

**Western Connecticut Area Agency on Aging, Inc.**  
84 Progress Lane, Waterbury, CT 06705  
203/757-5449

**FEDERAL FISCAL YEAR 2019 FUNDING FOR GRANTS AND/OR  
NEW UNITS OF SERVICE (UOS) CONTRACTS THROUGH  
OLDER AMERICANS ACT & STATE FUNDING**

**APPLICATIONS DUE FRIDAY, MARCH 8, 2019**

**PLEASE SUBMIT SEVEN (7) APPLICATIONS; ONE COPY MUST  
HAVE AN ORIGINAL SIGNATURE**

**PLEASE DO NOT RENUMBER THE PAGES  
YOU MAY ADD PAGES (EX. 5a, 5b etc.)**

**APPLICATION PACKET, BACKGROUND ISSUES,  
INSTRUCTIONS, AND DETAILED FORMS**

**PLEASE READ THE ENCLOSED MATERIALS CAREFULLY AND  
FOLLOW ALL INSTRUCTIONS. NOTE CHANGES IN FORMS**

### **Mission Statement:**

*The Western Connecticut Area Agency on Aging, Inc. develops, manages and provides comprehensive services for seniors, caregivers and individuals with disabilities in order to maintain their independence and quality of life.*

### **BACKGROUND - PHILOSOPHY**

#### **I. STATEMENT OF PURPOSE**

The purpose of Title III as specified in the Older Americans Act is to promote the development of a comprehensive and coordinated service system for older persons. The primary goals of this system are:

- A. To secure and maintain independence and dignity in a home environment for persons capable of self care with appropriate supportive services; and,
- B. To remove individual and social barriers to economic and personal independence for older persons.

#### **2. ROLE OF THE AREA AGENCY**

The Western Connecticut Area Agency on Aging (WCAAA) is one of the five Area Agencies on Aging in this state established under Title III. The Agency was established in October 1986 with responsibility for fostering the development of comprehensive and coordinated service systems for older persons. As such, the major functions of the Area Agency are:

- Needs Assessment
- Establishment of priorities
- Bilateral planning and Plan implementation
- Service Coordination/Provision through contracting
- Resource development
- Evaluation
- Collection and dissemination of information
- Leadership and advocacy

#### **3. GENERAL CONDITIONS OF APPLICATION (APPLIES TO TITLE III APPLICANTS UNLESS OTHERWISE NOTED)**

##### **A. Eligibility Factors**

In order to be considered for Title III-B, D and/or E funding, the applicant and application must meet three basic eligibility factors. These are:

1. The prospective grantee must be an incorporated, not-for profit, private or public entity, agency or organization,\*
2. The proposed program must be designed for the elderly (age 60+ for Title III) and age 55 years or older for grandparents raising grandchildren.
3. The prospective grantee must serve residents of one or more of the 41 towns in the Western Connecticut Region.

**NOTE:\*** Contracts can be established with profit-making organizations, but they do require prior approval from the State Unit on Aging.

- B. Funding Conditions: This application includes specifications outlined in the Request for Proposals, Agency's Terms & Conditions and Policy & Procedure Manual as well as federal/state regulations which have been or might be promulgated up to the date of this RFP. All funds, regardless of source, are considered part of this proposed application if shown on the forms as submitted. All funds must be used to expand services proposed in the application for seniors' age 60+ (55 years or older for Grandparents raising grandchildren).

**GRANT FUNDING AND/OR CONTRACTS ARE NOT AVAILABLE FOR SERVICES FOR WHICH PAYMENT CAN BE MADE UNDER TITLE XVIII OF THE SOCIAL SECURITY ACT (42 USC 1395 ET SEQ.), MEDICAL OR OTHER 3RD PARTY PAYORS.**

#### **4. APPLICATION REVIEW**

The WCAAA Board of Directors makes final funding decisions after receiving recommendations from the Advisory Council. All grant applications will be reviewed in relation to the WCAAA's policy documents, other proposals which fall within the same allocations category, the funding guidelines and limitations of the AAA\*\*. Funding decisions will be announced prior to October 1, 2019.

**\*\* THE AREA PLAN IS AVAILABLE FOR REVIEW AT THE WCAAA OFFICE.**

## Instructions for Application Packet Title III Funds

SPECIAL NOTE: ONLY UOS APPLICANTS CAN APPLY FOR MULTIPLE YEARS FUNDING.

