

WCAAA - ARPA GRANT APPLICATION

Grant Period: October 1, through September 30,

Organization Name:			
Project Name:			
Address:			
Contact Name:		Contact Phone:	
Contact Title:		Organization Website:	
Contact Email:			
DUNS #:		EIN #	
Type of Agency	<input type="checkbox"/> Private Non-Profit	<input type="checkbox"/> Public	<input type="checkbox"/> Private For-Profit

Project Contact Information: (If different from above)

Project Director:		Project Phone:	
Project Director Title:			
Project Address:			
Project Email:			

Fields 1, 3, and 4 are automatically extracted from the Project Budget Overview table on page 2.

- 1. Amount of WCAAA Grant Request:
- 2. Organization Annual Operating Budget:
- 3. Proposed Total Project Budget:
- 4. Percent of Organizational Budget:
- 5. Indirect Cost Rate:

Brief summary of your transportation project:

NOTICE - Grant Payments

For WCAAA to process grant payments, the Grantee’s MIS reports must be received by the 10th of the month following the month the service was rendered. For example, the month of December MIS is due to WCAAA no later than January 10th. Failure to provide monthly MIS reports by the deadline, will result the grant being identified as out of compliance and will disqualify the grantee for reimbursement for the out-of-date reporting.

The processing of late grant payments, or makeup billing are not guaranteed.

APPLICATION TERMS:

In submitting this application, the : 1) funds awarded as a result of this request are to be expended for the purposes set forth herein and in accordance with all applicable laws, regulations, policies and procedures of the Area Agency, the State Unit on Aging and Administration on Aging, U.S. Department of Health and Human Services (see attached compliance) ; 2) any proposed changes in the proposal as approved will be submitted in writing by the applicant and upon notification of approval by the Area Agency shall be deemed incorporated into and become a part of this agreement: and 3) Title III (federal) Print Name: funds must be expended after all other funds are used; 4) funds awarded by the Area Agency may be terminated at any time for violations of any terms/ conditions / requirements of this agreement or reduction federal funds; 5) if funds are awarded, I am authorized to accept the grant / contract and proceed with full implementation within 30 days.

Monthly service reporting (MIS) requires collection of demographic information for each new client and reporting the number of services provided to each client on a monthly basis.

Name and Title of Individual authorized to apply for funds and sign contracts:

Print Name:		Title:	
Signature:		Date Signed:	

Check each of the Towns Served in this project: (not service area)

Northwest	<input type="checkbox"/> Barkhamsted	<input type="checkbox"/> Kent	<input type="checkbox"/> Norfolk
	<input type="checkbox"/> Bethlehem	<input type="checkbox"/> Litchfield	<input type="checkbox"/> Salisbury
	<input type="checkbox"/> Canaan	<input type="checkbox"/> Morris	<input type="checkbox"/> Sharon
	<input type="checkbox"/> Colebrook	<input type="checkbox"/> New Hartford	<input type="checkbox"/> Torrington
	<input type="checkbox"/> Cornwall	<input type="checkbox"/> North Canaan	<input type="checkbox"/> Warren
	<input type="checkbox"/> Goshen	<input type="checkbox"/> New Milford	<input type="checkbox"/> Winchester
Other	<input type="checkbox"/> Bridgewater	<input type="checkbox"/> Roxbury	<input type="checkbox"/> Washington
	<input type="checkbox"/> Sherman	<input type="checkbox"/> Southbury	<input type="checkbox"/> Woodbury
Greater Danbury	<input type="checkbox"/> Bethel	<input type="checkbox"/> New Fairfield	<input type="checkbox"/> Redding
	<input type="checkbox"/> Brookfield	<input type="checkbox"/> Newtown	<input type="checkbox"/> Ridgefield
	<input type="checkbox"/> Danbury		
Greater Waterbury	<input type="checkbox"/> Beacon Falls	<input type="checkbox"/> Naugatuck	<input type="checkbox"/> Waterbury
	<input type="checkbox"/> Cheshire	<input type="checkbox"/> Prospect	<input type="checkbox"/> Watertown
	<input type="checkbox"/> Harwinton	<input type="checkbox"/> Thomaston	<input type="checkbox"/> Wolcott
	<input type="checkbox"/> Middlebury		

Please note that, in order to be considered for this grant, your program must provide services to at least one or more of the towns listed below. Priority will be given to applicants who can serve the most rural towns and can provide verification of the quality of their services.

