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**ASSOCIATION OF SOUTH CENTRAL**

**OKLAHOMA GOVERNMENTS**

**GRANT APPLICATION**

**TITLE III OLDER AMERICANS ACT**

**SENIOR NUTRITION PROGRAM SERVICES**

**State Fiscal Year 2023**

**ASCOG**

**AREA AGENCY ON AGING**

**P.O. Box 1647**

**802 W. Main**

**Duncan, Oklahoma 73534-1647**

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**Area Agency on Aging**

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**ASCOG AAA FISCAL YEAR 2023 REQUEST FOR PROPOSAL GUIDE**

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**FISCAL YEAR 2023 REQUEST FOR PROPOSAL GUIDE**

# PART I. INTRODUCTION

A. BACKGROUND

The Older Americans Act of 1965, as amended, provides grant funding for the development of comprehensive and coordinated service systems for older individuals. The ASCOG Area Agency on Aging administers Older Americans Act funding in the counties of Cotton, Caddo, Stephens, Comanche, Tillman, McClain, Grady, and Jefferson (planning and service area). It is the Area Agency on Aging’s responsibility to assess the needs of older individuals in the planning and service area and to fund (or advocate for) services to meet the identified needs. Older individuals are defined as all persons 60 years of age and over. Services must be targeted to older individuals who are in greatest social and economic need, with particular attention to low-income minority individuals and older individuals residing in rural areas.

The purpose of this guide is to identify potential, quality providers of services to older individuals. The application references but does not outline in detail each responsibility associated with the acceptance of Older Americans Act funding. All responsibilities will be discussed, and copies of relevant policy/statute will be available for review during the proposers’ conference. See Technical Assistance section.

B. ELIGIBLE APPLICANTS

Organizations eligible to apply for funding under this request for proposal (RFP) include non-profit agencies, private for-profit agencies, and local city/county governmental entities who have the capacity to meet the requirements for service delivery as outlined in the Older Americans Act as amended and applicable regulations/policy. NOTE: Oklahoma Department of Human Services Aging Services Division (OKDHS ASD) must approve applications by for-profit entities prior to awarding funding. Debarred/suspended parties are not eligible to apply for funding.

C. GRANT/CONTRACT PERIOD

Older Americans Act funding is granted for up to twelve months with extensions only available to projects who are not in their first year contracting with ASCOG for Title III services. The maximum project period will be from July 1, 2022, through June 30, 2023 with extensions only available as stated above. ASCOG Area Agency on Aging may approve existing and ongoing contracts for up to four years. *NOTE: Grant extensions and amendments may be negotiated at the discretion of the Area Agency on Aging.*

D. TECHNICAL ASSISTANCE

The Area Agency on Aging provides technical assistance to applicants who request assistance, in writing, no later than seven calendar days prior to the closing of the application period. To request technical assistance, please submit your request by email to: Kristina Manriquez, AAA Director, manr\_kr@ascog.org. The proposers’ conference will be held at 2:00 p.m., Monday, March 21st at the ASCOG AAA, 804 W Main St., Duncan. Prospective applicants must attend the proposers’ conference in order to be considered for funding. Conference discussion will include an outline of all responsibilities related to the receipt of funding, applicable standards and policy.

Technical assistance will not be available until the proposers’ conference. This is to ensure that all prospective proposers receive the same information.

Outside of the proposers’ conference, only email requests for technical assistance will be accepted. The deadline to submit requests for technical assistance is March 25th. Responses to technical assistance requests will be posted to the ASCOG website for review by all applicants.

E. APPLICATION SUBMITTAL

This guide is applicable for funds allocated under Title III of the Older Americans Act, Parts B, C, D, and E. Each section of the application is completed in accordance with outlined instructions. Responses should be typed and double-spaced. Use forms where indicated. The application must be received by March 28th 2022 at noon. Applications must be emailed to Kristina Manriquez at manr\_kr@ascog.org . The application can be submitted in Word or Adobe-pdf format. The application must be signed, with a scanned copy of the signature page included in the application or attached separately in the same email. In accordance with DHS policy, late proposals will not be accepted.

**NOTE: INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED**.

**Submission Checklist – Applicants should check the following to make sure their applications are complete:**

* All Sections of Part III – A through L using required forms per instructions (see instructions on forms in Part III and instructions in Part II.
* Completed non-collusion affidavit using ASCOG required form
* Health Department Inspection forms for all sites served in SFY20 (Nutrition Grants only)
* Fire and Safety Inspection forms for all sites served in SFY20 (Nutrition Grants only)

F. SCOPE OF WORK- Title III

The ASCOG Area Agency on Aging will award funding for the following services for the estimated amounts as indicated below (Older Americans Act Title III funds only) for the period of July 1, 2022, through June 30, 2023 with possible extensions. See Part IV Appendix D - Unavailability of Funding Clause. NOTE: The Area Agency on Aging is not obligated to award funding if, in the opinion of its governing board, no applications are received which meet or exceed the requirements of this RFP.

Funding is estimated and is subject to change.

Services are bundled according to the charts in which they are listed. Applicants must apply for all services in a bundle.

Interested applicants must apply for all available funding for each service included in their proposal, but the project can choose to limit the service area based on the limitations of funding, which may impact the overall score of the application. Maximum points will be realized for proposals that serve all eight counties in the ASCOG planning and services area.

**\*Nutrition projects must meet a minimum service of at least 25 meals per day, 5 days per week (250 days per year).**

**\*All request for proposals must adhere to a home delivery unit cost of $5.15 statewide. Congregate meal unit cost has a state AVERAGE of $7.08. These figures include all federal, state and NSIP funds.**

**\*Administration budgets MUST be less than 30% of total budget of project.**

**\*See section L of Instructions for unit cost computations.**

**ASCOG AAA PSA Legal Aid/Education and Training**

|  |  |  |  |
| --- | --- | --- | --- |
| **SERVICES FROM TAXONOMY** | **Units of Service** | **Unduplicated Persons Served** | **TOTAL ESTIMATED FUNDING****$ 31,607** |
| Supportive Services  | 375 | 85 | $31,607 |
|  |  |  | $31,607 |
|  |  |  |  |

**\*All request for proposals must adhere to a home delivery unit cost of $5.15 statewide. Congregate meal unit cost has a state AVERAGE of $7.08. These figures include all federal, state and NSIP funds.**

**\*Administration budgets MUST be less than 30% of total budget of project.**

**\*See section L of Instructions for unit cost computations.**

The charts above reflect the estimated minimum number of persons that should be served, and the estimated minimum number of service units that should be provided for each service. All dollar amounts are estimates and are subject to change based on availability of funding. Project may consolidate funding, units of service and unduplicated persons served goals by county aggregate when applying for all available sites in a county.

*NOTE: See Part IV., Appendix A “Taxonomy of Older Americans Act Title III Services” for service definitions and service unit descriptions.*

G. APPEAL PROCEDURES

Applicants who are denied funding through this RFP process may submit a written request for hearing to the ASCOG Area Agency on Aging within 30 days of the applicant’s receipt of funding denial notice. The written request must include a detailed explanation of the applicant’s grounds for appeal. Hearings may also be requested by organizations whose funding is suspended or terminated prior to the end of an approved project period.

