
ASCOG

ASSOCIATION OF SOUTH CENTRAL OKLAHOMA GOVERNMENTS
AREA AGENCY ON AGING

REQUEST FOR PROPOSAL
GRANT APPLICATION
STATE FISCAL YEAR 2025

OUTREACH SERVICES

ASCOG AREA AGENCY ON AGING

CINDY HALE, AAA DIRECTOR

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DUNCAN, OK 73534

ASCOG AAA REQUEST FOR PROPOSAL FOR FISCAL YEAR 2025

**CADDO, COMANCHE, COTTON, GRADY,
JEFFERSON, McCLAIN, STEPHENS, & TILLMAN COUNTIES**

PART III APPLICATION AND FORMS

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ATTACHMENTS REQUIRED FROM APPLICANT AGENCY:

- Completion of PART V. Long Forms
- Nutrition Projects: Health and Fire Inspections (current, signed, dated copies/per site)

**PART III. A. APPLICATION COVER PAGE
(SEE RFP GUIDE PART II. FOR APPLICATION INSTRUCTIONS)**

ASCOG AREA AGENCY ON AGING		APPLICATION FOR OLDER AMERICANS ACT GRANT	
1. PROJECT TITLE: Descriptive Title of Your Project (do not exceed one line)			
2. TYPE OF APPLICATION Public <input type="checkbox"/> Private Non-Profit <input type="checkbox"/> Private Profit-Making <input type="checkbox"/>			
3. APPLICANT - Implementing Agency or Government Unit		4. PROJECT LOCATION: Telephone () -	
5. FINANCIAL OFFICER Telephone () -		6. PROJECT DIRECTOR Telephone () -	
7. COST OF PROJECT Title III: Local: NSIP: Total:		8. PROJECT DURATION (FY) Beginning: Ending:	
9. PROJECT YEAR Project has PREVIOUSLY received Title III funds to provide services for ____ year(s). (Total Number of Years Project has provided services for ASCOG AAA.) Check the appropriate box for the project year for this grant: Grant Year: <input type="checkbox"/> Year 1 of a 1-year Grant OR <input type="checkbox"/> Year ____ of a ____ year Grant (First Year Providing Services) (Update/Existing Provider Application)		10. Local Public Matching Funds	11. (For AAA Use)
12. 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 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.			
13. 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 of Service	(D) Unduplicated Persons Served (UPS)
IV. Activities to Meet the Scope of Work			
SCOPE OF WORK, TEMPLATE ONLY. SEE PART III. O. 2 FOR SOW, PER SERVICE.			
Note: Above AAA Activities are required and may not be modified. Additional activities that do not conflict with the above required activities may be added and numbered accordingly.			

BASIC INSTRUCTIONS FOR COMPLETING THIS FORM:

1. List each county in the ASCOG Planning and Service Area (PSA) that services will be provided in.
2. Enter the minimum number of units to be provided to meet the scope of work goals in Box C.
3. Enter the unit cost from Part III. K. (Budget Justification).
4. Total Funding is Title III \$ and NSIP, if applicable, plus Local \$ including match (cash and in-kind), if any, and program income such as contributions and donations.
5. To calculate the unit cost, divide the amount of total funding by the number of units to be provided.
6. Enter the projected number of Unduplicated Persons Served (UPS), if applicable. 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 portion (narrative) of the grant describes service delivery and should include the activities listed above as described in Part IV. Appendix A.

PART III. B. 2. SOW JUSTIFICATION, COMMERCIAL/CONTRACTUAL

SCOPE OF WORK JUSTIFICATION
Public or Private Commercial or Contractual Activities

<p>Non-OAA Service: Name of service to be provided.</p> <p>Definition of a unit of service.</p> <p>Example: ADvantage Meals</p> <p>1 meal = 1 unit</p>			
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 not 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)

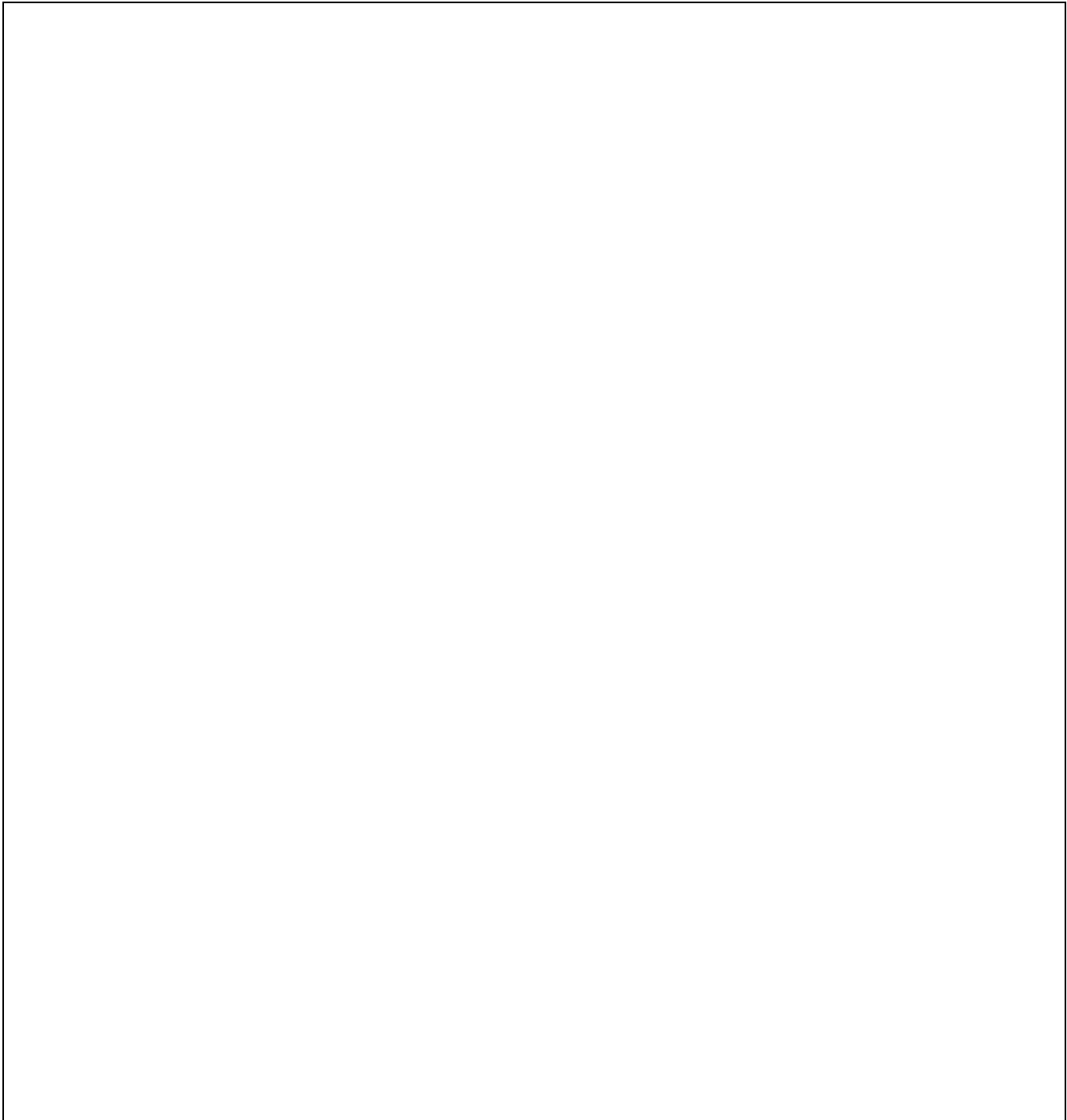
**Taken from the unit cost computation and service cost methodology provided in Part III. L. as specified in OAC Policy 340:105-10-105.1 Commercial and Contractual Activities of Area Agencies on Aging and Title III Projects.

