



2021 NCAAA Grant Application Instructions

Grant due date: March 20, 2020

**North Central Area Agency on Aging, Inc.
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Hartford, CT 06106**

**www.ncaaact.org
860-724-6443**

February 3, 2020

Introduction

Welcome to NCAAA's new online grant system! We hope you will find this fillable application process easier and more convenient than the paper submissions of previous years.

At this time we would like to offer a warm "thank you" to our beta-testers who generously volunteered their time and offered incredibly valuable feedback. Our goal was to ensure that we were improving the experience for seasoned grantees as well as those participating for the first time.

The software we are using is called DocuSign. It will allow you to create a digital signature for yourself and for others, both inside and outside your agency, whose signatures may be needed on documents. The application can be saved while in process and worked on incrementally.

As this is a new system and process this year, we strongly suggest that you get started early in order to identify any potential issues or questions.

Should you require any technical assistance during the completion of the grant, feel free to contact Crystal Bailey, NCAAA's Grants Manager at (860) 724-6443 ext. 246 or, more quickly via email: crystal.hill@ncaaact.org

We look forward to reading proposals for FFY 2021 and we thank you for the time and effort you expend on behalf of the older adults and individuals with disabilities in your communities.

Please go to the "Getting started" section on page 1 to begin the process.

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Getting started with your NCAAAA grant application

To get started on your grant application, go to the Grants page on the NCAAAA website (www.ncaaact.org/funding) and click on the 2021 NCAAAA application icon. This will take you to the DocuSign portal—DocuSign is the software platform we are using for our application—and:

1. Click on the “2020 grant application” text in the upper left
2. Enter your name and email address in the PowerForm Signer Information box
3. Click on “Begin Signing”
4. You’ll be told that you will shortly receive an email with a unique identifier Number. You will need to cut and paste that identifier into a new form that will appear on your screen.
5. Very important: DO NOT CLOSE THE DOCUSIGN FORM WHEN YOU RETRIEVE THE EMAIL (just minimize the screen)
6. Open the email from DocuSign and copy the unique identifier number, return to the DocuSign form and paste the number into the space called access code.
7. **Very important: Save the email that contains your unique identifier number you receive. This email is the link you need to return to the grant application each time you want to work on it.**

General Information

Please keep the following in mind as you proceed through the application process:

1. You do not have to complete your application all at once. You can stop at any time by clicking on the Other Actions tab in the top right-hand corner and choosing the Finish Later option.
2. To return to work on your application, go to the original email you go from Wilson Ramos via DocuSign <dse_NA3@docuSign.net> and click RESUME SIGNING. This will bring you back to your document.
3. With the exception of the Appendices, all questions on the grant application form have space limits for your answers. We indicate the *maximum number* of characters permitted for each question in brackets [] for each entry which includes spacing between words.
4. To upload files to the application click on the upload button (location) and a pop-up message will appear that has a button to upload a file, select file, click open, then done after the file has been uploaded successfully.
5. Where signatures are needed on the application, we will be using digital signatures created by DocuSign which use unique identifiers assigned to you. If the signature needed is not your

own, click on Other Actions in the upper right, select assign to someone else, fill out the required boxes, and then click the assign to someone else box to submit.

6. To print out a copy of the application (all or part), select the printer icon located on the header. A PDF of the application will be generated.

Cover Sheet– Page 1

- (1a) Federal EIN (Tax ID) number. All applicants must have a nine-digit EIN number [9]. These can be obtained online from www.irs.gov/businesses/small-businesses-self-employed/apply-for-an-employer-identification-number-ein-online
- (1b) DUNS number. All applicants must have a nine-digit DUNS number [9]. Information on obtaining one can be found at <https://www.grants.gov/applicants/organization-registration/step-1-obtain-duns-number.html> **Please note: the application process may take a few weeks.**
- (2) Title of Project. Enter the name of the proposed project [45].
- (3) Name of Agency/Organization. [45].
- (4) Address. Include the street number and name [18], city [15], state abbreviation [2], and 5-digit zip code [5].
- (5) Authorized Official. The authorized official would be the Executive Director, Board Chair, or other Authorized Official for the Applicant Agency. Enter their name [20], title [20], area code and phone number (no dashes) [13], and e-mail address [22].
- (6) Project Contact Person. Enter the name [20], title [20], area code and phone number (no dashes) [13], and e-mail address [22] for the person who will coordinate the project. If the application is for a Consortium, indicate the information for the lead agency contact.
- (7) Type of Agency. Mark with a ✓ the type of agency applying for funds [1].
- (8) Year Agency established [4].
- (9) Is Applicant agency a Minority Provider? Mark the appropriate box with a ✓ [1] to indicate if the applicant’s organization is a “minority provider” according to the Administration for Community Living’s definition. ACL’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.
- (10) Grant Category. Mark with an ✓ [1] the funding category for which your Agency is applying. A full description of each is given below.

TITLE III-B: SUPPORTIVE SERVICES & SENIOR CENTERS

1. Access – Programs that decrease the isolation and alienation of older persons. Programs shall provide older persons access to available services. Services include outreach, transportation, and information and referral. Programs designed to provide enhanced and/or integrated access to community-based health services are also encouraged.
2. Legal – Programs that will ensure free or low-cost legal services are available to low income, culturally and/or geographically isolated older persons in the North Central region.
3. In-Home – Programs that provide new or expanded services, which may include homemaker, home health aide, chore, and companion. These programs should give preference to older persons with the greatest social and economic need, with particular attention to low-income older individuals, low income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas.
4. Adult Day Care – Programs that provide a structured program of social, health, and rehabilitative services for frail older adults in an effort to prevent premature institutionalization and provide respite for caregivers.
5. Community Services – Programs that provide opportunities, foster independent action, create intergenerational opportunities, and provide specific services to the older adult community such as economic development, housing and job placement, and health services. Programs providing services that are coordinated and delivered through multipurpose senior centers are strongly encouraged.
6. Community Education/Counseling – Programs that educate communities about issues, services, and products designed to assist seniors and their families and caregivers. Programs designed for older individuals with respect to mental health services, including outreach for, education concerning, and screening for such services, and referral to such services for treatment are strongly encouraged.

TITLE III-D: EVIDENCE-BASED DISEASE PREVENTION & HEALTH PROMOTION

Evidence-based health promotion programs, including programs related to the prevention and mitigation of the effects of chronic disease (including but not limited to osteoporosis,

hypertension, obesity, diabetes, and cardiovascular disease), alcohol and substance abuse reduction, smoking cessation, weight loss and control, stress management, falls prevention, physical activity, and improved nutrition. Proposed programs must include an evidence-based intervention that meets the highest criteria level, established by the Administration on Aging (AoA), as noted below. The proposal must identify the evidence-based intervention upon which the program is based and describe the intervention and documented outcomes. The proposal must identify the core components of the evidence-based intervention that will be provided through the funded program. All programs using Title III-D funds will have to meet these criteria:

- Demonstrated through evaluation to be effective for improving the health and well-being or reducing disease, disability, and/or injury among older adults; and
- Proven effective with older the adult population, using Experimental or Quasi-Experimental Design*; and Research results published in a peer-reviewed journal; and
- Fully translated** in one or more community site(s); and includes developed Dissemination products that are available to the public.

**Experimental designs use random assignment and a control group. Quasi-experimental designs do not use random assignment.*

***For purposes of the Title III-D definitions, being “fully translated in one or more community sites” means that the evidence-based program [proposed] has been carried out at the community level (with fidelity to the published research) at least once before. Applicants should only consider programs that have been shown to be effective within a real-world community setting.*

TITLE III-E: NATIONAL FAMILY CAREGIVER SUPPORT PROGRAM

Programs that provide new or expanded caregiver support services to grandparents, step-grandparents, or relatives (other than the parent), by blood, marriage, or adoption, who are 55 years or older, are primary caregivers and legal guardians of a relative child not more than 18 years of age, or the parent, grandparent, or other older relative of an adult relative with disabilities. These services may include but are not limited to: information about the availability of support services, assistance in gaining access, individual and group counseling to help make decisions and solve problems, direct services such as childcare for children while caregivers attend medical appointments, and transportation to medical appointments. These programs shall give priority to caregivers who provide care for children with severe disabilities

- (11) Total amount of funding requested from NCAAA for funding period (10/1/2020 – 9/30/2021) [11].

