

**Northwestern Illinois Area Agency on Aging
 Application for Funds Under Titles III-B, III-C, III-D AND III-E of the
 Older Americans Act/State of Illinois General Revenue Funds
 Area Plan Period FY12-FY14
 Grant Period FY2012 (10/1/11 TO 9/30/12)**

Section 1 – Application Cover Page

Legal Name of Applicant Organization: _____ Aging Program (if different from applicant organization): _____
 Name: _____ Name: _____
 Address: _____ Address: _____

| | | | | | | | |
|----------------|-------|-----|--------|--------------------|----------|-------------|--------|
| City | State | Zip | County | City | State | Zip | County |
| Phone: () | | | | Phone: | | | |
| FAX: () | | | | FAX: | | | |
| TTY: () | | | | TTY: | | | |
| Toll Free: () | | | | Toll Free: | | | |
| Website: www. | | | | Website: www. | | | |
| E-mail: | | | | E-mail: | | | |
| | | | | Hours of Business: | _____ AM | To _____ PM | |

F.E.I.N. _____
 (Federal Employer Identification Number)

LEGAL STRUCTURE (check one):

- Not-for-Profit Corporation For Profit Corporation
 Government Agency Other, specify: _____

MINORITY PROVIDER: Yes No

FY12 GRANT PERIOD

| | III-B | III-C-1 | III-C2 | III-D | III-E | TOTAL |
|--------------------|----------|----------|----------|----------|----------|----------|
| 1. Total Cost | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| 2. NSIP | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| 3. In-Kind | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| 4. Local Cash | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| 5. NIAAA Request | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| 6. Project Income | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| 7. Other Resources | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |

I certify that I am a duly authorized representative of my organization, and, if funded, my organization will comply with all assurances in this Application.

I certify that the information in this Application is true and correct to the best of my knowledge.

I acknowledge I am in receipt of the NIAAA Service Provider Manual (Manual). I certify that the service proposed will comply with all rules, regulations and policies of the Administration on Aging, Illinois Department on Aging and Northwestern Illinois Area Agency on Aging, as well as all applicable local, state and federal laws, regulations and ordinances.

I certify that my organization is fiscally sound and/or can obtain financial resources as required during the performance of this contract/grant, including operating funds sufficient to cover the period between service provision and receipt of reimbursement.

I agree to submit any revisions to this application for funding.

I certify that services will be available to all eligible participants regardless of race, color, national origin, sex, or disability.

I understand that this information is provided in connection with the receipt of state and federal funds and that a deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes.

Typed Name and Title of Authorized Representative

Signature of Authorized Representative

Date

Contact Person and Title (if different from above)

Northwestern Illinois Area Agency on Aging does not discriminate in admission to programs or treatment of employment in programs or activities in compliance with appropriate State and Federal Statutes. If you feel you have been discriminated against, you have a right to file a complaint with NIAAA. For information, call NIAAA at (815) 226-4901 or 1-800-542-8402.

Section 2 – Budget

Title III-B, C, D, E only

| PERSONNEL (Summary by position) | | | CASH | IN-KIND | TOTAL |
|---|-------------------------|---|------|---------|-------|
| <u>Position</u> (specify if admin. or direct) | Total <u>Hrs/Wk</u> | <u>Hrs/Wk</u> (Specify Title B, C, D or E) | | | |
| Personnel Sub-Total | | | | | |
| Fringe Benefits | Percent of Wages | | | | |
| FICA | 7.65% | | | | |
| Workman's Compensation | | | | | |
| Unemployment Compensation | | | | | |
| Retirement | | | | | |
| Medical | | | | | |
| Other (list) | | | | | |
| Fringe Sub-Total | | | | | |
| PERSONNEL TOTAL | | | | | |

BUDGET (Titles III-B, C, D, E only)

| FOOD (III-C only) | CASH | IN-KIND | TOTAL |
|---|------|---------|-------|
| PROJECT PREPARED MEALS Number _____ | | | |
| CATERED MEALS Number _____ | | | |
| FOOD TOTAL (III-C only) | | | |
| EQUIPMENT | | | |
| (Itemize equipment costing \$1,000 or more) | | | |
| EQUIPMENT TOTAL | | | |
| SUPPLIES | | | |
| Office | | | |
| Kitchen (III-C only) | | | |
| SUPPLIES TOTAL | | | |
| TRAVEL (Staff) | | | |
| (List by position) | | | |
| TRAVEL TOTAL | | | |

III-B GRANT RESOURCES (Title III-B only)

Estimated Project Income

| Description | Source | Amount |
|--|--------|-----------|
| Enter Project Income reprogrammed from previous year | | |
| PROJECT INCOME TOTAL | | \$ |

LOCAL CONTRIBUTIONS (Local Match)

A. Local Cash Resources (Identify)

| Description | Source | |
|-------------------------|--------|-----------|
| | | |
| LOCAL CASH TOTAL | | \$ |

B. In-Kind Resources (Identify)

| Description | Source | |
|----------------------|--------|-----------|
| | | |
| IN-KIND TOTAL | | \$ |

OTHER RESOURCES

| Description | Source | |
|------------------------------|--------|-----------|
| | | |
| OTHER RESOURCES TOTAL | | \$ |

III-D GRANT RESOURCES (Title III-D only)

Estimated Project Income

| Description | Source | Amount |
|--|--------|-----------|
| Project Income reprogrammed from previous year | | |
| PROJECT INCOME TOTAL | | \$ |

LOCAL CONTRIBUTIONS (Local Match)

A. Local Cash Resources (Identify)

| Description | Source | |
|-------------------------|--------|-----------|
| | | |
| LOCAL CASH TOTAL | | \$ |

B. In-Kind Resources (Identify)

| Description | Source | |
|----------------------|--------|-----------|
| | | |
| IN-KIND TOTAL | | \$ |

OTHER RESOURCES

| Description | Source | |
|--------------------|--------|--|
| | | |
| OTHER TOTAL | | |

III-E GRANT RESOURCES (Title III-E only)

Estimated Project Income

| Description | Source | Amount |
|-----------------------------|--------|-----------|
| | | |
| PROJECT INCOME TOTAL | | \$ |

LOCAL CONTRIBUTIONS (Local Match)

A. Local Cash Resources (Identify)

| Description | Source | |
|-------------------------|--------|-----------|
| | | |
| LOCAL CASH TOTAL | | \$ |

B. In-Kind Resources (Identify)

| Description | Source | |
|----------------------|--------|-----------|
| | | |
| IN-KIND TOTAL | | \$ |

OTHER RESOURCES

| Description | Source | |
|--------------------|--------|-----------|
| | | |
| OTHER TOTAL | | \$ |

TITLE III-B BUDGET FOR DELIVERY OF SERVICES - FY 12
(Title III-B only)

| SERVICES | | | | | |
|--------------------------|-----------|----------|--------|-------|-------|
| BUDGET | | | | | TOTAL |
| 1. TOTAL COST | | | | | |
| 2. IN-KIND | | | | | |
| 3. LOCAL CASH & % | | | | | |
| 4. NIAAA SHARE | | | | | |
| 5. PROJECT INCOME | | | | | |
| 6. OTHER RESOURCES | | | | | |
| 7. UNITS OF SERVICE | | | | | |
| 8. COST PER UNIT | | | | | |
| 9. NIAAA COST/UNIT | | | | | |
| 10. PERSONS TO BE SERVED | | | | | |
| III-B COSTS BY CATEGORY | | | | | |
| PERSONNEL | EQUIPMENT | SUPPLIES | TRAVEL | OTHER | TOTAL |
| | | | | | |

| NIAAA FUNDS BY COUNTY | | | | | |
|-----------------------|----------|--|--|--|-------|
| COUNTY | SERVICES | | | | TOTAL |
| | | | | | |
| BOONE | | | | | |
| CARROLL | | | | | |
| DEKALB | | | | | |
| JO DAVIESS | | | | | |
| LEE | | | | | |
| OGLE | | | | | |
| STEPHENSON | | | | | |
| WHITESIDE | | | | | |
| WINNEBAGO | | | | | |
| TOTAL | | | | | |

TITLE III-C BUDGET FOR DELIVERY OF SERVICES FY12
(Title III-C only)

| SERVICE COSTS BY RESOURCES | | | | | | | | | | |
|---|------------|--------|---------|----------------|-------------|----------------|----------------|------------------|------------|-----------------|
| | Total Cost | NSIP * | In-Kind | Local Cash & % | NIAAA Share | Project Income | Other Resource | Units of Service | Cost/ Unit | NIAAA Cost/Unit |
| C1 | | | | | | | | | | |
| C2 | | | | | | | | | | |
| Persons to be served: C-1 _____ C-2 _____ | | | | | | | | | | |

| COSTS BY CATEGORY | | | | | | | |
|-------------------|-----------|-----------|-----------|----------|--------|-------|-------|
| | Personnel | Raw Foods | Equipment | Supplies | Travel | Other | Total |
| C1 | | | | | | | |
| C2 | | | | | | | |

| NIAAA FUNDS BY COUNTY | | | | | | | | | | |
|-----------------------|-------|---------|--------|-----------|-----|------|------------|-----------|-----------|-------|
| | Boone | Carroll | DeKalb | JoDaviess | Lee | Ogle | Stephenson | Whiteside | Winnebago | Total |
| C1 | | | | | | | | | | |
| C2 | | | | | | | | | | |

TITLE III-D BUDGET FOR DELIVERY OF SERVICES FY12
(Title III-D only)

| SERVICES | | | | | |
|---------------------------|-----------|----------|--------|-------|-------|
| BUDGET | | | | TOTAL | |
| 1. TOTAL COST | | | | | |
| 2. IN-KIND | | | | | |
| 3. LOCAL CASH & % | | | | | |
| 4. NIAAA SHARE | | | | | |
| 5. PROJECT INCOME | | | | | |
| 6. OTHER RESOURCES | | | | | |
| 7. UNITS OF SERVICE | | | | | |
| 8. COST PER UNIT | | | | | |
| 9. NIAAA COST/UNIT | | | | | |
| 10. PERSONS TO BE SERVED: | | | | | |
| III-D COSTS BY CATEGORY | | | | | |
| PERSONNEL | EQUIPMENT | SUPPLIES | TRAVEL | OTHER | TOTAL |
| | | | | | |
| NIAAA FUNDS BY COUNTY | | | | | |
| COUNTY | SERVICES | | | | TOTAL |
| | | | | | |
| BOONE | | | | | |
| CARROLL | | | | | |
| DEKALB | | | | | |
| JO DAVIESS | | | | | |
| LEE | | | | | |
| OGLE | | | | | |
| STEPHENSON | | | | | |
| WHITESIDE | | | | | |
| WINNEBAGO | | | | | |
| TOTAL | | | | | |

TITLE III-E BUDGET FOR DELIVERY OF SERVICES FY12 (Title III-E only)

| SERVICES | | | | | |
|---------------------------|---------------|------------------|------------------|-----------------|-------|
| BUDGET | | Caregiver I&A | Caregiver T/E/S* | Grandparent I&A | TOTAL |
| 1. TOTAL COST | | | | | |
| 2. IN-KIND | | | | | |
| 3. LOCAL CASH & % | | | | | |
| 4. NIAAA SHARE | | | | | |
| 5. PROJECT INCOME | | | | | |
| 6. OTHER RESOURCES | | | | | |
| 7. UNITS OF SERVICE | | | | | |
| 8. COST PER UNIT | | | | | |
| 9. NIAAA COST/UNIT | | | | | |
| 10. PERSONS TO BE SERVED: | | | | | |
| III-D COSTS BY CATEGORY | | | | | |
| PERSONNEL | EQUIPMENT | SUPPLIES | TRAVEL | OTHER | TOTAL |
| | | | | | |
| NIAAA FUNDS BY COUNTY | | | | | |
| COUNTY | SERVICES | | | | |
| | Caregiver I&A | Caregiver T/E/S* | Grandparent I&A | TOTAL | |
| BOONE | | | | | |
| CARROLL | | | | | |
| DEKALB | | | | | |
| JO DAVIESS | | | | | |
| LEE | | | | | |
| OGLE | | | | | |
| STEPHENSON | | | | | |
| WHITESIDE | | | | | |
| WINNEBAGO | | | | | |
| TOTAL | | | | | |