Canaan, Falls Village, Colebrook, Cornwall, West Cornwall, Goshen, Harwinton, Kent, South Kent, Litchfield, Bantam, Northfield, Norfolk, North Canaan, East Canaan, Roxbury, Salisbury, Lakeville, Taconic, Sharon, Torrington, Washington, New Preston Marble Dale, Washington Depot, Winchester, Winsted.

APPLICATION - TITLE III FUNDS

PROFILE OF APPLICANT AGENCY

Describe the organization that is applying for Title III funds and that will provide fiscal and programmatic oversight for the proposed project. Include the Mission and background of applicant agency, including specific experiences in servicing the targeted populations. All applicants must provide updated information. (Essay form)

STATEMENT OF NEED FOR PROPOSED PROJECT:

Provide data to substantiate the needs in the towns you selected on page 4, where transportation services will be provided, and explain how your organization is capable of targeting the rural towns also listed on page 4 of this application.

1. **Project Goals:** Identify project goals to describe what you expect to accomplish with your proposed PROJECT during the new grant period. The GOALS must relate to the NEED identified in this application and should be measurable and time oriented. For each goal, explain (1) the overall goal, and (2) how the project outcomes will be measured.

	<i>Overall Goal:</i>	<i>How will project objectives be measured:</i>
1		
2		

2. **Proposed SERVICE TARGETS:** (Choose Service Name from the appropriate Title III MIS Service Definitions list at www.WCAAA.org.) List MIS activity, the proposed number of unduplicated persons, and the proposed number of service units to be provided.

Project Activity to be provided:

Total number of unduplicated persons:

Total number of units of services/trips:

3. PLAN TO REACH TARGET POPULATIONS. The Older American’s Act requires outreach efforts to certain target populations. Outreach for each chosen population must be specific to the population. Indicate which target group(s) will be identified and encouraged to participate in the program/project. NOTE: Only select the group(s) that will be specifically targeted (However, all groups will be reported on the monthly MIS). There is no need to select all.

Individuals Identified As:	Proposed number of people in target population	Comments (if any)
<input type="checkbox"/> Low Income (100% of federal poverty level or below)		
<input type="checkbox"/> Low Income Minority		
<input type="checkbox"/> Living in Rural Areas		
<input type="checkbox"/> Minority Population Group		
<input type="checkbox"/> At or below 150% Poverty		
<input type="checkbox"/> Limited English Proficiency		
<input type="checkbox"/> Severe Disabilities		
<input type="checkbox"/> Alzheimer’s & related Disorders		
<input type="checkbox"/> Risk of Institutionalization		
<input type="checkbox"/> Other:		
Total Population (not sum of rows above)		

4. Outreach Methods, Tracking and Measurement: Identify and describe how prospective clients will be made aware of this project and how contact will be maintained with current clients in each selected target population group? How will outreach be tracked and measured?

COORDINATION WITH COMMUNITY RESOURCES:

1. Describe how the proposed program / service will be coordinated with other appropriate services in the area. Provide specific examples and plans.

2. How is the proposed transportation program different from other transportation programs in the area?

PERSONNEL Name the position(s) of each key staff member providing services within this project and describe (1) the Title and Role (2) List Licensure or Certification Required (*i.e.*, CNA), (3) specialized credentials or other training (*i.e.*, exercise, diabetes, etc.) required to implement this project. Also include the planned oversight or supervision of this Role.

