**ASCOG AAA FISCAL YEAR 2017 REQUEST FOR PROPOSAL GUIDE**

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| RFP PART IV  ATTACHMENTS |  |
|  | Page |
| A. Additional Forms and Instructions:  1. Older Americans Act Estimated Persons Served and Service Units  2. Older Americans Act Estimated Persons Served and Service Units  Instructions  3. Older Americans Act Unit Cost Calculation  4. Older Americans Act Summary Program Budget  5. Older Americans Act Supporting Budget Schedule | 2  2  4  5  8  10 |
| B. Older Americans Act Program Allowable Federal Expenses by Service  by Part | 18 |

**Estimated Persons Served and Service Units PART IV. A. 1. (Page 1 of 2)**

**Applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| Estimated Persons Served and Service Units- Older American Act Title III Services Only | | | | | | | | | | | | | | | | | | |
|  | UNDUPLICATED PERSONS | | SERVICE UNITS | CLIENTS IN POVERTY | CLIENTS IN POVERTY/  MINORITY | MINORITY STATUS | | | | | | LIVES ALONE | 0 - 2 ADL | 3+ ADL | 0 - 2 IADL | 3+ IADL | | HIGH NUTRITION RISK 6+ |
| SERVICE CATEGORIES | Rural Urban  (1) | | (2) | (3) | (4) | AI | AF | AS  (5) | | HS | NH | (6) | (7) | (8) | (9) | (10) | | (11) |
| **Registered Services:** |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |
| 1. Personal care |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |
| 2. Homemaker |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |
| 3. Chore |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |
| 4. Home-delivered meals |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |
| 5. Adult day care/health |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |
| 6. Case management |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  | |  |
| 7. Congregate meals |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |
| 8. Nutrition counseling |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |
| 9. Assisted transportation |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |
| **TOTAL Registered Services:** |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |
| **Non-Registered "Other" Services:** |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |
| 10. Transportation |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |
| 11. Legal assistance |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |
| 12. Nutrition education |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |
| 13. Information & assistance |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |
| 14. Outreach |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |

**Estimated Persons Served and Service Units PART IV. A. 1. (page 2 of 2)**

# Estimated Persons Served and Service Units- Older American Act Title III Services Only

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | UNDUPLICATED PERSONS | | SERVICE UNITS | CLIENTS IN POVERTY | CLIENTS IN POVERTY/  MINORITY | MINORITY STATUS | | | | | LIVES ALONE | 0 - 2 ADL | 3+ ADL | 0 - 2 IADL | 3+ IADL | HIGH  NUTRITION RISK  6+ |
| SERVICE CATEGORIES | Rural Urban  (1) | | (2) | (3) | (4) | AI | AF | AS  (5) | HS | NH | (6) | (7) | (8) | (9) | (10) | (11) |
| 15. Funded “Other” |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| * Advocacy/representation |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| * Education/training |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| * Education/information and assistance |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| * Education/outreach |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| * Health promotion |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| * Medication management |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| * Home repair |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| * Coordination of services |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| * Information services |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| * Information services-GRRC |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| * Access assistance |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| * Access assistance-GRRC |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| * Counseling |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| * Counseling-GRRC |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| * Support groups |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| * Support groups-GRRC |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| * Training |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| * Training-GRRC |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| * Respite |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| * Respite-GRRC |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| * Supplemental services |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| * Supplemental services-GRRC |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **TOTAL Non-Registered "OTHER" Services:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**PART IV. A. 2.**

**Older Americans Act Estimated Persons Served and Service Units Instructions**

**(1) Total Unduplicated Persons -** Total unduplicated count should include all persons served during the course of the year per service category, regardless of how many service units individual clients receive**.**

**(2) Total Units of Service** - Enter a total count of service units provided during the year. If there are multiple service providers for the same service, the total is a sum of the service units provided by all providers to all clients. Report all service units, even if the OAA funding and related match funds are not the exclusive source of funding for the provider. In the case of meals, enter the number of Nutrition Services Incentive Program (NSIP) eligible meals to include meals provided to volunteers

**(3) Clients In Poverty -** Unduplicated persons considered to be in poverty are those whose income is at or below the official poverty guidelines as defined annually by the Office of Management and Budget.