The NCAAA maintains certain minimum and maximum funding amounts for its different grant opportunities (see chart A, p. 5). Few agencies receive the full amount requested.

Chart A		
Grant type	Minimum award*	Maximum award
Title III-B	\$2500	\$250,000**
Title III-D	\$2500	\$35,000
Title III-E	\$2500	\$20,000

*Because of the administrative costs of servicing grant recipients, we have found it cost effective to establish this minimum.

**NCAAA assesses maximum awards based on a variety of factors including but not limited to available funding, priority level and regional reach.

Please note: The North Central Area Agency on Aging DOES NOT FUND any of the following: (1) Capital Improvements (construction, remodeling, etc.), (2) Case Management Services, and (3) Equipment.

(12) Priority Areas. If you are applying for a Title III-B Grant (Supportive Services & Senior Centers), mark (✓) [1] the specific priority area(s) that your proposed program will address.

A description of each priority area is given above under Title III-B Supportive Services & Senior Centers.

Federal and State mandates require the Area Agencies on Aging to award the following percentages of their funding to:

Federal Funding Mandates:

Access: Minimum 16% of Title III-B

In Home Services: Minimum 25% of Title III-B

Legal Services: Minimum 6% of Title III-B

State Funding Mandates:

Transportation: Minimum 10% of Title III-B

Behavioral Health: Minimum of 5% of Title III-B

Senior Centers: Minimum of 5% of Title III-B

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I. Project Narrative. In the space provided [3500], write a narrative about your proposed project that that briefly describes the following:

- The service(s) to be provided.
- The towns that will be served (if you are serving all 38 towns in the region you can simply say “the entire region” or if serving most of the region you can say “the entire region except for the towns of . . .”).
- Evidence of need for the proposed service. This can be a brief sentence. For example, a program that will address Access Services might say that “X% of the seniors living in our

target area live alone”, or “Y% do not own cars.” You will have a chance to say more about the need in Section IIIId.

- The desired impact your service will have, e.g., “by providing the proposed transportation service, more seniors will be able to live at home and get the services and materials they need.”
- The estimated number of different (unique) clients you will serve in the first 12 months.
- The estimated number of service units that you will provide in the first 12 months.
- How the service will be evaluated, i.e., what information/data will you collect that will determine the effectiveness of your service.

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II. Agency Mission, History and Structure.

IIa. Please list the mission statement of your agency. Type in [250] your Agency’s mission statement.

IIb. Include an organization chart in Appendix A. A chart that shows the structure and reporting (supervisory) relationships in your Agency. See page 11 of this document for a sample chart.

IIc. Enter a brief history of your agency and any changes in its mission or service focus over the lifespan of the agency [250]. If you are a municipal agency, simply enter N/A (not applicable)

IId. Certifications and Assurances. There are certain Certifications and Assurances required from some or all the applicants. Chart B (p. 7) lists the items, who needs to complete them, and in which Appendix the form is located.

Chart B Certifications and Assurances	Required from:	Location:
Certification of Non-Federal Match	All Applicants	Appendix B1
Standard Assurances, Compliances and Conditions	All Applicants	Appendix B2
Accounting Systems Certification	All Applicants	Appendix B3
Facilities and Program Accessibility Survey	Applicants proposing services that will be <u>provided at Agency’s place of business</u>	Appendix B4
Certificate of Fire Safety	Applicants proposing services that will be <u>provided at Agency’s place of business</u>	Appendix B5

IIe. Other Organizational Documents There are up to seven (7) additional documents that may

need to be included in Appendix C. See Chart C below for information on the documents, who needs to include them, and where they should be inserted.

Chart C Attachments	Required from:	Location:
Agency Organizational Chart	All Applicants	Appendix A
Agency Budget	All Applicants	Appendix C1
Most Recent Audit and/or Financial Statement	All Applicants	Appendix C2
List of Board of Directors	All Applicants	Appendix C3
Bonding and Insurance Information	All Applicants	Appendix C4
Copy of 501-C3 Certification	Agencies that have 501C(3) status.	Appendix C5
Letters from other community agencies indicating shared resources and/or support	Agencies sharing resources and/or support that affect the proposed service(s).	Appendix C6
Documentation of Federally Approved Indirect Cost Rate	All Applicants that have one.	Appendix C7

III. Description of Services to be Provided

IIIa. In the chart [Page 3 of application form] please list: (1) the services that will be provided, (2) the service code associated with the service, (3) the projected number of units of each service that will be given, and (4) the percent of the amount requested from NCAAA that will be allocated to each specific service. The specific services that may be offered are listed and defined in the **NAPIS** (National Aging Program Information Services) **SERVICE CODES & DEFINITIONS** which appear beginning on page 24 of these instructions. These pages also provide a definition of a service unit for these services.

Once you have estimated the number of service units you will deliver (column 3 of chart) you will need to determine the proportion of the NCAAA requested funds will be devoted to each service listed. This determination will involve considering both requested grant funds and *other money and resources* your organization has from other sources. We have provided examples of how two different agencies might compute this. Example:

Both Agency A and Agency B plan to offer several services that fall under the In-Home category of Title III-B. The services that both agencies will provide include homemaker, chore and companion. But the two agencies differ in terms of how they plan to pay for these services.

Agency A is seeking funds from NCAAA to cover the salary cost of all three services. In the first chart below (D) (from Item IIIa), we have inserted the services, their codes, and (hypothetical) numbers for projected service units. We have also added the column *Estimated Cost* to illustrate our calculations. Each of the three services has a service unit of one hour. Assuming the hourly wage for each service is equal (\$13/hr. in our example), the chart below shows the estimated cost for each service based on the

projected number of units that will be provided.

The cost for the Homemaker is \$390 (30 units x \$13/hr.); the costs for chores and companion are \$130 and \$260 respectively based on their service units. The percent of the requested funds allocated for Homemaker service would be 50%, that is, \$390 divided by the requested \$780. Similarly, the proportion of requested funds for Chore and Companion would be 16.7% and 33.3% respectively.

CHART D				
Specific service	Service Code	Projected number of service units to be provided	Estimated Cost (\$13/hr.)	Percent of requested funds allocated to this service
Homemaker	119	30	\$390	50.0
Chore	101	10	\$130	16.7
Companion	103	20	\$260	33.3
Total		60	\$780	100.0

On the other hand, Agency B has funds to pay most of the salary costs for the Homemaker Service from other sources and only seeks funds from NCAAA to pay 10% of the Homemaker Service and all the salary for Chore and Companion services. Their chart would look like Chart E on the next page.

CHART E				
Specific service	Service Code	Projected number of service units to be provided	Estimated Cost (\$13/hr.)	Percent of requested funds allocated to this service
Homemaker	119	30	\$39*	9.1
Chore	101	10	\$130	30.3
Companion	103	20	\$260	60.6
Total		60	\$429	100.0

*only 10% of salary money is coming from NCAAA grant; the rest is from other sources.

IIIb. List the towns that will be served. Mark (✓) the appropriate town(s) [1 per town].

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IIIc. Identify the specific location type(s) (not addresses) where the service will be provided, for example, agency office, senior center, senior housing, etc. [50]. If the service does not entail specific service sites, for example, a transportation program that picks up at a client's home, type in that there are not specific delivery sites of service.

