

CALIFORNIA HEALTHY BRAIN INITIATIVE STATE AND LOCAL PUBLIC HEALTH
PARTNERSHIPS TO ADDRESS DEMENTIA
Request for Application #23-10055

California Department of Public Health Alzheimer's Disease Program

2023 - 2025 CALIFORNIA HEALTHY
BRAIN INITIATIVE STATE AND LOCAL
PUBLIC HEALTH PARTNERSHIPS TO
ADDRESS DEMENTIA

Request for Application #23-10055
February 1, 2023



Chronic Disease Control Branch Alzheimer's
Disease Program P.O. Box 99737, MS 7208
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Part I. Introduction and Overview

A. Purpose of Request for Application

The California Department of Public Health (CDPH) Alzheimer's Disease Program (ADP)ⁱ is soliciting applications from local health jurisdictions (LHJs) to promote cognitive health, address cognitive impairment for people living in the community, and help meet caregiver needs.

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

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

The CDPH ADP shall allocate funds to LHJs to carry out Goals 1 & 3 (required):

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

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

In addition, LHJs will select at least one (1) or more of the following goals:

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

ⁱ The California Department of Public Health, Chronic Disease Control Branch, Alzheimer's Disease Program was established pursuant to Assembly Bill 2225 (Chapter 1601, Statutes of 1984) and was expanded pursuant to Senate Bill 139 (Chapter 303, Statutes of 1988).

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

See [Appendix A. Planning, Implementation and Evaluation Guide](#) to chart the LHJ's strategy for proposed work plan.

B. Eligibility Criteria

The following entities and organizations are eligible to apply for this solicitation: LHJs, which include the 58 county health departments, and three (3) city health departments (Berkeley, Long Beach, and Pasadena). Of the 61 health departments, only those that are not already receiving HBI funding from CDPH are eligible to apply. For more information, visit the full [index of local health jurisdictions](#).

C. Background

The mission of CDPH Chronic Disease Control Branch (CDCB), ADP is to reduce the human burden and economic costs associated with Alzheimer's disease and related dementias (ADRDs), and ultimately to assist in discovering the cause and treatment of this disease.¹

An estimated 690,000 California adults aged 65 years are living with Alzheimer's disease.¹² Alzheimer's disease is now the third leading cause of death in the state, as compared to sixth nationally.¹⁵ More than six million Americans aged 65 years and older are living with Alzheimer's disease.¹⁵ By 2060, the number of people 65 years and older with Alzheimer's disease in the United States is estimated to reach 13.8 million people.¹⁵ Almost two-thirds of Americans with Alzheimer's disease or other dementias are women. Older Black and Hispanic Americans are disproportionately more likely than older White Americans to have Alzheimer's disease and related dementias.¹⁵ Alzheimer's disease within California's Asian Pacific Islander and Latino/Hispanic populations is projected to triple by the year 2030.³ California is on track for a 22 percent increase in adults aged 65 years and older being diagnosed with Alzheimer's disease by 2025, disproportionately impacting women and communities of color.¹² The baby-boom generation (Americans born between 1946 and 1964) has already begun to reach age 65 and beyond, the age range at greatest risk of developing Alzheimer's disease and related dementias.³

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Additionally, California is home to the largest number of family caregivers (1.1 million) in the nation, and the economic value of unpaid care is estimated to be worth \$23 billion annually in California.¹² As California prepares for a doubling in the number of persons living with Alzheimer's disease, the immediate need for systematic public health action that reaches at-risk, disparate populations and communities is critical.

D. Available Funding

\$4,250,000 shall be available for encumbrance or expenditure until June 30, 2025, to six (6) or more LHJs. The CDPH ADP will allocate up to \$708,000 per LHJ in one-time grant funding over two (2) consecutive fiscal years. The amounts are derived from the California State General Fund for LHJs to assist in local planning and preparation in at least three (3) of the four (4) goal areas listed in the Purpose section of the RFA.

E. Budget Contingency Clause

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

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

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F. Agreement Term

The term of the expected agreements is anticipated to be a 24-month term effective from July 1, 2023 to June 30, 2025.

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

The CDPH ADP reserves the right to modify the term of resulting Agreements via a Contract amendment process.

G. Key Activities and Dates

2023-2025 Key Activities and Action Dates (Subject to Change)

Key Activities	Action Dates	Time
RFA posted on ADP web page and the California State Grants Portal .	February 15, 2023	
Last day to submit questions for Informational Webinar to AlzheimersD@cdph.ca.gov	March 1, 2023	4:00 PM Pacific Standard Time (PST)
Informational Webinar(voluntary)	March 8, 2023	<p>Available from 10:00 a.m. to 12:00 p.m. Pacific Standard Time</p> <p>Zoom Link</p> <p>Meeting ID: 874 3479 2091</p> <p>Passcode: 900832</p> <p>Call in Information +16699006833,,8743 4792091# US (San Jose) +16694449171,,8743 4792091# US</p> <p>Webinar begins promptly at 10:00</p>

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		a.m. Pacific Standard Time.
Q&A Responses Published to ADP web page	March 15, 2023	Close of business
Applications Due	March 17, 2023	4:00 PM (PST)
Public Notice of Intent to Award posted on ADP Web page; Grantees notified by e-mail	April 28, 2023	Close of business
Grant Negotiation Period	May 1, 2023 – May 26, 2023	
Dispute Filing Deadline	May 12, 2023	4:00 PM (PST)
Grant Term Start Date	July 1, 2023	
Grant Term End Date	June 30, 2025	

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

H. Delivery Method

1. Submit the application packet in accordance with detailed instructions in Part II. Required Grant Application Documents.
2. Submit the application in Word document format to AlzheimersD@cdph.ca.gov.
3. RFA packages must be received by **March 17, 2023 by 4:00 PM (PST)**.
4. Confirmation of receipt of the application packet by the ADP will be sent to the applicant via e-mail.

I. Contact Information

All questions concerning this RFA must be submitted in writing via e-mail to:
AlzheimersD@cdph.ca.gov

Include the Subject Line: ADP RFA #23-10055 Questions

The CDPH ADP will accept questions related to the RFA until the deadline, **March 1, 2023**, which is outlined in the [Key Activities and Action Dates](#). Questions may include but are not limited to the services to be provided for the RFA and/or its accompanying materials, instructions, or requirements. All questions should include the

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name of the organization and the name of the individual submitting the question. Please submit a topic and reference the application page number or attachment/appendix number, if applicable.

A confirmation of receipt for question(s) by the ADP will be sent to the prospective applicant via e-mail. It is the responsibility of applicants to contact the ADP in the event that a confirmation receipt is not received.

J. Voluntary Informational Webinar

The CDPH ADP will hold a voluntary RFA Informational Webinar. On the call, the CDPH ADP staff will review the RFA process, eligibility, and funding; and provide a program overview. Additionally, the CDPH ADP staff will respond to questions received by the deadline listed in the [Key Activities and Action Dates](#).

