

NEW YORK STATE OFFICE FOR THE AGING

2 Empire State Plaza, Albany, NY 12223-1251

Andrew M. Cuomo, Governor Greg Olsen, Acting Director
An Equal Opportunity Employer

PROGRAM INSTRUCTION	Number 17-PI-05
	Supersedes: n/a
	Expiration Date: n/a

DATE: February 3, 2017

TO: Area Agencies on Aging
Local Departments of Social Services

SUBJECT: Application Procedures for the **Continued Expansion and Enhancement of NY Connects programs for the Period 01/01/17 to 03/31/18**

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PURPOSE:

The purpose of this Program Instruction (PI) is to convey the application for funding to continue the implementation of the expansion and enhancement of NY Connects. The populations being served are being broadened and new partners are being added to fully realize the No Wrong Door (NWD) structural reform required by the federal Balancing Incentive Program (BIP) authorized under section 10202 of the Patient Protection and Affordable Care Act of 2010 (ACA).

As is currently required, entities administering and operating NY Connects must adhere to a set of prescribed State Program Standards. The NY Connects State Program Standards were updated in December 2014 (14-PI-16) to reflect its evolution since its inception and incorporate requirements related to BIP.

ACTION REQUESTED:

Please review and complete the attached application for the continued Expansion and Enhancement of the NY Connects program.

RESPONSE DUE DATE:

Applications and original signed cover page must be sent to NYSOFA by March 10, 2016. Applications and original signed cover page received earlier will be processed upon receipt.

Electronically submit the signed Signature Page in PDF, completed Budget, and Subcontractor Budget (if applicable) to: Antoinette.Martin@aging.ny.gov

If unable to electronically submit the signed Signature Page in PDF, mail one (1) signed original cover page via US Postal Service to:

Antoinette Martin
NY State Office for the Aging
2 Empire State Plaza, 5th floor
Albany, NY 12223

BACKGROUND:

NY Connects: Choices for Long Term Care, referred to as NY Connects, complies with federal statute creating Aging and Disability Resource Centers (ADRCs) as prescribed by the 2006 Reauthorization of the Older Americans Act and is statutorily mandated through the New York State Elder Law §203(8).

NY Connects is an essential component of the State's efforts to rebalance the long term services and supports (LTSS) system so that people can live independently and remain at home and in their communities. Prior to BIP, the core functions of NY Connects included the provision of Information and Assistance (I&A) and Options Counseling about LTSS for older adults and individuals of all ages with disabilities, as well as their caregivers, regardless of payer source; upholding an active local Long Term Care Council (LTCC); and maintaining an ongoing Public Education campaign to promote the program.

The implementation of BIP requires three structural changes in the LTSS system: a NWD system, a Core Standardized Assessment, and Conflict-Free Case Management. In New York State, to meet the structural reform of a NWD, NY Connects has been expanded geographically and is being functionally enhanced. Through additional partnerships and resources, it is being built upon to increase capacity, functionality, and consistency in assisting individuals of any age or disability and their caregivers who are in need of long term services and supports. (See 14-PI-16 for more information). Enhanced functionality includes the addition of the following core functions: collaboration with the State designated specialized NWDs; implementation of a preliminary functional and financial NWD Screen; application and enrollment assistance for public benefit programs including Medicaid as appropriate; coordination with other agencies to guide the individual through financial and functional eligibility determination processes as well as linkage for a comprehensive assessment as appropriate; Options Counseling/Person Centered Counseling (OC/PCC); care transitions; expanded provider listings in the State on-line NY Connects Resource Directory; and quality assurance.

BUDGET DIRECTION:

The NY Connects Expansion and Enhancement Allocation Schedule and the NY Connects Program Budget are included in this packet. The Supporting Budget Schedule pages contained within the Program Budget form automatically calculate the total for each section and populate the totals to the Summary Budget. The local NY Connects program budget, as part of the grant application, must be consistent with the Standard Assurances and Program Work Plan and adhere to the following:

1. Funds are to be used solely for NY Connects purposes. Local programs are to include personnel and allowable infrastructure (e.g. equipment, technology upgrades, hardware) costs whenever feasible. It is understood that the fiscal allocation is not intended to cover the total cost of program operations. As a result, a county may individualize its NY Connects budget to include the appropriate operating expenses of its choice.
2. Along with contracts entered into under this program, personnel costs for county agencies other than the AAA are to be listed in the contracts and/or consultants section of the budget (e.g. LDSS) in Supporting Budget Schedule Section 7. Please provide a brief description of the various titles being funded. Include what their role is related to the NY Connects core functions and/or administrative tasks associated with supporting the program.

