



2025 Request for Applications

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

February 24, 2025

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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 fund local respite care providers to increase the availability and improve the delivery of person-centered dementia care with a focus on innovation, collaboration, impact, accessibility, affordability and sustainability. The CDRI grant and the sub-grants it will generate will result in developing and piloting cost-efficient, effective, strengths-based, person-centered, innovative models of dementia-specific respite care.

Respite care provides unpaid caregivers a temporary rest from caregiving, while the person living with Alzheimer's or other related dementia continues to receive care and meaningful engagement in a safe environment. Respite services may be provided for varied lengths of time and in a variety of settings" (Alzheimer's Association, 2025).

Eligibility: Local respite providers and organizations prepare to expand their existing programs with an innovative component or those prepared to launch a new respite program. Organizations providing services to communities at higher risk for Alzheimer's or other dementia are encouraged to apply.

- Domestic public or private for-profit or non-profit entities, including state and local governments, 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 with the bandwidth to expand, or prepared to provide, dementia-related respite services.
- Dedicate a staff member to lead the project, engaged in all required aspects of the initiative, including participation in all learning and support opportunities.
- Commitment to abiding by all terms and conditions set out in the program award.
- Ability to contribute the required match, as described in Section 2.5.
- Establish and maintain collaborative partnerships with relevant community stakeholders.
- Organizations must be able to demonstrate that there is a pre-existing need within the community for the proposed programs.
- Organizations must be able to demonstrate the ability to launch their proposed program and begin serving clients within 2 months of grant award. Two-year start-up awards will be given 6 months to begin serving clients.
- For CDRI funded respite program purposes, a caregiver cannot be required to participate in additional organizational programming as a condition of benefiting from funded respite services.

RFA Release Date: February 24, 2025

Information and Support Webinar: March 11, 2025 at 1 PM ET. Recording posted on the webpage

Required Letter of Intent Due Date: March 24, 2025, at 11:59 PM ET

Application Due Date: April 25, 2025, at 11:59 PM ET

Award Notification Date: May 30, 2025

Participation Period: July 1, 2025, through June 30, 2026, with the potential opportunity to apply for future continuation awards.

Available Awards: The total funding available is \$4 million and the number of applications to be awarded will depend on the applications received. The final number of awards will be determined based on application evaluations and available funds.

Start-Up Awards: Two-year awards at \$50,000 per year

Pilot Awards: One-year awards at \$100,000 per year

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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.
- 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. Many caregivers experience barriers to using respite care. Barriers can include a lack of available and person-centered programs, bilingual professionals, advertisements, and educational materials, as well as poor or no incorporation of community-informed 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 division within the U.S. Department of Health and Human Services, to expand the availability of innovative dementia-specific respite services nationwide. In 2024, this funding supported the establishment of the Center for Dementia Respite Innovation to oversee funding of new respite innovation projects nationwide. Over the course of the five year grant period, the Center will

award \$20 million in competitive grants to respite care providers that propose new, high quality and innovative dementia-specific respite services. The Center will collect data and study the outcomes of these innovative respite 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 in all 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. **USAgging** represents and supports the nation’s 614 Area Agencies on Aging (AAAs) and advocates for the more than 290 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 and meaningful engagement in a safe environment. Respite services may be provided for varied lengths of time and in a variety of settings (Alzheimer’s Association, 2025).
- 1.3.2. **Innovation** is defined as the introduction of something new or original. This includes developing or incorporating new projects. A project that meets any of the following criteria could be considered innovative:
 - 1. Creates new program offering

2. New to the geographic area
 3. Addresses an unmet community need
 4. Solves a problem in a new way
 5. Utilizes a new service delivery method
- 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. **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).
- 1.3.7. **Strengths-based** programming is based upon the individual's abilities, interests, and strengths, rather than on the individual's problems, weaknesses, or losses (Alzheimer's Association, 2025)

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, strengths-based and person-centered* programs or services that benefit people living with dementia and their caregivers.

- 1.4.1. Each year of the initiative, dementia respite providers will receive funding for one year (two years for Start-Up Awards) to support activities described in the proposal.
- 1.4.2. Applicants will identify key program and innovation/improvement goals as they relate to dementia-specific respite care. These can include components like staff training, using new non-pharmalogical practices such as art, music, or reminiscence, 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 submitted in the application submission platform as an attachment. The total project period for an application submitted may not exceed the single-year grant budget period as outlined below for the type of award requested.