PART III. C SERVICE IMPLEMENTATION

A large, empty rectangular box with a thin black border, occupying most of the page. It is intended for the applicant to provide details on service implementation.

PART III. D.1. CHARACTERISTICS OF PROJECT AREA

1. Geographic Area/Provider Service Area:

A large, empty rectangular box with a thin black border, intended for the applicant to provide details about the geographic area or provider service area. The box is currently blank.

2. Demographics of ASCOG PSA (Provided by AAA):

Type of population by county: CADD0	# County (from AGiD per instructions)	Population Served in SFY2023	Estimated Population To Be Served in SFY2025
Total County pop.	26,368		
Total County pop. 60+	6,199	298	298
Female 60+	3,361	186	186
Male 60+	2,838	112	112
African-American 60+	122	16	16
American Indian 60+	1,012	53	53
Asian 60+	37	1	1
Hispanic/ Latino 60+	291	13	13
Poverty (low income) 60+	721	126	126
Poverty (low income) minority 60+	111	50	50
Limited English proficiency 60+	124	0	0
Individuals residing in rural isolated 60+	6,199	223	223
GGRC 60+	141	14	14
Individuals living alone 60+	1,567	135	135
Veterans 65+	803	38	38
Estimated Totals			
*Individuals with disabilities 60+ (self-identified)	Unknown	116	116
*Individuals at risk for institutional placement 60+(3 or more ADLS)	Unknown	153	153
*Individuals with Alzheimer's Disease and related disorders 60+ (self- identified)	663	3	3

*Projections based on data from AIM Data Report OKN506

*Data based on 15% of population as base calculation for individuals with Alzheimer's Disease, per Aging Services; Projection based on overall projection number for County per Census.gov. See Aging Integrated Database (AGID) 2021 for all other categories (<https://agid.acl.gov/>) Poverty (11.63%), Minority Poverty (15.36%) GGRC (2.44%) , Living Alone (25.29%) data is from American Community Survey Public Use Microdata Sample 2022(From AGID.acl.gov). Veterans' data is from va.gov. Alzheimer's numbers (10.7%) is from the Alzheimer's Association. Limited English numbers (2%) are from Migration Policy Institute 2022.

Type of population by county: COMANCHE	# County (from AGiD per instructions)	Population Served in SFY2023	*Estimated Population To Be Served in SFY2025
Total County pop.	122,063		
Total County pop. 60+	23,013	134	134
Female 60+	12,278	82	82
Male 60+	10,735	52	52
African-American 60+	2,994	14	14
American Indian 60+	1,102	9	9
Asian 60+	849	3	3
Hispanic/ Latino 60+	1,379	7	7
Poverty (low income) 60+	2,676	45	45
Poverty (low income) minority 60+	411	11	11
Limited English proficiency 60+	460	0	0
Individuals residing in rural isolated 60+	**	**	**
GGRC 60+	561	2	2
Individuals living alone 60+	5,820	49	49
Veterans 65+	5,169	22	22
Estimated Totals			
*Individuals with disabilities 60+ (self-identified)	Unknown	44	44
*Individuals at risk for institutional placement 60+(3 or more ADLS)	**	57	57
***Individuals with Alzheimer's Disease and related disorders 60+ (self- identified)	2,462	1	1

*Projections based on data from AIM Data Report OKN506

*Data based on 15% of population as base calculation for individuals with Alzheimer's Disease, per Aging Services; Projection based on overall projection number for County per Census.gov. See Aging Integrated Database (AGID) 2021 for all other categories (<https://agid.acl.gov/>) Poverty (11.63%), Minority Poverty (15.36%) GGRC (2.44%) , Living Alone (25.29%) data is from American Community Survey Public Use Microdata Sample 2022(From AGID.acl.gov). Veterans' data is from va.gov. Alzheimer's numbers (10.7%) is from the Alzheimer's Association. Limited English numbers (2%) are from Migration Policy Institute 2022.

Type of population by county: COTTON	# County (from AGiD per instructions)	*Estimated Population To Be Served in SFY2023	*Estimated Population To Be Served in SFY2025
Total County pop.	5,480		
Total County pop. 60+	1,563	123	123
Female 60+	822	69	69
Male 60+	741	54	54
African-American 60+	44	4	4
American Indian 60+	124	9	9
Asian 60+	3	1	1
Hispanic/ Latino 60+	68	4	4
Poverty (low income) 60+	182	72	72
Poverty (low income) minority 60+	28	11	11
Limited English proficiency 60+	31	0	0
Individuals residing in rural isolated 60+	1,563	123	123
GGRC 60+	37	2	2
Individuals living alone 60+	395	54	54
Veterans 65+	262	26	26
Estimated Totals			
*Individuals with disabilities 60+ (self-identified)	Unknown	30	30
*Individuals at risk for institutional placement 60+(3 or more ADLS)	**	45	45
*Individuals with Alzheimer's Disease and related disorders 60+ (self- identified)	230	1	1

*Projections based on data from AIM Data Report OKN506

*Data based on 15% of population as base calculation for individuals with Alzheimer's Disease, per Aging Services; Projection based on overall projection number for County per Census.gov. See Aging Integrated Database (AGID) 2021 for all other categories (<https://agid.acl.gov/>) Poverty (11.63%), Minority Poverty (15.36%) GGRC (2.44%) , Living Alone (25.29%) data is from American Community Survey Public Use Microdata Sample 2022(From AGID.acl.gov). Veterans' data is from va.gov. Alzheimer's numbers (10.7%) is from the Alzheimer's Association. Limited English numbers (2%) are from Migration Policy Institute 2022.

