AGENCY ON AGING OF SOUTH CENTRAL CT (AOASCC)
APPLICATION – FY 2025 TITLE III FUNDING

SECTION I. COVER PAGE

1. Project Name	
2. Amount of AOASCC Grant Request	$
3. Proposed Total Project Budget for Title III Program	$_____ which is ____% of Organization Budget
4. Organization Annual Operating Budget	$
5. Amount of Non-Federal Match* must equal 25% of AOASCC Grant Request	$
6. Title of the Older American Act under which funding is requested. Please check one of the following:	☐ Title III B ☐ Title IIID ☐ Title IIIE

See section IV

7. Project Contact Name & Title	
8. Project Address	
9. Project Phone	
10. Project Contact Email	

11. Organization Name	
12. Organization Address	
13. Organization Phone	
14. Organization Website	
15. DUNS Number	

16. Head of Organization	
17. Title	
18. Email	

19. Signature	
20. Title	
21. Date	

SECTION II. ORGANIZATIONAL PROFILE
> *This section concerns the organization that is applying for Title III funds and that will provide fiscal and programmatic oversight for the proposed project. Audit report(s) for this organization will be included with application attachments.*

1. ORGANIZATION'S MISSION STATEMENT

2. CAPACITY TO IMPLEMENT PROPOSED PROJECT -- **Briefly** describe the organization's experience and number of years working with AOASCC target population clients.

3. GOVERNANCE

    a. Specify what governing body or staff position has responsibility for oversight of your project;

    b. and explain how your Board of Directors or other governing body will exercise fiduciary responsibility, policy guidance, and/or assist with fundraising/financing.

SECTION III. PROJECT DESCRIPTION & WORK PLAN

References to "project" relate to the proposed project for which you are requesting funding. The term "project" does <u>not</u> refer to your entire organization or your current program or project.

PROJECT NAME _____

MIS SERVICE NAME(S) *(Maximum of 5. Choose from the appropriate Title III MIS Service Definitions list at <u>https://www.aoascc.org/Funding/Priority-Grants/current-grant-applicants/</u>*

_____   _____

_____   _____

_____

1. **PROJECT SUMMARY** -- **<u>Briefly</u>** describe the proposed project in one paragraph (no more than 100 words).

2. COMMUNITY NEED
- Identify the specific community need(s) your project proposes to address. Support your description with facts, statistics, observations and/or other documentation.

- How does this need address a AOASCC funding priority as defined in the Area Plan on Aging for Fiscal Years 2021-2024 (full plan and plan summary available at: *https://www.aoascc.org/About/AASCC-Area-Plan/*

3. **GOALS** -- Identify a maximum of three goals that describe what you expect to accomplish with your proposed **PROJECT** during the new grant period to address the identified need. For each goal, explain (1) the overall goal, (2) whom you will serve, and (3) how you will measure project outcomes.

The following language format is preferred:
Proposed outcome(s). Of the (number) older adults served, (number or percentage) will _____ as evidenced (or demonstrated) by _____.

Examples:
- To improve the health of seniors. Of the 100 seniors served at the Senior Center, 75 will participate in exercise classes at least four times per month as evidenced by attendance sheets.
- To increase financial stability. Of the 50 seniors served by the outreach workers, 35 will receive application assistance as evidenced by completed applications.

Goal #1:	explain (1) the overall goal, (2) whom you will serve, and (3) how you will measure project outcome following the format provided.
Goal #2: (optional)	explain (1) the overall goal, (2) whom you will serve, and (3) how you will measure project outcome following the format provided.
Goal #3: (optional)	explain (1) the overall goal, (2) whom you will serve, and (3) how you will measure project outcome following the format provided.

4. **COMMUNITY COORDINATION** -- Title III grantees are required to coordinate with other appropriate community services and to avoid duplication of services.

    a. List other similar services in your service area **and** describe how you will coordinate with them to provide services for elders.

    b. Applications for <u>new</u> projects shall include two (2) letters of support from related community agencies and groups.

5. WORK PLAN -- Describe in detail the steps taken to ensure that the proposed project will address the identified need and achieve your proposed project goals.

- Returning applicants requesting increased funding OR new applicants seeking funding for a project currently being provided without Title III funding: include an explanation of why additional funds are needed or how the project would be changed with additional or new funds.
- Applicants providing the MIS service *Senior Center Use:* attach both a sample proposed center activity calendar and an actual center activity calendar for the current year.

6. **OUTREACH PLAN FOR TARGET POPULATIONS** -- Title III grantees are required to implement a plan to reach out to prospective clients in the populations listed below. Complete all non-shaded areas in the chart in describing your plans.

Clients 60 years of age or older and:	How will you make prospective clients aware of your project and maintain contact with current clients in each listed population group? How will you track and measure results?
At or below 100% of poverty level ("poor")	
Minority clients	
Minority clients 100% of poverty level ("poor")	
101% - 150% of poverty level ("near poor")	
With limited English proficiency	
With severe disabilities	
At-risk of institutionalization	
With Alzheimer's or related disorders	

7. PERSONNEL –
   a. In the chart below, list the positions and qualifications of all of the key personnel, including program staff, supervisory staff, volunteers, and/or contract positions, who will be responsible for achieving the anticipated project results. Specify the number of months or years each staff have been in their current position. All listed positions must also be included in the project budget.