**(4) Clients In Poverty/Minority -** Unduplicated persons who qualify in number (1) definition and who are also of minority status as defined in number (5).

**(5) Minority Status -** Unduplicated minority older persons are confined to the following designations:

**AI (American Indian or Alaskan Native) -** A person having origins in any of the original peoples of North America, including Central America, and who maintains tribal affiliation or community attachment.

**AF (Black or African American) -** A person having origins in any of the black racial groups of Africa.

**AS (Asian) -** A person having origins in any of the original peoples of the Far East, SE Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**HS (Hispanic or Latino) -** A person of Cuban, Mexican, Puerto Rican, Central or South American or other Spanish culture or origin, regardless of race.

**NH (Native Hawaiian or Other Pacific Islander)** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**(6) Lives Alone -** A one person household (using the Census definition of household) where the householder lives by his or herself in an owned or rented place of residence in a non-institutional setting, including board and care facilities, assisted living units and group homes.

**(7) 0-2 ADL -** The number of unduplicated persons that have the inability to perform 0-2 of the following six activities of daily living without assistance, stand-by assistance, supervision or cues: eating, dressing, bathing, toileting, transferring in and out of bed or chair, and walking.

**(8) 3+ ADL -** The number of unduplicated persons that have the inability to perform 3 or more of the six activities listed in (7).

**(9) 0-2 IADL -** The number of unduplicated persons that have the inability to perform 0-2 of the following instrumental activities of daily living without personal or stand-by assistance, supervision or cues: preparing meals, shopping for personal items, medication management, managing money, using telephone, doing heavy housework, doing light housework, and transportation ability. Transportation ability refers to the individual’s ability to make use of available transportation without assistance.

1. **3+ IADL -** The number of unduplicated persons that have the inability to perform 3 or more of the instrumental activities of daily living as listed in (9).
2. **High Nutrition Risk 6+** - The number of unduplicated persons that scored 6 or more on the “Determine Your Nutritional Health” checklist.

***Note: Shaded areas indicate information not required for this report.***

**Unit Cost Calculation PART IV. A. 3. (Page 1 of 3)**

**Applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Older Americans Act Unit Cost Calculation**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| SERVICE  CATEGORIES | TOTAL UNITS OF SERVICE | TOTAL UNDUPLICATED  PERSONS | TOTAL OAA TITLE III  FUNDING | TOTAL LOCAL  FUNDING | TOTAL ALL  FUNDING  Add Col 3 & 4 | TOTAL  OAA TITLE III COST PER UNIT  Divide Col 3 by Col 1 | TOTAL LOCAL COST PER UNIT  Divide Col 4 by Col 1 | TOTAL COST PER UNIT  Add Col 6 & 7 | TOTAL OAA TITLE III  COST PER PERSON  Divide Col 3 by Col 2 | TOTAL LOCAL COST PER PERSON  Divide Col 4 by Col 2 | TOTAL COST PER PERSON Add Col 9 &10 |
| **Registered Services:** | ( 1 ) | ( 2 ) | ( 3 ) | ( 4 ) | ( 5 ) | ( 6 ) | ( 7 ) | ( 8 ) | ( 9 ) | ( 10 ) | ( 11 ) |
| 1. Personal care |  |  |  |  |  |  |  |  |  |  |  |
| 2. Homemaker |  |  |  |  |  |  |  |  |  |  |  |
| 3. Chore |  |  |  |  |  |  |  |  |  |  |  |
| 4. Home-delivered meals |  |  |  |  |  |  |  |  |  |  |  |
| 5. Adult day care/ health |  |  |  |  |  |  |  |  |  |  |  |
| 6. Case management |  |  |  |  |  |  |  |  |  |  |  |
| 7. Congregate meals |  |  |  |  |  |  |  |  |  |  |  |
| 8. Nutrition counseling |  |  |  |  |  |  |  |  |  |  |  |
| 9. Assisted transportation |  |  |  |  |  |  |  |  |  |  |  |
| **Non-Registered "Other" Services:** |  |  |  |  |  |  |  |  |  |  |  |
| 10. Transportation |  |  |  |  |  |  |  |  |  |  |  |
| 11. Legal assistance |  |  |  |  |  |  |  |  |  |  |  |
| 12. Nutrition education |  |  |  |  |  |  |  |  |  |  |  |
| 13. Information & assistance |  |  |  |  |  |  |  |  |  |  |  |
| 14. Outreach |  |  |  |  |  |  |  |  |  |  |  |