Type of population by county: GRADY	# County (from AGiD per instructions)	Population Served in SFY2023	Estimated Population To Be Served in SFY2025
Total County pop.	55,508		
Total County pop. 60+	13,426	253	253
Female 60+	7,035	154	154
Male 60+	6,391	99	99
African-American 60+	251	23	23
American Indian 60+	534	11	11
Asian 60+	59	0	0
Hispanic/ Latino 60+	294	4	4
Poverty (low income) 60+	1,561	94	94
Poverty (low income) minority 60+	240	15	15
Limited English proficiency 60+	268	0	0
Individuals residing in rural isolated 60+	13,426	253	253
GGRC 60+	322	1	1
Individuals living alone 60+	3,395	117	117
Veterans 65+	1,864	47	47
Estimated Totals			
*Individuals with disabilities 60+ (self-identified)	Unknown	120	120
*Individuals at risk for institutional placement 60+(3 or more ADLS)	**	131	131
*Individuals with Alzheimer's Disease and related disorders 60+ (self-identified)	1,872	3	3

*Projections based on data from AIM Data Report OKN506

*Data based on 15% of population as base calculation for individuals with Alzheimer's Disease, per Aging Services; Projection based on overall projection number for County per Census.gov. See Aging Integrated Database (AGID) 2021 for all other categories (<https://agid.acl.gov/>) Poverty (11.63%), Minority Poverty (15.36%) GGRC (2.44%) , Living Alone (25.29%) data is from American Community Survey Public Use Microdata Sample 2022(From AGID.acl.gov). Veterans' data is from va.gov. Alzheimer's numbers (10.7%) is from the Alzheimer's Association. Limited English numbers (2%) are from Migration Policy Institute 2022.

Type of population by county: JEFFERSON	# County (from AGiD per instructions)	Population Served in SFY2023	Estimated Population To Be Served in SFY2025
Total County pop.	5,438		
Total County pop. 60+	1,522	132	132
Female 60+	799	78	78
Male 60+	723	54	54
African-American 60+	18	0	0
American Indian 60+	82	4	4
Asian 60+	13	0	0
Hispanic/ Latino 60+	111	5	5
Poverty (low income) 60+	177	86	86
Poverty (low income) minority 60+	27	5	5
Limited English proficiency 60+	30	0	0
Individuals residing in rural isolated 60+	1,522	132	132
GGRC 60+	36	0	0
Individuals living alone 60+	385	70	70
Veterans 65+	203	29	29
Estimated Totals			
*Individuals with disabilities 60+ (self-identified)	Unknown	47	47
*Individuals at risk for institutional placement 60+(3 or more ADLS)	**	52	521
*Individuals with Alzheimer's Disease and related disorders 60+ (self- identified)	11	1	1

*Projections based on data from AIM Data Report OKN506

*Data based on 15% of population as base calculation for individuals with Alzheimer's Disease, per Aging Services; Projection based on overall projection number for County per Census.gov. See Aging Integrated Database (AGID) 2021 for all other categories (<https://agid.acl.gov/>) Poverty (11.63%), Minority Poverty (15.36%) GGRC (2.44%) , Living Alone (25.29%) data is from American Community Survey Public Use Microdata Sample 2022(From AGID.acl.gov). Veterans' data is from va.gov. Alzheimer's numbers (10.7%) is from the Alzheimer's Association. Limited English numbers (2%) are from Migration Policy Institute 2022.

Type of population by county: McCLAIN	# County (from AGiD per instructions)	Population Served in SFY2023	Estimated Population To Be Served in SFY2025
Total County pop.	43,516		
Total County pop. 60+	9,556	242	242
Female 60+	4,989	138	138
Male 60+	4,567	104	104
African-American 60+	75	4	4
American Indian 60+	524	10	10
Asian 60+	46	0	0
Hispanic/ Latino 60+	314	3	3
Poverty (low income) 60+	1,111	93	93
Poverty (low income) minority 60+	171	9	9
Limited English proficiency 60+	191	0	0
Individuals residing in rural isolated 60+	9,556	242	242
GGRC 60+	229	1	1
Individuals living alone 60+	2,416	116	116
Veterans 65+	1,074	49	49
Estimated Totals			
*Individuals with disabilities 60+ (self-identified)	Unknown	81	81
*Individuals at risk for institutional placement 60+(3 or more ADLS)	Unknown	97	97
*Individuals with Alzheimer's Disease and related disorders 60+ (self- identified)	1,022	2	2

*Projections based on data from AIM Data Report OKN506

*Data based on 15% of population as base calculation for individuals with Alzheimer's Disease, per Aging Services; Projection based on overall projection number for County per Census.gov. See Aging Integrated Database (AGID) 2021 for all other categories (<https://agid.acl.gov/>) Poverty (11.63%), Minority Poverty (15.36%) GGRC (2.44%) , Living Alone (25.29%) data is from American Community Survey Public Use Microdata Sample 2022(From AGID.acl.gov). Veterans' data is from va.gov. Alzheimer's numbers (10.7%) is from the Alzheimer's Association. Limited English numbers (2%) are from Migration Policy Institute 2022.

Type of population by county: STEPHENS	# County (from AGiD per instructions)	Estimated Population Served in SFY2023	Estimated Population To Be Served in SFY2025
Total County pop.	43,129		
Total County pop. 60+	11,977	658	658
Female 60+	6,497	410	410
Male 60+	5,480	248	248
African-American 60+	190	26	26
American Indian 60+	488	28	28
Asian 60+	58	1	1
Hispanic/ Latino 60+	382	16	16
Poverty (low income) 60+	1,392	316	316
Poverty (low income) minority 60+	214	47	47
Limited English proficiency 60+	240	0	0
Individuals residing in rural isolated 60+	11,977	658	658
GGRC 60+	287	4	4
Individuals living alone 60+	3,029	294	294
Veterans 65+	1,606	115	115
Estimated Totals			
*Individuals with disabilities 60+ (self-identified)	Unknown	284	284
*Individuals at risk for institutional placement 60+(3 or more ADLS)	**	346	346
*Individuals with Alzheimer's Disease and related disorders 60+ (self- identified)	1,282	7	7

*Projections based on data from AIM Data Report OKN506

*Data based on 15% of population as base calculation for individuals with Alzheimer's Disease, per Aging Services; Projection based on overall projection number for County per Census.gov. See Aging Integrated Database (AGID) 2021 for all other categories (<https://agid.acl.gov/>) Poverty (11.63%), Minority Poverty (15.36%) GGRC (2.44%) , Living Alone (25.29%) data is from American Community Survey Public Use Microdata Sample 2022(From AGID.acl.gov). Veterans' data is from va.gov. Alzheimer's numbers (10.7%) is from the Alzheimer's Association. Limited English numbers (2%) are from Migration Policy Institute 2022.

