

State of Nevada
Department of Health and Human Services
Aging and Disability Services Division

**Volunteer Care and Assistance (VCA) Services
~ Clark County ~**

**REQUEST FOR APPLICATIONS (RFA)
AND INSTRUCTIONS**

Funding Period: State Fiscal Year 2018 (SFY19): July 1, 2018 – June 30, 2019

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INTRODUCTION

The Aging and Disability Services Division (ADSD) is seeking partner organizations to provide certain volunteer-based services to older adults throughout Clark County. This Request for Applications (RFA) establishes the requirements a sub-grant recipient must meet to be considered for funding.

The funded program(s) will provide volunteer supportive and assistive services to help maintain the independence of individuals living in the community who are age 60 or older. Clients typically live alone and are low-income, frail, chronically ill, homebound and at-risk of institutionalization. Priority is given to those who are determined to be the most in need, per ADSD regulations described in this document. Activities provided may include home management, transportation, nutrition-related tasks, social and recreational activities, respite care for primary caregivers, and provision of information, assistance in accessing services and advocacy. Service information and prohibitions are defined in the Volunteer Care and Assistance Service Specifications: <http://adsd.nv.gov/uploadedFiles/adsdnv.gov/content/Programs/Grant/ServSpecs/VolunteerCareandAssistance.pdf>. The funded program(s) will provide an array of services outlined in this Service Specification, **excluding** assistance with Medicare or related health insurances.

FUNDING INFORMATION AND APPLICATION PROCEDURES

Note: The terms “Division” and “ADSD” will be used interchangeably in reference to the Aging and Disability Services Division throughout these instructions and the application. The terms “seniors” and “older persons/individuals” refer to individuals age 60 or older, unless specified otherwise.

Before completing the application, **thoroughly read this instruction packet**, the grant assurances (located in the Word portion of the application); General and Volunteer Care and Assistance Service Specifications; and Requirements and Procedures for Grant Programs (RPGP), which consists of General Fiscal Requirements (GR) and Program Instructions (PI). These documents outline grantee compliance requirements. Funded agencies must also adhere to regulations listed in the Notification of Grant Award and Confidentiality Addendum (see [page 6](#) for more information).

- **General (Aging Services) Service Specifications** provide program standards for all funded programs, unless noted as exempt in the Notification of Grant Award (NGA). The **Volunteer Care and Assistance Service Specifications** outline baseline standards for compliance for the specified service. The Division has final authority over content. Service Specifications are evolving documents and are available at <http://adsd.nv.gov/Programs/Grant/ServSpecs/Documents/>.
- **Requirements and Procedures for Grant Programs (RPGPs)**, previously known as Program Instructions – Nevada (PINS), are statements of ADSD policy that ensure fiscal compliance with statutes, regulations and/or rules. Funded programs must follow the RPGPs whenever the regulation applies to their program. The ADSD RPGPs are available at <http://adsd.nv.gov/uploadedFiles/agingnv.gov/content/Programs/Grant/FiscalRequirements.pdf>.

Funding Source - Independent Living Grant (ILG)

In 1998, the tobacco industry nationally agreed to pay \$206 billion to states, over a period of 25 years, as a settlement for health-related costs incurred by the states. Nevada's share was estimated at \$1.2 billion. The Nevada State Legislature in 1999 passed AB 474, which enacted the Governor's plan for utilizing part of the proceeds of Nevada's Tobacco Settlement monies to support "independent living" among older adults living in Nevada. The Tobacco Settlement payout schedule is projected over a 25-year period, but the level of funding to all states, including Nevada, will be dependent upon the level of tobacco sales, nationally, each year.

ILG funds are for services for people age 60 and older with the exception of respite services, which may be provided to informal caregivers of persons of any age who are living with Alzheimer's disease or other dementia.

ADSD will award up to \$190,000 to one agency, or a combination of funding levels to multiple agencies, up to \$190,000, to provide services described in this RFA for Fiscal Year 2019. Future funding is not guaranteed; agencies will be required to apply during a competitive RFA process for Fiscal Year 2020.