Attending the Informational Webinar:

1. Prospective Applicants should thoroughly review and be familiar with this RFA prior to the webinar.
2. Prospective Applicants may access the voluntary Virtual Meeting information below as well as on the [ADP website](#).

[Join Zoom Meeting](#)

<https://cdph-ca->

gov.zoom.us/j/87434792091?pwd=K25ZY3UrWWJNV3daSjdiOW5TSis4QT09

Meeting ID: 874 3479 2091

Passcode: 900832

One tap mobile

+16699006833,,87434792091# US (San Jose)

+16694449171,,87434792091# US

Dial by your location

+1 669 900 6833 US (San Jose)

+1 669 444 9171 US

+1 253 215 8782 US (Tacoma)

+1 346 248 7799 US (Houston)

+1 719 359 4580 US

+1 253 205 0468 US

+1 309 205 3325 US

+1 312 626 6799 US (Chicago)

+1 360 209 5623 US

+1 386 347 5053 US

+1 507 473 4847 US

+1 564 217 2000 US

+1 646 558 8656 US (New York)

+1 646 931 3860 US

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+1 689 278 1000 US
+1 301 715 8592 US (Washington DC)
+1 305 224 1968 US
833 548 0282 US Toll-free
877 853 5247 US Toll-free
888 788 0099 US Toll-free
833 548 0276 US Toll-free
Meeting ID: 874 3479 2091
Find your local number: <https://cdph-ca.gov.zoom.us/j/krZYtTbND>

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

The CDPH, CDCB, reserves the right to do any of the following up to the application submission deadline:

- Modify any date or deadline appearing in this RFA or the [Key Activities and Action Dates](#).
- Issue clarification notices, addenda, alternate RFA instructions, forms, etc.
- Waive any RFA requirement or instruction for all applicants if the CDPH CDCB determines that a requirement or instruction was unnecessary or erroneous.

If this RFA is corrected, clarified, or modified, the CDPH CDCB intends to post all clarification notices and/or RFA addenda on the [ADP website](#).

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

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

L. Local Health Jurisdiction Requirements

Applicants are invited to submit applications, focusing on at least three (3) of the four (4) Healthy Brain Initiative Essential Services (goals) of Public Health for Applied Research and Translation listed on [Part I. A. Purpose of Request for Application](#). LHJs include the 58 county health departments, and three (3) city health departments (Berkeley, Long Beach, and Pasadena). Of the 61 health departments, only those that are not already receiving HBI funding from CDPH are eligible to apply. For more information, visit the full [index of local health jurisdictions](#).

Part II. Required Grant Application Documents

Document A. Application Checklist

Document A. Application Checklist Instructions

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

Document A. Application Checklist

DUE BY 4:00 PM (PST) on March 17, 2023

Date of Submission:

Application Contact Name:

E-mail:

Organization:

Phone:

The following documents must be completed and submitted with this Application Checklist by **March 17, 2023 at 4:00 PM (PST)** by e-mail to AlzheimersD@cdph.ca.gov.

Application Contents	Please check
Application Checklist (This Form -Document A)	<input type="checkbox"/>
Grantee Information Form (Document B)	<input type="checkbox"/>
Narrative Summary Form (Document C)	<input type="checkbox"/>
Letters of Commitment (Document D)	<input type="checkbox"/>
Goals and Components (Document E)	<input type="checkbox"/>
Work Plan (Document F)	<input type="checkbox"/>
Detailed Budget (Exhibit B)	<input type="checkbox"/>

Document B. Grantee Information Form

Document B. Grantee Information Form Instructions

The Grantee Information Form is a fillable form that must not exceed one (1) page. The Grantee Information Form provides CDPH ADP with LHJ information.

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

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

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

Document B. Grantee Information Form

1. Organization

Federal Tax ID#:

Name:

Mailing Address:

Street Address:

County:

Phone / Fax:

Website:

2. Grant Signatory

Name:

Title:

Mailing Address:

Street Address:

Phone / Fax:

E-mail:

3. Project Director

Name:

Title:

Mailing Address:

Street Address:

Phone / Fax:

E-mail:

Document C. Narrative Summary

Document C. Narrative Summary Instructions

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

- 1. Local Health Jurisdiction (LHJ):** Enter LHJ. LHJs include the 58 county health departments and three (3) city health departments (Berkeley, Long Beach, and Pasadena). For more information, visit the full [index of local health jurisdictions](#).
- 2. Designation of Local Health Jurisdiction Type:** See [Appendix B. Designation of Rural and Costal Local Health Jurisdictions](#) to identify the LHJ type.
- 3. Overview of Need for Public Health Action:** Provide narrative and/or numeric information to demonstrate the need for public health action on Alzheimer’s and other dementias as chronic conditions in the local health jurisdiction. Identify any target populations—as demonstrated with scientific evidence—that are disproportionately affected by Alzheimer’s disease and/or other related dementias.

See [Appendix C. County-Level Data Resources](#)ⁱⁱⁱ tables for applicable numeric information by county.

Table A1: Prevalence and age-adjusted death rates from Alzheimer’s disease and other dementias

Table A2: Estimated deaths due to Alzheimer’s disease

Table B1: Estimated number and percent change of older adults with Alzheimer’s disease

Table B2: Estimated number and percent change of older adults with Alzheimer’s disease by Race/Ethnicity

Table C: Average and Total costs per Medicare beneficiary with Alzheimer’s disease

Table D: Demographic projections of older adults

Table E: County Health Ranking

Response to Eliminating Health Disparities: Provide a narrative response to eliminate health disparities and improve health equity through selected Goal(s) and Component(s) from the Work Plan. Describe how your LHJ will reach the identified target population(s) to accomplish a population-based, public health approach using the [Healthy Brain Initiative Road Map](#) framework. Examples for eliminating health disparities include but are not limited to:

- Increase accessibility of preventative services in the community.
- Increase capacity of healthcare and prevention workers to address health disparities.
- Implement strategies that are culturally, linguistically, and age appropriate for

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people with Alzheimer's disease and related dementias and their caregivers.

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

Commitment to Collaboration and Leveraging Resources:

Include planned and, if applicable, current efforts of collaborating across multiple sectors. Describe your LHJ's ability to lead strategically through the creation of a common agenda, serve as a catalyst for change, and demonstrate program accomplishments such as leveraging resources with respect to brain health, cognitive impairment, caregiving, and other local health-related programs. The [Healthy Brain Initiative Road Map](#) provides the following examples for collaborating across multiple sectors:

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

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

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

Document C. Narrative Summary

1. Local Health Jurisdiction:

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

3. Overview of Need for Public Health Action:

4. Response to Eliminating Health Disparities:

5. Commitment to Collaboration and Leveraging Resources:

Document D. Letters of Commitment

Document D. Letters of Commitment Instructions

Choose at least three (3) collaborators who will provide expertise required by the content of the application. Obtain letters of commitment from each collaborator. Each letter should be signed by the collaborator and should list the contribution they intend to make and their commitment to the work. Each letter of commitment must not exceed two (2) pages.