*Training/Education/Support

NIAAA (Title III-E only)
 Grant Period Fy2012 (10/01/11 To 9/30/12) - Title III-E Budget Page
 Education/Training/Support Group Funds Of \$2,000 Or Less

Applicant Organization: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Toll-free: _____
 FAX: _____ Contact Person: _____

TITLE III-E BUDGET

EDUCATION/TRAINING/SUPPORT GROUP

- | | |
|---------------------|----------|
| 1. Personnel | \$ _____ |
| 2. Fringe | \$ _____ |
| 3. Travel | \$ _____ |
| 4. Supplies | \$ _____ |
| 5. Equipment (list) | |
| _____ | \$ _____ |
| _____ | \$ _____ |
| 6. Other (list) | |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| 7. Total | \$ _____ |
- (Note: Lines 8, 9 and 10 = Line 7)
- | | |
|------------------------------|----------|
| 8. Local Match (must be 25%) | |
| Local Cash | \$ _____ |
| In-kind | \$ _____ |
| 9. III-E Amount Requested | \$ _____ |
| 10. Project Income | \$ _____ |

Funds Requested by County

| | | | |
|------------|----------|------------|----------|
| Boone | \$ _____ | Ogle | \$ _____ |
| Carroll | \$ _____ | Stephenson | \$ _____ |
| DeKalb | \$ _____ | Whiteside | \$ _____ |
| Jo Daviess | \$ _____ | Winnebago | \$ _____ |
| Lee | \$ _____ | | |

Projected Persons: _____ Education/Training _____ Support Group _____
 Projected Sessions: _____ Education/Training _____ Support Group _____

 Signature

 Date

Service: _____ (fill in service to be provided)

DEMOGRAPHIC DATA BY SERVICE AND DISTRIBUTION OF TOTAL PERSONS AND UNITS TO BE PROVIDED BY COUNTY (Title III-B, C, D, E only)

| | Boone | Carroll | DeKalb | Jo Daviess | Lee | Ogle | Stephenson | Whiteside | Winnebago | Total Area 01 |
|---|-------|---------|--------|------------|-----|------|------------|-----------|-----------|---------------|
| 1. Total Persons Projected to be Served | | | | | | | | | | |
| 2. Total Minority | | | | | | | | | | |
| a. American Indian/Alaskan Native | | | | | | | | | | |
| b. Asian/Pacific Islander | | | | | | | | | | |
| c. Black/not Hispanic | | | | | | | | | | |
| d. Hispanic | | | | | | | | | | |
| e. White, not Hispanic | | | | | | | | | | |
| 3. Poverty | | | | | | | | | | |
| 4. Living Alone | | | | | | | | | | |
| 5. 75+ | | | | | | | | | | |
| 6. Minority and in Poverty | | | | | | | | | | |
| 7. Frail/Disabled | | | | | | | | | | |
| 8. Limited English Proficiency | | | | | | | | | | |
| 9. Units | | | | | | | | | | |

Lines 2a through 2e must equal line 1.
Line 6 cannot be greater than line 2.

TITLE III-B, D and E SERVICE LOCATIONS (Title III-B,D,E only)

Complete for up to three service locations with monthly regularly scheduled service availability.

| | | | |
|-------------------|--|----------|---------|
| Name of Location: | | Address: | |
| City: | | Zip: | County: |
| Phone: | | | |

| | | | | | | | | | | |
|----------------|---------|--------------------------|-----------|--------------------------|---------------|--------------------------|--------|--------------------------|------------------|--|
| Location Type: | Housing | <input type="checkbox"/> | Religious | <input type="checkbox"/> | Senior Center | <input type="checkbox"/> | Pantry | <input type="checkbox"/> | Other (specify): | |
|----------------|---------|--------------------------|-----------|--------------------------|---------------|--------------------------|--------|--------------------------|------------------|--|

| | | | | | | | | | |
|---------------------------|-----|--------------------------|----|--------------------------|---|-----|--------------------------|----|--------------------------|
| Low Income Minority Area: | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Program/Physical Accessibility – Self-evaluation on file: | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|---------------------------|-----|--------------------------|----|--------------------------|---|-----|--------------------------|----|--------------------------|

| | |
|--------------------------------|--|
| Title III Service(s) Provided: | |
|--------------------------------|--|



| | | | |
|-------------------|--|----------|---------|
| Name of Location: | | Address: | |
| City: | | Zip: | County: |
| Phone: | | | |

| | | | | | | | | | | |
|----------------|---------|--------------------------|-----------|--------------------------|---------------|--------------------------|--------|--------------------------|------------------|--|
| Location Type: | Housing | <input type="checkbox"/> | Religious | <input type="checkbox"/> | Senior Center | <input type="checkbox"/> | Pantry | <input type="checkbox"/> | Other (specify): | |
|----------------|---------|--------------------------|-----------|--------------------------|---------------|--------------------------|--------|--------------------------|------------------|--|

| | | | | |
|---------------------------|-----|--------------------------|----|--------------------------|
| Low Income Minority Area: | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|---------------------------|-----|--------------------------|----|--------------------------|

| | |
|--------------------------------|--|
| Title III Service(s) Provided: | |
|--------------------------------|--|



| | | | |
|-------------------|--|----------|---------|
| Name of Location: | | Address: | |
| City: | | Zip: | County: |
| Phone: | | | |

| | | | | | | | | | | |
|----------------|---------|--------------------------|-----------|--------------------------|---------------|--------------------------|--------|--------------------------|------------------|--|
| Location Type: | Housing | <input type="checkbox"/> | Religious | <input type="checkbox"/> | Senior Center | <input type="checkbox"/> | Pantry | <input type="checkbox"/> | Other (specify): | |
|----------------|---------|--------------------------|-----------|--------------------------|---------------|--------------------------|--------|--------------------------|------------------|--|

| | | | | |
|---------------------------|-----|--------------------------|----|--------------------------|
| Low Income Minority Area: | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|---------------------------|-----|--------------------------|----|--------------------------|

| | |
|--------------------------------|--|
| Title III Service(s) Provided: | |
|--------------------------------|--|

DINING SITE PROFILE – TITLE III-C only
 (Complete for each congregate dining site)

| | | | |
|----------------------|--|------------------|--|
| Name of Dining Site: | | Site Supervisor: | |
| Address: | | | |
| City: | | Zip: | |
| | | County: | |
| Phone: | | | |

| | | | | |
|--------------------------|-------|--|-----|--|
| Hours Meal Site is Open: | From: | | To: | |
|--------------------------|-------|--|-----|--|

| | | | | | | | | | | | | | | |
|---------------|------|--|-------|--|------|--|--------|--|------|--|------|--|------|--|
| Serving Days: | Mon. | | Tues. | | Wed. | | Thurs. | | Fri. | | Sat. | | Sun. | |
|---------------|------|--|-------|--|------|--|--------|--|------|--|------|--|------|--|

| | | | | | | | | |
|-------------------|-----------------|--|---------------|--|---------|--|------------|--|
| Meal Preparation: | Central Kitchen | | Site Prepared | | Catered | | Restaurant | |
|-------------------|-----------------|--|---------------|--|---------|--|------------|--|

| | | | | | | | | | | |
|----------------|---------|--|-----------|--|---------------|--|--------|--|------------------|--|
| Location Type: | Housing | | Religious | | Senior Center | | Pantry | | Other (specify): | |
|----------------|---------|--|-----------|--|---------------|--|--------|--|------------------|--|

| | | | | | | | | | |
|---------------------------|-----|--|----|--|------------------|-----|--|----|--|
| Low Income Minority Area: | Yes | | No | | Air Conditioned: | Yes | | No | |
|---------------------------|-----|--|----|--|------------------|-----|--|----|--|

| | |
|---|--|
| Projected Number of Daily Participants: | |
|---|--|

| | | |
|---|-----|--|
| Estimated Number of Daily Meals Served: | C-1 | |
|---|-----|--|

| | | | | |
|-------------------------------------|-----|--|----|--|
| More than one meal a day available: | Yes | | No | |
|-------------------------------------|-----|--|----|--|

| | | | | |
|---|-----|--|----|--|
| Program/Physical Accessibility – Self-evaluation on file: | Yes | | No | |
|---|-----|--|----|--|

| | | | | | | | | |
|--------------------------------|--------------|--|-----------|--|---------|--|------------------|--|
| Nutrition Education Frequency: | Twice a Year | | Quarterly | | Monthly | | Other (specify): | |
|--------------------------------|--------------|--|-----------|--|---------|--|------------------|--|

| | | | | | | |
|---|--------------|--|-----------|--|---------|--|
| Frequency of other programs/activities offered: | Twice a Year | | Quarterly | | Monthly | |
|---|--------------|--|-----------|--|---------|--|

| | | | | | | |
|--|------------------|--|-----------------------|--|-------|--|
| Transportation (check all that apply): | Title III Funded | | Public Transportation | | Other | |
|--|------------------|--|-----------------------|--|-------|--|

Section 3 – Applicant Information

This part of Section 3 (Questions 1-9) is scored up to a maximum 50 Points.
Questions 1-9 must be completed by all applicants.

| 1. SERVICE EXPERIENCE (check only one) | NIAAA USE ONLY |
|---|-----------------------|
| a) ___ Applicant currently satisfactorily provides Title III services in Area 01. | a) _____ Score 10 |
| b) ___ Applicant currently provides Title III services elsewhere in the State of Illinois. | b) _____ Score 5 |
| c) ___ Applicant currently satisfactorily operates a program(s) serving the population 60+ in Area 01. | c) _____ Score 3 |
| d) ___ Applicant operates a program(s) serving the population 60+ elsewhere in the State of Illinois. | d) _____ Score 2 |
| e) ___ None of the above. | e) _____ Score 0 |

| 2. ACCESS | |
|---|---|
| <p>Applicant will satisfactorily provide: (check all that apply)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Toll free telephone line (number must be included on page 1-1 of the application) <input type="checkbox"/> Phones answered by a live person rather than an automated system <input type="checkbox"/> Call forwarding or transfer system <input type="checkbox"/> Organization website (address must be included on page 1-1) <input type="checkbox"/> Open for business 7 or more hours each day (page 1-1) <input type="checkbox"/> Translation services for hearing impaired clients <input type="checkbox"/> A physical location that is handicap accessible (doors and parking) | <p style="text-align: center;">Maximum 5 points</p> <hr style="width: 20%; margin: 20px auto;"/> <p style="text-align: center;">Score 1 point for each item checked</p> |

| | | | | | | | |
|--|---|----------------|-------|-------|-------|-------|--|
| <p>3. TARGETING</p> | | | | | | | |
| <p>3. a. The Applicant is minority owned or operated: <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If yes, attach required documentation (see list of required attachments).</p> | <p>_____ Yes - Score 5 Bonus points</p> <p>_____ No - Score 0</p> | | | | | | |
| <p>3.b.i The Applicant will employ bi-lingual staff in at least one Title III service: <input type="checkbox"/> YES (enter language _____) <input type="checkbox"/> NO</p> <p>3.b.ii. The Applicant will employ bi-lingual staff in a non Title III service: <input type="checkbox"/> YES (enter language _____) <input type="checkbox"/> NO</p> <p>3.b.iii. The Applicant will have a contract/ written agreement for translation <input type="checkbox"/> YES (enter language _____) <input type="checkbox"/> NO</p> | <p>(Maximum 4)</p> <p>i. _____ Yes - Score 4</p> <p>ii. _____ Yes - Score 2</p> <p>iii. _____ Yes - Score 1</p> <p>_____ No - Score 0</p> | | | | | | |
| <p>3. c. The Applicant will utilize pamphlets/written materials in a language other than English. <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Specify language: _____</p> <p>Specify written material: _____</p> | <p>_____ Yes - Score 3</p> <p>_____ No - Score 0</p> | | | | | | |
| <p>3. d. The Applicant will have ethnic and/or minority direct service staff in at least one Title III funded service(s): <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If yes, specify Title III service: _____</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Title III direct service staff position</td> <td style="width: 50%;">Ethnicity/Race</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table> | Title III direct service staff position | Ethnicity/Race | _____ | _____ | _____ | _____ | <p>_____ Yes - Score 4</p> <p>_____ No - Score 0</p> |
| Title III direct service staff position | Ethnicity/Race | | | | | | |
| _____ | _____ | | | | | | |
| _____ | _____ | | | | | | |
| <p>3. e. Describe in detail how Title III services will meet the needs of each of the following target populations; minority, limited English speaking, poverty, at risk for institutional placement and rural. Label narrative Applicant Organization 3.e.</p> | <p>Maximum 5points</p> <p>_____ Score 1 for each</p> | | | | | | |

