



## FY'2024 TITLE III ADULT DAY CARE APPLICATION

### INSTRUCTIONS AND DEADLINES

Applicants should download required application, instructions and other materials from the AOASCC website:  
[www.aoascc.org](http://www.aoascc.org)

#### A. GENERAL INSTRUCTIONS:

1. Completed, typed applications must use the only the allotted space provided on the AOASCC application form. Please do not add additional pages unless indicated. Two-sided copies should maintain the same numbering system as outlined throughout the instructions.
2. When requested funding is for more than one service type, applicant will provide additional pages of the **Service Output Chart** and the **Program Budget**. Do not change the application numbering when adding a permitted form. Instead, please add a letter to the page number beginning with "a" (e.g., 1a, 1b, 1c...).
3. Stapled or bound copies are required. Clips and unsecured folders/binders of any kind are not acceptable.
4. If applicable, requests to waive any of the application procedures or requirements must be included with the other attachments in Section VI.
5. Attachments may only appear in Section VI. Do not insert attachments into the body of the application.
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. 2022 Federal Poverty Guidelines are available on the AOASCC website and should be use in completing targets on all copies of the Service Charts (Section IV).
8. See page 3 of this document for instructions on completing the Program Budget.
9. PLEASE DO NOT COMPLETE THE BUDGET PAGES, TARGETED FY'24 TITLE III-B CLIENT COUNT AND TARGETED FY'24 HOURS OF SERVICE TO THESE CLIENTS IN THE APPLICATION. In summer 2024, grantees will be notified about their FY'24 award amounts and asked to complete these items as well as the budget related items on the Face Sheet (page 1).
10. Client contribution amounts should reflect donations **only from Title III-B clients** for those days that they receive service paid by Title III-B funding.
11. List Units as whole numbers (hours).

**For technical assistance, please contact Sue Hamilton Grants Manager, at (203) 785-8533 or [shamilton@aoascc.org](mailto:shamilton@aoascc.org).**

ITEM:	NOTES:	DUE DATE:
<b>One full copy of Title III application, Sections I –V</b>	<b>Electronic copy emailed to <a href="mailto:shamilton@aoascc.org">shamilton@aoascc.org</a></b>	<b>By March 15, 2023 No later than <u>4:00 pm</u></b>
AOASCC Initial Review	Grants staff reviews applications for accuracy, responsiveness to questions and completeness.	In cases where corrections are needed, applicants will be scheduled to meet with the AOASCC Grants Director between <b>March 16 and March 30.</b>
<b>Final submission of Title III application and required number of copies.</b>	Submit the following number of copies: a) One complete application with original signatures and <b>Sections I – VII.</b> <i>Please mark this as <b>ORIGINAL.</b></i>	<b>By April 14, 2022 No later than <u>4:00 pm</u></b>

**Electronic copies of applications must reach the AOASCC office located at 117 Washington Avenue Suite 17 North Haven, CT before the 4:00pm deadline on the dates due.**

## C. 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 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. <b>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).</b> 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 <b>cash only</b> and may include local and state cash. <b>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).</b> Funds used for the non-federal match should be check marked. 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 would 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	<b>100% units/time</b>	<b>\$50,000</b>
Service type #1: Friendly Visitor	90% units/time	\$45,000
Service type #2: Escort Service	10% units/time	\$5,000

## D. DEFINITIONS

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

**Developmentally Disabled** – a severe, chronic, disability of a person that is attributable to a mental or physical impairment manifested before age 22, and likely to continue indefinitely; results in substantial limitation in major life activities.

**Grant** – an agreement to provide funds to carry out specified programs, services and activities.

**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.

**Major Life activity** – self-care, language, learning, mobility, self-direction, capacity of independent living, economic self-sufficiency.

**Minority** – a person who can be described as belonging to one of the following groups:

**Black/African American**: a person having origins in any of the Black racial groups of Africa .

**Native American/Native Alaskan Native**: a person having origins in any of the original peoples of North America who maintains cultural identification through tribal affiliation or by community recognition.

**Hispanic/Latino**: a person of Mexican, Puerto Rican, Cuban, South or Central American or other culture of Spanish origin, regardless of race.

**Asian**: a person having origins in any of the original peoples of Asia including the Middle East.

**Native Hawaiian/Pacific Islander**: a person has origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.

**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.**

**Participant with limited English proficiency** – a person whose limited English results in language barriers and cultural, social and geographical isolation that restricts his/her ability to perform normal daily tasks or threatens his/her capacity to live independently.

**Participant with severe disabilities** – a person with reported need for assistance with 3 or more ADLs (Activities of Daily Living) on the Consumer Registration Form.

**Participant w/ Alzheimer's & Related Disorders** – a person with neurological and organic brain dysfunction.

**Participant at risk of institutionalization** – a person with 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, OR
2. Does not reside in nursing Home; OR
3. Must report at least one of the following on the Consumer Registration Form:
  - a. Lives Alone
  - b. Income at or below 100% of the FPL;
  - c. Age 80 or older

**Title III** – reference to a particular section of the Older Americans Act.