

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:

Project Period: October 1, 2023 - September 30, 2025

Funding for October 1, 2024 - September 30, 2025 pending federal funding and satisfactory performance from October 1, 2023 to September 30, 2024.

Application Checklist:

Application Responses Part A, B, C, D, E, F

Application Cover Sheet 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

If not a legal services corporation – plan to collaborate 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.

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.

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.

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 seven (7) years.

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 legal assistance in languages that may be commonly spoken in the HESSCO service area.

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

5. Is the Applicant Agency a Legal Services Corporation?

Yes

No

If No, please attach a detailed plan on how you plan to coordinate with the Legal Services Corporation in the HESSCO service area in order to concentrate the use of funds provided under this title on individuals with the greatest need. (3500 Character Maximum).

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

Response B.6: Collaboration with Programs for Elders (1800 Characters Maximum)

7. 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.7: Project Staffing (2000 Characters Maximum)

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

Response B.8: Volunteers and Older Workers (2000 Characters Maximum)

A large empty rectangular box intended for the applicant's response to question 8.

9. Describe your efforts to involve the private bar in providing pro bono or reduced fee services. If you have a pro bono panel, how many attorneys currently serve, how many cases did they handle in the last year? Explain the types of cases they currently handle or that you anticipate they handle? How do you outreach to and recruit members of the private bar?

Response B.9: Pro Bono Service Development (2000 Characters Max)

10. 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.**

Response B.10: Donation Procedure (1500 Characters Maximum)

C) Project Evaluation and Measurement

1. Provide an estimate of the unduplicated number of all individuals age 60 and over who will be served in FFY 2024 and FFY 2025:

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 in FFY 2024 and FFY 2025.

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.)

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).

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).

6. Provide an estimate of the number of units of service that will be provided to individuals age 60 and over in FFY 2024 and FFY 2025. 1 unit of service = 1 hour of legal services.

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

Response C.7 Measuring Quantitative 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 How will you sustain the project if Title III funding is no longer available.

E). Project Work Plan

Goal	
Objective	
Action Steps (Include Completion Date)	

Goal	
Objective	
Action Steps (Include Completion Date)	

Goal	
Objective	
Action Steps (Include Completion Date)	

Goal	
Objective	
Action Steps (Include Completion Date)	

Attach Additional Sheets as Necessary

F.) Project Budget

HESSCO Budget Form FFY 2024 (October 1, 2023 – September 30, 2024)

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

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

Budget Narrative October 1, 2023 - September 30, 2024:

Revenue and Sources of Support Line Items:

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Expenses Line Items:

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Additional Space for Answers or Supplemental Information FFY2024:

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F.) Project Budget

HESSCO Budget Form FFY 2025 (October 1, 2024 – September 30, 2025)

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

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

Budget Narrative October 1, 2024-September 30, 2025:

Revenue and Sources of Support Line Items:

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Expenses Line Items:

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Additional Space for Answers or Supplemental Information FFY 2025:

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