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| Section | Description | Check if completed |
| A | 1. Short Title of Project |  |
| 1. Type of Application |  |
| 1. Applicant |  |
| 1. Project Location |  |
| 1. Financial Officer |  |
| 1. Project Director |  |
| 1. Cost of Project |  |
| 1. Project Duration (July 1, 2016 – June 30, 2017) |  |
| 1. Project Year (Year one of one) |  |
| 1. Local Public Matching Funds (Program Income) |  |
| 1. Reserved | N/A |
| 1. Project Summary |  |
| 1. Signature |  |
| B | 1. All applicable counties listed |  |
| 1. Service Name (Transportation for example) |  |
| 1. Unduplicated persons served |  |
| 1. Units to be provided |  |
| 1. Total funding for each service |  |
| 1. Service unit costs |  |
| 1. Activities completed |  |
| 1. At least one activity shows consumer satisfaction survey |  |
| 1. Completed SOW for other contract activities provided by this project |  |
| 1. Voluntary withdrawal from project form signed and dated |  |
| C | 1. Detailed description of how each service will be implemented |  |
| 1. Staff to be utilized with job description for each staff position |  |
| 1. Persons to be served |  |
| 1. Service units and # of persons served for each route |  |
| 1. Services to be provided from established routes, on-demand, etc. |  |
| 1. Overview of projects emergency preparedness |  |
| 1. A statement the project will “confirm and influence the coordinated vaccination of seniors, particularly for influence and pneumonia” |  |
| 1. Brief description of plan for implementation |  |
| 1. Narrative for other contract services provided by the project |  |
| 1. Assure the quality or quantity of Older Americans Act (OAA) services performed by the Project will not be diminished and will be enhanced by performing commercial or contractual activities; |  |
| 1. Disclose the identity of each entity with which the Project has a contract or commercial relationship **detailing the nature of the services** being provided to older individuals; |  |
| 1. Assure the Project maintains the integrity and public purpose of the OAA services while performing commercial or contractual activities; |  |
| 1. Assure that OAA funds are not used to pay any part of a cost, including an administrative cost such as computerized billing fees, incurred to carry out such commercial or contractual activities; |  |
| 1. Assure that preference in receiving Title III services will not be given to particular older individuals as a result of contract or commercial activities; |  |
| 1. Assure the Project will account for the funds generated through commercial or contractual activities according to generally accepted accounting and auditing practices; and |  |
| 1. Assure the Project will make available the accounting and auditing practices of the contractual or commercial activities for review by the AAA. |  |
| D | 1. Outline the geographic service area for the proposed project |  |
| 1. Composition of individuals (ASCOG demographics chart) |  |
| E | 1. Outline the purpose of the advisory council and list the membership. |  |
| 1. Name address and phone for each Adv. Council member |  |
| 1. Meeting dates, times and locations |  |
| 1. Copy of bylaws for Adv. Council |  |
| F | 1. Outline the role of the board of directors |  |
| 1. Name address and phone for each board member |  |
| 1. Meeting dates, times, and locations for board |  |
| 1. Copy of bylaws for board |  |
| G | 1. Specify outreach efforts to be made by the project |  |
| 1. Marketing emphasis for those residing in rural areas |  |
| 1. Marketing emphasis for those with greatest economic need (low income minorities and rural areas)) |  |
| 1. Marketing emphasis for those residing in rural areas |  |
| 1. Marketing emphasis for those greatest social need (low income minorities and rural areas) |  |
| 1. Marketing emphasis for those severe disabilities |  |
| 1. Marketing emphasis for those limited English speaking |  |
| 1. Marketing emphasis for those Alzheimer’s disease and related dx |  |
| 1. Marketing emphasis for those ADL and IADL impairments |  |
| 1. Marketing emphasis for those living alone |  |
| 1. Marketing emphasis for those caregivers |  |
| 1. Grandparents raising grandchildren |  |
| 1. Copy of brochure and marketing tools attached |  |
| H | 1. Narrative about coordination with other community service agencies to assure max utilization, joint planning, etc. |  |
| 1. List of ASCOG focal points included |  |
| I | 1. Brief history of applicant organization |  |
| 1. Date of incorporation |  |
| 1. Copy of project director resume attached |  |
| 1. Copy of MOU’s related to project attached |  |
| 1. Copy of Cert. of Incorporation attached |  |
| 1. Copy of bylaws attached |  |
| 1. Copy of Cert. of Non-Profit Status if applicable |  |
| 1. Narrative about agency capacity |  |
| 1. Narrative includes personnel and physical facilities |  |
| 1. Agency experience in providing services to older individuals listed in targeting/marketing |  |
| 1. New applicants must describe how services will be provided to existing clients without disruption of services |  |
| 1. Discussion on training for Older Americans Act and related regs |  |
| 1. Discussion on training for OKDHS policy manual |  |
| 1. Discussion on training for ASCOG Title III policy manual |  |
| 1. Discussion on training for program and fiscal reports |  |
| 1. Discussion on training for assessment procedures |  |
| 1. Discussion on training for aging network |  |
| 1. Discussion on training for specific job duties |  |
| 1. Discuss agency’s ability to communicate with modern tech. |  |
| 1. Discuss how agency will fund program for first 45 days |  |
| J | 1. Quality assurance methods narrative |  |
| 1. Copy of consumer satisfaction survey tool attached for each svc. |  |
| 1. QA narrative includes who is assigned responsibility for QA |  |
| 1. QA narrative includes list of assurance activities |  |
| 1. QA narrative includes where QA activities will take place |  |
| 1. QA narrative includes actions taken in response to QA findings |  |
| 1. Copy of safety and maintenance checklists attached |  |
| K | 1. Justification of Budget included with relevant categories |  |
| 1. Each category broken down in applicable funding columns |  |
| 1. Personnel includes job title |  |
| 1. Personnel includes name of individual (or vacant) |  |
| 1. Personnel includes employee anniversary date (MM,YYYY) |  |
| 1. Personnel includes Job Family Descriptor and pay band |  |
| 1. Personnel includes salary breakdown (hourly wage \* hours…) |  |
| 1. Personnel includes “Full time” or “part time” for each position |  |
| 1. Personnel includes longevity if applicable |  |
| 1. Travel includes specific computation |  |
| 1. Equipment includes purchase estimates |  |
| 1. Indirect cost includes negotiated agreement |  |
| 1. All Long Forms included as applicable |  |
| L | 1. Unit Cost Computation narrative included |  |