3. For NY Connects staff to attend relevant conferences, indicate specific information about the conference including the type and sponsor and/or title of the conference, the names of staff attending, their role in NY Connects and why it is appropriate to allocate the costs to NY Connects in Supporting Budget Schedule Section 4.

4. Contract/consultant costs are allowable in the NY Connects budget. Include type of contract and description in the budget. When utilizing a contractor, please list the name of the contractor and dollar amount in Section 7 of the Supporting Budget Schedule and also complete a corresponding budget (Contractor Budget Schedule) for each contractor identified. When completing the Contractor Budget Schedule, funds should be allocated to the budget categories provided in the form.

5. Advertising and promotional materials in the form of informational brochures and educational materials are acceptable expenses. Materials must be consistent with State branding of NY Connects. However, the costs of “giveaways” are not an allowable expense under this funding. All materials developed for public distribution through this agreement must include the following attribution and disclaimer: ‘This document was developed under grant CFDA 93.778 from the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services. However, these contents do not necessarily represent the policy of the U.S. Department of Health and Human Services, and you should not assume endorsement by the Federal Government.’”

6. Public Education and marketing costs are to be itemized in Supporting Budget Schedule Section 6. Please provide a brief explanation of the activity and how it relates to NY Connects.

7. Reimbursement for technology or related technology costs associated with building or maintaining separate local directories of long term services and supports is not permitted under this funding stream. Costs such as personnel to update the resource listings in the State NY Connects Long Term Services and Supports Resource Directory public website are allowable charges to NY Connects funding.

8. All Information Technology (IT) costs are to be itemized and explained sufficiently in Supporting Budget Schedule Section 6. Only IT costs that are attributable and allocable to NY Connects activities may be charged to NY Connects funding in amounts commensurate with the program’s use.

9. Allowable costs must be incurred by the AAA during the Program period of January 1, 2017 to March 31, 2018. Final claims must be submitted within forty-five (45) days of the end of the program period.

Any AAA expenditures incurred through September 30, 2017, which will be reimbursed from the Federal BIP funds, must be claimed in accordance with the following schedule:

<u>Expenditure Period</u>	<u>Deadline for Submitting Vouchers</u>
Through 12/31/16	February 15, 2017
1/1/17 – 3/31/17	May 15, 2017
4/1/17 – 6/30/17	August 15, 2017
7/1/17 – 9/30/17	November 15, 2017

Any unexpended BIP funds will not be available for expenditures incurred on or after October 1, 2017 and will be returned to the New York State Department of Health. The amount allocated in the State Funding column of the allocation schedule will be available for the entire grant period.

10. Allowable costs must be incurred and paid by the AAA before reimbursement claims may be submitted to NYSOFA. However, each program year, a NY Connects program may request an advance of up to twenty-five (25) percent of its grant award, subject to formal notification by NYSOFA of grant approval.

REPORT SUBMISSION:

NY Connects follows a quarterly reporting schedule. A Program Instruction related to reporting will be issued separately.

NEXT STEPS: To request advance or reimbursement payments under this grant, Area Agencies should utilize the State vouchering procedures and forms issued via 08-PI-03, dated February 1, 2008, replacing the State Aid Voucher with the Claim for Payment form. The Qualitative and Quantitative reports with instructions will be sent under separate cover.

