement. If you request a rate that is less than allowed, your authorized representative must submit a signed acknowledgement that the organization is accepting a lower rate than allowed.

2) Per 45 CFR § 75.414(f) Indirect (F&A) costs, "any non-Federal entity [i.e., applicant] that has never received a negotiated indirect cost rate, … may elect to charge a de minimis rate of 10% of modified total direct costs (MTDC) which may be used indefinitely. As described in § 75.403, costs must be consistently charged as either indirect or direct costs, but may not be double charged or inconsistently charged as both. If chosen, this methodology once elected must be used consistently for all Federal awards until such time as a non-Federal entity chooses to negotiate for a rate, which the non-Federal entity may apply to do at any time."
This method only applies to applicants that have never received an approved negotiated indirect cost rate from HHS or another cognizant federal agency. Applicants awaiting approval of an indirect cost rate may request the 10 percent de minimis. When the applicant chooses this method, costs included in the indirect cost pool must not be charged as direct costs to the grant.

Program Income Description: Program income means gross income earned by your organization that is directly generated by this project if funded except as provided in 45 CFR § 75.307(f). Program income includes but is not limited to income from fees for services performed or the use

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or rental of real or personal property acquired under the award. Interest earned on advances of Federal funds is not program income. Except as otherwise provided in Federal statutes, regulations, or the terms and conditions of the Federal award, program income does not include rebates, credits, discounts, and interest earned on any of them. See also 45 CFR §§ 75.307, 75.407 and 35 U.S.C. §§ 200-212 (applies to inventions made under Federal awards).

Program Income Justification: Describe and estimate the sources and amounts of Program Income that this project may generate if funded. Unless being used for cost sharing, if applicable, these funds should not be added to your budget. This amount should be reflected in box 7 of the SF-424A.

Non-Federal Resources Description: Amounts of non-federal resources that will be used to support the project as identified in box 18 of the SF-424. For all federal awards, any shared costs or matching funds and all contributions, including cash and third-party in-kind contributions, must be accepted as part of the recipient's cost sharing or matching when such contributions meet all of the criteria listed in 45 CFR § 75.306. For awards that require matching by statute, recipients will be held accountable for projected commitments of non-federal resources in their application budgets and budget justifications by budget period or by project period for fully-funded awards, even if the justification by budget period, or by project period for fully-funded awards, exceeds the amount required. A recipient's failure to provide the required matching amount may result in the disallowance of federal funds. If you are funded, you will be required to report these funds on your Federal Financial Reports. For awards that do not require matching or cost sharing by statute, where "cost sharing" refers to any situation in which the recipient voluntarily shares in the costs of a project other than as statutorily required matching and are accepted by HHS/OASH, we will include this non-federal cost sharing in the approved project budget and the recipient will be held accountable for the non-federal cost-sharing funds as shown in the Notice of Award (NOA). A recipient's failure to provide voluntary cost sharing of non-federal resources that have been accepted by HHS/OASH as part of the approved project costs and that are shown as part of the approved project budget in the NOA may result in the disallowance of federal funds. If you are funded, you will be required to report these funds on your Federal Financial Reports.

Non-federal Resources Justification: You must provide detailed budget information for every funding source identified in box 18. "Estimated Funding ($)" on the SF-424. Provide this documentation as part of your Budget Narrative file, not your Appendices.
You must fully identify and document in your application the specific costs or contributions you propose in order to meet a matching requirement. You must provide documentation in your application on the sources of funding or contribution(s). In-kind contributions must be accompanied by a justification of how the stated valuation was determined. Matching or cost sharing must be documented by budget period (or by project period for fully-funded awards).

Estimated Unobligated Balance
You must provide an estimated unobligated balance separate from your proposed budget at the amount provided by in this guidance. You must explain why an unobligated balance exists. If you

are requesting to use the unobligated balance in the upcoming budget year, you must:
a) indicate how you will use the unobligated funds;
b) provide a revised budget and budget narrative for these funds;
c) indicate the impact on the project if the funds are used to offset funding rather than add to funding; and,
d) if applicable, indicate how you will meet the increased amount of matching or cost sharing.

The detailed budget and budget justification should be uploaded in the Budget Narrative section of the application kit in Grantsolutions.

Part IV. APPLICATION SUBMISSION

Grantees must submit their **Continuation Applications** electronically via GrantSolutions by 6:00 p.m. Eastern Time on **May 15, 2017**. Please refer to your GrantSolutions manual for instructions (page 47). If you have any questions, you should contact the GrantSolutions Help Desk at 1-866-577-0771 or 202-401-5282 ext. 142, or help@GrantSolutions.gov. The Help Desk hours of operation are 10:00 a.m. - 6:00 p.m. (Eastern Daylight Time) Monday - Friday.

All pages of the uploaded document must be numbered clearly and sequentially beginning with the Table of Contents. The narrative should be typed double-spaced, no smaller than 12 pitch font, and contain 1"margins. The Quarterly Progress Report is not to exceed 40 pages.

Late submission of the Continuation Application may result in the placement of restrictions on the continuation award.

Technical Assistance
For questions on the budget and business aspects of the Continuation Application, please contact your assigned grants management specialist:

Grants STTPMP151102 – 12, DeWayne Wynn, on 240-453-8453 or DeWayne.wynn@hhs.gov.

Grants STTMP151113- 22: Eleanor Walker, Grants Management Specialist, on 240-453-8822 or **Eleanor.Walker@hhs.gov**. For questions related to the program or assistance in preparing the Continuation Application, please contact your project officer via email **Makeda.Harris@hhs.gov** or via phone 240-453-8444.