### SERVICE PROVIDER APPLICATION

**FORMATS**

This packet contains formats to be used by providers applying for funding under the following DOEA programs:

Title IIIB, Supportive Services

Title III‑C1, Congregate Nutrition

Title III‑C2, Home Delivered Nutrition

Title III-D, Disease Prevention and Health Promotion Services

Title III‑E, Caregiver Support Services

These formats are to be used by Area Agencies on Aging (AAA) service providers.

**SERVICE PROVIDER APPLICATION**

**(Please include page numbers below as they appear in the application)**

 **PAGE**

TABLE OF CONTENTS \_\_\_\_\_

I.A Service Provider Summary Information \_\_\_\_\_

#### A. PROGRAM MODULE FORMATS

II.A General Information

1. Needs Assessment \_\_\_\_\_

1. Outreach Description \_\_\_\_\_
2. Eligibility and Assessment/Reassessment Process \_\_\_\_\_
3. System of Prioritization \_\_\_\_\_
4. Process for Reducing or Terminating Services \_\_\_\_\_
5. Quality Assurance \_\_\_\_\_

 a. Client Satisfaction \_\_\_\_\_

 b. Internal Evaluation Process \_\_\_\_\_

 d. Information

III.A Description of Service Delivery

 Service Data (Includes Items 1,2 & 3; *if applicable*) \_\_\_\_\_

 1. Site Location \_\_\_\_\_

 2. Days and Hours of Operation \_\_\_\_\_

 3. Describe Specific Activities \_\_\_\_\_

 4. Nutrition Education Schedule \_\_\_\_\_

 5. Nutrition Consultation Agreement \_\_\_\_\_

 6. NSIP Commodity Foods Statement \_\_\_\_\_

IV.A New Service/New Provider Business Plan \_\_\_\_\_

V.A Goals, Objectives and Performance Measures \_\_\_\_\_

###### CONTRACT MODULE FORMATS

I.B Personnel Costs Worksheet \_\_\_\_\_

II.B Line Item Budget Projections \_\_\_\_\_

III.B Supporting Budget Schedule by Program Activity \_\_\_\_\_

IV.B Commitment of Cash Donation \_\_\_\_\_

V.B Commitment for Donation of Building Space \_\_\_\_\_

VI.B Commitment of In-Kind Contribution of Supplies \_\_\_\_\_

VII.B Commitment of In-Kind Contribution of Equipment \_\_\_\_\_

VIII.B Commitment of In-Kind Contribution of Services \_\_\_\_\_

IX.B Commitment of in-Kind Volunteer Personnel and Travel \_\_\_\_\_

X.B Availability of Documents \_\_\_\_\_

I.A. SERVICE PROVIDER

PSA: SUMMARY INFORMATION PAGE ORIGINAL SUBMISSION [ ]

REVISION [ ]

|  |  |
| --- | --- |
|  1. PROVIDER INFORMATION: Executive Director: {Name/Address/Phone} Legal Name of Agency: Mailing Address: Telephone Number:  | 2. GOVERNING BOARD CHAIR: {Name/Address/Phone} Name of Grantee Agency:   3. ADVISORY COUNCIL CHAIR: (if applicable) {Name/Address/Phone} |
| 4.TYPE OF AGENCY/ORGANIZATION: \_\_\_NOT FOR PROFIT: PRIVATE  PUBLIC  \_\_\_\_PRIVATE FOR PROFIT  | 5. PROPOSED FUNDING PERIOD:  A. New Applicant  B. Continuation  |
| 6. FUNDS REQUESTED: [ ] OAA Title III-B  [ ] OAA Title III-C1  [ ] OAA Title III-C2  [ ] OAA Title III-D  [ ] OAA Title III-E  [ ] OAA Title III-ES  [ ] OAA Title III-EG   |
|  |
| 7. DESIGNATED SERVICE AREA: [ ] PSA-Wide [ ] Indian River County  [ ] Palm Beach A [ ] Martin County  [ ] Palm Beach B [ ] Okeechobee County  [ ] St. Lucie County |
| 8. GROUP { } GROUP ONE { }GROUP THREE { } GROUP FIVE { } GROUP TWO { } GROUP FOUR  |
| 9. ADDRESS FOR PAYMENT OF CHECKS ITEM #: [ ] #1 [ ] #2 |
| 10. CERTIFICATION BY AUTHORIZED AGENCY OFFICER:I hereby certify that the contents of this document are true, accurate and complete statements. I acknowledge that intentional misrepresentation or falsification may result in the termination of financial assistance.Name: Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**II.A. GENERAL INFORMATION**

II.A.1. NEEDS ASSESSMENT: Describe process(es) used to determine service needs in the area. (The current DOEA Programs and Services Manual should be reviewed for specific program requirements.)