| | | |
|--|--|-------------------------------|
| 4. VOLUNTEER INVOLVEMENT | | |
| Indicate how volunteers will be used in Title III programs (check all that apply) | | Maximum 4 points |
| <input type="checkbox"/> Direct Service, List service(s) _____ <input type="checkbox"/> Administrative (ex. Filing, clerical, reception) <input type="checkbox"/> Fundraising <input type="checkbox"/> Other, specify: _____ | | Score 1 for each item checked |
| 5. COLLABORATION | | |
| Indicate collaborative activities which will occur on an annual basis (check all that apply) | | Maximum 4 points |
| <input type="checkbox"/> Title III programs located off site <input type="checkbox"/> Collaborative programming with another organization <input type="checkbox"/> Participation in local/regional networking meetings <input type="checkbox"/> Memorandum's of understanding/agreement <input type="checkbox"/> Other, specify: _____ | | Score 1 for each item checked |
| 6. PUBLIC AWARENESS | | |
| Indicate which organization public awareness activities will be completed annually (check all that apply): | | Maximum 6 points |
| <input type="checkbox"/> Brochure Update <input type="checkbox"/> Newsletters <input type="checkbox"/> Health/Senior Fairs <input type="checkbox"/> Newspaper Articles <input type="checkbox"/> Television interview <input type="checkbox"/> Radio Coverage <input type="checkbox"/> Organization Website updates <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Presentations _____ | | Score 1 for each item checked |
| 7. PRIVATE PAY PROGRAM | | |
| Will one or more Title III service(s) have a private pay program? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, explain how the Title III program and the private pay program(s) interact including how the client will be informed about both programs, how the client will be assigned to either program, the cost of the private pay service(s) and when the client will move between programs. Label narrative Applicant Organization 7. | | Unscored |
| 8. COMPETITIVE APPLICATIONS | | |
| Include a brief reason your request should be funded above others if a competitive application(s) is received. _____ _____ | | Maximum 5 points |

| | |
|--|--------------|
| 9. DISASTER CONTACT | |
| <p>Enter the name of the organization's primary and secondary contact in the event of a disaster or weather related emergency:</p> <p>Primary: _____</p> <p>Secondary: _____</p> | Unscored |
| APPLICANT ORGANIZATION TOTAL | TOTAL POINTS |

| BUDGET SCORING | Maximum Point Deduction | Applicant Budget Score |
|--|-------------------------|------------------------|
| <p>Current Grantee Deductions</p> <p>Minus 1 point if program reports late/incorrect Minus 1 point if fiscal reports late/incorrect Minus a maximum of 10 points for serious ongoing programmatic problems</p> | - 12 points | |
| <p>Minus .5 point for each category error or omission; personnel, food, equipment, supplies, travel, other, project income, local contributions</p> | -5 points | |
| <p>Minus .5 point for each required attachment not included</p> | -5 points | |
| BUDGET/ATTACHMENT TOTAL DEDUCTIONS | -22 points | |
| TOTAL BUDGET SCORE | | |

SECTION 3 (continued)

SERVICE SPECIFIC

This part is scored up to a maximum 50 points per service.

(Complete only for each service you would like to provide)

| CONGREGATE MEALS (Title III-C-1/GRF) | NIAAA USE ONLY |
|---|------------------------|
| 1. Check which special diets will be offered: (check all that apply) ____ Physician ordered (describe) _____ ____ Modified diet(describe): _____ | <hr/> Maximum 5 points |
| 2. Describe congregate menu choices, frequency and congregate sites choices are offered. Label as Congregate 2 | <hr/> Maximum 5 points |
| 3. Estimate the number of meals that will be: ____ Central kitchen prepared ____ Site prepared ____ Catered ____ 100% | <hr/> Maximum 5 points |
| 7. List the congregate sites that will serve more than one meal per day: _____ _____ _____ | <hr/> Maximum 5 points |
| 5. Besides any menu choices included in question #2, describe how clients will be offered choices in how service is delivered. Label narrative Congregate 5. | <hr/> Maximum 5 points |
| 6. Describe how attendance will be encouraged through special events, activities, etc. Label narrative Congregate 6. | <hr/> Maximum 5 points |

| CONGREGATE MEALS (Title III-C-1/GRF) (cont'd) | NIAAA USE ONLY |
|--|-------------------------------|
| <p>7. Describe process for collecting information on client outcomes and service satisfaction and how outcome information will be utilized. Attach tool to be used, number to be surveyed and frequency of survey. Note: NIAAA required outcome questions (available at www.nwilaa.org) must be utilized. Label narrative Congregate 7.</p> | <hr/> <p>Maximum 5 points</p> |
| <p>8. People/unit and targeting projections will be scored based on information on page 2-13. No applicant response is required.</p> | <hr/> <p>Maximum 5 points</p> |
| <p>9. Dining site profile (page 2-15) will be scored from page 2-15. No applicant response necessary</p> | <p>Maximum 5 points</p> |
| <p>10. Describe how the concept of consumer direction will be incorporated into the provision of congregate meal service. Label narrative Attachment Congregate 10.</p> | <hr/> <p>Maximum 5 points</p> |
| <p>CONGREGATE MEALS TOTAL</p> | <hr/> <p>TOTAL POINTS</p> |

| HEALTH PROMOTION (Title III-D) | NIAAA USE ONLY |
|---|---|
| 1. Describe the health promotion program model used. Label narrative Health Promotion 1 | Maximum 5 points _____ Score 1 for each item checked |
| 2. Describe the health risk to be addressed in the program(s) including an estimate of how many older adults in the service area with the health risk. Label narrative Health Promotion 2 | _____ Maximum 5 points |
| 3.a. If applicant is not a health care provider, check which health care provider the applicant will partner with. List the provider and attach a letter from the organization describing the partnership: <input type="checkbox"/> Hospital _____ <input type="checkbox"/> Health Department _____ <input type="checkbox"/> Home Health Agency _____ <input type="checkbox"/> Other (describe) _____ 3.b. Attach letter(s) of support from the local health department(s) in each county applied for supporting for the health promotion program(s) along with a statement of coordination and/or collaboration | Maximum 5 points _____ 2.5 points _____ 2.5 points |
| 4. Indicate educational qualifications of the staff providing the program: (check all that apply) <input type="checkbox"/> RN <input type="checkbox"/> Pharmacist <input type="checkbox"/> Physician <input type="checkbox"/> Specify) _____ | _____ Maximum 5 pts. |
| 5. Indicate years of experience of staff providing the program. (check one) <input type="checkbox"/> Over 5 years experience <input type="checkbox"/> One to 5 years experience <input type="checkbox"/> Less than one year experience <input type="checkbox"/> No experience | Maximum 6 points _____ Score 6 _____ Score 3 _____ Score 2 _____ No Score |

| HEALTH PROMOTION (Title III-D) (cont'd) | NIAAA USE ONLY |
|--|---|
| <p>6. Describe how persons identified in need of additional senior and health related service(s) will be referred to community resources. Label narrative Health Promotion 6.</p> | <hr/> <p>Maximum 5 points</p> |
| <p>List the location(s) where the program will be offered:</p> <p>_____</p> <p>_____</p> | <p>Maximum 4 points</p> <hr/> <p>1 point @ congregate meal sites, senior center, other community, in-home</p> |
| <p>8. Describe the process for collecting information on client outcomes and service satisfaction and how outcome information will be utilized. Attach tool to be used, number to be surveyed and frequency of survey. Note: NIAAA required outcome questions (available at www.nwilaaa.org) must be included. Label narrative Health Promotion 8.</p> | <hr/> <p>Maximum 5 points</p> |
| <p>9 Targeting projections on page 2-13 equal three times the proportion of the target group in the proposed area. No applicant response is required.</p> | <hr/> <p>Maximum 5 points</p> |
| <p>10. Describe how the concept of consumer direction will be incorporated into the provision of health promotion service. Label narrative Health Promotion 10.</p> | <hr/> <p>Maximum 5 points</p> |
| <p>HEALTH PROMOTION TOTAL</p> | <hr/> <p>TOTAL POINTS</p> |

| <p style="text-align: center;">HOME DELIVERED MEALS (Title III-C/GRF, NSIP)</p> | <p style="text-align: center;">NIAAA USE ONLY</p> |
|--|--|
| <p>1. Check regular schedule for home delivered meal delivery: (check only one)</p> <p> <input type="checkbox"/> 6-7 days a week <input type="checkbox"/> 4-5 days a week <input type="checkbox"/> Less than 4 days a week </p> | <p>Maximum 5 points</p> <hr/> <p style="text-align: center;">Score 5</p> <hr/> <p style="text-align: center;">Score 3</p> <hr/> <p style="text-align: center;">Score 1</p> |
| <p>2. Check if holiday home delivery will be available:</p> <p> <input type="checkbox"/> Yes <input type="checkbox"/> No </p> <p>If yes, indicate holiday(s): _____</p> | <p>Maximum 5 points</p> |
| <p>3. Indicate if physician ordered/modified diets will be offered. (check only one)</p> <p> <input type="checkbox"/> Physician ordered (describe) _____ <input type="checkbox"/> Modified diet(describe): _____ </p> | <p>Maximum 5 points</p> <hr/> <p style="text-align: center;">2.5 points</p> <hr/> <p style="text-align: center;">2.5 points</p> |
| <p>4. In addition to a hot meal, indicate additional meals provided: (Check all that apply.)</p> <p> <input type="checkbox"/> Cold Breakfast <input type="checkbox"/> Cold Sack Meal <input type="checkbox"/> Other (describe): _____ </p> | <p>Maximum 5 points</p> |
| <p>5. a. Enter estimated percent of meals:</p> <p> <input type="checkbox"/> % hot <input type="checkbox"/> % cold (includes frozen) <input type="checkbox"/> % total (must equal 100%) </p> <p>b. Enter estimated percent of meals:</p> <p> <input type="checkbox"/> % central kitchen prepared <input type="checkbox"/> % site prepared <input type="checkbox"/> % catered (prepared by a non-organization provider) <input type="checkbox"/> % Total (must equal 100%) </p> | <p>Maximum 5 points</p> <hr/> <p style="text-align: center;">2.5 points</p> <hr/> <p style="text-align: center;">2.5 points</p> |

| <p style="text-align: center;">HOME DELIVERED MEALS (Title III-C/GRF, NSIP) (cont'd)</p> | <p style="text-align: center;">NIAAA USE ONLY</p> |
|---|---|
| <p>6. Indicate the timeframe for initiation of home delivered meal service after all required information is received. (check one)</p> <p> <input type="checkbox"/> 1 work day <input type="checkbox"/> 2 – 3 work days <input type="checkbox"/> 4 – 5 work days <input type="checkbox"/> 6 or more work days </p> | <p style="text-align: center;">Maximum 5 points</p> <hr/> <p style="text-align: center;">Score 5</p> <hr/> <p style="text-align: center;">Score 4</p> <hr/> <p style="text-align: center;">Score 3</p> <hr/> <p style="text-align: center;">Score 2</p> |
| <p>7. List townships (or portions of a township) the organization will be unable to serve and identify the reason(s) for lack of service availability.</p> <p style="text-align: center;"> <u>Townships (or portions)</u> <u>Reason(s)</u> </p> <p>Label Attachment Home Delivered Meal 6</p> | <hr/> <p style="text-align: center;">Maximum 5 points</p> |
| <p>8. Describe the process for collecting information on client outcomes and service satisfaction and how outcome information will be utilized. Attach tool to be used, number to be surveyed and frequency of survey. Note: NIAAA required outcome questions (available at www.nwilaaa.org) must be included. Label narrative Home Delivered Meal 8.</p> | <hr/> <p style="text-align: center;">Maximum 5 points</p> |
| <p>9. Targeting projections on page 2-13 equal three times the proportion of the target group in the proposed area. No applicant response is required.</p> | <hr/> <p style="text-align: center;">Maximum 5 points</p> |
| <p>10. Describe how the concept of consumer direction will be incorporated into the provision of home delivered meal service. Label narrative Home Delivered Meal 10.</p> | <hr/> <p style="text-align: center;">Maximum 5 points</p> |
| <p style="text-align: center;">HOME DELIVERED MEALS TOTAL</p> | <hr/> <p style="text-align: center;">TOTAL POINTS</p> |