Type of population by county: TILLMAN	# County (from AGiD per instructions)	Population Served in SFY2023	Estimated Population To Be Served in SFY2025
Total County pop.	7,076		
Total County pop.60+	1,890	105	105
Female 60+	983	72	72
Male 60+	907	33	33
African-American 60+	130	2	2
American Indian 60+	60	4	4
Asian 60+	8	0	0
Hispanic/ Latino 60+	307	14	14
Poverty (low income) 60+	220	29	29
Poverty (low income) minority 60+	34	12	12
Limited English proficiency 60+	38	2	2
Individuals residing in rural isolated 60+	1,890	105	105
GGRC 60+	45	3	3
Individuals living alone 60+	478	42	42
Veterans 65+	176	10	10
Estimated Totals			
*Individuals with disabilities 60+ (self-identified)	Unknown	36	36
*Individuals at risk for institutional placement 60+(3 or more ADLS)	**	42	42
*Individuals with Alzheimer's Disease and related disorders 60+ (self- identified)	202	1	1

*Projections based on data from AIM Data Report OKN506

*Data based on 15% of population as base calculation for individuals with Alzheimer's Disease, per Aging Services; Projection based on overall projection number for County per Census.gov. See Aging Integrated Database (AGID) 2021 for all other categories (<https://agid.acl.gov/>) Poverty (11.63%), Minority Poverty (15.36%) GGRC (2.44%) , Living Alone (25.29%) data is from American Community Survey Public Use Microdata Sample 2022(From AGID.acl.gov). Veterans' data is from va.gov. Alzheimer's numbers (10.7%) is from the Alzheimer's Association. Limited English numbers (2%) are from Migration Policy Institute 2022.

PART D. 2. 2024 POVERTY GUIDELINES

Persons in Family/Household	*Poverty Guidelines
1.	\$15,060
2.	\$20,440
3.	\$25,820
4.	\$31,200
5.	\$36,580
6.	\$41,960
7.	\$47,340
8.	\$52,720

*Poverty Guidelines taken from hhs.gov

PART III. E. TITLE III PROJECT ADVISORY COUNCIL

1. Project Advisory Council Policy

[52. Title III Project Advisory Council \(oklahoma.gov\)](#)

Library: Policy 340:105-10-52. Title III Project Advisory Council Revised 6-1-03

(a) **Policy.** Each Title III project establishes and maintains an advisory council to advise the project staff on all matters relating to the delivery of project services.

(1) The composition of the council is described in (A) and (B).

(A) The advisory council is separate and distinct from the Title III project governing board and composed of:

(i) more than 50 percent older persons, including minority individuals, who are participants or eligible to participate in Title III programs;

(ii) local government officials;

(iii) representatives of public and private agencies or organizations that address aging issues in the service area; and

(iv) other persons who are knowledgeable and experienced in the special needs of older persons.

(B) The advisory council may not be composed of:

(i) State Agency staff or governing board members;

(ii) Area Agencies on Aging (AAA) staff or governing board members;

(iii) Title III project staff or governing board members; or

(iv) any other individuals who may give an appearance of a potential conflict of interest.

(2) The council operates under a set of bylaws approved by the AAA. The council bylaws, at a minimum, address:

(A) **size and composition of the council;**

(B) **tenure and selection procedures for members;**

(C) **frequency of meetings; and**

(D) **functions of the council.**

(b) Authority. The authority for this Section is [Title 45 of the Code of Federal Regulations, Part 1321.11](#).

(c) **Procedures.**

(1) The AAA:

(A) incorporates the provision of this Section into its Title III policies and procedures manual; and

(B) provides orientation to project staff regarding the policy.

(2) Projects:

(A) establish and convene advisory councils within the first quarter of the project year;

(B) provide orientation to new council members regarding their functions;

(C) assist councils in developing bylaws;

(D) submit bylaws and amendments to the AAA for approval;

(E) schedule meetings of the councils at least quarterly and provide staff assistance at meetings; and

(F) seek input from the council at scheduled meetings and informally, as needed, on all matters relating to the delivery of the funded Title III service(s).

(d) **Cross references.** See [OAC 340:105-10-51\(10\)](#).

2. Composition of Advisory Council

Total Members	Advisory Council	Total Minority	Total Disabled	Advisory Council Members Who Are Age 60 Or Over						
				Total Age 60+	Black Age 60+	Hispanic Age 60+	Asian Age 60+	American Indian Age 60+	Disabled Age 60+	Low Income Age 60+

Name

Organizational Affiliation

Geographic Location/County

3. Purpose of Advisory Council: Project Narrative Statement

PART III. F. TITLE III PROJECT BOARD OF DIRECTORS

1. Composition of the Board of Directors

Total Members	Board of Directors	Total Minority	Total Disabled	Board of Directors Members Who Are Age 60 Or Over							
				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

2. Purpose of Board of Directors: Project Narrative Statement

Part III. G TARGETING

OAA Aging Service programs are offered free of charge to older Oklahomans aged 60 and above, to enable them to remain in their own homes and communities with independence and dignity and help them avoid unwanted placement in a nursing facility. The Area Agencies on Aging (AAA) help local communities to provide these services. The AAA's and AAA funded projects must try to especially target older Oklahomans with the greatest economic and/or social need, with particular emphasis on those who are:

- low income;
- minority persons;
- persons residing in rural or isolated areas;
- persons with severe disabilities;
- persons with limited English proficiency;
- persons at risk for institutional placement;
- persons with Alzheimer's disease and related disorders with neurological and organic brain dysfunction and the caretakers of such persons
- persons living alone, and,
- caregivers of such persons

For more information, see: [Older Americans Act \(Title III\) \(oklahoma.gov\)](#)