II.A.2. OUTREACH: Document the planned outreach activities to address the identified service needs of targeted populations. This summary should consist of the planned outreach activities at the Designated Service Area level, including when and where activities and events will take place, information on target audiences, goals for number of older individuals and caregivers reached, and plans for how these outreach efforts will reach the targeted sub-populations. In developing the outreach section summarize the types of community events/activities, dates and locations, and numbers of anticipated participants.

TARGETED OUTREACH PLAN

|  |
| --- |
| **PROVIDER NAME:**  |
|  |
| **1. Describe strategies to address the unique and particular needs at the county and community levels (e.g., transportation for individuals in rural and/or isolated areas, and access to SNAP and other food assistance for low-income individuals).** |
| **Response:** |

|  |
| --- |
| **2. Summarize planned outreach activities for 2022 at the county level. In developing the outreach section summarize the types of community events/activities, dates, locations, and number of anticipated participants.** |
| **Response:** |

|  |
| --- |
| **3. Include specific information on methods for ensuring the provision of outreach and education to each of the populations described below.** |
| Population | Methods for ensuring the provision of outreach and education |
| Older individuals residing in rural areas; | **Response:** |
| Older individuals with greatest economic need (with particular attention to low- income older individuals, including low-incomeminority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) | **Response:** |
| Older individuals with greatest social need (with particular attention to low- income older individuals, including low-incomeminority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) | **Response:** |

|  |  |
| --- | --- |
| Older individuals with severe disabilities | **Response:** |
| Older individuals with limited English proficiency | **Response:** |
| Older individuals with Alzheimer’s disease and related disorders with neurological and organic brain dysfunction | **Response:** |
| Older individuals at risk for institutional placement | **Response:** |
| Caregivers | **Response:** |
| Caregivers of older individuals with Alzheimer’s disease and related disorderswith neurological and organic brain dysfunction | **Response:** |
| Grandparents or older individuals who are relative caregivers who provide carefor children with severe disabilities | **Response:**. |
| Caregivers who are older individuals with greatest social need | **Response:** |
| Caregivers who are older individuals with greatest economic need (with particular attention to low-income older individuals) | **Response:** |
| Caregivers who are older individuals who provide care to individuals with severe disabilities, including children with severe disabilities | **Response:** |

II.A.3. ELIGIBILITY AND ASSESSMENT/REASSESSMENT PROCESS, WHEN APPLICABLE TO THE SERVICE: (The current DOEA Programs and Services Manual should be reviewed for specific program requirements). The provider shall address how the agency uses all other available alternative resources for client services prior to using general revenue or federal funds; and how the agency monitors itself to ensure assessments and reassessments are completed in a timely manner and entered accurately into CIRTS.

II.A.4. DESCRIBE SYSTEM FOR CLIENT PRIORITIZATION: (The current DOEA Programs and Services Manual should be reviewed for specific program requirements.) The provider should address how Adult Protective Services referrals are processed; how consumers no longer in need of services or needing reduced services are processed; and how Helpline referrals are processed.

II.A.5. DESCRIBE YOUR AGENCY’S PROCESS FOR REDUCING OR TERMINATING SERVICES

II.A.6 QUALITY ASSURANCE: (The current DOEA Programs and Services Manual should be reviewed for specific program requirements.)

1. Describe process and how often provider determines client satisfaction:
2. Describe internal methods to assure delivery of quality services by staff, subcontractors, or vendors:
3. Describe internal methods in place to assure timely submission of required reports per current contract; i.e. subcontractor monitoring reports, outcome measure reports, surplus/deficit reports, client satisfaction surveys:
4. Describe internal methods to insure awareness by staff and/or subcontractors of any new policies, contract clauses, and/or procedures implemented which are related to the delivery of services by staff, subcontractors, or vendors. Additionally, describe internal methods which insure that all new policies, contract clauses, and/or procedures are in fact implemented and adhered to by staff and/or subcontractors and/or vendors.