PROGRAMS AFFECTED:

Title III-B Title III-C-1 Title III-C-2

Title III-D Title III-E CSE WIN Energy

EISEP NSIP Title V HIICAP LTCOP

NY Connects

CONTACT PERSON: Michael Gunn
EMAIL: Mike.Gunn@aging.ny.gov

TELEPHONE: 518-474-6139

**NEW YORK STATE OFFICE FOR THE AGING
GRANT APPLICATION COVER PAGE**

**NY Connects Expansion and Enhancement Program
For the Period 1/1/17 to 3/31/18**

Area Agency on Aging: _____

Director: _____

Address: _____

_____ Zip: _____

Phone: (____) _____

Contact person: _____ Email: _____

Phone: (____) _____

The Area Agency on Aging agrees to comply with all applicable State and Federal laws and regulations as well as all of the conditions included in its Annual Implementation Plan and this application for funding as approved by NYSOFA.

_____ Title: _____
Name of person authorized to enter into agreement
with the New York State Office for the Aging

_____ Date: _____
Signature of person authorized to enter into agreement
with the New York State Office for the Aging

NY CONNECTS EXPANSION AND ENHANCEMENT- STANDARD ASSURANCES

Program Period: January 1, 2017 to March 31, 2018

The Area Agency on Aging (AAA), as grantee, understands that this Grant Agreement represents the completed grant application of the AAA, as approved by the New York State Office for the Aging (NYSOFA), and the AAA agrees to comply with New York State and Federal laws and regulations that are applicable to this Grant Agreement and to comply with the following requirements that govern the AAA's use of grant funds for the activities funded under this grant.

The AAA agrees that the Program Work Plan and Budget, included in this Grant Agreement as approved by NYSOFA, are part of this Grant Agreement and shall not be modified without the written consent of NYSOFA.

The AAA shall furnish NYSOFA required supportive documentation for any such changes by utilizing the forms and procedures included in 05-PI-09 Modification Procedures for Grant Applications, dated June 15, 2005 and in accordance with any updates thereafter.

1. The AAA agrees to fulfill the reporting requirements of NYSOFA under this Grant Agreement. This includes maintaining accurate and timely data on individuals served and submitting the required NYSOFA/NY Connects reports (within appropriate time frames).

2. The AAA agrees that the Grant Agreement may not be assigned by the AAA or its right, title or interest therein assigned, transferred, conveyed, or disposed of without the prior consent, in writing, of NYSOFA.

3. The AAA agrees to submit Form AC3253-S CLAIM FOR PAYMENT for reimbursement of expenses incurred in the conduct of this Grant Agreement on a quarterly basis; except that claims for the Federal BIP funds must be submitted in accordance with the following schedule:

<u>Expenditure Period</u>	<u>Deadline for Submitting Vouchers</u>
Through 12/31/16	February 15, 2017
1/1/17 – 3/31/17	May 15, 2017
4/1/17 – 6/30/17	August 15, 2017
7/1/17 – 9/30/17	November 15, 2017

The AAA will submit to NYSOFA the final voucher for expenses incurred in the conduct of this Grant Agreement as soon as possible and no later than forty-five (45) days after the ending date of the grant period.

The AAA further agrees that all expenditures incurred through September 30, 2017, **which will be reimbursed from the Federal BIP funds**, must be claimed in accordance with the above schedule. Any unexpended BIP funds will not be available for expenditures incurred on or after October 1, 2017 and will be returned to the New York State Department of Health.

4. The AAA agrees that state vouchers submitted for reimbursement of expenses incurred in the conduct of this Grant Agreement will not include any expenses which have been, or will be, reimbursed from other sources (e.g., other state or federal funds).

5. The AAA agrees to use the funds obtained under this Grant Agreement only for items of expense that are applicable to the activities set out in its applicable Program Work Plan(s) and Budget(s).

Allowable items of expense shall be reasonable, allocable and necessary to carry out the activities described in the specific Grant Agreement.

6. The AAA agrees to comply with NYS branding, design, logo and tagline requirements relative to NY Connects marketing and public education to maintain consistency throughout the state. The AAA agrees that any products and public information materials on the work of this program will give due recognition to the fact that the program is supported with funds from NYSOFA and such recognition will be in the form which is submitted and approved by NYSOFA. If NY Connects Expansion and Enhancement funds are also utilized to produce such materials, then the materials developed for public distribution through this agreement must also include the following attribution and disclaimer: "This document was developed under grant CFDA 93.778 from the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services. However, these contents do not necessarily represent the policy of the U.S. Department of Health and Human Services, and you should not assume endorsement by the Federal Government."

