

Administration on Aging

Application Guidelines for Title VI Grants

Date Due: 0/0/2008

Your application may be presented in any format, but it must meet the criteria specified in the Older Americans Act, Sections 612 (a), 612 (b), and 612 (c) for Title VI, Part A/B and Section 631 for Title VI, Part C. Your application must also meet the criteria specified in Title 45 of the Code of Federal Regulations, Section 1326.19. The following guide may be helpful in drafting your application.

Table of Contents and Application Checklist

Item	Found on page...	Completed?
Program information	3	
Required Attachments	4	
Management Assessment	5-6	
Program Description: Part A/B	7-12	
Program Description: Part C	13-17	

Program Information

Tribal Organization: _____

Address: _____

Title VI Director/Contact Person: _____

Phone number: _____ Fax Number: _____

Email address: _____

EIN: _____ DUNS Number: _____

Principle Official Signature: _____

Age of eligibility used by Tribe: _____

Only eligible elders age 60 and older will be counted when determining your grant allocation. Elders under age 60 can participate in your program if your Tribe has determined a different age for eligibility, but they will not be counted toward your authorized total.

Number of eligible elders within the planned service area:

Age 60 and older: _____

Under age 60 (if applicable): _____

Total: _____

Source of population statistics used to establish eligibility [Section 614 (b)]:

U.S. Census

Tribal Enrollment Office (If you use this source, please include original

enrollment certification with all other attachments.)

Required Attachments to the Application

Geographic Location (suggested length: 5-10 paragraphs): Sec. 1326.19 of the Older Americans Act states that: “All applications shall include a description of the geographic boundaries of the service area proposed by the tribal organization.” Please provide a short narrative description of the geographical area to be served. Specify how many counties your program covers and include the names of the counties. You may submit a map indicating the geographic boundaries of your program’s service area. Finally, include a description of your program’s procedures that ensure against duplication of services to elders.

Resolutions: The tribal organization representing a Federally-recognized Tribe must submit a **signed and dated copy** of the Tribal council resolution authorizing participation in Title VI, Part A or Title VI, Part A and Part C for the grant period April 1, 2008 to March 31, 2011. If the tribal organization represents a consortium of more than one tribe, a resolution is required from each participating tribe, specifically authorizing representation by the tribal organization for the purpose of Title VI of the Older Americans Act for the grant period April 1, 2008 to March 31, 2011.

Program Assurances: The Title VI, Part A/B Program Assurances are those provisions identified in Section 614 (a) of the Older Americans Act, and in the Title 445 of the Code of Federal Regulations section 1326.19 (d), issued August 31, 1988. The tribal organization must state that it agrees to abide by all the provisions for the entire project period, April 1, 2008 to March 31, 2011.

Certification Forms: Certifications are required of the applicant regarding lobbying, debarment, suspension, and other responsibility matters; and drug-free workplace requirements. Please note that a duly authorized representative of the tribal organization (typically the Chairperson of your tribe) must attest to the applicant’s compliance with these certifications by signing and dating the forms.

Management Assessment

The following five questions are designed to help you think about how you can most successfully manage your program, your budget and ensure accurate reporting.

1) Please describe the results obtained from your program's needs assessment:

2) Please describe the results and benefits you expect from your Title VI program(s):

3) Please describe how you plan to evaluate your program, and how often:

4) Please describe any financial systems your program has in place to ensure correct use of Title VI funds:

5) Please describe your system of record keeping (how you ensure an unduplicated count of elders, how you keep track of home-delivered meals or information services, etc.):

Program Description: Nutrition & Supportive Services

Section A: Nutrition

1) Will the tribal organization provide nutrition services directly? Yes No

1a) If no, who will provide nutrition services?

- Other Tribal Department
 - Outside Contracted Vendor
 - Outside Service Agency
 - Other: _____
- _____
- _____

Congregate Meal program

2) How many meal sites does your program operate?

- 1 2 3 4 5 or more

3) How many days per week, and what meals are provided at each site?

Site	Number of days meals are served	Breakfast	Lunch	Dinner	Snack
1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4) Do you require elders to register for congregate meals in advance?

- Yes No

5) How many **elders** do you expect to serve?

Per day: _____

Per week: _____

Per year: _____

7) How many **guests** (spouses of elders, volunteers, etc.) do you expect to serve?

Per day: _____

Per week: _____

Per year: _____

8) How many **meals** do you expect to serve? Include meals served to elders, spouses of elders, and volunteers in this count.

Per year: _____

Home-Delivered Meal Program

9) How will you determine eligibility for home-delivered meals?

Individual assessment

Referral by medical

Other: _____

10) What meals will be provided for home delivery?

Breakfast

Lunch

Dinner

Snack

11) What type of home-delivered meals will be provided?

Hot

Frozen

Other: _____

12) How many days per week will home delivery occur? _____

13) How will meals be delivered?

Tribally-owned vehicle

Private vehicle

Contracted vendor

Other: _____

14) Do you require elders to register for home-delivered meals in advance?

Yes

No

15) How many **elders** do you expect to serve?

Per day: _____

Per week: _____

Per year: _____

16) How many **meals** do you expect to serve? Include meals served to spouses of home-bound elders.

Per year: _____

Guest Meals & Contributions

17) Do you offer guest meals? Yes No

18) What do you charge for guest meals? _____

19) How do you ensure that the price charged for guest meals includes the full cost of the meal?

Periodic cost analysis

Other: _____

20) How do you ensure that the money collected from guest meals is used to pay for food costs?