**ASCOG AAA FISCAL YEAR 2023 REQUEST FOR PROPOSAL GUIDE**

# PART II. APPLICATION INSTRUCTIONS

All applications will be evaluated and given a number score based on the sections in this Part. Use forms where indicated. Forms are provided in Part III Application Forms.

A. APPLICATION COVER PAGE *(see form Part III. A)*

Complete this page with the original signature of the official authorized to sign the application.

1. Short Title of Project: Enter a brief title, descriptive of your project, not exceeding one typed line.
2. **Type of Application: Check the appropriate box indicating the type of application; public, private non-profit, or private profit making.**
3. Applicant: Enter the official name, address, zip code, and telephone number of the local organization or agency that will administer the project. If applicant receives mail at a post office box, also include street address of applicant.
4. Project Location: This is the actual physical location of the project to be conducted with grant funds. Enter the street, city, state, zip code, county, and telephone number if known at the time the application is submitted. Do not show a post office box unless a street address is not available.
5. Financial Officer: Enter the name and telephone number of the person who will be responsible for fiscal matters relating to the project.
6. Project Director: Enter the name and telephone number of the individual who will directly oversee the activities of the project.
7. Cost of Project: Enter the cost of your proposed project including all Title III grant and local funds, **which include** match (cash and in-kind), if any, **and program income such as contributions and donations.**
8. Project Duration: Enter the time period for which funding is requested.
9. Project Year: enter the number of years the project has received Title III funding to provide services (if applicable) and circle the appropriate project year of current funding application.
10. Local Public Matching Funds: Enter the dollar amount of local public matching funds committed to the project, if in addition to funds provided through the Area Agency on Aging.
11. Space reserved for Area Agency on Aging use.
12. Project Summary: Briefly and specifically describe the proposed project, e.g., Funds requested are to purchase, operate, and maintain two, twelve-passenger vans which will be used to transport older individuals to medical and other essential services. The vans will operate in XXX county and are expected to transport approximately 100 persons daily.
13. Official Authorized to Sign Application: Enter the name of the individual authorized to enter into binding contracts/grants on behalf of the applicant. This will normally be the chief executive officer of the agency or organization, e.g., president of the board of directors. Applications signed by anyone other than the chief executive officer must be accompanied by a written statement signed by the chief executive officer giving the signing party authority to commit the applicant to the terms and conditions of the grant. The authorized official must *sign and date* the grant application cover page.

***Note: Once funded, all proposed grant revisions must be submitted with a grant application cover page signed and dated by an authorized official. Signatures must be original with current dates.***

B. SCOPE OF WORK JUSTIFICATION

1. Complete a Title III Scope of Work Justification *(See form Part III. B.(1).*  listing the following information for each service for which funding is requested:

1. Each county where services are to be provided;
2. Name of service *(See Part IV. Appendix A.”Taxonomy of Older Americans Act Title III Services” for service titles and definitions);*
3. Projected number of unduplicated persons to be served, if required;
4. Projected service units to be provided;
5. Total funding for each service;
6. Service unit costs; and
7. Activities to meet the scope of work.

2. Scope of Work Justification - Commercial or Contractual. *See form Part III. B. (2).*

Projects engaged in public or private commercial or contractual activities such as ADvantage meals must complete a separate Scope of Work Justification for each contracted activity.

C. SERVICE IMPLEMENTATION

Provide a detailed description of how each service will be implemented using the activities listed in the scope of work justification. Include information such as:

Staff to be utilized (provide a job description for each category of staff including nutrition consultant).

Persons to be served (number of persons to be served and service units provided, at each site, and on each route); and

Services to be delivered from a primary site, in-home, rotating sites, established routes, or on-demand, etc.

NOTE: Nutrition projects have extensive mandates related to service delivery. See OAC 340:105-10-68 and related policies for nutrition program service standards.

2. Provide a brief overview of the following:

* + **a description of the project’s plan for *“Emergency Preparedness;”***
	+ **a statement that the project will *“confirm and influence the coordinated vaccination of seniors, particularly for influenza and pneumonia,”* and a brief description of plan for implementation.**

3. Projects engaged in public or private commercial or contractual activities such as ADvantage meals MUST address each of the additional assurances and disclosures listed below:

 A. Narrative

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;
2. 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;
3. Assure the Project maintains the integrity and public purpose of the OAA services while performing commercial or contractual activities;
4. 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;
5. Assure that preference in receiving Title III services will not be given to particular older individuals as a result of contract or commercial activities;
6. Assure the Project will account for the funds generated through commercial or contractual activities according to generally accepted accounting and auditing practices; and
7. Assure the Project will make available the accounting and auditing practices of the contractual or commercial activities for review by the AAA.

D. CHARACTERISTICS OF THE PROJECT AREA

1. Outline the geographic service area for the proposed project (may enclose area map).

2. Describe the composition of older individuals in the proposed service area. Include the number and geographic concentrations of older individuals in the greatest economic and social need, with particular attention to low-income minority individuals and older individuals residing in rural areas as listed in the “Targeting” section of this guide.

E. PROJECT ADVISORY COUNCIL

1. Outline the purpose of the advisory council and list the membership. *Form is provided in Part III. E.* *See OAC Policy 340:105-10-52, Title III Project Advisory Council.*

* + **Assure compliance with policy OAC 340:105-10-52 and the Advisory Council does not contain any members who are Governing Board member, State Agency Staff, AAA staff or Board members, Title III Project or governing board members.**

F. PROJECT BOARD OF DIRECTORS

1. Outline the role of the board of directors and list the membership. *Form is provided in Part III. F.*

G. TARGETING

Specify outreach efforts made by the project to identify and provide information on the availability of services to individuals eligible for assistance under the Older Americans Act throughout the service area, with special emphasis on older individuals:

* residing in rural areas;
* with greatest economic need, with particular attention to low-income minority individuals and older individuals residing in rural areas.
* with greatest social need, with particular attention to low-income minority individuals

and older individuals residing in rural areas;

* with severe disabilities;
* with limited English speaking ability. If a substantial number of the older individuals residing in the planning and service area are of limited English speaking ability, the Area Agency on Aging will request additional information;
* with Alzheimer’s disease or related disorders with neurological and organic brain dysfunction;
* with impairments in activities of daily living (ADLs) or instrumental activities of daily living (IADLs);
* living alone; and
* the caregivers of such individuals
* grandparents raising grandchildren

*See Part IV. Appendix B. “Client Descriptors” for definitions related to the list of Older Americans Act targeting mandates.*

 **H. COORDINATION**

1. Describe the activities to be undertaken with other community service agencies to assure maximum utilization of other public and private resources in support of the project, e.g., joint planning, training, and public relations.