Job Title (as listed in budget)	Qualifications	S/V/ C[1]	F/P[2]	Y/N[3]	Months / Years[4]

[1] Staff (S), Volunteer (V), Contract Position (C)

[2] Full Time (F), Part Time (P)

[3] Yes (Y) or No (N): is/will there be a background check on record for each employee? (At a minimum, background checks are expected for personnel who will have unsupervised direct contact with clients.)

[4] Number of months or years in this position

   b. Please attach a Job Description for any personnel listed above and in the budget with the **original** copy of your Title III application. Please include Volunteer Job Descriptions.

8. **PROPOSED NUMBER OF PROJECT CLIENTS & SERVICES** -- Complete one section for each MIS service proposed for the project. If you intend to provide more than one MIS service, complete one section for each and include client numbers <u>specific to each service</u> and to the goals detailed above. MIS Service Definitions lists and poverty guidelines are available at **https://www.aoascc.org/About/AASCC-Area-Plan/**.

Complete all non-shaded areas for each service, including estimated number to be provided for FY'23 and, if a current grantee, the actual number served as reported on the MIS final report for FY'21.

MIS SERVICE NAME: _____

	Estimated number to be provided	Number from prior MIS report	Explanation of Difference
Units of service			
Clients (unduplicated count)			
Clients at or below 100% of poverty level ("poor")			
Minority clients			
101% - 150% of poverty level ("near poor")			
With limited English proficiency			
With severe disabilities			
At-risk of institutionalization			
With Alzheimer's or related disorders			

MIS SERVICE #2

	Estimated number to be provided	Number from prior MIS report	Explanation of Difference
Units of service			
Clients (unduplicated count)			
Clients at or below 100% of poverty level ("poor")			
Minority clients			
101% - 150% of poverty level ("near poor")			
With limited English proficiency			
With severe disabilities			
At-risk of institutionalization			
With Alzheimer's or related disorders			

MIS SERVICE #3:

	Estimated number to be provided	Number from prior MIS report	Explanation of Difference
Units of service			
Clients (unduplicated count)			
Clients at or below 100% of poverty level ("poor")			
Minority clients			
101% - 150% of poverty level ("near poor")			
With limited English proficiency			
With severe disabilities			
At-risk of institutionalization			
With Alzheimer's or related disorders			

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MIS SERVICE #4 _____

	Estimated number to be provided	Number from prior MIS report	Explanation of Difference
Units of service			
Clients (unduplicated count)			
Clients at or below 100% of poverty level ("poor")			
Minority clients			
101% - 150% of poverty level ("near poor")			
With limited English proficiency			
With severe disabilities			
At-risk of institutionalization			
With Alzheimer's or related disorders			

MIS SERVICE #5: _____

	Estimated number to be provided	Number from prior MIS report	Explanation of Difference
Units of service			
Clients (unduplicated count)			
Clients at or below 100% of poverty level ("poor")			
Minority clients			
101% - 150% of poverty level ("near poor")			
With limited English proficiency			
With severe disabilities			
At-risk of institutionalization			
With Alzheimer's or related disorders			

9. **GEOGRAPHY --** Indicate the towns your agency will serve:
   List only the towns your program will be serving. Please do not overreach as it will affect your program evaluation and could impact future funding.

   AOASCC Service Area: Ansonia, Bethany, Branford, North Branford, Derby, East Haven, Guilford, Hamden, Madison, Meriden, Milford, New Haven, North Haven, Orange, Oxford, Seymour, Shelton, Wallingford, West Haven, Woodbridge

   Project will serve these towns from the AOASCC service area:

SECTION IV. FINANCIAL MANAGEMENT

1. FINANCIAL SUPPORT - Title III grantees are required to obtain a **25% non-federal match** for their program budget. The non-federal match can include gifts and grants from corporations, fundraising, in-kind contributions, and other support from private sources and other public organizations.

Describe the sources of non-federal match and the steps you have taken secure these funds.

2. CLIENT CONTRIBUTIONS

Grantees are also required to have a method for collecting and tracking client contributions Please describe the contribution process, how confidentiality is conducted, maintained and tracked.

Client contributions may not be included in 25% match.

3. BUDGET   DOCUMENTS

All Applicants: Complete the Program Budget and Personnel Budget worksheets in the Excel document "Application Worksheets".

Contracts Only:

   a. Complete the Unit Cost worksheet in the Application Worksheets document.

   b. Justification and Comparison

   Provide compare and justify the proposed UNIT OF SERVICE COSTS for your service with at least one other existing similar agency in your region that provides the same type of service. If no similar service exist in the area, then please provide an example of some other type of unit of service cost comparison.

4. BUDGET NARRATIVE (PDF Document)
Submit with the final application: Please show your justification of each line item expense by providing an underlying rationale for Column G (Total), lines 2-16 of the program budget worksheet.

5. ATTACHMENTS
Refer to the list of attachments for documents to be submitted with the final application.