7. The AAA agrees to operate the NY Connects program in accordance with the most recent NY Connects State Program Standards and State NWD Operating Protocols and Business Rules.

8. The AAA agrees to work in partnership with the Local Departments of Social Services (LDSS) and State contracted Independent Living Centers (ILCs) and/or other Community Based Organizations (CBOs) serving individuals with physical disabilities; and work in concert with the Office for People With Developmental Disabilities (OPWDD) Specialized No Wrong Door (NWD), plus any other NY Connects partner agencies to fulfill the requirements of the NY Connects Program.

9. The AAA agrees that the NY Connects staff shall participate in all State mandated trainings, as frequently as necessary to perform core functions, and improve, refine and/or update skills to perform those functions.

10. The AAA agrees that the NY Connects I&A Specialist(s) will conduct individualized, person-centered screening utilizing the NWD Screen to guide the delivery of LTSS options to meet identified needs. Screening will consist of a preliminary evaluation of the individual's general social, medical and financial status and the availability of informal (e.g., caregiver) and formal (i.e., existing services) supports.

11. The AAA agrees that the NY Connects phone is answered in such a manner to indicate that the caller has reached NY Connects.

12. The AAA agrees the NY Connects program will have signage that provides "visibility" for individuals who may choose to walk-in and meet with someone in person.

13. The AAA agrees to provide and document public education activities for populations of all ages needing LTSS including the private pay, those eligible for publicly funded services, and minority low-income, frail, vulnerable and limited English proficiency (LEP) populations as identified in NYSOFA's Equal Access and Targeting Policy in 12-PI-08.

14. The AAA agrees to recruit membership for the NY Connects Local Long Term Care Council (LTCC) in collaboration with the local operating agency (if different), Specialized NWDs covering AAA Planning and Services Area (PSA), and State contracted ILC or CBO as well as any other partners. The AAA will maintain a current NY Connects LTCC Membership Roster which must include contact information, organization and target population(s) represented.

15. The AAA agrees to work with health care systems, including but not limited to hospitals, health homes, medical homes, and other health care providers as well as other service systems, as appropriate, through public education activities, collaboration, and referrals to NY Connects in efforts to support consumers' ability to remain successfully in the most appropriate and least restrictive environment.

16. The AAA agrees to identify LTSS and providers within its Planning and Service Area which meets NYSOFA's Inclusion/Exclusion Policy and adds, maintains and updates listings to the Statewide NY Connects Long Term Services and Supports Resource Directory.

17. The AAA agrees to maintain a data collection process in accordance with State requirements.

18. The AAA agrees to maintain an effective NY Connects infrastructure related to purpose and function in all core functions.

19. If the Grantee fails to comply with the terms and conditions of this Grant Agreement and/or with any laws, rules, regulations, policies or procedures affecting this Grant Agreement NYSOFA may terminate the Grant Agreement immediately, upon written notice of termination to the Grantee.

20. The AAA agrees to comply with all applicable federal requirements regarding access including, but not limited to, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act, and Federal Executive Order 13166 "Improving Access to Services for Persons with Limited English Proficiency" as well as applicable state and local laws, regulations and issuances.

21. The AAA agrees that, in accordance with NY Connects State Program Standard 10, the local lead administrator for NY Connects will take responsibility for ensuring that NY Connects and its contractors will provide barrier-free access to its services that accommodates people with special needs and access for individuals who communicate in languages other than English. NY Connects will ensure accessibility compliance in the following ways:

- Physical accessibility, as per federal, state, and local laws, regulations, and issuances;
- Language accessibility for consumers with limited English proficiency (at a minimum, must establish a telephonic interpretation service contract with language interpretation services provider);
- Communication accessibility for individuals with disabilities through auxiliary aids and services (711/NY Relay, TTY/TTD, large print materials, audio recordings, Braille, etc.).