2. List all community focal points (as designated by the Area Agency on Aging) in the project service area and describe efforts that will be undertaken to coordinate with the focal points. *See OAC 340:105-42 Designation of Community Focal Points.*

I. CAPACITY OF PROJECT SPONSOR

1. Give a brief history of the applicant organization including date of incorporation. Include copies of project director’s résumé, memoranda of understanding, Certificate of Incorporation, Articles of Incorporation, Bylaws, and Certificate of Non-Profit Status, if applicable.

2. Describe the applicant agency’s capacity to administer the proposed project, including personnel and physical facilities. Submit copies of signed and dated (local) health and fire inspection reports for year of application. If this is a new project site, provide copies of inspections as soon as reports are available.

3. Describe the applicant agency’s experience in the provision of services to older individuals with specific reference to experience serving the groups listed in the “Targeting” section.

4. New applicants are to describe how services will be provided to existing clients without interruption of services.

5. Discuss how the project will provide adequate training to all staff covering at least the following: (A) the OAA, as amended, and related regulations; (B) the OKDHS Policies and Procedures Manual for Title III of the OAA, as amended; (C) the AAA Title III policies and procedures manual; (D) all program and fiscal reports, as appropriate;(E) assessment procedures; (F) the aging network; and (G) specific job duties.

6. Describe the project’s capacity to:

* communicate through modern technology
* fund the project for 45 days without reimbursement

J. EVALUATION/QUALITY ASSURANCE

Describe methods that will be used to assure that quality services are provided. Provide a copy of an evaluation tool for all 17 taxonomies as well as nutrition site activities, independent senior center activities and recreation activities.

*NOTE: At a minimum, some type of consumer satisfaction survey must be utilized at least once during each fiscal year. (Twice or more is preferable.)*

K. BUDGET

Develop a budget justification (See Appendix F - Budget Justification) that lists all budget items and costs associated with the project by the following categories:

1. Personnel;
2. Travel;
3. Food (nutrition projects only);
4. Nutrition Consultant (nutrition projects only);
5. Equipment;
6. Rent/utilities;
7. Other; and
8. Indirect Cost.

Show each category in four funding columns which include: Title III Funding, Local Funding, NSIP Funding, and Non-OAA Program Income Funding.

*NOTE: OAC Policy 340:105-10-121 states the total administration costs charged to the Title III grant may not exceed the maximum provided in Federal law.*

1. Each **“Personnel”** entry in the budget justification must contain, at a minimum, the following information (include all applicable information for vacant positions):

1. job title;
2. name of individual to occupy position;
3. employee anniversary date (month and year);
4. Job Family Descriptor and corresponding pay band;
5. salary breakdown, i.e., hourly wage x number hours/per day at specific wage x number of days/per year and compute monthly salary x 12 months for salaried employees;
6. designate “full-time” or “part-time” for each position;
7. longevity for each eligible employee; and
8. fringe benefits with each benefit computed separately.

**In a recent legal opinion by ASCOG’s attorney, the following items have been added to the requirements for all Title III RFP’s:**

* **Pursuant to OAC 340:105-10-120, the position of Title III Project Director is a full time position. This also covers any additional senior administrative or ownership position where the aggregate majority of funding for the position comes from the Older Americans Act.**
* ***Appendix P - ASCOG SFY17 Nutrition Site Staffing Guidelines* apply to site staffing at all nutrition sites. Please refer to Appendix P enclosed in the RFP**

*NOTE: Reference SUOA Policy Memo 04-12 re: Implementation of Revised OAC Policies 340:105-10-72, 120; and 121 for the “Personnel” information in the Budget Justification.*

2. Each **“Travel”** entry must include the position for which the travel is allocated, as well as the specific computation, e.g., project director - 200 miles/month x $.325/mile x 12 months = $780.00.

3. Each **“Food”** entry must include the following information (if applicable):

1. designation as “cooking” or “satellite” site;
2. total number of meals allocated per site x raw food cost per meal x number of serving days per year = food cost; and
3. total for each budget category, as well as the “total” of all budget categories for the project.

4. Each **“Nutrition Consultant”** entry must include the following information:

1. name of individual occupying position;
2. Job Family Descriptor and corresponding pay band;
3. salary breakdown, i.e., hourly wage x number hours per month at site x 12 months; and
4. travel breakdown, if applicable, i.e., 50 miles per month x $.325/mile x 12 months = $195.00.

5. Each **“Equipment”** entry must include the following information:

1. equipment purchase estimates.

6. Each **“Rent/Utilities”** entry must include the following information:

1. rent - donated by the City of XXXX; and
2. utilities - $150.00/month x 12 = $1,800.00.

7. Each **“Other”** entry must include the following information where applicable:

1. equipment maintenance/repair estimates;
2. telephone - $45.00/month x 12 = $540.00;
3. pest control - $30.00/month x 12 = $360.00;
4. home delivered meal containers - $.35/container x 90 meals/day x 260 days = $8,190.00;
5. janitorial supplies (bleach, can liners, mops, etc.) - $43.00/month x 12 = $516.00;
6. kitchen supplies (gloves, foil, etc.) - $203.00/month x 12 = $2,436.00;
7. garbage pickup - $60.00/month x 12 = $720.00;
8. van- gas - $1,068/year; maintenance - $100/year; insurance - $455/year = $1,623.00;
9. health fair- advertising - $500; materials - $1,500; building rent - $500 = $2,500.00;
10. AIM annual maintenance fees - $300.00;
11. CPA or qualified individual annual fee (computation of service cost); and
12. annual audit fee.

8. **“Indirect Cost”** entries must include an attached copy of negotiated agreement. Negotiated agreement must include indirect cost allocation methodology for each itemized cost. It is a requirement to submit a separate Indirect Budget Justification Page for all indirect costs (personnel, rent, utilities, travel, etc.). Indirect costs are a separate line item cost and must be included in all supporting budget pages as such.

L. UNIT COST COMPUTATION AND SERVICE COST METHODOLOGY

*Reference SUOA Policy Memo 04-12 re: Implementation of Revised OAC Policies 340:105-10-72, 120; and 121 for the “Personnel” information in the Budget Justification.*

# ASCOG AAA FISCAL YEAR 2023 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).****Fill in the appropriate project year for this grant:****Year       of a       year grant.** | 1. **Local Public Matching Funds**

**N/A** | 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.

**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**  **SFY2017** | **Estimated Population To Be Served in****SFY2019** |
|  |  |  |  |
| Total County pop. | 29,557 |  |
| Total County pop. 60+ | 6,462 | 279 | 293 |
| Female 60+ | 3,502 | 170 | 179 |
| Male 60+ | 2,960 | 109 | 114 |
| African-American 60+ | 144 | 7 | 8 |
| American Indian 60+ | 1,029 | 32 | 33 |
| Asian 60+ | 25 | 1 | 2 |
| Hispanic/ Latino 60+ | 268 | 11 | 12 |
| Poverty (low income) 60+ | 795 | 104 | 109 |
| Poverty (low income) minority 60+ | 260 | 29 | 30 |
| Limited English proficiency 60+ | 65 | 0 | 1 |
| Individuals residing in rural isolated 60+ | 6,462 | 265 | 278 |
| GGRC 60+ | 120 | 2 | 3 |
| Individuals living alone 60+ | 1,485 | 136 | 143 |
| Veterans 60+  | 1,590 | 43 | 45 |
| **Estimated Totals** |
| \*Individuals with disabilities 60+ (self- identified)  | 2,580 | 67 | 70 |
| \*Individuals at risk for institutional placement 60+(3 or more ADLS) | 660 | 89 | 93 |
| \*Individuals with Alzheimer’s Disease and related disorders 60+ (self- identified) | 969 | 42 | 44 |