1 Title and Role	2. List Licensure or Certification Required	3. Specialized Credentials or Training	4. Supervision/ oversight provided by	Comments

- a. Does your organization conduct background checks with all key staff and volunteers providing services within this project? If not, explain why.

- b. Does your organization conduct driver's license checks, for key staff and volunteers to verify driving record status? If not, explain.

- c. List the staffing pattern by position for the entire project regardless of funding source

- d. Indicate the number of volunteers included in the project and how they are utilized.

- e. List and briefly describe the on-the-job/in-service training provided by your agency for this project for personnel and volunteers.

- f. Provide a brief description of special training/ continuing education off-site during the past year.

CONTRACTS / REIMBURSEMENTS Indicate the names of agencies with which you have contracts/ agreements for reimbursement, rate of reimbursement, purposes, last date negotiated for services such as those being proposed in this application by type; indicate if Medicare certified, rate of Medicaid reimbursement for proposed service. All applicants must append a copy of the most recent DSS-CHCP rate notice if reimbursement is part of this project's budget.

APPLICANT'S POLICIES & PROCEDURES

Please list the types of policy and/or procedure manuals used by your agency which will affect this project. Has your agency adopted a personnel policy or protocol manual?

PROPOSED COST OF SERVICE

STEP 1. ACTUAL PROPOSED UNIT OF SERVICE CALCULATION:

What is your total proposed cash budget for project?

What is the total # of units of service proposed?

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

STEP 2. PROPOSED TITLE III COST/UNIT

Year 1

1) Direct Service Personnel Cost	\$ _____	_____ %
(from the Title III column only)		
2) Direct Service Other Cost	\$ _____	_____ %
(from Title III column only)		
3) Overhead/administrative Cost	\$ _____	_____ %
(from Title III column only)		
TOTAL COST/UOS (T3)	_____	_____ %

STEP 3. COST-SHARING

If you are proposing UOS cost-sharing, please list your proposed cost-sharing for resources. (e.g.: who is paying the difference between total cash cost and AAA cash cost?)

STEP 4. COMPARISON OF PROPOSED COST SERVICE

(Please compare the proposed UNIT OF SERVICE COST for your proposed service with at least one other existing and similar agency in your affected area which provides the same type of service; if no similar service exists in the area, please attempt to provide some other type of unit of service cost comparability)

FUTURE FINANCING PLANS (MANDATORY SECTION)

This transportation grant is part of a pilot program aimed at addressing transportation options in rural areas. In the event that funding is not available after this grant period, how does your organization plan to secure continued funding for this program beyond the grant's funding period?

FUNDRAISING PLANS

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

<u>Planned Activity</u>	<u>Target Month</u>	<u>Target Dollars</u>
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

CLIENT CONTRIBUTION SYSTEM

Under the Older American Act, all clients must be given the opportunity to contribute to programs for services rendered. However, no senior may be denied service for failure to contribute.

Grantees are required to have a method for collecting and tracking client contributions. Reminder that all contributions should be made by envelopes or other confidential means; donations should be made into a locked box if possible. If you are seeking a waiver of this requirement, please indicate below and explain why.

1. Describe your client contribution and/or sliding-fee scale system and policies.

2. How is confidentiality conducted?

3. How are client contributions secured and maintained?

4. How are client contributions tracked?

ACCOUNTING SYSTEMS CERTIFICATION

(This form must be submitted by all applicants).

1. Do you maintain a monthly general ledger including this program?
2. Do you maintain separate cash receipts, disbursements and payroll journals?
3. a) Do you require an independent, certified audit annually? If not, why not?

b) If not annually, how often?

c) Please provide name of current contractor for independent audit services.
4. a) Do you employ a paid bookkeeper?

b) If yes, please provide bookkeeper's name:

Name

Email

Phone

c) If not, please explain who is responsible for the maintenance of financial record keeping system and provide some explanation of person's financial qualifications.
5. a) Who is authorized to sign checks for your agency and how many signatures are required?

b) What are their positions?

c) Is the person who maintains fiscal records (named above) also authorized to sign checks?

d) Are corporation resolutions on file for authorized check signers?