**III.A. DESCRIPTION OF SERVICE DELIVERY**

**(There must be a separate Description of Service Delivery for each service within each program. For instance, Respite provided under Title III-B must have a separate description of service delivery than Respite provided under III-ES)**

SERVICE:(From current DOEA Programs and Services Manual, Appendix A):

PROGRAM: (Only one may be indicated)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

III.A.1. SITE LOCATION: (If different from Summary Page. Provider may attach a list of site locations.)

III.A.2. DAYS AND HOURS OF OPERATION:

III.A.3. DESCRIBE THE SPECIFIC ACTIVITIES YOUR AGENCY WILL PROVIDE UNDER THIS SERVICE (The current DOEA Programs and Services Manual should be reviewed for service requirements.) For providers of OAA Titles III‑C1 and III‑C2, include a description of plans for provision of meals to older persons during weather-related emergencies.):

The current DOEA Programs and Services Manual should be used for Service Descriptions and service delivery requirements. Describe how your organization does meet or will meet the service requirements. Provide a detailed explanation of your service “type” in terms of the method of your service delivery, the population to whom it is targeted, and the service content.

**III.A.4. NUTRITION EDUCATION SCHEDULE**

**(This is required for Nutrition Providers)**

REQUIREMENT: The DOEA Programs and Services Handbook requires nutrition providers to provide nutrition education at least monthly. In the space below, please describe your planned nutrition education activities:

**C‑1 Lesson Topics** **(Please describe):**

**C‑2 Lesson Topics** **(Please describe):**

**III.A.5. NUTRITION ASSURANCES**

**(This is required for Nutrition Providers)**

In accordance with Section 307(a)(13)(F) of the OAA which requires each nutrition project to be established and administered with the advice of dieticians (or individuals with comparable expertise), and Section 307(a)(13)(k) which requires compliance with applicable state or local laws regarding safe and sanitary handling of food, equipment, and supplies used in the storage, preparation, service, and delivery of meals to elderly nutrition program participants,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of Nutrition Consultant)

will provide Nutrition Consultation for the nutrition project of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name of Provider)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Name of Nutrition Consultant)

is a registered/licensed dietitian whose current registration number from the Commission on Dietetic Registration is and/or whose license number from the Florida Department of Professional Regulation is \_\_\_\_\_\_\_\_\_ or whose qualifications have been approved by the area agency's nutrition consultant or the Department of Elder Affairs.

The Nutrition Consultant Agreement for Services and a current resume of the Nutrition Consultant will be included in the application at the beginning of each bid cycle and updated when there is a staff change.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name of Provider)

also assures meals provided through the project comply with the Dietary Guidelines for Americans and provide to each participant a minimum of 33 and 1/3 percent of the daily recommended dietary allowances if one meal per day is provided; a minimum of 66 and 2/3 percent of the allowances if two meals per day is provided; and 100 percent of the allowances if three meals per day is provided.

**III.A.6. NSIP COMMODITY FOODS/CASH IN LIEU**

**OF COMMODITIES STATEMENT**

III.A.6.1.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Name of Provider)

will participate in the NSIP Commodity Foods Program during FY 20 and has opted to receive the item checked:

 \_\_\_\_\_ Commodity Foods in the Amount of $

 \_\_\_\_\_ Cash‑In‑Lieu of Commodities

 \_\_\_\_\_ Combination of Cash and Commodity Foods

 (1) Total Amount $\_\_\_\_\_\_\_\_

 (2) Dollar Value of Commodity Foods $\_\_\_\_\_\_\_\_\_\_

III.A.6.2. Complete only if electing to receive commodity foods.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name of Provider)

assures that these foods will be used as efficiently as possible. Commodity foods received will be stored in the following manner(s):

 In Storage Provided by Caterer

 In Rental Storage Space

 School System will Provide Storage Space

 Other (Describe)

Storage costs will be paid by (List all):

Handling and/or transportation costs will be paid by (List all):

**IV.A. NEW SERVICE/NEW PROVIDER BUSINESS PLAN**

**(Required if a new service is to be provided)**

(This format is to be used by new bidder agencies or current providers offering a new service. This format must address the "phase in" process. Attach continuation sheets as needed.)