Failure to include the Letters of Commitment will be viewed as non-responsive and the application may not be considered for funding.

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

Document D. Sample Letter of Commitment

[Put letter on organization/agency letterhead]

[Date]

[Authorized representative(s) to make commitment on behalf of the institution]

[Legal Name of Collaborating Partner]

[Mailing address]

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

[Insert collaborating Institution name] will provide the following services in conjunction with the proposal submitted by [Insert local health jurisdiction] to the Alzheimer’s Disease Program Request for Application # 23-10055. [Insert Collaborating Institution name] is excited to support this Request for Application by [Insert local health jurisdiction] by leveraging the following resources: [Describe any resources committed as part of the proposed project]. We will work collaboratively with [Insert local health jurisdiction] to ensure our goals are aligned with the goals of the Request for Application, including efforts to track and report on results. We believe our support and commitment will significantly help eliminate health disparities in the region and we look forward to working with you on this exciting endeavor.

Sincerely,

Signature

[Insert Name and Position]

Document E. Goals and Components Instructions

Document E. Goals and Components Instructions

The Goals and Components document is a fillable form that must not exceed the allotted four pages. The [Healthy Brain Initiative Road Map](#) is informed by four (4) essential services of public health—the Goals for this RFA:

- Goal 1- Monitor and evaluate (M)
- Goal 2 - Educate and empower (E)
- Goal 3 - Develop policies and mobilize partnerships (P)
- Goal 4 - Assure a competent workforce (W)

In Document E below, select the checkboxes corresponding to the Goal(s) and respective Component(s) that the LHJ intends to accomplish during the grant term. Component descriptions have been provided based on Action Items from the Healthy Brain Initiative Road Map. **Do not change the Goal and Component numbers.**

- 1) **Goal 1, Component M-3 is required** for all LHJs to select and complete. The pre-populated Objectives and activities under M-3 are required to include in the [Work Plan in Document F](#).
- 2) **Goal 3, Component P-5 is required** for all LHJs to select and complete. The pre-populated Objectives and activities under P-5 are required to include in the Work Plan. If a Coalition or Advisory Committee working on ADRD issues already exists in your LHJ, you may adapt the Work Plan activities listed to meet your county's needs.
- 3) **Select at least two (2) additional Goal Components from Goals 2, 3, or 4.** These two additional Goal Components may be from different goals, i.e., you may select E-5 and W-2.

Note: Components M-1, M-2, and P-2 are for state-level implementation and not included in this RFA.

4) **Component Description:**

An agenda of 25 action items was developed for continuing impact for state and local public health agencies and their partners to accomplish. This RFA seeks to provide funding for LHJs to implement selected action items as components to the applicable goals listed in Document E.

5) **Long-Term Results/Outcomes:**

Components for each of the applicable goals are further divided by the desired long-term result they share. **Multiple components of a goal may be selected for implementation based on shared long-term results.**

Document E. Goals and Components

List of Goals and Components

Goal 1 Monitor and Evaluate (M) (Required): Monitoring data and evaluating programs to contribute to evidence-based practice.

Goal Component #: M-3

Goal Component Description: Required: Use data collected from available surveillance strategies and other sources to inform the public health program and policy response to cognitive health, impairment, and caregiving on an ongoing basis. Funded projects will be required to complete a Community (Needs) Assessment at the start of the grant using a template and protocol provided by CDPH ADP.

Long-Term Results/Outcome: Improved decision making using state and local data

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

Goal Component #: E-1

Goal Component Description: Educate the public about brain health and cognitive aging, changes that should be discussed with a health professional, and benefits of early detection and diagnosis.

Long-Term Results/Outcome: Informed public

Goal Component #: E-2

Goal Component Description: Integrate the best available evidence about brain health and cognitive decline risk factors into existing health communications that promote health and chronic condition management for people across the life span.

Long-Term Results/Outcome: Informed public

Goal Component #: E-3

Goal Component Description: Increase messaging that emphasizes both the important role of caregivers in supporting people with dementia and the importance of maintaining caregivers' health and well-being.

Long-Term Results/Outcome: Informed public

Goal Component #: E-4

Goal Component Description: Promote prevention of abuse, neglect, and exploitation of people with dementia.

Long-Term Results/Outcome: Informed public

Goal Component #: E-5

Goal Component Description: Provide information and tools to help people with dementia and caregivers anticipate, avert, and respond to challenges that

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typically arise during the course of dementia. CDPH ADP will provide a required caregiver training curriculum.

Long-Term Results/Outcome: Informed people with dementia and caregivers

Goal Component #: E-6

Goal Component Description: Strengthen knowledge about, and greater use of, care planning and related tools for people in all stages of dementia.

Long-Term Results/Outcome: Informed people with dementia and caregivers

Goal Component #: E-7

Goal Component Description: Improve access to and use of evidence-informed interventions, services, and supports for people with dementia and their caregivers to enhance their health, well-being, and independence. CDPH ADP will provide a required caregiver training curriculum.

Long-Term Results/Outcome: Informed people with dementia and caregivers

Goal 3 Policy Development and Mobilizing Partnerships (P) (Required):

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

Goal Component #: P-1

Goal Component Description: Promote the use of effective interventions and best practices to protect brain health, address cognitive impairment, and help meet the needs of caregivers for people with dementia.

Long-Term Results/Outcome: Science translated into practice and policies

Goal Component #: P-3

Goal Component Description: Support better informed decisions by educating policymakers on the basics of cognitive health and impairment, the impact of dementia on caregivers and communities, and the role of public health in addressing this priority problem.

Long-Term Results/Outcome: Science translated into practice and policies

Goal Component #: P-4

Goal Component Description: Improve inclusion of healthcare quality measures that address cognitive assessments, the delivery of care planning to people with diagnosed dementia, and improved Results.

Long-Term Results/Outcome: Science translated into practice and policies

Goal Component #: P-5

Goal Component Description: **Required:** Develop a Coalition or Advisory Committee to engage public and private partners in ongoing planning efforts to establish services and policies that promote supportive communities and workplaces for people with dementia and their caregivers.

Long-Term Results/Outcome: Supportive communities and workplaces

Goal Component #: P-6

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Goal Component Description: Assure public health plans that guide emergency preparedness and emergency response address the special needs of people with dementia and their caregivers, support access to critical health information during crises, and prepare emergency professionals for situations involving people with dementia.

Long-Term Results/Outcome: Supportive communities and workplaces

Goal 4 Assure a Competent Workforce (W): Ensuring a competent workforce by strengthening the knowledge, skills, and abilities of health care professionals who deliver care and services to people with Alzheimer’s disease and other dementias and their family caregivers. CDPH ADP will provide a required workforce training curriculum (Dementia Care Aware).

Goal Component #: W-1

Goal Component Description: Educate public health and healthcare professionals on sources of reliable information about brain health and ways to use the information to inform those they serve. CDPH ADP will provide a required Provider training curriculum (Dementia Care Aware) to use when appropriate.