### **DO NOT RENUMBER THE PAGES**

#### **TITLE III GRANT REQUEST FACE SHEET (FORM 2020-1)**

1. **TITLE OF PROJECT** - Enter the title of the proposed program.
2. **APPLICANT AGENCY CONTACT INFORMATION:** Name, Address, Phone, Fax, email
3. **PROJECT CONTACT INFORMATION:** Name, Address, Phone, Fax, email
4. **TYPE OF APPLICATION** - Indicate the type of application being submitted; New/Continuation, Two years, Grant/Unit Of Service (UOS). **TYPE OF FUNDING** – Indicate the type of funding you are requesting: Title III B, D or E.
5. **PROJECT DIRECTOR** - Enter the name and contact information of the person responsible for this project.
6. **TYPE OF AGENCY** - Indicate the type of agency applying for funds.
7. **PROPOSED BUDGET PERIOD** - Circle the year or years of the proposed program.
8. **PROPOSED OPERATING PROJECT BUDGET** - Enter the following information for **one or two years**.
  - a) Amount of Title III Funds requested
  - b) Amount of Non-Federal Match (Cash + In-kind)  
Net Grant Budget (a + b)
  - c) Client Donations
  - d) Other Resources  
Total Project Cost (a + b + c + d)
  - e) Percentage that actual Non-Federal Match represents of the Net Grant Budget (Non-federal match may be greater than requested amount). **REQUIRED** – Percentage of match MUST be demonstrated.
9. **TERMS AND CONDITIONS**
10. **SIGNATURES** – The individual who is authorized to apply for funds and sign contracts must sign and date the application.

#### **GRANT APPLICATION SUMMARY (FORM 2020-2)**

##### **APPLICATION AND PROJECT INFORMATION**

1. Please list the name of the organization applying for grant (legal entity).
2. List all towns to be served by project (**NOT THE SERVICE AREA**).
3. Check the type of application and funding you are applying for.
4. Briefly describe the project purpose.
5. **Budget Summary.** (See page 1 or your budget on page 12)
  - a) Insert the total Project Cost (year one and two if applicable)
  - b) Insert Other Resources (year one and two if applicable)
  - c) Insert your Client Donations (year one and two if applicable)
  - d) Insert your Net Cost
  - e) Insert the Non federal match (Cash + In-Kind) (year one and two if applicable)

**6. SUMMARY OF CLIENT SERVICE (Refer to MIS Service Information below)**

- a) Please insert number of unduplicated persons you propose to serve,
- b) Insert how many of these unduplicated clients will be low-income,
- c) Insert how many clients will be minority,
- d) Insert how many clients will be low-income minority,
- e) Insert how many clients will be below 150% of poverty.
- f) Insert how many clients will be rural.

**7. SERVICE TARGETS (Refer to specific targets below)**

- a) List Project Activity to be provided (For example: Outreach, Outreach Follow-up, Chore etc.)
- b) For each activity list the number of unduplicated persons to be served,
- c) For each activity, list the number of units of service,

**CLARIFICATION REGARDING MIS SERVICE INFORMATION**

All services provided by Title III providers are categorized in service groups and designated as specific service types. Each service group and type has a designated code and each service type has a specific code definition and unit of measurement such as trip, per hour of service, etc. **CALL THE WCAAA DIRECTLY FOR MIS Service Type Definitions, and Units of Measurement.**

Low income means below the poverty level. The 2018 poverty level is \$12,140 (single), \$16,460 (2 persons).

Near poor or up to 150% of poverty is \$18,210 (single), \$24,690 (2 persons).

Unduplicated person means an individual who participates in a Title III funded program one time and is given an identifying code.

**CLARIFICATION REGARDING SPECIFIC TARGETS FOR TITLE III APPLICANTS**

Seniors in the greatest social need group include those whose ability to perform normal daily tasks and whose ability to live independently is threatened by non-economic factors. The factors include physical and mental disorders, language barriers, cultural and social isolation including that caused by racial and ethnic status.

The target population for **Title III-D** funds is as follows:

1. **Age 75 or older,**
2. **Greatest Economic Need. (This is defined as being at or below poverty line)**
3. **Have non-economic factors contributing to their frail condition, (This is defined as having one or more functional limitations in their Activities of Daily Living, as listed on the MIS standard client intake, or being diagnosed as having an Alzheimer's related dementia),**
4. **Have non-economic and non-health factors contributing to the need for such services. (Examples of this include, but are not limited to, isolation, cultural, social or language barriers).**

**A. PROFILE OF APPLICANT AGENCY (FORM 2020-3)**

Describe the background of your agency and its experience in serving the older person. This information will be used to determine your ability to attain the proposed goals and objectives for your project.

