

Northwestern Illinois Area Agency on Aging



Instructions to Application

for funding 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 FY12

Deadline for Application Submission:
August 19, 2011 at 4:00 p.m.

Address for Application Submission:
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This Application packet is published by NIAAA, which operates with funds made available through the Older Americans Act and State of Illinois General Revenue Funds through the Illinois Department on Aging.

Instructions Index

	<u>Application Page Number</u>	<u>These Instructions Page Number</u>
General Instructions	N/A	3
Informational meeting	N/A	4
General Information about the application	N/A	4
Application Due date	N/A	4
Application for Funds Cover Page	1-1	6
Budget Pages	2-1	6
Title B, D and E Service Locations	2-14	9
Demographic Data by Service	2-13	13
Dining Site Profile, Title III-C	2-15	14
Applicant Information Section	3-1	16
Service Specific Sections		16
Congregate Meals	3-5	
Health Promotion	3-7	
Home Delivered Meals	3-9	
Information and Assistance	3-11	
Information and Assistance Caregiver	3-13	
Information and Assistance Grandparent	3-15	
Legal Assistance	3-17	
Medication Management	3-18	
Training/Education/Support	3-20	
Transportation	3-22	
Assurances and Certifications (1-56)	4-1 to 4-14	17
Physical Accessibility Self-Evaluation	5-1	17
Application Checklist	6-1	17
Required Attachments	7-1	17
NIAAA Funding Review Process	N/A	18

Documents included in the application packet (all available at www.nwilaaa.org):

1. Request for Proposal FY12
(contains Title III services open for bid and client targeting objectives)
2. NIAAA Service Provider Manual
(it is being updated and will be available before July 18, 2011)

Instructions for Completing Application

A. General Instructions

NIAAA's application package for Titles III-B, III-C, III-D and III-E of the Older Americans Act and Illinois General Revenue funds includes the following documents:

- NIAAA Request for Proposals for FY12-14;
- NIAAA Application for Funding;
- Instructions for Completing the Application; and
- NIAAA Service Provider Manual (Manual).

All are available at the NIAAA website (www.nwilaaa.org) and will be sent upon request. The Manual contains information and requirements that will be incorporated into the Notice of Grant Award (i.e. become part of the grant contract). Each applicant should read the relevant portion of the Manual before applying for funding.

Funding requests must be for services specified as open for bid in NIAAA's FY12-14 Request for Proposal. Before completing the application, please review all of the above documents. The application must be submitted according to instructions contained in these documents.

There are seven sections of the application:

1. **Section 1** is the two page application "Cover" which needs to be signed;
2. **Section 2** is the "Budget";
3. **Section 3** is the "Applicant Information" portion and the individual services for which an applicant can apply. All applicants must complete the applicant organization section but should complete an individual service (i.e. Transportation, Legal, etc.) portion only if interested in providing the service;
4. **Section 4** is the "Applicant Assurances" and which also must be signed;
5. **Section 5** is the "Program/Physical Accessibility Self-Evaluation";
6. **Section 6** is the "Application Checklist" to help ensure the application is complete; and
7. **Section 7** is the "Required Attachments".

General instructions for application completion:

- ✓ All pages requiring signatures must have an original signature of the authorized representative.
- ✓ All information must be submitted on forms contained in the proposal package. Budgets or other parts of the application must replicate application forms exactly (i.e., exact order of information, wording, and page numbers). Applications with any changes in the forms may not be accepted.

- ✓ Responses must be on single-sided pages and the application must be bound to ensure the entire content remains intact (ex. three ring binder, bound folders, ring or brad). Do not use rubber bands, paper clips or staples.
- ✓ The application must be complete. If relevant pages or sections are not completed, the section will be scored accordingly.
- ✓ Application instructions must be followed for each question (ex. check marks, entering data requested, narrative responses, attachments, etc.)
- ✓ Check all budget pages using the Application Checklist (Section 6).
- ✓ Make sure all required attachments included with the application.