Long-Term Results/Outcome: Improved practice in promoting health and reducing risk

Goal Component #: W-2

Goal Component Description: Ensure health promotion and chronic disease interventions include messaging for healthcare providers that underscores the essential role of caregivers and the importance of maintaining their health and well-being.

Long-Term Results/Outcome: Improved practice in promoting health and reducing risk

Goal Component #: W-3

Goal Component Description: Educate public health professionals about the best available evidence on dementia (including detection) and dementia caregiving, the role of public health, and sources of information, tools, and assistance to support public health action. CDPH ADP will provide a required Provider training curriculum (Dementia Care Aware) to use when appropriate.

Long-Term Results/Outcome: Improved early detection and diagnosis

Goal Component #: W-4

Goal Component Description: Foster continuing education to improve healthcare professionals’ ability and willingness to support early diagnoses and disclosure of dementia. Provide effective care planning at all stages of dementia, offer counseling and referral, and engage caregivers, as appropriate, in care management.

Long-Term Results/Outcome: Improved early detection and diagnosis

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Goal Component #: W-5

Goal Component Description: Strengthen the competencies of professionals who deliver healthcare and other care services to people with dementia through interprofessional training and other strategies. CDPH ADP will provide a required Provider training curriculum (Dementia Care Aware) to use when appropriate.

Long-Term Results/Outcome: Improved professional care for people with dementia

Goal Component #: W-6

Goal Component Description: Educate healthcare professionals about the importance of treating co-morbidities, addressing injury risks, and attending to behavioral health needs among people at all stages of dementia.

Long-Term Results/Outcome: Improved professional care for people with dementia

Goal Component #: W-7

Goal Component Description: Educate healthcare professionals to be mindful of the health risks for caregivers, encourage caregivers' use of available information and tools, and make referrals to supportive programs and services.

Long-Term Results/Outcome: Improved professional care for people with dementia

Document F. Work Plan Instructions

Document F. Work Plan Instructions:

The Work Plan is a fillable form that must not exceed 20 pages. The Work Plan must include details on how the LHJ will accomplish and evaluate selected Goal Components including project objectives, deliverables, and completion dates.

Goal 1 Monitor and Evaluate (Required)

Goal 1 “Monitoring data and evaluating programs to contribute to evidence-based practice” is **required**. Activities and Time Frames for Goal 1 have been pre-populated with required milestones to:

- Complete a Community (Needs) Assessment by **December 29, 2023**, using a template and protocol provided by CDPH ADP.
- Develop a Strategic Plan for project implementation and evaluation by **January 29, 2024**.
- Initiate Project Implementation by **January 29, 2024**.
- Complete and submit a progress report every six (6) months that will include both qualitative and quantitative data to monitor the progress of selected Work Plan goals and activities. A progress report template and protocol will be provided by CDPH ADP.

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

With technical assistance from CDPH ADP, awardees will collect and analyze available data sources for completion of a Community (Needs) Assessment by December 29, 2023, to inform the Work Plan. Key issues that are elevated by the Community (Needs) Assessment may be used to identify target groups, key partners, and provide information for strategies to achieve selected goal(s). LHJs are encouraged to collaborate with local stakeholders (e.g., California Alzheimer’s Disease Centers^{iv}, Area Agencies on Aging, Caregiver Resource Centers, community organizations, etc.) to conduct the Community (Needs) Assessment and implement intervention strategies for achieving Goals of the Work Plan.

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

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Goal Component:

List the Goal Components selected in Document E.

*Example: “**Goal Component: E-7**”*

Objective #:

Objectives should be Specific, Measurable, Achievable, Relevant, & Time-Bound (SMART). List how program objectives will be carried out to fulfill each component with a reasonable and appropriate basis. Reference the following:

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

Number the objectives sequentially, starting at 1. Select additional Goal Components that will support the objective using the checkboxes. Add a table for each Objective as needed.

Example of a SMART Objective: “Objective #1. By June 30, 2025, conduct a minimum of six (6) community education workshops to increase the knowledge of Alzheimer’s disease and related dementia in the African American community and their caregivers by 50%. Workshops will be evidence-based, and will utilize a required caregiver training curriculum provided by CDPH ADP that will be culturally tailored to the community. Workshops will occur from April 2024 through June 2025.”

Activities:

Define the intervention and evaluation activities that need to be performed to achieve the objective’s desired results. Number each activity with the corresponding objective number, and then sequentially in order of occurrence. Add a row for each activity as needed.

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

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Deliverables

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

Example: “1.1.1 Scope of workshop topics to provide information and resources on issues facing the African American community (e.g., connections between common chronic conditions).” In this example, “1.1” is the Activity number, and “.1” indicates the first deliverable for the Activity.

Time Frame

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

Example: “Recurring biweekly meetings in advance of the first workshop taking place on 2/8/24, 2/22/24, 3/8/24, and 3/22/24.”

Responsible Party

Provide the position title (not the person’s name) of the person responsible for each activity. To repeat a position title many times throughout the Work Plan, write out the entire position title the first time, followed by parentheses with the initials of that position title. Please be sure that the position titles included in the workplan match the position titles in the budget justification.

Example: “Project Director (PD)”

Document F. Work Plan

Goal Component: M-3

Time Frame: STATE FISCAL YEAR ONE (1) 7/1/2023 through 6/30/2024

Objective 1 (REQUIRED): By December 29, 2023, conduct a Community (Needs) Assessment, utilizing a template and protocol provided by CDPH ADP.

Select additional Goal Components that may support the Objective:

E-1 E-2 E-3 E-4 E-5 E-6 E-7

P-1 P-3 P-4 P-5 P-6

W-1 W-2 W-3 W-4 W-5 W-6 W-7

Activity 1.1

Coordinate the overall assessment process.

Time Frame: 7/1/2023-12/29/2023

Deliverable: Describe in completed Community (Needs) Assessment, using a template and protocol provided by CDPH ADP

Responsible Party: _____

Activity 1.2

Identify data sources and data collection methods.

Time Frame: 7/1/2023-12/29/2023

Deliverable: Describe in completed Community (Needs) Assessment, using a template and protocol provided by CDPH ADP

Responsible Party: _____

Activity 1.3

Collect, organize, and analyze primary and secondary data.

Time Frame: 7/1/2023-12/29/2023

Deliverable: Describe in completed Community (Needs) Assessment, using a template and protocol provided by CDPH ADP

Responsible Party: _____

Activity 1.4

Assess the need and feasibility of hiring a consultant for data collection and analysis, if applicable.

Time Frame: 7/1/2023-12/29/2023

Deliverable: Describe in completed Community (Needs) Assessment, using a template and protocol provided by CDPH ADP

Responsible Party: _____

Activity 1.5

Determine who will pay for the Community (Needs) Assessment costs and/or

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provide in-kind support, if applicable.

