

**APPLICATION FOR TITLE III AND OTHER FUNDS
FOR FISCAL YEAR 2012**

OCTOBER 1, 2011 – SEPTEMBER 30, 2012

Agency (Contractor) Name _____

Address _____

Contact Person _____ Phone _____

Email for Contact Person: _____

During FY 2012, the South Alabama Regional Planning Commission – Area Agency on Aging plans to fund the following services to comply with the approved Area Plan. Please indicate (X) which services your agency is seeking funding for:

- _____ Congregate Nutrition Center (C-1) (SAIL Center)
- _____ Home-Delivered Meals (C-2)
- _____ Transportation
- _____ Outreach
- _____ Information and Assistance
- _____ In-Home Service
- _____ Training/Education
- _____ Multi-Purpose Senior Citizens Center (B)
- _____ High-Risk Frail Elderly (Includes Alzheimer)
- _____ Respite
- _____ Legal Counsel for the Elderly (B)
- _____ Preventative Health/Medication Management
- _____ Chore
- _____ Material Aid
- _____ Caregivers (E)
- _____ SENIORx (Prescription Assistance)
- _____ Other (Please List)

PROPOSAL NARRATIVE

Describe in narrative form the following information:

1. Describe your agency, administrative capacity and list contact person.
2. Describe the services you propose to provide under this contract and how these services address priority needs and target populations of the Area Agency on Aging.
3. Describe your agency's experience in proposed service area, how you will deliver quality services, and the degree of partnerships and pooling of resources and services utilized to deliver the proposed service.

Mandatory Information Describing Persons to be Served

Estimate the number of older persons to be served. Most Title III services are restricted to persons age 60 and older or their caregivers. The Area Agency on Aging targets services to individuals with greatest economic and social need. This includes low-income individuals, particularly low income minority individuals; older individuals living in rural areas, older individuals with limited English proficiency, and older individuals at risk of institutionalization, particularly those with severe disabilities and those with Alzheimer's Disease and related disorders and their family caregivers. Please indicate the:

1. Estimated number of persons age 60 and older to be served;
2. Estimate the number of low income persons age 60 and older to be served. Of these, estimate how many are low-income minority persons age 60 and over;
3. Estimated number of older adults age 60 and older that live in a rural area to be served;
4. Estimated number of Non-English speaking older adults age 60 and over to be served and describe their primary language, ie. Vietnamese, Laotian, Cambodian, Spanish, etc.;
5. Indicate if you anticipate serving Native American older adults age 60 and older, and if so, how many;
6. Estimated number of older individuals age 60 and older at risk of institutionalization. If available, provide the number to be served that have a severe disability or Alzheimer's disease or a related dementia.

BUDGET NARRATIVE

Give a narrative description of what federal funds are being requested, how these funds will be used, and provide a justification if you are requesting increased funding. Describe the in-kind and cash match being provided. Discuss the cost of services, and unit cost if available. Provide a detailed explanation for every item of proposed expenditure listed in your TOTAL column on the attached Budget Summary Sheet. This section can include a description of needs that are not being met because of budget or staff restrictions.

At the end of your budget narrative, please provide this additional information:

OTHER FUNDING FOR YOUR PROGRAM

| | <u>Source</u> | <u>Amount</u> |
|--------------|---------------|---------------|
| Public/Local | _____ | _____ |
| State | _____ | _____ |
| Federal | _____ | _____ |
| Private | _____ | _____ |
| Other | _____ | _____ |

TITLE III (FEDERAL) FUNDS -- BUDGET ALLOCATION REQUEST
 (Provide a breakdown of how you plan to spend the Title III funds you are awarded)
 For Fiscal Year 10/01/2011 to 9/30/2012

Agency Name _____

Contact Person _____

Type of Service

| Budget Item | Transporation | Outreach | Information & Assistance | In-Home | Congregate Meal Site | Home Delivered | Other (List) | Other (List) | TOTAL |
|---------------------|---------------|----------|--------------------------|---------|----------------------|----------------|--------------|--------------|-------|
| Salary * | | | | | | | | | \$ - |
| Fringe Benefits * | | | | | | | | | \$ - |
| Travel | | | | | | | | | \$ - |
| Office Supplies | | | | | | | | | \$ - |
| Program Supplies | | | | | | | | | \$ - |
| Rent | | | | | | | | | \$ - |
| Postage/Telephone | | | | | | | | | \$ - |
| Utilities | | | | | | | | | \$ - |
| Janitorial Services | | | | | | | | | \$ - |
| Janitorial Supplies | | | | | | | | | \$ - |
| Equipment | | | | | | | | | \$ - |
| Van Maintenance | | | | | | | | | \$ - |
| Other | | | | | | | | | \$ - |
| TOTALS | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |

* SHOW WHERE YOU WILL BE USING SALARY AND FRINGES

MATCHING FUNDS -- BUDGET ALLOCATION REQUEST
CONTRACTOR'S CASH
 (Provide a breakdown of how you are budgeting your pledged local resources)
 For Fiscal Year 10/01/2011 to 9/30/2012

Agency Name _____

Contact Person _____

Type of Service

| Budget Item | Transporation | Outreach | Information & Assistance | In-Home | Congregate Meal Site | Home Delivered | Other (List) | Other (List) | TOTAL |
|---------------------|---------------|----------|--------------------------|---------|----------------------|----------------|--------------|--------------|-------|
| Salary * | | | | | | | | | \$ - |
| Fringe Benefits * | | | | | | | | | \$ - |
| Travel | | | | | | | | | \$ - |
| Office Supplies | | | | | | | | | \$ - |
| Program Supplies | | | | | | | | | \$ - |
| Rent | | | | | | | | | \$ - |
| Postage/Telephone | | | | | | | | | \$ - |
| Utilities | | | | | | | | | \$ - |
| Janitorial Services | | | | | | | | | \$ - |
| Janitorial Supplies | | | | | | | | | \$ - |
| Equipment | | | | | | | | | \$ - |
| Van Maintenance | | | | | | | | | \$ - |
| Other | | | | | | | | | \$ - |
| TOTALS | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |

* SHOW WHERE YOU WILL BE USING SALARY AND FRINGES

**MATCHING FUNDS -- BUDGET ALLOCATION REQUEST
 CONTRACTOR'S IN-KIND**
 (Provide a breakdown of how you are budgeting your pledged local resources)
 For Fiscal Year 10/01/2011 to 9/30/2012

Agency Name _____

Contact Person _____

Type of Service

| Budget Item | Transporation | Outreach | Information & Assistance | In-Home | Congregate Meal Site | Home Delivered | Other (List) | Other (List) | TOTAL |
|---------------------|---------------|----------|--------------------------|---------|----------------------|----------------|--------------|--------------|-------|
| Salary * | | | | | | | | | \$ - |
| Fringe Benefits * | | | | | | | | | \$ - |
| Travel | | | | | | | | | \$ - |
| Office Supplies | | | | | | | | | \$ - |
| Program Supplies | | | | | | | | | \$ - |
| Rent | | | | | | | | | \$ - |
| Postage/Telephone | | | | | | | | | \$ - |
| Utilities | | | | | | | | | \$ - |
| Janitorial Services | | | | | | | | | \$ - |
| Janitorial Supplies | | | | | | | | | \$ - |
| Equipment | | | | | | | | | \$ - |
| Van Maintenance | | | | | | | | | \$ - |
| Other | | | | | | | | | \$ - |
| TOTALS | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |

* SHOW WHERE YOU WILL BE USING SALARY AND FRINGES

Budget Summary (these are the totals from the Budget Allocation pages for Title III and Contractor's funds)
Fiscal Year 10/1/2011 to 9/30/2012

Contractor: _____

| Category | Title III Funds | Local Resources | | Total |
|--|-----------------|-----------------|---------|-------|
| | | Local Cash | In-Kind | |
| Personnel * | | | | |
| Personnel Travel | | | | |
| Space | | | | |
| Utilities | | | | |
| Postage & Telephone | | | | |
| Supplies | | | | |
| Training | | | | |
| Transportation | | | | |
| Insurance Office Furniture & Other Equipment | | | | |
| Other ** | | | | |
| TOTAL | | | | |

* Breakdown of personnel costs

** Breakdown of other costs

| * Breakdown of personnel costs | | ** Breakdown of other costs | |
|--------------------------------|--------|-----------------------------|--------|
| Description | Salary | Fringe | Amount |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Comments: _____