Targeting: Project Narrative

PART III. H.1. COORDINATION: COMMUNITY SERVICES

COMMUNITY SERVICE AGENCIES (Narrative):

[Empty box for narrative content]

PART III.H.2 COORDINATION: COMMUNITY FOCAL POINTS

AAA DESIGNATION OF COMMUNITY FOCAL POINTS

The Area Agency on Aging has designated the following 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			
Duncan Senior Citizens Center, Inc., 1110 N. 7 th 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, NE Arlington, Lawton, OK 73507, 580.581.3485	X			
Purcell Senior Citizens Center, 228 North 2 nd 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		
Waurika Senior Citizens Center, PO Box 55, Waurika, OK 73573, 580.228.2087	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 2 nd , 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			
Duncan Northside Nutrition Center, 1110 N 7 th St., Duncan, OK 73533, 580.252.1174		X		
Elgin Nutrition Center, 801 1 st 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 Eastside Senior Center, #4 Arlington, Lawton, OK 73501, 580.581.3485	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 2 nd , 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 2 nd 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			
Waurika Nutrition Center, 100 Circle Dr., Waurika, OK 73573, 580.228.3645	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

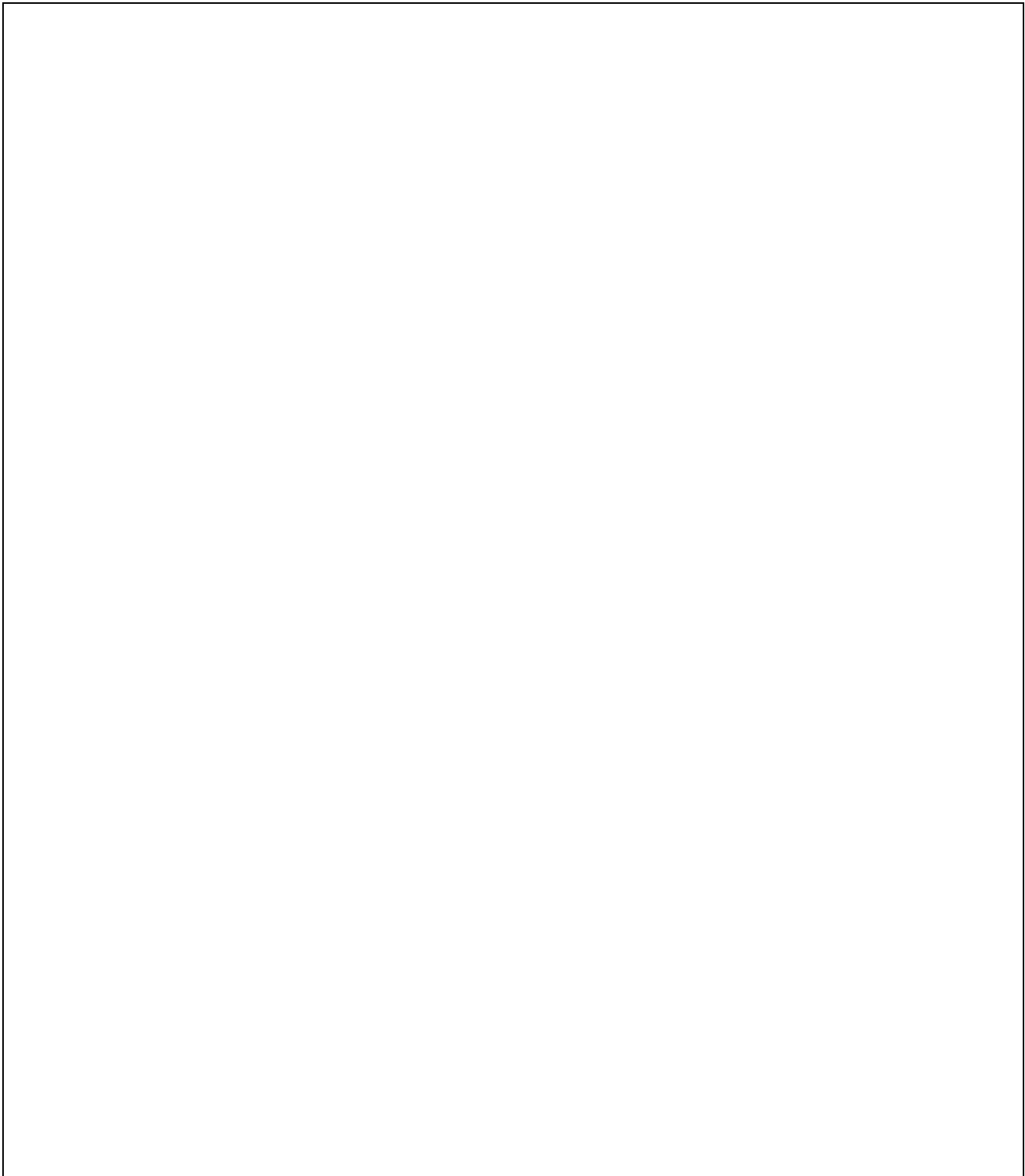
Part III. I CAPACITY OF PROJECT SPONSOR

Project Narrative

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Part III. J EVALUATION & QUALITY ASSURANCE

Project Narrative

A large, empty rectangular box with a thin black border, occupying the majority of the page. It is intended for the user to enter the Project Narrative.

PART III. K. BUDGET JUSTIFICATION

PROJECT NAME:

CATEGORY	TITLE III FUNDING	LOCAL FUNDING OAA Program Income and Contributions	NSIP FUNDING (If applicable)	NON-OLDER AMERICANS ACT PROGRAM INCOME FUNDING Contract Services			TOTAL

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

Estimated Persons Served and Service Units:

--

PART III. M. Assurances/Certifications of Compliance

PART III. M. 1.

**Certification for Competitive
Bid and/or Contract
(Non-Collusion Certification)**

A certification shall be included with any competitive bid and/or contract submitted to the State for goods or services.

Provider Legal Name: _____

SECTION I [74 O.S. § 85.22]:

A. For purposes of competitive bid,

1. I am the duly authorized agent of the above named bidder submitting the competitive bid herewith, for the purpose of certifying the facts pertaining to the existence of collusion among bidders and between bidders and state officials or employees, as well as facts pertaining to the giving or offering of things of value to government personnel in return for special consideration in the letting of any contract pursuant to said bid;
2. I am fully aware of the facts and circumstances surrounding the making of the bid to which this statement is attached and have been personally and directly involved in the proceedings leading to the submission of such bid; and
3. Neither the bidder nor anyone subject to the bidder's direction or control has been a party:
 - a. to any collusion among bidders in restraint of freedom of competition by agreement to bid at a fixed price or to refrain from bidding,
 - b. to any collusion with any state official or employee as to quantity, quality, or price in the prospective contract, or as to any other terms of such prospective contract, nor
 - c. in any discussions between bidders and any state official concerning exchange of money or other thing of value for special consideration in the letting of a contract.