IIId. Present supporting evidence suggesting the need for the proposed service(s) in the targeted town(s). Why is the proposed service needed in the targeted towns? *Please present any*

information or data which supports the need for the particular service(s) in the proposed location. This can be provided in narrative form [300] and/or by insertion of relevant graphs or tables in Appendix D (with inclusive explanation).

IIIe. Describe the frequency of service provision. How often will the service be provided, e.g., daily, weekly, etc. [60].

III f. Discuss how potential clients will be informed of the availability of the proposed service(s).

What advertising/marketing/publicity strategies will your Agency be using to alert the community of this service availability? [300]. 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.").

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IIIg. Complete the chart showing demographic characteristics of your anticipated clients for each service. Demographic information for anticipated clients for each proposed service should be entered into the chart. Enter the service name (from the chart for IIIa) and then enter the number of projected clients in the listed demographic column. See definitions of all terms used in the chart below.

Definition of terms:

- Service – Specific type of service you are providing (see NAPIS list on page 24)
- Total number of clients – Total number of distinct individuals you expect to serve in service period. [4].
- Number of low-income clients* - Anticipated number of clients with incomes at or below 100% of the federal poverty level to be served during service period. [4].
- Number of near poverty clients* - Anticipated number of clients with incomes at or below 150% of the federal poverty level to be served during service period. [4].
- Number of minority clients* - Anticipated number of clients who are American Indian or Alaskan Native, Black or African American, Hispanic or Latino, Asian, Native Hawaiian or other Pacific Islanders to be served during service period. [4].
- Number of low-income minority clients* - Anticipated number of minority clients with incomes at or below 100% of the federal poverty level to be served during service period. [4].
- Number of rural clients* - Anticipated number of clients who reside in one of the following towns: Andover, East Granby, Hartland, Hebron, Stafford or Tolland to be served during service period. [4].
- Number of clients with severe disabilities* - Anticipated number of clients with severe disabilities to be served during service period. [4].
- Number of clients with risk of institutionalization* - Anticipated number of clients at risk of institutionalization to be served during service period. [4].
- Number of clients with limited English proficiency* - Anticipated number of clients with limited English proficiency to be served in service period. [4].

We have provided space in the chart for 14 different services. If more space is needed, create additional charts and attach them as .pdf files in Appendix G.

Please note that in the starred (*) categories listed in the definitions above, a single client might appear in multiple counts, for example, a minority, low income client living in a rural community would be counted in the columns: total clients, low income minority, and rural. If that client had severe disabilities and/or limited English proficiency, they would also be counted in two additional columns.

The number entered in the *Total Clients* column represents the total number of distinct individuals served by the program. This number will be *smaller* than the sum of the remaining columns to the right since the same individual may be counted in several columns. At the Technical Assistance sessions provided by the NCAAA, sources of town level Census data on these various categories will be discussed. **Please note:** We recognize that the numbers in this chart represent an estimate based on experience or the demographics of your target area. If funded, NCAAA will track the *actual* numbers of individuals in these categories as the funding year progresses.

IIIh. If your agency has delivered this service for at least three years, describe any trends in service usage over the last three years of program service. For example, has the total number of clients remained steady, increased or decreased? What are the usage trends among “at risk” clients (client types listed in bullet points 5 through 12 in IIIg. above)? [220].

IIIi. Process for requesting and collecting donations for the services provided. Describe your 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. [220].

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IV. Description of Staff Providing Services.

IVa. Completing the chart. The first column asks for the title of the position. We have already included two key positions: the fiscal manager for the proposed program and the person responsible for data collection and/or management information activities. If more than one person fills these roles for the proposed services, use additional lines. Include the job title for each additional service provider in the chart. The second column asks if they are a paid staff person or volunteers (insert S or V as appropriate in the column). The third column asks how many hours she/he will be working per week on the proposed service, while the fourth column asks if the person is a member of a racial or ethnic minority group (insert yes or no). If yes, type in their minority group membership, e.g., Latino, African

American, etc.

The fifth column asks if the individual is 60 years or older (insert Yes or No). The final column asks if the individual has a pertinent license or certification (Yes or No) relevant to the work they will be doing on the project. This is particularly relevant for Title III-D Programs (Evidence-Based Disease Prevention & Health) where there are licenses or certifications available for many of the skills used in such programs, for example, mental health counseling, fall prevention, fitness, mobility, etc.

If the hiring of the person(s) for licensed/certified roles—or for any of the other roles listed in the chart--is contingent on grant funding, write “to be hired” in the chart. If your proposed project does not require someone with a license or certification, please type in N/A (not applicable) in the Chart.

IVb. Describe how your agency provides Supervision/quality control. Describe how your Agency will supervise those interacting with clients. For example, are there weekly supervision sessions, record reviews, etc.? [350]

IVc. Describe your grievance process. How will older adults participating in the project be informed of the procedures to notify the Connecticut State Unit on Aging of complaints based on denial of services due to discrimination. [300]. (Notices MUST be posted in a conspicuous location within plain view of all older adults who participate.)

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V. Evaluation of Services.

Va. Discuss the desired outcome/impact that your service(s) will have on the community. For example, describe how the provision of the proposed service will contribute to keeping seniors living in their residences in the community [200].

Vb. Describe what data your agency is currently gathering (or could gather) that would allow you to document this impact. Using the example in Va. (above), do you collect any information that would allow you to determine if a client has changed their residence during the course of the service period? [250]. Please note, we are looking for data that has been systematically collected from all participants or a randomly selected sample of clients. We do not want anecdotal information such as unsolicited letters, etc.

Vc. Describe how client satisfaction data is (or will be) collected regarding the proposed service(s). Do you use (or plan to use) surveys? Whom would you survey, i.e., all service users or a sample of service users? When or where would the surveys be done, etc.? [250].

Vd. If the proposed service has previously been delivered, Summarize your satisfaction data (no more than the past 2 years) by placing appropriate graphs or tables in Appendix E. For example, this might be a graph of average satisfaction scores for each six-month period. If your agency has other data or reports that present evidence of service efficacy, this may be substituted. If this is a new service, insert N/A in Appendix E.

VI. Sustainability.

- VIa. If your Agency has previously received NCAAA funding for this project, insert a number indicating how many years your Agency has received this funding. [15]. If this is the first year you are seeking funds from NCAAA for this particular activity, please enter “new program.”
- VIb. Describe the project’s relationship to other services in the area. The NCAAA encourages collaborative relationships with other agencies to share resources and expand service coverage while minimizing duplication of effort. Please list agencies or municipalities with whom you have formal (contracts, Memorandums of Understanding [MOU] or Memorandums of Agreement [MOA]) or informal arrangements to share resources to carry out this project. If you have letters of agreement, please include them in Appendix C6. If you have no such arrangements, why not? What efforts have you made (successful or not) to explore the sharing of resources and services with nearby programs or municipalities? [300].
- VIc. Identify any self-sustainability plans for the proposed services including fundraising efforts and/or fee-for-service. Identify in what ways, if any, your Agency has attempted to secure funds to sustain this service in the future. [250].

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VII. Budget.

- VIIa. Total amount of money being requested from NCAAA. Enter the total number of dollars you are seeking from NCAAA for the first fiscal year of the program [10].
- VIIb. Cost per unit of service. The cost per service unit is calculated by summing the monies requested from NCAAA *as well as other monies and resources that will be devoted to this particular service* and dividing this total by the total number of service units proposed. **Note:** If some of the “other funding” expected to pay for this service is not on hand, i.e., you are waiting to hear from other funding sources to whom you have applied, please compute the cost of service with dollars on hand. If additional revenues become available, you will be permitted to update this application.

How to complete the chart:

- *Column 1* contains the NAPIS Service codes for each of the proposed services.
- *Column 2* will list the projected number of service units that will be provided for each service.
- *Column 3* will list the dollars that you are requesting from NCAAA that will be directed towards the specific service.