Time Frame: 7/1/2023-12/29/2023

Deliverable: Describe in completed Community (Needs) Assessment, using a template and protocol provided by CDPH ADP

Responsible Party: _____

Activity 1.6

Facilitate face-to-face or virtual meetings to conduct the Community (Needs) Assessment.

Time Frame: 7/1/2023-12/29/2023

Deliverable: Describe in completed Community (Needs) Assessment, using a template and protocol provided by CDPH ADP

Responsible Party: _____

Activity 1.7

Identify priority issues related to Alzheimer's and other dementias.

Time Frame: 7/1/2023-12/29/2023

Deliverable: Describe in completed Community (Needs) Assessment, using a template and protocol provided by CDPH ADP

Responsible Party: _____

Activity 1.8

Make recommendations regarding programs and policies to address priority issues.

Time Frame: 7/1/2023-12/29/2023

Deliverable: Describe in completed Community (Needs) Assessment, using a template and protocol provided by CDPH ADP

Responsible Party: _____

Activity 1.9

Motivate stakeholders to act on priority issues.

Time Frame: 7/1/2023-12/29/2023

Deliverable: Describe in completed Community (Needs) Assessment, using a template and protocol provided by CDPH ADP

Responsible Party: _____

Activity 1.10

Communicate with stakeholders throughout the process.

Time Frame: 7/1/2023-12/29/2023

Deliverable: Describe in completed Community (Needs) Assessment, using a template and protocol provided by CDPH ADP

Responsible Party: _____

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Time Frame: STATE FISCAL YEAR ONE (1) 7/1/2023 through 6/30/2024

Objective 2 (REQUIRED): By December 29, 2023, synthesize Community (Needs) Assessment data, assess the population affected and gather data in the categories below (or others), as applicable to the project.

Select additional Goal Components that may support the Objective:

- E-1 E-2 E-3 E-4 E-5 E-6 E-7
 P-1 P-3 P-4 P-5 P-6
 W-1 W-2 W-3 W-4 W-5 W-6 W-7

Activity 2.1

Perform quantitative/qualitative data analyses.

Time Frame: 7/1/2023-12/29/2023

Deliverable: Describe in completed Community (Needs) Assessment, using a template and protocol provided by CDPH ADP

Responsible Party: _____

Activity 2.2

Review numeric and/or narrative information.

Time Frame: 7/1/2023-12/29/2023

Deliverable: Describe in completed Community (Needs) Assessment, using a template and protocol provided by CDPH ADP

Responsible Party: _____

Activity 2.3

Review trends/implications.

Time Frame: 7/1/2023-12/29/2023

Deliverable: Describe in completed Community (Needs) Assessment, using a template and protocol provided by CDPH ADP

Responsible Party: _____

Activity 2.4

Define the population to be assessed.

Time Frame: 7/1/2023-12/29/2023

Deliverable: Describe in completed Community (Needs) Assessment, using a template and protocol provided by CDPH ADP

Responsible Party: _____

Activity 2.5

Document resources or assets that currently exist and can be used to help meet the needs of those affected by Alzheimer's and other dementias by one or more of the following approaches:

- a. Identify the assets that are already known for supporting the needs of

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those affected by Alzheimer’s and other dementias.

- b. Build upon the experience of other communities to highlight resources that may be available.

Time Frame: 7/1/2023-12/29/2023

Deliverable: Describe in completed Community (Needs) Assessment, using a template and protocol provided by CDPH ADP

Responsible Party: _____

Activity 2.6

Create a community description.

Time Frame: 7/1/2023-12/29/2023

Deliverable: Describe in completed Community (Needs) Assessment, using a template and protocol provided by CDPH ADP

Responsible Party: _____

Goal Component: M-3

Time Frame: STATE FISCAL YEAR ONE (1) 7/1/2023 through 6/30/2024

STATE FISCAL YEAR TWO (2) 7/1/2024 through 6/30/2025

Objective 3 (REQUIRED): By January 29, 2024, develop a Strategic Plan for project implementation and evaluation that is realistic for Goal(s) 2, 3, and/or 4 and initiate project implementation activities. Update Strategic Plan as needed throughout the project.

Select additional Goal Components that may support the Objective:

E-1 E-2 E-3 E-4 E-5 E-6 E-7

P-1 P-3 P-4 P-5 P-6

W-1 W-2 W-3 W-4 W-5 W-6 W-7

Activity 3.1

Develop a Strategic Plan that includes the following components:

- a. Review the Needs Assessment and Work Plan to ensure that the goals and objectives for the Implementation phase of the proposed project are assessed.
- b. Develop appropriate project evaluation methodologies.
- c. Gather evidence over time on project outcomes, including:
 - i. Specific activities undertaken and planned to achieve project outcomes
 - ii. Deliverables produced by activities
 - iii. Observable and measurable outcomes
- d. Recommendations supported by the ongoing project evaluation.

Time Frame: 1/1/2024-1/29/2024

Deliverable: Strategic Plan

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Responsible Party: _____

Activity 3.2

Identify Strategic Plan priorities for improvement in each 6-month progress reporting period.

Time Frame: 1/1/2024-6/30/2025

Deliverable: Description of priorities

Responsible Party: _____

Activity 3.3

Communicate methods and results with Coalition/Advisory Committee of stakeholders in each 6-month progress reporting period.

Time Frame: 1/1/2024-6/30/2025

Deliverable: Meeting agenda or supportive documentation

Responsible Party: _____

Goal Component: P-5

Time Frame: STATE FISCAL YEAR ONE (1) 7/1/2023 through 6/30/2024

STATE FISCAL YEAR TWO (2) 7/1/2024 through 6/30/2025

Objective 4 (REQUIRED): By 6/30/2025, develop and engage a Coalition or Advisory Committee comprised of public and private partners, subject matter experts, and community stakeholders to meet no less than four (4) times per year in ongoing planning efforts to establish and maintain services and policies that promote supportive communities and workplaces for people with dementia and their caregivers.

Select additional Goal Components that may support the Objective:

E-1 E-2 E-3 E-4 E-5 E-6 E-7

P-1 P-3 P-4 P-5 P-6

W-1 W-2 W-3 W-4 W-5 W-6 W-7

Activity 4.1

Recruit key organizations/members representing diverse stakeholders, including community members with lived Alzheimer’s experience. This includes traditional ADRD partners, including your nearest California Alzheimer’s Disease Center (CADC), and non-traditional partners. Update as needed throughout the project.

Time Frame: 7/1/2023 - 6/30/2025

Deliverable: List of members and their respective organizations

Responsible Party: _____

Activity 4.2

Identify the mission, vision, shared values, and structure of the Coalition/Advisory Committee. Update as needed throughout the project.

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Time Frame: 7/1/2023 - 6/30/2025

Deliverable: Written description

Responsible Party: _____

Activity 4.3

Establish Communication methods with local partners and stakeholders.

Time Frame: 7/1/2023 - 6/30/2025

Deliverable: Copy of communications

Responsible Party: _____

Activity 4.4

Conduct meetings no less than four (4) times per year (once per quarter).