B. I certify, if awarded the contract, whether competitively bid or not, neither the contractor nor anyone subject to the contractor's direction or control has paid, given or donated, or agreed to pay, give or donate, to any officer or employee of the State of Oklahoma any money or other thing of value, either directly or indirectly, in procuring this contract herein.

SECTION II [74 O.S. § 85.42]:

For the purpose of a contract for services, the supplier also certifies that no person who has been involved in any manner in the development of this contract while employed by the State of Oklahoma shall be employed by the supplier to fulfill any of the services provided for under said contract.

The undersigned, duly authorized agent for the above named supplier, by signing below acknowledges this certification statement is executed for the purposes of:

- the competitive bid attached herewith and contract, if awarded to said supplier;**
OR
the contract attached herewith, which was not competitively bid and awarded by the agency pursuant to applicable Oklahoma statutes.

Supplier Authorized Signature

Certified This Date

Printed Name

Title

Phone Number

Email

Fax Number

PART III. M. 2.

State of Oklahoma
Department of Human Services

Voluntary Withdrawal of Title III Project

When an Older Americans Act Title III funded project elects to voluntarily terminate a contract prior to the end of a grant year, procedures in paragraphs 1 through 3 must be followed.

1. The Title III project gives the Area Agency on Aging (AAA) at least 90 days written notification prior to scheduled termination date, with justification for voluntary withdrawal. The chairperson of the project's governing board and the project director must sign the written notice. Documents in A and B of this paragraph must accompany the written notice.
 - A. Complete list of all grant-acquired equipment, with signature of project staff verifying a complete inventory within the last 30 days.
 - B. Complete list of all entities and organizations, contracted or otherwise, including contact name, address, and phone number with whom the project conducts all areas of program business, including, but not limited to, property owners, staff insurance and retirement carriers, transportation, food vendors, utility providers, maintenance, and transportation services.
2. The Title III project delivers documents in A and B of this paragraph to the AAA office no later than 60 days prior to the scheduled termination date. Documents to be delivered include:
 - A. Originals of all active Older Americans Act assessment forms; and
 - B. All Older Americans Act program data, including computer data.
3. The Title III project notifies the AAA of the planned disposition of grant-acquired equipment or supplies at least 30 days prior to the scheduled termination date. The Title III project elects one of the dispositions in A through C of this paragraph.
 - A. **Surrender all grant-acquired equipment and supplies to the AAA.** All grant-acquired equipment or supplies is surrendered no later than two weeks prior to the scheduled termination date.
 - B. **Keep the grant-acquired equipment or supplies.** The AAA is reimbursed the full replacement costs for all grant-acquired equipment or supplies kept by the Title III project no later than two weeks prior to the scheduled termination date.
 - C. **Dispose of the grant-acquired equipment or supplies.** The Title III project contacts the AAA at least 30 days prior to the scheduled termination date to receive disposition instructions.

Project name	Grantee/applicant organization
--------------	--------------------------------

_____	_____	_____
Project Director signature	Title	Date

_____	_____	_____
Chairperson Board of Directors signature	Title	Date

PART III. M. 3.

UNAVAILABILITY OF FUNDING CLAUSE

As a condition of funding, the applicant/grantee assures the understanding of and agreement to, the following:

ASCOG AAA cannot guarantee the continued availability of funding for this contract, notwithstanding the consideration stated herein. In the event funds to finance this contract become unavailable, either in full or in part, due to insufficient funding, ASCOG AAA may terminate the contract, or reduce the contract consideration, upon notice in writing to Contractor. The notice shall be delivered by certified mail, return receipt requested, or in person with written proof of delivery. ASCOG AAA shall be the final authority as to the availability of funds. The effective date of such contract termination or reduction in consideration shall be specified in the notice, provided, that the funding adjustments stated in this paragraph shall not apply to payments made for services satisfactorily completed prior to the effective date of the termination or reduction. In the event of a reduction in contract consideration, Contractor may work with ASCOG AAA to reduce the Scope of Work proportionately or cancel this contract as of the effective date of the proposed reduction, upon advance written notice to ASCOG AAA. Both parties shall make a good faith effort to reach mutual agreement on reasonable phase-out costs upon notice of termination or reduction of contract.

Grantee/Applicant Organization

Authorized Signature

Title

Date

PART III. M. 4.

STATE UNEMPLOYMENT TAX VERIFICATION

Please initial the scenario that fits your organization's situation relative to paying State Unemployment Tax (SUTA).

_____ This organization has a 501©3 IRS status and is paying SUTA tax out of Older American Act grant funds.

_____ This organization has a 501©3 IRS status and is not paying SUTA tax out of Older Americans Act grant funds. *As such, this organization takes full responsibility for paying any claims resulting from a grant staff's departure and subsequent filing for unemployment benefits.*

_____ This organization does not have a 501©3 IRS status and is not eligible to opt out of paying SUTA taxes. This organization is paying said taxes out of Older Americans Act grant funds.

_____ This organization was established as a public trust and pays SUTA taxes. This organization's sub-grantees have executed this document indicating they are paying the required SUTA taxes out of their budgets.

Official Grantee Signature

Project Director Signature

Date

Date

PART III. M. 5.

CERTIFICATE OF DISCLOSURE

I certify that the information given and contained in this Grant Application is true and correct to the best of my knowledge.

Signature: Grantee/Applicant Organization Director

Date

PART III. M. 6.

GRANT-ACQUIRED EQUIPMENT ASSURANCE

For equipment having a unit acquisition cost of \$1,000 or more, the granting agency shall have the right to require transfer of the equipment (including title) to the granting agency or to an eligible non-Federal third party named by the granting agency. This right will normally be exercised only if the project or program for which the equipment was acquired is transferred from one grantee to another.

As used in this assurance:

"Equipment" means an article of tangible personal property that has a useful life of more than two years and an acquisition cost of \$300 or more. Any recipient may use its own definition of equipment if its definition of equipment would at least include all items of equipment as defined here.

