# ASCOG AAA FISCAL YEAR 2019 REQUEST FOR PROPOSAL GUIDE

|  |  |
| --- | --- |
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**PART III. A.**

**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)** |
| 1. **TYPE OF APPLICATION**

**Public** **[ ]  Private Non-Profit** **[ ]  Private Profit-Making** **[ ]**  |
| **3. APPLICANT - Implementing Agency or Government Unit** | **4. PROJECT LOCATION****Telephone A/C \_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| 1. **FINANCIAL OFFICER**

**Telephone A/C \_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | 1. **PROJECT DIRECTOR**

**Telephone A/C \_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| 1. **COST OF PROJECT**

**Title III** **Local** **NSIP** **Total** | 1. **PROJECT DURATION**

**Beginning** **Ending**  |
| 1. **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** | 1. **Local Public Matching Funds**
 | 1. **(For Area Agency Use)**
 |
| 1. **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.** |
| 1. **OFFICIAL AUTHORIZED TO SIGN APPLICATION**

 **Type Official’s Name and Title:**  | **Official’s Signature Date** |

**PART III. B. 1.**

SCOPE OF WORK JUSTIFICATION

OAA Title III

|  |
| --- |
| **I. Service area includes the FOLLOWING COUNTIES:**  |
|  |
| **II. NAME OF SERVICE:**  |
|  |  |  |  |
| **III.** **(A) $ Unit Cost** | **(B) $ Total Funding** | **(C) # Units** | **(D) Unduplicated Persons Served**  |
|  | Title III;Local; andNSIP (if applicable) |  |  |
| **IV. Activities to Meet the Scope of Work:** |
| **1.**  |
| **2.**  |
| **3***.* ***Note: One activity step should include some type of satisfaction survey.*** |

**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 no use this page for your application. This page is instructional only.

SCOPE OF WORK JUSTIFICATION

OAA Title III

|  |
| --- |
| **I. Service area includes the FOLLOWING COUNTIES:**  |
|  |
| **II. NAME OF SERVICE: *Congregate Meals*** |
|  |  |  |  |
| **III.** **(A) $ Unit Cost** | **(B) $ Total Funding** | **(C) # Units** | **(D) Unduplicated Persons Served**  |
|  |  |  |  |
| **IV. Activities to Meet the Scope of Work** |
| **1.** 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.  |
| **2.** The project will serve meals that comply 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.  |
| **3.** The project will insure that all menus are prepared and approved by the AAA’s registered dietician. |
| **4.** 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.  |
| **5.** 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. |
| **6.** The project will maintain advisory councils ate each congregate meal site to advise the project director on participant comments and concerns.  |
| **7.** 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).  |
| 1. **8.** An evaluation tool or consumer satisfaction survey will be conducted on a semi-annual basis to assure quality of service.
 |

**PART B. (Cont’d.)**

SCOPE OF WORK JUSTIFICATION

OAA Title III

|  |
| --- |
| **I. Service area includes the FOLLOWING COUNTIES:**  |
|  |
| **II. NAME OF SERVICE: *Home-Delivered Meals***  |
|  |  |  |  |
| **III.** **(A) $ Unit Cost** | **(B) $ Total Funding** | **(C) # Units** | **(D) Unduplicated Persons Served**  |
|  |  |  |  |
| **IV. Activities to Meet the Scope of Work** |
| **1.** 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. |
| **2.** 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.  |
| **3.** 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.  |
| **4.** The project will insure that all menus are prepared and approved by the AAA’s registered dietician. |
| **5.** The project will maintain advisory councils for each congregate meal site to advise the project director on participant comments and concerns. |
| **6.** 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.  |
| **7.** 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. |
| **8.** An evaluation tool or consumer satisfaction survey will be conducted on a semi-annual basis to assure quality of service.  |

**PART B.**

SCOPE OF WORK JUSTIFICATION

OAA Title III

|  |
| --- |
| **I. Service area includes the FOLLOWING COUNTIES:**  |
|  |
| **II. NAME OF SERVICE:**  |
|  |  |  |  |
| **III.** **(A) $ Unit Cost** | **(B) $ Total Funding** | **(C) # Units** | **(D) Unduplicated Persons Served**  |
|  |   |  |  |
| **IV. Activities to Meet the Scope of Work:** |
| **1.**  |
| **2.**  |
| **3***.*  |
| **4.**  |
| **5.**  |
| **6.** |
| **7.** |

**PART III. B. 2.**

## SCOPE OF WORK JUSTIFICATION

## Public or Private Commercial or Contractual Activities

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

\*\*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 no use this page for your application. This page is instructional only.

