



2024 Request for Applications

Innovations to Improve and Increase the Delivery of
Person-Centered Dementia-Specific Respite Care

March 1, 2024

**Updated March 19, 2024*

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Purpose:

The Center for Dementia Respite Innovation is funded by the Administration for Community Living (ACL) under the direction of Dr. Sam Fazio at the Alzheimer's Association. This Request for Application (RFA) aims to enable community-based respite programs to develop or improve the delivery of person-centered dementia care with a focus on innovation, collaboration, outcomes, accessibility, affordability, and sustainability.

Respite care "provides caregivers a temporary rest from caregiving, while the person living with Alzheimer's or other related dementia continues to receive care in a safe environment. Respite services may be provided for varied lengths of time and in a variety of settings" (Alzheimer's Association, 2024).

Eligibility: Local respite providers and organizations with existing programs or those prepared to launch a new respite program. Organizations providing services to underrepresented communities are strongly encouraged to apply.

- Domestic public or private for-profit or non-profit entities, including state and local governments, Indian tribal governments and organizations, faith-based organizations, community-based organizations, hospitals, and higher education institutions. Other organization types will be considered on a case-by-case basis.
- Currently providing, or prepared to provide, dementia-related respite services.
- Ability to identify a specific staff member in leadership to actively and fully participate in all aspects of this initiative.
- Ability to attend and participate in all learning and support activities.
- Commitment to abiding by all terms and conditions set out in the program award.
- Ability to contribute the required match, equal to not less than 25% of the individual organization's total award.

RFA Release Date: March 1, 2024

Information and Support Webinar: March 14, 2024 at 1 PM ET. Recording posted on the webpage

Optional Letter of Intent Due Date: March 21, 2024, at 11:59 PM ET

Application Due Date: June 1, 2024, at 11:59 PM ET

Award Notification Date: July 1, 2024

Participation Period: August 1, 2024, through July 30, 2025, with the potential opportunity to apply for future continuation awards

Available Awards: A maximum of 20 grants will be awarded each year totaling 4 million dollars.

Start-Up Awards: \$50,000-\$149,000

Pilot Awards: \$150,000-\$250,000

Continuation Awards: \$150,000-\$250,000 (*Available starting in 2025 after completion of either a Start-Up or Pilot Award)

Contact: cdri@alz.org

1. GRANT OVERVIEW

1.1. Background

- 1.1.1. More than six million Americans are living with Alzheimer’s disease today, and this number is projected to increase to nearly 13 million by 2050. The sixth leading cause of death in the United States, Alzheimer’s disease has an average duration of four to eight years, with some individuals living as long as twenty years post-diagnosis. In a progressive disease, symptoms gradually worsen over time. African Americans are about twice as likely, and Hispanics about one and a half times as likely, to receive a diagnosis compared to Whites (Alzheimer’s Association, 2022).
- 1.1.2. More than 11 million Americans provide care to family members and friends living with Alzheimer’s disease and related dementias (ADRD), the majority of whom (66%) live with the person living with dementia (PLWD) in the community. Caregivers of people with ADRD provide more care for a longer period of time than caregivers of older adults with other conditions (Alzheimer’s Association, 2022). Such intensive, continuously changing, and lengthy caregiving results in significant physical, mental, social, and financial strain, and impacts the family’s ability to provide care.
- 1.1.3. An important way to help reduce the burden of unpaid caregivers is through respite. Respite is planned or emergency caregiving breaks provided to an unpaid caregiver. Traditional respite models include adult day services and in-home and residential respite services for short stays. Caregivers respond positively to respite and their usage increases over time, once they understand its benefits. Caregivers who take advantage of respite report decreases in burden and improvements in their ability to continue providing care. Importantly, respite use is linked to a lower desire to place people living with dementia in nursing homes and allows people to remain in their homes and communities for as long as possible. Barriers to respite use include availability and access to services, costs, flexibility and quality, and public awareness of the benefits of participation.
- 1.1.4. Caregivers from underrepresented groups utilize respite at lower rates. Compared to Whites, Hispanic, Black, and Asian American dementia caregivers report less outside help or formal service use, and Black caregivers of persons living with dementia are 69% less likely than White caregivers to use respite services. Barriers can include a lack of available and culturally competent programs, bilingual professionals, advertisements, and educational materials, as well as poor or no incorporation of cultural customs into outreach, service design, and implementation. Beliefs and values about family obligations and their traditional roles (on the part of the caregiver and/or the PLWD) can also be a barrier to usage.