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of population by county:****Comanche** | **#****County****(from AGiD per instructions)** | **Estimated****Population Served in**  **SFY2017** | **Estimated Population To Be Served in****SFY2019** |
|  |  |  |  |
| Total County pop. | 122,136 |  |
| Total County pop. 60+ | 20,569 | 636 | 668 |
| Female 60+ | 11,171 | 390 | 410 |
| Male 60+ | 9,398 | 246 | 258 |
| African-American 60+ | 2,468 | 111 | 117 |
| American Indian 60+ | 912 | 36 | 38 |
| Asian 60+ | 689 | 8 | 9 |
| Hispanic/ Latino 60+ | 1,053 | 4 | 5 |
| Poverty (low income) 60+ | 1,605 | 235 | 247 |
| Poverty (low income) minority 60+ | 540 | 77 | 81 |
| Limited English proficiency 60+ | 355 | 0 | 1 |
| Individuals residing in rural isolated 60+ | 0 | 0 | 0 |
| GGRC 60+ | 515 | 4 | 5 |
| Individuals living alone 60+ | 4,750 | 288 | 302 |
| Veterans 60+  | 5,505 | 135 | 142 |
| **Estimated Totals** |
| \*Individuals with disabilities 60+ (self- identified)  | 7,825 | 208 | 218 |
| \*Individuals at risk for institutional placement 60+(3 or more ADLS) | 2,530 | 242 | 254 |
| \*Individuals with Alzheimer’s Disease and related disorders 60+ (self- identified) | 3,085 | 95 | 100 |

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of population by county:****Cotton** | **#****County****(from AGiD per instructions)** | **Estimated****Population Served in**  **SFY2017** | **Estimated Population To Be Served in****SFY2019** |
|  |  |  |  |
| Total County pop. | 5,941 |  |
| Total County pop. 60+ | 1,512 | 124 | 130 |
| Female 60+ | 790 | 76 | 80 |
| Male 60+ | 722 | 48 | 50 |
| African-American 60+ | 30 | 4 | 5 |
| American Indian 60+ | 110 | 5 | 6 |
| Asian 60+ | 2 | 0 | 1 |
| Hispanic/ Latino 60+ | 52 | 4 | 5 |
| Poverty (low income) 60+ | 160 | 55 | 58 |
| Poverty (low income) minority 60+ | 80 | 7 | 8 |
| Limited English proficiency 60+ | 10 | 0 | 1 |
| Individuals residing in rural isolated 60+ | 1,512 | 116 | 122 |
| GGRC 60+ | 23 | 0 | 1 |
| Individuals living alone 60+ | 305 | 74 | 78 |
| Veterans 60+  | 314 | 30 | 32 |
| **Estimated Totals** |
| \*Individuals with disabilities 60+ (self- identified)  | 590 | 16 | 17 |
| \*Individuals at risk for institutional placement 60+(3 or more ADLS) | 169 | 24 | 25 |
| \*Individuals with Alzheimer’s Disease and related disorders 60+ (self- identified) | 227 | 19 | 20 |

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of population by county:****Grady** | **#****County****(from AGiD per instructions)** | **Estimated****Population Served in**  **SFY2017** | **Estimated Population To Be Served in****SFY2019** |
|  |  |  |  |
| Total County pop. | 54,655 |  |
| Total County pop. 60+ | 11,869 | 232 | 244 |
| Female 60+ | 6,357 | 147 | 154 |
| Male 60+ | 5,512 | 85 | 89 |
| African-American 60+ | 204 | 8 | 9 |
| American Indian 60+ | 455 | 6 | 7 |
| Asian 60+ | 35 | 0 | 1 |
| Hispanic/ Latino 60+ | 207 | 4 | 5 |
| Poverty (low income) 60+ | 750 | 61 | 64 |
| Poverty (low income) minority 60+ | 140 | 7 | 8 |
| Limited English proficiency 60+ | 45 | 0 | 1 |
| Individuals residing in rural isolated 60+ | 11,869 | 217 | 228 |
| GGRC 60+ | 260 | 0 | 1 |
| Individuals living alone 60+ | 2,345 | 82 | 86 |
| Veterans 60+  | 2,580 | 52 | 55 |
| **Estimated Totals** |
| \*Individuals with disabilities 60+ (self- identified)  | 4,185 | 60 | 63 |
| \*Individuals at risk for institutional placement 60+(3 or more ADLS) | 1,085 | 77 | 81 |
| \*Individuals with Alzheimer’s Disease and related disorders 60+ (self- identified) | 1,780 | 35 | 37 |

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of population by county:****Jefferson** | **#****County****(from AGiD per instructions)** | **Estimated****Population Served in**  **SFY2017** | **Estimated Population To Be Served in****SFY2019** |
|  |  |  |  |
| Total County pop. | 6,230 |  |
| Total County pop. 60+ | 1,689 | 144 | 151 |
| Female 60+ | 901 | 87 | 91 |
| Male 60+ | 788 | 57 | 60 |
| African-American 60+ | 13 | 0 | 1 |
| American Indian 60+ | 65 | 14 | 15 |
| Asian 60+ | 9 | 0 | 1 |
| Hispanic/ Latino 60+ | 95 | 4 | 5 |
| Poverty (low income) 60+ | 210 | 84 | 88 |
| Poverty (low income) minority 60+ | 45 | 9 | 10 |
| Limited English proficiency 60+ | 19 | 0 | 1 |
| Individuals residing in rural isolated 60+ | 1,689 | 141 | 148 |
| GGRC 60+ | 29 | 0 | 1 |
| Individuals living alone 60+ | 400 | 77 | 81 |
| Veterans 60+  | 315 | 36 | 38 |
| **Estimated Totals** |
| \*Individuals with disabilities 60+ (self- identified)  | 605 | 31 | 33 |
| \*Individuals at risk for institutional placement 60+(3 or more ADLS) | 235 | 41 | 43 |
| \*Individuals with Alzheimer’s Disease and related disorders 60+ (self- identified) | 253 | 22 | 23 |