| INFORMATION AND ASSISTANCE (Title III-B) | NIAAA USE ONLY |
|---|---|
| <p>1.a. Include a list of the applications your organization will provide hands on assistance completing. Label I&A #1</p> <p>1.b. Enter estimated annual number of applications projected to be completed:</p> <p>____ LIHEAP</p> <p>____ DHS</p> <p>____ Circuit Breaker/Senior Care</p> <p>____ Extra Help</p> <p>____ Medicare Part D</p> <p>____ Other, List _____</p> | <p>6 points maximum</p> <hr/> <p>4 points</p> <hr/> <p>2 points</p> |
| <p>2.a. Enter estimated percent of clients receiving follow-up. _____%</p> <p>2.b. Enter projected number of older adults to be assisted with GRF Gap Filling Service _____</p> <p>2.c. Enter projected number of older adults receiving a benefit screening (using Benefits Checkup or other screening tool): _____</p> <p>2.e. Enter estimated percent of total information and assistance units (contacts) by service location.</p> <p>____ % Office</p> <p>____ % Home Visits</p> <p>____ % Other community locations</p> <p>____ % Total (must equal 100%)</p> <p>2.f. Project the number of clients who will be referred to the Case Coordination Unit: _____</p> | <p>10 points maximum</p> <hr/> <p>2 point maximum</p> <hr/> <p>2 point maximum</p> <hr/> <p>2 point maximum</p> <hr/> <p>2 point maximum</p> <hr/> <p>2 point maximum</p> |

| | |
|--|--------------------------------------|
| <p>3. How will your organization meet the increasing demands for service including the ongoing needs of clients who need service and the need to provide client follow-up. Label I&A #3.</p> | <p>_____</p> <p>5 points maximum</p> |
| <p>4. a. Indicate if your organization is an Illinois Department of Insurance Senior Health Insurance Program (SHIP) site: Yes ____ No ____</p> | <p>_____</p> <p>5 points maximum</p> |
| <p>4.b. Indicate if your organization will have staff with AIRS certification: Yes ____ No ____ If yes, enter number with certification. _____</p> | <p>_____</p> <p>3 points maximum</p> |
| <p>5. Describe the process for assisting clients in managing multiple benefit timelines, including how the organization maintains lists of services. Label narrative I&A 5.</p> | <p>_____</p> <p>Score 3 maximum</p> |
| <p>6. Describe how will your organization coordinate with the CCU, Elder Abuse Provider Agency and Caregiver Information and Assistance agency? Label narrative I&A 6.</p> | <p>_____</p> <p>Score 1 maximum</p> |
| <p>7. Describe how advocacy will be provided. Label narrative I&A 7.</p> | <p>_____</p> <p>Score 2 maximum</p> |
| <p>8. Describe the process for collecting information on client outcomes and service satisfaction and how outcome information will be utilized. Attach tool to be used, number to be surveyed and frequency of survey. Note: NIAAA required outcome questions, which will be provided, must be included. Label narrative I&A 8.</p> | <p>_____</p> <p>Score 5 maximum</p> |
| <p>9. Service specific targeting projections will be scored based on information reported on page 2-13. No applicant response is required.</p> | <p>_____</p> <p>Score 5 maximum</p> |
| <p>10. Describe how the concept of consumer direction will be incorporated into the provision of information and assistance service. Label narrative Information and Assistance 10.</p> | <p>_____</p> <p>Score 5 maximum</p> |
| <p style="text-align: center;">INFORMATION AND ASSISTANCE TOTAL</p> | <p>_____</p> <p>TOTAL POINTS</p> |

| <p style="text-align: center;">INFORMATION AND ASSISTANCE CAREGIVER (Title III-E)</p> | <p style="text-align: center;">NIAAA USE ONLY</p> |
|---|---|
| <p>1.a. List the applications your organization will provide hands on assistance completing: Label I&A. 1</p> <p>1.b. In addition, enter estimated annual number of applications completed for caregivers:</p> <p>____ LIHEAP</p> <p>____ DHS</p> <p>____ Circuit Breaker/Senior Care</p> <p>____ Extra Help</p> <p>____ Medicare Part D</p> <p>____ Other, List _____</p> | <p style="text-align: center;">6 points maximum</p> <hr style="width: 20%; margin: auto;"/> <p style="text-align: center;">4 points</p> <hr style="width: 20%; margin: auto;"/> <p style="text-align: center;">2 points</p> |
| <p>2.a. Enter estimated percent of caregiver clients receiving follow-up. _____%</p> <p>2.b. Enter projected number of caregivers assisted annually with:</p> <p>____ Title III-E Gap Filling Service</p> <p>____ Title III-E Respite</p> <p>2.c. Enter estimated percent of total units (contacts) by service location.</p> <p>____ % Office</p> <p>____ % Home Visits</p> <p>____ % Other community locations</p> <p>____ % Total (must equal 100%)</p> | <p style="text-align: center;">Score 6 maximum</p> <hr style="width: 20%; margin: auto;"/> <p style="text-align: center;">Score 2 maximum</p> <hr style="width: 20%; margin: auto;"/> <p style="text-align: center;">Score 2 maximum</p> <hr style="width: 20%; margin: auto;"/> <p style="text-align: center;">Score 2 maximum</p> |
| <p>3. Indicate if caregiver assistance will be provided during evening and/or weekend hours upon request?</p> <p style="text-align: center;">Yes _____ No _____</p> | <hr style="width: 20%; margin: auto;"/> <p style="text-align: center;">Score 4 maximum</p> |

| <p style="text-align: center;">INFORMATION AND ASSISTANCE CAREGIVER (Title III-E) (cont'd)</p> | <p style="text-align: center;">NIAAA USE ONLY</p> |
|---|--|
| <p>4. Will your organization maintain a resource library of caregiver resources? Yes _____ No _____</p> <p>If yes, check all materials that will be made available: _____ books _____ DVDs, VHS, cassette tapes _____ Internet access (for staff and clients) _____ other informational materials</p> | <hr/> <p style="text-align: center;">Yes – Score 4</p> <hr/> <p style="text-align: center;">No - Score 0</p> |
| <p>5. Indicate if your organization has staff with AIRS certification: Yes _____ No _____</p> <p>If yes, enter number with certification. _____</p> | <hr/> <p style="text-align: center;">Maximum 5 points</p> |
| <p>6. Describe your organization’s knowledge of caregiver resources in the service area applied for. Label narrative Caregiver I&A 6.</p> | <hr/> <p style="text-align: center;">Score 5 maximum</p> |
| <p>7. In addition to the methods listed on Page 3-3 (Question #6) describe how your organization will publicize the availability of caregiver I&A service. Label narrative Caregiver I&A 7.</p> | <hr/> <p style="text-align: center;">Score 5 maximum</p> |
| <p>8. Describe the process for collecting information on client outcomes and service satisfaction and how outcome information will be utilized. Attach tool to be used, number to be surveyed and frequency of survey. Note: NIAAA required outcome questions, which will be provided, must be included. Label narrative Caregiver I&A 8.</p> | <hr/> <p style="text-align: center;">5 points maximum</p> |
| <p>9. Service specific targeting projections will be scored based on information reported on page 2-13. No applicant response is required.</p> | <hr/> <p style="text-align: center;">5 points maximum</p> |
| <p>10. Describe how the concept of consumer direction will be incorporated into the provision of caregiver I&A service. Label narrative I&A Caregiver 10.</p> | <hr/> <p style="text-align: center;">5 points maximum</p> |
| <p style="text-align: center;">INFORMATION AND ASSISTANCE CAREGIVER TOTAL</p> | <hr/> <p style="text-align: center;">TOTAL POINTS</p> |

| <p style="text-align: center;">INFORMATION AND ASSISTANCE GRANDPARENT (Title III-E) (cont'd)</p> | <p style="text-align: center;">NIAAA USE ONLY</p> |
|--|--|
| <p>4. Will your organization maintain a resource library of grandparent resources? Yes _____ No _____</p> <p>If yes, check all materials that will be made available: _____ books _____ DVDs, VHS, cassette tapes _____ Internet access (for staff and clients) _____ other informational materials</p> | <p style="text-align: center;">_____</p> <p style="text-align: center;">Yes – Score 4</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">No - Score 0</p> |
| <p>5. Indicate if your organization has staff with AIRS certification: Yes _____ No _____ If yes, enter number with certification. _____</p> | <p style="text-align: center;">_____</p> <p style="text-align: center;">Maximum 5 points</p> |
| <p>6. Describe your organization’s knowledge of grandparent resources in the service area applied for. Label narrative Grandparent I&A 6.</p> | <p style="text-align: center;">_____</p> <p style="text-align: center;">Score 5 maximum</p> |
| <p>7. In addition to the methods listed on Page 3-3, Question #6, describe how your organization will publicize the availability of grandparent I&A service. Label narrative Grandparent I&A 7.</p> | <p style="text-align: center;">_____</p> <p style="text-align: center;">Score 5 maximum</p> |
| <p>8. Describe the process for collecting information on client outcomes and service satisfaction and how outcome information will be utilized. Attach tool to be used, number to be surveyed and frequency of survey. Note: NIAAA required outcome questions, which will be provided, must be included. Label narrative Grandparent I&A 8.</p> | <p style="text-align: center;">_____</p> <p style="text-align: center;">5 points maximum</p> |
| <p>10 Service specific targeting projections will be scored based on information reported on page 2-13. No applicant response is required.</p> | <p style="text-align: center;">_____</p> <p style="text-align: center;">5 points maximum</p> |
| <p>10. Describe how the concept of consumer direction will be incorporated into the provision of grandparent I&A service. Label narrative I&A Grandparent 10.</p> | <p style="text-align: center;">_____</p> <p style="text-align: center;">5 points maximum</p> |
| <p style="text-align: center;">INFORMATION AND ASSISTANCE GRANDPARENT TOTAL</p> | <p style="text-align: center;">_____</p> <p style="text-align: center;">TOTAL POINTS</p> |

| <p style="text-align: center;">LEGAL ASSISTANCE (Title III-B/GRF and Title III-E)</p> | <p style="text-align: center;">NIAAA USE ONLY</p> |
|---|---|
| <p>1. Describe how the intake process for legal assistance will be implemented, managed, and monitored; Describe the resources that will be allocated to doing intake; Describe how aging service staff can expedite referrals. Label Narrative Legal 1 (two page maximum).</p> | <hr/> <p style="text-align: center;">Score 15 maximum</p> |
| <p>2 Describe how the priorities for Title III legal assistance will be met and the resources that will be used to meet these priorities (i.e. number of attorneys, paralegals, staff answering phones, priority cases that will be litigated, etc.); Describe how you will ensure legal assistance provided under this grant will be in addition to any legal assistance for older individuals furnished with funds from other sources. Label Narrative Legal 2 (two page maximum).</p> | <hr/> <p style="text-align: center;">Score 15 maximum</p> |
| <p>3. Describe how legal service will be provided to residents of licensed facilities (LTC, assisted living, supportive living) and to clients that are homebound; Describe how your organization will provide assistance to the Elder Abuse Provider Agencies and the Long Term Care Ombudsman provider. Label Narrative Legal 3.</p> | <hr/> <p style="text-align: center;">Score 5 maximum</p> |
| <p>4. Specify topic(s) of legal education programs and the county(ies) where the program(s) will be provided on an annual basis; Describe coordination with pro bono attorneys, bar associations, the Zeke Giorgi Legal Clinic, etc.; Describe organizations with which your organization has a memo of agreement Label Narrative Legal 4.</p> | <hr/> <p style="text-align: center;">Score 5 maximum</p> |
| <p>5. Describe the process for collecting information on client outcomes (i.e. advice only cases, brief service, negotiated settlements without litigation, negotiated settlements with litigation, successful litigation, etc.); Describe how outcome information will be utilized; Describe how the concept of consumer direction will be incorporated into the provision of legal assistance. Label Narrative Legal 5.</p> | <hr/> <p style="text-align: center;">Score 5 maximum</p> |
| <p>6. Service specific targeting projections will be scored based on information reported on page 2-13. No applicant response is required.</p> | <hr/> <p style="text-align: center;">Score 5 maximum</p> |
| <p style="text-align: center;">LEGAL ASSISTANCE TOTAL</p> | <hr/> <p style="text-align: center;">TOTAL POINTS</p> |