- 1.1.5. The Alzheimer’s Association has been awarded a \$25 million grant from the Administration for Community Living, a U.S. Department of Health and Human Services division, to enhance respite services for dementia caregivers nationwide. This funding will establish a Center for Dementia Respite Innovation to fund new respite innovation projects nationwide. Over the course of five years, the Center will award \$20 million in competitive grants to respite care providers that propose to improve the quality of their services. The Center will collect data and study the outcomes of these improvement projects to inform public policy. The Center will support grant recipients through online training and ongoing technical assistance to ensure that respite services are dementia-capable, especially in diverse and underserved communities.

1.2. Program Lead and Partners

- 1.2.1. The **Alzheimer’s Association** is a worldwide voluntary health organization in Alzheimer’s care, support, and research. The mission of the Alzheimer’s Association is to lead the way to end Alzheimer’s and all other dementia — by accelerating global research, driving risk reduction and early detection, and maximizing quality care and support. The Alzheimer’s Association is acting as lead for the Center for Dementia Respite Innovation.
- 1.2.2. **USAging** represents and supports the nation’s 617 Area Agencies on Aging (AAAs) and advocates for the more than 270 Title VI Native American Aging Programs. USAging and members work to improve the quality of life and health of older adults and people with disabilities, including supporting people with chronic illness, PLWD, family caregivers, and others who want to age well at home and in the community. Their members are the local leaders that develop, coordinate, and deliver a wide range of home and community-based services such as information and referral/assistance, case management, home-delivered and congregate meals, in-home services, caregiver supports including respite, transportation, evidence-based health and wellness programs, long-term care ombudsman programs and more.
- 1.2.3. The **University of Minnesota (UMN)** is one of the most comprehensive universities in the US, with more than 370 fields of study and over 65,000 students. The School of Public Health is among the top schools of public health in the nation. The School has strong links to the community and around the globe and has ranked in the top ten among public university schools of public health in total grants and contracts.

1.3. Definitions

- 1.3.1. **Respite care** “provides caregivers a temporary rest from caregiving, while the person living with Alzheimer’s or other related dementia continues to receive

care in a safe environment. Respite services may be provided for varied lengths of time and in a variety of settings" (Alzheimer's Association, 2024).

- 1.3.2. **Innovation** is defined as the introduction of something new. This includes developing or incorporating new projects. A project that meets any of the following criteria could be considered innovative:
1. New to the geographic area
 2. Addresses an unmet community need
 3. Solves a problem in a new way
 4. Utilizes a new service delivery method (The Jewish Federations of North America, 2023)
- 1.3.3. **Dementia** is a general term for loss of memory, language, problem-solving, and other thinking abilities that are severe enough to interfere with daily life. Alzheimer's is the most common cause of dementia (Alzheimer's Association, 2024).
- 1.3.4. **Dementia-capable** is defined as being skilled in identifying people with dementia or possible dementia and working effectively with them and their caregivers, being knowledgeable about the kinds of services needed, and being able to inform, refer to, or provide such services. (adapted from CDC).
- 1.3.5. **Person-centered care** is defined as a philosophy of care built around the needs of the individual and contingent upon knowing the person through an interpersonal relationship (Fazio et al., 2018).
- 1.3.6. An **underrepresented group** describes a subset of a population with less than adequate or sufficient representation in a group, profession, etc. (Alzheimer's Association, 2023).
- 1.3.7. With regard to health services, **underserved** refers to disadvantaged populations because of ability to pay, ability to access care, ability to access comprehensive healthcare, or other disparities for reasons of race, religion, language or social status (Alzheimer's Association, 2023).
- 1.3.8. In Health, United States, **unmet need** is defined as delay or nonreceipt of needed medical care, nonreceipt of needed prescription drugs, or nonreceipt of needed dental care during the past 12 months due to cost (CDC, 2023).

1.4. Request for Proposals

The Center seeks applications from existing or future providers of *respite care services* across the United States to develop *innovative, dementia-capable, and person-centered programs or services that benefit people living with dementia and their caregivers.*

- 1.4.1. Each year of the initiative (5 years total), an estimated twenty (20) respite providers will receive funding for one year to support activities described in the

proposal. Funds will be disbursed quarterly upon invoicing of costs and outline of completed deliverables.