**Unit Cost Calculation PART IV. A. 3. (Page 2 of 3)**

**Older Americans Act Unit Cost Calculation**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| SERVICE  CATEGORIES | TOTAL UNITS  OF SERVICE | TOTAL UNDUPLICATED PERSONS | TOTAL OAA  TITLE III FUNDING | TOTAL  LOCAL  FUNDING | TOTAL ALL FUNDING  Add Col 3 & 4 | TOTAL  OAA TITLE III  COST PER UNIT Divide Col 3 by Col 1 | TOTAL LOCAL COST PER UNIT Divide Col 4  by Col 1 | TOTAL COST PER UNIT  Add Col 6 & 7 | TOTAL  OAA TITLE III  COST PER PERSON  Divide Col 3 by Col 2 | TOTAL LOCAL COST PER PERSON  Divide Col 4 by Col 2 | TOTAL COST  PER PERSON  Add Col 9 &10 |
| 15. Funded “Other” | ( 1 ) | ( 2 ) | ( 3 ) | ( 4 ) | ( 5 ) | ( 6 ) | ( 7 ) | ( 8 ) | ( 9 ) | ( 10 ) | ( 11 ) |
| * Advocacy/representation |  |  |  |  |  |  |  |  |  |  |  |
| * Education/training |  |  |  |  |  |  |  |  |  |  |  |
| * Education/information and assistance |  |  |  |  |  |  |  |  |  |  |  |
| * Education/outreach |  |  |  |  |  |  |  |  |  |  |  |
| * Health promotion |  |  |  |  |  |  |  |  |  |  |  |
| * Medication management |  |  |  |  |  |  |  |  |  |  |  |
| * Home repair |  |  |  |  |  |  |  |  |  |  |  |
| * Coordination of services |  |  |  |  |  |  |  |  |  |  |  |
| * Information services |  |  |  |  |  |  |  |  |  |  |  |
| * Information services-GRRC |  |  |  |  |  |  |  |  |  |  |  |
| * Access assistance |  |  |  |  |  |  |  |  |  |  |  |
| * Access assistance-GRRC |  |  |  |  |  |  |  |  |  |  |  |
| * Counseling |  |  |  |  |  |  |  |  |  |  |  |
| * Counseling-GRRC |  |  |  |  |  |  |  |  |  |  |  |
| * Support groups |  |  |  |  |  |  |  |  |  |  |  |
| * Support groups-GRRC |  |  |  |  |  |  |  |  |  |  |  |
| * Training |  |  |  |  |  |  |  |  |  |  |  |
| * Training-GRRC |  |  |  |  |  |  |  |  |  |  |  |
| * Respite care |  |  |  |  |  |  |  |  |  |  |  |
| * Respite care-GRRC |  |  |  |  |  |  |  |  |  |  |  |
| * Supplemental services |  |  |  |  |  |  |  |  |  |  |  |
| * Supplemental services-GRRC |  |  |  |  |  |  |  |  |  |  |  |