All applications shall be considered as submitted and may not be amended or revised except as determined by NIAAA. No corrections shall be permitted to make unresponsive applications responsive to the criteria for funding. An incomplete or incorrectly completed application may not be processed.

Prior to submitting the application:

- ✓ Retain one copy of the completed application for your records.
- ✓ Retain an original blank application form for submission of future revisions or corrections.

B. Questions / Informational Meeting

NIAAA will be conducting on July 19, 2011 at 1:00 p.m. at NIAAA an informational meeting. Attendance is encouraged but not required. The meeting will include a review of the FY12-14 Request for Proposals (RFP), Application, and the Manual. NIAAA will make available the services of a sign language interpreter and/or other accommodation services to persons with disabilities upon request which must be made by July 17, 2011.

In addition, questions on the application packet will be answered by mail, phone or email through July 29, 2011. Applicants are asked to read the proposal package thoroughly before calling the NIAAA office for technical assistance. Applications will not be reviewed in their entirety prior to submission, but reasonable questions related to the application packet will be addressed. After July 29, 2011, NIAAA will not respond to questions regarding completion of the application and will refer applicants to these instructions and/or clarifications in NIAAA's "commonly asked questions" section of NIAAA's website (www.nwilaaa.org) if it is necessary.

C. General Information about Applications

These instructions are for informational purposes and should not be returned with the applications. All applications must be submitted in the proper format. Any proposal that does not comply with the instructions may be disqualified. All applications shall be considered as submitted and may not be corrected, amended or revised prior to funding decisions except as determined by NIAAA. Applicants will not be permitted to correct deficient applications.

In order to obtain a higher score, applicants should not commit themselves to specific activities outlined in the application which they are not capable of providing. If the applicant is awarded a grant to provide services, the commitments made in the application become part of that grant and the applicant will be held responsible accordingly. NIAAA reserves the right to issue clarifications and/or revisions to any part of this Request for Proposals (RFP). All requirements of the RFP including any clarifications and revisions are binding with successful applicants. The competitive application process is governed by laws and regulations enforced by Federal, State and local law enforcement agencies. If there is an indication of any formal or informal efforts by competing applicants to influence proposed costs and/or service areas, NIAAA will ask appropriate agencies to investigate. Applications may be withdrawn following written notice to NIAAA. NIAAA is not responsible for costs of preparing the application by an applicant.

NIAAA reserves the right to negotiate applications with all applicants for any part of the services described in an application prior to execution of the grant or contract. NIAAA may negotiate with an applicant to increase or narrow the scope, geographic area or proposed program as needed. For purposes of documenting the RFP process, NIAAA will maintain copies of all applications submitted by the deadline. All applications and supporting documents received will become the property of NIAAA and will be governed by NIAAA's policy for disclosure of information. Funded proposals are available for inspection by the general public after completion of the award process. If the proposal is accepted, the applicant will be responsible for all errors and costs associated with the proposal resulting from failure or neglect to comply with instructions and specifications. NIAAA will in no case be responsible for any errors resulting from such failure or neglect.

The RFP does not commit NIAAA to award a grant, to pay any costs incurred in the preparation of an application, nor to procure or contract for services. NIAAA reserves the right to reject any or all proposals prepared in response to this request. If no applicant is identified for service in a specified area, NIAAA reserves the right to solicit for a sole source provider of service.

D. Application Due Date

The applicant is responsible for ensuring the application is received by postal mail or hand delivered by 4:00 p.m. on August 19, 2011.

Northwestern Illinois Area Agency on Aging
1111 S. Alpine Road, Suite 600
Rockford, IL 61108

Hand-delivered applications will be accepted during NIAAA's office hours of 8:00 a.m. to 4:00 p.m., Monday through Friday. Facsimile (FAX) transmissions or email applications will not be accepted.