Eligibility and Funding Priorities

Non-profits, public agencies and for-profit businesses may apply if interested in providing services outlined in this RFA.

In keeping with the Older Americans Act, Reauthorization Act of 2016, special consideration for funding will be given to applicants evidencing service priority to low-income, frail individuals, age 60 or older, in the following categories:

- Individuals in a minority group;
- Individuals with limited English proficiency;
- Individuals at risk for institutional placement;
- Individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and caregivers of such individuals);
- Individuals with the greatest economic or social need; and
- Individuals residing in rural areas.

Additional consideration will be given to programs that agree to prioritize services to clients referred by ADSD who are at risk of institutional placement or have been a victim of elder abuse. See Funding Decisions on pages 5-6 for information on application scoring.

Grant Period and Reporting Cycle

This grant period and reporting cycle will be for State Fiscal Year 2019 (SFY19): July 1, 2018 - June 30, 2019.

ADSD may fund a one-month transition period in June 2018 if the newly funded program(s) and existing program determine it is necessary. Once a grantee has been chosen, all parties

will negotiate the one-month transition and maximum ADSD funding to be allocated. ADSD will only fund essential expenses. The program will be responsible for match (15%).

Reporting Requirements

- All programs are required to report client demographic and monthly program service data in the Social Assistance Management System (SAMS) unless otherwise directed by ADSD.
- Financial reports are required on a quarterly basis or as otherwise directed by ADSD. All funded programs must have the equipment and software required to scan and email reports.
- Additional reporting may be required.
- If funded, your assigned Grants and Projects Specialist and Fiscal Specialist will provide reporting instructions.
- The reporting schedule is posted at <http://adsd.nv.gov/Programs/Grant/Resources>.
- Failure to comply with reporting requirements can place a grantee's funding in jeopardy.

The reporting and compliance history of existing programs will be considered in final funding recommendations and decisions.

Application Format

This application is only for Volunteer Care and Assistance services in Clark County. Do not combine services from multiple Service Specifications into one application.

The application **MUST** conform to the following requirements to be considered for funding:

- Applications must be computer-generated (no handwritten or typewriter-produced applications). ADSD uses e-mail as its primary means of communication with applicants and grantees.
- The application must be concise and no more than 24 pages if single-sided or 12 pages if double-sided (excluding attachments). Do not include cover sheets, cover letters, unsolicited attachments or application instruction pages, as they will be included in the page limit. Specific page limits are as follows:
 - Excel File:
 - Other Funding – 3 pages
 - Word File:
 - Applicant Questionnaire and Narrative – 5 pages
 - Organizational Standards – 2 pages
 - All other pages are limited to 1 page only, apart from the Budget Detail Worksheet, which is pre-set at 6 pages. If this section does not print on 6 pages, fix the borders in the page break preview in Excel. Some printers will not be able to print with the pre-set borders. Contact Kristi Martin at kmartin@adsd.nv.gov for assistance, if needed.
- Use black, 12-point, Arial font in the application's Word file. In the Excel file, use the pre-set font settings.
- The application must be on white, 8 ½ x 11 size paper. **NEW:** Double-sided applications are encouraged. **Staple** the application in the top left corner. Do not use binder or paper clips. Do not place the application into a folder or portfolio.

- **The application must be submitted on Division forms.** The application must be the ADSD Grant Application – VCA Services, Clark County; Fiscal Year 2019 version (as shown in the application’s footer).

Application Due Date and Submittal

- **Due Date: Wednesday, May 16, 2018**
 - **Applications must be hand-delivered by 4:00 p.m. or postmarked by the due date.** Faxed or emailed applications will not be accepted.
- **Number: Provide one signed original and three copies.** Please have the authorized representative sign the original application **in blue or red ink** to distinguish the original application package from the copies.
- **Failure to meet the application submission deadline**, either by postmark or hand-delivery (by 4 p.m.), will eliminate the application from consideration in this funding opportunity.
- **Delivery/Submission:** Hand-deliver or mail applications according to the due date above to the Aging and Disability Services Division, Attn: Kristi Martin, 1860 E. Sahara Avenue, Las Vegas, NV 89104.