1.5. Eligibility

1.5.1. Organizations must:

- Be domestic public or private for-profit or non-profit entities, including state and local governments, faith-based organizations, community-based organizations, hospitals, and higher education institutions. Other organization types will be considered on a case-by-case basis.
- Be able to demonstrate the pre-existing need within the community for the proposed programs.
- Pilot awards must be able to demonstrate the ability to launch their program and begin serving clients within 2 months of award. Start-Up awards must launch their programs and begin serving clients within 6 months of award. This includes having policies and procedures in place to ensure participation safety and adequate staffing.
- Demonstrate familiarity with state and local requirements, including, but not limited to licensure, zoning requirements and fire marshal guidelines.
- Be state licensed or certified and in good standing (if applicable based on state requirements). For Start-Up applications, demonstrate clear understanding of licensure requirements and pathway to securing licensure within six months of award.
- Demonstrate capacity to provide culturally competent dementia-specific respite services based on the 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.
- 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.

- Have adequate financial and administrative systems in place to manage the federal award.
- 1.5.2. 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.
- 1.5.3. 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, practice, needs of people living with dementia and their caregivers)
 - is knowledgeable about state licensure and local requirements that would inform the implementation of the proposed innovative program
 - Has demonstrated leadership experience
 - Is an innovative thinker
 - At least 50% of time is allocated to this project
 - Recommendation: For start-up awards, it is suggested that the lead staff member be full-time on this project.
 - 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:** \$100,000 over two years
- Start-up awards allow an organization or provider not already providing dementia-specific respite services to plan and launch a new, innovative respite program.
 - Start-up awards are two-year awards receiving \$50,000 per year.
- 2.1.3. **Pilot Awards:** \$100,000 over one year
- Pilot awards allow an existing community-based organization/respite provider to enhance their program by adding innovative components.

- Pilot awards are one-year awards up to \$100,000.

2.2. Award Information

- 2.2.1. Funds will be disbursed on a reimbursement basis monthly upon invoicing of program-related costs and completed deliverables.
- 2.2.2. For Pilot Awards *only*, grantees are eligible to receive twenty percent of funding in advance to support start-up expenses. These funds are subject to reporting requirements and must be spent within the first three months of program implementation. If grantees fail to spend and report on the advance funding within three months, they will be subject to contract termination.
- 2.2.3. Any requested budget items including, but not limited to, consultants, technology, equipment, or other tangible items must be outlined in the original application budget. After the participation period begins, if there is discovery of a new item or need, any purchase must be approved by the technical assistance liaison.
- 2.2.4. Funding for all awards that may result from this RFA originate from a federal agency grant.
 - The federal agency has the right, at its discretion, to terminate or suspend the award in full or in part, for all or select awards.
 - If for some reason funding is dissolved, discontinued, terminated, or otherwise not awarded to the Association, the awards herein described may become null and void.
 - If funding for this program is reduced, the awards may be reduced by the same amount or percentage.
 - If the federal agency suspends the program, grantees may be required to immediately suspend and discontinue all work under their award.
 - By submitting an application, Applicant acknowledges the foregoing and agrees that the Association will not be liable for any actions or decisions of the funding agency or costs incurred by Applicants as a result of any such actions or decisions.
 - In no way will the Association be responsible for the full amount of any award if the funding agency reduces the amount or discontinues any award or for any costs, expenses, losses, liabilities, or the like incurred by an Applicant in applying for an award.
- 2.2.5. **Fringe Rate**
 - Applicants may include in their budgets the fringe costs for personnel funded by the grant. However, the rate is capped at 30%, the Alzheimer's Association's standard rate.

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.

2.2.6. Monthly invoicing

- There will be a mandatory financial/invoicing onboarding meeting for all new grantees before the award period begins.
- Invoices are submitted monthly and must include:
 - Supporting documentation for salary and fringe benefit expenses
 - Time and effort reports- signed reports which are used to track and record the percentage of an employee's working time dedicated to different projects or activities. The report must account for total activity for which employees are compensated with grant dollars/match.
 - Personnel costs being used to meet the match requirement must be accounted for in the same manner as personnel being paid with grant dollars.
 - Documentation such as receipts for other expenses.

