

INSTRUCTIONS FOR COMPLETING THE APPLICATION

The application is a multi-page document comprising of the following parts:

- **FACE SHEET (Page 1)**

The application face sheet **MUST** be:

- Thoroughly completed;
- Submitted bearing the original signature of the applicant agency's authorized official, and
- Printed on one (1) 8½ x 11 inch sheet of paper. Adjust the spacing if necessary, so that everything on the page including the signature prints on one page.

- *Title of Project* – Enter the name of the proposed program.
- *Project Period* – The program period covered by this application is October 1, 2017 through September 30, 2018
- .
- *Applicant Agency* – Enter the information requested on the form including agency name and contact information as well as the federal ID and DUNS numbers. If the application is for a Consortium, indicate the lead agency.
- *Contact Information*
 - ✓ Authorized Official – Enter the name, title, and contact information for the Executive Director, Board Chair, or other Authorized Official for the Applicant Agency.
 - ✓ Project Director – Enter the name, title, and contact information for the person who will coordinate the project. If the application is for a Consortium, indicate the lead agency contact.
- *Type of Agency* – Indicate the type of agency applying for funds. Specify the applicant's organization status (i.e., public, private non-profit, for profit) and indicate if the applicant is a "minority provider" according to the Administration on Aging's definition. AoA's definition of a minority provider is a provider of services to clients which meets any one of the following criteria:
 - ✓ A nonprofit organization with a controlling board comprised at least 51 percent of individuals in the applicable racial and ethnic categories (listed below).
 - ✓ A private business concern that is at least 51 percent owned by individuals in the applicable racial and ethnic categories (listed below).
 - ✓ A publicly owned business having at least 51 percent of its stock owned by one or more individuals and having its management and daily business controlled by one or more individuals in the applicable racial and ethnic categories (listed below).

- The applicable racial and ethnic categories include: American Indian or Alaskan Native, Asian, Black or African American, Hispanic or Latino, Native Hawaiian or other Pacific Islander.
- *Proposed Budget for Project Period* – This information must match the figures listed in the Project Budget section of the application. Enter the following information:
 - ✓ Amount of funds being requested from NCAAA (include the percentage of the total project cost these funds represent);
 - ✓ Amount of funds being used as non-federal match to the project from cash and/or in-kind sources (include the percentage of the total project cost these funds represent); and
 - ✓ Total Project Cost. (Note: this should not include any projected client contributions.)
- *Terms & Conditions* – To be read by applicant and authorized official.
- *Signature of Authorized Official* – **Original** signature of person named in item 4a.
- **CHECK LIST** (Page 2) – Check off all application and attachment documents. Signature required.
- **PROJECT SUMMARY AND NARRATIVE (PART A)**
 1. *Project Summary* (Page 3) – Briefly summarize the project. Identify the need, list all services to be provided and project objectives. Where applicable, include the results of any recently conducted needs assessments (e.g. surveys) that support the need for the proposed project.
 2. *Outreach Methods & Service Strategies* (Page 4) – Describe the outreach methods and service strategies that will be employed in order to provide services and achieve the project’s objectives.
 3. *Target Population* (Page 5) – Describe the target population(s). Indicate how the target group(s) will be identified and encouraged to participate in the project.
 4. *Proposed Geographic Area* (Page 6) – Indicate the town(s) within the 38-town North Central Connecticut Planning & Service Area that will be covered by the proposed project.
 5. *Total Clients to be Served by Project* (Page 7) – Indicate the total number of unduplicated clients to be served by the project, including all proposed services. Include the number and percentage of clients targeted in each of the following categories:
 - a. Low Income: Clients with incomes at or below 100% of the federal poverty level
 - b. Near Poverty: Clients with incomes at or below 150% of the federal poverty level

