ASSOCIATION OF SOUTH CENTRAL OKLAHOMA GOVERNMENTS

 (ASCOG)

GRANT APPLICATION

**COMMUNITY EXPANSION OF NUTRITIONAL ASSISTANCE**

**(CENA)**

**State Fiscal Year 2019**

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) 2019**

**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 ASCOG staff and the ASCOG Board or Executive Committee.

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 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 senior centers serving meals at least three days per week. 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. To ensure most of the funding is spent on meals for seniors, ASCOG may only approve funds for food for sites serving at least three days per week. ASCOG may only approve utilities for other sites on a competitive grant basis.

If your site serves meals at least three days per week, you are eligible to apply for food. 95% of the pass-through funds awarded by ASCOG will be for food.

If your site does not serve meals at least three days per week, your site may still be eligible for utilities reimbursement. ASCOG will award 5% of the passthrough funds to sites in this category. Awards for utilities will be limited to $2,000 per site.

ASCOG reserves the right to adjust the above percentage of funding based on need.

**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
* Review of equipment inventory if applicable.

**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 **June 8, 2018** 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 2019**

**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**

**(ASCOG)**

**Area Agency on Aging**

**Community Expansion of Nutritional Assistance**

(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 2019**

**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 2019**

**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**