**PART III. B. 2 (Cont’d.)**

## SCOPE OF WORK JUSTIFICATION

## Public or Private Commercial or Contractual Activities

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

\*\*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.

**PART III. C**

SERVICE IMPLEMENTATION

**PART III. D**

CHARACTERISTICS OF PROJECT AREA

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

**[Include the charts below that apply to your grant application:]**

**APPENDIX 13. DEMOGRAPHICS OF OLDER PERSONS IN THE PSA**

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of population by county:****\_\_\_\_Caddo\_\_\_\_\_** | **#****County****(from AGiD per instructions)** | **Estimated****Population Served in SFY** **2016** | **Estimated Population To Be Served in****SFY 2018** |
|  |  |  |  |
| Total County pop. | 29,405 |  |
| Total County pop. 60+ | 5,835 | 330 | 331\* |
| Female 60+ | 3,185 | 200 | 201\* |
| Male 60+ | 2,650 | 129 | 130\*  |
| African-American 60+ | 165 | 8  | ~~8~~ 9 |
| American Indian 60+ | 1,020 | 12 | ~~14~~ 13 |
| Asian 60+ | 10 | 2 | ~~2~~ 2 |
| Hispanic/ Latino 60+ | 199 | 4 | ~~3~~ 4 |
| Poverty (low income) 60+ | 835 | 103 | 105\* |
| Poverty (low income) minority 60+ | 349 | 14 | 14 |
| Limited English proficiency 60+ | 29 | 0 | ~~0~~ 1 |
| Individuals residing in rural isolated 60+ | 7,282 | 300 | 280\* |
| GGRC 60+ | 105 | 1 | 2 |
| Individuals living alone 60+ | 1,485 | 161 | 161 |
| Estimated Totals |
| Veterans 60+ | 1,590 | 13 | 15 |
| \*Individuals with disabilities 60+ (self- identified)  | 2,460 |   55  | 58 |
| \*Individuals at risk for institutional placement 60+(3 or more ADLS) | No DataFound | 83 | 90 |
| \*Individuals with Alzheimer’s Disease and related disorders 60+ (self- identified) | \*\*875 | \*\*52 | 55 |

\* Per OKN506 report

\*\* Per 15% of senior population/population served.

**APPENDIX 13. DEMOGRAPHICS OF OLDER PERSONS IN THE PSA**

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of population by county:****\_\_\_\_Comanche\_\_\_\_\_** | **#****County****(from AGiD per instructions)** | **Estimated****Population Served in SFY****2016** | **Estimated Population To Be Served in****SFY 2018** |
|  |  |  |  |
| Total County pop. | 123,100 |  |
| Total County pop. 60+ | 16,955 | 658 |  660 |
| Female 60+ | 9,385 | 415 |  416 |
| Male 60+ | 7,570 | 243 |  244 |
| African-American 60+ | 2,275 | 120 | 122\*  |
| American Indian 60+ | 990 | 19 | 21 |
| Asian 60+ | 625 | 5 | 6 |
| Hispanic/ Latino 60+ | 645 | 23 | 25 |
| Poverty (low income) 60+ | 1,340 | 198 | 200\* |
| Poverty (low income) minority 60+ | 499 | 70 |  75 |
| Limited English proficiency 60+ | 370 |  1 | 1 |
| Individuals residing in rural isolated 60+ | 2,119 | 143 |  145 |
| GGRC 60+ | 430 | 3 | 3 |
| Individuals living alone 60+ | 4,750 |  275 |  280 |
| Estimated Totals |
| Veterans 60+ | 5,505 | 18 | 20 |
| \*Individuals with disabilities 60+ (self- identified)  | 7,050 | 91 | 95 |
| \*Individuals at risk for institutional placement 60+(3 or more ADLS) | No DataFound | 151 | 155 |
| \*Individuals with Alzheimer’s Disease and related disorders 60+ (self- identified) | \*\*2,543 | \*\*116 | 120 |

\* Per OKN506 report

\*\* Per 15% of senior population/population served.