**NY Connects Expansion and Enhancement Work Plan
Program Period January 1, 2017 – March 31, 2018**

GOAL 1: To engage in planning and collaboration in order to support and improve access to an integrated long term services and supports delivery system.						
Deliverable:	Documentation or Metric:	Q1 Jan-Mar	Q2 Apr-Jun	Q3 Jul-Sep	Q4 Oct-Dec	Q5 Jan-Mar
<p>1.1. In accordance with NY Connects State Program Standard 20, the Long Term Care Council (LTCC) consists of membership representing all age groups (children, adults, older adults, caregivers) as well as individuals with physical, behavioral health, and intellectual disability and/or developmental disability. Representation must include at least one consumer for each population listed.</p> <p>The Long Term Care Council will meet a minimum of three times to identify gaps in services and supports, duplication, and accessibility issues as well as making recommendations for system improvements and actions to achieve.</p>	a. Updated LTCC membership listing.					X
	b. Meeting minutes.	<div style="border: 1px solid black; padding: 5px; background-color: #e0e0e0;"> Ongoing as applicable: submit meeting minutes within quarters during which meetings were held </div>				

Deliverable:	Documentation or Metric:	Q1 Jan-Mar	Q2 Apr-Jun	Q3 Jul-Sep	Q4 Oct-Dec	Q5 Jan-Mar
<p>1.2. In accordance with NY Connects State Program Standard 1.1, written and signed agreement(s) such as a Memorandum of Understanding (MOU), Memorandum of Agreement (MOA), contract or subcontract is developed.</p> <p>Each written agreement must, at a minimum, specifically delineate each of the following respective roles and responsibilities:</p> <ul style="list-style-type: none"> • the provision of the core NY Connects functions of: <ul style="list-style-type: none"> - NWD Screen, - Information and Assistance, including Application Assistance for public programs - Options Counseling/Person-Centered Counseling, - Public Education, - Long Term Care Council, - NWD Implementation Team - Evaluation - Data Collection and Reporting, • staffing • referral protocols between the LDSS and NY Connects/Hub, • funding, • administrative, and • fiscal responsibilities. 	<p>a. Copy of signed and dated written agreement is provided when amended or replaced (i.e.; between the AAA, LDSS, subcontractors, and any other partners as applicable).</p>					
	<p>b. Copy of signed and dated written agreement with the State Contracted ILC or CBO and its subcontractors if applicable.</p>					

Ongoing as applicable: submit revisions during the quarter in which they were made

90 days from the execution of ILC Contract with NYSOFA

Deliverable:	Documentation or Metric:	Q1 Jan-Mar	Q2 Apr-Jun	Q3 Jul-Sep	Q4 Oct-Dec	Q5 Jan-Mar
1.3 In accordance with NY Connects State Program Standard 11, NY Connects has established written policies and procedures that comply with and incorporate the core elements of the revised NY Connects Standards (14-PI-16) and the State NWD Operating Protocols.	a. Copy of updated policies and procedures, if applicable.			X		
	b. Copy of revisions as occur.					X
1.4. In accordance with NY Connects State Program Standard 1.8, a Local NWD Implementation Team will be established consisting of representatives of each of the NY Connects partners required by NY Connects State Program Standard 1.1 and of the Specialized NWD partners designated by OPWDD and OMH. The Local NWD Implementation Team shall: <ul style="list-style-type: none"> • Conference or meet at least monthly to establish seamless linkages, communication strategies, best practices and other local implementation strategies which align with the NY Connects State Program Standards and State NWD Operating Protocols. • Identify and work on addressing barriers that may be impeding implementation. • Identify outcome measures. 	a. Updated NWD Implementation Team Member List showing representation of each agency.	X				
	b. Meeting minutes.	Ongoing as applicable: submit meeting minutes within quarters during which meetings were held				
	c. Report on barriers and strategies to mitigate.			X		
	d. Report on outcomes and impact of interrelationships.					X

GOAL 2: To sustain and enhance a NY Connects program that serves individuals and caregivers in need of long term services and supports through the operation of core functions in a manner that supports their independence and self-determination.