Time Frame: 7/1/2023 - 6/30/2025

Deliverable: Copy of agenda or meeting notes

Responsible Party: _____

Activity 4.5

Participate in or host/conduct at least one training per quarter about ADRDs, community organizing, and capacity building via webinars, conferences, workshops etc. to build subject matter expertise in preparation to host the Coalition/Advisory Committee.

Time Frame: 7/1/2023 - 6/30/2025

Deliverable: Copy of registration or training material

Responsible Party: _____

Activity 4.6

Conduct quantitative and/or qualitative evaluation to determine effectiveness of trainings hosted/conducted listed in activity 4.5.

Time Frame: 7/1/2023 - 6/30/2025

Deliverable: Copy of evaluation results

Responsible Party: _____

Activity 4.7

Develop and conduct a Coalition/Advisory Committee satisfaction survey of members to determine satisfaction with group functioning and progress towards meeting project goals. The survey will also identify areas for improvement.

Time Frame: 7/1/2023 - 6/30/2025

Deliverable: Copy of survey results

Responsible Party: _____

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[Use the space and template below to input your two or more additional required goal components, objectives, project intervention and evaluation activities, time frames, deliverables, and responsible parties.]

Goal Component: _____

Time Frame: STATE FISCAL YEAR ONE (1) 7/1/2023 through 6/30/2024

STATE FISCAL YEAR TWO (2) 7/1/2024 through 6/30/2025

Objective # : [insert objective language]

Select additional Goal Components that may support the Objective:

E-1 E-2 E-3 E-4 E-5 E-6 E-7

P-1 P-3 P-4 P-5 P-6

W-1 W-2 W-3 W-4 W-5 W-6 W-7

Activity #.#

[insert activity language]

Time Frame: [insert]_____

Deliverable: [insert]_____

Responsible Party: : [insert]_____

Goal Component: _____

Time Frame: STATE FISCAL YEAR ONE (1) 7/1/2023 through 6/30/2024

STATE FISCAL YEAR TWO (2) 7/1/2024 through 6/30/2025

Objective # : [insert objective language]

Select additional Goal Components that may support the Objective:

E-1 E-2 E-3 E-4 E-5 E-6 E-7

P-1 P-3 P-4 P-5 P-6

W-1 W-2 W-3 W-4 W-5 W-6 W-7

Activity #.#

[insert activity language]

Time Frame: [insert]_____

Deliverable: [insert]_____

Responsible Party: [insert]_____

Goal Component: _____

Time Frame: STATE FISCAL YEAR ONE (1) 7/1/2023 through 6/30/2024

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STATE FISCAL YEAR TWO (2) 7/1/2024 through 6/30/2025

Objective # : [\[insert objective language\]](#)

Select additional Goal Components that may support the Objective:

E-1 E-2 E-3 E-4 E-5 E-6 E-7

P-1 P-3 P-4 P-5 P-6

W-1 W-2 W-3 W-4 W-5 W-6 W-7

Activity #.#

[\[insert activity language\]](#)

Time Frame: [\[insert\]](#)_____

Deliverable: [\[insert\]](#)_____

Responsible Party: [\[insert\]](#)_____

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Document G. Detailed Budget

Detailed Budget Instructions

General instructions are provided to assist LHJs receiving funds or negotiating grant agreements with the CDPH ADP. The Detailed Budget will serve as the LHJ's funding expenditure plan.

The Detailed Budget **must be completed in the fillable Excel workbook found in Exhibit B, Budget Template**. Develop a budget, for each state fiscal year of funding, that identifies and justifies the costs related to the implementation of the Work Plan. Use only whole numbers for the budget. **Cents must be rounded to the nearest whole dollar.**

1. Ensure the combined total dollar amount for each state fiscal year does not exceed the stated maximum amount allowed in the grant.
2. Use the four (4) budget categories listed in Exhibit B Budget Template:
 - A. Personnel Costs and Fringe Benefits**
 - B. Operating Expenses**
 - Travel/Per Diem
 - Training
 - General Expense (office supplies)
 - Communications/Software
 - Space/Rent
 - C. Other Costs**
 - Subcontracts and Consultants
 - D. Indirect Expenses**
3. Verify each activity in the Work Plan that results in an expenditure of funds is adequately reflected in the budget.

How to Calculate the Four (4) Budget Categories

A. Personnel Costs and Fringe Benefits

- List each position by title, required to complete the Work Plan activities throughout the term of the agreement.
- **Position Titles in the budget justification must be consistent with the titles listed in the Work Plan Responsible Parties section.**
- **Designate a lead staff position to provide a minimum required 50% FTE per week and oversight of evaluation activities i.e., Project Director.**
- Positions budgeted under Personnel Costs must have a direct role connected to activities in the Work Plan.
- Positions providing indirect support to the Work Plan and

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budgeted at less than 10% full time equivalent (FTE) should typically be budgeted under Indirect Expenses. If budgeted as a Personnel Cost, provide an explanation for the percentage FTE and the description of the direct connection to the Work Plan.

- Include all leave time (vacation, sick leave, military leave, etc.) in Personnel Costs.
- For each position, provide a brief description of the duties, responsibilities, and activities to be performed. Identify and document any Personnel that will not receive Fringe Benefits.
- Provide a formula to substantiate how costs were calculated for Personnel.
- Salary X percentage (%) of FTE X number of pay periods = Amount Requested by state fiscal year

Salary Range:

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

Percentage of FTE:

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

Number of Pay Periods:

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

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Sample formulas for Personnel Costs:

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

Fringe Benefits

- List each fringe benefit that will be provided to eligible personnel.
- Identify any personnel that will not receive benefits.
- List the fringe benefit percentage and total amount requested for each state fiscal year.
- Provide a range if the fringe benefit percentage rate will vary between Personnel or at different times within the state fiscal year.
- Anticipate any increases in the fringe benefit rate over the three-year project term.
- Fringe Benefits may not include the following:
 - Employee leave (including annual, vacation, sick, holidays, jury duty, military, training, and administrative leave).
 - Employee vacation or sick leave accruals earned outside the allocation term.
 - Workers' compensation claims. (Budget for premiums only).
- Budget at actual costs for each eligible employee.
- Sample formula for Fringe Benefits:
 $\$75,000 \text{ annual salary cost} \times 35\% \text{ fringe benefit rate} = \$26,250$ fringe benefit state fiscal year total.

B. Operating Expenses

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

- Sample formula for Internet:
 $\# \text{ FTE} \times \$__\text{per month} \times \# \text{ months} = \$______.$

Space Rent/Lease:

- Budget project Space Rent/Lease costs at a maximum of 150 square feet per FTE plus reasonable square footage for common space, such as: conference rooms, break room(s), restrooms, storage, library, etc.
- Separate formulas for office space and common space are acceptable.
- Provide a detailed justification if project space exceeds 150 square feet per FTE and/or the amount of shared space is significant.