1.4.2. Applicants will identify key program and innovation/improvement goals as they relate to dementia respite care. These can include staff training, using a new (evidence-based) intervention strategy, partnership development with a local healthcare or other community-based system, integration with faith-based organizations, expanded locations, flexible hours, etc., and any combination of these. This ground-up approach encourages providers to identify the development, enhancements, and program sustainability that best fits their populations, staff, and communities.

1.4.3. Applicants are required to provide a comprehensive, detailed budget. A [budget template](#) is provided for drafting purposes. Please download a copy to excel for your drafting process. The final budget will be inputted into the application submission platform. The total project period for an application submitted may not exceed the single-year grant budget outlined below for the type of award requested.

1.5. Eligibility

1.5.1. Organizations must:

- Be domestic public or private non-profit entities including state and local governments, Indian tribal governments and organizations (American Indian/Alaska Native/Hawaiian Native/Native American), faith-based organizations, community-based organizations, hospitals, and institutions of higher education
- Be licensed or certified and in good standing with the appropriate organization (if applicable based on state requirements).
- Have demonstrated capacity to provide culturally competent dementia-specific respite services, ensuring sensitivity to the diverse and/or underrepresented needs of the communities served.
- Establish and maintain collaborative partnerships with relevant community stakeholders.
- Demonstrate commitment to continuous quality improvement in respite services, with consideration of incorporating technical assistance feedback and implementing best practices.
- Commit to providing accessible respite services, including considerations for individuals with disabilities or other accessibility needs.
- Include innovative approaches and creative solutions to enhance respite services for individuals with dementia and their caregivers.
- Commit to timely and transparent reporting on respite service activities, challenges, and successes.
- Fulfill the matching requirements outlined in the initiative by leveraging cash and in-kind resources.

- Understand program deliverables are not proprietary and deliver all tools, training, resources, and manuals created through this funding to be publicly available, including posting on the ACL National Alzheimer’s and Dementia Resource Center website.
- 1.5.2. No more than 30% of funding will be awarded to for-profit organizations.
- 1.5.3. Multiple locations or sites of a national organization can apply for an award as long as each site has its own EIN number. However, no more than three entities of the same franchise or license are eligible to receive awards.
- 1.5.4. Applicants are required to identify a Lead Staff Member to fully participate in all aspects of this initiative. This position will serve as the point person for the Center. A competitive application will designate a **professional** who:
- Is knowledgeable about dementia respite services (business and practice)
 - Has demonstrated leadership experience
 - Is an innovative thinker
 - Has demonstrated ability to develop programming that is responsive to community needs and includes collaboration with community partnerships
 - Skilled in the development and implementation of program plans
 - Understands the importance of program evaluation data for continued improvement and sustainability

2. FUNDING AWARDS

2.1. Award Amounts

- 2.1.1. This is a competitive RFA process, and not all applications will receive awards. The number of awardees will be determined based on the applications received and the funding level requests. Please note, that the Steering Committee and the Center will thoroughly review budgets to determine their feasibility. Do not inflate budget requests based on the possibility of a reduced funding award.
- 2.1.2. **Start-Up Awards:** \$50,000-\$149,000
- Start-up awards allow an organization or provider not already providing dementia-specific respite services to plan and launch a respite program and implement a small innovative program.
- 2.1.3. **Pilot Awards:** \$150,000-\$250,000
- Pilot awards allow an existing community-based organization/respite provider to enhance their program by adding innovative components.

2.2. Allowable Expenses

- 2.2.1. **Personnel, including:**
- Staff salaries and wages associated with respite services.
 - Costs related to hiring and training respite staff and/or volunteers.

- 2.2.2. **Administration, including:**
 - Expenses related to managing and coordinating respite services, such as office supplies and utilities.
- 2.2.3. **Outreach and Engagement, including:**
 - Costs associated with outreach efforts to raise awareness about respite services, engage with caregivers, and promote community involvement.
- 2.2.4. **Technology, including:**
 - Expenses related to the use of technology that enhance the delivery of respite services, such as computers, communication tools, software, or specialized equipment for dementia care.
- 2.2.5. **Transportation, including:**
 - Costs associated with transportation services to facilitate access to respite care for individuals with dementia and their caregivers.
- 2.2.6. **Program Materials and Supplies, including:**
 - Costs related to procuring program-specific materials and supplies, including those needed for engaging activities, or educational sessions.
- 2.2.7. **Community Engagement Events, including:**
 - Costs associated with organizing and hosting community engagement events, workshops, or seminars that contribute to the awareness and understanding of dementia-specific respite services.
- 2.2.8. **Marketing and Communication, including:**
 - Expenses allocated for marketing and communication efforts to promote dementia-specific respite services within the community.

