

NEW GRANT APPLICATION FORM FY 2019-20



**VENTURA COUNTY AREA AGENCY ON AGING
OLDER AMERICANS ACT NEW GRANT APPLICATION
TITLE III B: SENIOR SUPPORT LINE
PROJECT YEAR: JULY 1, 2019 - JUNE 30, 2020**

Applicant (Agency) Name: _____

Grant applications must be SEALED and received at the following address no later than
4:00 p.m., Monday, April 26, 2019.

Ventura County Area Agency on Aging
Attn: Marleen Canniff, Grants Administrator
646 County Square Drive, Suite 100
Ventura, CA 93003

Application Checklist: Each application must include the items listed below. Please check the box to confirm your completed application packet contains all items. Please do not staple documents.

**Check if
Included**

ORIGINALS: One (1) original and two (3) copies of the following:

- Completed Application with Original Signatures (ATTACHMENT A)
- Completed Budget Proposal with Original Signatures (ATTACHMENT B)
- Legal Governing Body Resolution authorizing submittal of this application

One (1) copy of the following:

- Copy of Adult Day Care License or status of application (if applicable)
- Audited Financial Statements (and past year's Single Audit, if applicable)
- List of Board of Directors/Legal Governing Body
- Current Organizational Chart
- Current Proof of Ownership/Lease Agreements for all Project Sites
- Current Business License(s)
- All Pertinent MOUs and Sub-Contracts
- Current Certificate of Insurance
- Current Fire, Health and Building Certificates
- Letters of Support for the Project to be Funded from Three (3) References

If Nonprofit: One (1) copy of the following:

- Nonprofit Determination Letter; Articles of Incorporation; Most Recent Bylaws;
Copies of Minutes of Last Two Board of Director's Meetings

APPLICANT INFORMATION

Applicant: _____

Mailing Address: _____ City: _____ ZIP: _____

Project Address: _____ City: _____ ZIP: _____

Contact Person: _____ Title: _____

Phone: _____ Phone 2: _____

Email Address: _____

Grant Project: Senior Support Line

Grant Amount: \$50,000

Funding Source: Title III B OAA CFDA#: 93.044 Required Match: 10% (\$5,000)

Agency Type:	<input type="checkbox"/> Public Agency	<input type="checkbox"/> Private Nonprofit	<input type="checkbox"/> Private For-Profit
Date of Incorporation:	Corporation Number:	Taxpayer ID Number:	

Authority to Contract

This proposal is authorized for submission by the governing body of the applicant agency(s). The undersigned is aware of all pertinent conditions and specifications affecting the provision of services and all relevant terms and conditions stated in the request for proposal.

➔Two authorized signatures are required for nonprofit organizations➔

AUTHORIZED SIGNATURE:

AUTHORIZED SIGNATURE:

Name (print)

Name (print)

Title

Title

Date

Date

Signature

Signature

Each grantee (except a sole proprietorship) is required to submit a resolution from its governing board that (1) authorizes submission of this grant application and (2) states the names and titles of individuals authorized to execute the grant contract and any contract amendments.

Is the resolution from the governing board attached to this document? Yes No

Does the resolution provide the authorizations required under this RFP? Yes No

If resolution is not attached, list date when it will be submitted to VCAAA: _____

CONTACT INFORMATION

MAIN CONTACT: Person responsible for completing this application:	
Name:	
Title:	
Phone:	
Email:	

Please complete the information below, or check to indicate if person responsible is same as main contact:

Person responsible for submitting monthly requests for funds and fiscal reports to VCAAA:			
Same as main contact: <input type="checkbox"/>			
Name:		Phone:	
Title:		Email:	
Person responsible for submitting monthly program reports to VCAAA and ensuring accurate reporting:			
Same as main contact: <input type="checkbox"/>			
Name:		Phone:	
Title:		Email:	
Person responsible for submitting client evaluation summaries each quarter to VCAAA:			
Same as main contact: <input type="checkbox"/>			
Name:		Phone:	
Title:		Email:	
Person responsible for ensuring your agency's compliance with Security Awareness Training ¹ :			
Same as main contact: <input type="checkbox"/>			
Name:		Phone:	
Title:		Email:	
Person responsible for inquiries and complaints regarding National Origin ² :			
Same as main contact: <input type="checkbox"/>			
Name:		Phone:	
Title:		Email:	
Person responsible for resolving complaints made by older individuals receiving grant-funded services:			
Same as main contact: <input type="checkbox"/>			
Name:		Phone:	
Title:		Email:	
Person responsible for publicity/outreach for grant-funded services during this grant cycle:			
Same as main contact: <input type="checkbox"/>			
Name:		Phone:	
Title:		Email:	

¹ All employees and volunteers of your organization who are directly involved with the grant (e.g., individuals who have access to confidential client information) are required to complete annually the Security Awareness Training module found on California Department of Aging's website: www.aging.ca.gov.