SERVICE: ESTIMATED # OF CLIENTS: \_\_\_\_\_\_\_\_\_\_\_\_

ANTICIPATED START DATE OF SERVICE:

BUSINESS PLAN TO ACHIEVE SERVICE OBJECTIVE

START‑UP ACTIVITIES (Briefly describe tasks and estimated completion dates related to initiating and maintaining provision of quality services):

TASKS:

**V.A. GOALS, OBJECTIVES AND PERFORMANCE MEASURES**

To complete this section of the SPA, document the strategies/action steps required to meet each of the performance measures defined by the Department of Elder Affairs and the Florida State Legislature as described in Section III.H of the RFP. Include new strategies and action steps for objectives to address compliance issues and improve quality assurance.

|  |
| --- |
| 1. **II.A.13. 2021-2022 OBJECTIVES AND PERFORMANCE MEASURES**
 |

[**GOAL 2**](#Goal2Checklist)**: Enable individuals to maintain a high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers**

|  |
| --- |
| [**OBJECTIVE 2.1**](#o21)**: Identify and serve target populations in need of home and community-based services (HCBS)****EXPLANATION:** The primary intent of this objective is twofold: 1) to address how the AAA will identify the target populations in the PSA, and 2) to address how the AAA will provide services to the targeted populations who may be in hard-to-reach areas. |
| **STRATEGIES/ACTION STEPS:**<Enter Text Here> |
| **OUTCOMES:**<Enter Text Here>* Percent of Adult Protective Services (APS) referrals who are in need of immediate services to prevent further harm who are served within 72 hours (97%)
* Percent of new service recipients whose Activities of Daily Living (ADL) assessment score has been maintained or improved (65%)
* Percent of new service recipients whose Instrumental Activities of Daily Living (IADL) assessment score has been maintained or improved (62.3%)
* Percent of elders assessed with high or moderate risk environments who improved their environment score (79.3%)

Note: The AAAs will not be monitored on the measures listed in italics, though the AAA must still include strategies to address them in this section.* *Percent of most frail elders who remain at home or in the community instead of going into a nursing home*
* *Average monthly savings per consumer for home and community-based care versus nursing home care for comparable client groups*
* *Percent of customers who are at imminent risk of nursing home placement who are served with community-based services*
* *Percent of new service recipients with high-risk nutrition scores whose nutritional status improved*

DOEA Internal Performance Measures:* Percent of high-risk consumers (Adult Protective Services (APS), Imminent Risk, and/or priority levels 4 and 5) out of all referrals who are served
 |
| **OUTPUTS:**<Enter Text Here> |

|  |
| --- |
| [**OBJECTIVE 2.2**](#o22)**: Ensure efforts are in place to fulfill unmet needs and serve as many clients as possible****EXPLANATION:** The primary intent of this objective is to address how the AAA oversees the service delivery system in the PSA. |
| **STRATEGIES/ACTION STEPS:**<Enter Text Here> |
| **OUTCOMES:**<Enter Text Here>* Percent of Adult Protective Services (APS) referrals who are in need of immediate services to prevent further harm who are served within 72 hours (97%)
* Percent of new service recipients whose Activities of Daily Living (ADL) assessment score has been maintained or improved (65%)
* Percent of new service recipients whose Instrumental Activities of Daily Living (IADL) assessment score has been maintained or improved (62.3%)
* Percent of elders assessed with high or moderate risk environments who improved their environment score (79.3%)

Note: The AAAs will not be monitored on the measures listed in italics, though the AAA must still include strategies to address them in this section.* *Percent of most frail elders who remain at home or in the community instead of going into a nursing home*
* *Average monthly savings per consumer for home and community-based care versus nursing home care for comparable client groups*
* *Percent of customers who are at imminent risk of nursing home placement who are served with community-based services*
* *Percent of new service recipients with high-risk nutrition scores whose nutritional status improved*
 |
| **OUTPUTS:**<Enter Text Here>* + Number of people served with registered long-term care services
 |

|  |
| --- |
| [**OBJECTIVE 2.3**](#o23)**: Provide high quality services****EXPLANATION:** The primary intent of this objective is for the AAA to detail quality assurance efforts in the PSA. |
| **STRATEGIES/ACTION STEPS:**<Enter Text Here> |
| **OUTCOMES:**<Enter Text Here>* Percent of Adult Protective Services (APS) referrals who are in need of immediate services to prevent further harm who are served within 72 hours (97%)
* Percent of new service recipients whose Activities of Daily Living (ADL) assessment score has been maintained or improved (65%)
* Percent of new service recipients whose Instrumental Activities of Daily Living (IADL) assessment score has been maintained or improved (62.3%)
* Percent of elders assessed with high or moderate risk environments who improved their environment score (79.3%)

