

# ASCOG AAA FISCAL YEAR 2017 REQUEST FOR PROPOSAL GUIDE

## RFP PART III. APPLICATION FORMS

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## APPLICATION COVER PAGE

ASCOG AREA AGENCY ON AGING		APPLICATION FOR OLDER AMERICANS ACT GRANT	
1. PROJECT TITLE: Descriptive Title of Your Project (do not exceed one line)			
2. TYPE OF APPLICATION  Public <input type="checkbox"/> Private Non-Profit <input type="checkbox"/> Private Profit-Making <input type="checkbox"/>			
3. APPLICANT - Implementing Agency or Government Unit		4. PROJECT LOCATION  Telephone A/C ____ - _____	
5. FINANCIAL OFFICER  Telephone A/C ____ - _____		6. PROJECT DIRECTOR  Telephone A/C ____ - _____	
7. COST OF PROJECT  Title III      Local      NSIP      Total		8. PROJECT DURATION  Beginning      Ending	
9. PROJECT YEAR This project has received Title III funds to provide services for ____ year(s).  Circle the appropriate project year for this grant:  Year 1 of 1 year grant    Year 1 of 2 year grant    Year 2 of 2 year grant		10. Local Public Matching Funds	11. (For Area Agency Use)
12. PROJECT SUMMARY - Briefly summarize the project. Be Specific			
TERMS AND CONDITIONS: It is understood and agreed by the undersigned that: 1) funds granted as a result of this request are to be expended for the purpose set forth herein and in accordance with all applicable laws, regulations, policies and procedures of this state and the Administration on Aging of the U.S. Department of Health and Human Services; 2) any proposed changes in the proposal as approved would be submitted in writing by the applicant and upon notification of approval by the Area Agency shall be deemed incorporated into and become a part of this agreement; 3) the attached Assurance of Compliance (Form AOA-441) with the Department of Health and Human Services Regulation issued pursuant to Title VI of the Civil Rights Act of 1964 applies to this proposal as approved; and 4) funds awarded by the Area Agency may be terminated at any time for violations of any terms and requirements of the agreement.			
13. OFFICIAL AUTHORIZED TO SIGN APPLICATION  Type Official's Name and Title:		Official's Signature Date	

**SCOPE OF WORK JUSTIFICATION  
OAA Title III**

<b>I. SERVICE AREA INCLUDES THE FOLLOWING COUNTIES:</b>			
<b>II. NAME OF SERVICE:</b>			
<b>III. (A) \$ Unit Cost</b>	<b>(B) \$ Total Funding</b>	<b>(C) # Units</b>	<b>(D) Unduplicated Persons Served</b>
	Title III; Local; and NSIP (if applicable)		
<b>IV. Activities to Meet the Scope of Work:</b>			
<b>1.</b>			
<b>2.</b>			
<b>3. Note: One activity step should include some type of satisfaction survey.</b>			

**BASIC INSTRUCTIONS FOR COMPLETING THIS FORM:**

- I. List each county the service will be provided in.**
- II. Enter the name of the service (from the Taxonomy) to be provided.**
- III. Enter the pertinent information in each box.**
- IV. Enter activities to be accomplished by applicant agency to meet the scope of work goals in Boxes C and D.**

**ADDITIONAL INSTRUCTIONS:**

- A. Enter the unit cost from Appendix L: Unit Cost Computation and Service Cost Methodology.**
- B. Total Funding is Title III \$ and NSIP, if applicable, plus Local \$ which includes match (cash and in-kind), if any, and program income such as contributions and donations.**
- C. Calculate the number of units to be provided by dividing the amount of total funding by the unit cost.**
- D. Enter the projected number of Unduplicated Persons Served (UPS) \*if required.**

\*The number of Unduplicated Persons Served is tracked and reported by service in AIM as required by the Administration on Aging. An Unduplicated Person is a recipient of services counted one time regardless of the number of times a service is received within a grant year.

Note: The Service Implementation (narrative) portion of the grant describes service delivery and should include the activities listed above in Part IV.

Note: Blank form provided. Do not use this page for your application. This page is instructional only.

