



PROGRAM DESCRIPTION AND WORK PLAN – FY 2021 TITLE III FUNDING

Legal Name of Organization _____
Address, City, State, Zip _____
Phone Number _____
Fax Number _____
Organization Website _____

Agency Type: Choose an item.

DUNS Number (<http://www.dnb.com/get-a-duns-number.html>) _____
Employer Identification Number _____

Program Name _____
Program Address _____

Program Contact Name _____
Title _____
Phone _____
Fax _____
Email _____

Title of the Older Americans Act under which funding is requested: Choose an item.

Category Choose an item.

How many years has this program been funded by Title III? _____

TOTAL TITLE III REQUEST

It is understood and agreed by the undersigned that funds awarded as a result of this request are to be expended for the purposes set forth herein and in the Standard Assurances document in accordance with all applicable laws, regulations, policies and procedures of Senior Resources Agency on Aging, the State Unit on Aging, the Administration for Community Living and the U. S. Department of Health and Human Services.

Authorized Signatory _____
Signature _____
Title _____
Date _____

1. ORGANIZATIONAL OVERVIEW.

a. Organization's mission statement.

b. Describe the organization's financial position, including trends, challenges, or unusual developments over the last three years.

2. PROGRAM SUMMARY. ***Briefly*** describe the proposed program in one paragraph.

3. DETAILED PROGRAM DESCRIPTION.

a. Identify the community need this program proposes to address. How does this need address a Senior Resources priority as defined in the Area Plan (plan summary available in the RFP Guidelines and Application Instructions)? Identify the Area Plan Priority Area by choosing one in the drop-down box.

Choose an item.

b. Describe the service(s) to be provided, including all major components of the program. Include how often the service will be provided and where (facility).

4. PROGRAM RESOURCES. Describe how management, staff and resources will be utilized to ensure success of this program such as: staffing pattern, specific training/certifications, funding, etc.

5. BACKGROUND CHECKS. The State requires all Contractors, employees and volunteers undergo criminal background checks to ensure the safety of clients. Describe the process your Agency has for completing background checks on all client contact employees and volunteers.

6. GEOGRAPHY. Using the lists below, indicate the town(s) to be targeted for service provision.

Estuary Region:

- Chester
- Clinton
- Deep River
- Essex
- Killingworth*
- Lyme*
- Old Lyme
- Old Saybrook
- Westbrook

Midstate Region:

- Cromwell
- Durham*
- East Haddam*
- East Hampton
- Haddam*
- Middlefield
- Middletown
- Portland

Northeast Region:

- Brooklyn
- Canterbury*
- Eastford*
- Killingly
- Plainfield
- Pomfret*
- Putnam
- Sterling*
- Thompson*
- Union*
- Woodstock*

Windham Region:

- Ashford*
- Chaplin*
- Columbia*
- Coventry*
- Hampton*
- Lebanon*
- Mansfield
- Scotland*
- Willington*
- Windham

Southeast Region:

- Bozrah*
- Colchester*
- East Lyme
- Franklin*
- Griswold*
- Groton
- Ledyard
- Lisbon*
- Montville

- New London
- North Stonington*
- Norwich
- Preston*
- Salem*
- Sprague*
- Stonington
- Voluntown*
- Waterford

*Denotes Rural Town

7. PLAN TO REACH TARGET POPULATIONS. The Older American’s Act requires outreach efforts to certain target populations. Outreach for each chosen population must be specific to the population.

a . Indicate which target group(s) will be identified and encouraged to participate in the program.

NOTE: Only select the group(s) that will be specifically targeted (all groups will be reported on monthly, however). There is no need to select all.

Individuals with Low Income
(100% of federal poverty level or below)

Individuals from Minority Population
Group

Low Income Minority Individuals

Individuals at or below 150% of Poverty

Individuals Living in Rural Areas

Individuals with Limited English Proficiency

Individuals with Severe Disabilities

Individuals at Risk of Institutionalization

Individuals with Alzheimer’s and related Disorders

b . Identify and describe outreach methods and time frames for each outreach method for each selected target group. The outreach plan must be specific to each group selected. Give details.

8. ACTIVITIES AND PROGRAM INDICATORS. List the proposed measurable goal. List the indicators to be used to measure the success of the goal.

MEASURABLE GOAL(S)	MEASUREMENT

9. DATA COLLECTION.

a. describe the program's plan for measuring client impact including proposed methodology, frequency of measurement. (How is the client's life going to be changed by receiving this service?)

b. describe the measurement tool to be used;

- c. describe follow-up activities to ensure quality improvement

10. VOLUNTARY CONTRIBUTION PLAN. Describe HOW the following Title III requirements will be met: Fees may not be charged to program participants; however, it is a requirement to offer all clients an opportunity to donate to the program. Donations must be confidential, and no person may be denied involvement if s/he chooses not to contribute. All contributions received are to be used to expand the services of the program being funded under the grant.

11. FINANCIAL SUPPORT. Foundation, Fundraising, Corporate and Government Grant Details: Title III Contractors are required to initiate efforts to obtain additional support from private sources and other public organizations for grant-funded programs. List Other funding sources for the program described in this application and the amount provided by each (a) during FY 2020 and (b) as anticipated for the program in FY 2021.

Program Funding				
Foundation, Fundraising, Corporation, Government Funding Source	FY 20 Status*	FY 20 Amount	FY 21 Status*	FY 21 Projected Amount

*Status – Awarded, Applied, Plan to Apply, Denied

12. REDUCED FUNDING ALTERNATIVE. If the full amount requested is not funded, how would the program be adjusted? Please be specific in terms of staff reductions, and/or the reduced number of clients/units to be served. Applicants are cautioned to respond carefully as reduction should not be made solely to persons served or units of service to be provided. Please review your overhead/administrative costs for potential reductions that would correspond to less federal funding. Give specific details such as; staffing patterns, number of clients served, alternate funding sources, etc.

13. PROGRAM MANAGEMENT. If funds were received in fiscal year 2019, please respond to the following as they apply to the period October 1, 2018 to September 30, 2019:

a. Explain the successes of the program

b. Identify challenges within the program. Explain how these challenges were addressed

c. Explain the differences between the approved budget and the actual year end expenses

14. REFERRALS. Title III Contractors are required to assist clients in taking advantage of benefits under other programs (i.e.; energy assistance, food security, health insurance counseling, etc.).
- a. describe how unmet needs are identified

b. describe how referrals will be made to help clients access needed services. (This pertains to question 14 above.)

c. describe how the proposed program will coordinate with other appropriate services to avoid duplication (ex: receiving the same service from two different agencies). (This pertains to question 14 above.)

15. GRIEVANCE PROCEDURE. Describe how clients participating in the program will be informed of the procedures to notify the Area Agency on Aging of complaints based on denial of services.

16. NAME AND ADDRESS OF PERSON TO WHOM CHECKS SHOULD BE MAILED:

ORGANIZATION NAME:

NAME:

ADDRESS:

17.

Head of Organization

Title

Email