- Applications received after the established deadline will be returned to the applicant and will not be reviewed, evaluated or scored.
- It is the applicant's responsibility to ensure the application is received by NIAAA by the deadline. NIAAA is not responsible, and will make no exceptions, for the failure of delivery, the influence of weather, or any other unforeseen circumstance which causes an application to be submitted after the deadline.
- NIAAA is not responsible for applications that are lost, misdirected or late due to the U.S. Postal service or any other delivery company. Dates or times applied by the Postal Service or other delivery company will not be considered as proof of receipt.
- NIAAA reserves the right to extend the deadline for submission for all applicants if it is in the best interests of NIAAA and its beneficiaries.

Section Instructions

Section 1 – Application Cover Page

Page 1-1 (must be submitted by all applicants)

Applicant Organization

Enter the legal name of the organization (name under which it is registered with Secretary of State, Attorney General, etc.). Do not use a nickname or acronym. Also enter the complete address, phone, FAX, TTY, toll free number, website, and e-mail address. The legal entity may be different from the organization's aging program.

If awarded a grant, the applicant must notify NIAAA immediately of any change in legal name and/or address.

Aging Program Name and Address

Enter the name of the aging program (if different from applicant), address, phone, FAX, TTY, toll free number, website (if different from applicant), and e-mail address. Also enter hours of business for the aging program. If you are awarded a grant/contract, you must notify NIAAA immediately of any change in aging program name and/or address.

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

Insert the Applicant's Federal Employer Identification Number, a nine digit Taxpayer Identification Number. If your applicant does not have a F.E.I.N., contact the U.S. Internal Revenue Service at 1-800-829-3676 or go to www.irs.gov to complete an online application form.

Legal Structure

Check the legal structure under which the applicant is organized to do business (how tax returns are filed). Check only one box. Documentation of legal structure must be attached. (Refer to the List of Required Attachments, Section III).

Minority Operated

Check "yes" if the applicant is minority operated; check "no" if not minority operated. A minority provider is a business concern that: (a) is at least 51 percent owned by one or more individuals who are either African American, Hispanic origin, American Indian/Native Alaskan/Native Hawaiian, Asian American/Pacific Islander minority or a publicly owned business having at least 51 percent of its stock owned by one or more minority individuals and (b) has its management and daily business controlled by one or

more minority individuals. Documentation of minority operation is needed. Specify minority status on board member listing and attach to application.

Section 2 – Budget

Budget Totals: Pages 2-1 to 2-3 are budget total pages for all services. Fill out pages 2-1 to 2-3 after the individual service budget (pages 2-4 to 2-12) are completed.

1. Total Cost

Enter the total cost for each funding source as shown in the budget, pages 2-8 to 2-12 for each funding source.

2. NSIP (III-C ONLY)

Enter NSIP funding available. Refer to NIAAA's Request for Proposal for the amount available.

2. In-Kind

Enter In-Kind Total from applicable pages 2-4 to 2-7 for each funding source.

4. Local Cash

Enter Local Cash Resources total from applicable pages 2-4 to 2-7 for each funding source.

5. Amount Requested

Enter the amount of NIAAA funds requested. Refer to NIAAA's Request for Proposal for funds available.

3. Project Income

Place the total shown on applicable pages 2-4 to 2-7 labeled "Estimated Project Income" for each funding source.

7. Other Resources

Enter Other Resources Total from applicable pages 2-4 to 2-7 for each funding source. Local cash that is eligible to match the federal funds should be listed under 4, local cash, not under Other Resources.

Page 1-2 (must be submitted by all applicants)

Signature and Date

Type the name and title of the applicant's authorized representative. This page must include an original dated signature of the applicant's authorized representative: an owner, officer or employee of the applicant who has the authority to commit the applicant to a financial and/or contractual responsibility.

Contact Person

Enter the name and title of the contact person. The contact person is the person familiar with any aspect of the proposal.

Budget Pages Reminder

NIAAA's application for funds is a combined Title III-B, III-C, III-D and Title III-E application. Submit all appropriate budget pages for the Title applied for (B, C, D, E). Put a 0 on the page if no funds are requested in a particular category. Several categories or line items listed apply only to the Title III-C nutrition programs.