**Unit Cost Calculation PART IV. A. 3. (Page 3 of 3)**

**Non-Older Americans Act Unit Cost Calculation**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| SERVICE  CATEGORIES | TOTAL UNITS  OF SERVICE | TOTAL UNDUPLICATED PERSONS | TOTAL  NON-OAA  FUNDING | TOTAL  NON-OAA  COST PER UNIT Divide Col.3 by Col .1 | TOTAL  NON-OAA  COST PER PERSON  Divide Col .3 by Col. 2 |
| 16. Non-OAA Services | ( 1 ) | ( 2 ) | ( 3 ) | ( 4 ) | ( 5 ) |
| * Non-OAA - Contract Services |  |  |  |  |  |
| * Non-OAA - Contract Meals |  |  |  |  |  |
| * Non-OAA - Advantage Meals |  |  |  |  |  |
| * Non-OAA - Head Start Meals |  |  |  |  |  |
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| **PART IV. A. 4. (Page 1 of 2)** Summary Program Budget **Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
|  | III-B SOCIAL SERVICES | | | | | | III-C1 CONGREGATE MEALS | | | | | | | III-C2 HOME DELIVERED MEALS | | | | | | | | III-D  HEALTH PROMOTION/ MED MGMT | | | III-E CAREGIVER SUPPORT | | | TOTALS | |
| BUDGET CATEGORIES | Transp |  | OR | Home Maker | Home Repair | | Meals Cost | Project Mgmt. | | Other Costs | | | | Meals Cost | | Project Mgmt | Delivery Costs | Other Costs | | | |  | |  | | | |  | |
|  |  |  |  |  |  | |  |  | | Out Reach | Nut Educ | Nut Transp | |  | |  |  | Out Reach | | Nut Educ | HDM  Assess | / | |  | | | |  | |
| 1. Personnel |  |  |  |  |  | |  |  | |  |  |  | |  | |  |  |  | |  |  | / | |  | | | |  | |
| 2. Staff Travel |  |  |  |  |  | |  |  | |  |  |  | |  | |  |  |  | |  |  | / | |  | | | |  | |
| 3. Food |  |  |  |  |  | |  |  | |  |  |  | |  | |  |  |  | |  |  | / | |  | | | |  | |
| 4. Nutrition Consultant |  |  |  |  |  | |  |  | |  |  |  | |  | |  |  |  | |  |  | / | |  | | | |  | |
| 5. Equipment |  |  |  |  |  | |  |  | |  |  |  | |  | |  |  |  | |  |  | / | |  | | | |  | |
| 6. Rent/Utilities |  |  |  |  |  | |  |  | |  |  |  | |  | |  |  |  | |  |  | / | |  | | | |  | |
| 7. Other |  |  |  |  |  | |  |  | |  |  |  | |  | |  |  |  | |  |  | / | |  | | | |  | |
| 8. Indirect Costs |  |  |  |  |  | |  |  | |  |  |  | |  | |  |  |  | |  |  | / | |  | | | |  | |
| **9. TOTAL COSTS** |  |  |  |  |  | |  |  | |  |  |  | |  | |  |  |  | |  |  |  | |  | | | |  | |
| 10. Less: NSIP Funds |  |  |  |  |  | |  |  | |  |  |  | |  | |  |  |  | |  |  | / | |  | | | |  | |
| 11. Less: Program Income (Title III) |  |  |  |  |  | |  |  | |  |  |  | |  | |  |  |  | |  |  | / | |  | | | |  | |
| 12. Less: Program Income (Contract) |  |  |  |  |  | |  |  | |  |  |  | |  | |  |  |  | |  |  | / | |  | | | |  | |
| 13. Less: Program Income (Advantage Meals) |  |  |  |  |  | |  |  | |  |  |  | |  | |  |  |  | |  |  | / | |  | | | |  | |
| **14. NET COSTS** |  |  |  |  |  | |  |  | |  |  |  | |  | |  |  |  | |  |  |  | |  | | | |  | |
| 15. Less: Grantee Participation |  |  |  |  |  | |  |  | |  |  |  | |  | |  |  |  | |  |  |  | |  | | | |  | |
| 16. OAA Title III Grant Funds |  |  |  |  |  | |  |  | |  |  |  | |  | |  |  |  | |  |  |  | |  | | | |  | |
|  | | | |  | |  | | |  | | | |  | |  | | | |  | | | |  | | |  |  |  | | |  |  |  |  |  |  |  |  |  |  |