**ALL APPLICANTS MUST INCLUDE THE FOLLOWING DOCUMENTATION WITH THEIR APPLICATIONS**

1. **Profile of agency** - Briefly describe the background of your agency and experience in serving the elderly. Include the date of founding, legal status of the organization, history and organizational developments. Please include:
  - a) The purpose, goals and philosophy of service delivery;
  - b) Past and current program serving the over 60 population;
  - c) The size and characteristics of the population you serve;
  - d) Annual total budget, which indicates present funding sources and amounts.
  - e) Previously funded applicants must address changes in financing staffing and program operations during the past three years.

2. **Board of Directors/Advisory Council** - If your agency has a Board of Directors and/or Advisory Council, please attach a list of the members and their affiliations (appendix).
3. **Affirmative Action Plan** - If your agency has an affirmative action plan, attach one copy to the original signed copy of the proposal only. If no affirmative action plan is available, include information as to how these policies are currently pursued by your agency and would be followed for this grant. Include in Appendix.

#### **B. STATEMENT OF NEED FOR PROPOSED PROGRAM**

Provide data which will substantiate the needs existing in the area for the proposed service that you are requesting funding.

1. **DOCUMENTATION**: Describe how the unmet need was determined and why this is a priority need in the WCAAA planning and service area. Please include the following:
  - a. Statistical data (examples include census data, data received from local service providers, number of people on waiting lists for services, surveys assessing needs of the elderly population);
  - b. Information obtained from canvassing and/or polling,
  - c. Data comparisons between communities;
  - d. Letters of support documenting the need for the service must be included in the Appendix. **No letters of support will be accepted if not included in the application.**
2. **AVAILABILITY AND USE OF PROPOSED SERVICE**: This portion is relevant to applicants who have received past Title III funding and to applicants who are proposing an expansion of service.
  - a. Include information about deficiencies or gaps in existing services with examples as appropriate.
  - b. Provide information on the extent to which the service has been used in previous years. WCAAA grantees must use MIS data in this section. If targets were not reached, please discuss reasons.
  - c. Explain and document where possible, why service is still needed or why expansion or change is necessary.
  - d. When providing MIS targets they must be realistic based on the past year's actual performance.

#### **A. DESCRIPTION OF PROPOSED PROJECT (FORM 2020-4)**

This section should include information on the complete proposed program or project (see MAC FORM 2019-17). Please include each of the following program areas:

1. **DESCRIBE THE PROPOSED PROJECT** – Please be as specific as possible. Include whether the service is new to the WCAAA area or an expansion of an existing service.
2. Days and hours of operation– Please be specific
3. Please explain why the proposed service is different from other area services
4. This section is for applicants on a unit of service reimbursement applying for multiple years only.

#### **A. STATE THE OBJECTIVES OF THE PROPOSED PROJECT (FORM 2020-5).**

1. List your project's objectives. Please include the following information:
  - a) Specific statements concerning what you want to accomplish with your program. Objectives should be measurable, i.e. they should state how many people you want to serve, how many activities you plan to provide, etc. Each objective should include:
    - What you want to accomplish.
    - When you anticipate activity completion.
    - How you will meet your goal.
    - Who you will be providing the services to and to how many people.

**B. MONITORING AND EVALUATION**

1. Please indicate the overall plan for assessing the proposed project's effectiveness in achievement of the project's objective. Describe the method to be used such as satisfaction surveys of program participants, comparison of objectives reached with the number of months passed, written testimony of the value of the service from other service providers or participants, etc. (one half page maximum),
2. Applicants for two year funding based on UOS must briefly discuss results of last year's efforts on programs/services if previously funded.
3. Attach in appendix any questionnaires or forms developed by your project staff for evaluation (not included in one half page limit).

**C. COORDINATION WITH COMMUNITY RESOURCES**

1. Describe how the proposed services will be coordinated with services currently existing in the community. Current grantees applying for continuation and/or expansion funds must detail successful coordination efforts in the past for proposed service.

Types of coordination could include:

- shared funding, office equipment, etc.
  - use of personnel from another agency including volunteers
  - multiple agencies participating in an event such as a health fair, screening clinics, etc.
  - referral of clients to or acceptance of referrals from other agencies.
2. Explain service protocols with respect to which dollars/programs are accessed for services and in what order.