Deliverable:	Documentation or Metric:	Q1 Jan-Mar	Q2 Apr-Jun	Q3 Jul-Sep	Q4 Oct-Dec	Q5 Jan-Mar
<p>2.1. In accordance with NY Connects State Program Standard 10, an accessibility plan will be provided that outlines how the NY Connects will provide barrier-free access to its services that accommodates people with special needs and access for individuals who speak languages other than English.</p> <p>NY Connects will ensure accessibility compliance in the following ways:</p> <ul style="list-style-type: none"> • Physical accessibility, as per federal, state, and local laws, regulations, and issuances. • Language accessibility for consumers with limited English proficiency. • Communication accessibility for individuals with disabilities through auxiliary aids and services (TTY/TTD, large print materials, audio recordings, Braille, etc.). 	<p>a. Demonstrated Compliance with accessibility requirements, including but not limited to Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act.</p>	Ongoing as applicable				
<p>2.2. During the grant period, staff will participate in training and educational opportunities that enhance their ability to provide up-to-date, comprehensive and objective Information and Assistance and Options Counseling/Person-Centered Counseling on long term services and supports.</p>	<p>a. Staff Training Log</p>	Ongoing as applicable				

Deliverable:	Documentation or Metric:	Q1 Jan-Mar	Q2 Apr-Jun	Q3 Jul-Sep	Q4 Oct-Dec	Q5 Jan-Mar
<p>2.3. In accordance with NY Connects State Program Standard 16, NY Connects will implement protocols for streamlining access to public benefits and application assistance, which include the following:</p> <ul style="list-style-type: none"> • Assistance with submitting a completed application • Following up on eligibility determination status • Promoting the use of resources such as the myBenefits pre-screening website and NY State of Health (NYSOH) website • Linking to entities for necessary support in application process • Utilizing the NWD Screen to identify needs and coordinate access to public benefits and assessment for the Specialized NWDs. 	<p>a. Number of units of application assistance to populations served under BIP.</p>					
	<p>Ongoing as applicable</p>					
	<p>b. Number of referrals to myBenefits pre-screening, NYSOH, entities that provide application assistance.</p>					
<p>Ongoing as applicable</p>						
<p>2.4. In accordance with NY Connects State Program Standard 12, NY Connects will add and maintain comprehensive and current resource listings of LTSS, programs and providers in the State’s online NY Connects Resource Directory. Provider listings in the NY Connects Resource Directory listings must also include all NY Connects Network Partners (NY Connects (Hub) and Specialized NWDs) listings so consistent and comprehensive information is shared across settings.</p>	<p>a. Quality Assurance Plan demonstrating compliance with maintaining Resource Directory. Plans should include frequency of updates, designated staff, the communication plan with providers, completeness and accuracy of listings.</p>			<p>X</p>		
<p>2.5. In accordance with NY Connects State Program Standard 22, staff time spent on NY Connects Medicaid-related activities will be tracked.</p>	<p>a. Documentation per forthcoming NYSOFA requirements</p>			<p>X</p>		

GOAL 3: To evaluate visibility, effectiveness of NY Connects in serving individuals and caregivers in need of long term services and supports, as well as the impact of NY Connects on the local system of long term services and supports.						
Deliverable:	Documentation or Metric:	Q1 Jan-Mar	Q2 Apr-Jun	Q3 Jul-Sep	Q4 Oct-Dec	Q5 Jan-Mar
3.1. In accordance with NY Connects State Program Standard 19, NY Connects will comply with the statewide public education campaign by utilizing materials that are developed and approved by the state.	a. Demonstrated compliance with the statewide public education campaign.			X		
3.2. In accordance with NY Connects State Program Standard 21, NY Connects will submit an evaluation plan and report that includes the examination of measurable objectives, outcomes, and existing or future state/federal requirements.	a. Evaluation report based on NYSOFA requirements.					X
3.3. The NY Connects program will evaluate the effectiveness of the provision of I&A and OC/PCC through NYSOFA's <i>updated</i> Customer Satisfaction Survey Tool or a NYSOFA approved Satisfaction Survey.	a. Satisfaction Survey findings.			X		
	b. How the Satisfaction Survey findings will be used to make improvements to the NY Connects program.					X