**APPENDIX 13. DEMOGRAPHICS OF OLDER PERSONS IN THE PSA**

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of population by county:****\_\_Cotton\_\_\_\_\_\_\_** | **#****County****(from AGiD per instructions)** | **Estimated****Population Served in SFY 2016** | **Estimated Population To Be Served in****SFY 2018** |
|  |  |  |  |
| Total County pop. | 6,170 |  |
| Total County pop. 60+ | 1,335 | 123 |  125 |
| Female 60+ | 745 | 71 |  70 |
| Male 60+ | 590 | 52  |  53 |
| African-American 60+ | 39 | 2 | 3 |
| American Indian 60+ | 94 | 9  | 10 |
| Asian 60+ | 8 | 0 | 0 |
| Hispanic/ Latino 60+ | 54 | 3 | 4 |
| Poverty (low income) 60+ | 115 | 61 |  50 |
| Poverty (low income) minority 60+ | 88 | 8 | 11 |
| Limited English proficiency 60+ | 15 | 0 | 0 |
| Individuals residing in rural isolated 60+ | 1,748 | 114 |  115 |
| GGRC 60+ | 20 | 0 | 0 |
| Individuals living alone 60+ | 305 | 62 |  64 |
| Estimated Totals |
| Veterans 60+ | 314 | 0 | 5 |
| \*Individuals with disabilities 60+ (self- identified)  | 470 | 9 | 14 |
| \*Individuals at risk for institutional placement 60+(3 or more ADLS) | No DataFound | 14 | 18 |
| \*Individuals with Alzheimer’s Disease and related disorders 60+ (self- identified) | \*\*926 | \*\*19 | 21 |

\* Per OKN506 report

\*\* Per 15% of senior population/population served.

**APPENDIX 13. DEMOGRAPHICS OF OLDER PERSONS IN THE PSA**

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of population by county:****\_\_\_Grady\_\_\_\_\_\_** | **#****County****(from AGiD per instructions)** | **Estimated****Population Served in SFY 2016** | **Estimated Population To Be Served in****SFY 2018** |
|  |  |  |  |
| Total County pop. | 52,450 |  |
| Total County pop. 60+ | 9,900 | 286 | 289\* |
| Female 60+ | 5,195 | 184 | 197\* |
| Male 60+ | 4,705 | 102 | 103 |
| African-American 60+ | 210 | 4 | 5 |
| American Indian 60+ | 325 | 8 | 8 |
| Asian 60+ | 22 | 0 | 1 |
| Hispanic/ Latino 60+ | 145 | 4 | 4 |
| Poverty (low income) 60+ | 945 |  83 | 94\* |
| Poverty (low income) minority 60+ | 71 | 7 | 7 |
| Limited English proficiency 60+ | 50 | 0  | 0 |
| Individuals residing in rural isolated 60+ | 2,341 | 244 |  246 |
| GGRC 60+ | 255 | 1  | 1 |
| Individuals living alone 60+ | 2,345 | 121 |  121 |
| Estimated Totals |
| Veterans 60+ | 2,580 | 6 | 8 |
| \*Individuals with disabilities 60+ (self- identified)  | 3,840 | 53 | 55 |
| \*Individuals at risk for institutional placement 60+(3 or more ADLS) | No Data Found | 76 | 80 |
| \*Individuals with Alzheimer’s Disease and related disorders 60+ (self- identified) | \*\*1,485 | \*\*304 | 310 |

\* Per OKN506 report

\*\* Per 15% of senior population/population served.

**APPENDIX 13. DEMOGRAPHICS OF OLDER PERSONS IN THE PSA**

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of population by county:****\_Jefferson\_\_\_\_\_\_\_\_** | **#****County****(from AGiD per instructions)** | **Estimated****Population Served in SFY 2016** | **Estimated Population To Be Served in****SFY 2018** |
|  |  |  |  |
| Total County pop. | 6,445 |  |
| Total County pop. 60+ | 1,560 | 160 | 162 |
| Female 60+ | 810 | 97 |  100 |
| Male 60+ | 750 | 63 |  65 |
| African-American 60+ | 4 | 0 | 1  |
| American Indian 60+ | 119 | 11 | 12 |
| Asian 60+ | 0 | 0  | 0 |
| Hispanic/ Latino 60+ | 68 | 4 | 7 |
| Poverty (low income) 60+ | 195 |  75 |  77 |
| Poverty (low income) minority 60+ | 22 | 8 | 10 |
| Limited English proficiency 60+ | 20 | 0 | 0 |
| Individuals residing in rural isolated 60+ | 435 | 153 |  155 |
| GGRC 60+ | 15 | 0 | 0 |
| Individuals living alone 60+ | 400 | 79 | 81\*  |
| Estimated Totals |
| Veterans 60+ | 315 | 8 | 10 |
| \*Individuals with disabilities 60+ (self- identified)  | 565 | 40 | 42 |
| \*Individuals at risk for institutional placement 60+(3 or more ADLS) | No Data Found | 53 | 55 |
| \*Individuals with Alzheimer’s Disease and related disorders 60+ (self- identified) | \*\*234 | \*\*30 | 32 |