| <p style="text-align: center;">MEDICATION MANAGEMENT (Title III-D)</p> | <p style="text-align: center;">NIAAA USE ONLY</p> |
|---|--|
| <p>1. Describe the medication management program, the need for the program in the service area applied. Label Medication Management 1</p> | <hr/> <p style="text-align: center;">Score 5 maximum</p> |
| <p>2. Indicate if your organization will provide the program(s) in cooperation with a recognized community-based health care provider) (ex., hospital, clinic, home health organization, etc.).</p> <p style="padding-left: 40px;">Yes ____ No ____</p> <p>If yes, include a letter of support from partnering organization(s) describing the cooperative arrangement.</p> | <hr/> <p style="text-align: center;">Score 5 if yes and letter attached</p> |
| <p>3. Indicate if your organization will provide the medication management program using a health education model developed by a state, national or other reputable source of health education materials.</p> <p style="padding-left: 40px;">Yes ____ No ____</p> <p>If yes, indicate model used: _____</p> | <hr/> <p style="text-align: center;">Score 5 if yes and model included</p> |
| <p>4. Indicate educational qualifications of the staff providing the service (check one and indicate highest level obtained):</p> <p style="padding-left: 40px;"> <input type="checkbox"/> BA/BS (specify) _____ <input type="checkbox"/> RN <input type="checkbox"/> MSN <input type="checkbox"/> Pharmacist <input type="checkbox"/> Physician <input type="checkbox"/> None of the above </p> | <hr/> <p style="text-align: center;">Score 5 maximum</p> |
| <p>5. Indicate years of experience of staff providing the service. (check one)</p> <p style="padding-left: 40px;"> <input type="checkbox"/> Over 5 years experience <input type="checkbox"/> One to 5 years experience <input type="checkbox"/> Less than one year experience <input type="checkbox"/> No experience </p> | <hr/> <p style="text-align: center;">Score 5</p> <hr/> <p style="text-align: center;">Score 3</p> <hr/> <p style="text-align: center;">Score 2</p> <hr/> <p style="text-align: center;">No Score 0</p> |

| <p style="text-align: center;">MEDICATION MANAGEMENT (Title III-D) (cont'd)</p> | <p style="text-align: center;">NIAAA USE ONLY</p> |
|--|---|
| <p>6. Describe how service will target areas that are medically underserved and in which there are large numbers of older at risk individuals who in poverty. Label Medication Management 7.</p> | <hr style="width: 100%;"/> <p style="text-align: center;">Score 5 maximum</p> |
| <p>7. Describe the process for collecting information on client outcomes and service satisfaction and how outcome information will be utilized. Attach tool to be used, number to be surveyed and frequency of survey. Note: NIAAA required outcome questions, which will be provided, must be included. Label Medication Management 8.</p> | <hr style="width: 100%;"/> <p style="text-align: center;">Score 5 maximum</p> |
| <p>8. Applicant proposes to provide service in multiple counties. No response required.</p> | <hr style="width: 100%;"/> <p style="text-align: center;">Score 5 maximum</p> |
| <p>9. Service specific targeting projections will be scored based on information reported on page 2-13. No application response is required.</p> | <hr style="width: 100%;"/> <p style="text-align: center;">Score 5 maximum</p> |
| <p>10. Describe how the concept of consumer direction will be incorporated into the provision of medication management service. Label as Medication Management 10</p> | <hr style="width: 100%;"/> <p style="text-align: center;">Score 5 maximum</p> |
| <p style="text-align: center;">MEDICATION MANAGEMENT TOTAL</p> | <hr style="width: 100%;"/> <p style="text-align: center;">TOTAL POINTS</p> |

| <p align="center">TRAINING/EDUCATION/SUPPORT (CAREGIVER Title III-E) (cont'd)</p> | |
|---|---|
| <p>6. Describe how the components of education/training and support are integrated into each session. Label narrative Training/Education/Support 7.</p> | <hr/> <p align="center">Score 5 maximum</p> |
| <p>7. Describe the process for collecting information on client outcomes and service satisfaction and how outcome information will be utilized. Attach tool to be used, number to be surveyed and frequency of survey. Note: NIAAA required outcome questions, which will be provided, must be included. Label narrative Training/Education/Support 8.</p> | <hr/> <p align="center">Score 5 maximum</p> |
| <p>8. Person, unit and targeting projections will be scored based on information reported on page 2-13. No applicant response is required.</p> | <hr/> <p align="center">Score 5 maximum</p> |
| <p>9. Describe how the concept of consumer direction will be incorporated into the provision or training/education/support service. Label narrative Training/Education/Support 10.</p> | <hr/> <p align="center">Score 5 maximum</p> |
| <p align="center">TRAINING/EDUCATION/SUPPORT TOTAL</p> | <hr/> <p align="center">TOTAL POINTS</p> |

| TRANSPORTATION (Title III-B) | NIAAA USE ONLY |
|---|---|
| <p>1. Check transportation service area: (check one):</p> <p><input type="checkbox"/> Multiple counties</p> <p><input type="checkbox"/> One county</p> <p><input type="checkbox"/> One or more townships (describe) _____</p> <p><input type="checkbox"/> Less than one township (describe) _____</p> | <p>5 points maximum</p> <hr/> <p>Score 5</p> <hr/> <p>Score 3</p> <hr/> <p>Score 2</p> <hr/> <p>Score 1</p> |
| <p>2. Check your service design (check all that apply):</p> <p><input type="checkbox"/> Fixed route</p> <p><input type="checkbox"/> Demand response</p> <p><input type="checkbox"/> Curb to Curb</p> <p><input type="checkbox"/> Door to Door</p> <p><input type="checkbox"/> Other, specify _____</p> | <hr/> <p>Score 5 maximum</p> |
| <p>3. Enter hours of service for the following:</p> <p>_____ Begin _____ End Weekdays</p> <p>_____ Begin _____ End Saturdays</p> <p>_____ Begin _____ End Sunday</p> <p>_____ Begin _____ End Holiday</p> | <p>6 points maximum</p> <hr/> <p>Score 3</p> <hr/> <p>Score 1</p> <hr/> <p>Score 1</p> <hr/> <p>Score 1</p> |
| <p>4. Indicate priorities for service by putting 1 next to the first priority, 2 for the second, etc.</p> <p><input type="checkbox"/> Priority medical appointments (i.e., chemotherapy, dialysis, acute illness)</p> <p><input type="checkbox"/> Non-priority medical appointments (i.e., routine check-up)</p> <p><input type="checkbox"/> Social service appointments (i.e., Social Security, DHS)</p> <p><input type="checkbox"/> Essential shopping/errands</p> <p><input type="checkbox"/> Visitation (i.e., hospital, nursing home)</p> <p><input type="checkbox"/> Congregate meal sites</p> <p><input type="checkbox"/> Other (list) _____</p> | <hr/> <p>Score 5 maximum</p> |

| TRANSPORTATION (Title III-B) (cont'd) | NIAAA USE ONLY |
|--|--|
| 5. Check which additional activities your organization will provide (check all that apply): <input type="checkbox"/> Assistance getting in and out of vehicles <input type="checkbox"/> Assistance with doors and with packages <input type="checkbox"/> Help for disabled riders, including individuals who are visually impaired <input type="checkbox"/> Provision of arrangements for special modes of transportation when needed <input type="checkbox"/> Other (list) _____ | Maximum 5 points _____ Score 1 pt.@ |
| 6. Check client groups your organization will transport in addition to seniors: (check all that apply) <input type="checkbox"/> Grandchildren raised by grandparents <input type="checkbox"/> Adult children with developmental disabilities <input type="checkbox"/> Family caregivers | Maximum 3 points _____ Score 1 pt.@ |
| 7. a. Check additional sources of transportation funding received by the applicant (check all that apply): <input type="checkbox"/> Illinois Department of Transportation funds <input type="checkbox"/> Medical funds <input type="checkbox"/> Donated Funds Initiative funds <input type="checkbox"/> Local funds <input type="checkbox"/> Other (list) _____ b. Indicate if transportation service will be sub-contracted (Attachment required) Yes _____ No _____ | Maximum 6 points _____ Score 1 for each 7.a. 7.b. No Score |
| 8. Describe the process for collecting information on client outcomes and service satisfaction and how outcome information will be utilized. Attach tool to be used, number to be surveyed and frequency of survey. Note: NIAAA required outcome questions, which will be provided, must be included. Label narrative Transportation 8. | _____ Score 5 maximum |
| 9. People/unit and targeting projections will be scored based on information on page 2-13. No applicant response is required. | _____ Score 5 maximum |
| 10. Describe how the concept of consumer direction will be incorporated into the provision of transportation. Label narrative Transportation 10. | _____ Score 5 maximum |
| TRANSPORTATION TOTAL | _____ TOTAL POINTS |

Section 4 – Applicant Assurances

The following requirements are a summary of regulations and Older Americans Act requirements. Any applicant awarded a grant from NIAAA is considered a grantee (Grantee) and must maintain documentation to substantiate all of the following assurances. Documentation must be made available to NIAAA for review upon request.

Application for Funding

This application for funding is the official work program for the Grantee and all parts of the application (i.e., the budget, projected number of units of service, etc.) must be followed. This application for funding in its entirety will be incorporated into the Notification of Grant Awarded and the Grantee is held accountable for its content.

Area Plan

The Grantee must administer programs in accordance with the Area Plan, the Older Americans Act and Amendments, and all applicable regulations, policies and procedures established by the Northwestern Illinois Area Agency on Aging, the Illinois Department on Aging and the Administration on Aging.

Audit

The Grantee must comply with audit requirements in OMB A-133 if their organization annually expends \$500,000 or more in federal funds from all sources. Grantees not required by A-133 to obtain an audit may not charge audit costs to the NIAAA grant. Grantee must follow NIAAA's audit procedures and program audit guidelines and must comply with all audit requirements imposed by Federal and State authorities under which this grant is given. Grantees that are exempt from audit requirements must have records available for review or audit by NIAAA or IDOA.

Bribery

The Grantee certifies under Section 500-5 of the Illinois Procurement Code that the organization has not been convicted of bribery or attempting to bribe an officer or employee of the State of Illinois, has not had an official, agent or employee of the organization who committed bribery or attempted bribery on behalf of the organization and pursuant to the direction or authorization of a responsible official of the organization, 30 IDCS 500/50-5.

www.state.il.us/idns/html/legal/statutes/genadm/procure.htm

Civil Rights

Title VI of the Civil Rights Act. (www.usdoj.gov/crt/cor/coord/titlevi.htm) provides that no person shall be subjected to discrimination on the basis of race, color, or national origin, religion, sex, ancestry, marital status, physical or mental handicap, unfavorable military

discharge, age or limited English speaking in providing individuals with services or other benefits.

The Grantee must comply with all State and Federal laws and regulations applicable to the Civil Rights Program including the Illinois Human Rights Act as amended, Title VI and VII of the Civil Rights Act of 1964, as amended. All State laws relating to Civil Rights and their applicable rules and regulations, as well as the Illinois Department on Aging's policies and procedures related to the Civil Rights Program. An Assurance of Compliance (DHHS Form 441) and General Assurances must be signed by each Grantee providing Title III/GRF funded service prior to the issuance of a grant.