2.3. Allowable Expenses

2.3.1. Personnel, including:

- Staff salaries and wages and fringe benefits associated with grant funded activities. Fringe benefits do not apply to external consultants.
- Costs related to hiring and training respite staff and/or volunteers.

2.3.2. Outreach and Engagement, including:

- Costs associated with outreach efforts to raise awareness about grant funded respite services, engage with caregivers, and promote community involvement.

2.3.3. 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.
- All technology over \$1,000 must be included in your application budget and project scope and cannot be added as an expense after award. All technology must be reviewed by CDRI leadership before award, with ample time to verify the efficacy and legitimacy of the program.

2.3.4. Transportation, including:

- Costs associated with transportation services to facilitate access to respite care for individuals with dementia and their caregivers.

2.3.5. Program Materials and Supplies, including:

- Costs related to procuring program-specific materials and supplies, including those needed for engaging activities, or educational sessions.

2.3.6. Marketing and Communication, including:

- Expenses allocated for marketing and communication efforts to promote dementia-specific respite services within the community.

2.3.7. Education and Training

- Expenses related to attendance at a training or professional development activity related to this program. Justification must be shown on how it will strengthen your program and/or staff.

2.3.8. Consultant/Contractors

- If you plan to hire a consultant or outsource labor, this must be outlined in the application budget.
- A consultant/contractor is defined as a professional hired to perform work related to the project, but who is not formally employed by the grantee organization. Contractors are paid for their work, but do not receive benefits through the grantee organization.
- See 2.4.6 below for more information.

2.4. Funding Limitations

- 2.4.1. Funding under this grant is available for new, innovative programs that come from and are implemented by community-level providers. The Alzheimer’s Association and its chapters and similar national voluntary health organizations with a primary focus on Alzheimer’s or other dementias are not eligible for funding.
- 2.4.2. 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.
- 2.4.3. “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 is prohibited. 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.
- 2.4.4. Expenses related to capital, rent or leasing costs are not allowable direct costs with CDRI funding but can be used towards match.
- 2.4.5. All such materials resulting from funded programs will remain in the public domain. The production of materials or tools to be licensed or sold, including copyright and trademark is not allowable.
- 2.4.6. Hiring contractors should be limited to reasonable and justifiable activities that cannot be accomplished by lead staff, or other program staff. Applicants should make every effort to add staff as personnel rather than contractors. The rationale for the decision to use contractors should be included in the application narrative and budget justification.

- 2.4.7. This grant is intended to pay for the direct provision of respite care. Only in very limited circumstances should there be care management, wrap-around services, educational seminars, or caregiver navigation services listed as a personnel or contractor cost. This must be approved by CDRI leadership in advance.
- 2.4.8. For CDRI funded respite program purposes, a caregiver cannot be required to participate in additional organizational programming as a condition of benefiting from funded respite services.
- 2.4.9. Items purchased for proposed respite programming must remain in the possession of the organization / purchaser except while the respite care is occurring. Items purchased with CDRI funding may not be given or gifted to individuals or families receiving respite.
- 2.4.10. CDRI does not authorize the use of funding for any items that could be considered restraints including bed alarms, chair alarms, or anything that restricts movement or behavior of a person living with dementia.
- 2.4.11. The CDRI Technical Assistance conference will be held once per award year. The Alzheimer's Association CDRI internal budget covers the cost of attendance for one staff member. Any additional staff members that would like to attend this conference must be paid for by an organization's internal funding source other than CDRI.

2.5. Match Requirements

2.5.1. Contributed Match

- Grantees ***must contribute a match equal to 25% of their award.*** 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.

2.5.2. 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. The value of in-kind contributions must be documented.

- **Volunteer Rate:** The volunteer rate provided is \$33.49 per hour and this is the rate that should be applied on all budget proposals regardless of location.

2.5.3. **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.

2.5.4. **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.