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of population by county:****McClain** | **#****County****(from AGiD per instructions)** | **Estimated****Population Served in**  **SFY2017** | **Estimated Population To Be Served in****SFY2019** |
|  |  |  |  |
| Total County pop. | 38,682 |  |
| Total County pop. 60+ | 8,277 | 311 | 327 |
| Female 60+ | 4,371 | 193 | 203 |
| Male 60+ | 3,906 | 118 | 124 |
| African-American 60+ | 61 | 2 | 3 |
| American Indian 60+ | 400 | 12 | 13 |
| Asian 60+ | 28 | 0 | 1 |
| Hispanic/ Latino 60+ | 211 | 2 | 3 |
| Poverty (low income) 60+ | 595 | 93 | 98 |
| Poverty (low income) minority 60+ | 50 | 8 | 9 |
| Limited English proficiency 60+ | 45 | 0 | 1 |
| Individuals residing in rural isolated 60+ | 0 | 0 | 0 |
| GGRC 60+ | 105 | 2 | 3 |
| Individuals living alone 60+ | 1,400 | 130 | 137 |
| Veterans 60+  | 1,575 | 53 | 56 |
| **Estimated Totals** |
| \*Individuals with disabilities 60+ (self- identified)  | 2,680 | 56 | 59 |
| \*Individuals at risk for institutional placement 60+(3 or more ADLS) | 570 | 76 | 80 |
| \*Individuals with Alzheimer’s Disease and related disorders 60+ (self- identified) | 1,242 | 47 | 49 |

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of population by county:****Stephens** | **#****County****(from AGiD per instructions)** | **Estimated****Population Served in**  **SFY2017** | **Estimated Population To Be Served in****SFY2019** |
|  |  |  |  |
| Total County pop. | 44,090 |  |
| Total County pop. 60+ | 11,320 | 624 | 655 |
| Female 60+ | 6,210 | 367 | 385 |
| Male 60+ | 5,110 | 257 | 270 |
| African-American 60+ | 162 | 38 | 40 |
| American Indian 60+ | 378 | 41 | 43 |
| Asian 60+ | 49 | 0 | 1 |
| Hispanic/ Latino 60+ | 256 | 8 | 9 |
| Poverty (low income) 60+ | 935 | 261 | 274 |
| Poverty (low income) minority 60+ | 110 | 58 | 61 |
| Limited English proficiency 60+ | 100 | 0 | 1 |
| Individuals residing in rural isolated 60+ | 11,320 | 581 | 610 |
| GGRC 60+ | 205 | 4 | 5 |
| Individuals living alone 60+ | 2,360 | 256 | 269 |
| Veterans 60+  | 2,655 | 137 | 144 |
| **Estimated Totals** |
| \*Individuals with disabilities 60+ (self- identified)  | 4,325 | 133 | 140 |
| \*Individuals at risk for institutional placement 60+(3 or more ADLS) | 1,305 | 176 | 185 |
| \*Individuals with Alzheimer’s Disease and related disorders 60+ (self- identified) | 1,698 | 94 | 99 |

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of population by county:****Tillman** | **#****County****(from AGiD per instructions)** | **Estimated****Population Served in** **SFY2017** | **Estimated Population To Be Served in****SFY2019** |
|  |  |  |  |
| Total County pop. | 7,465 |  |
| Total County pop. 60+ | 1,868 | 140 | 147 |
| Female 60+ | 1,008 | 84 | 88 |
| Male 60+ | 860 | 56 | 59 |
| African-American 60+ | 119 | 3 | 4 |
| American Indian 60+ | 47 | 3 | 4 |
| Asian 60+ | 7 | 0 | 1 |
| Hispanic/ Latino 60+ | 258 | 11 | 12 |
| Poverty (low income) 60+ | 310 | 38 | 40 |
| Poverty (low income) minority 60+ | 115 | 9 | 10 |
| Limited English proficiency 60+ | 85 | 2 | 3 |
| Individuals residing in rural isolated 60+ | 1,868 | 136 | 143 |
| GGRC 60+ | 35 | 0 | 1 |
| Individuals living alone 60+ | 565 | 64 | 67 |
| Veterans 60+  | 469 | 22 | 23 |
| **Estimated Totals** |
| \*Individuals with disabilities 60+ (self- identified)  | 685 | 30 | 32 |
| \*Individuals at risk for institutional placement 60+(3 or more ADLS) | 204 | 39 | 41 |
| \*Individuals with Alzheimer’s Disease and related disorders 60+ (self- identified) | 280 | 21 | 22 |

**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+** |
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| --- | --- | --- |
| **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**











 **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**

**ASCOG AAA FISCAL YEAR 2023 REQUEST FOR PROPOSAL GUIDE**

|  |  |
| --- | --- |
| RFP PART IVATTACHMENTS |  |
|  | Page |
| A. Additional Forms and Instructions: 1. Older Americans Act Estimated Persons Served and Service Units 2. Older Americans Act Estimated Persons Served and Service Units  Instructions 3. Older Americans Act Unit Cost Calculation 4. Older Americans Act Summary Program Budget 5. Older Americans Act Supporting Budget Schedule | 2 245 810  |
| B. Older Americans Act Program Allowable Federal Expenses by Service  by Part | 18 |

**Estimated Persons Served and Service Units PART IV. A. 1. (Page 1 of 2)**

**Applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| Estimated Persons Served and Service Units- Older American Act Title III Services Only |
|  | UNDUPLICATED PERSONS | SERVICE UNITS | CLIENTS IN POVERTY | CLIENTS IN POVERTY/MINORITY | MINORITY STATUS | LIVES ALONE | 0 - 2 ADL | 3+ ADL | 0 - 2 IADL | 3+ IADL | HIGH NUTRITION RISK 6+ |
| SERVICE CATEGORIES | Rural Urban(1) | (2) | (3) | (4) | AI | AF | AS(5) | HS | NH | (6) | (7) | (8) | (9) | (10) | (11) |
| **Registered Services:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  1. Personal care |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  2. Homemaker  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  3. Chore |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  4. Home-delivered meals |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  5. Adult day care/health |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  6. Case management |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  7. Congregate meals |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  8. Nutrition counseling |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  9. Assisted transportation |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **TOTAL Registered Services:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Non-Registered "Other" Services:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10. Transportation |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 11. Legal assistance |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 12. Nutrition education |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 13. Information & assistance |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 14. Outreach |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Estimated Persons Served and Service Units PART IV. A. 1. (page 2 of 2)**

# Estimated Persons Served and Service Units- Older American Act Title III Services Only

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | UNDUPLICATED PERSONS | SERVICE UNITS | CLIENTS IN POVERTY | CLIENTS IN POVERTY/MINORITY | MINORITY STATUS | LIVES ALONE | 0 - 2 ADL | 3+ ADL | 0 - 2 IADL | 3+ IADL | HIGH NUTRITION RISK 6+ |
| SERVICE CATEGORIES | Rural Urban(1) | (2) | (3) | (4) | AI | AF | AS(5) | HS | NH | (6) | (7) | (8) | (9) | (10) | (11) |
|  15. Funded “Other” |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| * Advocacy/representation
 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| * Education/training
 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| * Education/information and assistance
 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| * Education/outreach
 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| * Health promotion
 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| * Medication management
 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| * Home repair
 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| * Coordination of services
 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| * Information services
 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| * Information services-GRRC
 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| * Access assistance
 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| * Access assistance-GRRC
 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| * Counseling
 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| * Counseling-GRRC
 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| * Support groups
 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| * Support groups-GRRC
 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| * Training
 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| * Training-GRRC
 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| * Respite
 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| * Respite-GRRC
 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| * Supplemental services
 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| * Supplemental services-GRRC
 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **TOTAL Non-Registered "OTHER" Services:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**PART IV. A. 2.**