The Grantee must maintain written procedures which specify how it will comply with Title VI provisions. The provider's governing authority must adopt the IDOA Non-Discrimination Policy and utilize the Civil Rights Non-Discrimination Publication Statement in books, reports, newsletters, pamphlets, papers, articles, press releases, publicity, employee handbook or other printed materials for distribution: (Grantee) does not discriminate in admission to programs or treatment of employment in programs or activities in compliance with appropriate State and Federal Statutes. If you feel you have been discriminated against, you have a right to file a complaint with the Illinois Department on Aging. For information, call the Senior HelpLine at 1-800-252-8966 (Voice & TTY), or contact (Grantee) at (phone number). The Civil Rights Complaint notice must be posted by the organization and Civil Rights pamphlets and the IDOA Civil Rights Complaint Form used (contact NIAAA for copies).

For more information and an Office of Civil Rights Fact Sheet, go to:
<http://www.hhs.gov/ocr/title6.html>, The Americans with Disabilities Act of 1990 can be found at <http://www.usdoj.gov/crt/ada/adahom1.html>

Code of Conduct

The Grantee must maintain a code or standard of conduct that shall govern the performance of its officers, employees or agents in contracting with and expending Older Americans Act funds.

Compliance with Laws/Licensure Requirements

The Grantee must establish and maintain on file a plan detailing the methods being followed to assure that it operates fully in conformance with all applicable State and local fire, health, safety, sanitation and other standards prescribed in law and regulations, administrative rule and/or procedures. The organization shall be licensed where state or local jurisdictions require licensing for the provision of services.

Confidentiality

The Grantee shall consider all client information as confidential and must establish procedures to meet requirements on safeguarding confidential information under relevant program regulations. The procedures shall ensure that no information about an older person, or obtained from an older person is disclosed by the Grantee in a form that identifies the person without the informed consent of the person or of his or her

legal representative, unless the disclosure is required by court order, for program monitoring by authorized federal, state or local monitoring agencies or when it is necessary to protect the well being of the client or others.

Conflict of Interest

In order to avoid conflict of interest and violation of state regulations of such conflicts, a person who is employed by a Grantee that receives area agency funds cannot be an area agency board member.

Contract/Commercial Relationship

The Grantee must assure that funds received under Title III will not be used to pay any part of a cost (including administrative cost) incurred to carry out a contract or commercial relationship that is not carried out to implement Title III and assures that preference in receiving Title III services is not given to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement Title III.

Contributions (Voluntary Contributions) for Services Under the Area Plan

Opportunity to Contribute: Each Grantee must—

- Provide each older person with an opportunity to voluntarily contribute to the cost of the services;
- Protect the privacy of each older person with respect of his or her contribution;
- Establish appropriate procedures to safeguard and account for all contributions; and
- Use all contributions to expand the services of the provider under this part. Nutrition services providers must use all contributions to increase the number of meals served, facilitate access to such meals, or to provide other supportive services directly related to nutrition services.

Each Grantee may develop a suggested contribution schedule for services provided under this part. In developing a contribution schedule, the Grantee must consider the income ranges of older persons in the community and the provider's other sources of income. Cost sharing must receive prior approval from NIAAA and the Illinois Department on Aging. Voluntary contributions may be solicited if the method of solicitation is non-coercive. Contributions can be encouraged for individuals whose self-declared income is at or above 185 percent of the poverty line, at contribution levels based on the actual cost of services. A Grantee that receives funds under this part may not deny any older person a service because the older person will not or cannot contribute to the cost of the service. Contributions made by older persons are considered program income.

Coordination

The Grantee shall coordinate Older Americans Act services with other community agencies and voluntary organizations providing the same services and with other Federal or federally assisted programs for older individuals. In coordinating the services, the organization shall make efforts to coordinate the services with agencies

and organizations carrying out intergenerational programs or projects, with Community Action Agencies and with mental health service providers.

Cost Allocation Among Funding Sources

The Grantee shall establish and maintain on file a plan detailing the methods employed to allocate cost among the various funding sources. Title III funds cannot be used to pay any part of a cost (including an administrative cost) incurred to carry out a contract or commercial relationship that is not carried out to implement Title III services.

Debarment, Suspension, Ineligibility and Voluntary Exclusion

Pursuant to 45 CFR Part 76, the Grantee certifies that neither it or its principals is presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in this transaction by any Federal department or organization.

Disaster Planning and Response

Grantees have the legislative mandate to advocate on behalf of older persons who reside in Illinois and to work in cooperation with other state and federal programs to provide for the needs of older disaster victims.

- Grantees are required to have a disaster plan to expedite the delivery of necessary services when a disaster occurs and complement existing federal, state and voluntary organizations relief efforts. Each service provider must designate a Disaster Coordinator. Service provider disaster plans must include how at risk clients will be contacted, if after-hours coverage will be offered and how older adults will be assisted to obtain disaster relief.
- Grantees must enter into written coordination agreements and regular, ongoing working relationships with Emergency Services Disaster Agencies (ESDAs), voluntary relief organizations (e.g., American Red Cross, Salvation Army and the Mennonites, etc.) and with local community-based organizations.
- Grantee's disaster plans will be activated by the Area Agency upon notification by the Department and/or local emergency services disaster officials. Upon NIAAA's notification, the service provider will carry out their assigned duties, including the mobilization of local volunteers to provide individualized services where needed.

Disciplinary Action

NIAAA monitors each grant on an ongoing basis to ensure compliance with federal and state regulations, with the Department on Aging/NIAAA contract, and with the terms of the NIAAA/grantee award/contract in the areas of administration, fiscal procedures and service provision. If a deficiency in grantee performance is identified, NIAAA has the right to place a Grantee on probation, suspend or terminate the grant agreement according to its procedures Ensuring Contract Compliance.

Elder Abuse Reporting

Grantees who suspect the abuse, neglect, or financial exploitation of an eligible adult must report this suspicion to an agency designated to receive such reports under the Elder Abuse and Neglect Act or to the Department on Aging. In carrying out their professional duties, Grantees are mandated reporters if they have reason to believe that an eligible adult who, because of dysfunction, is unable to seek assistance for himself or herself and has, within the previous 12 months, been subjected to abuse, neglect, or financial exploitation. The mandated reporter shall, within 24 hours after developing such belief, report this suspicion to an agency designated to receive such reports under the Elder Abuse and Neglect Act or to the Department on Aging.

Eligibility

The Grantee must establish and follow methods to assure the activities covered by the grant serve only those individuals and groups eligible under the provisions of the applicable statute.

- An eligible older person is an individual 60 years of age or older in need of service.
- A family caregiver is an adult family member or another individual who is an informal provider of in-home and community care to an older individual 60 or older.
- Grandparents and other relatives over the age of 60 who are sole caregivers of children not more than eighteen years of age and live with the child and has a legal relationships to the child or is raising the child informally.

Title III/GRF services have no citizenship or residency requirements. All services provided under Title III must be provided without the use of any means test.

Equipment

The Grantee must comply with requirements relating to non-expendable personal property, transfer of title to certain property and property management standards. For items of equipment having a unit acquisition cost of \$1,000 or more purchased by the Grantee under an award made through NIAAA, NIAAA shall have the right to require transfer of the equipment (including title) to NIAAA or to an eligible party named by NIAAA in accordance with 45 CFR Part 74 Subpart O

www.hhs.gov/grantsnet/lawsregs/cfr45.html

Extension of Awards

Grants awarded shall be offered for a one-year period, with an option to extend the grants for a period of time not-to-exceed two additional one-year periods following initial extension. Extensions are dependent upon satisfactory performance by the Grantee as determined by the NIAAA compliance and evaluation process, compliance with person, unit and targeting goals and meeting other grant related requirements. If grant commitments are not met, a written response will be required, along with a strategy for

correcting deficiencies. NIAAA has the option to release a Request for Proposals for services not extended within a multi-year funding cycle.

Federal Requirements

The Grantee must comply with the Federal Rehabilitation Act of 1983, Federal Immigration Reform and Control Act of 1986 and the Federal Fair Labor Standards Act (minimum wage and maximum hours provision). www.dol.gov/esa/whd/flsa

Financial Resources

The Grantee must have adequate cash flow for two months of program operation.

Fiscal Control

The Grantee must have fiscal control and fund accounting procedures to assure proper disbursement of, and accounting for, Title III funds.

Funding Acknowledgment

Any newsletter, pamphlet, article, books, reports, publicity, press release, and/or other printed material developed for distribution based on services funded under Title III of the Older Americans Act and State of Illinois General Revenue Funds through NIAAA must contain the following acknowledgment:

(Grantee) receives Title III Older Americans Act and State of Illinois General Revenue Funds through the Northwestern Illinois Area Agency on Aging.

Grievance Procedure

The Grantee will provide a grievance procedure for individuals who are dissatisfied with or denied services under the Older Americans Act.

Imminent Danger

With the consent of the older person or his representative, the Grantee must bring to the attention of appropriate officials for follow-up, conditions or circumstances which place the older person or the household of the older person in imminent danger.

Insurance

Grantee must carry insurance protection including, but not limited to, comprehensive general liability, fire, theft and in the case of nutrition providers, product liability.

Intergenerational

The Grantee has, where possible, entered into arrangements with organizations providing day care services for children, assistance to older individuals caring for relatives who are children and respite for families so as to provide opportunities for older persons to aid or assist on a voluntary basis in the delivery of such services to children, adults and families.

Laws, Rules and Regulations

The Grantee has agreed to administer the grant in accordance with the Older Americans Act, as amended, and all applicable regulations, rules, policies and procedures established by the Department of Health and Human Services, the General Accounting Office, the Office of Management and Budget, the Illinois Department on Aging and Northwestern Illinois Area Agency on Aging.

The Grantee agrees to follow grants administrative requirements which govern Federal financial assistance awards which are:

Office of Management and Budget (OMB) Circular A-110, "Uniform Administrative Requirements for Grants and Agreements with Institutions of Higher Education, Hospitals and Other Non-Profit Organizations"

Department of Health and Human Services 45 CFR Part 74 "Uniform Administrative Requirements for Awards and Subawards to Institutions of Higher Education, Hospitals and other Non-Profit Organizations and Certain Grants and Agreements with States and Local Governments."

Office of Management and Budget (OMB) Circular A-122, "Cost Principles for Non-Profit Organizations,"

The Grantee agrees to develop and follow a system to ensure operation in conformance with Title 45 of the Code of Federal Regulations; a) Part 16-Procedures of the Departmental Grant Appeals Board, b) Part 74-Administration of Grants, except Subpart N, c) Part 80-Nondiscrimination under Programs Receiving Federal Assistance through the Department of Health and Human Services: Effectuation of Title VI of the Civil Rights Act of 1964; d) Part 81-Practice and Procedures for Hearings Under Part 80 of this Title, e) Part 84-Nondiscrimination on the Basis of Handicap in Programs and Activities Receiving or Benefiting from Federal Financial Participation, f) Part 91-Nondiscrimination on the Basis of Age in HHS Programs or Activities Receiving Federal Financial Assistance from HHS, g) Part 92-Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local Governments, h) Part 100-Intergovernmental Review of the Department of Health and Human Services Programs and Activities; and i) Part 900-Subpart F, Standards for a Merit System of Personnel Administration. www.hhs.gov/grantsnet/adminis/fedreg45.htm

In cases where the Grantee is a public agency, methods of personnel administration must be established and maintained which conform to the Standards for a Merit System of Personnel Administration, SCFR Part 900 F, and any standards prescribed by the U. S. Civil Rights Commission pursuant to Section 208 of the Intergovernmental Personnel Act of 1970 modifying or superseding such standards. Such methods will be maintained in the files of the organization and will be made available to NIAAA/IDOA upon request.

Additional rules, regulations and/or requirements may be identified for specific funding. All such rules, regulations, and/or requirements which pertain to specific funding are to be considered binding for applicants applying for such funding.

Legal Structure

Grantees/contractors must be established public agencies or incorporated as not-for-profit or for-profit organizations and demonstrate commitment or capability to serve older persons. Grantees/contractors are prohibited from receiving a profit from the grant award.

Liability

NIAAA assumes no liability for the actions of the Grantee. The Grantee assumes all risk and loss occasioned by the Grantee's performance. The Grantee agrees to hold NIAAA, its officers, agents and employees harmless from any and all liabilities, claims, damages, suits, costs, fees and expenses incident thereto, for injuries or death to persons or for loss of or damage to property because of provider's actions.