- *Column 4* will contain the money (including the cash value of donated resources such as meals, meeting spaces, vehicles, etc.) from other Agency sources that will be used to support the particular service.
- *Column 5* is the sum of columns 3 and 4, reflecting the total expenditures for each proposed service.
- *Column 6* will contain the cost per unit service which is calculated by dividing the number in column 5 by the number of service units to be provided (from *Column 2*).

VIII. Appendices Inclusion List

Mark [✓] all appendices that you are including with your application [1 each].

Appendix A – Organization Chart (required)

Appendix B1* – Certification of Non-Federal Match for Title III Project (required)

Appendix B2* – Standardized Assurances, Compliances and Conditions (required)

Appendix B3* – Accounting Systems Certification (required)

*These documents must contain original signatures.

Appendix B4** – Facilities and Program Accessibility Survey (only required if services will be provided at Agency's place of business)

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Appendix B5** – Certificate of Fire Safety (only required if services will be provided at Agency's place of business)

**These documents may be submitted after the due date of the grant application.

Appendix C1 – Agency Budget (required)

Appendix C2 – Most Recent Audit and/or Financial Statement (required)

Appendix C3 – List of Board of Directors (required)

Appendix C4 – Bonding & Insurance Information (required)

Appendix C5 – Copy of 501c3 Certification (if applicable)

Appendix C6 – Letters from other community organizations indicating shared resources and/or

support (required if application represents a Consortium of agencies)

Appendix C7 – Documentation of Federally Approved Indirect Cost Rate (If available)

Appendix D – Documentation of Need (optional)

Appendix E – Summary of Previous Satisfaction Data (if available)

Appendix F1 – FFY 2021 project Budget – Summary Page (required)

Appendix F2 – FFY 2021 project Budget – Personnel Cost Explanation (required)

Appendix F3 – FFY 2021 project Budget – Explanation of all Other Costs (required)

Appendix F4 – FFY 2021 project Budget – Title III Resource Summary (required)

Appendix G – Additional Charts for Question IIIg (Demographic characteristics of clients – if needed)

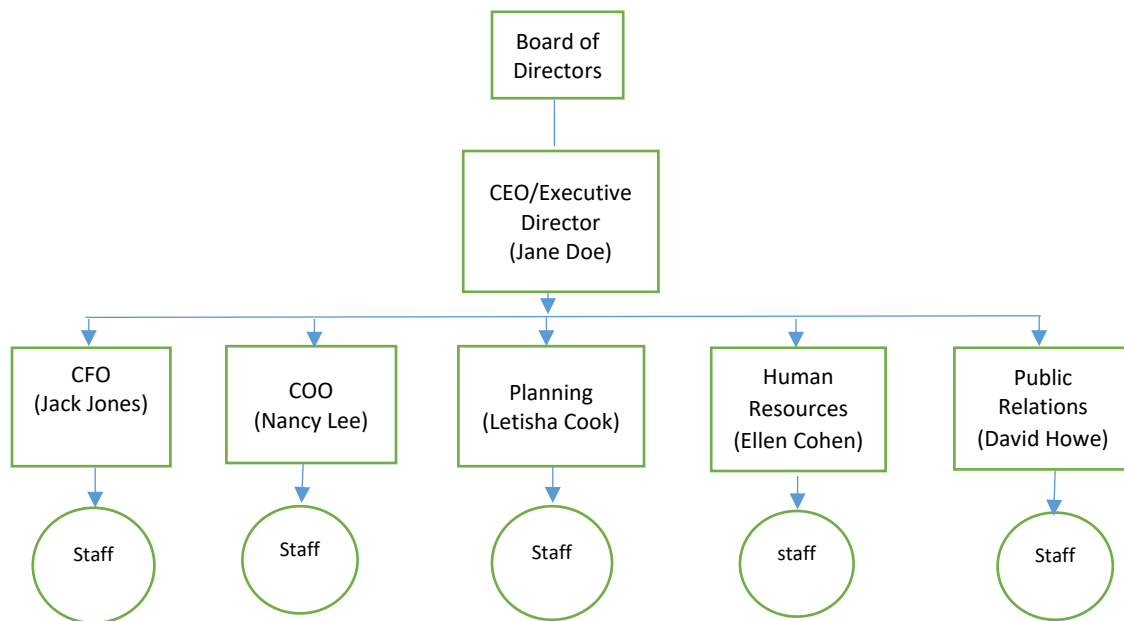
IX. Further Instructions for Appendices

NOTE: Some of the appendices (A, C1 to C7, D, E, G) will require you to upload Word or Excel documents directly into the application form.

Appendix A – Organization Chart (required)

An example of an organization chart is shown on page 14. In your chart, you should include the names of people occupying supervisory positions. This chart was constructed in Word using the Shapes option under the Insert tab.

Sample Organizational Chart



Further Instructions for Appendices (continued)

Appendix B1 – Certification of Non-Federal Match for Title III Project (required)

Complete this form. This form must include an original signature.

Appendix B2 – Standardized Assurances, Compliances and Conditions (required)

Complete this form. This form must include an original signature.

Appendix B3 – Accounting Systems Certification (required)

Complete this form. This form must include an original signature.

Appendix B4 – Facilities and Program Accessibility Survey (only required if services will be provided at Agency’s place of business; otherwise enter N/A at top of form).

This survey only needs to be completed if services to seniors will be provided at an Agency’s place of business. It examines the physical layout of a facility and possible impediments to safety particularly for older citizens. It should be completed by a local building inspector.

Appendix B5 – Certificate of Fire Safety (only required if services will be provided at Agency’s place of business; otherwise enter N/A at top of form.)

This document only needs to be completed if services to seniors will be provided at an Agency’s place of business. It certifies the location meets local fire safety standards. It must be completed by the town’s Fire Marshall. We recognize that there may take some time to

schedule an inspection by the Fire Marshall so this certification, if required, does not need to be submitted with the original application.

Appendix C1 – Agency Budget (required)

A summary of the entire agency budget showing totals for major line items, e.g., rent, personnel, utilities, equipment, supplies, travel, insurance, etc.

Appendix C2 – Most Recent Audit and/or Financial Statement (required)

A complete audit signed by the CPA with a letter of findings is preferred. If there has not been an audit in the last 3 years, please submit a financial statement of the most recent fiscal year's assessment of all expenditures.

Appendix C3 – List of Board of Directors (required)

Please include a list of your Board of Directors and identify the officers.

Appendix C4 – Bonding & Insurance Information (required)

A document prepared by an insurance agent/company detailing the insurance coverage provided.

Appendix C5 – Copy of 501c3 Certification (if applicable)

If you are a 501c3 organization, please attach a copy of your Determination Letter from the IRS.

Appendix C6 – Letters from other community organizations indicating shared resources and/or Support (required if application represents a Consortium of agencies)

If you are part of a consortium of agencies that will be providing the services or have Memorandums of Understanding (MOUs) with other agencies/organizations/municipalities regarding sharing of key resources needed for undertaking this proposed service, include copies of letters of support and/or MOUs established with partnering groups.

Appendix C7 – Documentation of Federally Approved Indirect Cost Rate (If available)

Use this appendix for including documentation of your federally approved indirect cost rate. Many smaller agencies may not have obtained this. For more information see <https://www.councilofnonprofits.org/trends-policy-issues/new-omb-guidance-indirect-costs-what-it-does-and-why-it-matters>

Appendix D – Documentation of Need (optional)

If desired, this appendix may contain relevant graphs, charts or tables documenting the need for the proposed service in the community. Include textual information to clarify any graphic information that is presented. If you are not using, write N/A at top of form.

Appendix E – Summary of Previous Satisfaction Data (if available)

If satisfaction data is available from previous provision of this service, use this appendix to present appropriate graphic or tabular displays of this data.

Appendix F1 – FFY 2021 project Budget – Summary Page (required)

Summary Page (Page F-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 federally 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. NCAA 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.)