2.3. Funding Limitations

- 2.3.1. No direct funding may be provided to Alzheimer’s Association chapters or any other similar consumer national advocacy organization with a primary focus on Alzheimer’s or other dementias, or caregiving. Funding is limited to community-based service provision organizations.
- 2.3.2. Funds may not be used for research or additional evaluation beyond the scope of what the Center will collect for evaluation (see Reporting Requirements), new construction or rehabilitation of buildings, nor for medical or institutional care, administration, or financial services, income maintenance, stipends for program participation, equipment purchases unless such equipment is demonstrated to be necessary to carry out an activity otherwise fundable under Title IV of the Older Americans Act.
- 2.3.3. “Double dipping” or coverage of the exact same expenses such as staff, consultants, event space, and/or programming that are also covered by other federal grants. Federal funds cannot be used for the match requirement and all

match contributions must be directly related to the proposed program for development and implementation.

2.3.4. Expenses related to attendance at training, conferences, or professional development activities unrelated to this funded program.

2.3.5. The production of materials or tools to be licensed or sold, including copyright and trademark.

2.4. Match Requirements

2.4.1. Contributed Match

- Providers or organizations **must contribute a match of 25%**. These costs can include time and effort, volunteer hours, supplies, and materials.
- Match refers to the portion of project funding that must be provided by the grantee (recipient) instead of the grantor (funding organization). A match is essentially the commitment of resources, often cash, in-kind contributions, or volunteer hours, to complement the grant award.
- Federal funds cannot be used towards the match requirement.

2.4.2. Types of Matches:

- **Cash Match:** This involves contributing a specific amount of monetary resources to the project, typically a percentage of the grant amount.
 - Example: 5% of the organization's CEO time and fringe not funded with grant dollars
- **In-Kind Match:** Instead of cash, in-kind contributions involve non-monetary resources such as goods, services, or volunteer time that directly benefit the project.

2.4.3. How to calculate match:

- This ACL grant requires a specific percentage match that is 25% of the **total** project cost. For example, if your total grant request is for \$100,000 with a 25% match requirement, the grantee needs to contribute \$33,333. The math to calculate match on total project cost is $\$100,000 \times .25 / .75$. In this example, the **total** project cost becomes \$133,333. The formula is based on the **total** project amount : requested funding + the match requirement based on the formula.

2.4.4. Tips for Incorporating a Match:

- *Understand Grant Guidelines:* Review the grant guidelines carefully to determine the type and amount of match required.
- *Identify Potential Sources:* Explore possible sources for match funding within your organization, community, or through partnerships.
- *Document Contributions:* Keep meticulous records of all contributions, whether in cash or in-kind, to demonstrate compliance with match requirements.

2.4.5. **Indirect Costs**

- Indirect costs, also known as overhead or administrative costs, are expenses that cannot be directly attributed to a specific project, product, or service. Instead, these costs are incurred for the general operation and support of an organization. Indirect costs are typically shared across multiple activities or projects and are not easily identifiable with a particular cost object. Indirect costs are set and capped at a 15% rate for all applications.

2.4.6. **Examples of indirect costs that can be included in the Match are:**

- Administrative Salaries: Salaries of personnel who provide general administrative support but may work on various projects.
- Utilities: Costs for utilities such as electricity, water, and heating that benefit the entire organization.
- Rent: The cost of leasing office space for overall organizational operations.
- Office Supplies: General supplies used on the project

2.4.7. **Fringe Rate**

- Applicants can determine the fringe rate that is suitable for their proposal. However, the rate will be capped at 30%, the Alzheimer's Association's standard rate.

2.4.8. **Volunteer Rate**

- The volunteer rate provided is \$31.80 per hour and this is the rate that should be applied on all budget proposals regardless of location.

3. EXPECTATIONS, REPORTING, AND COMPLIANCE

3.1. Initiative Benefits and Commitments

3.1.1. **Post-funding awardee assistance provided by the grantor will include:**

- Marketing and outreach support
- Community listening sessions
- Ongoing technical assistance
- Dementia and Respite Education and Support

3.1.2. **Marketing and Outreach to Communities**

- Leveraging the Alzheimer's Association's internal and external resources, an integrated marketing campaign will be developed and deployed each year in the local communities awarded the grants. The campaign's objectives will be to raise awareness of and access to services in the area and highlight the benefits of respite.