Limited English Proficiency

If a substantial number of the older individuals residing in the service area are limited in English-speaking ability, the Grantee will take reasonable steps to provide meaningful access to programs and activities to serve these persons. www.hhs.gov/ocr/lep

Lobbying

The Grantee certifies that no federal appropriated funds have been or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a member of Congress, an officer or employee of Congress, an employee of a member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, the extension, continuation, renewal, amendment or modification of any Federal contract, grant, loan or cooperative agreement.

If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress or an employee of a member of Congress in connection with the Federal contract, grant, loan or cooperative agreement, the undersigned shall complete and submit Standard Form –LLL, “Disclosure Form to Report Lobbying.”

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a member of Congress, an officer or employee of Congress, an employee of a member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form –LLL, “Disclosure Form to Report Lobbying.”

Maintenance of Non-Federal Support For Services

The Grantee must assure that funds under Title III/GRF and Title III Part E funds are used to supplement funds but not to replace Federal, State or local funds. The Grantee will continue or initiate efforts to obtain support from private sources and other public organizations for services.

Management of Funds

The Grantee must maintain adequate books, records and supporting documents to verify the amounts, receipts and uses of all disbursements related to the grant. All books, records and supporting documents related to the grant shall be available for review by NIAAA and Illinois Department on Aging. Funds made available under Title III shall supplement and not supplant any Federal, State or local funds.

Match

The Grantee must meet the minimum 15% matching requirement. Title III-E grantees must obtain 25% match. Applicants may not use Title III funds to replace funds from non-federal sources.

Monitoring and Evaluation

NIAAA has the responsibility to ensure all grantees receiving Older Americans Act and Illinois General Revenue Funds operate in compliance with Federal, State requirements and conditions of the Notification of Grant Award. The Grantee must cooperate with NIAAA monitoring and evaluation activities.

NIAAA Service Provider Manual

The Grantee must maintain and keep current a copy of the NIAAA Service Provider Manual which is available at www.nwilaaa.org. The relevant portions of the Manual, depending on the service being provided, will be incorporated into the Notification of Grant Award (i.e. become part of the grant contract).

Non-Discrimination

The Grantee agrees not to discriminate in admission to programs or activities or treatment of employment in programs or activities in compliance with the Illinois Human Rights Act; the Federal Civil Rights Act of 1964.

The Grantee must comply with Section 504 of the Rehabilitation Act of 1973, as amended, the Americans with Disabilities Act of 1990, as amended. Contact NIAAA for a copy of the 504 Compliance Checklist which must be completed and kept on file at the provider organization. A Grantee that employs fifteen or more persons is required to designate a person to coordinate its efforts to comply with Section 504. The Grantee must comply with the Age Discrimination Act, as amended, (www.dol.gov/dol/topic/discrimination/agedisc.htm) and the Age Discrimination in Employment Act, as amended, (www.eeoc.gov/policy/adea.html) and their applicable rules and regulations pursuant thereto; the U.S. Constitution; and the Illinois

Constitution. The Organization must comply with Affirmative Action for equal opportunity in accordance with the Equal Employment Opportunities Executive Order of 1974, and written sexual harassment regulations in accordance with the Illinois Human Rights Act. Affirmative action covers minorities, women, physically handicapped/ disabled and older persons in quantitative and qualitative terms. Contact the NIAAA office for specific criteria which must be included in the affirmative action plan.

Outcome Measures

The Grantee must collect service specific outcome measurement data required by NIAAA, IDOA and/or the Administration on Aging including the Government Performance and Results Act (GPRA). Required outcome questions the provider must use when surveying clients is included at the end of this chapter.

Outreach Efforts

The Grantee must conduct outreach activities to identify older individuals eligible for assistance under the Act and inform such individuals of the availability of services with special emphasis on a) rural elderly, b) older individuals with greatest economic need (with particular attention to low income minority individuals and older individuals residing in rural areas), and c) older individuals in greatest social need (with particular attention to low income minority individuals and older individuals residing in rural areas), d) older individuals disabilities with particular attention to those with severe disabilities, and older individuals at risk for institutional placement e) older individuals with limited English speaking ability, f) older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction, (and caretakers of such individuals) and older individuals at risk for institutional placement.

Policies and Procedures Manual

The Grantee must have a written Policies and Procedures Manual meeting the requirements contained in the NIAAA Service Provider Manual. These requirements will be incorporated into the Notice of Grant Award.

Publications

Any newsletter, pamphlet, article, books, reports, publicity, press release, and/or other printed material developed for distribution must contain a statement that the related activities were conducted in compliance with Title VI of the Civil Rights Act.

The Administration on Aging, Illinois Department on Aging and NIAAA have certain rights to receive copies of publications and to reproduce such material when it results from activities supported by NIAAA administered funds.

Reporting Requirements

The Grantee must comply with NIAAA financial and program reporting requirements outlined in the Manual and comply with requirements NIAAA may impose to insure the correctness of reports. The Grantee agrees to report in the format NIAAA requires and to comply with requirements NIAAA may impose using NIAAA prescribed forms and

procedures. The Grantee must provide NIAAA in a timely manner with statistical and other information NIAAA requires in order to meet its planning, coordination, evaluation and reporting requirements established by the Administration on Aging and the Illinois Department on Aging.

The Grantee must cooperate with NIAAA in the establishment and maintenance of a computerized program data system as prescribed by NIAAA. The Grantee must comply with the National Aging Program Information System (NAPIS) and use NAPIS Pak software provided by NIAAA. The Grantee must maintain and make available to NIAAA upon request such financial and other records as are required to comply with federal and/or state Grantee reports which pertain to services rendered. Current program and financial reports required of grantees/contractors are contained in the NIAAA Service Provider Manual.

Residency/Citizenship

The Grantee must develop and follow methods to assure that no requirements as to the duration of residency or citizenship will be imposed as a condition of participation in the grantee's/ contractor's program for the provision of services.

Retention of Records

All records must be retained for a minimum of three years from the termination of the grant or three years from the completion of the audit and all pending matters are closed. The Grantee agrees to cooperate fully with any audit conducted by the Illinois Department on Aging or the Auditor General.

Revisions to Applications

Documentation of the necessity for any substantial changes, additions or deletions to the grant application must be submitted for prior approval to the Area Agency.

Self Directed Care

To the extent feasible, the Grantee will provide services consistent with self-directed care.

Subcontracts

Grantee must submit proposed subcontracts with public, nonprofit or for-profit agencies or organizations to provide services under a subcontract. The Grantee agrees that where subcontracts are proposed and are approved as part of any award of Title III funds, the Grantee retains full and complete responsibility for the operation of the project in keeping with policies and procedures established by the Illinois Department on Aging and NIAAA.

Targeting Requirements

All Grantee must specify how the provider intends to satisfy the needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in area served by the provider. Grantee must attempt

to provide services to low income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in at least three times the proportion as the population of low-income minority older individuals, older individuals with limited English proficiency and older individuals residing in rural areas bears to the population of older individuals of the area served by such provider. Grantee must meet specific objectives established by NIAAA for providing services to low-income minority individuals, older individuals with limited English proficiency and older individuals residing in rural areas.

Grantee must give priority to those in:

GEN - Greatest Economic Need - Need resulting from an income level at or below the poverty line as defined by the Office of Management and Budget and adjusted by the Secretary of the Department of Health and Human Services.

GSN – Greatest Social Need - The need caused by non-economic factors which include physical and mental disabilities, language barriers and cultural, social or geographic isolation that is caused by racial or ethnic status (for example- Black, Hispanic, Asian) that restricts the ability of an individual to perform normal daily tasks or threatens the capacity of the individual to live independently. Greatest social need groups are minority, 75+, living alone and non-English speaking.

Title III-E funded agencies shall give priority for service to older individuals with greatest social need and greatest economic need (with particular attention to low-income older individuals) and older individuals providing care and support to persons with mental retardation and related developmental disabilities (as defined in 102 of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S. C. 6001).

www.nau.edu/~ihd/aztap/ddabra

Termination

The Grantee understands that any falsification or concealment of a material fact with regard to services provided or charges submitted may lead to appropriate legal action and immediate termination. Payments made for unauthorized services must be repaid and amounts due for repayment for unauthorized services may be deducted from amounts due. The grant may be terminated by either party without cause upon thirty days advance written notice. The Grantee agrees to abide by all program transfer requirements necessary to ensure an orderly service transition.

Training of Staff

The Grantee has established and is following procedures to provide a program of training for all classes of positions and volunteers.

Volunteer Opportunities

The Grantee shall develop and follow methods to assure that older persons are provided with volunteer opportunities.

DHS Compliance Regulations

ASSURANCE OF COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, SECTION 504 OF THE REHABILITATION ACT OF 1973, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, AND THE AGE DISCRIMINATION ACT OF 1975

The Grantee provides this assurance in consideration of and for the purpose of obtaining Federal grants, loans, contracts, property, discounts or other Federal financial assistance from the U.S. Department of Health and Human Services.

THE GRANTEE HEREBY AGREES THAT IT WILL COMPLY WITH:

1. Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
2. Section 504 of the Rehabilitation Act of 1973 (Pub. L. 93-112), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84), to the end that, in accordance with Section 504 of that Act and the Regulation, no otherwise qualified individual with a disability in the United States shall, solely by reason of her or his disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
3. Title IX of the Education Amendments of 1972 (Pub. L. 92-318), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the Applicant receives Federal financial assistance from the Department.
4. The Age Discrimination Act of 1975 (Pub. L. 94-135), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91), to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.

The Grantee agrees that compliance with this assurance constitutes a condition of continued receipt of Federal financial assistance, and that it is binding upon the Applicant, its successors, transferees and assignees for the period during which such assistance is provided. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. The Applicant further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance.

Title III-E Caregiver Assurances (applicable only to Title III-E Grantees)

Title III-E services will be coordinated with activities of other community agencies and voluntary organizations providing supportive services to family caregivers and grandparents or older individuals who are relative caregivers of children under the age of 18. Title III-E funded service providers shall develop a mechanism to receive ongoing input and discussion about service and training needs from family caregivers who provide informal in-home and community care to older individuals and from grandparents raising grandchildren.

Illinois Drug Free Workplace Certification

This certification is required by the Illinois Drug Free Workplace Act which requires that no Grantee shall receive a grant or be considered for the purpose of being awarded a contract for the procurement of any property or services from the State unless that grantee or contractor has certified to the State that the grantee or contractor will provide a drug free workplace. False certification or violation of the certification may result in sanctions including, but not limited to, suspension of contract or grant payments, termination of the contract or grant and debarment of contracting or grant opportunities with the State for at least one (1) year but not more than five (5) years.

For the purpose of this certification, "grantee" or "contractor" means a corporation, partnership, or other entity with twenty-five (25) or more employees at the time of issuing the grant, or a department, division, or other unit thereof; directly responsible for the specific performance under a contract or grant of \$5,000 or more from the State.

The contractor/grantee certifies and agrees that it will provide a drug free workplace by:

(A) Publishing a statement:

(1) Notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance, including cannabis, is prohibited in the grantee's or contractor's workplace.

(2) Specifying the actions that will be taken against employees for violations of such prohibition.

(3) Notifying the employee that, as a condition of employment on such contract or grant, the employee will:

(a) abide by the terms of the statement; and

(b) notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five (5) days after such conviction.

(B) Establish a drug free awareness program to inform employees about:

(1) the dangers of drug abuse in the workplace;

(2) the grantee's or contractor's policy of maintaining a drug free workplace;

(3) any available drug counseling, rehabilitation, and employee assistance programs; and

(4) the penalties that may be imposed upon an employee for drug violations.

(C) Providing a copy of the statement required by subparagraph (A) to each employee engaged in the performance of the contract or grant and to post the statement in a prominent place in the workplace.

(D) Notifying the contracting or granting agency within ten (10) days after receiving notice under part (b) of Paragraph (3) of subsection (A) above from an employee or otherwise receiving actual notice of such conviction.

(E) Imposing a sanction on, or requiring the satisfactory participation in a drug abuse assistance or rehabilitation program by any employee who is so convicted, as required by section 5 of the Drug Free Workplace Act.