**A. OUTREACH (FORM 2020-6)**

Describe any type of outreach efforts including specifics on public awareness campaigns and special efforts that are aimed at reaching frail, low-income, minority, near poor and/or minority low income elderly. Current grantees must describe past outreach efforts that were aimed at attracting the target groups. MIS data should be used to discuss problems.

**A. STAFFING OF PROPOSED PROJECT (FORM 2020-7)**

- a. Describe the staffing positions needed for the proposed project. These job descriptions should include the names of staff, if known. (Include resumes of proposed project's Director and staff members in the Appendix)
- b. Describe the staffing pattern of the agency.
- c. Include an organizational chart of the proposed project and its relationship to the agency (appendix)
- d. This chart should include to whom each staff person is responsible, including the Project Director. Please asterisk (\*) those positions to be funded with Title III funds

**B. VOLUNTEERS**

Please indicate your plan on how you will use volunteers in the proposed project and the number of volunteers to be used.

**C. STAFF TRAINING/CONTINUING EDUCATION**

1. List & briefly describe the on-the-job/in service training provided by your agency for this project in the past.
2. List & briefly describe the plans for on the job/in-service training provided by your agency for the proposed project.
3. Provide a brief description of special training/education off-site during the past year.

**D. CONTRACTS AND REIMBURSEMENTS**

Please indicate the name of agencies with which you have contracts for reimbursement purposes, last date negotiated and rate of reimbursement for services such as those being proposed in this application by type; indicate if Medicare certified, rate of Medicare reimbursement for proposed services. **All applicants must append a copy** of your DSS rate notice if reimbursement is part of this project. ***Please note that all funds listed in the Project Budget are considered part of the total project and subject to Title III regulations.***

**A. APPLICANT'S POLICIES AND PROCEDURES (FORM 2020- 8)**

Has your agency adopted a personnel policy or protocol manual? Please list any policies and procedures manuals used by your agency which will affect this project.

**B. PROPOSED COST OF SERVICE****Step 1. Actual Proposed Unit of Service calculation:**

Please show the total proposed cash budget for the project.

Show the total # of units of service you are proposing. Unit of service may be defined as one trip, one hour of service, one nursing visit, etc. The units of service used in this section should correspond to the MIS definition.

Divide total cash by # of units and enter the unit of service cost.

**Step 2. Proposed Title III cost/unit**

- 1) Direct service personnel are those who are directly involved in client care. Examples are Chore workers, care managers, nurses, and home health aides. Fringe benefits for these direct service personnel should be included in this section.
- 2) Direct service other cost includes those items which are directly attributable to the direct service personnel above such as transportation, insurance.
- 3) Overhead/administrative cost is viewed as those expenses necessary to produce one UOS and all general overhead directly related to the proposed project, not total Agency.

**Step 3. Cost Sharing**

If you are proposing UOS cost sharing, please list your proposed cost sharing for resources. (eg. Who is paying the difference between total cash and AAA cash cost?)

**Step 4. Cost Comparison**

Compare your unit of service cost with at least one other similar area service. If services are cost shared please indicate by formula.

**A. PLANS FOR FUTURE FUNDING – THIS SECTION IS MANTORY (FORM 2020-9)**

Please include a detailed plan for continuation of this project after Title III funding ceases and/or decline. Include information such as future Title III funding needed, foundations, companies or grants to be applied to for funding, plans for charging fees to clients (after Title III funding ends), or increasing suggested donations etc.

**B. FUNDRAISING PLANS (MANDATORY SECTION)**

Please list your planned fundraising activities which will benefit this program specifically and the target amount.

**C. ACCOUNTING SYSTEMS CERTIFICATION (FORM 2020-10)**

Please answer questions 1-8 describing your bookkeeping and financial controls system.

**A. Client Contributions System (FORM 2020-11)**

Describe your policies and procedures in regard to client contributions/donations; include some notations concerning our level of standards which appear in the following:

- 1) All older persons receiving a Title III supported service shall be given the opportunity to contribute toward all or part of the costs of the service.
- 2) A schedule of suggested contributions based upon income ranges of older persons in the community may be utilized.
- 3) Clients must be informed verbally and in project literature that they are encouraged to contribute in a free and voluntary manner toward the cost of service. **HOWEVER, NO PERSON SHALL BE DENIED SERVICE FOR FAILURE TO CONTRIBUTE.**
- 4) A method of collection which provides both for the protection of privacy of the individual and the fiscal accountability for all contributions received must be established in writing and maintained on file.