\* Per OKN506 report

\*\* Per 15% of senior population/population served.

**APPENDIX 13. DEMOGRAPHICS OF OLDER PERSONS IN THE PSA**

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of population by county:****\_McClain\_\_\_\_\_\_\_\_** | **#****County****(from AGiD per instructions)** | **Estimated****Population Served in SFY 2016** | **Estimated Population To Be Served in****SFY 2018** |
|   |  |  |  |
| Total County pop. | 34,470 |  |
| Total County pop. 60+ | 6,420 | 357 |  360 |
| Female 60+ | 3,485 | 217 |  218 |
| Male 60+ | 2,935 | 140 |  142 |
| African-American 60+ | 45 | 3 | 4  |
| American Indian 60+ | 205 | 9 | 10 |
| Asian 60+ | 0 | 0  | 0 |
| Hispanic/ Latino 60+ | 75 | 6 | 6 |
| Poverty (low income) 60+ | 545 | 89 |  90 |
| Poverty (low income) minority 60+ | 16 | 5 | 6  |
| Limited English proficiency 60+ | 0 | 0  | 0 |
| Individuals residing in rural isolated 60+ | 802 | 102 |  105 |
| GGRC 60+ | 145 | 0 | 0 |
| Individuals living alone 60+ | 1,400 |  153 |  155 |
| Estimated Totals |
| Veterans 60+ | 1,575 | 11 | 15 |
| \*Individuals with disabilities 60+ (self- identified)  | 2,600 | 43 | 45 |
| \*Individuals at risk for institutional placement 60+(3 or more ADLS) | No Data Found | 59 | 62 |
| \*Individuals with Alzheimer’s Disease and related disorders 60+ (self- identified) | \*\*963 | \*\*56 | 60 |

\* Per OKN506 report

\*\* Per 15% of senior population/population served.

**APPENDIX 13. DEMOGRAPHICS OF OLDER PERSONS IN THE PSA**

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of population by county:****\_\_Stephens\_\_\_\_\_\_\_** | **#****County****(from AGiD per instructions)** | **Estimated****Population Served in SFY 2016** | **Estimated Population To Be Served in****SFY 2018** |
|  |  |  |  |
| Total County pop. | 44,850 |  |
| Total County pop. 60+ | 10,085 | 602 |  605 |
| Female 60+ | 5,510 | 363 |  364 |
| ~~Male 60+~~ | ~~4,575~~ | 239 | 241 |
| African-American 60+ | 170 |  33 | 34  |
| American Indian 60+ | 249 | 21 | 22 |
| Asian 60+ | 50 | 0 | 0 |
| Hispanic/ Latino 60+ | 180 | 3 | 4 |
| Poverty (low income) 60+ | 890 | 191 |  193 |
| Poverty (low income) minority 60+ | 62 | 28 | 29 |
| Limited English proficiency 60+ | 85 | 0 | 0 |
| Individuals residing in rural isolated 60+ | 12,894 | 539 | 550 |
| GGRC 60+ | 155 | 2 | 2  |
| Individuals living alone 60+ | 2,360 | 263 | \* 270 |
| Estimated Totals |
| Veterans 60+ | 2,655 | 18 | 20 |
| \*Individuals with disabilities 60+ (self- identified)  | 4,030 | 97 | 100 |
| \*Individuals at risk for institutional placement 60+(3 or more ADLS) | No Data Found | 156 | 160 |
| \*Individuals with Alzheimer’s Disease and related disorders 60+ (self- identified) | \*\*1,512 | \*\*108 | 110 |

\* Per OKN506 report

\*\* Per 15% of senior population/population served.

