



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 B7 on the NCAAA website. 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 C8. 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 |
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| Total (column 4 – should equal 100%) | | | |

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).

- III f. Discuss how potential clients will be solicited for the proposed service(s) including any advertising/marketing plans.
- III g. 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 within the community.
- III h. Using the chart on page 7 insert the service codes (from previous chart III a) that you are providing and the anticipated number of clients you expect to serve from each of the demographic groupings (see Grant Instructions).

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. Using 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 for further discussion of items in this section.)

IVa. Description of Staff Providing Services

(see instructions above)

[illegible]

- IVb. Describe how your Agency staffs this project and supervises the individuals providing the services to be delivered.

For each individual who works on this project (from chart on page 9) see Appendix B6 to complete form which asks for: (1) job title, (2) primary job responsibilities, (3) the job title of their supervisor, and (4) the frequency of supervision.

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

If your program brings all clients into a central location to receive services, include a photo of your posted notice of the grievance process in a conspicuous location at your workplace, in Appendix C8 (as required by state regulations). If your program does NOT bring all clients into a central location, e.g. transportation program, in-home services, in Appendix C8, include a copy of the document detailing your grievance process which is distributed to all clients.

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.

If your proposal is a NEW service for your agency, complete Appendix B7 - New Service to describe your proposed client satisfaction data collection process. Your description should include: (a) several example questions that you would include in your collection instrument, (b) when data will be collected from clients, e.g. end of service provision, quarterly, semi-annually, etc. (c) from whom data will be collected, e.g. all clients, a sample of clients, (d) how data will be collected, e.g. online or in-person, interview, etc. and (e) how the information collected will be used to make improvements in the service.

If your organization has conducted this service before, complete Appendix B7 - Current Service, using your client satisfaction data from the most recent year available. Also include a copy of your client satisfaction tool/survey instrument.

VI. Sustainability

The intent of Title III funding is to provide "start-up" funding for new services that address unmet needs of seniors in the community. Title III funds were never intended to provide the sole, long-term funding of programs. Consequently, we wish to learn how your organization is working to secure other resources to maintain this program.

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 |
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| Informal Agreements (unwritten "understandings") | | |
| Name of agency | City/Town | Content areas |
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Restrictions on negotiations of formal and informal agreements. If your agency is part of a larger unit, e.g. a single department in a town government, and you are not permitted to negotiate such exchanges without the approval of others (e.g. mayor, town council), please describe in the space provided below.

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."

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

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.

[illegible]