- c. Minority: Clients who are American Indian or Alaskan Native, Black or African American, Hispanic or Latino, Asian, Native Hawaiian or other Pacific Islanders
 - d. Low Income Minority: Minority clients with incomes at or below 100% of the federal poverty level
 - e. Rural Clients: Clients who reside in one of the following towns: Andover, East Granby, Hartland, Hebron, Stafford or Vernon.
 - f. Participants with Severe Disabilities
 - g. Participants at Risk of Institutionalization
 - h. Participants with Limited English Proficiency
 - i. Participants with Alzheimer's and Related Disorders
6. *Service and Demographic Objectives* (Page 8) – Complete the chart, detailing the demographic objectives for each service to be provided under the project. If more than three (3) services are being proposed, use an additional chart. Each chart should reflect service projections, percentage of budget that devoted to each service and the client characteristics for each service.
7. *Shared Resources* (Page 9) – Describe the project's relationship to other services in the area. Explain in detail the sharing of available resources with other agencies, organizations, municipalities, etc. to carry out the project. 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. Letters of agreement should be attached to the application.
8. *Staffing Plan* (Page 10) – Describe the staffing plan for the proposed project. Include all staff, both paid and volunteer, indicating which persons are volunteers and the funding source(s) for paid staff. Include the person(s) responsible for fiscal management of the project and data collection/management information activities. Identify each position by title and indicate the number of hours per week spent on the project. If the position is currently filled, include demographic information for that staff member. (If the staff person is a member of a racial/ethnic minority group, indicate type, i.e., American Indian or Alaskan Native, Black or African American, Hispanic or Latino, Asian, Native Hawaiian or other Pacific Islanders.) If the position is vacant, indicate when the position is expected to be filled.
9. *Publicity Efforts* (Page 11) – 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.")
10. *Grievance Procedures* (Page 11) – Describe how older adults participating in the project will be informed of the procedures to notify the Connecticut State Unit on Aging of complaints based on denial of services due to discrimination. (Notices

MUST be posted in a conspicuous location within plain view of all older adults who participate.)

11. *Monitoring and Evaluation* (Page 12) – 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.
12. *Funding Considerations* (Page 13) – List any other funding sources approached for the proposed project. Attach documentation of agreements to finance elements of this project. Describe the plan for securing alternative sources of funding for this project in the future as Title III declines, or as program costs increase.
13. *Client Contributions* (Page 14) – Describe the plan, in detail, for informing clients of service costs and providing opportunities for their contributions. Describe how contributions received from program participants will be utilized by the project. Older adults receiving services under Title III must have the opportunity to contribute to the cost of the services in a confidential manner. All client contributions collected during the award period must be used to expand the service for which the contributions were given. Project client contributions cannot be used to satisfy non-federal matching requirements to the project budget.
14. *Past Performance* (Page 15) – List the names of all projects previously (and currently) operated by the applicant 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.

• **PROJECT BUDGET (PART B)**

1. *Summary Page* (Page B-1) – For each Cost Category, list all costs applicable to the project. Use whole dollar amounts only. The Project Budget must be mathematically accurate.
 - a. Line Item 1 (Personnel): Enter all project personnel costs. Show only those personnel costs that support this project.
 - b. Line Items 2 – 12 are self-explanatory.
 - c. Line Item 13 (Equipment) -- List any real or tangible property costing \$500 or more in purchase or lease. All real and tangible property includes expendable and non-expendable property which has a useful life of more than one year. Equipment purchases with Title III funds are **strongly discouraged**.
 - d. Line Item 14 (Contractual)--List all costs to be subcontracted to an outside agency or individual.
 - e. Line Items 15 (Indirect Costs)—List the federal approved indirect cost rate or an estimate of expenses associated with administrative costs.
 - f. Line 16 (Other)--List any other costs not already included.

- g. NCAAAA Funds--Enter the amount of Title III funds requested for each applicable category.
- h. Non-Federal Cash Match--Enter the amount of Non-Federal Cash matching funds to be provided for each applicable category. Include all other cash match, such as agency contributions, earned interest and/or proceeds from fund raising efforts. (Note: Community Development Block Grants are considered Non-Federal resources.)
- i. Non-Federal In Kind Match-- Enter the cash equivalent of in-kind services to be expended in each applicable category.
- j. Total Project Cost--Enter the total amount for each line item expense in the proposed budget.
- k. Total Cost--Total each column. The total listed in the Total Project Cost column, should equal the sum of the remaining columns.
- l. Projected Client Contributions--List anticipated income to be derived from clients. Projected client contributions **cannot** be used to satisfy non-federal matching requirements to the project budget. Do **not** include client contributions as match within the project budget. (Note: All client contributions and general project income earned shall be spent in the year in which it is earned. If income is earned near the end of the fiscal year and the agency is unable to spend this income, it shall at least be spent before the expenditure of any Federal or State funds in the beginning of the next fiscal year.)