Appendix F2 – FFY 2021 project Budget – Personnel Cost Explanation (required)

Personnel Cost Explanation (Page F-2)

- a. Position--Enter the title for each position in the proposed project.

- b. NCAAA Funds--Enter the amount of NCAAA 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 NCAAA, 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: NCAAA 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.

Appendix F3 – FFY 2021 project Budget – Explanation of all Other Costs (required)

Explanation of all Other Costs (Page F-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 Expenses)--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. NCAAA **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 or included in the indirect cost line item of the project budget. (i.e. percentage of personnel time, etc.).

Appendix F4 – FFY 2021 project Budget – Title III Resource Summary (required)

Non-Title III Resource Summary (Page F-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).

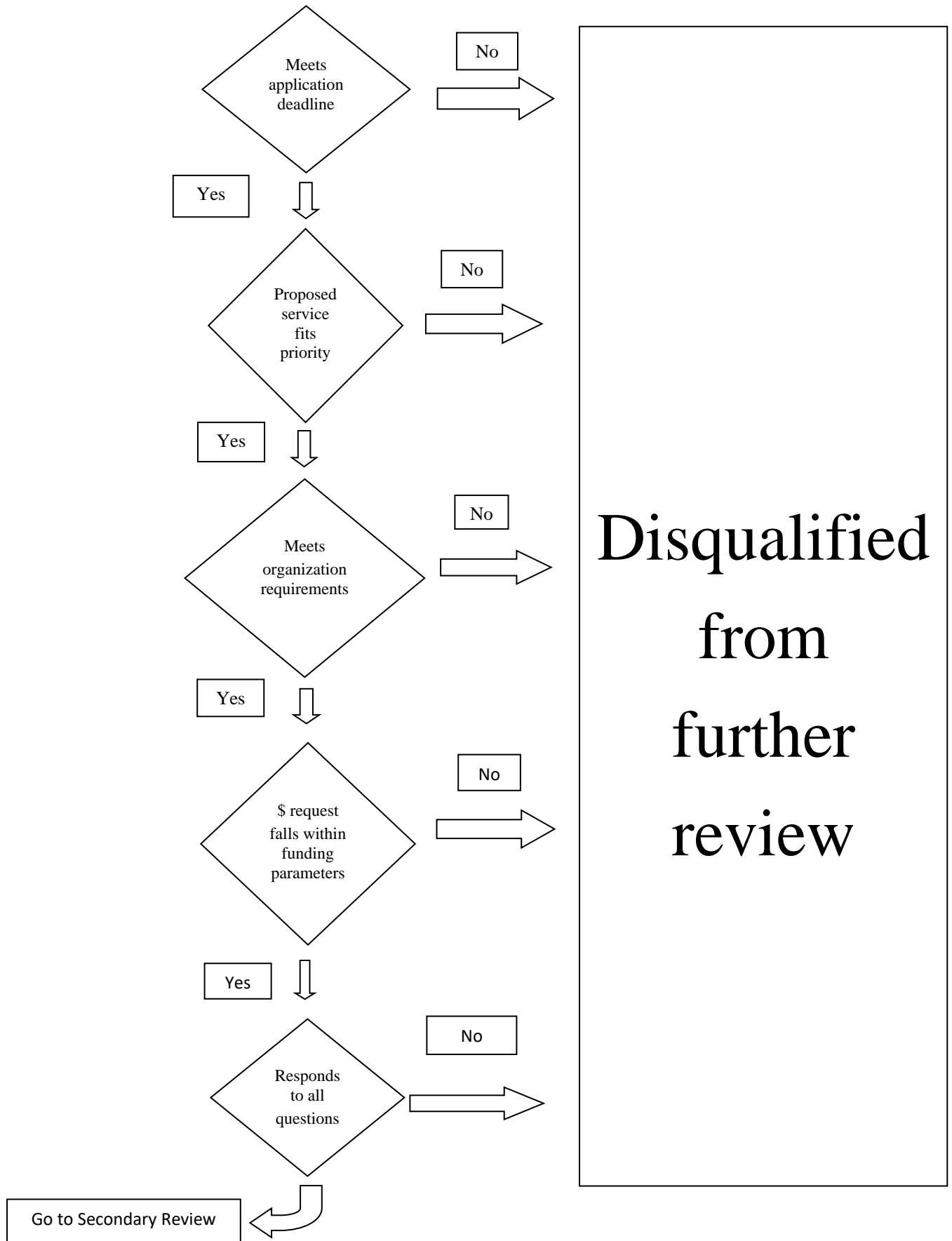
Appendix G – Additional Charts for Question III g (Demographic characteristics of clients – if needed).

This appendix is where you should append additional charts (.pdf files) listing list demographic characteristics of anticipated clients. If not needed, write N/A at top of form.

Our Grant Proposal Evaluation Process

The evaluation of Title III-B, Title III-D, and Title III-E grant proposals follows a two-stage review process consisting of an **Initial Review** and a **Secondary Review**. Given the intensity of the **Secondary Review** in terms of staff and volunteer time, our **Initial Review** eliminates from consideration those proposals that fail to meet certain minimum standards. The **Initial Review** is conducted by a small committee consisting of NCAA staff members and representatives of the Advisory Council. The decision matrix of the **Initial Review** is shown on the next page.

Decision Matrix of Initial Review



Further clarification of the above criteria (Chart D):

Chart D Initial Review Parameters	Further Explanation
Meets application deadline	Online application received by March 20, 2020
Proposed service fits within priority areas	See Cover Page questions 11 and 12
Meets organizational requirements	(1) Organization has existed for more than one year. (2) Organization is located within and/or proposes services within NCAAA 38 town region. (3) Organization has submitted all required documents as described in Appendices A, B1-B5, C1-C7, F1-F7 (see Charts B and C (p. 6 and 7) and description of Appendices (pp. 13-18) for more explanation of requirements.
Amount requested fits within funding parameters	See Chart A on page 4.
Responds to all questions	<u>All</u> questions should be answered. In some cases, your answer may be N/A (Not Applicable).

Grant proposals that pass the **Initial Review** then proceed to **Secondary Review** which is conducted by key staff of the Agency and the full Allocations Committee of the Advisory Council.

The secondary review is a comprehensive analysis of the nine major sections of the full grant application: (I) Project narrative, (II) Agency mission, history and structure, (III) Description of services to be provided, (IV) Description of staff providing service, (V) Resources, (VI) Evaluation of services, (VII) Sustainability, (VIII) Budget, and (IX) Appendices.

Each section is scored in accordance with scoring a rubric (sections shown on next page). Average total scores for each proposal are computed across all reviewers. The scores from the review become the basis for funding decisions.

Draft Rubric for Secondary Review

Narrative Summary

Does the narrative summary describe:
The service(s) to be delivered
The towns/areas that will be served
Evidence of need for service in targeted towns/areas
Desired impact of the service
Estimated number of clients in first year
Estimated number of service units to be provided in first year
How service would be evaluated

Organizational Mission, Structure and History

Does this section:
List the organization's mission statement
Include an organizational chart showing the structure of the organization
Brief history of the organization including*:
Year founded
Changes in mission statement/service focus

*The points in this section will be automatically included for municipalities

Description of Services to be provided

Does this section:
Describe the specific services that will be provided
Estimate the number of service units to be provided
Indicates the percent of the budget which will be allocated to each service
List the town(s)/area(s) that will be served
Indicate location(s) where service will be provided
Present data/evidence showing need for service in the targeted location(s)
Describe frequency of service
Identify how potential clients will be solicited – outreach & marketing app.
List demographic characteristics of projected clients for each service
Describe trends in service over past 3 years (if applicable)**
Describe how fees/donations for service will be collected

**The points in this section will be automatically included for applicants who are beginning a new service

Description of Staff providing services

Does this section:
Indicate the number of people providing services
Describe the background of these individuals
Discuss how the organization supervises the service providers
Describe the grievance process for clients who feel they have been denied service because of discrimination

Description of evaluation processes

Does this section:
Discuss the desired outcome/impact that the service will have on the community
Describe data the agency currently (or plans to collect) regarding community impact
Describe how client satisfaction data is collected
If applicable, summarizes previous satisfaction data**

**The points in this section will be automatically included for applicants who are beginning a new service

Sustainability planning

Does this section:
Indicate how many years the agency has received NCAAA funding for this service
Describe efforts to work with nearby agencies to coordinate services and/or share resources
Identify any self-sustaining plans for the proposed services

Budget information

Does this section:
Indicate the amount requested
Compute the cost of service per unit delivered considering all funding sources

Appendices section

Does this section:
Contain all required information

Previous experience with requesting agency¹

From past work with this agency, are there any concerns we should have about them, e.g., problems with completing paperwork, meeting projected client goals, site visits, etc.