3.1.3. **Community Listening Sessions**

- Awardees will collaborate with their local Association chapter and Area Agency on Aging (AAA) to host a Respite Care Community Listening Session

as early as possible following their awardee selection. The goals of these sessions is to obtain feedback on the awarded respite project and discussion about additional respite needs in the community. Invitees will include local respite providers, dementia support groups, community groups such as churches and community centers, local policymakers, and others interested in improving and enlarging dementia respite options.

3.1.4. **Technical Assistance (TA)**

- Awardees will work with the Alzheimer’s Association and USAging to co-create an individualized TA Plan, including monthly check-ins, peer-to-peer discussions, and attendance at a yearly conference.
- The Individual TA Plan will include strategies for prioritizing and measuring goals and objectives and how to utilize the many education and support resources available fully. Technical Assistants from the CDRI will also make subject matter experts (Association, University of Minnesota, USAging, Steering Committee, and other outside experts) available for troubleshooting and advice as needed.

3.1.5. **Education and Support Opportunities**

- Awardees must be able to participate in the following educational opportunities:
 - *Training module:* An online respite-targeted training module will be made available during and after the grant period, including a foundational module titled, “The Fundamentals of Person-Centered Dementia Care in Respite Care.” If connectivity or access to the internet is an issue for an awardee, special arrangements will be made for alternative learning. Topics for additional modules will be identified and developed each year.
 - *Monthly Education and Support Opportunities:*
 - *Keys to Sustainability in Dementia-Specific Respite Care Webinar Series:* To help awardees and others develop and implement programs to increase service capacity and quality, with sustainability in mind, the Association, USAging, and the University of Minnesota will offer a webinar series to be held every other month. Each webinar will be followed by a peer-to-peer learning group discussion (see below).
 - *TA-led Peer-to-Peer Discussions/Learning Collaborative:* Peer-to-peer learning will be incorporated into each sustainability webinar (above) and learning collaborative (every other month, alternating with the webinar series). These peer-to-peer discussions will include a case example submitted by an awardee for group brainstorming and discussion.

- *Yearly Awardee Conference:* An in-person Awardee Conference will take place once a year, bringing together all awardees to learn from faculty experts and one another regarding trouble-shooting, best practice sharing, sustainability successes and challenges, etc. Over a day and a half, participants will meet in large and small group sessions and one-on-one mentoring conversations. Travel is funded by the Association for one person to travel per site. Awardees can include travel in their budget to bring an additional staff member if desired.

3.2. Timeline of Initiative Benefits and Commitments

	Aug 2024	Sept	Oct	Nov	Dec	Jan 2025	Feb	Mar	April	May	June	July
Technical Assistance	X	X	X	X	X	X	X	X	X	X	X	X
Community Listening Session	X	X										
Sustainability Webinar & Peer Learning		X		X		X		X		X		X
Learning Collaborative	X		X		X		X		X		X	
Training Module	X											
Conference						X						

3.3. Reporting Requirements

Subgrantees are required to submit the following reports to allow for evaluation of the proposed activities and implementation of the project:

- Awardee Progress Surveys - due three times a year (start of award, 6 months, end of award). This electronically delivered survey will include basic demographic information about your organization and clients served, a review of your

organization’s progress toward project goals, and information about your organization’s participation in Center delivered TA support and webinars

- Client/Staff Surveys - due twice a year (start of award, end of award). This will require the awardee’s assistance in delivering a short survey to clients served (e.g., caregivers) and to staff participating in the project
- Annual Financial Report – due 60 days after the 12-month award period. This report must include evidence of your match.
- End-of-Program Interview – due within 60 days after the end of the award period. This interview will be approximately 30 minutes and will be conducted via videoconference with the Center’s evaluation team. Awardees will be asked to reflect upon their organization’s progress and completion of project goals, their organization’s participation in Center activities and support over the award period, and the sustainability of their project.
- Post-Award Follow-up Survey – due annually, each spring until 2029. This short survey will assess your organization’s demographics (i.e., clients served) and your continued progress and sustainability of project goals.
- Other forms created or modified during the grant period, as needed or as relevant. These may include, for example, a “Programmatic Modifications Request” or a “Budget Modification Request” initiated by your organization or as requested by the Center.