² If a complaint is made by a program participant alleging discrimination based upon a violation of State or Federal Law (22 CCR 98211, 98310, 98340), Grantee is required to immediately notify the VCAAA Grants Administrator. Grantees are required to designate an employee to whom initial complaints or inquiries regarding national origin can be directed.

EMERGENCY CONTACT INFORMATION

Names of person who provides information and assistance at your agency:	
Name:	
Title:	
Phone:	
Email:	
Agency Director – Contact Information:	
Name:	
Title:	
Address:	
Phone:	Evening Phone: _____
Email:	
Agency Emergency Coordinator - Contact Information:	
Name:	
Title:	
Address:	
Phone:	Evening Phone: _____
Email:	
Alternate Agency Emergency Coordinator - Contact Information	
Name:	
Title:	
Address:	
Phone:	Evening Phone: _____
Email:	

NOTE: This information is solely for purposes of communication in case of local disaster and will be kept strictly confidential.

Please complete this entire application, using only the spaces provided. You may use the Additional Information section at the end of the application for details you were unable to include in other sections.

SECTION 1 – ORGANIZATIONAL CAPACITY

A. Mission Statement

Provide a brief summary of your organization’s mission statement (use only space provided):

B. Service Area(s)

Please check (X) one:		
All of Ventura County		<input type="checkbox"/>
Only in Areas Checked Below:		<input type="checkbox"/>
Please check (X) all that apply:		
Camarillo <input type="checkbox"/>	Oxnard <input type="checkbox"/>	Simi Valley <input type="checkbox"/>
Fillmore <input type="checkbox"/>	Piru <input type="checkbox"/>	Somis <input type="checkbox"/>
Moorpark <input type="checkbox"/>	Port Hueneme <input type="checkbox"/>	Thousand Oaks <input type="checkbox"/>
Ojai <input type="checkbox"/>	Santa Paula <input type="checkbox"/>	Ventura - City <input type="checkbox"/>

C. Organizational Impact

Describe the impact of your organization’s core services and how grant funding will improve this impact.

D. Collaborations (not including VCAAA)

Please list the major organizations your agency collaborates with to provide grant-funded services.
 (May provide attachment to submit complete list.)

	Name of Collaborating Agency	Role or Purpose Relative to this Grant	Proposed or Current Collaboration?	Informal or Formal Agreement (MOU, etc.)?
1				
2				
3				
4				

Describe your organization’s experience in coordinating with these local and regional community services lead to increased opportunities for older adults to access services.

SECTION 2 – FISCAL

A. Project Budget

Please complete and submit the FY 2019-20 Project Budget.

B. Fiscal Management

List the contact information of the person responsible for the fiscal management of the grant.	
Name:	
Title:	
Phone:	
Email:	
<i>Describe the fiscal management procedures to be used to manage this grant (use only space provided):</i>	

C. Funding Contingencies

The amount of your agency’s grant is contingent upon the availability of state and federal funds. In the tables below, explain how your agency would handle an increase or decrease in grants funds.

Funding Increase

In the table below, list what your agency would do with additional “one-time-only” funds, if available. List a minimum of one and a maximum of five items/events. Typically, these funds are for one-time expenditures, such as equipment, workshops, special events, flyers, etc.

Priority	Item or Event	Estimated Cost REQUIRED
1		\$
2		\$
3		\$
4		\$
5		\$

Funding Reduction

<i>If grant funds are decreased, explain how your agency would reduce services funded by the grant:</i>

D. Revenue Sustainably Plan

This section applies only to nonprofit agencies. Your agency is expected to ensure the continuation of the grant-funded project at the close of the grant’s funding cycle. List any major revenue generating activities your agency is planning this fiscal year to build financial support. **Please be specific.**

Major Revenue Generating Activities Planned	Anticipated \$ Amount and Month/Year to Receive Funds	
	\$	Date:
	\$	Date:
	\$	Date:
	\$	Date:

Please check (X) one ➡	YES	NO
Will this program ever be able to operate without funds from the VCAAA (Older Americans Act and/or Older Californians Act and/or state funds)?	<input type="checkbox"/>	<input type="checkbox"/>
If YES, list month and year when project will be self-sufficient ➡		
<i>If NO, provide an explanation as to why program cannot be self-sufficient (use only space provided):</i>		

SECTION 3 – STAFFING

List all budgeted project personnel by title. Identify bilingual positions/persons.

