

FY 2025 TITLE III-B, D AND E APPLICATION

GENERAL INSTRUCTIONS:

Applicants should download required application, instructions and other materials from the AOASCC website: www.AOASCC.org

Completed, typed applications must use the only the allotted space provided on the AOASCC application form.

1. When requested funding for more than one service type, applicant will provide additional pages of the **Service Output Chart, the Program Budget, and the Unit Cost Chart**. The service Output Chart is not included in this packet.
2. **Applications are to be submitted electronically.**
3. If applicable, requests to waive any of the application procedures or requirements must be included with the other attachments.
4. All attachments must accompany the final application submission on April 15, 2024.
5. Applicants should download appropriate application, instructions and other materials from the AOASCC website: www.AOASCC.org.
6. All applicants must be public entities (e.g., private not-for-profit or incorporated proprietary agencies). Grants and contracts with proprietary agencies require waiver approval from the Aging Services Division of the Connecticut Department of Social Services.
7. Federal Poverty Guidelines and Census data are available on the website and should be used to develop and submit targets on all copies of the Service Output Chart (Section IV) (www.aoascc.org).
8. See section B of this of document for instructions on completing the Program Budget and the Unit Cost Chart.
9. Title III-E (Family Caregiver) new or renewal applicants applying under the service category, “Grandparents (or other older relative caregivers) Raising Grandchildren” who are planning to provide caregiver child respite through camps or other childcare services must use licensed/certified providers. Summer camp licensing by the CT Department of Health and accreditation by the American Camping Association is preferred.

**Direct requests for technical assistance may contact Sue Hamilton,
at (203) 785-8533 Ext 3166 or shamilton@AOASCC.org.**

B. INSTRUCTIONS FOR COMPLETING THE PROGRAM BUDGET

The budget reflects **total cash and in-kind costs** incurred to operate the program for which funding is requested, and shows how all the costs are distributed by funding source. It may be helpful to complete column G (total cost) first and then to determine which source(s) will be covering costs for each line item.

	GRANTS	CONTRACTS
Column A	Specific costs for which Title III funding is being requested.	The portion of total costs involved in providing the units you are requesting AOASCC to purchase.
Columns B - F	Funds and/or in-kind services from federal, state and other sources that are being used to support the project. Please note that the required Title III match must be 25% of the net cost, which may be determined by dividing the Title III request by .75 and multiplying the quotient by .25. The non-federal match may include items such as local or state cash or in-kind goods and services. Client contributions cannot be used for the non-federal match. Also, federal funds may not be used to match Title III funding (Community Block Grant money is an exception). Funds used for the non-federal match should be checked. In-kind services should be identified with an asterisk.	All costs from federal, state and other sources that are involved in the provision of the service units. The non-federal match must be 25% of the net cost, which may be determined by dividing the Title III request by .75 and multiplying the quotient by .25. The match must be cash only and may include local and state cash. Client contributions cannot be used for the non-federal match. Also, federal funds may not be used to match Title III funding (Community Block Grant money is an exception). Funds used for the non-federal match should be checked. In-kind services should be identified with an asterisk.
Column G	The sum of columns A, B, C, D, E, and F. This should reflect total costs for the program.	

A budget page must be completed for the total project, as well as for each separate service type that will be provided. For example, an agency that is requesting funds to provide both Homemaking and Chore services will complete three budget sheets: one reflecting the total costs for all services; one reflecting the total costs for Homemaking services; and one reflecting total costs for Chore services.

To determine the budget for an individual service type:

- (a) calculate costs for each line item by service type according to its use in your project.

-OR-

- (b) assign a percentage to each service type based on the percentage of projected targets for that service and/or the percentage of time that will be devoted for that service.

EXAMPLE

	Percent (%) of time	Budget
Project: Help Your Neighbor	100% units/time	\$50,000
Service type #1: Friendly Visitor	90% units/time	\$45,000
Service type #2: Escort Service	10% units/time	\$5,000

C. INSTRUCTIONS FOR COMPLETING UNIT COST CHART (Contracts Only)

AOASCC is proposing to purchase whole units through contracts. In cases where several providers apply for the same service, a flat reimbursement rate may be established. A **Unit Cost Chart** must be completed for each service type offered. Each **Unit Cost Chart** should reflect expenses shown in the program budget.