Application Status Determination for On-Time Applications

- Each application will undergo an initial review for completeness and adherence to instructions. Applications that do not meet all requirements will not be accepted for funding consideration. Applicants with rejected applications will receive written notification in May 2018.
- Rejected applicants may appeal this decision, in writing, to the ADSD Deputy Administrator in Carson City who is over Programs. The request for review must be received within five working days from the notification of non-acceptance.
- The Deputy Administrator will review the appeal and recommend appropriate action to the Administrator.
- The Administrator, or designee, will notify the applicant of the Administrator’s decision, in writing, within ten working days of receiving the applicant’s appeal.
- The Administrator’s decision is final. There will be no additional appeal process.

Funding Decisions

- After application acceptance, Grants and Projects Specialists and outside reviewers will review all applications and make initial funding recommendations. Applications will be scored according to the following criteria; however, ADSD may negotiate final funding amount(s) with the chosen subrecipient(s) if there are unallowable or unreasonable expenses:
 - Applicant’s capacity to provide the service and its experience (10 points);
 - Relevance of the proposed activities and outcomes relative to the needs of the community and ADSD Service Specifications (10 points);
 - Existing or proposed partnerships (5 points);

- Outreach plans and service delivery to target populations and ADSD referrals as described on page 3 (10 points);
- Other funding, sustainability goals, and reasonableness of cost per client, unit and program expenses (10 points); and
- Adherence to these grant application instructions and accurate completion of forms (5 points).
- ADSD and Grants Management Leadership will review funding recommendations and application scores and present to the Administrator. The Administrator will consider all input prior to making final funding decisions.
- The Administrator’s decision is final.

Division Contacts

Las Vegas Regional Office		
Danielle Cooper (702) 486-0852 dcooper@adsd.nv.gov	Katrina Fowler (702) 486-3518 klfowler@adsd.nv.gov	Kristi Martin (702) 486-3519 kmartin@adsd.nv.gov

POST AWARD INFORMATION FOR FUNDED PROGRAM(S)

In the event an application is funded, the following will apply, in addition to the documents listed on page 2:

Notification of Grant Award (NGA) and Confidentiality Addendum

An NGA with a detailed cover letter will be sent by e-mail to notify applicants of funding. *It is very important to read all documents carefully, follow all instructions and comply with all special conditions (if applicable), including signing and returning the NGA to your assigned Grants and Projects Specialist, as listed in the e-mail. Please sign the NGA in red or blue ink.*

A Confidentiality Addendum will be included with the NGA. This document is required for *each* grant that calls for a program to use and enter data into the Division’s statewide SAMS data system. The Addendum must be signed by the same individual who signs the acceptance of the NGA. The original, signed Confidentiality Addendum is then returned with the original, signed NGA to your Grants and Projects Specialist.

Funds will not be released until all special conditions have been satisfied and all required, signed documents have been returned to, and approved by, your ADSD Grants and Projects Specialist.

Request for Funds

A Request for Funds (RFF) form must be completed, submitted and approved in order to draw down funds. The Request for Funds form will be e-mailed to funded programs with the NGA, Confidentiality Addendum and a Quarterly Financial Report (QFR). Programs must use the forms that are e-mailed and follow ADSD’s policy on submittal, which is available at <http://adsd.nv.gov/uploadedFiles/adsdnv.gov/content/Programs/Grant/Reporting/ADSDGrantee>

PolicyRFFandQFR.pdf. Payments will be made as monthly or quarterly reimbursements. If advance payments are necessary, ADSD must receive and approve a request from the grantee agency that justifies the need. This can be initiated by the applicant in question 12 of the Applicant Questionnaire and Narrative.

Vendor Number and Change of Address

All vendors doing business with the State of Nevada must have a vendor number assigned by the State Controller's Office. New grantees are required to complete a Vendor Registration Form before any invoices or grant payments can be made. Current grantees do not have to complete this form if current information is on file. To change the program's address, the grantee must submit a Vendor Information Update and/or Additional Remittance Form to the State Controller's Office.