ATTACH job descriptions and qualifications for any staff job titles to be involved in the project.

PAID PERSONNEL FOR PROJECT List Job Title		List % of wages to be paid for with these grant funds	List % of time to be spent on this project	If person is bilingual, list language other than English
1				
2				
3				
4				
5				
6				
7				
8				
VOLUNTEERS FOR PROJECT List Job Title		List hourly value of volunteer time*	List % of time to be spent on this project	If person is bilingual, list language other than English
1				
2				
3				
4				
5				
6				
<i>Will your agency recruit, train, supervise and recognize volunteers in providing the proposed service? If so, how will this be accomplished?</i>				

If several volunteers have the same job title, please list them on one line and show the total number of volunteers involved in this project.

*Hourly Value of Volunteer Time – In the Proposal Budget, the match list item for volunteers may include volunteer time with a dollar value assigned to the time. To determine this value for a specific occupation, use the latest Wages Data Search Tool for Ventura County found at the State of California Employment Development Department (EDD) website:
<https://www.labormarketinfo.edd.ca.gov/data/oes-employment-and-wages.html>

SECTION 4 – SERVICE DELIVERY

A. Service Availability

Please check (X) to answer questions below →		YES	NO
1	Are services provided Monday-Friday during regular business hours?	<input type="checkbox"/>	<input type="checkbox"/>
2	Is 24-hour coverage available?	<input type="checkbox"/>	<input type="checkbox"/>
3	Is weekend coverage available?	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comment:</i>			

B. Service Location

Indicate (X) where services will be provided by checking the applicable boxes below →		YES	NO
1	At the program address listed on page 1 of the application	<input type="checkbox"/>	<input type="checkbox"/>
2	At your agency’s other office sites	<input type="checkbox"/>	<input type="checkbox"/>
3	In a senior center	<input type="checkbox"/>	<input type="checkbox"/>
4	At a client’s home	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comment:</i>			

C. Client Eligibility

Please check (X) to answer questions below →		YES	NO
1	Your agency makes grant-funded services available for free to any Ventura County resident age 60+, regardless of their ability to pay for services.	<input type="checkbox"/>	<input type="checkbox"/>
2	Your agency has written procedures describing client eligibility for this service.	<input type="checkbox"/>	<input type="checkbox"/>
3	Your agency provides instruction to staff and volunteers regarding client eligibility for this grant-funded service?	<input type="checkbox"/>	<input type="checkbox"/>
4	Your agency makes grant funded services available for free to eligible clients regardless of their ability to pay for services.	<input type="checkbox"/>	<input type="checkbox"/>
<i>Describe your procedure for advising clients about eligibility criteria:</i>			

D. Service Proposal/Scope of Work

Carefully review the service requirements and descriptions of service categories in Section VII - Project Descriptions of the FY 2019-20 RFP. Using only the space below, provide a description of how your agency will provide the grant-funded services, including a summary of your organization’s skills, resources, approach, and experience relevant to the services described in this Request for Proposal (RFP).

E. Service Requirements

Please provide your organization’s proposed number of service units on the Service Requirements table below. *Service unit requirements may be negotiated.

Service Category	Peer Counseling	
Description	Use the skills and/or life experiences of trained volunteers, under qualified supervision, to provide advice, guidance, and support in a self-help approach in order to enhance well-being and enable clients to make informed choices.	
NAPIS Category	NAPIS 15 - Other ³	
Funding Source	Title III B (Older Americans Act)	
Priority Service?	No	
Registered Service?	No	
One Unit Equals:	One (1) Hour	
Minimum Number of Units to be Provided:	616 hours (units)	
Minimum Number of Unduplicated Clients to Be Served:	375	

Service Category	Telephone Reassurance	
Description	Telephone a client to provide contact and safety checks to reassure and support older individuals.	
NAPIS Category	NAPIS 15 - Other	
Funding Source	Title III B (Older Americans Act)	
Priority Service⁴?	Yes (In-Home Priority Service)	
Registered Service?	No	
One Unit Equals:	One (1) Contact	
Minimum Number of Units to be Provided:	2,236 (units)	
Minimum Number of Unduplicated Clients to Be Served:	278	

³ NAPIS = National Aging Program Information System

⁴ CCR, Article 3, Section 7312, requires that the AAA allocate an “adequate proportion” of federal funds to provide Access, In-Home Services, and Legal Assistance in the PSA. The annual minimum allocation is determined by the AAA through the planning process.