Note: The AAAs will not be monitored on the measures listed in italics, though the AAA must still include strategies to address them in this section.* *Percent of most frail elders who remain at home or in the community instead of going into a nursing home*
* *Average monthly savings per consumer for home and community-based care versus nursing home care for comparable client groups*
* *Percent of customers who are at imminent risk of nursing home placement who are served with community-based services*
* *Percent of new service recipients with high-risk nutrition scores whose nutritional status improved*
 |
| **OUTPUTS:**<Enter Text Here> |

|  |
| --- |
| [**OBJECTIVE 2.4**](#o24)**: Provide services, education, and referrals to meet specific needs of individuals with dementia****EXPLANATION:** This objective focuses on individuals with dementia to ensure that the specific needs of these individuals are not overshadowed by serving populations without dementia. |
| **STRATEGIES/ACTION STEPS:**<Enter Text Here> |
| **OUTCOMES:**<Enter Text Here>* Percent of Adult Protective Services (APS) referrals who are in need of immediate services to prevent further harm who are served within 72 hours (97%)
* Percent of new service recipients whose Activities of Daily Living (ADL) assessment score has been maintained or improved (65%)
* Percent of new service recipients whose Instrumental Activities of Daily Living (IADL) assessment score has been maintained or improved (62.3%)
* Percent of elders assessed with high or moderate risk environments who improved their environment score (79.3%)

Note: The AAAs will not be monitored on the measures listed in italics, though the AAA must still include strategies to address them in this section.* *Percent of most frail elders who remain at home or in the community instead of going into a nursing home*
* *Average monthly savings per consumer for home and community-based care versus nursing home care for comparable client groups*
* *Percent of customers who are at imminent risk of nursing home placement who are served with community-based services*
* *Percent of new service recipients with high-risk nutrition scores whose nutritional status improved*
 |
| **OUTPUTS:** <Enter Text Here> |

|  |
| --- |
| [**OBJECTIVE 2.5**](#o25)**: Improve caregiver supports****EXPLANATION:** The primary intent of this objective is to strengthen caregiver services to meet individual needs as much as possible. For example, existing caregiver support groups may not sufficiently address the differing challenges of spouse caregivers compared to adult child caregivers. |
| **STRATEGIES/ACTION STEPS:**<Enter Text Here> |
| **OUTCOMES:**<Enter Text Here>DOEA Internal Performance Measures:* + *Percent of customers who are at imminent risk of nursing home placement who are served with community-based services (90%)*
	+ *After service intervention, the percentage of caregivers who self-report being very confident about their ability to continue to provide care (90%)*
 |
| **OUTPUTS:** <Enter Text Here> |

#### CONTRACT MODULE FORMATS

**I.B. PERSONNEL COSTS WORKSHEET**

 **DOEA UNIT COST METHODOLOGY**

**II.B. LINE ITEM BUDGET PROJECTIONS**

 **DOEA UNIT COST METHODOLOGY**

**III.B. SUPPORTING BUDGET SCHEDULE BY PROGRAM ACTIVITY**

 **DOEA UNIT COST METHODOLOGY**

I**V.B. MATCH COMMITMENT OF CASH DONATION**

Agency Name:

Donor Identification:

 Name:

Street:

 City:

State:

Zip:

Phone:

Authorized Representative:

Total Amount $

#Payments

Amount/Payment $

Contribution Period

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special Conditions:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Donor Certification:

I hereby certify intent to make the cash donation set forth above for use in the specified program during the program's upcoming funding period. This cash is not included as match for any other State or Federally assisted program or contract and is not borne by the federal government directly under any federal grant or contract.

Signature of Donor or Representative: Date:

##### V.B. MATCH COMMITMENT FOR DONATION OF BUILDING SPACE

Agency Name:

Donor Identification:

 Name:

Street:

 City:

State:

Zip:

Phone:

Authorized Representative

Description of Space: [ ] Office [ ] Site [ ] Other

Provider Owned Space:

1. Number of square footage used by project: sq/ft

2. Appraised rental value per square foot: $

3. Total value of space used by project (1x2): $

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Donor Owned Space:

1. Established monthly rental value: $

2. Number of months rent to be paid by donor: mos.

3. Value of donated space (1x2): $

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special Conditions:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Donor Certification:

I hereby certify intent to donate use of the space set forth above for the program specified above during the program's upcoming funding period. This space is not being used as match for any other State or Federal program or contract.