These forms are submitted directly to Vendor Services with a copy to ADSD's Fiscal Unit in Carson City and the assigned Grants and Projects Specialist. The Division must be notified of address changes to avoid any delay in receiving funds.

Vendor Forms are available at http://controller.nv.gov/VendorServices/Vendor_Services.html.

Performance Indicators

Performance Indicators are required. Performance Indicators measure tangible effects that a service has on the wellbeing of a client. Measurements may be both objective and subjective. Further information on Performance Indicators can be found at <http://adsd.nv.gov/Programs/Grant/Resources>.

Program Assessment

Programs will be assessed to evaluate fiscal accountability, progress towards achieving program goals, objectives, projected outcomes, client satisfaction and adherence to the ADSD's NGA, Confidentiality Addendum, Assurances, Service Specifications and RPGPs. Program assessment visits occur at the location of service delivery and/or the grantee's office and may include visits to clients' homes to discuss their satisfaction with the services and view services. Fiscal monitoring may occur at the grantee's office, or as a desk audit, depending on the type and size of the grant.

Technical Assistance

Each program is assigned a Grants and Projects Specialist, who is available to assist with aspects of program development. Fiscal Specialists are available to address questions regarding fiscal matters.

ELECTRONIC FILE INSTRUCTIONS

Two files are to be used when completing the grant application:

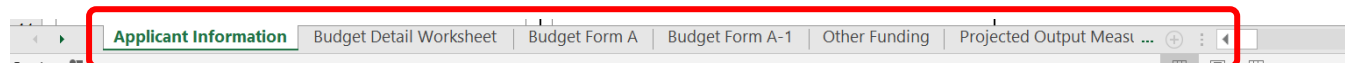
1. Microsoft Excel File: ADSD Competitive Volunteer Care Grant Application FY19 - Part 1
2. Microsoft Word File: ADSD Competitive Volunteer Care Grant Application FY19 - Part 2

The **Excel** file contains the following forms, in order:

- Applicant Information Page
- Budget Detail Worksheet
- Budget Form A
- Budget Form A-1
- Other Funding
- Projected Output Measures

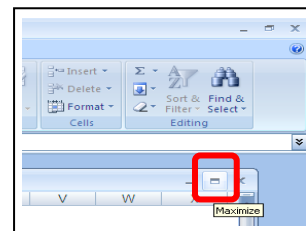
The application must have all the above-listed Excel forms completed and submitted.

To access each form in Excel, click on the corresponding tab at the bottom of the page as shown here:



If you do not see tabs at the bottom of the spreadsheet, maximize the screen by clicking the button on the right side of the screen, as shown here:

You may also need to scroll left or right to see all the tabs. Utilize the scroll bar to the right of the tabs:



PLEASE NOTE: Do not utilize multiple copies of the Excel file to create your application; there are formulas that carry over from page-to-page. For best results, complete each tab of the workbook in order. Additionally, do not paste information from past applications, as it might cause problems with the formulas. This will ensure that invalid error messages are not shown on the application after printing and linked boxes will have a value.

The **Word** file contains the following forms, in order:

- Application Checklist
- Applicant Questionnaire and Narrative
- Organizational Standards
- Assurances

Applications must be assembled according to the instructions on the Application Checklist and be in the exact format noted on pages 4 and 5.

FORM INSTRUCTIONS – Excel File

Please [contact ADSD](#) if you have questions regarding a form not listed here, or if the information included does not answer your question.