Please check (X) to answer questions below →		YES	NO
1	Are you currently providing the services proposed above?	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>If YES, are there changes with the number of service units? Please describe your plans to maintain or expand your services.</i></p>			

F. Service Contingency Plan

1. Describe how your agency will deal with demands for service that exceeds proposed levels.

2. How will you determine who is waitlisted for services and who receives priority?

3. Please describe your organization's current plan for providing services to seniors in the case of a catastrophic event (earthquake, fire, etc.)?

SECTION 5 – TARGETING AND PUBLIC RELATIONS

A. Targeting

Grantees are required to place a priority preference on providing services to older individuals with greatest economic need and older individuals with greatest social need **with particular attention to low-income minorities and older Native Americans.**

Greatest Social Need - A social need is the result of non-economic factors, e.g., physical and/or mental disabilities, language barriers, or cultural and/or social isolation and/or racial and ethnic status. They restrict a person’s ability to perform normal daily tasks or threaten his or her capacity to live independently. An older individual is in greatest social need if s/he has two (2) or more of the following characteristics: is physically and/or mentally disabled, has a language or communication barrier, lives alone, or is aged 75 or older.

Greatest Economic Need - Any person 60 years of age or older whose income level is estimated to be at or below the 2019 Department of Health and Human Services guidelines for the federal poverty level.

All grants funded with Title III B, D, E and VII dollars MUST provide services to persons age 60 and older regardless of income level.

Please indicate if your organization has plans to target the following groups of individuals and the projected number of clients to be encountered in each group by the grant-funded program this grant cycle. Older Individuals ...		Projected # of Clients	YES	NO
1	Who have greatest economic need, with particular attention to low-income minority individuals.		<input type="checkbox"/>	<input type="checkbox"/>
2	Who have greatest social need, with particular attention to low-income minority individuals.		<input type="checkbox"/>	<input type="checkbox"/>
3	Who reside in rural areas.		<input type="checkbox"/>	<input type="checkbox"/>
4	Who are Older Native Americans.		<input type="checkbox"/>	<input type="checkbox"/>
5	With severe disabilities.		<input type="checkbox"/>	<input type="checkbox"/>
6	With limited English-speaking ability.		<input type="checkbox"/>	<input type="checkbox"/>
a. Does your organization have written materials that describe the grant-funded program and services available in a language other than English (e.g., Spanish)?			<input type="checkbox"/>	<input type="checkbox"/>
b. If YES, please list those languages:				
7	With Alzheimer’s disease or related disorders with neurological and organic brain dysfunction and the caretakers of these individuals.		<input type="checkbox"/>	<input type="checkbox"/>
a. Is your organization a Dementia Friendly Organization?			<input type="checkbox"/>	<input type="checkbox"/>

8. Describe specific efforts and activities that your organization will make to use outreach efforts to identify individuals listed in the groups above:

9. If you answered NO to targeting any of the above groups, please explain:

B. Compliance with Americans with Disabilities Act

Please check (x) to answer questions below →		YES	NO
1	Is/are your project site(s) ADA handicapped accessible?	<input type="checkbox"/>	<input type="checkbox"/>
2	Has your agency incorporated accessibility symbols into brochures, advertisements or other materials that describe your services?	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>If you answered NO to either of the above questions, describe steps your agency has taken to increase public awareness for accommodations for clients with disabilities; and what other steps, if any, has your agency taken to meet the needs of these clients (use only space provided):</i></p> 			

C. Services to Lesbian, Gay, Bisexual and Transgender Older Adults

All grantees must ensure that programs and services are available to all older adults regardless of sexual orientation and gender identity. Evaluation of outreach efforts to gay, lesbian, bisexual, and transgender older adults will be included in the VCAAA contract monitoring requirements. Please complete the information requested below:

Projected number of Lesbian, Gay, Bisexual and Transgender persons (LGBT) to be encountered by the grant-funded program this grant cycle:	
Projected frequency (daily, monthly, etc.) with which LGBT individuals will come in contact with your agency's grant-funded program:	
<p><i>Describe specific efforts and activities that your organization will make to serve LGBT seniors:</i></p> 	

SECTION 6 – SERVICE HISTORY

A. History

In the space below, please explain your history of providing services for older adults (aged 60 and older) in Ventura County, including the number of years and dates. If a nonprofit agency, please also include when your organization obtained its 501(c)(3) designation.

B. Additional Information

In the space below, please provide any additional information you were unable to include in other sections of this application.