3.4. Compliance with Federal Statutory Authority and Provisions

- 3.4.1. The Alzheimer’s Association funds the Center for Dementia Respite Innovation Program through a grant from the U.S. Department of Health and Human Services Administration for Community Living/Administration on Aging. The statutory authority for grants is contained in Title 42, Section 3032, of the Older Americans Act (OAA) of 1965, as amended by the Older Americans Act Amendments of 2006, P.L. 109-365 (Catalog of Federal Domestic Assistance 93.470, Alzheimer’s Disease Program Initiative (ADPI)).
- 3.4.2. The funds awarded in response to this RFP are federal funds. The recipients of awarded funds must commit to the terms and conditions for receiving federal funds from the Alzheimer’s Association, which may change or be updated by the federal government during the program period. Awardees are subject to the general provisions of 45 CFR Part 75, specifically 45 CFR §75.351 and §75.352, found [here](#).
- 3.4.3. The General Provisions in the Consolidated Appropriations Act, 2020 (Public Law 116-94), signed into law on December 20, 2019, includes provisions for a salary rate limitation. The law limits the salary amount awarded and charged to ACL grants and cooperative agreements. Award funds may not be used to pay an individual's salary at a rate in excess of Executive Level II. The Executive Level II salary of the Federal Executive Pay scale is \$212,100. This amount reflects an

individual’s base salary, exclusive of fringe and any income that an individual may be permitted to earn outside of the duties to the applicant organization. This salary limitation applies to subawards/subcontracts under an ACL grant or cooperative agreement. Note that these or other salary limitations will apply in FY 2020, as the law requires.

3.4.4. SAM Registration and Unique Entity ID (UEI)

- Subgrantees must register in SAM and have a Unique Entity ID (UEI) number by the time funding is disbursed.
- In the Federal System for Award Management (SAM) registration, the applicant agency is called an “Entity.” To access SAM.gov, an entity is required to have a Login.gov account. Entities can create an account by clicking [here](#).
- Subgrantees must register in SAM and renew their SAM registration annually. Registering and maintaining an entity registration record in SAM is free of charge. Please click [here](#) for more information.
- Transition of DUNS to UEI. Beginning April 4, 2022, the DUNS number requirement terminated, and the Unique Entity Identifier or Unique Entity ID, known as the UEI, was implemented as the means for an entity to be identified and validated to conduct business with the US Government.
- The Unique Entity ID is assigned automatically to entities when they request a Unique Entity ID or register on SAM.gov. Existing registered entities can find their Unique Entity ID by following the steps [here](#).
- Subgrantees must comply with HHS grants administration regulations, program statutes and regulations, and any applicable appropriation act requirements or limitations. Additional information is available on the [HHS grants policies and regulations](#).

4. APPLICATION AND REVIEW PROCESS

4.1. Application Timeline

Dates	Application Process
March 1, 2024	RFA Opened
March 14, 2024 (then posted on webpage)	Informational Session
March 21, 2024 at 11:59 pm ET	<i>Optional</i> Letter of Intent Due
June 1, 2024 at 11:59 pm ET	Application Due
July 1, 2024	Award Notification
August 1, 2024 through July 31, 2025	Participation Period

4.2. Application Process and Review

4.2.1. Proposal Information and Support Webinar

- March 14, 2024, from 1-2 PM ET. Watch [now](#).
- All providers or organizations expressing interest in applying for a grant will have the opportunity to attend/view the annual Proposal Information and Support Webinar. The goal of the webinar will be to help applicants understand the project's key goals; namely, developing innovative, cost-effective, tailored, and meaningful respite services. Topics will include the grant requirements and criteria (with an emphasis on using local collaboration and innovation to address unmet needs, such as convenience, finances/cost, and meaningfulness of activities), the role of the Technical Assistant, required measurements and outcomes, the application structure and procedures, and overviews of budgeting and the required in-kind contributions. There will also be a Q&A portion.
- The webinar will be recorded and posted on the Center [webpage](#).