¹Not based on response from application form

NAPIS SERVICE CODES AND DEFINITIONS

Code	Service	Definition	Unit
100	Elderly Services	This code is used in reports to indicate that services have been provided to participants but the type and units have not been recorded.	None Specified
101	Chore	Provision of assistance to persons experiencing difficulties with such activities as heavy housework, yard work, sidewalk maintenance, and minor home repairs.	One Hour
103	Companion	Service intended to provide company to a participant in a protective and supervisory capacity. It may include such home management activities as cooking and light housekeeping.	One Hour
107	Adult Day Care	Provision of personal care for dependent adults in a supervised, protective, congregate setting during some portion of a twenty-four-hour day. Services offered in conjunction with adult day care frequently include social and recreational activities, training, counseling, and meals for adult day care participants while at facility. Services such as rehabilitation, medications assistance, and personal care assistance, are also provided by some adult day care programs.	One Hour
109	Employment Assistance	Service designed to help participants locate and qualify for gainful employment.	One Contact
111	Energy Related Assistance	Service designed to furnish fuel and/or utilities to participants who are unable to purchase them at market price. Special arrangements are made with fuel and utility suppliers to reimburse them for the delivery of fuel or the provision of utilities at prices negotiated at or below the market price. The elderly participants or their families are expected to share costs at levels determined by their economic circumstances.	One Contact
113	Assisted Transportation	Provision of assistance, including escort, to a person who has difficulties (physical or cognitive) using regular vehicular transportation. This definition replaces the service designation "ESCORT" formerly in use.	One One-Way Trip
115	Adult Foster Care	Service designed to provide a family atmosphere in a substitute family setting to safeguard the individual and avoid inappropriate institutional placement.	One Day
117	Friendly Visiting	A service in which volunteers visit on a regularly scheduled basis the homes of participants who live alone and are socially isolated and/or geographically isolated. It provides protection and socialization for the participants. The visitor helps the elderly participant maintain contact with the outside world by providing such service activities as letter writing and reading.	One Hour

119	Homemaker	<p>A service designed to maintain, strengthen, and safeguard household functioning and independent living for participants who need either temporary assistance due to illness or long-term assistance due to chronic disabling conditions.</p> <p>Homemakers perform home management functions. These functions may include cooking, cleaning, laundry, mending and other light household chores. Although similar to companion, the primary emphasis in homemaker service is on the performance of home management functions while the primary emphasis in companion service is on the provision of supervision and companionship.</p>	One Hour
120	Personal Care Worker	<p>Service designed to provide a combination of homemaking services such as cleaning, laundry, and other household chores, as well as hands-on care including assistance with eating, bathing, toileting, and transferring. A personal care worker allows consumers greater flexibility in the receipt of services.</p>	One Hour
122	Home Safety Assessment	<p>A home safety assessment is an in-home assessment that is conducted by a person which is designated as a current Certified Aging in Place Specialist (CAPS) by the National Association of Home Builders. This assessment promotes the ability of an individual to age in place by identifying risks and hazards in the home that when addressed minimize falls, supports home safety, and eases home maintenance. Service includes assistance from the specialist (CAPS) to seek and secure funding for the proposed modifications.</p>	One Assessment
123	Home Repair & Renovation	<p>Service designed to help participants make essential repairs to their homes either to restore them to their original condition or to make them safe by removing health hazards. Includes renovations designed to remove architectural barriers and provide structural improvements that will enable participants suffering from chronic disabling conditions to remain in their own homes.</p>	One Hour
124	Information & Assistance	<p>A service for older individuals that (A) provides the individuals with current information on opportunities and services available to the individuals in their communities, including information related to assistive technology; (B) assesses the problem and capacities of the individuals; (C) links the individuals to the opportunities and services that are available; (D) to the maximum extent practicable, ensures that the individuals receive the services needed by the individuals, and are aware of the opportunities available to the individuals, by establishing adequate follow-up procedures.</p> <p>Service may be reported for individual participants where possible or by using group identifiers where individual reporting is not practicable.</p>	One Contact

125	Language Translation	Service designed to reduce barriers in communication so that the social functioning of participants who do not speak English can be assisted.	One Contact
127	Legal Assistance	Provision of legal advice, counseling, and representation by an attorney or other person acting under the supervision of an attorney. This code is to be used to indicate generic legal assistance. Specialized codes indicating the nature of the legal problem necessitating service are found in the 900 block of codes.	One Hour
131	Outreach	Interventions initiated by an agency or organization for the purpose of identifying individuals with unmet assistance needs and encouraging their use of existing services and benefits. This service includes both the initial contact and any follow-up contacts required to link the participant to appropriate services. This code is to be used both for Outreach, and the service definition "Outreach Follow-up" (147) formerly in use.	One Contact
133	Recreation	Service designed to promote health and social well being by providing activities for social interaction and development of the participant in a group setting.	One Hour
137	Personal Emergency Response	In home, twenty-four hour electronic alarm system which enables a high risk to secure help in a medical, physical, emotional, or environmental emergency.	One Month
139	Shopping Services	Service helps participants to obtain food and other basic necessities in the interest of safety and convenience. This service could involve taking the participant shopping if he/she is able to leave home or doing the shopping for participants who are not able to get out. Deference should be given to the participant's preferred merchants and to convenience.	One Hour
141	Personal Reassurance	Service provides telephone or personal contact at a prearranged time for participants who live alone. It ensures their health and safety, assures them that help is available if and when needed, and provides community contact over a sustained period of time. This service includes a mechanism to investigate if the participant does not answer the telephone or does not otherwise respond at the prearranged time.	One Contact
143	Training	Service enhances the effectiveness of those who are volunteering their service on behalf of a provider agency and ensures quality care and services. Training includes educational programs for participants seeking paid employment.	One Session

145	Weatherization	Service aids low-income participants by reducing the cost of heating or cooling their homes and/or by assuring them of adequate heat during the winter months. It utilizes various energy-saving techniques such as insulating and installing storm windows.	One Hour
149	Senior Center Participation	A service designed to create socialization opportunities and others that are difficult to differentiate or describe. These services are delivered on an as-needed basis by the center director, other professional or volunteer staff, or, in some instances, other participants. This category has been introduced to cover those services available to Senior Citizen Center members on an informal or unstructured basis. These services are not provided during specific time periods, in specially arranged sessions, or by specifically designated personnel.	One Half Day
151	Social Support Services	Services which assist participant in adjusting to problems in their personal lives or living environment. They include guidance and assistance in such areas as personal adjustment; marital problems; alcohol or drug dependency, family relations and adjustment counseling. This service includes active intervention in the participant's social environment in order to assist the participant in producing an appropriate adjustment. This category covers generic or psychosocial adjustment counseling.	One Hour
153	Volunteer Opportunities	This category is included to allow the system to record work done by volunteers in projects covered by the system as well as to record the efforts of those specifically developed to offer participants the chance to experience meaningful social involvement through voluntary community service. This category can be used to record the number of hours of volunteer work contributed by the Area Agency and Nutrition Project Board members.	One Hour
154	Personal Assistance Credits	Volunteers provide personal assistance service such as transportation, grocery shopping, respite care and friendly visiting to older persons requiring this assistance to remain in the community. In return these volunteers are given credits, which may be used for similar services should they be required by the volunteers at some time in the future.	One Hour
155	Housing Alternatives	This category refers to new and creative efforts in the field of alternative living arrangements that cannot be classified as Foster Care, Day Care, or Home Share Match.	One Day
163	Home Share Match	This category refers to one elderly participant moving into a home that provides for the financial, emotional, physical and/or social well-being of both parties.	One Match

