

**GENERAL INFORMATION COVER SHEET**

Name of applicant agency: \_\_\_\_\_

Address of applicant agency: \_\_\_\_\_

Contact person: \_\_\_\_\_

Contact person phone: \_\_\_\_\_

Contact person e-mail address: \_\_\_\_\_

CEO/ED Name: \_\_\_\_\_

CEO/ED Signature: \_\_\_\_\_

Please Indicate the RFP this Proposal Encompasses:

- Title III B Friendly Visitor Program
- Title III B Home Repair and Modification
- Title III D Evidence-Based Education to Non-Native English Speakers

Project Period:

Renewable pending funding and satisfactory performance.

Application Checklist:

- Application Responses Part A, B, C, D, E, F, G (as applicable)
- Application Cover Sheet Signature and Attestation Signatures
- Copy of Affirmative Action Policy Attached
- Copy of HIPAA and Client Confidentiality Policy(ies) Attached
- Copy of Key Staff Resumes Attached
- Copy of Donation Policy Attached

**Complete the program narrative section in accordance with the following guidelines. Be sure to answer each question and sign each attestation.**

**A) Profile of Applicant Agency**

Briefly describe your agency; its history, organization, accomplishments and capacity to implement the program being proposed. Identify past experiences and activities which indicate your agency's ability to attain the goals and objectives of the program being proposed. Describe any services conducted on behalf of older people.

**Response A: Profile of Applicant Agency (3200 Characters Maximum):**

**Attestations:**

By signing this statement you attest that the Applicant Agency complies with all federal and state employment requirements and has an Affirmative Action Policy. Please attach a copy of the Affirmative Action Policy.

Typed Signature: \_\_\_\_\_

By signing this statement you attest that the Applicant Agency has procedures in place to maintain client confidentiality and will comply with the Health Insurance Portability and Accountability Act (HIPAA) for information collected that is protected under this legislation Please attach a copy of the client confidentiality and HIPAA policies.

Typed Signature: \_\_\_\_\_

By signing this statement you attest that the Applicant Agency will complete CORI checks (Criminal Offender Record Information) for volunteers and program staff working in Title III federally funded programs. This attestation confirms your understanding and willingness to comply with this requirement.

Typed Signature: \_\_\_\_\_

By signing this statement you attest that the Applicant Agency has the capacity to and will comply with the requirement to retain Title III program records for ten years.

Typed Signature: \_\_\_\_\_

**B) Description of Proposed Project**

Identify the Geographic Region Served by the Project (check each town served)

- Canton
- Dedham
- Foxborough
- Medfield
- Millis
- Norfolk
- Norwood
- Plainville
- Sharon
- Walpole
- Westwood
- Wrentham

1. Identify the problem your project proposes to address. The statement of need should be specific to elders living in the HESSCO area and be quantified as much as possible with demographic and statistical data. State the overall goal of the project. (Goals are broad statements of the ongoing missions or functions of the proposed project.)

**Response B.1: Statement of Need (3200 Character Maximum)**

2. Describe the services to be provided by the proposed project, including all major components of the overall program. Describe the target population to be served by the project and what eligibility criteria will be used for client selection.

**Response B.2 Description of Proposed Project (3200 Characters Maximum)**

3. State the type of outreach and public information efforts that will be made to inform elders and other service agencies about the availability of this service. Provide a specific plan for outreach to low-income elders, non-English speaking elders, minority elders and elders living with disability.

**Response B.3 Outreach Plan (Maximum 2500 Characters)**

4. Describe the capacity of the Applicant Agency to provide this service in languages that may be commonly spoken in the HESSCO service area.

**Response B.4: Language Capacity (1000 Characters Maximum)**

5. Explain how the proposed project will coordinate with other programs and services for elders in the service area.

**Response B.5: Collaboration with Programs for Elders (1800 Characters Maximum)**



6. Describe the staffing for the proposed program and indicate whether the project will be accomplished by existing staff or if new staff will be hired. Attach resumes of key project staff.

**Response B.6: Project Staffing (2000 Characters Maximum)**

7. Discuss the role of volunteers and older workers in the project.

**Response B.7: Volunteers and Older Workers (2000 Characters Maximum)**

8. Donation Opportunity Procedure Notice: All funded *Title III* programs must allow participants to make voluntary and confidential contributions toward the cost of that service. It is the policy of the Executive Office of Elder Affairs that *Title III* clients be alerted to the possibility of making a donation in some written form. It is also policy that *Title III* recipients be presented the donation language after the initiation of services and, preferably, at their completion. All donation policy language and statements should make explicit the voluntary nature of solicited contributions. Anywhere the word 'Contribution' or 'Donation' is used it should be in every instance combined with the word 'Voluntary'. Language indicating that contributing or failing to contribute in no way informs or influences service delivery should also be included. No means testing shall ever be used by a service provider for any service under *Title III* for which contributions are accepted. Please explain the Applicant Agency donation procedure and attach a copy of the Donation Policy. If the applicant agency requires HESSCO assistance in this matter, please indicate.

