ASSOCIATION OF SOUTH CENTRAL OKLAHOMA GOVERNMENTS

 (ASCOG)

GRANT APPLICATION

**COMMUNITY EXPANSION OF NUTRITIONAL ASSISTANCE**

**(CENA)**

**State Fiscal Year 2017**

ASCOG

AREA AGENCY ON AGING

P.O. Box 1647

802 Main

Duncan, Oklahoma 73534-1647

CONTACT:

Ken Jones, Director

Area Agency on Aging

Phone: 580-736-7972

Fax: 580-252-6170

Jone\_ke@ascog.org

**ASCOG Area Agency on Aging (AAA)**

**Community Expansion of Nutrition Assistance (CENA) Program**

**State Fiscal Year (SFY) 2017**

**Senior Center Application Guidelines**

**PURPOSE**

To provide funding for general improvement of nutritional conditions of eligible senior centers that will assist with: increasing meals served and expanding other needed services for senior residents of the ASCOG planning and service area.

**Eligible CENA Sites**

A site must meet the following eligibility criteria:

* Must submit a complete CENA application to ASCOG AAA.
* Must qualify as an “Eligible Applicant” as defined below.
* Must have a current Board of Directors.
* Must have approved By-Laws.
* Must comply with other requirements of the ASCOG AAA.

“Eligible Applicants” means independent senior center organizations and Title III Multipurpose sites that coordinate senior adult supportive services with ASCOG AAA.

“Eligible Applicants” does **NOT** include Meals-on-Wheels Programs, Title VI, or Title III Nutrition Centers. The use of CENA Funds is **NOT** allowed for these Federally Funded programs.

**PLEASE SUBMIT**

In order to respond to this application, proposed Senior Centers must provide the following:

* Complete Grant Application. Incomplete applications will not be accepted.
* A copy of the Senior Center’s current By-Laws.
* A copy of the Board of Directors meeting minutes authorizing the application and purpose of these funds.
* A numbered list of seniors, 60 and older, who participate at your senior center. The list must include the name, address and phone number for each participant.
* At least one email address must be provided for the main contact person of each center.

**FUNDING ALLOCATION**

When approval is received from the Oklahoma State Department of Commerce of the ASCOG CENA budget and list of eligible centers of funding, ASCOG Area Agency on Aging distributes the CENA application to all eligible senior centers and multi-purpose centers in the ASCOG eight county area.

Applications are evaluated by AAA staff and a committee of eight members, one member from each of our eight counties, selected from the AAA Advisory Council. AAA committee members are chosen by the council president/chairman.

Up to four Title III Nutrition Sites that voluntarily give up their Title III funding in favor of CENA, will be awarded up to $20,000 each. Seniors Centers applying for this $20,000 award will have to submit a letter to ASCOG requesting a change of status from a Title III nutrition site to an independent site effective October 1, 2016, conditional upon approval of the $20,000 CENA award. The letter must be signed by the president of the board for the independent senior center and must be accompanied by minutes of a board meeting approving the measure to request the change of site status. Technical assistance will be available by contacting Ken Jones at ASCOG.

The remaining funding will be used to fund independent senior centers who provide meals at least three times weekly.

Funding will be based on number of meals served, number of peoples served (unduplicated), senior population (60+) of the community served and community impact.

Selection of centers and the amount of funding for each center is determined based on information gathered from the project narrative section of the application and past history of need for each center. Funding amounts for each award will be determined by ASCOG AAA and are based upon the amount appropriated by the legislature, the number of applications received, the number of seniors served, the frequency that meals are served at site, and the type of project. Priority will be given to requests for food and utilities. Internet services will be treated as a utility. Application narratives must be detailed.

Each center will be notified by letter of the amount of the award and what the award can be expended on. A formal contract, to be signed by the applicant, will accompany the letter of notification.

**ALLOWABLE USE OF FUNDS**

Eligible expenditures include, but are not limited to, food, utilities, insurance, equipment, repairs, and maintenance. This year, a special priority will be given to food, utilities. Internet service will be treated as a utility.

**MONITORING**

ASCOG AAA will monitor Senior Centers and perform random site visits on an annual basis to ensure proper use of funds. Notification will be given to the Senior Center in advance of the monitoring visit. Unannounced visits may be performed at the discretion of the AAA Director. Monitoring reviews will include but is not limited to the following:

* Review of sign-in sheets
* Documentation of meal services provided
* Documentation of utility services at site
* Documentation of completed maintenance or repair work
* Documentation of insurance coverage
* Verification of attendance
* Review of invoices or receipts related to reimbursement requests

**VERIFICATION PROCESS**

ASCOG AAA will verify the eligibility of Senior Centers for the CENA grant based on review of the current Senior Center By-Laws, list of the current Board of Directors, and, if necessary, confirmation that the CENA funds will not be used to support the above mentioned Federally Funded program that are disallowed.

**CENA QUESTIONS OR ASSISTANCE**

**TECHNICAL**

Technical assistance for your CENA application will be provided by Ken Jones at jone\_ke@ascog.org or 580-736-7972.

**CONTRACT**

For any contract questions, please contact Ken Jones at jone\_ke@ascog.org 580-736-7962.

**ACCOUNTANT**

For any accounting questions, please contact Nancy Bluml at blum\_na@ascog.org or 580-736-7966.

**SUBMITTAL OF APPLICATION**

Submit completed application by **July 15, 2016** to:

Ken Jones, Director

ASCOG AAA

802 W. Main St.

PO Box 1647

Duncan OK 73534-1647

**Association of South Central Oklahoma Governments**

**(ASCOG)**

**Area Agency on Aging**

**Community Expansion of Nutritional Assistance**

**Program Year 2017**

**Grant Application**

|  |
| --- |
| **Name of Center** |
| **Mailing Address City Zip** |
| **Center Telephone Number Center Fax Number** |

|  |
| --- |
| **Contact Person EMAIL (REQUIRED)** |
| **Address of Contact Person City Zip** |
| **Telephone of Contact Person** |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature of Authorizing Official Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Association of South Central Oklahoma Governments**

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(CENA)

**PROJECT NARRATIVE**

Describe in detail what your center intends to purchase with this grant? If insurance is included in your request, please specify what kind of insurance. (no funds will be allowed for personnel. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How will the purchase(s) benefit the seniors (60+) that utilize the center?

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What other source of income does your center receive other than donations from participants?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approximately how long has your center been in existence?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How many seniors (60+) utilize the center on a monthly basis?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How often and when are meals served at your senior center?**

**(days of the week and times)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who is the legal owner of the structure and property where the center is located?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Application was prepared by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Association of South Central Oklahoma Governments**

**(ASCOG)**

**Area Agency on Aging**

**Community Expansion of Nutritional Assistance**

**Program Year 2017**

**Proposed Budget**

List **by priority** items to be purchased and cost of each item.

|  |  |
| --- | --- |
| **ITEM(S)****If insurance, please specify what kind of insurance. No personnel costs will be allowed.** | **COST** |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |
| 6. |  |
| 7. |  |
| 8. |  |
| 9. |  |
| 10. |  |
| **TOTAL AMOUNT REQUESTED** |  |

**Association of South Central Oklahoma Governments**

**(ASCOG)**

**Area Agency on Aging**

**Community Expansion of Nutritional Assistance**

**Program Year 2017**

**Senior Center Board of Directors**

**President**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_EMAIL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_

 Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Vice President**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_EMAIL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_

 Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Secretary**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_EMAIL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_

 Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Treasurer**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_EMAIL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_

 Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SAMPLE BY-LAWS**