APPLICANT INFORMATION

Box #	Instructions
1	Choose which type of application your agency is submitting: a) New Applicant or Type of Service; b) Expansion of Current FY18 ADSD Grant-Funded Volunteer Care and Assistance Program.
2	No action required. The amount requested will auto-fill once the Budget Detail Worksheet is complete.
3	Select the agency's organization type.
4	Enter the date the application will be submitted.
5	Enter Sponsor and Program information, as requested on the form. Complete both sections. Sponsors are entities that are responsible for the funds awarded. Additional information on Sponsors is in <u>RPGP GR-2</u> . Programs are entities that provide service delivery under the grant. The sponsor and program director should not be the same person for accountability purposes.
6	Enter the agency's Employer Identification Number (EIN) or Federal Tax Identification Number.
7	Enter the agency's Data Universal Numbering System (DUNS) Number. Per <u>RPGP GR-2</u> , it is ADSD's policy that all grantees must have a DUNS number to receive funding. To request, look-up or make changes to a DUNS number, go to http://fedgov.dnb.com/webform . All DUNS numbers are 9 digits.
8	No action required. The funding source has been pre-determined as ILG and/or State Volunteer.
9	No action required. The service has been entered.
10	List the specific service components that will be provided to clients under the proposed service, should funds be awarded. Include only activities that would be funded by the grant.
11	List the program's service area(s) for the proposed service. You may list specific cities and/or towns or describe a distinct area. If you list a county, and not specific cities and/or towns, the program will be expected to serve the entire county. This also applies to grants that enter "statewide" in this section without exclusions listed.
12	List the populations that the agency will target for the proposed service. You may list more than one population-type per line, if needed.
13	Read the statement. Enter the name and title of the agency's authorized representative. Once the authorized representative has reviewed the completed application package, he/she will sign and date the original Applicant Information form and Assurances, which are in the Word portion of the application in blue or red ink. By signing the forms, the representative is stating that he/she has approval from the Sponsor to sign the forms and verified accuracy of the information in the application.

BUDGET DETAIL WORKSHEET

The agency name and type of service will auto-fill from information entered on the Applicant Information page. Choose the type of grant (categorical or fixed-fee) from the drop-down menu.

Describe program expenses requested from ADSD in the budget categories included in the Budget Detail Worksheet (BDW), using the descriptions below as a guide to describe each category of expense. Be sure to provide a detailed response, explain how each expense is related to the proposed project and identify any one-time costs. Provide calculations where requested and follow the examples.

Information entered on this form will auto-populate Budget Form A. Therefore, do not include excess match on the BDW. Instead, describe additional resources, other than match, on the Other Funding form.

Personnel: List *administrative* staff that will provide direct service under the proposed program and the associated costs to be charged to the grant (percentages will be calculated automatically). Costs associated with administrative staff providing indirect services may only be included in this section in fixed-fee proposals. Also list *program* staff (name and position) and total cost to be charged to the grant. Place an asterisk (*) beside all new positions. Include salary calculations for each administrative and program staff person. A Program Salary will be generated in the far-right column. Follow the example on the form.

Fringe Benefits: Fringe benefits will be based on the employee's Program Salary, not his/her Annual Salary. List each position and the type of benefits provided to each (FICA, Medicare, vacation, state industrial insurance, unemployment insurance, etc.). List the ADSD Request and Grantee Match for each position's benefits, as applicable (percentages will be calculated automatically). Follow the example on the form.

Contractual/Consultant Services: Explain the need and/or purpose for the contractual and/or consultant service. Identify and justify these costs. Only include costs for which there is a written contract or agreement that can be presented to ADSD auditors and Grants and Projects Specialists, if requested. Follow the example on the form.

Staff Travel/Per Diem: Identify staff that will travel and the purpose/justification, mileage, cost per mile and frequency. Follow the example on the form.

Supplies: List tangible and expendable personal property, such as office supplies, program supplies, etc. List any computer equipment, which cost less than \$1,000. Justify these expenditures. Follow the example on the form.

Occupancy: Identify and justify any facility costs associated with the proposed program (not the entire agency), such as rent, maintenance expenses and insurance, as well as utilities such as power, water and telephone. Follow the example on the form.

Public Information: Identify and justify any such costs (e.g., printing of brochure). This category can also include costs for appropriate project promotion, such as media buys, etc. Follow the example on the form.

Other Direct Expenses: Identify and justify all other expenditures that cannot be identified in another category. These costs may include any relevant expenditure associated with the project, such as training, car insurance, volunteer mileage, etc. These costs are to be included only if they are associated exclusively with this program. If they are associated with multiple sources of funding, the costs are to be included in Administrative Expenses. Follow the example on the form.