General Instruction Budget Pages

Cash Column

Show that portion of the cost representing cash. Available cash sources are NIAAA funding, project income, local cash and other resources, if applicable. The combination of these sources must equal total cash column on the bottom of page 2-3.

In-Kind

In-Kind resources represent the value of volunteer or non-Title III/GRF staff time or other contributions to the program (equipment, rent, etc.) provided by the applicant or third party necessary to meet the objectives of the project (please refer to the Manual for more detailed information). To be claimed the value must be:

- Identified in project records
- Necessary to the achievement of project's objectives
- Fair and reasonable
- Proportionate to the time the item or service will be used
- Not included as a contribution for any other federally assisted program

Show that portion of the cost representing in-kind on the applicable budget pages.

Total Column

Enter the sum of the cash and the in-kind columns.

Page 2-1 (Appropriate page(s) must be submitted by all applicants)

Personnel

List each position(s) to be funded under the Title III grant and specify if the position is administrative or direct service. List the total hours per week of employment for each position. List the hours per week charged to the Title III grant for each position and specify the Title (B, C, D or E) under which the position is funded.

For those positions that include several employees, the position title may be listed with the number of persons in that position with the total cost for that position by title. If more than one page is necessary, additional copies of page 2-1 may be submitted.

Fringe Benefits

Show that portion of personnel costs representing fringe benefits. All fringe benefits must be identified separately. Benefits listed under "Other fringe" must be identified and listed separately to be allowable. Include the percent of wages each fringe category represents. The FICA percent of 7.65 is included.

Personnel Total Line

Enter the sum of the personnel costs and the fringe benefit costs for each column. If additional page 2-1s are used, fill in the Fringe and Personnel Total on the first page 2-1 only.

Page 2-2 (appropriate page(s) must be submitted by all applicants)

Food (III-C only)

The requested information is to be completed by III-C applicants only. Enter the number and cost of meals prepared internally on the Project Prepared Meals line.

Enter the number and cost of meals purchased from an outside source on the catered line.

Equipment

Itemize all equipment to be purchased (costing \$1,000 or more), received as a donation, or received on loan. Donated or loaned equipment can be claimed as an in-kind contribution based on fair market value.

Supplies

List the cost of supplies such as desktop, paper, etc. An unusual supply request, should be listed separately. Kitchen supplies are applicable to the III-C program. The cost of printing pamphlets, manuals, etc., is a printing cost and should be listed under Other costs, page 2-3.

Travel

List anticipated travel costs by position (not individual staff person). Travel costs include cost of transportation, lodging, and meals incurred by applicant personnel while

traveling on official business. Grant mileage reimbursement may not exceed \$0.44 per mile.

Page 2-3 (appropriate page(s) must be submitted by all applicants)

Other

List all other costs which are not included on pages 2-1 and 2-2. Sub-Contracts, if allowable, are included in this section. No program services other than transportation can be sub-contracted. Other allowable sub-contracts include payroll, accounting, personnel services, maintenance agreements, etc. A copy of sub-contracts for transportation service (if applicable) must be submitted as an attachment to this application. Audit costs are allowable if required by U.S. Office of Management and Budget Circular A-133.

Total Cost

Enter the total of all sub-totals on pages 2-1 to 2-3, cash, in-kind and total cost.

Pages 2-4 to 2-7 (appropriate page(s) must be submitted by all applicants)

General Instructions

Note: Anticipated Revenues listed on these pages must be included in the projected expenses, budget pages 2-1 to 2-3.

Estimated Project Income

Describe the project income and the source. Include the amount of project income which the project anticipates receiving during the project award period. (Please refer to the Manual for more detailed information). The line for Project Income reprogrammed from the previous year may be filled in for those applicants who expect to carry forward project income from the current year (current Title III providers only).

NSIP (III-C Only) To be completed by Title III-C applicants only.

Local Contributions (Local Match)

This is the applicant's contribution to the program costs to match the NIAAA dollars requested. All funds listed here must be contributed to earn the NIAAA award.

A. Local Cash Resources

Include a description of the local cash resources and identify the source. These must be from non-federal sources not being used to match other funds.