Certain programs, due to the nature of their service such as outreach programs, may be exempt from this requirement. The grant applicant, if seeking a waiver of the requirement, should so indicate and explain their reasons for this request. The WCAAA will determine if a waiver will be allowed.

The following standards shall be adhered to with regard to management of client contributions.

- All fundraising and client donations derived from activities associated with WCAAA grant funds are to be documented, reported and used in the grant year raised; Title III funds are to be used after the local funds are exhausted.
- Documentation that the contribution system is explained to participants.
- All receipts kept in a locked box or safe until deposited.
- All cash receipts are recorded and deposited (either weekly or daily).
- Measures are taken to protect the privacy of the individual making the contribution (ex. envelopes).
- All contributions must be reported to the Area Agency.

## **PROJECT BUDGET**

### A. **PROJECT BUDGET OVERVIEW (FORM 2020-12) - Double click in this form to type.**

Enter the estimated costs to be incurred during the grant period for each specific cost category. Categories include Title III funds, Non-Federal Match (Cash, State Match, or In-kind). For further clarification, see the following explanation, which is numbered in the same manner as the form. **Please note that client donations/contributions cannot be used as non-federal match.**

#### **COST CATEGORIES (Column 1)**

- a. Salaries: Title of position, salaries, fringe benefits for all personnel, including volunteers. The volunteer positions should show a minimum wage or equivalent market value. **List each position separately.** An explanation of the salary breakdown for each person should be included in the Project Narrative (FORM 2019-13)
- b. Support Costs
  - Travel: Travel needed to accomplish program objectives.
  - Bldg: The total rental or lease cost of the building space for the grant period. If utilities or auxiliary services (e.g. maintenance, cleaning, parking, etc.) are included in the rent costs, please state that fact.
  - Utilities: Costs for electricity, oil, gas, etc. Explanation of the separate expenses for each item must be included in the Project Budget Narrative.
  - Telephone: Telephone usage for accomplishment of program objectives.
  - Postage: Costs for any postage stamps, mailings, etc. incurred to accomplish project objectives.
  - Printing and Supplies: Costs for printing, reproduction charges and office supplies.
  - Equipment Purchase: Costs for any equipment, which is necessary to carry out the objectives of the program. Any equipment owned by the community or the applicant agency which is being used by the program may be shown in the Match: Non-Federal Costs Column. Justification for the purchase of new items must be included in the Project Budget Narrative.
  - Other: All those allowable items not previously listed in the above cost categories. Specify and explain in Project Budget Narrative.
- c. Direct Services: Costs of necessary services purchased from a third party or unit of service information such as trips/home health aides. The specific rate of contract figures should be detailed in the Project Budget Narrative.

#### **TITLE III EXPENDITURES (Column 2)**

Please list the expenditures that will be charged to Title III funds.

#### **NON-FEDERAL MATCH - CASH MATCH (Column 3)**

Cash match is the grantee institution's cash outlay, including contributions from other public agencies and institutions and private organizations and individuals; fund raising cash may be entered here also if needed for match.



**NON-FEDERAL MATCH - IN-KIND (Column 4)**

In-kind match is the value of non-cash resources provided by the grantee or by other public agencies and institutions, and private organizations and individuals.

**STATE MATCH (Column 5)**

State match money is that assigned after an award is made by the AAA. This column should remain blank until final award.

**CLIENT DONATION/CONTRIBUTIONS (Column 6)**

The Client donations fund is money raised through direct client giving. These funds should be used in conjunction with the WCAAA funded portion, **MUST BE USED DURING THE PROGRAM YEAR** and must be spent prior to the expenditure of Title III funds.

**OTHER RESOURCES (Column 7)**

Additional resources is money from any source other than those previously listed which is being used to help support the total project during the grant period. Other Federal and/or State funding, fundraising if not included elsewhere, may be included in this column. As a reminder ALL funding sources listed are part of the project according to Title III regulations and therefore subject to Title III regulations.

8. **TOTAL PROJECT COST (Column 8)**

Add columns (2) through (7) to calculate the Total Project Cost.