**SCOPE OF WORK JUSTIFICATION  
OAA Title III**

<b>I. SERVICE AREA INCLUDES THE FOLLOWING COUNTIES:</b>			
<b>II. NAME OF SERVICE: <i>Congregate Meals</i></b>			
<b>III.</b>			
<b>(A) \$ Unit Cost</b>	<b>(B) \$ Total Funding</b>	<b>(C) # Units</b>	<b>(D) Unduplicated Persons Served</b>
<b>IV. Activities to Meet the Scope of Work</b>			
<p><b>1.</b> The project will provide at least one hot meal or other nutritious well-balanced meal in a congregate setting to eligible participants 60 years of age or older and/or their spouse and/or persons with disabilities who meet the eligibility guidelines of Oklahoma Title III policy. This service will be provided five days a week, Monday through Friday, at least 250 days per year. This service consists of one meal as a measure of unit.</p>			
<p><b>2.</b> The project will serve meals that complies with the most recent Dietary Guidelines for Americans, published by the Secretary and the Secretary of Agriculture and that provides a minimum of 33 and 1/3 percent of the current dietary reference intakes (DRI) as established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences.</p>			
<p><b>3.</b> The project will insure that all menus are prepared and approved by the AAA's registered dietician.</p>			
<p><b>4.</b> The project will insure that all preparation and serving of food for the congregate meals meets all applicable state and local fire, health, sanitation, and safety regulations. Each congregate meal site staff must work under the supervision of a certified food handler.</p>			
<p><b>5.</b> The project will complete an intake form for eligible participants before providing congregate meal services by using the most recent up-to-date intake form approved by ASCOG AAA. The project will update these forms annually.</p>			
<p><b>6.</b> The project will maintain advisory councils ate each congregate meal site to advise the project director on participant comments and concerns.</p>			
<p><b>7.</b> The project will work with the project advisory council, ASCOG AAA staff, ASCOG AAAAC, project Board of Directors and all communities to identify possible locations or sites to develop central kitchens in areas that are more efficient and beneficial to the participants and program within the planning and service area (PSA).</p>			

**PART B. 1. (Cont'd.)**

**SCOPE OF WORK JUSTIFICATION  
OAA Title III**

<b>I. SERVICE AREA INCLUDES THE FOLLOWING COUNTIES:</b>			
<b>II. NAME OF SERVICE: <i>Home-Delivered Meals</i></b>			
<b>III. (A) \$ Unit Cost</b>	<b>(B) \$ Total Funding</b>	<b>(C) # Units</b>	<b>(D) Unduplicated Persons Served</b>
<b>IV. Activities to Meet the Scope of Work</b>			
<p><b>1.</b> The project will provide at least one hot meal or other nutritious well-balanced meal to eligible homebound persons 60 years of age or older and/or their spouse and/or persons with disabilities who meet the eligibility guidelines of Oklahoma Title III policy. This service will be provided five days a week, Monday through Friday, at least 250 days per year. This service consists of one meal as a measure of unit.</p>			
<p><b>2.</b> The project will serve meals that complies with the most recent Dietary Guidelines for Americans, published by the Secretary and the Secretary of Agriculture and that provides a minimum of 33 and 1/3 percent of the current dietary reference intakes (DRI) as established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences.</p>			
<p><b>3.</b> The home-delivered meals that are delivered in the community limits will be the same as congregate meals. Approved frozen meals may be used for homebound participants living outside the community limits.</p>			
<p><b>4.</b> The project will insure that all menus are prepared and approved by the AAA's registered dietician.</p>			
<p><b>5.</b> The project will maintain advisory councils for each congregate meal site to advise the project director on participant comments and concerns.</p>			
<p><b>6.</b> The project will complete an intake form for eligible participants before providing home-delivered services by using the most recent up-to-date intake form approved by ASCOG AAA. The project will update these forms annually.</p>			
<p><b>7.</b> The project will keep track of home-delivered meal services by entering data into AIM database. The project will contract with an approved AIM data entry person or use their own staff that have been approved through training within the AAA.</p>			
<p><b>8.</b> An evaluation tool or consumer satisfaction survey will be conducted on a semi-annual basis to assure quality of service.</p>			