B. In-Kind Resources

Include a description of in-kind resources identify the source. In-kind must also be included in pages 2-1 to 2-3 under the appropriate category.

Note: Total match for Titles B, C and D must equal at least 10.00% of the net cost (net cost = NIAAA award plus local cash and/or in-kind). Title III-E match must equal at least 25.00% of total cost.

C. Other Resources

Include a description of other resources and identify the source. Other resources is cash that cannot be used as match but is necessary to the program, i.e., FEMA, etc.

Pages 2-8 to 2-12 (Appropriate service page(s) are:

2-8 (for Title III-B only)

2-9 (for Title III-C only)

2-10 (for Title III-D only)

2-11 (for Title III-E only) or 2-12 (if under \$2,000)

Note: Complete pages 2-8 to 2-12 only for services that you want to provide.

Page 2-11 is for all Title III-E caregiver education/training/support **requests of \$2,001 or more**. If the applicant is **requesting \$2,000 or less** in Title III-E education/training/support, Page 2-12 is the only budget page that needs to be submitted. If only service being applied for is Title III-E \$2,000 or less, than the **the applicant does not have to submit budget pages 2-1 to 2-7. Budget pages 1-1 and 1-2 must be submitted by all applicants.**

Budget By Individual Service(s)

List each service applied for in separate column on the applicable pages 2-8 to 2-12.

1. Total Cost

Enter total cost of each service.

Note: Total costs of all services for all grant programs applied for (all pages 2-8 to 2-12) must equal total costs, page 2-3.

2. In-Kind

Enter in-kind to be contributed to each service. Total all services must equal the in-kind on the pages 2-4 to 2-7 pertaining to that grant program.

3. Local Cash and Percent

Enter local cash to be contributed to each service. Total of all services must equal the total local cash on the pages 2-4 to 2-7 that pertains to that grant program.

Percent is the local cash percentage. Divide local cash by net cash. Net cash equals local cash plus NIAAA award. Enter the local cash percentage of net cash for each service. Local and Federal shares on the fiscal reports will be

figured using these percents. (Always round up for local cash percent, i.e., 15.52 = 15.6%).

4. NIAAA Share

Enter NIAAA cost for each service:

For III-B, III-D and III-E NIAAA cost equals line 1 minus lines 2, 3, 5, and 6.

For III-C, NIAAA cost equals Total cost minus NSIP, In-Kind, Local Cash, Project Income and Other Resources.

5. Project Income

Enter project income projected for each service. Total all services must equal total project income on the applicable pages 2-4 to 2-7 pertaining to that grant program.

6. Other Resources

Enter other resources for each service.

7. Units of Service

Enter total units projected for each service.

8. Cost Per Unit

Enter cost per unit for each service:

III-B, III-D and III-E cost per unit equals line 1 divided by line 7.

III-C cost per unit equals total cost divided by units of service.

9. NIAAA Cost/Unit

Enter NIAAA cost per unit for each service:

For III-B, III-D, and III-E NIAAA cost per unit equals line 4 divided by line 7

For III-C, NIAAA cost per unit equals NIAAA share divided by units of service.

10. Persons to be Served

Enter persons to be served by service. Persons must agree with page 2-13.

Costs By Category

Enter category costs for the grant program. Total categories for all pages 2-8 to 2-12 submitted must equal category totals on pages 2-1 to 2-3.

NIAAA Funds by County

Complete if services are to be delivered in more than one county. This is the NIAAA award (amount requested on page 1-1). Total funds by county must equal total NIAAA share.

Page 2-13

Demographic Data by Service And Distribution of Total Persons and Units (this page must be submitted by all applicants)

Complete a separate page 2-13 for each Title III service applied for. Projections of people and units should be made on an annual basis. Enter the name of the service

applied for at the top of the page. Enter the projection of the total number of persons to be served and a demographic breakdown of persons to be served and units by each county applied for. Complete the total column if more than one county is applied for.