164	Home Share Enrollment	This category refers to any individual who has submitted an application/registration form for the Connecticut Home Share Program and/or has registered as a potential home sharer and seeks a home share match. The applicant has completed the housing counseling stage and has been given information about the Home Share Program.	One Enrollment
167	Medical Visit	Medical visits provide physician or nurse practitioner care either in the home or in a clinic setting.	One Visit
168	Medication Management	A group of educational and/or screening services that optimize outcomes for individuals related to their medication use in order to prevent medication errors and adverse drug reactions. Services are based upon the responsibilities within the licensed pharmacist's, or other qualified health care provider's, scope of practice.	
247	Benefits Counseling	This service helps the elderly in determining their eligibility for income maintenance or public assistance, assists in processing or filling out forms such as insurance, and teaches about local, state and federal tax benefits or credits.	One Hour
248	Caregiver Counseling	This service helps participants caring for an older person and/or children in a individual setting make decisions and solve problems relating to their caregiving roles such as providing advice and instruction.	One Hour
249	Employment Counseling	This service assists the elderly in their adjustment to retirement through pre-retirement programs or a more crisis- oriented service for retirees. This service may also include advice about employment and enhancement of employability.	One Hour
251	Housing Counseling	This service is designed to assist the participant in obtaining housing. It also provides suggestions for the improvement of present living conditions.	One Hour
252	Health Counseling	Service designed to provide individuals with an awareness of preventative, remedial and/or rehabilitative self-health care focused on the particular needs of participating individuals.	One Hour
253	Mental Health Counseling	This service is designed to provide psychiatric care and counseling to persons in danger of institutionalization or who may have suffered significant losses, dementia, depressions, etc. Pharmaceutical therapy is available in addition to counseling when needed. A psychiatrist is available for home visits.	One Hour
254	Home Mental Health Counseling	This service is designed to provide psychiatric care and counseling in the home to persons in danger of institutionalization or who may have suffered significant losses, dementia, depression, etc. Pharmaceutical therapy is available in addition to counseling when needed.	One Hour

255	Money Management	This service provides assistance to persons whose ability to manage their own financial affairs is restricted by either impairment or lack of previous experience. This service can be provided by professionals or volunteers working under the supervision of qualified professionals.	One Hour
357	Hospice	This category refers to family and home oriented palliative care which focuses on emotional and psychological support for an understanding of the 60+ incurable disease victim. This care includes pharmaceutical services, bereavement counseling, volunteer visits, training and visits by social workers, counselors, and ancillary medical personnel.	One Hour
359	Health Assessments	Service designed to develop an individualized profile of participants' current health and the services required to maintain or improve their functioning. Service may be provided by a medical doctor or a diagnostically trained nurse practitioner or physician's assistant.	One Visit
361	Health Screening/ Clinic	Service is designed to promote and maintain community health by providing testing services for the assessment of a participant's health status and the determination of need for further health care.	One Visit
362	Mental Health Screening and Referral	Mental health or substance abuse self-management programs facilitated by case managers, social workers, or social service providers that may include: screening and assessment, education for clients and family caregivers, referral and linkages to appropriate health professionals, and behavioral activations. Services may include problem-solving treatment, social and physical activation, and follow-up phone calls.	One Person Session
363	Home Health Aide	Providing personal assistance, stand-by assistance, supervision or cues for persons having difficulties with one or more of the following activities of daily living: eating, dressing, bathing, toileting, and transferring in and out of bed.	One Hour
364	Live-In Home Health Aide	Home health aide services that are provided on a live-in (day and night) basis. Services include personal assistance, standby assistance, supervision or cues for persons having difficulties with one or more of the activities of daily living: eating, dressing, bathing, toileting, and transferring. Aides are trained by licensed home health agencies and perform personal care functions under the supervision of a licensed health care practitioner. This service is intended to be used with the state funded Alzheimer's respite program. <u>If this service is funded under the Older Americans Act the service must be converted to hours for compatibility with Administration on Aging reporting requirements.</u>	One Day

365	Temporary Inpatient Care – Institutional	This service provides short-term inpatient respite care in an institutional setting. The service is usually provided in a nursing home and includes a room, meals, substantial assistance with personal care and daily living, protective supervision and recreational activities. Nursing services may also be provided.	One Day
366	Temporary Inpatient Care – Non-Institutional	This service is similar to service code 365 with the exception that it provides respite care in non-institutional settings such as residential care homes, assisted living communities, etc. The service includes a room, meals, substantial assistance with personal care and daily living, protective supervision and recreational activities. Nursing services may also be provided.	One Day
367	Respite	Service designed to provide temporary care to a participant requiring personal care assistance so that his or her at-home caregiver (usually a family member) can have a break. Respite can be provided in the home, long term care facility, or a day care facility.	One Hour
369	Nursing Visits	Service designed to provide part-time preventative, restorative and rehabilitative nursing care, including health education and counseling to participants who can be cared for at home.	¼ Hour
377	Therapeutic Activity	Service designed to provide participants with organized activities intended to improve their physical or emotional health.	One Hour
379	Cognitive Fitness	Service provides cognitive training to individuals with Alzheimer’s disease or related dementias in the form of cognitive workout “circuits” on the computer or group training sessions that address clients’ cognitively weak areas as previously identified by a cognitive fitness trainer.	One Hour
380	Fall Prevention	Service designed to assess fall risk factors such as balance and gait impairments, postural hypotension, medication use, vision impairment, and environmental hazards including unsafe footwear or assistive devices. Consumers are counseled on appropriate steps to take to reduce their risk for falls and are provided education materials. Fall prevention may also include programs that incorporate strategies to reduce fear of falling, increase physical activity levels, increase strength and balance, and address environmental changes to reduce falls and are proven to help older adults reduce their risk of falling. These programs can include, but are not limited to, the following evidence-based programs: A Matter of Balance, Enhance Fitness, Falls Talk, Stepping On, Tai Chi for Arthritis and Tai Ji Quan: Moving for Better Balance.	One Person Session
385	Dental Clinics	Clinic programs that offer dental screening and/or treatment.	One Visit

477	Transportation	Provision of a means of transportation for a person who requires help in going from one location to another, using a vehicle. Does not include any other activity. This definition has been expanded to include the designations “Demand Transportation for the Non-Ambulatory” (478) and “Fixed Route Transportation” (479) formerly in use.	One One-Way Trip
478	Medical Transportation	Specialized service to provide participants with transportation to and from destinations that provide medical services. May include assistive technologies for persons with mobility limitations.	One One-Way Trip
587	Food Buying Club	A service that provides reduced costs in purchasing food through a group buying process. Pre-orders are taken, bulk purchase is made, packaging is performed by volunteers and distribution is made to participants.	One Contact
588	Food Pantry	A service that distributes contributed food to seniors at no cost to the participant. Participants may come to the pantry or the pantry may bring food to the participant.	One Distribution
589	Nutrition Assessment	Service Designed to develop and individualized profile of participants’ current nutritional status and the measures required to overcome any deficiencies uncovered. Service must be provided by a dietitian registered with the American Dietetics Association or other health care professional with comparable training.	One Contact
591	Nutrition Counseling	Provision of individualized advice and guidance to individuals, who are at nutritional risk, because of their health or nutritional history, dietary intake, medications use or chronic illness, about options and methods for improving their nutritional status, performed by a health professional in accordance with state law and policy.	One Hour
671	Caregiver Support Groups	This service assists participants in adjusting to problems in their lives as they care for an older individual or child. They include guidance and assistance in such areas as personal adjustment, family relations, and guardianship. This service includes active group intervention in order to assist the participant in solving problems and making decisions.	One Session
673	Caregiver Training	This service enhances the skills of those who are caring for older individuals and/or grandparents/relatives caring for children. Training sessions may include, but are not limited to: medication management, child health, and instructions regarding how to assist with activities of daily living such as bathing and dressing.	One Session
675	Child Respite	Service designed to provide temporary care to a child 18 years of age and younger so that his or her at-home caregiver (grandparent or elderly relative) can have a short-term break. Respite can be provided in the home, campy or a daycare facility.	One Hour

