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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.
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| 1. List of ASCOG focal points included
 |  |
| I | 1. Brief history of applicant organization
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| 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
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| 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
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