2. Personnel Cost Explanation (Page B-2)

- a. Position--Enter the title for each position in the proposed project.
- b. NCAAAA Funds--Enter the amount of NCAAAA Title III and State funds that will be used to support each position.
- c. Non-Federal Cash Match--Enter the total amount of non-federal cash that will be used to support each position.
- d. Non-Federal In Kind Match--Enter the total amount non-federal in-kind contributions that will be used to support each position.
- e. Total Cost--Total the amount of NCAAAA, Non-Federal Cash, and Non-Federal In Kind resources used to support each position in the proposed project.
- f. Explanation/Computation--For each position, enter the total salary amount used to support the project. Enter the hourly rate, hours per week, and the number of weeks for each position that supports this project. Also show for each position the percentage that the total project salary represents of the total salary. Enter the total fringe benefit amount for each position. Show the computation for each fringe benefit amount listed, identifying the percentage used to calculate each fringe benefit. (Note: NCAAAA will not pay fringe benefits at a rate that is higher than 25% of the total project salary. Matching funds must make up any difference.)
- g. Total Personnel Cost-- Total each column. These amounts should match the amounts listed on the Personnel Line Item on the Project Budget Summary Page.

3. *Explanation of all Other Costs* (Page B-3) – Show the computation for determining the costs listed in Line Items 2 – 15, as shown on the Project Budget Summary Page.
 - a. Line Item 2 (Rent)--Indicate the amount of square footage and cost per square foot per year.
 - b. Line Item 3 (Travel)--Explain how the cost was calculated; for example, the number of miles to be driven multiplied by the cost per mile.
 - c. Line Item 4 (Audit)--Explain how the estimated cost was calculated.
 - d. Line Item 5 (Utilities)--Show complete breakdown of all utilities and respective computations.
 - e. Line Item 6 (Telephone)--Explain how cost of base rate and long distance were calculated.
 - f. Line Item 7 (Office Expense)--This line item could include bank service charges, cost of stationery, check printing, and other related charges. Explain how costs were estimated.
 - g. Line Item 8 (Postage)--Explain how estimated cost was calculated.
 - h. Line Item 9 (Printing & Publication)--Explain how estimated cost was calculated.
 - i. Line Item 10 (Supplies)--This line item can include consumable supplies. Explain how cost was calculated.
 - j. Line Item 11 (Insurance)--List cost and purpose of relevant insurance policies.
 - k. Line Item 12 (Repairs & Maintenance)--Show how estimated cost was calculated.
 - l. Line Item 13 (Equipment)--List any real or tangible property costing \$500 or more in purchase or lease. All real and tangible property includes expendable and non-expendable property which has a useful life of more than one year. NCAA **strongly discourages** the use of Title III funds for the purchase of equipment.
 - m. Line Item 14 (Contractual)--Describe the costs to be subcontracted to an outside agency or individual. List each proposed subcontract separately, including the name of the subcontractor(s), and the type and amount of the service(s) to be provided under the subcontract.
 - n. Line Items 15 (Indirect Costs)—the federal approved indirect cost rate or an estimate of expenses associated with administrative costs.
 - o. Line Item 16 (Other)--Describe the purpose and cost of any items not included in other categories. **Note:** Funds being requested **cannot** be used to pay for “administrative overhead”. If necessary, project-related costs must be justified within the project budget (i.e. percentage of personnel time, etc.).

4. *Non-Title III Resource Summary* (Page B-4) – Enter the information requested on the form, delineating the amount and source of all Non-Title III Resources that will be used to support the proposed project.
 - a. Non-Federal Cash Match funds must be categorized as coming from: municipalities, fundraising efforts, or “other” sources. “Other” sources must be specified. Note: Community Development Block Grants are considered Non-Federal resources.

- b. Estimate the amount of contributions expected to be received from program participants. Also specify the proposed suggested donation per unit of service (if applicable).

- **REQUIRED ASSURANCES AND ATTACHMENTS:**

1. *Assurances* (Part C, pages A-T)

The following **signed** assurances must be submitted by **all applicants**:

- Certification of Non-Federal Match
- Standard Assurances, Compliances, and Conditions
- Accounting Systems Certification

The following **signed** assurances must be submitted by **applicants proposing services that will be provided on-site (at the applicant agency's place of business)**:

- Facilities and Program Accessibility Survey
- Certificate of Fire Safety

Any **applicant requesting funds for acquisition, alteration, and/or renovation** must submit a **signed**

- Compliance Assurance for Applicants Requesting Acquisition, Alteration, or Renovation.

2. *Attachments* – The following items should be attached to the original application:

- Agency Budget
- Agency Organizational Chart
- Most Recent Audit and/or Financial Statement
- List of Board of Directors
- Bonding & Insurance Information
- Copy of 501-C3 Certification (if applicable)
- Letters from other community organizations indicating shared resources and/or support
- Documentation of Federally Approved Indirect Cost Rate