**Older Americans Act Estimated Persons Served and Service Units Instructions**

 **(1) Total Unduplicated Persons -** Total unduplicated count should include all persons served during the course of the year per service category, regardless of how many service units individual clients receive**.**

 **(2) Total Units of Service** - Enter a total count of service units provided during the year. If there are multiple service providers for the same service, the total is a sum of the service units provided by all providers to all clients. Report all service units, even if the OAA funding and related match funds are not the exclusive source of funding for the provider. In the case of meals, enter the number of Nutrition Services Incentive Program (NSIP) eligible meals to include meals provided to volunteers

 **(3) Clients In Poverty -** Unduplicated persons considered to be in poverty are those whose income is at or below the official poverty guidelines as defined annually by the Office of Management and Budget.

 **(4) Clients In Poverty/Minority -** Unduplicated persons who qualify in number (1) definition and who are also of minority status as defined in number (5).

 **(5) Minority Status -** Unduplicated minority older persons are confined to the following designations:

 **AI (American Indian or Alaskan Native) -** A person having origins in any of the original peoples of North America, including Central America, and who maintains tribal affiliation or community attachment.

 **AF (Black or African American) -** A person having origins in any of the black racial groups of Africa.

 **AS (Asian) -** A person having origins in any of the original peoples of the Far East, SE Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

 **HS (Hispanic or Latino) -** A person of Cuban, Mexican, Puerto Rican, Central or South American or other Spanish culture or origin, regardless of race.

 **NH (Native Hawaiian or Other Pacific Islander)** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

 **(6) Lives Alone -** A one person household (using the Census definition of household) where the householder lives by his or herself in an owned or rented place of residence in a non-institutional setting, including board and care facilities, assisted living units and group homes.

**(7) 0-2 ADL -** The number of unduplicated persons that have the inability to perform 0-2 of the following six activities of daily living without assistance, stand-by assistance, supervision or cues: eating, dressing, bathing, toileting, transferring in and out of bed or chair, and walking.

 **(8) 3+ ADL -** The number of unduplicated persons that have the inability to perform 3 or more of the six activities listed in (7).

**(9) 0-2 IADL -** The number of unduplicated persons that have the inability to perform 0-2 of the following instrumental activities of daily living without personal or stand-by assistance, supervision or cues: preparing meals, shopping for personal items, medication management, managing money, using telephone, doing heavy housework, doing light housework, and transportation ability. Transportation ability refers to the individual’s ability to make use of available transportation without assistance.

1. **3+ IADL -** The number of unduplicated persons that have the inability to perform 3 or more of the instrumental activities of daily living as listed in (9).
2. **High Nutrition Risk 6+** - The number of unduplicated persons that scored 6 or more on the “Determine Your Nutritional Health” checklist.

***Note: Shaded areas indicate information not required for this report.***

**Unit Cost Calculation PART IV. A. 3. (Page 1 of 3)**

**Applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Older Americans Act Unit Cost Calculation**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| SERVICECATEGORIES | TOTAL UNITS OF SERVICE | TOTAL UNDUPLICATEDPERSONS | TOTAL OAA TITLE IIIFUNDING | TOTAL LOCALFUNDING | TOTAL ALLFUNDING Add Col 3 & 4 | TOTAL OAA TITLE III COST PER UNITDivide Col 3 by Col 1 | TOTAL LOCAL COST PER UNITDivide Col 4 by Col 1 | TOTAL COST PER UNIT Add Col 6 & 7 | TOTAL OAA TITLE III COST PER PERSONDivide Col 3 by Col 2 | TOTAL LOCAL COST PER PERSONDivide Col 4 by Col 2 | TOTAL COST PER PERSON Add Col 9 &10 |
| **Registered Services:** | ( 1 ) | ( 2 ) | ( 3 ) | ( 4 ) | ( 5 ) | ( 6 ) | ( 7 )  | ( 8 ) | ( 9 ) | ( 10 ) | ( 11 ) |
|  1. Personal care |  |  |  |  |  |  |  |  |  |  |  |
|  2. Homemaker |  |  |  |  |  |  |  |  |  |  |  |
|  3. Chore |  |  |  |  |  |  |  |  |  |  |  |
|  4. Home-delivered meals |  |  |  |  |  |  |  |  |  |  |  |
|  5. Adult day care/ health |  |  |  |  |  |  |  |  |  |  |  |
|  6. Case management |  |  |  |  |  |  |  |  |  |  |  |
|  7. Congregate meals |  |  |  |  |  |  |  |  |  |  |  |
|  8. Nutrition counseling |  |  |  |  |  |  |  |  |  |  |  |
|  9. Assisted transportation |  |  |  |  |  |  |  |  |  |  |  |
| **Non-Registered "Other" Services:** |  |  |  |  |  |  |  |  |  |  |  |
|  10. Transportation |  |  |  |  |  |  |  |  |  |  |  |
|  11. Legal assistance |  |  |  |  |  |  |  |  |  |  |  |
|  12. Nutrition education |  |  |  |  |  |  |  |  |  |  |  |
|  13. Information & assistance |  |  |  |  |  |  |  |  |  |  |  |
|  14. Outreach |  |  |  |  |  |  |  |  |  |  |  |

