



PROGRAM DESCRIPTION AND WORK PLAN – FY 2018 TITLE III FUNDING

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

Agency Type:

- Non-Profit Private for Profit Public Municipality

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 American Act under which funding is requested:

- Title IIIB (Social Services) Title IIID (Evidence Based Health Promotion Programs)

Category *ex: Access, In-Home, etc.* _____

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 Department 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 mission statement and capacity to implement proposed program.

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.

ii. referrals will be made to help clients access needed services.

d. Describe how the proposed program will coordinate with other appropriate services.

5. PROGRAM IMPACT. Identify the primary outcome of the program. (Explain the impact the service will make in a consumer's life.)

Outcome	
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6. PROGRAM RESOURCES.

a. Describe how management, staff and resources will be utilized to ensure success of this program.

- b. Background Checks. The State requires all Contractors, employees and volunteers undergo criminal background checks to ensure the safety of clients. Explain the process your Agency has for having background checks on all client contact employees and volunteers.

7. ACTIVITIES AND PROGRAM INDICATORS. Describe activities needed to reach the expected outcome. List the indicators to be used to measure the success of the outcome.

ACTIVITIES	PROGRAM INDICATORS

8. DATA COLLECTION. Describe:

- a. the program's plan for measuring client impact including proposed methodology, frequency of measurement;

- b. the measurement tool to be used;

c. follow-up activities to ensure quality improvement; and

d. **Renewal Applicants:** In addition, provide a composite summary of results of client satisfaction data gathered over the most recent program year. Describe procedures for responding to and resolving negative client feedback.

9. GEOGRAPHY. Using the lists below, indicate the town(s) to be targeted that the program participants reside in:

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

10. PLAN TO REACH TARGET POPULATIONS. The Older American's Act target populations are: individuals at 100% of federal poverty level or below (low income consumers), minority, low income minority, 101% - 149% of federal poverty level, have limited English proficiency, severely disabled, at-risk of institutionalization, or individuals with dementia.

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

b . Identify and describe methods and time frames for each selected target group. Be specific in the outreach plan.

11. 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.

12. PROGRAM MANAGEMENT. If funds were received in fiscal year 2016, please respond to the following as they apply to the period October 1, 2015 to September 30, 2016:

a. Explain the successes of the program

b. Identify challenges within the program. Provide a plan of action to address these challenges

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

13. REDUCED FUNDING ALTERNATIVE. Please be specific in terms of staff reductions, and/or the reduced number of clients/units to be served in the two requests below. 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.

a. Briefly describe how the program would change with a 25% reduction from the requested amount.

b. Briefly describe how the program would change with a 50% reduction from the requested amount.

14. FINANCIAL SUPPORT. Foundation, 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 2017 and (b) as anticipated for the program in FY 2018.

Program Funding				
Foundation, Corporation, Government Funding Source	FY 17 Status*	FY 17 Amount	FY 18 Status*	FY 18 Projected Amount

*Status – Awarded, Applied, Plan to Apply

15. DENIAL OF SERVICES. Describe how older adults 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