"Acquisition cost" means the net invoice price of the equipment, including the cost of modifications, attachments, accessories, or auxiliary apparatus necessary to make the equipment usable for the purpose for which it was acquired. Other charges such as the cost of installation, transportation, taxes, duty, or protective in-transit insurance shall be included or excluded from the unit acquisition cost in accordance with the regular accounting practices of the organization purchasing the equipment. If the item is acquired by trading in an item, and paying an additional amount, "acquisition cost" means the amount received for trade-in plus the additional outlay.

To be considered acquired with grant support, some or all of the property's acquisition cost must be a direct cost under the grant, a sub grant, or a cost type contract and must be either borne by grant funds or counted toward satisfying a grant cost-sharing or matching requirement. The grantee agrees to extend this requirement, in writing, to all of the sub recipients receiving grant support under the contract to which this assurance is attached. In order to exercise this right, the granting agency must issue a specific notice within 120 days after the end of grant support that it is exercising this right or considering doing so for the project or program for which the equipment was acquired. The notice must have been received by the grantee before other permissible disposition of the equipment took place. If at any time an awarding party is considering exercising its right to require transfer of equipment, it may require the recipient to furnish it a list of all items of equipment that are subject to the right. This will enable the awarding party to determine which items, if any, should be transferred.

The undersigned certifies that (s)he is the duly authorized agent of the agency listed below, and the contractor under the contract which is attached to this statement. The undersigned understands and agrees to abide by the terms of this equipment assurance.

(Name/Title)

(Date)

Agency/Project Title

PART III. M. 7.

CIVIL RIGHTS ACT OF 1964

ASSURANCE OF COMPLIANCE WITH THE DEPARTMENT OF HEALTH AND HUMAN SERVICES REGULATION UNDER TITLE VI OF THE CIVIL RIGHTS ACT OF 1964

_____ (hereinafter called the "Applicant")
(Name of Applicant)

HEREBY AGREES THAT it will comply with Title VI of the Civil Rights Act of 1964 (P.L. 88-352) and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45CFR Part 80) issued pursuant to that title, to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department; and HEREBY GIVES ASSURANCE THAT it will immediately take any measures necessary to effectuate this agreement.

If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, and, transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. In all other cases, this assurance shall obligate the Applicant for the period during which the Federal financial assistance is extended to it by the Department.

THIS ASSURANCE is given in consideration of and for the purpose of obtaining any and all Federal grants, loans, contracts, property, discounts, or other Federal financial assistance extended after the date hereof to the Applicant by the Department, including installment payments after such date on account of applications for federal financial assistance which were approved before such date. The Applicant recognizes and agrees that such Federal financial assistance will be extended in reliance on the representations and agreements made in this assurance, and that the United States shall have the right to seek judicial enforcement of this assurance. This assurance is binding on the Applicant, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this assurance on behalf of the Applicant.

Date: _____

Project Name: _____
(Applicant)

Project Mailing Address: _____

By: _____
(President, Chairman of Board, or comparable authorized official)

PART III. M. 8.

STANDARD PROVISIONS AND ASSURANCES

The applicant understands that the following provisions are minimum requirements for all Title III grants made by the Area Agency on Aging and assures the Area Agency on Aging that the project will be operated in compliance with these provisions. *The legal representative of the grantee must initial these Provisions and Assurances.*

_____ hereby assures the Area Agency on Aging that:
(Name of the applicant agency or organization)

INITIAL EACH ASSURANCE

1. Information, identifiable to a particular person, collected through the operation of the project will not be released to anyone without the written permission of that individual **or** his/her legal representatives. _____
2. To the maximum extent feasible, the applicant will provide services 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 in accordance with their need for such services. _____
3. The applicant will establish and maintain an advisory council which will be made up of at least 50% older individuals who are consumers of services provided or who participate in project activities. The project advisory council will meet at least four times during the project year to review project operations and provide advisory assistance to the project. _____
4. The applicant will participate in the evaluation and monitoring procedure conducted by the Area Agency on Aging and the Department of Human Services, Aging Services Division (OKDHS-CAP). _____
5. The project participants will be provided opportunity to contribute to the cost of program activity, but no participants will be denied service or opportunity to participate because of their inability to contribute. _____
6. The applicant will assure that all services funded under this part are coordinated with other appropriate services in the community, and that these services do not constitute an unnecessary duplication of services provided by other sources. _____
7. The applicant will provide to the Area Agency on Aging, in a timely manner, statistical and other information which the Area Agency on Aging requires in order to meet its planning, coordination, evaluation and reporting requirements established by the OKDHS-ASD. _____
8. The applicant organization is a legally incorporated entity under the laws of the State of Oklahoma. _____
9. The applicant will implement a public information program designed to ensure that the project is known by the general public and by older individuals in the target population. Special efforts will be made to reach low-income, minority individuals and older individuals residing in rural areas. _____
10. Project staff will participate in training and staff development activities offered by both the grantee agency and the aging services network. _____
11. **Nutrition project** facilities meet all appropriate standards of health and safety as outlined by the local and State Fire Marshal's office and the State Health Department. (Attach copies of annual health and fire inspection reports signed and dated.) _____
12. Services shall be provided to persons 60 years of age and older without use of means testing (persons under 60 years of age may participate under special conditions outlined in service specific standards, State Title III Policies and Procedures Manual). _____