**Response B.8: Donation Procedure (1500 Characters Maximum)**

9. Please provide information on the insurance and liability policy held by the applicant agency and how it applies to the activities completed within this proposed project. HESSCO reserves the right to require proof of this insurance policy.

**Response B.9: Insurance and Liability Policy (1500 Characters Maximum)**

**C) Project Evaluation and Measurement**

1. Provide an estimate of the unduplicated number of individuals age 60 and over who will be served through the grant:

2. Provide an estimate of the unduplicated number of individuals age 60 and over and who meet the following race/ethnicity categories: Hispanic or Latino, Black/African American, American Indian or Alaskan Native, Asian, Native Hawaiian or Pacific Islander and who will be served through the grant.

3. Provide an estimate of the unduplicated number of individuals age 60 and over who meet the Older Americans Act category of Frail/Disabled (having a physical or mental disability, including having Alzheimer's disease or a neurological or brain disorder of the Alzheimer's type, which restricts the ability of the individual to live independently) who will be served through the grant.

4. Provide an estimate of the unduplicated number of individuals age 60 and over who meet the Older Americans Act category of Low-income, Non-minority (annual income at or below the federally established poverty level) who will be served by the grant.

5. Provide an estimate of the unduplicated number of individuals age 60 and over who meet the Older Americans Act category of Low-income Minority (annual income at or below the federally established poverty level and are American Indian/Alaskan Native, Asian, Pacific Islander/Native Hawaiian, Black, or Hispanic) who will be served by the grant.

6. Provide an estimate of the number of units of service that will be provided to individuals age 60 and over in FFY 2020.

1 unit of service = 1 visit for Friendly Visit

1 unit of service = 1 service/job performed

1 unit of service = 1 class session for evidence-based program

7. Provide information on the method for measuring these quantitative results of the project.

**Response C.7 Measuring Quantitative Project Results (1000 Character Maximum)**

8. Provide information on measuring qualitative results of the project, including consumer satisfaction. If you require HESSCO assistance with this, please indicate in your response.

**Response C.8 Measuring Qualitative Project Results (1000 Character Maximum)**

**D) Plans for Sustaining the Project**

1. Describe other sources of funding that have been secured or are being pursued to support this project.

**Response D.1 Describe other sources of funding (1000 Character Maximum)**

2. Please explain how you will sustain this project when/if *Title III* funding is no longer available.

**Response D.2 Explain how this project will be sustained (1000 Character Maximum)**



**E). Project Work Plan**

<b>Goal</b>	
<b>Objective</b>	
<b>Action Steps (Include Completion Date)</b>	

<b>Goal</b>	
<b>Objective</b>	
<b>Action Steps (Include Completion Date)</b>	

<b>Goal</b>	
<b>Objective</b>	
<b>Action Steps (Include Completion Date)</b>	

<b>Goal</b>	
<b>Objective</b>	
<b>Action Steps (Include Completion Date)</b>	

Attach Additional Sheets as Necessary

**F.1) Project Budget: HESSCO Budget Form Year 1**

<b>Sources of Revenue and Support</b>	<b>Cash</b>	<b>In-Kind</b>	<b>Total</b>
Title IIIB :			
Other Federal:			
State:			
Local:			
Private:			
Foundations:			
Corporations:			
Client Donation:			
Other:			
<b>Total Revenue and Support</b>			

<b>Expenses</b>	<b>Title III</b>	<b>Non-Federal Match (Cash)</b>	<b>Non-Federal Match (In-Kind)</b>	<b>Total</b>
Personnel:				
<b>Subtotal Personnel:</b>				
Support Costs:				
<b>Subtotal Support:</b>				
<b>Total All Costs:</b>				

**Budget Narrative Year 1:**

**Revenue and Sources of Support Line Items:**

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**Expenses Line Items:**

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**F.2) Project Budget: HESSCO Budget Form Year 2 (if applicable)**

<b>Sources of Revenue and Support</b>	<b>Cash</b>	<b>In-Kind</b>	<b>Total</b>
Title IIIB :			
Other Federal:			
State:			
Local:			
Private:			
Foundations:			
Corporations:			
Client Donation:			
Other:			
<b>Total Revenue and Support</b>			

<b>Expenses</b>	<b>Title III</b>	<b>Non-Federal Match (Cash)</b>	<b>Non-Federal Match (In-Kind)</b>	<b>Total</b>
Personnel:				
<b>Subtotal Personnel:</b>				
Support Costs:				
<b>Subtotal Support:</b>				
<b>Total All Costs:</b>				

**Budget Narrative Year 2:**

**Revenue and Sources of Support Line Items:**

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**Expenses Line Items:**

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**F.3) Project Budget: HESSCO Budget Form Year 3 (if applicable):**

