I. Project Narrative

In the space provided, enter a narrative description of your proposed project that briefly addresses the following points: (a) the service(s) to be delivered, (b) the towns that will be served, (c) evidence of need for this service, (d) how your service(s) will support the mission of the NCAAA, (e) the estimated number of clients that will be served in the first 12 months, (f) the estimated number of service units to be provided in the first 12 months, and (g) how the service(s) will be evaluated.

II. Agency Mission, History and Structure

IIa. Please list the mission statement of your Agency.

IIb. (If not a municipal agency), Please give a brief history of your agency and any changes in its mission statement or service focus over the lifespan of the agency.

IIc. There are multiple Certifications and Assurances that need to be completed by your agency. These can be found in Appendices B1 to B5 on https://www.ncaaact.org/funding. Please see Grant Instructions for more information on these.

IId. There are other Organizational Documents that may need to be included with the application in Appendices A and Appendices C1 to C7. Please see Grant Instructions for more information.

III. Description of Services to be Provided

IIIa. In the chart on the next page, please list: (1) the specific services (from NAPIS List – see Grant Instructions) that will be provided using NCAAA funds, (2) the service code for each service, (3) the projected number of units of each service that will be provided, and (4) the percent of the amount requested from NCAAA that will be allocated to each specific service.

IIIa. **Description of Services to be Provided**

(1) Service name (from NAPIS list)	(2) Service code from NAPIS list	(3) Projected number of service units to be provided	(4) Percent of requested funds allocated to this service
Total (column 4 – should equal 100%)			0.00

IIIb. Mark (x) the towns that will be served:

	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						

IIIc. Describe the specific location(s) the service will be provided within the community(ies) listed above if it is a place-based service.

IIId. Describe the frequency of service provision.

IIIe. In narrative form, present supporting evidence suggesting the need for the proposed services in the targeted town(s).

IIIf. Discuss how potential clients will be solicited for the proposed service(s) including any advertising/marketing plans

IIIg. Describe how your agency will make it a priority to serve minority older adults, American Indian or Alaskan Native, Black or African American, Hispanic, or Latino, Asian, Native Hawaiian, other Pacific Islanders, or other underserved older adults in your community.

IIIh. In the chart on page 7 insert the service codes (from previous chart IIIa) that you are providing and the anticipated number of clients you expect to serve from each of the demographic groupings (see Grant Instructions).

IIIh. Chart of demographic characteristics of anticipated clients for each service.

Service Code	Total Clients	Low Income	Near Poverty	Minority	Low Income Minority	Rural	With severe disabilities	Risk of Institutionalization	With limited English Proficiency	Alzheimer's or Related Disorders

IIIi. If your Agency has delivered these services before, describe any trends in service usage over the last three years.

IIIj. Describe your process for requesting and collecting donations for the services provided.

IV. Description of Staff Providing Services

IVa. On the chart on the next page, fill in requested information for all individuals, both paid and volunteers, who will be working on the project, including the fiscal manager and individual(s) providing data collection/management information activities. (see Grant Instructions)

IVa. Description of Staff Providing Services

(see instructions above)

Title	Status: (Staff [S] or Volunteer [V])	Hours per week working on project	Is person a member of a racial or ethnic minority group? (Yes, No). If yes, indicate type: Black or African American, Hispanic or Latino, Asian, Hawaiian or other Pacific Islander						Is person age 60 or older?		Does this person have pertinent license or certification?		
			Yes	No	African American	Hispanic or Latino	Asian	Hawaiian/Pacific Islander	Yes	No	Yes	No	N/A
Fiscal Manager	Status								No		N/A		
Data Collection Manager	Status								No		N/A		
	Status								No		N/A		
	Status								No		N/A		
	Status								No		N/A		
	Status								No		N/A		
	Status								No		N/A		
	Status								No		N/A		
	Status								No		N/A		
	Status								No		N/A		
	Status								No		N/A		
	Status								No		N/A		

IVb. Describe how your Agency supervises and/or maintains quality control regarding services delivered.

IVc. Describe your grievance process for clients who feel they have been denied service because of discrimination.

V. Evaluation of Services (See grant instructions for further discussion of items in this section)

Va. Discuss the desired impact that your service(s) will have on the targeted individual(s) quality of life.

Vb. Describe your client satisfaction data collection process.

Vc. If the proposed service(s) has previously been delivered, summarize in narrative form your previous satisfaction data (no more than the past two years).

Vd. Please briefly describe any other measures that you are currently using to examine changes in the client's psychological or physical functioning.

VI. Sustainability

VIa. How many years has your Agency received NCAAA financial support for this service?

VIb. Does your agency have any *formal* (written Memorandums of Understanding or Agreement) or *informal* arrangements(understandings that have not been written) with other agencies regarding sharing resources to expand service capacity? If yes, please list in the table below the names of these agencies, their location, and the content areas (e.g., share transport, referral exchanges, etc.) of these arrangements.

Formal Agreements (Memorandums of Understanding (MOU's) or Agreement (MOA's)		
Name of agency	Location: city/town	Content areas
Informal Agreements (unwritten "understandings")		
Name of agency	City	Content areas

VIc. Beyond the relationships described in the table above, are you currently engaged in any discussion or planning with other programs or municipalities to share resources or services? If yes, describe. If no, write "none."

VId. Identify any self-sustainability plans for the proposed service including fundraising and fee-for-service efforts.

VII. Budget – Answer the two questions below and then complete the budget spreadsheets in Appendices D1 – D4

VIIa. Total amount of funding requested from NCAAA for funding period (10/1/2023 – 9/30/2024): $

VIIb. Estimated cost per unit of service considering funds requested from NCAAA and *all other* sources of funding (or resources) that will be used to support the proposed service (fill in chart below). See Grant Instructions for more details.

(1) Service code	(2) Projected number of service units to be provided	(3) Dollars requested from NCAAA for this service	(4) Dollars from other sources that will be directed to this service	(5) Total dollars for service (sum of col. 3 & 4)	(6) Cost per unit of service (Col. 5 divided by col. 2)
				$ 0.00	NaN
				$ 0.00	NaN
				$ 0.00	NaN
				$ 0.00	NaN
				$ 0.00	NaN
				$ 0.00	NaN
				$ 0.00	NaN
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