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- Include any space cost increases over the project term.
- Sample formula for space rent/lease:
 $1.4 \text{ FTE} \times 150 \text{ square feet} \times \$1.20 \text{ per square foot} \times 12 \text{ months} = \$3,024.$

Travel/Per Diem and Training

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

Project Travel/Training:

- Includes in-state airfare, meals, lodging, mileage, and incidental expenses, which are essential to complete the Work Plan. Should the application include a request for travel outside of the state of California, the applicant must follow CDPH's current Out-of-State Travel Policies. Please see the attached **CDPH Travel Manual** for more information. Out-of-state travel may only be reimbursed if such travel is necessitated by the Work Plan and has been approved in advance by CDPH ADP.
- Includes registration fees for staff development or any other additional training events for professional, clerical, administrative personnel, etc., necessary for the completion of activities in the Work Plan.
- Provide a brief explanation for each type of cost connected with the Work Plan travel activity.
- Provide a travel estimate for each event. Estimate the number of project staff attending and the estimated budget amount for each traveler.
- Use mileage formulas to provide additional detail.
- Provide the estimated state fiscal year budget amounts.
- Sample formula for Project Travel/Training:
 1. Lodging formula: $2 \text{ project travelers} \times \$80 \text{ per traveler} \times 2 \text{ nights} = \$320 \text{ lodging total}$
 2. Per Diem formula: $2 \text{ project travelers} \times \$40 \text{ per person per day} \times 3 \text{ days} = \$240 \text{ per diem total}$
 3. Mileage formula: $1 \text{ project traveler} \times 400 \text{ miles} \times \$0.565 \text{ per mile} = \$226 \text{ mileage total}$
 4. Airfare formula: $2 \text{ travelers} \times \$640 \text{ round trip airfare} = \$1,280 \text{ airfare total}$

Office Expenses/Supplies:

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

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Communications:

- Budget for the installation cost of telephones and any recurring monthly charges related to the telephone system including fax line, and costs related to teleconferencing that may be necessary to complete the Work Plan.
- Budget amounts for monthly mobile phone charges (device purchase costs should be budgeted under Communications).
- Cell phone service fees are limited to five (5) phones and not to exceed \$2,500 annually.
- All mobile computing devices must be encrypted. Unencrypted devices (e.g., Smartphones.) are not allowed.
- Describe the expenses related to this line item and provide the estimated budget amount needed for each state fiscal year.
- Sample formula for Communications:
 $\$250 \text{ combined monthly charges} \times 12 \text{ months} = \$3,000 \text{ state fiscal year total}$

Postage

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

Printing

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

Duplicating

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

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- Copier maintenance agreements, copier supplies such as paper, toner, etc. (Do not include if already listed in Office Expenses).
- Provide a description of the costs related to in-hour duplicating and the estimated budget amount.
- Indicate whether the budget includes supplies and maintenance agreements. (Costs related to renting copiers should be budgeted under Equipment Rental/Lease.)
- Provide the estimated budget needed for each state fiscal year.
- Sample formula for Duplicating:
\$75 combined monthly duplicating x 12 months
= \$900 state fiscal year total.

Equipment Lease/Rental

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

C. Other Costs

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

Subcontracts and Consultants

A subcontractor is an individual or agency qualified to:

- Complete a specialized task that is directly related to the project's Work Plan activities.
- Execute/implement/complete a component of the project, carryout implement

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solutions, and/or perform a limited-term service/activity.

- Requires a multi-category budget, including indirect expenses

A Consultant is an individual who:

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

In the description of the Subcontracts and Consultants line item:

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

Educational Materials:

- Items such as brochures, pamphlets, posters, curriculum, training guides, videos, slides, flip charts, CD-ROMs, and signage necessary for Work Plan activities.
- LHJs may develop their own educational materials but must first

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demonstrate the need for the material. Coordination of educational materials in funded partnerships is strongly encouraged.

Paid Media:

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

Booth Rental Facility Fees:

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

Other LHJ Subcategories:

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

D. Indirect Expenses

An indirect cost rate (ICR) is simply a device for determining fairly and conveniently within the boundaries of sound administrative principles, what proportion of indirect cost each program should bear. An indirect cost rate is the ratio between the total indirect expenses and direct cost base. **Indirect costs cannot exceed 25% of total personnel services (Personnel Costs plus**

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Fringe Benefits). Please see the attached **22-23 ICR Posting** for specific ICR requirements for each LHJ.

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

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

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

Identify:

- The cost basis for calculating indirect expenses, i.e., total personal costs or total direct cost.
- Percentage rate. The percentage rate is negotiated between the CDPH and the LHJs. A range is acceptable when the percentage rate will vary at different times during the state fiscal year or between multiple state fiscal years.
- Include personnel, budgeted at less than 10% FTE, and not directly connected to the Work Plan.
- Indirect costs cannot exceed 25% of total personnel services (Personnel Costs plus Fringe Benefits).
- Sample formula for Indirect Expenses:

$\$50,000$ staff salaries total + $\$20,000$ staff fringe benefits total = $\$70,000$ total personnel costs x 25% = $\$17,500$ indirect cost state fiscal year total.

PART III. SCORING AND RUBRIC

A. Phase I Review

The ADP will carefully screen all applications received by the due date for compliance with all requirements stated in this RFA.

Only fully completed applications will be considered eligible and advanced to the review committee. Non-responsive applications will not advance to Phase II review. Applicants will be notified that their applications did not meet eligibility and/or published submission requirements. Applicants that move to Phase II will not be notified.

B. Phase II Review

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

- a. Narrative Summary,
- b. Letters of Commitment,
- c. Work Plan, and
- d. Budget and Budget Justification.

The rubric is valued at a maximum of 100 points. An application must have a minimum of 75 points (75%) to qualify for a grant award. These scores are advisory to the Review Committee. The Review Committee will recommend “total funding” or “no funding,” and then convene to make the final selections.

Table 3 displays the maximum point values for each section.