 **Unit Cost Calculation PART IV. A. 3. (Page 2 of 3)**

**Older Americans Act Unit Cost Calculation**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| SERVICECATEGORIES | TOTAL UNITS OF SERVICE | TOTAL UNDUPLICATED PERSONS | TOTAL OAA TITLE III FUNDING | TOTAL LOCAL FUNDING | TOTAL ALL FUNDING Add Col 3 & 4 | TOTAL OAA TITLE III COST PER UNIT Divide Col 3 by Col 1 | TOTAL LOCAL COST PER UNIT Divide Col 4 by Col 1 | TOTAL COST PER UNITAdd Col 6 & 7 | TOTAL OAA TITLE III COST PER PERSONDivide Col 3 by Col 2 | TOTAL LOCAL COST PER PERSON Divide Col 4 by Col 2 | TOTAL COSTPER PERSONAdd Col 9 &10 |
| 15. Funded “Other” | ( 1 ) | ( 2 ) | ( 3 ) | ( 4 ) | ( 5 ) | ( 6 ) | ( 7 )  | ( 8 ) | ( 9 ) | ( 10 ) | ( 11 ) |
| * Advocacy/representation
 |  |  |  |  |  |  |  |  |  |  |  |
| * Education/training
 |  |  |  |  |  |  |  |  |  |  |  |
| * Education/information and assistance
 |  |  |  |  |  |  |  |  |  |  |  |
| * Education/outreach
 |  |  |  |  |  |  |  |  |  |  |  |
| * Health promotion
 |  |  |  |  |  |  |  |  |  |  |  |
| * Medication management
 |  |  |  |  |  |  |  |  |  |  |  |
| * Home repair
 |  |  |  |  |  |  |  |  |  |  |  |
| * Coordination of services
 |  |  |  |  |  |  |  |  |  |  |  |
| * Information services
 |  |  |  |  |  |  |  |  |  |  |  |
| * Information services-GRRC
 |  |  |  |  |  |  |  |  |  |  |  |
| * Access assistance
 |  |  |  |  |  |  |  |  |  |  |  |
| * Access assistance-GRRC
 |  |  |  |  |  |  |  |  |  |  |  |
| * Counseling
 |  |  |  |  |  |  |  |  |  |  |  |
| * Counseling-GRRC
 |  |  |  |  |  |  |  |  |  |  |  |
| * Support groups
 |  |  |  |  |  |  |  |  |  |  |  |
| * Support groups-GRRC
 |  |  |  |  |  |  |  |  |  |  |  |
| * Training
 |  |  |  |  |  |  |  |  |  |  |  |
| * Training-GRRC
 |  |  |  |  |  |  |  |  |  |  |  |
| * Respite care
 |  |  |  |  |  |  |  |  |  |  |  |
| * Respite care-GRRC
 |  |  |  |  |  |  |  |  |  |  |  |
| * Supplemental services
 |  |  |  |  |  |  |  |  |  |  |  |
| * Supplemental services-GRRC
 |  |  |  |  |  |  |  |  |  |  |  |

**Unit Cost Calculation PART IV. A. 3. (Page 3 of 3)**

**Non-Older Americans Act Unit Cost Calculation**

|  |  |  |  |  |  |
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| SERVICECATEGORIES | TOTAL UNITS OF SERVICE | TOTAL UNDUPLICATED PERSONS | TOTAL NON-OAAFUNDING | TOTAL NON-OAA COST PER UNIT Divide Col.3 by Col .1 | TOTAL NON-OAA COST PER PERSONDivide Col .3 by Col. 2 |
| 16. Non-OAA Services | ( 1 ) | ( 2 ) | ( 3 ) | ( 4 ) | ( 5 ) |
| * Non-OAA - Contract Services
 |  |  |  |  |  |
| * Non-OAA - Contract Meals
 |  |  |  |  |  |
| * Non-OAA - Advantage Meals
 |  |  |  |  |  |
| * Non-OAA - Head Start Meals
 |  |  |  |  |  |
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| **PART IV. A. 4. (Page 1 of 2)**Summary Program Budget  **Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |
|  |  |
|  | III-B SOCIAL SERVICES | III-C1 CONGREGATE MEALS | III-C2 HOME DELIVERED MEALS | III-DHEALTH PROMOTION/ MED MGMT | III-E CAREGIVER SUPPORT | TOTALS |
| BUDGET CATEGORIES | Transp |  | OR | Home Maker | Home Repair | Meals Cost | Project Mgmt. | Other Costs | Meals Cost | Project Mgmt | Delivery Costs | Other Costs |  |  |  |
|  |  |  |  |  |  |  |  | Out Reach | Nut Educ | Nut Transp |  |  |  | Out Reach | Nut Educ | HDMAssess | / |  |  |
| 1. Personnel  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | / |  |  |
| 2. Staff Travel |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | / |  |  |
| 3. Food |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | / |  |  |
| 4. Nutrition Consultant |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | / |  |  |
| 5. Equipment |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | / |  |  |
| 6. Rent/Utilities |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | / |  |  |
| 7. Other |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | / |  |  |
| 8. Indirect Costs |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | / |  |  |
| **9. TOTAL COSTS** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10. Less: NSIP Funds |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | / |  |  |
| 11. Less: Program Income (Title III) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | / |  |  |
| 12. Less: Program Income (Contract) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | / |  |  |
| 13. Less: Program Income (Advantage Meals) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | / |  |  |
| **14. NET COSTS** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 15. Less: Grantee Participation |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 16. OAA Title III Grant Funds |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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**PART IV. A. 4. (Page 2 of 2)**

## Summary Program Budget

 **Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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|  |  |
|  | Non-Older Americans Act Contract Services | Non-Older Americans ActContract Meals | Non-Older Americans ActAdvantage Meals |  |  | TOTALS |
| BUDGET CATEGORIES |  |  |  |  | Meals Cost | Project Mgmt | Delivery Costs | Other Costs | Meals Cost | Project Mgmt | Delivery Costs | Other Costs |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | . | . |  |  |  |
| 1. Personnel  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2. Staff Travel |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3. Food |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4. Nutrition Consultant |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5. Equipment |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6. Rent/Utilities |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7. Other |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8. Indirect Costs |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **9. TOTAL COSTS** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10. Less: NSIP Funds |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 11. Less: Program Income (Title III) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 12. Less: Program Income (Contract) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 13. Less: Program Income (Advantage Meals) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **14. NET COSTS** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 15. Less: Grantee Participation |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 16. OAA Title III Grant Funds |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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**Supporting Budget Schedule PART IV. A. 5. (page 1 of 8 pages)**

**Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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|  |
|  | III-BSOCIAL SERVICES | III-C1CONGREGATE MEALS | III-C2HOME DELIVERED MEALS |  | III-DHP/MM | III-ECAREGIVER SUPPORT | TOTALS |
| BUDGETCATEGORIES | Trans | OR | Home Maker | Home Repair | Meals Cost | Project Mgmt. | Other Costs | Meals Cost | Project Mgmt. | Delivery Costs | Other Costs |  |  |  |
|  |  |  |  |  |  |  | OutReach | NutEduc | NutTransp |  |  |  | OutReach | Nut Educ | HDMAssess | / |  |  |
| **1. PERSONNEL****(Itemized By Title)** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Total Personnel Costs** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Supporting Budget Schedule PART IV. A. 5. (page 2 of 8 pages)**

**Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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|  |
|  | III-BSOCIAL SERVICES | III-C1CONGREGATE MEALS | III-C2HOME DELIVERED MEALS |  | III-DHP/MM | III-ECAREGIVER SUPPORT | TOTALS |
| BUDGETCATEGORIES | Trans | OR | Home Maker | Home Repair | Meals Cost | Project Mgmt. | Other Costs | Meals Cost | Project Mgmt | Delivery Costs | Other Costs |  |  |  |
|  |  |  |  |  |  |  | Out Reach | NutEduc | Nut Transp |  |  |  | OutReach | NutEduc | HDMAssess | / |  |  |
| **2. STAFF TRAVEL** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Total Travel Costs** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **3. FOOD**  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Total Food Costs** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Supporting Budget Schedule PART IV. A. 5. (page 3 of 8 pages)**

**Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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|  |
|  | III-BSOCIAL SERVICES | III-C1CONGREGATE MEALS | III-C2HOME DELIVERED MEALS |  | III-DHP/MM | III-ECAREGIVER SUPPORT | TOTALS |
| BUDGETCATEGORIES | Trans | OR | Home Maker | Home Repair | Meals Cost | Project Mgmt. | Other Costs | Meals Cost | Project Mgmt | Delivery Costs | Other Costs |  |  |  |
|  |  |  |  |  |  |  | Out Reach | NutEduc | Nut Transp |  |  |  | OutReach | NutEduc | HDMAssess | / |  |  |
| **4. NUTRITION CONSULTANT** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Total Nutrition Consultant Costs** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **5. EQUIPMENT** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  **Total Equipment Costs** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Supporting Budget Schedule PART IV. A. 5. (page 4 of 8 pages)**

**Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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|  |
|  | III-BSOCIAL SERVICES | III-C1CONGREGATE MEALS | III-C2HOME DELIVERED MEALS |  | III-DHP/MM | III-ECAREGIVER SUPPORT | TOTALS |
| BUDGETCATEGORIES | Trans | OR | Home Maker | Home Repair | Meals Cost | Project Mgmt. | Other Costs | Meals Cost | Project Mgmt | Delivery Costs | Other Costs | / |  |  |
|  |  |  |  |  |  |  | Out Reach | NutEduc | Nut Transp |  |  |  | OutReach | NutEduc | HDMAssess |  |  |  |
| **6. RENT/UTILITIES** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Total Rent/Utilities Costs** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7. OTHER COSTS** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  **Total Other Costs** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **8. INDIRECT COSTS****(Attach Copy of Negotiated Agreement)** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  **Total Indirect Costs** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Supporting Budget Schedule PART IV. A. 5. (page 5 of 8 pages)**

**Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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|  | Non-Older Americans ActContract Services | Non-Older Americans ActContract Meals | Non-Older Americans ActAdvantage Meals |  |  |  | TOTALS |
| BUDGETCATEGORIES |  |  |  | Meals Cost | Project Mgmt | Delivery Costs | Other Costs | Meals Cost | Project Mgmt | Delivery Costs | Other Costs |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **1. PERSONNEL****(Itemized By Title)** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  **Total Personnel Costs** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Supporting Budget Schedule PART IV. A. 5. (page 6 of 8 pages)**

**Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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|  | Non-Older Americans ActContract Services | Non-Older Americans ActContract Meals | Non-Older Americans ActAdvantage Meals |  |  |  | TOTALS |
| BUDGETCATEGORIES |  |  |  | Meals Cost | Project Mgmt | Delivery Costs | Other Costs | Meals Cost | Project Mgmt | Delivery Costs | Other Costs |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **2. STAFF TRAVEL** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Total Travel Costs** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **3. FOOD**  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Total Food Costs** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Supporting Budget Schedule PART IV. A. 5. (page 7 of 8 pages)**

**Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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|  | Non-Older Americans ActContract Services | Non-Older Americans ActContract Meals | Non-Older Americans ActAdvantage Meals |  |  |  | TOTALS |
| BUDGETCATEGORIES |  |  |  | Meals Cost | Project Mgmt | Delivery Costs | Other Costs | Meals Cost | Project Mgmt | Delivery Costs | Other Costs |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **4. NUTRITION CONSULTANT** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Total Nutrition Consultant Costs** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **5. EQUIPMENT** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  **Total Equipment Costs** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Supporting Budget Schedule PART IV. A. 5. (page 8 of 8 pages)**

**Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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|  | Non-Older Americans ActContract Services | Non-Older Americans ActContract Meals | Non-Older Americans ActAdvantage Meals |  |  |  | TOTALS |
| BUDGETCATEGORIES |  |  |  | Meals Cost | Project Mgmt | Delivery Costs | Other Costs | Meals Cost | Project Mgmt | Delivery Costs | Other Costs |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **6. RENT/UTILITIES** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Total Rent/Utilities Costs** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7. OTHER COSTS** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  **Total Other Costs** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **8. INDIRECT COSTS****(Attach Copy of Negotiated Agreement)** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  **Total Indirect Costs** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**PART IV. B.**

**OLDER AMERICANS ACT PROGRAM**

**ALLOWABLE FEDERAL EXPENDITURES BY SERVICE BY PART**

|  |  |
| --- | --- |
| SERVICE CATEGORIES |  **EXPENDITURES BY PART** **B C-1 C-2 D E** |
| **REGISTERED SERVICES:** |  |  |  |  |  |
|  1. Personal Care | YES | NO | NO | NO | NO |
|  2. Homemaker | YES | NO | NO | NO | NO |
|  3. Chore | YES | NO | NO | NO | NO |
|  4. Home-Delivered Meals | NO | NO | YES | NO | NO |
|  5. Adult Day Care/Health | YES | NO | NO | NO | NO |
|  6. Case Management | YES | NO | NO | NO | NO |
|  7. Congregate Meals | NO | YES | NO | NO | NO |
|  8. Nutrition Counseling | NO | YES | YES | YES | NO |
|  9. Assisted Transportation | YES | NO | NO | NO | NO |
| **NON-REGISTERED "OTHER" SERVICES:** |
| 10. Transportation | YES | \*\*YES | NO | NO | NO |
| 11. Legal Assistance | YES | NO | NO | NO | NO |
| 12. Nutrition Education | NO | YES | YES | YES | NO |
| 13. Information & Assistance | YES | NO | NO | NO | NO |
| 14. Outreach | YES | YES | YES | NO | NO |
| 15. (Funded "Other") | NO | NO | NO | NO | NO |
| * Advocacy/representation
 | YES | NO | NO | NO | NO |
| * Education/training
 | YES | NO | NO | NO | NO |
| * Education/information and assistance
 | YES | NO | NO | NO | NO |
| * Health promotion
 | YES | NO | NO | YES | NO |
| * Medication management
 | YES | NO | NO | YES | NO |
| * Home repair
 | YES | NO | NO | NO | NO |
| * Coordination of services
 | YES | NO | NO | NO | NO |
| * Information services
 | NO | NO | NO | NO | YES |
| * Information services-GRRC
 | NO | NO | NO | NO | YES |
| * Access assistance
 | NO | NO | NO | NO | YES |
| * Access assistance-GRRC
 | NO | NO | NO | NO | YES |
| * Counseling
 | NO | NO | NO | NO | YES |
| * Counseling-GRRC
 | NO | NO | NO | NO | YES |
| * Support Groups
 | NO | NO | NO | NO | YES |
| * Support Groups-GRRC
 | NO | NO | NO | NO | YES |
| * Training
 | NO | NO | NO | NO | YES |
| * Training-GRRC
 | NO | NO | NO | NO | YES |
| * Respite care
 | NO | NO | NO | NO | YES |
| * Respite care-GRRC
 | NO | NO | NO | NO | YES |
| * Supplemental services
 | NO | NO | NO | NO | YES |
| * Supplemental services-GRRC
 | NO | NO | NO | NO | YES |

 ***\*\*Program Income only***