Note: Additional pages of this form need to be copied and submitted with the application depending on the number of Title III services applied for,

1. **Total Persons.** Enter the total number of persons projected to be served through funding in this application.
2. **Total Minority.** Enter the projected number of total minority/ethnic persons to be served. This is the sum of lines 2.a. through 2.d. Enter a breakout of minority ethnic persons on Lines 2.a, 2.b, 2.c. and 2.d. Enter the number of white, not Hispanic on Line 2.e. Note: Line 2 must equal the sum of line 2.a, 2.b, 2.c. and 2.d.
3. **Poverty** - Enter the number of projected persons to be served at or below the poverty level. The poverty level is defined each year by the Office of Management and Budget and adjusted by the Secretary of the Department of Health and Human Services in accordance with the Community Services Block Grant Act. The 2011 DHHS Poverty guideline for a family size of 1 is \$10,890 (\$907 a month) and for a family of two is \$14,710 (\$1,226 a month).
4. **Living Alone** - Enter the projected number of one person households. Living alone is defined as a householder who lives by his or herself in an owned or rented place of residence in a non-institutional setting, including board and care facilities, assisted living units and group homes.
5. **75+** - Enter the projected number of persons age 75 and over.
6. **Minority and Poverty** - Enter the projected number of persons to be served who are both minority and at or below the poverty level.
7. **Frail/Disabled** - Enter the number of projected persons to be served who are frail. **The definition for frail for Title III-B,C,D is:** - The older individual is determined to be functionally impaired because the individual is unable to perform at least two activities of daily living without substantial human assistance, including verbal reminding, physical cuing or supervision; or is unable to perform at least three such activities without such assistance; or due to a cognitive or other mental impairment, requires substantial supervision because the individual behaves in a manner that poses a serious health or safety hazard to the individual or to another individual.
The definition for frail for Title III-E is: The term frail means unable to perform at least 2 activities of daily living without substantial human assistance, including verbal reminding, physical cueing or supervision due to a cognitive or other mental impairment, requires substantial supervision because the individual behaves in a manner that poses a serious health or safety hazard.
8. **Limited English Proficiency** – Enter the projected number of Individuals who do not speak English as their primary language and who have a limited ability to read, write, speak or understand English.
9. **Units** - Enter the projected number of units to be provided.

Total Area 01

The Total Area 01 column, must be completed by applicants applying for more than one county. Add all the counties across to calculate an areawide total for lines 1. through 9.

Page 2-14 (for Title B,D and E providers only)

The Service Location form, page 2-14, must be completed for each Title III-B, D, and/or E service location receiving regularly scheduled service at least one day per month. Enter the name of the location, address, city, zip code, county and phone. Check the category of the location. Specify if the location is in a low income minority area. Indicate if a Program/Physical Accessibility Self Evaluation is on file. Enter the name(s) of the Title III service(s) to be provided at the location.

This page has room for up to three locations. Make additional copies of 2-14 and 2-15 as needed.

Page 2-15 (III-C) Dining Site Profile

Complete a Page 2-15 (for each congregate dining site).

Section 3 – Applicant Information

The Applicant Information Section must be submitted by all applicants. The maximum number of possible points for each question is included in the grey box to the left marked “NIAAA Use Only.” This section should not be scored by the applicant.

Budget Scoring is provided for informational purposes only. This section is for NIAAA Use Only. This section should not be scored by the applicant.

Service Specific Section

Submit a Service Specific Section for each service applied for (congregate meals, health promotion, home delivered meals, information and assistance, caregiver information and assistance, legal, medication management, training/education/support and transportation).

Detailed definitions of funded services, service activities and service standards are included in the NIAAA Service Provider Manual. If you are unfamiliar with a term used in the application, refer to the glossary in Chapter 1 of the Manual.