<b>Sources of Revenue and Support</b>	<b>Cash</b>	<b>In-Kind</b>	<b>Total</b>
Title IIIB :			
Other Federal:			
State:			
Local:			
Private:			
Foundations:			
Corporations:			
Client Donation:			
Other:			
<b>Total Revenue and Support</b>			

<b>Expenses</b>	<b>Title III</b>	<b>Non-Federal Match (Cash)</b>	<b>Non-Federal Match (In-Kind)</b>	<b>Total</b>
Personnel:				
<b>Subtotal Personnel:</b>				
Support Costs:				
<b>Subtotal Support:</b>				
<b>Total All Costs:</b>				

**Budget Narrative Year 3:**

**Revenue and Sources of Support Line Items:**

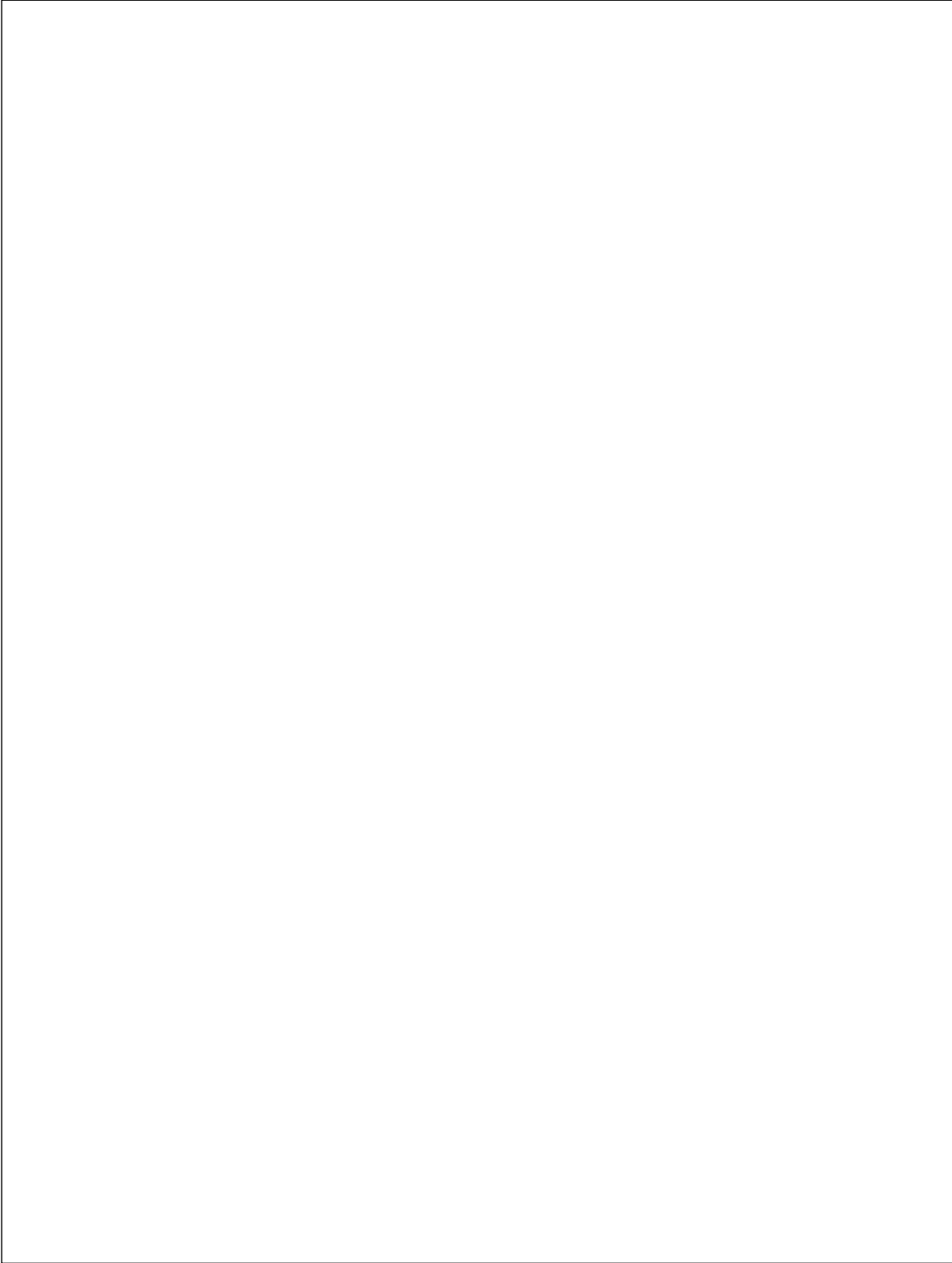
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**Expenses Line Items:**

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**G. Additional Space for Answers or Supplemental Information:**

A large, empty rectangular box with a thin black border, intended for providing answers or supplemental information. The box is currently blank.