



**AGENCY ON AGING OF SOUTH CENTRAL CT (AOASCC)  
APPLICATION – FY 2022 TITLE III FUNDING**

**SECTION I. COVER PAGE** (*One page only*)

1. Project Name	
2. Requested: Amount:	\$
3. Proposed Total Project Budget	\$
	which is % of Organization Budget
4. Organization Annual Operating Budget	\$
5. Amount of Non-Federal Match* must equal 25% of AOASCC Grant Request	\$

*\*See section IV*

6. Title of the Older American Act under which funding is requested. Please check one of the following:

 Title III B

 Title III D

 Title III E

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 FY 2022 funding. The term “project” does not refer to your entire organization or your current program or project.*

1. PROJECT NAME	
2. MIS SERVICE NAME(S) (Maximum of 5. Choose from the appropriate Title III MIS Service Definitions list at <a href="https://www.aoscc.org/Funding/Priority-Grants/current-grant-applicants/">https://www.aoscc.org/Funding/Priority-Grants/current-grant-applicants/</a> )	

3. PROJECT SUMMARY -- **Briefly** describe the proposed project in one paragraph (no more than 100 words).

4. 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 2017-2021 (full plan and plan summary available at: <https://www.aoascc.org/About/AASCC-Area-Plan/>)

5. 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:*  
*Goal #1 – (1) Proposed outcome(s) (2) Of the (number) older adults served, (number or percentage) will \_\_\_\_\_ (3) 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.

<b>Goal #1:</b>	
Proposed outcome	
Who will receive what services	
How outcomes will be measured	

<b>Goal # 2:</b>	
Proposed outcome	
Who will receive what services	
How outcomes will be measured	

<b>Goal # 3:</b>	
Proposed outcome	
Who will receive what services	
How outcomes will be measured	

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

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

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

7. 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. Applicants providing the MIS service *Senior Center Use*: attach both a sample proposed center activity calendar for Fiscal Year 2022 and an actual center activity calendar for the current year.

- 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.

8. 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	
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. 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 <sup>1</sup>	F/P <sup>2</sup>	Y/N <sup>3</sup>	Number of months or years in this position

<sup>1</sup> Staff (S), Volunteer (V), Contract Position (C)

<sup>2</sup> Full Time (F), Part Time (P)

<sup>3</sup> 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.)

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.

10. PROPOSED NUMBER OF PROJECT CLIENTS & SERVICES -- Complete one section below for each MIS service proposed for the project. If you intend to provide more than one MIS service, complete one section per service and include client numbers specific to each service and to the goals detailed above. If your application includes more than three services, you may copy and paste one or two additional sections. 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.

	Estimated number to be provided FY 2022 project	Actual number from FY 2020 final MIS report	Explanation of Difference
MIS SERVICE NAME:			
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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With severe disabilities			
At-risk of institutionalization			
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11. GEOGRAPHY -- Indicate the towns your agency will serve in Fiscal Year 2022:  
 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

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**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.**

## **SECTION IV. FINANCIAL MANAGEMENT**

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.

### **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.**