## SCOPE OF WORK JUSTIFICATION OAA Title III

<b>I. SERVICE AREA INCLUDES THE FOLLOWING COUNTIES:</b>			
<b>II. NAME OF SERVICE: <i>Transportation</i></b>			
<b>III.</b>			
<b>(A) \$ Unit Cost</b>	<b>(B) \$ Total Funding</b>	<b>(C) # Units</b>	<b>(D) Unduplicated Persons Served</b>
<b>IV. Activities to Meet the Scope of Work:</b>			
<p><b>1.</b> The project will provide transportation services to persons 60 years of age or older residing within the planning and service area (PSA). Transportation services will facilitate access to and from a congregate meal site. This service consists of a one-way trip as a measure of unit.</p>			
<p><b>2.</b> The project will either contract with a transportation service or city/town or maintain a transportation program to provide this service.</p>			
<p><b>3.</b> The project will complete an intake form for eligible participants before providing transportation services by using the most recent up-to-date intake form approved by ASCOG AAA. The project will update these forms annually.</p>			
<p><b>4.</b> The project will keep track of transportation services by entering data into AIM database. The project will contract with an approved AIM data entry person or use their own staff that have been approved through training within the AAA.</p>			
<p><b>5.</b> An evaluation tool or consumer satisfaction survey will be conducted on a semi-annual basis to assure quality of service.</p>			

**SCOPE OF WORK JUSTIFICATION**  
**Public or Private Commercial or Contractual Activities**

<p><b>Non-OAA Service:</b> Name of service to be provided.                  Definition of a unit of service.</p> <p><b>Example: ADvantage Meals</b>                  1 meal = 1 unit</p>			
<b>Projected Number of Units to be Provided</b>	<b>Projected Program Income Funding</b>	<b>**Unit Costs</b>	<b>Reimbursement Rate (if applicable)</b>

\*\*Taken from the unit cost computation and service cost methodology provided in Part III. L. as specified in OAC Policy 340:105-10-105.1 Commercial and Contractual Activities of Area Agencies on Aging and Title III Projects.

Note: Complete a separate Scope of Work Justification for each contracted activity. Blank form provided. Do not use this page for your application. This page is instructional only.

**SCOPE OF WORK JUSTIFICATION**  
**Public or Private Commercial or Contractual Activities**

<b>Non-OAA Service:</b>			
<b>Projected Number of Units to be Provided</b>	<b>Projected Program Income Funding</b>	<b>**Unit Costs</b>	<b>Reimbursement Rate (if applicable)</b>

\*\*Taken from the unit cost computation and service cost methodology provided in Part III. L. as specified in OAC Policy 340:105-10-105.1 Commercial and Contractual Activities of Area Agencies on Aging and Title III Projects.



**SERVICE IMPLEMENTATION**

**CHARACTERISTICS OF PROJECT AREA**

- 1. Geographic**
- 2. Demographic**

**TITLE III PROJECT ADVISORY COUNCIL**

**Composition of Advisory Council**

Total Members Advisory Council	Total Minority	Total Disabled	Advisory Council Members Who Are Age 60 Or Over							
			Total Age 60+	Black Age 60+	Hispanic Age 60+	Asian Age 60+	American Indian Age 60+	Disabled Age 60+	Low Income Age 60+	Consumer Age 60+

Name

Organizational Affiliation

Geographic Location/County

**TITLE III PROJECT BOARD OF DIRECTORS**

**Composition of the Board of Directors**

Board of Directors	Total Minority	Total Disabled	Board of Directors Members Who Are Age 60 Or Over							
			Total Age 60+	Black Age 60+	Hispanic Age 60+	Asian Age 60+	American Indian Age 60+	Disabled Age 60+	Low Income Age 60+	Consumer Age 60+

Name

Organizational Affiliation

Geographic Location/County

**TARGETING**

## COORDINATION

### 1. COMMUNITY SERVICE AGENCIES

### 2. AREA AGENCY ON AGING DESIGNATION OF COMMUNITY FOCAL POINTS

The Area Agency on Aging has designated the following community focal points:

<b>Focal Point Designation</b>				
<b>Focal Point Name, address, and phone number</b>	<b>Independent Senior Center</b>	<b>Title III Senior Center</b>	<b>CAP Agency</b>	<b>Other (church, library, courthouse, etc.)</b>
Alex Community Center P O Box 243 Alex, Ok 73002 (405)-785-9103	X			
Alfalfa Community Center Rt.1 Box 148 Carnegie, Ok 73015 ,(580)-637-2276	X			
Amber Community/Senior Center P O Box 3 Amber, Ok 73004, (405)-222-2175	X			
Binger Community Center P O Box 184 Binger, Ok 73009 (405)-656-9255	X			
Blanchard Senior Citizens P O Box 480 Blanchard, Ok 73010 , (405)-485-9260	X			
Bradley Community Center Box 54 Bradley, Ok 73011, (405)-462-7595	X			
Bray Senior Citizens of Bray Community Center 1014 S. Brook, Marlow, Ok 73055,	X			
Cache Community/Senior Citizens Center P O Box 466, Cache, Ok 73527, (580)-429-3354	X			
Chattanooga Community Center P O 83 Chattanooga, Ok 73528, (580)-597-3339	X			
Davidson Senior Citizens Box 244, Davidson, Ok 73530	X			
Dibble Senior Citizens 2210 C.R. 1400 Alex, Ok 73002, (405)-344-6789	X			
Douglass Community Center Organization 707 King Place, Duncan, Ok 73533, (580)-255-3967	X			
Duncan Senior Citizens Center, Inc. 1110 N. 7 <sup>th</sup> St. Duncan, Ok 73533, (580)-255-6902	X			
Fort Cobb P O Box 328 Fort Cobb, Ok 73038, (405)-643-2682	X			

Frederick Community Center 100 Grand Frederick, Ok 73542, (580)-335-7026	X			
Geronimo Nutrition-Center 101 Main Geronimo, Ok 73543, (580)-353-3448	X			
Grandfield multipurpose Senior Center 123 West First Street Grandfield, Ok 73546 (580)-479- 3320	X			
Hastings Senior Citizens P O Box 203 Hastings, Ok 73548, (580)-963-2531	X			
Hinton Senior Citizens Hinton, P O Box 322 Hinton, Ok 73047, (405)-542-6454	X			
Indiahoma Senior Center P O Box 38 Indiahoma, Ok 73552, (580)-246-3572	X			
Marlow Senior Citizens 325 West Main St. Marlow, Ok 73055, (580)-658-5628	X			
Meers Senior Citizen 12033 NW Rhoades Rd. Lawton, Ok 73507, (580)-492-5128	X			
Minco Senior Citizens Center P O Box 357 Minco, Ok 73059, (405)-352-5018	X			
Mt. Scott Community Bldg. 8819 NW 4 Mile Rd. Lawton, Ok 73507 P O Box 322	X			
Newcastle Senior Citizens Center Inc. P O Box 86 Newcastle, Ok 73065, (405)-387-2100	X			
Ninnekah Senior Citizens Center Box 16 Ninnekah, Ok 73067, (405)-224-7434	X			
Patterson Center #4 NE Arlington Lawton, Ok 73507, (580)-581-3486	X			
Purcell Senior Citizens Center % City of Purcell 230 W. Main Purcell, Ok 73080, (405)-527- 5070	X			
Rush Springs Senior Nutrition Center 400 W. Blakely #13 Rush Springs, Ok 73082, (580)- 476-3168	X			
Ryan Senior Citizens P O Box 252 Ryan, Ok 73565,(580)-757-2615	X			
Temple Senior Citizens P O Box 95 Temple, Ok 73568, (580)-342-5017	X			
Tipton Area Senior Citizens Center Inc. P O Box 554 Tipton, Ok 73570, (580)-667-4158	X			
Tuttle Senior Citizens Center P O Box 134 Tuttle, Ok 73089,(405)-381-2606	X			
Velma Senior Citizens P O Box 584 Velma, Ok 73491,(580)-444-3772	X			
Walters Senior Citizens Center 111 E. Colorado Walters, Ok 73572	X			
Waurika Senior Citizens Center 108 South Main Waurika, Ok 73573, (580)-228-2087	X			
Wichita Mts. Area Senior Citizens 13872 NW Stoney Point Rd. Apache, Ok 73006	X			

**CAPACITY OF PROJECT SPONSOR**



**EVALUATION/QUALITY ASSURANCE**

**BUDGET JUSTIFICATION**

**PROJECT NAME:**

CATEGORY	TITLE III FUNDING	LOCAL FUNDING	NSIP FUNDING	NON-OLDER AMERICANS ACT PROGRAM INCOME FUNDING			TOTAL
				OAA Program Income and Contributions	(If applicable)	Contract Services	

**NOTE:** Use as many copies of this form as needed to complete the budget justification.

**Budget categories:**

- 1. Personnel
- 2. Travel
- 3. Food (nutrition projects only)
- 4. Nutrition Consultant (nutrition projects only)
- 5. Equipment
- 6. Rent/utilities
- 7. Other
- 8. Indirect costs

**Unit Cost Computation and Service Cost Methodology**