2.5.5. **Examples of expenses that can be included as Match are:**

- **Administrative Salaries:** Salaries of personnel who provide general administrative support but may work on various projects.
- **Volunteer Hours:** The volunteer rate provided is \$33.49 per hour and this is the rate that should be applied on all budget proposals regardless of location.
- **Office Supplies:** General supplies used on the project

3. EXPECTATIONS, REPORTING, AND COMPLIANCE

3.1. Compliance Expectations

- 3.1.1. At any point during the grant period, if your organization loses license, certification or fails any type of inspection, this must be reported to the CDRI team and may subject you to termination.
- 3.1.2. If grantees fail to spend the twenty percent advance funding within the first three months of the grant period, grantees may be subject to termination.
- 3.1.3. Grant recipients may be subject to audit regarding the use of funds or compliance of grant terms.
- 3.1.4. Grant recipients must fulfill the matching requirements outlined in Section 2.5.

3.2. Initiative Benefits and Commitments

- 3.2.1. **Post-funding awardee assistance provided by the grantor will include:**
 - Marketing and outreach support

- Ongoing technical assistance
- Dementia and Respite Education and Support

3.2.2. **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.

3.2.3. **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 fully utilize the many education and support resources available. TA liaisons from the CDRI will also make subject matter experts (Alzheimer’s Association, University of Minnesota, USAging, Steering Committee, and other outside experts) available for troubleshooting and advice as needed.
- Monthly calls with the TA liaison are required and will be scheduled in advance. Consistent and on-time attendance is required.

3.2.4. **Education and Support Opportunities**

- Awardees must be able to participate in the following educational opportunities:
 - *Training modules:* Two online respite-targeted training modules 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.” and a module titled “Meaningful Engagement for Dementia-Specific 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 Alzheimer’s 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.

- **Optional* Monthly Office-Hours:* CDRI staff will host an optional monthly office hour session for grant recipients. These sessions offer dedicated time for questions, best practice sharing, and programmatic updates. All sessions are recorded, and updates are shared via email afterward for those unable to attend.
- *Yearly Awardee Conference:* An in-person Awardee Conference will take place once a year, bringing together all grant recipients to learn from experts and one another regarding trouble-shooting, best practice sharing, sustainability successes and challenges, etc. Over two days, participants will participate in large and small group sessions and one-on-one mentoring conversations. Travel is funded by the Alzheimer’s Association for one person to travel per site. Any additional staff members that would like to attend this conference must be funded by the grantee, not CDRI funds.

3.3. Timeline of Initiative Benefits and Commitments

	July 2025	Aug	Sept	Oct	Nov	Dec	Jan 2026	Feb	Mar	April	May	June
Technical Assistance	X	X	X	X	X	X	X	X	X	X	X	X
Sustainability Webinar & Peer Learning		X		X		X		X		X		X
Learning Collaborative	X		X		X		X		X		X	
Training Modules	X											
Conference						X						

3.4. Reporting Requirements

Grantees 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.
 - Start-Up awards will have reporting due six times during the two-year funding period. To note, there may not be any data to report for the first six months as the site opens.
- 6 Month Progress Report - due 30 days after 6 months into the participation period. This is a 1-2 page update on the funded project related to success on goals, milestones and programming.
 - Start-Up awards will complete this report twice.
- Client/Staff Surveys - due three times per grantee award period (start of award, 6-months, end of award). At the start of the award, or the start of respite programming, this will require the grantee's assistance in delivering a short survey to clients served (e.g., caregivers) and to staff participating in the project. Follow-up surveys will be facilitated by the CDRI team.
 - Start-Up awards will have reporting due five times during the two-year funding period. To note, there may not be any data to report for the first six months as the site opens.
- Annual Financial Report – due 60 days after the 12-month or 24-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 CDRI's evaluation team. Grantees 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.
- Optional Post-Award Follow-up Survey – requested annually, each spring until 2029. This brief survey will assess your organization's demographics (i.e., clients served) and your continued progress and sustainability of project goals. The results will help the Alzheimer's Association understand the grantee's success after the award and identify ways to better support future grantees.
- 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 CDRI.