**APPENDIX 13. DEMOGRAPHICS OF OLDER PERSONS IN THE PSA**

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of population by county:****\_\_\_Tillman\_\_\_\_\_\_** | **#****County****(from AGiD per instructions)** | **Estimated****Population Served in SFY ~~2014~~****2016** | **Estimated Population To Be Served in****SFY 2018** |
|  |  |  |  |
| Total County pop. | 7,980 |  |
| Total County pop. 60+ | 1,895 | 139 |  140 |
| Female 60+ | 1,070 | 83 |  84 |
| Male 60+ | 825 | 56 |  56 |
| African-American 60+ | 130 | 4 | 5 |
| American Indian 60+ | 18 | 3 | ~~4~~ 5 |
| Asian 60+ | 0 | 0  | 0 |
| Hispanic/ Latino 60+ | 205 | 14 | 15  |
| Poverty (low income) 60+ | 225 | 38 | 39 |
| Poverty (low income) minority 60+ | 129 | 10 | 12 |
| Limited English proficiency 60+ | 69 | 2 | ~~2~~ 3 |
| Individuals residing in rural isolated 60+ | 536 | 127 |  130 |
| GGRC 60+ | 30 | 0 | 0 |
| Individuals living alone 60+ | 565 | 67 |  69 |
| Estimated Totals |
| Veterans 60+ | 469 | 1 | 2 |
| \*Individuals with disabilities 60+ (self- identified)  | 805 | 20 | 22 |
| \*Individuals at risk for institutional placement 60+(3 or more ADLS) | No Data Found | 32 | 33 |
| \*Individuals with Alzheimer’s Disease and related disorders 60+ (self- identified) | \*\*284 | \*\*25 | 26 |

\* Per OKN506 report

\*\* Per 15% of senior population/population served.

**PART III. E.**

# TITLE III PROJECT ADVISORY COUNCIL

**Composition of Advisory Council**

|  |  |  |  |
| --- | --- | --- | --- |
| **Total****Members** |  |  | **Advisory Council Members Who Are Age 60 Or Over** |
| **Advisory****Council** | **Total Minority** | **Total Disabled** | **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** |
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**PART III. F.**

TITLE III PROJECT BOARD OF DIRECTORS

**Composition of the Board of Directors**

|  |  |  |  |
| --- | --- | --- | --- |
| **Total****Members** |  |  | **Board of Directors Members Who Are Age 60 Or Over** |
| **Board of Directors** | **Total Minority** | **Total Disabled** | **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+** |
|  |  |  |  |  |  |  |  |  |  |  |

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| --- | --- | --- |
| **Name** | **Organizational Affiliation** | **Geographic Location/County** |
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**Part III. G**