4.2.2. Letter of Intent

- Applicants are strongly encouraged to complete a Letter of Intent (LOI) by March 21, 2024 at 11:59 PM ET. The CDRI will use this information to confirm eligibility and to estimate the number of Review Committee members needed. Complete the Letter of Intent using this [form](#).
- The Letter of Intent form includes:
 - Full provider or organization name and address
 - Applicant's contact name, title, email address, and phone number
 - Is your organization based in the United States?
 - Does your organization fit into any of the following categories?: Domestic public or private non-profit entities, including state and local governments, Indian tribal governments and organizations (American Indian/Alaska Native/Hawaiian Native/Native American), faith-based organizations, community-based organizations, hospitals, and higher education institutions. If not, please describe.
 - Is your organization currently a direct service provider to dementia-specific populations? If not, how will your organization prepare to become a direct service provider?
 - General scope of project and budget

4.2.3. Application Instructions and Components

- Applications will be completed and submitted through Submittable, a grants management platform. Answers to application questions will be inputted directly into the Submittable platform unless otherwise noted. Tip: Draft your application answers outside the platform in a Word document. Copy and paste answers into the platform. Complete your application on the [platform](#).
- The application must contain the following components:
 1. Statement of Purpose (20 points) - *750 word maximum*

- a. Define the organization’s goal for participation in this program
 - b. Summarize your local community needs in dementia-specific respite care
 - c. Describe your focus area of work and offerings, including its importance
2. Proposed Project (30 points) - *2500 word maximum*
 - a. Provide a detailed project description including how your program will develop or improve the delivery of person-centered dementia-specific respite care
 - b. Describe your program’s focus on innovation. Why is what you are proposing innovative?
 - c. Demonstrate your program’s responsiveness to unmet respite needs of that community
 - d. Describe your program’s focus on diverse, underrepresented, or underserved communities
 - e. Define project goals and milestones, including a detailed timeline
 - f. Detail program plans for sustainability beyond the grant award period
3. Organizational Capacity (20 points) - *1500 word maximum*
 - a. Describe your organization’s current respite service offerings, efforts, or initiatives.
 - b. Describe your organization’s current client reach, projected reach with the new program, and capacity to expand
 - c. Detail any community partnerships and existing/potential collaborations that will improve the success of your program
 - d. Define the ability to sustain efforts after the award period
 - e. Illustrate the organization’s capacity to serve as the fiscal and/or administrative lead
4. Lead Staff Member (10 points) - *500 word maximum*
 - a. Identify lead staff member, time allocation, and role
 - b. Provide a brief rationale for selecting this individual, including their prior experience in this sector
 - c. Detail plan for leadership involvement and support
5. Contact for the Application
 - a. Name, title, agency division/unit, telephone, and e-mail.
6. Additional documents included the application (20 points)
 - a. Letters of Commitment or Support
 - b. Work Plan with timeline and deliverables
 - c. Resume or CV for the Lead Staff Member (not to exceed four pages)

- d. Proposed Budget and Justification*
- e. W9
- f. Proof of licensure, if applicable

**Aside from the proposed budget and justification, the above documents will be added as attachments to your application. The budget will be inputted into the template provided on Submittable.*

4.2.4. **Application Submission**

- By 11:59 PM EDT on June 1, 2024, all submissions must be made via the submission platform, Submittable, found on the CDRI’s webpage. A user account must be created for submission.
- Applicants must submit a completed application. The Review Committee scores completed applications. Incomplete applications or applications from those who are ineligible will not be accepted.

4.2.5. **Application Review**

- The Association employs a rigorous, three-tier peer review process to ensure we advance best-in-class innovation when administering other grant awards. This infrastructure and its processes will serve as a blueprint for the Center awards. The CDRI team will first review each application for completion and eligibility. Outside evaluators will then review applications and rank awardees based on outlined criteria. These rankings will be shared with the Grant Development and Review Subcommittee, who will then make funding recommendations to share with the Steering Committee, who will make the final funding choices.
- Application sections are worth 10, 20, or 30 points, for 100 points.

4.2.6. **Award Letter**

- The Alzheimer’s Association will review all applications from eligible organizations and notify applicants of their final status by July 1, 2024. Awardees will receive an award letter.

4.2.7. **Cooperative Agreement**

- A Cooperative Agreement is a support mechanism for substantial federal, scientific, or programmatic involvement (National Institute on Aging, 2022).
- The Cooperative Agreement is a binding contract between the CDRI and the applicant and must be signed before funding is released.

4.2.8. **Program Start Date**

- Program implementation begins on August 1, 2024.

5. **ACKNOWLEDGEMENTS**

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6. FREQUENTLY ASKED QUESTIONS

Frequently Asked Questions will be posted on the Center for Dementia Respite Innovation [webpage](#).