Table 3
Maximum Point Values for RFA Documents

Document/Exhibit	Maximum Point Value
C. Narrative Summary	30
D. Letters of Commitment	10
F. Work Plan	40
Exhibit B - Budget and Budget Justification	20
Total	100

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Scoring Rubric

SCORING CRITERIA	MAXIMUM POINT VALUE
Document C. Narrative Summary	30
Overview of Need for Public Health Action: The extent to which the applicant describes the public health problem; identifies a target population—as demonstrated with scientific evidence—that is disproportionately affected by ADRDs; defines local public health priorities; and describes why their LHJ needs this project.	10
Response to Eliminating Health Disparities: The extent to which the applicant clearly describes the health disparities that exist in the LHJ; describes how it intends to address the health disparities; describes adequate reach within the applicant’s target population; and describes how it will implement a population-based, public health approach using the <i>Healthy Brain Initiative Road Map</i> framework and strategies for this project.	10
Commitment to Collaboration and Leveraging Resources: The extent to which the applicant describes how it is set-up for successful program implementation; demonstrates ability to lead strategically through the creation of a common agenda, serve as a catalyst for change, and demonstrate program accomplishments such as leveraging resources with respect to brain health, cognitive impairment, caregiving, and other local health-related programs.	10
Document D. Letters of Commitment	10
The extent to which each letter of commitment demonstrates the applicant’s ability to establish and maintain strong cross-sector working relationships to implement public health actions for brain health and cognitive impairment.	10
Document F. Work Plan	40
Goal 1 Monitor and Evaluate: The extent to which the applicant demonstrates the ability to effectively gather, analyze, interpret, and use evidence-based or evidence-informed strategies where such information exists.	10

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Goal 3 Develop policies and mobilize partnerships: The extent to which the applicant demonstrates the ability to improve population health by developing and engaging a Coalition or Advisory Committee comprised of public and private partners, subject matter experts, and community stakeholders.	10
The extent to which the applicant provides SMART objectives within the Work Plan that are feasible, ethical, methodologically sound, and innovative.	10
The extent to which the applicant describes clear project procedures and how performance measurement will be incorporated into planning and implementation of project activities.	10
Exhibit B - Budget and Budget Justification	20
Detailed Budget: The extent to which the applicant aligns budget activities closely with activities described in the Work Plan.	5
Detailed Budget: The extent to which the applicant provides a staffing plan that will be enough to meet the goals of the proposed project. Designate a lead staff position to provide a minimum required 50% FTE per week and oversight of evaluation activities i.e., Project Director.	5
Budget Justification: The extent to which the applicant identifies the allowable and appropriate project expenses to support the proposed Work Plan activities.	6
Budget Justification: The extent to which the applicant describes each line item from the Detailed Budget and how each proposed cost is necessary and reasonable in terms of Work Plan activities, benefits to targeted population(s), and project outcomes.	4

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C. Phase III Review

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

- **Geographic Diversity** – Applicants may be funded out of order to ensure there is geographic diversity among grant recipients representing rural, coastal, and metropolitan areas within the state.
- **Target Population Diversity** – Applicants may be funded out of order to ensure target population representation of recipients is **non-duplicative** and to ensure that the breadth of opportunities across groups highly affected by ADRDs in the areas served are maintained through this RFA. The applicant should explain the different types of consequences, such as: how many people have ADRDs, populations most likely to have ADRDs, or health consequences related to ADRDs on specific populations.

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

PART IV. ADMINISTRATIVE REQUIREMENTS

Following the review process, grant awards will be negotiated between the successful applicant institution and the CDPH ADP. Grantees will be required to conform to CDPH's contractual requirements and standard State provisions and restrictions included in each grant. CDPH ADP may require modifications to the application components as a condition of the award, i.e., Work Plan, Detailed Budget, etc. which will become part of the final Grant. Upon completion and approval of these documents, the Grant documents will be submitted to CDPH for execution.

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

A. Confidentiality

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

B. Invoicing

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

C. Audits

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

D. Use of Funds

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

E. Disposition of Applications

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

F. Inspecting or Obtaining Copies of Application Materials

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Persons wishing to view or inspect any application or award related materials must follow the Public Records Act request process detailed at:

<https://www.dgs.ca.gov/Services/Page-Content/Service-List/Request-Public-Records>

G. Cost of Developing the Application

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

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

1. Resolution of Differences Between RFA and Contract Language:

If an inconsistency or conflict arises between the terms and conditions appearing in the final grant and the proposed terms and conditions appearing in this RFA, any inconsistency or conflict will be resolved by giving precedence to the grant.

2. California Department of Public Health Rights:

In addition to the rights discussed elsewhere in this RFA, the CDPH ADP reserves the right to do any of the following:

- a. Modify any date or deadline appearing in this RFA.
- b. Issue clarification notices, addenda, alternate RFA instructions, forms, etc. If this RFA is clarified, corrected, or modified, the CDPH ADP intends to post all clarification notices and/or RFA addenda on the [CDPH ADP Grants Website](#).
- c. The CDPH ADP reserves the right to fund any or none of the applications submitted in response to this RFA. The CDPH ADP may also waive any immaterial deviation in any application. The CDPH ADP waiver of any immaterial deviation shall not excuse an application from full compliance with the grant terms if a grant is awarded.
- d. The CDPH ADP reserves the right to withdraw any award or request modifications to the Work Plan and/or Budget of any application component(s) as a condition of the grantaward.

3. Termination:

The CDPH ADP reserves the right to terminate the grant if the application submitted, awarded, modified, and approved by the CDPH ADP

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

I. Award Appeal Process

An applicant who has submitted an application and was not funded may file an appeal with the CDPH, CDCB. Appeals must state the reason, law, rule, regulation, or practice that the applicant believes has been improperly applied in regard to the evaluation or selection process.

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

Appeals shall be limited to the following grounds:

1. The CDPH, CDCB failed to correctly apply the application review process, the format requirements, or evaluating the applications as specified in the RFA.
2. The CDPH, CDCB failed to follow the methods for evaluating and scoring the applications as specified in the RFA.

Appeals must be sent by email to AlzheimersD@cdph.ca.gov and received by May 12, 2023. The Chief of the CDCB, or designee, will decide based on the written appeal letter. The decision of the Branch Chief of CDCB, or designee, shall be the final remedy and there will be no further administrative appeal. Appellants will be notified by e-mail within 15 business days of receiving the written dispute letter. The CDPH, CDCB reserves the right to withdraw or respond to the satisfaction of the CDPH, CDCB.

PART V. SUPPORTING APPENDICES

Please see attachments.

REFERENCES

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- 2 Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute. (2019). California: 2019 County Health Rankings Report. Retrieved from <https://www.countyhealthrankings.org/reports/state-reports/2019-california-report>
- 3 California Health and Human and Human Services Agency. (2019). *California's State Plan for Alzheimer's Disease: an Action Plan for 2011-2021*. Retrieved from <https://www.chhs.ca.gov/wp-content/uploads/2019/06/California-State-Plan-for-Alzheimers-Disease.pdf>
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- 12 Alzheimer's Association. (2022). *California Alzheimer's Statistics*. Retrieved from <https://www.alz.org/media/Documents/california-alzheimers-facts-figures-2022.pdf>
- 13 Alzheimer's Association. (2022). Cognitive Decline in California: Data from the 2015 Behavioral Risk Factor Surveillance System. Retrieved from <https://alz.org/media/Documents/California-2020-Cog-BRFSS-Fact-Sheet.pdf>

- 14 Centers for Disease Control and Prevention. (2018) California Caregiving: 2016 Behavioral Risk Factor Surveillance System (BRFSS) Data. Retrieved from <https://www.cdc.gov/aging/data/pdf/2016-brfss-california-caregiving-h.pdf>
- 15 Alzheimer's Association. (2022). *2022 Alzheimer's Disease Facts and Figures*. <https://www.alz.org/media/documents/alzheimers-facts-and-figures.pdf>