(F) Assisting employees in selecting a course of action in the event drug counseling, treatment and rehabilitation is required and indicating that a trained referral team is in place.

(G) Making a good faith effort to continue to maintain a drug free workplace through implementation of the Drug Free Workplace Act.

The applicant agrees to comply with all assurances/certifications should they awarded a grant from NIAAA:

Signature

Title of Authorized Representative

Date _____

Section 5

Program/Physical Accessibility Self-Evaluation

To be eligible for federal funding, agencies/services must be in compliance with Section 504 of the Rehabilitation Act of 1973 and be accessible to the handicapped. This regulation applies to both service and employment opportunities. Negative responses to questions on this survey indicate non-compliance with the American National Standards Institutes (ANSI) standards. Complete this form for **each** location where services are provided. Complete Section A for each service location. Complete Section B and C if a negative response is checked in Section A.

Facility

Address

City

Zip

Authorized Signature

Date

A. I. OFF STREET PARKING

1. Can parking spaces be reserved for the handicapped?
 Yes No

2. If yes, are the spaces at least 12' wide by 19' long?
 Yes No Dimensions: _____

3. Is the distance from the parking area smooth and hard (no sand, gravel, etc.)? Yes No

4. Is the distance from the parking area to the building free of curbs that are not ramped? Yes No

II. STAIRS AND RAMPS

1. If there are stairs to entrance and there is not a ramp, can one with non-skid material be installed?
 Yes No

2. Is the ramp at least 48" wide?
 Yes No

3. Is there a level surface at the top of the ramp at least 5' by 5'?
 Yes No

5. Is the ramp made of non-skid materials?
 Yes No
6. Does the ramp have a grade of 1' in 12"?
 Yes No
7. Is there a sturdy railing alongside the ramp at least 32" high?
 Yes No Height? _____ (In areas of heavy traffic,
two (2) railings should be provided.)
CLARIFICATION: RAILINGS ALONG RAMPS SHOULD BE AT LEAST 30" TO 34"
HIGH.

III. DOORS

All doors should be at least 32" wide. Please state the dimensions of the entrance door and any other doors that a person who is handicapped will have to move through. Measure the doorway with the door open. State also whether the door you are measuring is manual, automatic, or revolving.

Entrance Door Measurement: _____
Circle one: Manual Automatic Revolving

Any Other Door(s) – Specify: Measurement: _____
Circle one: Manual Automatic Revolving

IV. ELEVATORS

Only complete the following if there:

1. Is there an elevator in the building? Yes No
2. Is the elevator near the accessible entrance? Yes No
3. Does the elevator stop on all floors? Yes No
4. Is the elevator automatic? Yes No
5. If (answer to #4 is) no, is an elevator operator present?
 Yes No
6. At what height from the floor of the elevator is the uppermost button
that must be used? _____
7. Is the doorway to the elevator at least 32" wide? Yes No

8. Is the depth of the elevator at least 36" x 60"? Yes No

V. RESTROOMS

1. Is the approach to the restrooms free of stairs?
Men's Yes No Women's YES No
2. If no, can a ramp be installed at the entrance of each restroom?
 Yes No
3. Is there enough space for a wheelchair to turn around inside each restroom? Yes No
4. Does one of the stalls in each restroom measure at least 36" x 60"?
Men's Yes No Measurements _____
Women's Yes No Measurements _____
5. Does the stall door swing outward?
Men's Yes No
Women's Yes No
6. If yes, does the stall door have a clearance of at least 32"?
Men's Yes No Clearance _____
Women's Yes No Clearance _____
7. Does the same stall have grab bars on each side? Yes No
8. If yes, do the grab bars meet the following dimensions?
a. An outside diameter of 1-1/2"? Yes No
b. At least 33" and parallel to the floor? Yes No
Clarification: Grab bars should be at least 33" to 36" above and parallel to the floor.
9. Is the water closet (toilet) in each restroom 17" to 20" above the ground/floor? Yes No
10. Are the sinks 29" from the ground? Yes No
Clarification: Sinks should be measured from the bottom of the apron to the ground/floor. The apron is that portion of the sink that stops the wheelchair-bound at a level which will protect such individuals from being burned on the hot-water pipe(s) and/or drain pipe(s).

- B. Describe your plans to either eliminate existing barriers and/or to relocate services to make them accessible to handicapped persons, including expected dates of completion and source of funding to accomplish your plan.

Note: A work plan must be described here for every out of compliance “NO” reported. Each standard reported as NO must also include expected date of completion and source of funding.

C. SERVICE REFERENCES

+List at least five (5) agencies/organizations for whom the organization has provided services and/or coordinated with the provision of services. Include the name and address of the organization, along with the name and phone number of a contact person who will provide a reference for the organization.

NOTE: A list of five (5) references is required for Providers in urban areas. A list of three (3) references is required for providers in rural areas. A provider must document on the Form, under this section, whether they are located in either an urban or rural area. An IDoA recognized Standard Metropolitan Service Area or urban area will be used to define urban vs. rural.

Check one of the following: URBAN RURAL

Urban Counties: Winnebago, Boone and DeKalb

Rural Counties: Carroll, Jo Daviess, Lee, Ogle Stephenson and Whiteside.

Section 6 – Application Checklist

Section 1 – Cover

Page 1-1

- All information is complete.
- Lines 2 through 7 = line 1 for each title.
- Total column lines 1 through 7 = all other columns for each line.
- III-C only – Line 2 (NSIP) = RFP amount

Page 1-2

- Signature lines completed.

Section 2 - Budget

Page 2-1

PERSONNEL:

- Positions listed and identified as administrative or direct service. Direct service staff allocated to titles.
- Total Hrs/Wk and Hrs/Wk Title III filled in for all staff.
- Cash, In-kind columns = Total column by line item.
- Cash, In-kind and total columns = sub-totals.

FRINGE:

- Percent's filled in for each fringe item.
- Cash, In-kind columns = Total column by line item.
- The sums of the Cash, In-kind and Total columns are correct.
- Personnel total = the sum of the sub-totals, each column.
- Total personnel costs = total personnel costs on all pages 2-8 to 2-12 submitted.

Page 2-2

General:

- Category cost = total of all pages 2-8 to 2-12 for each category.
- Cash, In-kind columns = Total column by line item.
- The sums of the Cash, In-kind and Total columns are correct.
- FOOD category is utilized for IIIC programs only.

Page 2-3

- Contracts listed separately.
- Cash, In-kind columns = Total column by line item.
- The sums of the Cash, In-kind and Total columns are correct.
- Other Total line = sum of each column.
- Total cost = the sum of the category totals (pages 2-1 to 2-3) for each column and the total cost on page 1-1, Total column.

Pages 2-4 to 2-7

- General: Source of funds identified, listed separately. Totals for each resource tie out.
- Total of each Resource = resources on page 2-1 and corresponding pages 2-8 to 2-12, Total column.

Page 2-5

- [] General: Congregate (IIIC-1) and Home-delivered (IIIC-2) Meals columns = total column for all resources.
- [] Project Income = the number of meals multiplied by average contribution for each program.
- [] NSIP - Agrees with FY2011 Planning Allocations, RFP.

Pages 2-8 to 2-12

BUDGET

- [] General: Resources listed = resources on pages 2-4 to 2-7.
Total NIAAA share = Amount requested on page 1-1 by Title.

BUDGET

- [] Columns: Lines 2 through 6 equal line 1. Total column lines 1 through 6 = sum of all other columns, lines 1 through 6. If only one column is needed (one service), do not fill in the total column.
- [] Local cash percentage = local cash divided by the sum of local cash and NIAAA share. Always round to a tenth of a percent (i.e. 15.6%)
- [] Units of service = units of service on page 2-13 for each Title.
- [] Cost per unit = Total cost divided by units of service.
- [] NIAAA cost per unit = NIAAA Share divided by units of service.
- [] Persons to be served by Service = persons on page 2-13 for each Title.

COSTS BY CATEGORY

- [] The sum of all categories = Total. Total all pages 2-8 to 2-12 = total by category pages 2-1 through 2-3

NIAAA FUNDS BY COUNTY

- [] If applicant serves more than one county, NIAAA share is allocated to counties to be served with a separate column for each service. Total entries equal line 4, NIAAA Share.

Pages 2-9

- [] General: Resources listed = resources on page 2-4 to 2-7. Total NIAAA share = Amount requested on page 1-1 by Title.
- [] Total Cost = the sum of In-kind, Local Cash, NIAAA Share, NSIP, Project Income and Other Resources, if applicable.
- [] Local cash percent = local cash divided by the sum of local cash and NIAAA share. Always round to a tenth of a percent (i.e. 15.6%).
- [] Units of service = units of service on page 2-13.
- [] Cost per unit = Total cost divided by units of service.
- [] NIAAA cost per unit = NIAAA Share divided by units of service.
- [] Persons to be served = persons on page 2-13.

COSTS BY CATEGORY

- [] The sum of all categories = Total. Total all pages 2-8 to 2-12 = total by category, pages 2-1 to 2-3.

Page 2-10

Lines 1 through 6 = line 7, Total Cost.

Line 8 Local Match – Local Cash and/or In-Kind must equal 25% of Total Cost (line 7)

NIAAA FUNDS BY COUNTY

If applicant serves more than one county, NIAAA share is allocated to counties to be served with a separate column for each service. Total entries equal NIAAA Share, Line 4 for Title III-B, III-D and III-E. Entries equal Amount Requested, Line 7 for III-E Education/Training/Support.

Section 4- Assurances

Page 4-14

Authorized Signature

Section 5 – Access Evaluation

Page 5-1

Evaluation Completed

Section 7- Attachments

Page 7-1

All required attachments are included

MATCH EXPLANATION AND EXAMPLE

“Match” includes In-Kind and Local Cash. The Local Cash percent must be figured and written on the Pages 2-8 to 2-12 of the application. In-Kind needs no percent.

III-B, III-C, III-D applications:

Net Cash is the sum of Local Cash and NIAAA Share. Local Cash percent is figured by dividing Local Cash into net cash, i.e., the sum of Local Cash and NIAAA Share. See example below:

| | | |
|-------------|--------------|---|
| Local Cash | 950 | Local Cash 950 / 9,150 = 10.4% Local Cash |
| NIAAA Share | <u>8,200</u> | |
| Net Cash | 9,150 | |

If the Local Cash % is 15% or higher match has been made. If In-Kind is needed to make match, see the example below:

| | | |
|-------------|--------------|--|
| In-Kind | 900 | In-Kind 900 divided by 9,700 = 9.28% In-Kind |
| Local Cash | 600 | |
| NIAAA Share | <u>8,200</u> | Local Cash 600 + NIAAA Share 8,200 = 8,800 |
| | 9,700 | Local cash 600 divided by 8,800 = 6.9% |

Match has been made. 9.28 + 6.9 = 16.2%

III-E applications:

Match = 25% of **Total Cost**. One way of figuring % against Total Cost, is to divide 75% into the NIAAA Share. That will give a Total Cost amount and a 25% match amount.

| | | |
|----------------------------|------------|------------|
| Match 1,307 less 980 | 327 | 25% match |
| NIAAA Share | <u>980</u> | |
| NIAAA Share divided by 75% | 1,307 | Total Cost |

Section 7- Required Attachments

(Required for all applicants)

| | |
|----|--|
| 1. | List of Board of Directors/Officers, positions and minority status (if minority applicant) |
| 2. | List of Organization Holidays |
| 3. | Financial Statements (new applicants only) – most recent annual audited statements if within past three years otherwise most recent annual statements |
| 4. | IRS nonprofit determination letter (new nonprofits applicants only) |
| 5. | <p>Health Promotion applicants only</p> <p>a. Letter of Cooperation with Hospital, Home Health, Health Department, Health Promotion described in Question 3.a</p> <p>b. Letter of Support from Local Health Department, described Question 3.b</p> <p>c. Letter of Cooperation with Hospital, Home Health, Health Department, Medication Management, described in Question 2</p> |
| 6. | <p>Medication Management applicants only</p> <p>– Medication Management Handouts/screening tools, described in Question 6</p> |
| 7. | <p>Transportation only</p> <p>Description of sub-contracts described in Question 7(b)</p> |