**PART IV. A. 4. (Page 2 of 2)**

## Summary Program Budget

**Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
|  | Non-Older Americans Act Contract Services | | | | | | Non-Older Americans Act  Contract Meals | | | | | | | | Non-Older Americans Act  Advantage Meals | | | | | | | | |  | | |  | TOTALS | | |
| BUDGET CATEGORIES |  |  |  |  | | Meals Cost | | Project Mgmt | Delivery Costs | | Other Costs | | | | Meals Cost | Project Mgmt | | Delivery Costs | | Other Costs | | | |  | |  | |  | | |
|  |  |  |  |  | |  | |  |  | |  |  | |  |  |  | |  | |  | . | . | |  | |  | |  | | |
| 1. Personnel |  |  |  |  | |  | |  |  | |  |  | |  |  |  | |  | |  |  |  | |  | |  | |  | | |
| 2. Staff Travel |  |  |  |  | |  | |  |  | |  |  | |  |  |  | |  | |  |  |  | |  | |  | |  | | |
| 3. Food |  |  |  |  | |  | |  |  | |  |  | |  |  |  | |  | |  |  |  | |  | |  | |  | | |
| 4. Nutrition Consultant |  |  |  |  | |  | |  |  | |  |  | |  |  |  | |  | |  |  |  | |  | |  | |  | | |
| 5. Equipment |  |  |  |  | |  | |  |  | |  |  | |  |  |  | |  | |  |  |  | |  | |  | |  | | |
| 6. Rent/Utilities |  |  |  |  | |  | |  |  | |  |  | |  |  |  | |  | |  |  |  | |  | |  | |  | | |
| 7. Other |  |  |  |  | |  | |  |  | |  |  | |  |  |  | |  | |  |  |  | |  | |  | |  | | |
| 8. Indirect Costs |  |  |  |  | |  | |  |  | |  |  | |  |  |  | |  | |  |  |  | |  | |  | |  | | |
| **9. TOTAL COSTS** |  |  |  |  | |  | |  |  | |  |  | |  |  |  | |  | |  |  |  | |  | |  | |  | | |
| 10. Less: NSIP Funds |  |  |  |  | |  | |  |  | |  |  | |  |  |  | |  | |  |  |  | |  | |  | |  | | |
| 11. Less: Program Income (Title III) |  |  |  |  | |  | |  |  | |  |  | |  |  |  | |  | |  |  |  | |  | |  | |  | | |
| 12. Less: Program Income (Contract) |  |  |  |  | |  | |  |  | |  |  | |  |  |  | |  | |  |  |  | |  | |  | |  | | |
| 13. Less: Program Income (Advantage Meals) |  |  |  |  | |  | |  |  | |  |  | |  |  |  | |  | |  |  |  | |  | |  | |  | | |
| **14. NET COSTS** |  |  |  |  | |  | |  |  | |  |  | |  |  |  | |  | |  |  |  | |  | |  | |  | | |
| 15. Less: Grantee Participation |  |  |  |  | |  | |  |  | |  |  | |  |  |  | |  | |  |  |  | |  | |  | |  | | |
| 16. OAA Title III Grant Funds |  |  |  |  | |  | |  |  | |  |  | |  |  |  | |  | |  |  |  | |  | |  | |  | | |
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**Supporting Budget Schedule PART IV. A. 5. (page 1 of 8 pages)**

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|  | III-B  SOCIAL SERVICES | | | | III-C1  CONGREGATE MEALS | | | | | III-C2  HOME DELIVERED MEALS | | | | |  | III-D  HP/MM | III-E  CAREGIVER SUPPORT | TOTALS |
| BUDGET  CATEGORIES | Trans | OR | Home Maker | Home Repair | Meals Cost | Project Mgmt. | Other Costs | | | Meals Cost | Project Mgmt. | Delivery Costs | Other Costs | | |  |  |  |
|  |  |  |  |  |  |  | Out  Reach | Nut  Educ | Nut  Transp |  |  |  | Out  Reach | Nut Educ | HDM  Assess | / |  |  |
| **1. PERSONNEL**  **(Itemized By Title)** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Total Personnel Costs** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Supporting Budget Schedule PART IV. A. 5. (page 2 of 8 pages)**

**Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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|  | III-B  SOCIAL SERVICES | | | | III-C1  CONGREGATE MEALS | | | | | III-C2  HOME DELIVERED MEALS | | | | | |  | III-D  HP/MM | III-E  CAREGIVER SUPPORT | TOTALS |
| BUDGET  CATEGORIES | Trans | OR | Home Maker | Home Repair | Meals Cost | Project Mgmt. | Other Costs | | | Meals Cost | Project Mgmt | Delivery Costs | Other Costs | | | |  |  |  |
|  |  |  |  |  |  |  | Out Reach | Nut  Educ | Nut Transp |  |  |  | Out  Reach | Nut  Educ | HDM  Assess | | / |  |  |
| **2. STAFF TRAVEL** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |
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| **Total Travel Costs** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |
| **3. FOOD** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |
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| **Total Food Costs** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |

**Supporting Budget Schedule PART IV. A. 5. (page 3 of 8 pages)**

**Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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|  | III-B  SOCIAL SERVICES | | | | III-C1  CONGREGATE MEALS | | | | | III-C2  HOME DELIVERED MEALS | | | | |  | III-D  HP/MM | III-E  CAREGIVER SUPPORT | TOTALS |
| BUDGET  CATEGORIES | Trans | OR | Home Maker | Home Repair | Meals Cost | Project Mgmt. | Other Costs | | | Meals Cost | Project Mgmt | Delivery Costs | Other Costs | | |  |  |  |
|  |  |  |  |  |  |  | Out Reach | Nut  Educ | Nut Transp |  |  |  | Out  Reach | Nut  Educ | HDM  Assess | / |  |  |
| **4. NUTRITION CONSULTANT** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Total Nutrition Consultant Costs** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **5. EQUIPMENT** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Total Equipment Costs** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Supporting Budget Schedule PART IV. A. 5. (page 4 of 8 pages)**

**Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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|  | III-B  SOCIAL SERVICES | | | | III-C1  CONGREGATE MEALS | | | | | III-C2  HOME DELIVERED MEALS | | | | |  | III-D  HP/MM | III-E  CAREGIVER SUPPORT | TOTALS |
| BUDGET  CATEGORIES | Trans | OR | Home Maker | Home Repair | Meals Cost | Project Mgmt. | Other Costs | | | Meals Cost | Project Mgmt | Delivery Costs | Other Costs | | | / |  |  |
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| **6. RENT/UTILITIES** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Total Rent/Utilities Costs** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7. OTHER COSTS** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Total Other Costs** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **8. INDIRECT COSTS**  **(Attach Copy of Negotiated Agreement)** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Total Indirect Costs** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Supporting Budget Schedule PART IV. A. 5. (page 5 of 8 pages)**

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|  | Non-Older Americans Act  Contract Services | | | Non-Older Americans Act  Contract Meals | | | | | | Non-Older Americans Act  Advantage Meals | | | | |  |  |  | TOTALS |
| BUDGET  CATEGORIES |  |  |  | Meals Cost | Project Mgmt | Delivery Costs | Other Costs | | | Meals Cost | Project Mgmt | Delivery Costs | Other Costs | | |  |  |  |
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| **1. PERSONNEL**  **(Itemized By Title)** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Total Personnel Costs** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Supporting Budget Schedule PART IV. A. 5. (page 6 of 8 pages)**

**Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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|  | Non-Older Americans Act  Contract Services | | | Non-Older Americans Act  Contract Meals | | | | | | Non-Older Americans Act  Advantage Meals | | | | | |  |  |  | TOTALS |
| BUDGET  CATEGORIES |  |  |  | Meals Cost | Project Mgmt | Delivery Costs | Other Costs | | | Meals Cost | Project Mgmt | Delivery Costs | Other Costs | | | |  |  |  |
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| **2. STAFF TRAVEL** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |
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| **Total Travel Costs** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |
| **3. FOOD** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |
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| **Total Food Costs** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |

**Supporting Budget Schedule PART IV. A. 5. (page 7 of 8 pages)**

**Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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|  | Non-Older Americans Act  Contract Services | | | Non-Older Americans Act  Contract Meals | | | | | | Non-Older Americans Act  Advantage Meals | | | | |  |  |  | TOTALS |
| BUDGET  CATEGORIES |  |  |  | Meals Cost | Project Mgmt | Delivery Costs | Other Costs | | | Meals Cost | Project Mgmt | Delivery Costs | Other Costs | | |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **4. NUTRITION CONSULTANT** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Total Nutrition Consultant Costs** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **5. EQUIPMENT** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Total Equipment Costs** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Supporting Budget Schedule PART IV. A. 5. (page 8 of 8 pages)**

**Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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|  | Non-Older Americans Act  Contract Services | | | | Non-Older Americans Act  Contract Meals | | | | | | Non-Older Americans Act  Advantage Meals | | | | |  |  |  | TOTALS |
| BUDGET  CATEGORIES |  |  |  | Meals Cost | | Project Mgmt | Delivery Costs | Other Costs | | | Meals Cost | Project Mgmt | Delivery Costs | Other Costs | | |  |  |  |
|  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **6. RENT/UTILITIES** |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Total Rent/Utilities Costs** |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7. OTHER COSTS** |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Total Other Costs** |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **8. INDIRECT COSTS**  **(Attach Copy of Negotiated Agreement)** |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Total Indirect Costs** |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**PART IV. B.**

**OLDER AMERICANS ACT PROGRAM**

**ALLOWABLE FEDERAL EXPENDITURES BY SERVICE BY PART**

|  |  |  |  |  |  |  |  |  |  |
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| SERVICE CATEGORIES | **EXPENDITURES BY PART**  **B C-1 C-2 D E** | | | | | | | | |
| **REGISTERED SERVICES:** |  |  | |  | |  | | |  |
| 1. Personal Care | YES | NO | | NO | | NO | | | NO |
| 2. Homemaker | YES | NO | | NO | | NO | | | NO |
| 3. Chore | YES | NO | | NO | | NO | | | NO |
| 4. Home-Delivered Meals | NO | NO | | YES | | NO | | | NO |
| 5. Adult Day Care/Health | YES | NO | | NO | | NO | | | NO |
| 6. Case Management | YES | NO | | NO | | NO | | | NO |
| 7. Congregate Meals | NO | YES | | NO | | NO | | | NO |
| 8. Nutrition Counseling | NO | YES | | YES | | YES | | | NO |
| 9. Assisted Transportation | YES | NO | | NO | | NO | | | NO |
| **NON-REGISTERED "OTHER" SERVICES:** | | | | | | | | | |
| 10. Transportation | YES | | \*\*YES | | NO | | NO | NO | |
| 11. Legal Assistance | YES | | NO | | NO | | NO | NO | |
| 12. Nutrition Education | NO | | YES | | YES | | YES | NO | |
| 13. Information & Assistance | YES | | NO | | NO | | NO | NO | |
| 14. Outreach | YES | | YES | | YES | | NO | NO | |
| 15. (Funded "Other") | NO | | NO | | NO | | NO | NO | |
| * Advocacy/representation | YES | | NO | | NO | | NO | NO | |
| * Education/training | YES | | NO | | NO | | NO | NO | |
| * Education/information and assistance | YES | | NO | | NO | | NO | NO | |
| * Health promotion | YES | | NO | | NO | | YES | NO | |
| * Medication management | YES | | NO | | NO | | YES | NO | |
| * Home repair | YES | | NO | | NO | | NO | NO | |
| * Coordination of services | YES | | NO | | NO | | NO | NO | |
| * Information services | NO | | NO | | NO | | NO | YES | |
| * Information services-GRRC | NO | | NO | | NO | | NO | YES | |
| * Access assistance | NO | | NO | | NO | | NO | YES | |
| * Access assistance-GRRC | NO | | NO | | NO | | NO | YES | |
| * Counseling | NO | | NO | | NO | | NO | YES | |
| * Counseling-GRRC | NO | | NO | | NO | | NO | YES | |
| * Support Groups | NO | | NO | | NO | | NO | YES | |
| * Support Groups-GRRC | NO | | NO | | NO | | NO | YES | |
| * Training | NO | | NO | | NO | | NO | YES | |
| * Training-GRRC | NO | | NO | | NO | | NO | YES | |
| * Respite care | NO | | NO | | NO | | NO | YES | |
| * Respite care-GRRC | NO | | NO | | NO | | NO | YES | |
| * Supplemental services | NO | | NO | | NO | | NO | YES | |
| * Supplemental services-GRRC | NO | | NO | | NO | | NO | YES | |

***\*\*Program Income only***