

PROJECT SUMMARY

In 100 words or less, give a brief summary of the proposed project.

Identify the need for the project, the project's objectives and list all services to be provided. Where applicable, include the results of any recently conducted needs assessments (e.g. surveys) that support the need for the proposed project.

OUTREACH METHODS & SERVICE STRATEGIES

Describe the outreach methods and service strategies that will be employed in order to provide services and achieve the project's objectives.

TARGET POPULATION

Describe the target population(s). Indicate how the target group(s) will be identified and encouraged to participate in the project.

PROPOSED GEOGRAPHIC AREA

Using the lists below, indicate the town(s) to be covered by the proposed project.

| ✓ | Capitol Region | ✓ | Central Region | ✓ | Farmington Valley Region | ✓ | Hockanum Valley Region |
|---|-----------------------|---|-----------------------|---|---------------------------------|---|-------------------------------|
| | Bloomfield | | Berlin | | Avon | | Andover |
| | East Hartford | | Bristol | | Canton | | Bolton |
| | East Windsor | | Burlington | | East Granby | | Ellington |
| | Glastonbury | | New Britain | | Farmington | | Enfield |
| | Hartford | | Plainville | | Hartland | | Hebron |
| | Manchester | | Plymouth | | Granby | | Marlborough |
| | Newington | | Southington | | Simsbury | | Somers |
| | Rocky Hill | | | | Suffield | | Stafford |
| | South Windsor | | | | | | Tolland |
| | West Hartford | | | | | | Vernon |
| | Wethersfield | | | | | | |
| | Windsor | | | | | | |
| | Windsor Locks | | | | | | |

TOTAL CLIENTS TO BE SERVED BY PROJECT

Please complete the chart below, indicating the number of unduplicated clients to be served by the project, including all proposed services. Note: except for the “all unduplicated clients” category, a client may counted in more than one category. For example, that person may have a low income, be frail and also live in a rural community and, therefore, would be counted in each category.

| Clients to be Served | Total Unduplicated Clients | Percentage (%) of Total Unduplicated Clients to be Served |
|-----------------------------------------------|----------------------------|-----------------------------------------------------------|
| All Unduplicated Clients | | 100% |
| Low Income Clients | | |
| Near Poverty Clients | | |
| Minority Clients | | |
| Low Income Minority Clients | | |
| Rural Clients | | |
| Participants with Severe Disabilities | | |
| Participants at Risk of Institutionalization | | |
| Participants with Limited English Proficiency | | |
| Part. With Alzheimer’s & Related Disorders | | |

SERVICE AND DEMOGRAPHIC OBJECTIVES

Please complete the following chart for the services to be provided under the project. If more than three (3) services are being proposed, complete an additional page. Refer to NAPIS service definitions and “stats and data resources” on the web site for more information.

| | Service & Code: _____ | Service & Code: _____ | Service & Code: _____ |
|---------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Units | | | |
| Unduplicated Clients | | | |
| % of Budget Devoted to Service | | | |
| Client Characteristics | | | |
| Low Income | | | |
| Near Poverty | | | |
| Minority | | | |
| Low Income Minority | | | |
| Rural | | | |
| Participants w/Severe Disabilities | | | |
| Participants At Risk of Institutionalization | | | |
| Participants With Limited English Proficiency | | | |
| Participants With Limited English Proficiency | | | |
| Participants With Alzheimer’s & related Disorders | | | |

SHARED RESOURCES

Describe the project's relationship to other services in the area.

- 1. Explain in detail the sharing of available resources with other agencies, organizations, municipalities, etc. to carry out the project.**
- 2. List service providers with which the project has formal and/or informal agreements concerning service delivery. Be specific about what this agreement involves in terms of shared facilities, staff, service coordination, or other resources.**
- 3. Letters of agreement should be attached to the application.**

PUBLICITY EFFORTS & GRIEVANCE PROCEDURES

Describe present and future publicity efforts (e.g. brochures, public service announcements, etc.) Attach all existing materials used to notify older adults of the project. All promotional materials must identify the funding agency and the Older Americans Act. (Example: "...funded in part by the Older Americans Act through the North Central Area Agency on Aging.")

Describe how older adults participating in the project will be informed of the procedures to notify the Area Agency on Aging and the State Unit on Aging, respectively, of complaints based on denial of services due to discrimination. Notices MUST be posted in a location that is within view of all older adults who participate.

MONITORING AND EVALUATION

Describe how the project will be monitored and evaluated in order to determine if objectives are being achieved. Indicate any performance measures to be utilized, if applicable. Attach copies of monitoring and evaluation tools.

FUNDING CONSIDERATIONS

- 1. List any other funding sources approached for the proposed project. Attach documentation of agreements to finance elements of this project.**
- 2. Describe the plan for securing alternative sources of funding for this project in the future as Title III declines, or as program costs increase.**

CLIENT CONTRIBUTIONS

Older adults receiving services under Title III must have the opportunity to contribute to the cost of the services in a confidential manner. Each recipient must be clearly informed that there is no obligation to contribute and that the contribution is purely voluntary. Older adults shall not be denied a service because of failure to contribute. Describe, in detail, the plan for informing clients of service costs and providing opportunities for client contributions.

All client contributions collected during the award period must be used to expand the service for which the contributions were given. Projected client contributions cannot be used to satisfy non-federal matching requirements to the project budget. Describe how contributions received from clients will be utilized by the project.

PAST PERFORMANCE

List the names of all projects previously operated by your agency for persons 60 years of age and older and their caregivers. Indicate the number of clients served, the total project cost, and the award amount (if grant-funded).