TARGETING

**Part III. H**

COORDINATION

**1. COMMUNITY SERVICE AGENCIES**

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

|  |
| --- |
| **Focal Point Designation** |
| **Focal Point****Name, Address, and Phone Number** | **Independent Senior Center** | **Title III Senior Center** | **CAP Agency** | **Other (church, library, courthouse, etc.)** |
| Alex Community Center, PO Box 243, Alex, OK 73002, 405.785.9103 | X |  |  |  |
| Alfalfa Community Center, PO Box 148, Carnegie, OK 73015, 580.637.2276 | X |  |  |  |
| Amber Community/Senior Center, PO Box 3, Amber, OK 73004, 405.222.2175 | X |  |  |  |
| Binger Community Center, PO Box 184, Binger, OK 73010, 405.656.9255 | X |  |  |  |
| Blanchard Senior Citizens Center, PO Box 628, Blanchard, OK 73010, 405.485.9260 | X |  |  |  |
| Bradley Community Center, PO Box 87, Bradley, OK 73011, 405.462.7595 | X |  |  |  |
| Bray Senior Citizens Center, 1014 S. Brooks, Marlow, OK 73055, 580.658.2709 | X |  |  |  |
| Cache Community/Senior Citizens Center, PO Box 466, Cache, OK 73527, 580.429.3427 | X |  |  |  |
| Chattanooga Community Center, 1904 Washington, PO Box 183, Chattanooga, OK 73528, 580.597.3339 | X |  |  |  |
| Davidson Senior Citizens Center, PO Box 102, Davidson, OK 73530 No Phone | X |  |  |  |
| Dibble Senior Citizens, 12219 Firemans Road, 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. 7th Street, Duncan, OK 73533, 580.255.6902 | X |  |  |  |
| Fort Cobb Senior Center, 312 Main Street, PO Box 281, Ft. Cobb, OK 73038, 405.643.2660 | X |  |  |  |
| Frederick Community Center, 100 Grand, Frederick, OK 73542, 580.335.7026 | X |  |  |  |
| Geronimo Nutrition Center, 101 Main Street, Geronimo, OK 73543, 580.353.3448 | X |  |  |  |
| Grandfield Multipurpose Senior Center, 123 W. First St., Grandfield, OK 73546, 580.479.3320 | X |  |  |  |
| Hastings Senior Citizens Center, PO Box 203, Hastings, OK 73548, 580.963.2531 | X |  |  |  |
| Hinton Senior Citizens Center, 515 W. Main St., PO Box 322, Hinton, OK 73047, 405.542.6454 | X |  |  |  |
| Indiahoma Senior Citizens Center, PO Box 38, Indiahoma, OK 73552, (580.246.3572 | X |  |  |  |
| Marlow Senior Citizens Center, 325 West Main St., Marlow, OK 73055, 580.658.5628 | X |  |  |  |
| Meers Senior Citizens Center, 12033 NW Rhoades Road, Lawton, OK 73507, 580.492.5128 | X |  |  |  |
| Minco Senior Citizens Center, PO Box 357, Minco, OK 73059, 405.352.5018 | X |  |  |  |
| Mt. Scott Community Bldg., 8819 NW 4 Mile Road, Lawton, OK 73507, 580.529.2619 | X |  |  |  |
| Newcastle Senior Citizens Center, PO Box 86, Newcastle, OK 73065, 405.387.2100 | X |  |  |  |
| Ninnekah Senior Citizens Center, PO Box 16, Ninnekah, OK 73067, 405.224.7434 | X |  |  |  |
| Patterson Center, #4 NE Arlington, Lawton, OK 73507, 580.581.3485 | X |  |  |  |
| Purcell Senior Citizens Center, 228 North 2nd Street, 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 Center, 400 Taylor #8, Rt 1 Box 8, Ryan, OK 73565, 580.757.2780 | X |  |  |  |
| Temple Senior Citizens Center, PO Box 95, Temple, OK 73568, 580.342.5017 | X |  |  |  |
| Tipton Area Senior Citizens Center, PO Box 554, Tipton, OK 73570, 580.667.4158 | X |  |  |  |
| Tuttle Senior Citizens Center, PO Box 134, Tuttle, OK 73089, 405.381.2606 | X |  |  |  |
| Velma Senior Citizens Center, PO Box 584, Velma, OK 73491, 580.444.3772 | X |  |  |  |
| Walters Senior Citizens Center, PO Box 465, Walters, OK 73572, 580.591.3212 | X |  |  |  |
| Wichita Mts. Area Senior Citizens Center, PO Box 331, Medicine Park, OK 73557, 580.529.3858 | X |  |  |  |
| Anadarko Nutrition Center, 417 W Main St., Anadarko, OK 73005, 405.247.4857 |  | X |  |  |
| Apache Tribe of Oklahoma Nutrition, 601 E Colorado, PO Box 1330, Anadarko, OK 73005, 405.247.6330 |  | X |  |  |
| Blanchard Nutrition Center, 101 S Main St., PO Box 1248, Blanchard, OK 73010, 405.485.9260 |  | X |  |  |