General instructions for completing the Applicant Information Section and Service Specific Section:

- Questions requesting checking a box: Each question will specify whether only one box or more than box may be checked.
- Questions requesting estimates or projections: All projections must be made on an annual basis.
- Questions requesting specific information: Several questions ask for specific information such as holidays, townships, locations etc. Since sufficient room may not be available on the application page, label each response as described in the question.
- Questions requiring a narrative attachment: Submit a brief, concise response. Responses do not have to be lengthy to obtain the maximum number of points. Responses generally should not exceed half of one page per question unless noted. When submitting an attachment, label the page as follows:
 - Repeat the question prior to providing the response.
 - Identify responses as outlined in the application packet and submit chronologically.
- No response required. No applicant response is needed. The question is included to inform the applicant that an area in the application is scored.
- Do not enter information in the boxes marked for “NIAAA Use Only”

Section 4 – Applicant Assurances

Section 4 is the applicant assurances and certifications. Please read each of the paragraphs and have an authorized signature indicating that you agree to comply with each provision. These assurances are required by law.

Section 5 Program/Physical Accessibility Self-Evaluation

Section 5 is a form for conducting a self assessment in determining the accessibility of your facilities. 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.

Section 6 – Application Checklist

Section 6 is checklist to assist in making sure you have completed the budget pages correctly. It also provides an explanation of the match required for the various grant titles. It is not required but strongly advised to correct errors.

Section 7- Required Attachments

Section 7 is a list of the required attachments to the application. The attachments are:

1. List of Board of Directors/Officers, positions and minority status

Attach a list of the applicant's current board of directors or officers and indicate the positions of the board/officers and minority status (if minority applicant is checked on page 1-1 of the application).

2. List of Applicant Holidays

Attach a list of the holidays observed by the applicant.

3. Financial Statements (for new applicants only)

The most recent audited annual financial statements. If no audited financial statements are available within the past three years, then the most recent unaudited annual financial statements.

4. IRS Nonprofit determination letter (for new nonprofit applicants only)

This is letter sent by the IRS to all nonprofits regarding their tax status. If have not sought a determination from the IRS, send proof of your State of Illinois nonprofit registration.

5. Specific Service Required Attachments

Additional required attachments are required for Health Promotion, Medication Management and Transportation Service. For example, transportation applicants subcontracting all or a portion of transportation service must submit the copy of the subcontract.

NIAAA Funding Review Process

Grants will be awarded to successful applicants based primarily upon review and evaluation of applications submitted to NIAAA during the competitive procurement process. Selection of applicants is based upon the following multi-stage process:

1. Applications will be reviewed for completeness and compliance with application requirements. Any application that does not comply with the requirements of the Request for Proposals (RFP) may be disqualified. Applicants will not be permitted to correct deficient applications. Applications received after the established deadline will not be reviewed.
2. NIAAA staff will score applications. Only applications receiving a minimum of 50 points will be considered for funding to the NIAAA Board of Directors (Board). There are two parts in Section 3 of the application that are each worth 50 points apiece. The scoring is as follows:

Applicant Information	50 points
Service Specific part	50 points
Bonus points for Minority Applicant	<u>5 points</u>
Maximum potential score	105 points

Points may be deducted if required attachments are not included. For currently funded grantees, points may be deducted from the earned score if there are serious ongoing programmatic problems or reporting issues.

The Board may set aside funds until an acceptable application is received. If the same score is achieved by two (2) or more applicants, the current organization in good standing will be selected.

3. NIAAA Staff will evaluate applications and make recommendations for awarding grants to the Board.
4. The Board will consider all relevant information for making funding decisions which will include the:
 - Grant application and staff recommendations;
 - Results and past performance of current and past NIAAA funded providers;
 - Federal and state goals, mandates, issues and priorities;
 - Priorities and formula of funds by service as outlined in the Request for Proposals (RFP);
 - Distribution of funds by county as outlined in the RFP;
 - Impact on the target population;
 - Impact on the existing service system;
 - Maximum possible geographic coverage within Area 01; and

- Any other information the Board deems appropriate.
5. The Board will make decisions on the awarding of grants and has the final authority in the selection of grantees.
 6. A Notification of Grant Awarded is expected to be issued by the end of September 2011 subject to NIAAA's receipt of an award from the Illinois Department on Aging.