**MATCHING INITIATIVES**

**ALL APPLICANTS** - Older Americans Act monies are not meant to replace previous or existing sources. Matching funds or resources must not be obtained from other federal funding sources, with the exception of remaining Revenue Sharing Fund or their federal replacement; OAA may not be used to match any other federal funds except as specified in federal regulations. In addition, assurance must be provided that matching funds derived on a non calendar year basis will be used one time only. The WCAAA uses a "declining grant concept" in awarding grants. The intent of this policy is that WCAAA monies should decrease over a three year period with a concomitant increase in the non-federal portion. This assumes the same service nature and level in years 2 and 3. Grantees whose projects have received favorable evaluations, documented major service to the federally designated target population groups through the MIS system and who propose expanded service levels (targets), geographic areas or programmatic parameters, may not be subject to the declining grant provisions Funding and Matching Requirements under the declining grant method which began in FY'89 applying to all grantees as per the declining grant formula are as follow:

<p><b>1st Year</b> 75% AAA funding 25% non-federal cash and/or in kind</p>	<p><b>3rd Year</b> 45% Of first year AAA Funding 55% non-federal cash for maintenance of effort &amp; in kind</p>
<p><b>2nd Year</b> 65% Of first year AAA funding 35% non-federal cash for maintenance of effort &amp; in kind</p>	<p><b>Post 3rd Year</b> Applicants are expected to finance any increases in the cash portion of the service which is in keeping with the declining cash formula above (this does not apply to individual DSS rate increases).</p>

**NEW APPLICANTS**

Minimum required match is 25% or approximately \$1.00 of non-federal required for every \$3.00 requested of III monies.

**Match may consist of in-kind only, cash only or in-kind and cash.\***

\*DONATIONS, CONTRIBUTIONS OR PROGRAM INCOME CAN NOT BE USED TOWARD MATCHING FUNDS. MATCHING FUNDS CAN BE CITY, TOWN, STATE FUNDS OR IN-KIND. OTHER FEDERAL DOLLARS CAN NOT BE USED TO MATCH TITLE III GRANTS.

**MATCHING FUNDING WAIVER**

Applicants **other than fuel programs**, whether they are current grantees or new applicants, seeking a waiver of matching requirements must submit a letter outlining their reasons for this waiver with their full proposal. All grantees will be expected to work toward self-sufficiency and be able to demonstrate such through a plan of action. Waivers are possible for those programs which by nature of their service cannot generate program income (i.e., telephone service), which are serving primarily target populations as mandated by the Older Americans Act, or which cannot fund raise because of specific organizational regulations.

**A. PROJECT BUDGET NARRATIVE (FORM 2020-13)**

Provide a line-by-line justification of each budget item which should serve as back-up for the Budget Overview (FORM 2016-12). Give an explanation of why the project needs particular items, as well as a justification of the cost of those specific items. Be specific about line items that include equipment and indirect costs. Describe equipment to be purchased and the nature of the indirect costs. The budget narrative should include information for each cost category.

**PROJECT RESOURCE LIST (FORM 2020-14)****A. EXPECTED SOURCES OF NON-FEDERAL MATCH**

As requested on the Project Resources List, please list the source and amount of the Non-Federal Match according to cash or in-kind. Please be specific in the "source" column.

**B. OTHER RESOURCES**

Please list by source, the amount of all other support expected to be used for the Project.

**C. REDUCED FUNDING ALTERNATIVES (MANDATORY SECTION)**

The amount of Title III funds that WCAAA will receive for the forth coming Federal Fiscal Year is as yet unknown and may be less than in previous years. In order to make more informed funding decisions, please indicate how your project would change if your agency were to receive a Title III award of less than your proposed amount (be specific). **This page must be completed as instructed in order for committee to make recommendations.**

**MISCELLANEOUS****CERTIFICATION REGARDING LOBBYING (FORM 2020-15)****ASSURANCE OF COMPLIANCE WITH THE DEPARTMENT OF HEALTH AND HUMAN SERVICES REGULATIONS UNDER TITLE VI OF THE CIVIL RIGHTS ACT OF 1964 (FORM 2020-16)****MONTHLY ACTIVITIES CALENDAR****MONTHLY ACTIVITIES CALENDAR (FORM 2020-17) – THIS FORM IS REQUIRED FOR ALL APPLICANTS**

Please project monthly activities.

**APPENDIX INSTRUCTIONS**

- Include **(1) copy only** of requested items per instructions - attach to the (1) copy of application with original signatures (**REMINDER: 7 COPIES TOTAL**)
- AND
- Include any information referenced in your narrative or from WCAAA forms 1-17. **DO NOT RENUMBER THE PAGES.**