INITIAL EACH ASSURANCE

13. The applicant, where applicable, will establish a merit system of personnel management which conforms to the Intergovernmental Personnel Act Programs, Part 900, Subpart F, Standards for a Merit System of Personnel Administration. The applicant will comply with all Employment Policies and Procedures established by the OKDHS-ASD. See [CFR-2012-title5-vol2-part900-subpartF.pdf \(govinfo.gov\)](#) _____
14. The project promptly notifies the Area Agency on Aging of a vacancy and the interview process for the project director position. _____
15. The applicant will provide an approved grievance/appeals procedure for employees and will take appropriate steps to notify employees of the appeals process. _____
16. The applicant will comply with all applicable regulations and policies as outlined in Area Agency on Aging and OKDHS ASD Policies and Procedures Manuals and Instructions to Staff. _____
17. In all materials produced or distributed by the project including pamphlets, brochures, news releases, interviews or other media coverage, the applicant will include the following: (a) a policy statement that the project makes no distinction in admissions, access, treatment or employment in its programs or activities on the basis of race, color, sex, age, ancestry, national origin, religion or disability; (b) a notation that a portion of the project costs are met by a Title III Older Americans Act grant from the Area Agency on Aging; and (c) a Public Notice Civil Rights Disclaimer will be posted in a public area in all facilities and offices for viewing by staff and participants of services. _____
18. The applicant will assure the use of outreach efforts (if funded for outreach) identifying older individuals eligible for assistance, with special emphasis on individuals residing in rural areas; with greatest social and economic need, with particular attention to persons identified as low-income, minority individuals; those with severe disabilities; with limited English-speaking ability; 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 inform such individuals and their caretakers of the availability of such assistance. _____
19. The applicant will establish effective and efficient procedures for coordination with employment and training programs; community action agencies; Social Security; Department of Human Services; health departments; transportation programs; in-home, access and legal services with community-based organizations established for the benefit of Alzheimer's Disease; services for prevention of adult abuse; services for the frail, vulnerable, and those with severe disabilities; mental health services; Veteran's health care providers; and Title VI Indian Nutrition Programs, where available. _____
20. The applicant agency assures that recipients of the services will have an opportunity to present their views concerning the services offered. _____
21. The applicant will comply with State General Standards for Title III Services, as well specific standards, where applicable. _____
22. The applicant assures that Title III grant funds are not used to replace funds from non-federal sources. _____

INITIAL EACH ASSURANCE

- 23. The applicant agency, if a local government, will take affirmative steps to assure that small, minority, women's business firms and labor surplus areas are used when possible as sources of supplies, equipment, construction, and services. Nonprofit organizations, awarding Title III funds in procurement contracts, will make positive efforts to use small and minority-owned business firms as sources of supplies and services. _____
- 24. The applicant must have on file an Americans with Disabilities Act (ADA) Checklist completed in the past year which satisfies Section 504 of the Rehabilitation Act of 1973. An applicant not having a current ADA Checklist for the programs specified in the application shall within three months complete the process as outlined in Section 504. _____
- 25. The applicant assures that all programs and services shall be accessible to the disabled, and that all requirements set forth in Section 504 of the Rehabilitation Act of 1973 and the DHHS Regulations (45 CFR, Part 84), including the adoption of an internal Section 504 Grievance Procedure for participants/employees, have been met. _____
- 26. The applicant will bring to the attention of appropriate officials for follow-up, conditions, or circumstances, which place the older individual, or the household of the older individual in imminent danger, (with the consent of the older individual, or his or her representative, where feasible). _____
- 27. The project, where feasible and appropriate, will make arrangements for the availability of services to older persons in weather-related and other local and national emergencies, including terrorist or flu pandemic disasters. _____
- 28. The applicant will assist participants in taking advantage of benefits under other programs. _____
- 29. The applicant will comply with the Area Agency on Aging grievance procedures for older individuals who are dissatisfied with or denied services under Title III. The applicant will take steps to notify participants and potential participants of the grievance procedures. _____
- 30. The applicant assures compliance with the Americans with Disabilities Act of 1990 (Public Law 101-336), and all amendments and requirements imposed by the regulations issued pursuant to this act. _____
- 31. The applicant will maintain adequate and separate accounting and fiscal records and account for all funds provided by any source to pay the cost of the project and to permit audit and/or examination of all such records, procedures, and accounts at any reasonable time by authorized personnel of the U.S. Department of Health and Human Services, State Auditor and Inspector, the Area Agency on Aging, and other appropriate state entities. Furthermore, such personnel shall have the practices, or any other items of the service provider, which are pertinent to the performance or payment of this contract/grant in order to audit, examine and make excerpts of records. Applicant shall be required to maintain all records for three (7) years after the Area Agency on Aging makes final payment and other pending matters are closed. _____

(Date)

Project Director

(Date)

Authorized Grantee Representative

PART III. N. State Required Satisfaction Surveys (Attach to Application)

PART III. O. GRANT FUNDING CHART & SCOPE OF WORK

1. OAA TITLE III GRANT FUNDING CHART (All Counties)

- a. Tentative (Estimated) Available Funding
- b. Minimum Goal: Units of Service
- c. Minimum Goal: Unduplicated Persons Served

OAA TITLE III GRANT SERVICES FROM TAXONOMY	ESTIMATED/ TENTATIVE AVAILABLE FUNDING	MINIMUM GOAL UNITS OF SERVICE	MINIMUM GOAL UNDUPLICATED PERSONS SERVED
Outreach Services	\$64,000	300	300

2. SCOPE OF WORK: OUTREACH

a. Fill in sections not completed by AAA

I. SERVICE AREA INCLUDES THE FOLLOWING COUNTIES:			
Caddo, Comanche, Cotton, Grady, Jefferson, McClain, Stephens, and Tillman Counties			
II. NAME OF SERVICE: OUTREACH			
III.			
(A) \$ Unit Cost	(B) \$ Total Funding	(C) # Units	(D) Unduplicated Persons Served
IV. Activities to Meet the Scope of Work			
<p>1. Provider will comply with the general and service specific standards described in the Policies and Procedures for Title III of the Older Americans Act of 1965 (Oklahoma Human Services-CAP) and will provide Older Americans Act training for new project staff as part of their orientation. See policy: 51. General Title III service standards (oklahoma.gov) et. seq.</p>			
<p>2. Provider will distribute, collect, and analyze satisfaction surveys during the first half of the fiscal year (July 1, 2024, through December 31, 2024) and will submit the tallied results to the AAA by March 1st of that fiscal year. Surveys may be collected at the time of service to ensure an adequate number of surveys are received.</p>			
<p>3. Project will complete data entry for UoS and UPS, with required participant information, including demographics and make referrals to Title III providers via the OKDHS provided information management system, or as applicable. Provider may contract with an approved AIM data entry person/agency or use their own project staff that have been properly trained and approved by the AAA.</p>			
<p>4 Provider will seek out and identify older individuals (60+) and target populations eligible for assistance under the Older Americans Act and other programs, both public and private, and inform them of assistance availability. Provider will conduct in-person, one-on-one assessments for new Title III home delivered meal services, using the most up to date OKDHS Title III Assessment tool available and will follow up to ensure services are being provided to the participant in a timely manner. This service includes one contact as a unit of measure.</p>			
<p>4. Provider will be knowledgeable of Title III programs and non-Title III programs and services and will distribute educational and informational handouts and brochures to ASCOG's focal points and other locations where seniors gather within the planning and service area.</p>			
<p>Note: Above AAA Activities are required and may not be modified. Additional activities that do not conflict with the above required activities may be added and numbered accordingly, with the prior written approval of the AAA.</p>			