685	Health Education	Service designed to provide individuals or groups of participants with an awareness of preventative, remedial and/or rehabilitative self-health care depending on the health needs of that particular individual/group.	One Session
687	Continuing Education	Service designed to provide the elderly with an opportunity to acquire and/or improve their knowledge and skills through a formal or informal mechanism of meetings, training sessions, seminars and workshops.	One Session
691	Chronic Disease Self-Management Education Programs	Service provides for the Chronic Disease Self-Management Education Programs (CDSME), such as the Chronic Disease Self-Management Program (CDSMP, Tomando Control de su Salud, the Chronic Pain Self-Management Program, and the Diabetes Self-Management Program (DSMP) which are designed to help people with chronic diseases to gain self-confidence in their ability to control their symptoms, take on health challenges, and maintain control of their lives.	One Person Session
695	Congregate Nutrition Education	A program to promote better health by providing accurate and culturally sensitive nutrition, physical fitness, or health (as it relates to nutrition education) to participants in a group setting overseen by a dietitian or individual of comparable expertise.	One Session
696	Home Nutrition Education	Personal contact with client or caretaker to provide instruction and encouragement for sound dietary practices.	One Contact
697	Family Life Education	This category is provided to cover those education or training programs that deal with family and individual adjustment. It provides participants with the skills required to cope with the psychological and societal problems spawned by advancing years.	One Session
699	Benefits Education	This category covers those educational programs designed to make the participants aware of government or nongovernment programs available to assist them in meeting their needs and solving their problems. These programs address the details of the services provided, eligibility requirements, and the places where the services are delivered.	One Session
800	Personal Care Aide [CHSP]	Assists the client with bathing, shampooing and drying hair, dressing and dental hygiene. A free initial assessment is included to determine the client's need and appropriateness for services.	One Visit
801	Foot Care [CHSP]	Routine foot care provided by a licensed cosmetologist in a client's home which includes soaking and lotioning of feet and trimming, filing and cleaning of toenails.	One Visit

802	Foot Care [Nurse-CHSP]	Routine foot care provided by a registered nurse in a client's home which includes soaking and lotioning of feet and trimming, filing and cleaning of toenails when there is a diagnosis of diabetes, vascular disease or when the client is on a blood thinner. A written physician's order is obtained and renewed every six months.	One Visit
807	State Alzheimer's Adult Day Care	State funded day care provides personal care, assistance in activities of daily living, and therapeutic services in a protective group setting to <u>State-Funded Alzheimer's participants</u> . These services may prevent the institutionalization of individuals with cognitive or physical impairments.	One Hour
853	Direct Volunteer Services	This code was established to record the total number of contacts between volunteers and elderly service participants in the community for a given period on a consolidated or group basis. It is used in those instances where the nature of the service provided by the volunteer is of such a diverse nature that it cannot be otherwise identified.	One Contact
861	Public Education	This category is included to cover activities undertaken to increase public awareness of problems or concerns facing the older populations and solutions to these problems. These activities may include public service announcements in the media, preparation of pamphlets, reports, presentations, seminars and newsletters. The target audience of these activities is the general population, and it is usually not possible to specify the number of participants with any degree of precision.	One Activity
863	Website Contact	Contact or "hit" on an Internet WEB site maintained by the Department of Social Services or a Department of Social Services contractor or grantee to provide the public with information on services or issues of concern to the older population.	One Contact
901	Medicaid (Title XIX)	Legal assistance on Medicaid related problems.	One Hour
902	Medicare/Medig ap	Legal assistance on problems related to Medicare or Medicare supplement (Medigap) insurance.	One Hour
903	QMB/SLMB	Legal assistance with problems related to the Qualified Medicare Beneficiary (QMB) or Specified Low-income Medicare Beneficiary (SLMB) programs.	One Hour
904	Nursing Home Issues	Legal assistance with matters associated with nursing home placement or treatment.	One Hour
909	Other	Legal assistance with all other problems associated with	One Hour
	Health/LTC	health care or long-term care.	
911	Health Care Directives	Legal assistance with advanced directives, living wills, and related issues.	One Hour
912	Wills	Legal assistance with wills.	One Hour
913	Probate	Legal assistance with matters related to probate court.	One Hour

914	Powers of Attorney	Legal assistance with matters related to powers of attorney.	One Hour
919	Other Autonomy/ Planning	Legal assistance with all other matters related to personal autonomy, elder rights, and planning for future crisis.	One Hour
921	Social Security/SSI	Legal assistance with problems related to Social Security or SSI eligibility or benefits.	One Hour
922	State Supplement	Legal assistance with problems related to State Supplement eligibility or benefits.	One Hour
923	Veterans/Railroad Retirement	Legal assistance with problems related to veterans, Railroad Retirement system, or other public retirement systems benefit.	One Hour
924	Food Stamps	Legal assistance with problems related to Food Stamp eligibility or benefits.	One Hour
925	General Assistance	Legal assistance related to General Assistance eligibility or benefits.	One Hour
926	Unemployment	Legal assistance related to Unemployment eligibility or benefits.	One Hour
929	Other Benefits	Legal assistance related to problems with eligibility or benefits from other public programs.	One Hour
931	Protective/ Restraining Orders	Legal assistance with restraining orders and other protective measures.	One Hour
932	Abuse/ Neglect	Legal assistance with problems relating to abuse or neglect by others.	One Hour
933	Financial Exploitation	Legal assistance with programs relating to financial exploitation.	One Hour
933	Financial Exploitation	Legal assistance with programs relating to financial exploitation.	One Hour
939	Other Protective Services	Legal assistance with other protective service related issues.	One Hour
941	Landlord/Tenant	Legal assistance with disputes between landlords and tenants.	One Hour
942	Public Housing	Legal assistance with problems involving public housing.	One Hour
943	Utilities	Legal assistance with problems involving utilities.	One Hour
944	Energy Assistance	Legal assistance with problems related to heating and cooling costs or assistance.	One Hour
945	Other Housing/ Utilities	Legal assistance with other problems involving housing or shelter costs.	One Hour
959	Discrimination	Legal assistance with problems involving discrimination.	One Hour
961	Grandparent's Rights	Legal assistance with problems related to grandparent's rights.	One Hour

962	Divorce/ Separation	Legal assistance with divorce, annulment, or separation.	One Hour
969	Other Family Issues	Legal assistance with all other family related problems.	One Hour
979	Consumer Issues	Legal assistance with problems related to consumer complaints or other related issues.	One Hour
998	Supplemental Services	Services provided to eligible family caregivers to sustain or enhance their ability to provide care for older family members and/or dependent children. It is to be reported in terms of the dollar value of the services provided. AoA-PI01-02 defines this category as "other services, as defined by states, to support the needs of caregivers."	One Dollar
999	Unspecified Social Services	This code is used in target forms and certain reports to identify participants of services funded under Title III-B, D, and F of the Older Americans Act without specifying the particular service they received.	None Specified