| Byars Nutrition Center, 207 E Ripley, Byars, OK 74831, 405.783.4468 |  | X |  |  |
| Cache Nutrition Center, 416 W C Ave., Cache, OK 73527, 580.429.3427 |  | X |  |  |
| Carnegie Nutrition Center, PO Box 1126, Carnegie, OK 73015, 405.654.1507 |  | X |  |  |
| Cement Nutrition Center, PO Box 351, Cement, OK 73017, 405.489.3803 |  | X |  |  |
| Chickasha Nutrition Center, PO Box 2101, Chickasha, OK 73012, 405.224.4315 |  | X |  |  |
| Comanche Nutrition Center, 410 S 2nd, Comanche, OK 73529, 580.439.5076 |  | X |  |  |
| Comanche County Nutrition Project, 920 SW Sheridan Rd, PO Box 2231, Lawton, OK 73502, 580.357.7764 |  | X |  |  |
| Cottonwood Center, PO Box 518, Verden, OK 73092, 405.453.7720 | X |  |  |  |
| Cyril Nutrition Center, PO Box 143, Cyril, OK 73029, 580.464.2300 |  | X |  |  |
| Delta Nutrition Program, 707 King Place, Duncan, OK 73533, 580.252.1174 |  | X |  |  |
| Duncan Northside Nutrition Center, 1110 N 7th St., Duncan, OK 73533, 580.252.1174 |  | X |  |  |
| Elgin Nutrition Center, 801 1st St., Elgin, OK 73538, 580.492.4980 |  | X |  |  |
| Frederick Nutrition Center, 102 East Grand, Grand Hotel, Frederick, OK 73542, 580.335.7026 |  | X |  |  |
| Geronimo Nutrition Center, 101 Main Street, Geronimo, OK 73543, 580.353.3448 |  | X |  |  |
| Hinton Nutrition Center, 501 W Main, Hinton, OK 73047, 405.542.6454 |  | X |  |  |
| Lawton North Nutrition Center, 1705 NW 20th St., Lawton, OK 73507, 580.581.3481 |  | X |  |  |
| Lawton Eastside Nutrition Center, Patterson Community Center, #4 Arlington, Lawton, OK 73501, 580.581.3485 |  | X |  |  |
| Lawton South Nutrition Center, 704 SW D Ave., Lawton, OK 73501, 580.355.5660 |  | X |  |  |
| Marlow Nutrition Center, 201 N Elm St., Marlow, OK 73055, 580.658.5773 |  | X |  |  |
| Pleasant Valley Nutrition Center, 1123 SW Monroe, Lawton, OK 73501, 580.581.3489 |  | X |  |  |
| Purcell Nutrition Center, 228 N 2nd, Purcell, OK 73080, 405.527.9462 |  | X |  |  |
| Randlett Nutrition Center, Randlett Community Bldg., Randlett, OK 73562, 580.281.3220 |  | X |  |  |
| Rush Springs Nutrition Center, 110 S 2nd St., Rush Springs, OK 73082, 580.476.3168 |  | X |  |  |
| Ryan Nutrition Center, 400 Taylor #8, Rt Box 8, Ryan, OK 73565, 580.757.2412 |  | X |  |  |
| Temple Nutrition Center, 201 S Commercial St., PO Box 652, Temple, OK 73568, 580.342.6944 |  | X |  |  |
| Walters Nutrition Center, 500 E California, PO Box 452, Walters, OK 73572, 580.875.2211 |  | X |  |  |
| Washington Nutrition Center, 219 N Turner, PO Box 624, Washington, OK 73093, 405.288.6404 |  | X |  |  |
| Wayne Nutrition Center, PO Box 271, Wayne, OK 73095, 405.449.3079 |  | X |  |  |
| Community Action Development, 105 S Main St., Frederick, OK 73542, 580.335.5588 |  |  | X |  |
| Community Action Development, 1401 Grant St., Apt., #1, Ryan, OK 73565, 580.757.2235 |  |  | X |  |
| Community Action Development, 102 E Texas St., Temple, OK 73568, 580.342.6967 |  |  | X |  |
| Delta Community Action, 223 W Washington St., Purcell, OK 73080, 405.527.6537 |  |  | X |  |
| Washita Valley Community Action, 205 W Chickasha, Ste. 5, Chickasha, OK 73018, 405.224.5831 |  |  | X |  |
| Ann Bradshaw, Sterling Housing Authority, 3 Hancock St., Sterling, OK 73567, 580.365.4862 |  |  |  | X |
| Nettie Fisher, Town Clerk, Town of Fletcher, PO Box 448, Fletcher, OK 73541, 580.549,6550 |  |  |  | X |
| Earl Yeahquo, 4 Cimarron Trail, Lawton, OK 73507, 580.355.0132 |  |  |  | X |

 **Part III. I**

CAPACITY OF PROJECT SPONSOR

**Part III. J**

EVALUATION/QUALITY ASSURANCE

**PART III. K.**

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** | **Contract Meals** | **ADV Meals** |  |
|  |  |  |  |  |  |  |  |

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

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

**PART III. L.**

**Unit Cost Computation and Service Cost Methodology**