I	II	III	IV
	Dollars	Units	Unit Cost
A. TITLE III AMOUNTS	Enter the Title III Dollar Amount as shown in your budget for this service type.	Divide the Title III Dollar Amount (A-II) by Cash Unit Cost (E-IV) and enter quotient.	
B. NON-FEDERAL MATCH (cash only)	Enter Non-Federal Match (cash only) as shown in your budget for this service type, or subtract Title III Dollars (A-II) from Net Program Cost (C-II)	Subtract Title III Units (A-III) from the Net Program Units (C-III) and enter the difference.	
C. NET PROGRAM TOTAL (COLUMN A + COLUMN B)	Subtract Cash Resources (D-II) from Total Program Cash Amounts (E-II).	Subtract Cash Units (D-III) from Total Program Cash Amounts (E-III) and enter the difference.	
D. OTHER RESOURCES (CASH)	Enter the dollar amount of cash you have in other resources for this service type that is not shown in the federal match.	Enter number of units that could be purchased with these other cash resources. Divide Cash Unit Cost (E-IV) into Cash Resources (D-II).	
E. TOTAL PROGRAM CASH AMOUNT	Subtract In-Kind Resources (F-II) from Total Program Amounts (G-II)	Enter the Total Program Units (G-III).	Divide Cash Program Cost (E-II) by Cash Program Units (E-III) and enter the quotient
F. OTHER RESOURCES (IN-KIND)	Enter the total dollar value assigned to your in-kind resources	Enter total number of units that could be purchased through dollar value assigned to In-Kind Resources. (Divide G-IV into F-II).	
G. TOTAL PROGRAM AMOUNTS (All sources including In-Kind).	Enter total dollar amount that it costs to operate your program.	Enter the total number of units your project can provide based on the dollar amount in G-II.	Divide G-II by G-III and enter quotient.

D. DEFINITIONS

SERVICE AND TARGET DEFINITIONS

At risk of institutionalization – a need for continuous skilled nursing services as well as the need for substantial assistance with hands-on care and need assistance with activities of daily living. Person must meet ALL of the following criteria:

1. Must report 3 or more ADLs on the Consumer Registration Form, AND
2. Does not reside in nursing Home; AND
3. Must report *at least one* of the following on the Consumer Registration Form:
 - (a) Lives Alone or (b) Income at or below 100% of the FPL or (c) Age 80 or older

Limited English Proficiency –speaking English “not well” or “not at all” as self-reported on the US Census American Community Survey

Greatest Social Need: The need caused by non-economic factors, which include physical and mental disabilities; language barriers; and cultural, social, or geographical isolation, including isolation caused by racial or ethnic status, that (i) restricts the ability of an individual to perform normal daily tasks; or (ii) threatens the capacity of the individual to live independently.

Greatest Economic Need (Low-Income/Poor): The need resulting from an income level at or below the poverty line (100% or below).

Minority: African American/Black, Hispanic/Latino, Native American, Asian American, and Pacific Islander.

Near Poor: An income level between 101% and 150% of the Federal Poverty Level

Older Person/Older Adult: An individual age 60 years or older.

Severe disability: a need for assistance with 3 or more ADLs (Activities of Daily Living) on the Consumer Registration Form.

OTHER DEFINITIONS

Contract – an agreement to purchase a specific service at an established unit cost for a certain number of units.

Grant: An agreement between two parties whereby financial assistance is provided to carry out a specific program, service or activity.

In-Kind – a value placed on a good or service that contributes to your project. It is anything that you would have to pay for in order to deliver the service described in the application.

Non-Federal Match – obligation for the applicant agency to “put up” a portion of the program budget. The federal requirement is a 25% match of the net cost (net cost is the total of Title III plus match) or a one-third (33&1/3%) match of the Title III cost. **Client contributions cannot be used for the non-federal match.**