Policy or Procedure manual Separate budget

Other: _____

21) How do you collect guest meal fees?

Collection container at meal site Sealed envelope

Other: _____

22) Do you accept other types of contributions? Yes No

22 a) If yes, what other contributions do you accept?

- Financial donations from the Tribe to Title VI
 - Volunteer hours
 - Outside food donation (from food bank, American Indian Relief Council, store)
 - Traditional food (deer,berries,salmon,etc)
 - Other: _____
-

Nutrition Supportive Services

23) Do you provide nutrition screening? Yes No

23 a) If yes, how often? Annually Other: _____

23 b) Who provides the screening?

- Title VI staff IHS staff Other tribal staff
- Outside agency Other: _____

24) Do you provide nutrition education/counseling? Yes No

24 a) If yes, how often? Weekly Other: _____

24 b) Who provides the screening?

- Title VI staff IHS staff Other tribal staff
- Outside agency Other: _____

25) How will you inform elders of the available nutrition services?

- Tribal newsletter Posters Tribal bulletin board
- Referral At congregate meal site Mail
- Website Phone Word of mouth
- Brochure Information guide Case Manager
- Attached to home meals Senior Center Staff
- Other:

26) Do you use volunteers? Yes No

26 a) If yes, what roles do volunteers serve?

- Meal Preparation Meal set-up Clean-up
- Meal Delivery Assist as needed
- Other: _____

27) Who certifies that meals meet the Older Americans Act nutrition requirements?

- Contract Dietician Other: _____
-

Section B: Information and Assistance

28) What information & assistance services will be provided?

- Information for elders about government programs (Food assistance programs, Social Security, Supplemental Security Income, LIHEAP, etc.)
 - Information for family members about elder services
 - Assistance in completing applications for services
 - Education about programs and services
 - Other: _____
-

28 a) How many units of information and assistance services will you provide per year? _____

29) How will information & assistance services be provided?

- Resource guide Newsletter Guest Speakers
 - Resource fairs Web page link Health fairs
 - At congregate meals/ during home delivery
 - Other: _____
-

Section C: Other Supportive Services

30) How many unduplicated elders will receive supportive services? _____

31) What other supportive services will be provided? If you plan on providing a service, how many units will you provide per year?

Service	Number of units provided per year
<input type="checkbox"/> Outreach	
<input type="checkbox"/> Case Management	
<input type="checkbox"/> Transportation	
<input type="checkbox"/> Legal Assistance	
<input type="checkbox"/> Homemaker Service	
<input type="checkbox"/> Home Health Aid Service	
<input type="checkbox"/> Chore	
<input type="checkbox"/> Visiting	
<input type="checkbox"/> Telephoning	
<input type="checkbox"/> Family Support	
<input type="checkbox"/> Ombudsman Services	
<input type="checkbox"/> Health Promotion and Wellness	
<input type="checkbox"/> Other (describe service(s)):	

D. Coordination with Title III

32) How does your program coordinate Title VI and III resources within your service area?

- Regular meetings
 - Shared service providers
 - Guest speakers
 - Co-development of resource guide
 - Other: _____
 - Joint conferences
 - Membership on advisory board
 - Shared resources
-

Please continue to questions 33-46 if you are applying for Title VI, Part C (Caregiver) funds. If not, you may stop here and add any additional pages containing program narratives.

Program Description: Caregiver Supportive Services

By accepting Title VI, Part C funding, you agree to provide the following five caregiver services: Information, Assistance, Counseling/Support Groups/Training, Supplemental Services, and Respite. However, if the service is already available from another source in your service area, Title VI funds should not be used to duplicate the service.

33) Please complete the following chart:

34) What topics will your caregiver information services cover?

- Accessing services available to them
 - Physical health, including physical activity
 - Mental health
 - Other: _____
-

35) How will you provide the information?

- Newsletters
- Website
- Telephone
- Referrals
- Bulletin board
- Meetings
- Mailings
- Other: _____

36) What assistance will you provide?

- Case management
- Transportation
- Arranging appointments for caregiver services
- Other: _____

37) Who will provide the assistance?

- Title VI Staff
- AAA
- IHS Staff
- Other Tribal Department/Agency
- Non-tribal service provider
- Other: _____

38) How will you notify caregivers about assistance services?

- Ads at the Title VI Site
- Outreach (phone calls, newsletters, mailings)
- Other: _____

39) Which services will you provide to caregivers? (Check more than one if necessary.)

- Counseling
- Support Groups

- Training

40) What type of supplemental services will you provide to caregivers?

- Lending closet
- Development of culturally-appropriate training materials
- Other: _____

41) What type of respite services will you provide to caregivers?

- Intermittent in-home care Adult daycare Institutional
- Other: _____

42) Who is an eligible respite provider?

- Spouse Other family member Friend
- Respite care provider designated by the Title VI program
- Other: _____

43) How are respite providers compensated?

- No compensation
- Reimbursed for gasoline/mileage
- Voucher based on a set hourly fee
- Voucher for a set amount of money for a specific period of time
- Other: _____

44) How will your program comply with the Older Americans Act definition of "frail elder" (the elder has two or more impairments in their activities of daily living (ADLs)?

- Assessment of elder by Title VI program staff
- Assessment of elder by medical staff
- Other: _____

45) How will your program coordinate supportive services for caregivers?

- Case manager Shared trainings Referrals

AAA Other Tribal programs

Other: _____

46) Does your program have quality standards in place? Yes No

46 a) If no, please tell us by what date you will have them in place and how you plan on developing them:

You have reached the end of the application. Please attach any program narratives after this page.