Equipment: List equipment to purchase, which cost \$1,000 or more, and justify these expenditures. List equipment that costs less than \$1,000 under Supplies. Follow the example on the form. There is no guarantee that ADSD will have funds available for equipment.

Administrative Expenses: Administrative expenses are to be used to help cover costs in categorical grants that are not easily assignable to a specific program or unit within an organization. These costs are associated with depreciation and use allowances, facility operation and maintenance, general administrative expenses such as accounting, payroll, legal and data processing, and any personnel not providing direct services to the project. The expenses must be adequately described and are limited to the maximum rate listed, depending on the funding source. Administrative expenses do not apply to equipment.

Applicants may request up to 8% administrative expenses. Federal Indirect Cost Rates do not apply to these state funding sources. The correct percentage has been chosen within the file; however, applicants requesting administrative expenses should verify 8% is still selected to avoid a rejected application.

BUDGET FORM A

The agency name, type of service and grant type will auto-fill from information entered on the Applicant Information and Budget Detail Worksheet pages. The amounts on this form self-populate from the amounts entered on the Budget Detail Worksheet. This page offers a summary of the grant budget.

BUDGET FORM A-1

The agency name, type of service and grant type will auto-fill from information entered on the Applicant Information and Budget Detail Worksheet pages.

Identify sources of match listed on the Budget Detail Worksheet and Budget Form A. Give a specific description. Entities should be listed by name, not a generalization (e.g., “county funds” would be an unacceptable description). If donations will be used, specify the source, as client donations are not an eligible source of match. If volunteers will be used, list a sampling of their duties and your method for calculating the value of service, as related to the proposed program. In the “Status of Match” column, use the drop-down menus to indicate whether the match is Pending, Funded or With Special Conditions.

For #9, list potential amounts of program income/source, describe the use of the funds and indicate if the program plans to have a sliding fee scale or voluntary contributions. Although any cash income generated by the program is not to be included in the budget detail worksheet, the funded agency needs to document its use since it is to be used only to expand or enhance project services.

Matching Funds Requirements: Match is calculated by multiplying the requested ADSD amount by 15% and may be any combination of allowable cash or in-kind services. Client service donations are considered program income and cannot be used as match. Reference the RPGPs for additional information on match requirements and allowable match: <http://adsd.nv.gov/uploadedFiles/agingnvgov/content/Programs/Grant/FiscalRequirements.pdf>.

Definition of IN-KIND match: Any property or services provided without charge by a third party to a second party are IN-KIND contributions. IN-KIND items must be non-depreciated or new assets with an established monetary value.

First Party:	The State of Nevada
Second Party:	The grantee (and sub-grantee of project supported by the grant)
Third Party:	Everyone else

If the grantee (second party) provides the property or services, then it is considered “cash” contributions, because only third parties can provide IN-KIND contributions.

When costing out volunteer time, remember to calculate the cost based on the duties performed, not the volunteer’s qualifications. For example, an attorney may donate his or her time to provide transportation to clients a certain number of hours per month, but the donation is to be calculated based on the normal and expected pay received by drivers, not attorneys.

Definition of CASH: Property or services provided by the grantee are considered “cash” contributions.

Cash donations (other than client service donations) can also be used as match; however, program income cannot be used to match another program. Program income can only be used to enhance the program that generates the funds.

IMPORTANT: Program Income

1. Client service donations may not be used as match but can be solicited for all services. **Solicitation must be non-coercive. The donation process must be confidential.**
2. Cost sharing (contributions made to a program based on a sliding-fee scale) is prohibited in certain programs. The Division’s Cost Sharing Policy, and a list of the excluded programs, can be found in the RPGPs, as Appendix 4, at <http://adsd.nv.gov/uploadedFiles/agingnvgov/content/Programs/Grant/FiscalRequirements.pdf>.

OTHER FUNDING

The agency name and type of service will auto-fill from information entered on the Applicant Information page. List other sources of funding that will be used to provide this service. If the funding is not specific to the service, please indicate that in the Funding Source section. Utilize additional pages, if necessary.