Signature of Donor or Representative: Date:

Donor Certi

**VI.B. MATCH COMMITMENT OF SUPPLIES**

Agency Name:

Donor Identification:

 Name:

Street:

 City:

State:

Zip:

Phone:

Authorized Representative:

The below described supplies are committed for use by the project for the period of:

Description of Supplies:

Computation of value method:

Value to be claimed by project: $

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Donor Certification:

These supplies are not included as contributions for any other State or Federally assisted program or contract and are not borne by the Federal Government directly or indirectly under any Federal grant or contract except as provided for under (cite the authorizing Federal regulation or law if applicable).

Signature of Donor or Representative: Date:

**VII.B. MATCH COMMITMENT OF EQUIPMENT**

Agency Name:

Donor Identification:

 Name:

Street:

 City:

State:

Zip:

Phone:

Authorized Representative:

The below described equipment is committed for use by the project for the period of:

Item Description Number Acquisition Value to Project\* Cost

1.

2.

3.

4.

5.

TOTAL VALUE CLAIMED: $

\* Items that are currently owned by the Grantee or are loaned or donated to the project are valued at an annual rate of 6-2/3 percent of the acquisition value.

Donor Certification:

This equipment is not included as match for any other State or Federally assisted program or contract and are not borne by the Federal Government directly or indirectly under any Federal grant or contract except as provided for under (cite the authorizing Federal regulation or law if applicable).

Signature of Donor or Representative: Date:

**VIII.B. MATCH COMMITMENT OF IN‑KIND CONTRIBUTION OF SERVICES**

**BY STAFF OF SERVICE PROVIDER OR STAFF OF OTHER ORGANIZATIONS**

Agency Name:

Donor Identification:

 Name:

Street:

 City:

State:

Zip:

Phone:

Authorized Representative:

The personal services described below are committed for use by the project for the period of:

Description of Positions:

Position Service Hourly Rate or # Hours Worked Value to Project

 Annual Rate

1.

2.

3.

4.

5.

 TOTAL ‑ $

 \* Value to project = (# of hours provided) x (hourly rate of annual salary).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Donor Certification: It is certified that the time devoted to the project will be performed during normal working hours.

These services are not included as match for any other State or Federally assisted program or contract and are not borne by the Federal Government directly or indirectly under any Federal grant or contract except as provided for under (cite the authorizing Federal regulation or law if applicable).

Signature of Donor or Representative: Date:

**IX.B. MATCH COMMITMENT OF IN‑KIND VOLUNTEER PERSONNEL AND TRAVEL**

Agency Name:

Donor Identification: The volunteer staff positions identified below will be filled by local volunteers who will be recruited, trained and supervised as an ongoing activity of our agency. We will maintain volunteer records to document individual volunteer activity.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe Volunteer Effort:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Position Title Equivalent # of Hours Value to Project

 Hourly Rate

1. $

2. $

3. $

4. $

5. $

TOTAL VALUE TO AGENCY $

Equivalent Hourly Rates were determined by:

 [ ] Rates for comparable positions within own agency.

[ ] State Employment Service estimate of rates for type of work.

[ ] Rates for comparable positions within other local agencies.

Estimated Mileage X Rate per mile = Value

Donor Certification:

I certify that commitments have been received from individual volunteers or groups sufficient to provide the volunteer hours and travel as identified above.

Signature of Agency Official: Date:

**XI.B. AVAILABILITY OF DOCUMENTS**

The undersigned hereby gives assurance that the following documents are maintained in the administrative office of the provider and are accessible for review by the AAA.

 1. Current Board Roster

 2. Articles of Incorporation

 3. Corporate By‑Laws

 4. Advisory Council By‑Laws and Membership

 5. Current Equipment Inventory

 6. Bonding Verification

 7. Staffing Plan

 a. Position Descriptions

 b. Pay Plan

 c. Organizational Chart

 8. Personnel Policies Manual

 9. Financial Procedures Manual

 10. Operational Procedures Manual

 11. Affirmative Action Plan

 12. Outreach Plan, if applicable

 13. Americans With Disabilities Act Assurance

 14. Staff Development and Training Plan

 15. Unusual Incident File

 16. Service Subcontracts

 17. Co‑Pay and Contribution System

 18. Civil Rights Compliance Documentation

CERTIFICATION BY AUTHORIZED AGENCY OFFICIAL:

I hereby certify that the documents identified above currently exist and are available for review upon request.

Signature Date

Name of Authorized Individual Title of Authorized Individual