3.5. Compliance with Federal Statutory Authority and Provisions

- 3.5.1. 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)).
- 3.5.2. The funds awarded in response to this RFA 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](#).
- 3.5.3. 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 2025, as the law requires.
- 3.5.4. Advance payments are allowable under 2 CFR 200.305, provided that recipients and subrecipients maintain written procedures to minimize the time between fund transfer and disbursement and implement financial management systems that ensure proper fund control and accountability. These payments will be limited to the immediate cash needs required for program implementation and comply with all applicable federal regulations. The Alzheimer’s Association will implement these detailed procedures to ensure effective management of federal funds while maintaining compliance with regulatory standards.
- 3.5.5. SAM Registration and Unique Entity ID (UEI)
- Grantees 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](#).

- Grantees 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](#).
- Grantees 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
February 24, 2025	RFA Opened
March 11, 2025 (recorded then posted on webpage)	Informational Webinar
March 24, 2025 at 11:59 pm ET	Letter of Intent Due
April 25, 2025 at 11:59 pm ET	Application Due
May 30, 2025	Award Notification
July 1, 2025 through June 30, 2026	Participation Period

4.2. Application Process and Review

4.2.1. Proposal Information and Support Webinar

- March 11, 2025, from 1-2 PM ET. [Register 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 dementia-specific 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 required to complete a Letter of Intent (LOI) by March 24, 2025 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 currently a direct service provider to dementia-specific populations? If not, how will your organization prepare to become a direct service provider?
 - Do you intend to apply for a Start-Up or Pilot Award?
 - Provide a 300 word minimum summary of the scope of your new program. Describe how your program will make your services more dementia-capable, the innovative components, and the estimated number of clients you will serve.

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](#).
- Application questions are worth 10, 20, or 30 points. Reviewers allot points based on the quality of the applicants' responses. The lowest number of points indicates an insufficient response, and the highest number of points indicates an excellent response. The final score is calculated by dividing the total points earned by the total points possible.
- The application must contain the following components:
 1. Statement of Purpose (10 points) - *200 word minimum*
 - a. Define the organization's goal for participation in this program and your focus area of work and offerings, including its importance.
 - b. Demonstrate your program's responsiveness to unmet respite needs of that community.
 2. Proposed Project Scope (15 points) - *750 word minimum*
 - a. Provide a detailed project description including how your program will develop or improve the delivery of person-centered dementia-specific respite care.
 - b. Define project goals and milestones.

3. Project Innovation (15 points) - 150 word minimum
 - a. Describe your program's focus on innovation. Why is what you are proposing innovative?
4. Sustainability Efforts (15 points) - 150 word minimum
 - a. Detail program plans for sustainability beyond the grant award period.
5. Organizational Capacity (15 points) - *500 word minimum*
 - a. Describe your organization's previous experience working with people living with dementia and their caregivers and the 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. Illustrate the organization's capacity to manage the fiscal and/or administrative requirements of the program.
6. Lead Staff Member (10 points) - *300 word minimum*
 - 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.
7. Contact for the Application
 - a. Name, title, agency division/unit, telephone, and e-mail.
8. Short-Ended Program Specific Questions
 - a. What is your estimated start date for serving clients?
 - b. What are the days and hours of your program?
 - c. How many clients will you serve at each respite session?
 - d. Outline any person-centered care staff training that your organization currently uses.
9. Additional documents included the application (20 points)
 - a. Letters of Commitment or Support (at least two required, no more than 5 total)
 - b. Work Plan with timeline and deliverables using [this template](#)
 - 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

4.2.4. **Application Submission**

- By 11:59 PM EDT on April 25, 2025, 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 Alzheimer's 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 CDRI awards. The CDRI team will first review each application for completion and eligibility. Outside evaluators will then review and score applications based on defined criteria. These score applications will be shared with the CDRI Grant Development and Review Subcommittee, who will then review them and make funding recommendations to the CDRI Steering Committee, who will make the final funding decisions.
- Funding decisions are based on application scores, diversity of agency size, geographic region, service category, and type of innovation to create a diverse pool of subgrantees required to meet the overall goals of the Innovations Program.
- Application sections are worth 10, 15, 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 May 30, 2025. Successful applicants 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 July 1, 2025.

5. **ACKNOWLEDGEMENTS**

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those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by ACL/HHS, or the U.S. Government.

6. FREQUENTLY ASKED QUESTIONS

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