This information is mandatory and will allow ADSD to understand the full cost of the service, essential items needed, but not included in the ADSD request, and how other entities/funding are involved in providing the service.

PROJECTED OUTPUT MEASURES

The agency name, type of service and grant type will auto-fill from information entered on the Applicant Information and Budget Detail Worksheet pages. Applicants are required to submit projected output measures to illustrate the proposed number of unduplicated clients and units of service they plan to serve. Demographic information is also required, including: the age of clients, the number of clients who live below the federal poverty level, the number of minority clients, the number of clients with limited English proficiency and the number of clients in rural areas.

To avoid unnecessary confusion and error messages, complete the Projected Output Measures page after all other Excel documents have been completed. Cells that are shaded in blue will fill in automatically from data entered in other parts of the file.

Units of Service are defined in the Service-Specific Service Specifications at <http://adsd.nv.gov/Programs/Grant/ServSpecs/Documents>.

FORM INSTRUCTIONS – Word File

Please contact ADSD if you have questions regarding a form not listed here, or if the information included doesn't answer your question.

APPLICATION CHECKLIST

Assemble the application package according to the instructions on the Checklist. Check off each item to verify that it is included. If required items are missing, the application will be rejected.

Attachments are marked “if applicable,” “optional,” or “required.” If an “if applicable” attachment item is used by the applying agency, the attachment is mandatory. These items are to be attached to the end of the application package. Properly staple the application. Ensure that the staple went through, and secured, all pages.

APPLICANT QUESTIONNAIRE AND NARRATIVE

Provide a detailed answer to each question, or check N/A, as applicable. Do not combine answers. Please read each question carefully. Additional guidance:

Question #	Guidance
1 and 2	Provide information about the applying agency as requested.
3	Describe the service that would be provided, the community needs that would be met and expected outcomes should funds be awarded. Reference this document's introduction and the Volunteer Care and Assistance Service Specification for services to be provided.
4	Describe the applying agency's qualifications and ability to provide the services. Also include the requested information regarding an existing network of volunteers or recruitment plans.
5	Describe only partnerships that will benefit the service delivery or clientele.

6	Describe planned outreach and targeting activities. Grantees are required to have a Targeting Plan (ref: General (Aging Services) Service Specifications). See page 3 for ADSD target populations.
7	As stated on page 3, additional consideration will be given to programs that agree to prioritize services to clients referred by ADSD who are at risk of institutional placement or have been a victim of elder abuse.
8	Programs that are not currently providing the proposed service may skip question 8. Programs that are already providing the service must answer each sub-question. Information on cost sharing and sliding fee scales can be found in the <u>RPGPs</u> .
9	If the program is not fully functional, provide a detailed timeline for implementation of services.
10	Justify funding at the level requested in the application. Include information on the agency's sustainability plan for the program, should it receive funding. ADSD funding is not guaranteed from year-to-year, or if federal or state funds become unavailable during a fiscal year. Grantees must diversify funding and plan ahead for sustainability purposes.
11	Considering all program expenses, indicate the percentage of program expenses that would be paid with ADSD funding if this proposal was fully funded.
12	ADSD must process grant payments as reimbursements unless a grantee agency has requested, in writing, advance payments and provided proper justification, which has been approved by ADSD. If a grantee indicates it is unable to provide services if payments are received as reimbursements, the assigned Grants and Projects Specialist will provide written confirmation to the grantee agency of acceptance, denial, or will ask for additional information before a decision is made. All correspondence will be retained in the program's ADSD FY19 grant file; grantees are encouraged to retain correspondence as well. Each FY will require a new request from the grantee.

ORGANIZATIONAL STANDARDS

Read the form and respond accordingly. Choose the organizational structure of the agency and identify the governing body or ownership as applicable to the selection. Non-profit agencies must verify information for their board of directors. Applicants must also verify financial accountability.

ASSURANCES

At the bottom of the form, enter the agency's name, and the name and title of the authorized representative. The authorized representative reads, signs and dates each form of the original application in red or blue ink, signifying that: (1) He/she has the authority to sign; and (2) the applying agency is capable of and will comply with the assurances if funds are awarded.