6. Please describe your agency's insurance and bonding coverage relevant to the proposed project. Include copy of bonding document and mandated insurance in the appendix.

7. Please describe how salary ranges and increases are set by your agency.

a. MIS reports are due monthly by the 10th. Who is responsible for preparing MIS reports?

Name:

Email:

Phone:

b. Who is the back up, in the event of the initial MIS coordinator's absence or conflict in schedule?

Name:

Email:

Phone:

(The budget narrative should include information for each cost category. Be specific about line items that include equipment and indirect costs). Please note indirect costs cannot be over 10% unless otherwise approved (If a higher indirect cost rate has been approved, attach copy of approval). Please provide a line-by-line justification of each budget item which should serve as back-up for the Budget Overview.

PROJECT RESOURCE LIST*

1. EXPECTED SOURCES OF NON-FEDERAL MATCH (\$ amount must match Project Budget)
Please list the amount of non-federal match by source and type

	<u>SOURCE</u>	<u>CASH</u>	<u>IN-KIND</u>
a.			
b.			
c.			
d.			

2. OTHER RESOURCES *(total \$ amount must match amount of grant request on cover page)*

Please list by source, the amount of other support expected to be used for the Project (**other than above**) (e.g., Senior Aides, DSS reimbursements, Medicare/Medicaid payments, other contracts, fundraising and local municipal contributions if not reflected above in match.)

	<u>SOURCE</u>	<u>AMOUNT</u>
a.		
b.		
c.		
d.		

* If WCAAA funds are awarded, documentation applicable to these resources must be available at the office of the grant applicant for AAA review.

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid 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 any agency, a Member of Congress, an officer or employee of Congress, or 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, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) 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 this Federal contract, grant, loan or cooperative agreement, the undersigned shall complete and submit Standard Form -LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Organization

State

Authorized Signature

Title

Date

**ASSURANCE OF COMPLIANCE WITH THE DEPARTMENT OF
HEALTH AND HUMAN SERVICES REGULATIONS UNDER
TITLE VI OF THE CIVIL RIGHTS ACT OF 1964**

_____ (hereinafter called the "Recipient of Award")
(Name of Applicant or Contractor)

HEREBY AGREES THAT it will comply with Title VI of the Civil Rights Act of 1964 (P.L. 88352) and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 80) issued pursuant to that title, 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 or race, color, or national origin, be excluded from participation in, be denied the benefits of, or be other-wise subjected to discrimination under any program or activity for which the Recipient of Award receives Federal financial assistance from the Western Connecticut Area Agency on Aging, Inc. (WCAAA), the Department; and HEREBY GIVES ASSURANCE THAT it will immediately take any measures necessary to effectuate this agreement.

If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Recipient of Award by WCAAA, this assurance shall obligate the Recipient of Award 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 Recipient of Award for the period during which the Federal financial assistance is extended to it by WCAAA.

THIS ASSURANCE is given in consideration of and for the purpose of obtaining any and all Federal grants, loans, contracts, property, discounts or other Federal financial assistance extended after the date hereof to the Recipient of Award by WCAAA, including installment payments after such date on account of applications for Federal financial assistance which were approved before such date. The Recipient of Award recognizes and agrees that such Federal financial assistance will be extended in reliance on the representations and agreements made in this assurance, and that WCAAA or the United States or both shall have the right to seek judicial enforcement of this assurance. This assurance is binding on the Recipient of Award, its successors, transferees, and assignees, and their person or persons whose signatures appear below are authorized to sign this assurance on behalf of the Recipient of Award.

Date: _____ Signature: _____

(Recipient of Award)

By (President, Chairperson of Board, or Comparable authorized official)

Title

Recipient's mailing address