New York Connects Expansion and Enhancement Program
(including Balancing Incentive Program (BIP) funds*)
Final Allocation Schedule - BIP and State Funding
Program Period - 1/1/17-3/31/18

Area Agency on Aging	Federal BIP/EE* Funding	State Funding	Total BIP & State Allocation
Albany	\$180,278	\$158,446	\$338,724
Allegany	114,927	101,010	215,937
Broome	200,689	176,386	377,075
Cattaraugus	136,560	120,023	256,583
Cayuga	107,842	94,782	202,624
Chautauqua	201,765	177,332	379,097
Chemung	137,995	121,284	259,279
Chenango	108,837	95,657	204,494
Clinton	138,355	121,601	259,956
Columbia	51,680	45,422	97,102
Cortland	114,927	101,010	215,937
Delaware	88,246	77,559	165,805
Dutchess	226,017	198,647	424,664
Erie	299,366	263,113	562,479
Essex	114,927	101,010	215,937
Franklin	110,982	97,542	208,524
Fulton	114,568	100,694	215,262
Genesee	114,568	100,694	215,262
Greene	114,568	100,694	215,262
Herkimer	138,713	121,915	260,628
Jefferson	90,457	79,503	169,960
Lewis	115,285	101,324	216,609
Livingston	100,982	88,754	189,736
Madison	89,604	78,754	168,358
Monroe	327,409	287,760	615,169
Montgomery	98,647	86,701	185,348
Nassau	227,366	199,832	427,198
Niagara	138,770	121,965	260,735
Oneida	225,658	198,331	423,989
Onondaga	331,712	291,542	623,254
Ontario	138,355	121,601	259,956
Orange	224,223	197,070	421,293
Orleans	97,945	86,084	184,029
Oswego	128,790	113,194	241,984
Otsego	87,821	77,186	165,007
Putnam	122,519	107,682	230,201
Rensselaer	146,267	128,554	274,821
Rockland	225,658	198,331	423,989
St. Lawrence	117,609	103,367	220,976
Saratoga	201,406	177,016	378,422
Schenectady	201,765	177,332	379,097
Schoharie	114,927	101,010	215,937
Schuyler	71,556	62,891	134,447
Seneca	137,165	120,555	257,720
Steuben	107,876	66,769	174,645
Suffolk	318,081	279,562	597,643
Sullivan	138,355	121,601	259,956
Tioga	63,981	56,233	120,214
Tompkins	138,713	121,915	260,628
Ulster	127,685	112,222	239,907
Warren/Hamilton	58,646	51,544	110,190
Washington	114,568	100,694	215,262
Wayne	138,355	121,601	259,956
Westchester	324,539	285,238	609,777
Wyoming	87,331	76,755	164,086
Yates	90,703	79,719	170,422
New York City	1,912,752	1,709,164	3,621,916
Seneca Nation	60,620	53,279	113,899
St. Regis	31,339	27,544	58,883
Total	\$10,291,250	\$9,045,000	\$19,336,250

* Balancing Incentive Program funds must be expended by September 30, 2017 and

SUMMARY BUDGET

Allocation Amount

AAA: _____

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Program Period: January 1, 2017 - March 31, 2018

	Budget Category	Budget Amount
1	Personnel	
2	Fringe Benefits	
3	Equipment	
4	Travel	
5	Maintenance and Operations	
6	Other Expenses	
7	Contracts and/or Consultants	
8	Total Budget (Sum of Lines 1-7)	
9	State Funds Requested	
10	Local Funds	

Notes The Total Budget amount (Line 8) must equal the Total Budget amount (Line 8) on the last page.

Area Agencies may include additional Local Funding in the budget above, however additional funds are not required.

Area Agencies must list all resources used to support the NY Connects Program in the chart below.

Do not include any funds listed below in the budget above.

NY Connects Resources- Typical Year

Funding Source	Amount
1.) Base New York Connects Funding (Including Local Funding)	
2.) Title III-B	
3.) CSE	
4.) Other NYSOFA Sources (Please Specify):	
a.)	
b.)	
Total NY Connects Funding:	

Supporting Budget Schedule

AAA: _____

1. Personnel - AAA salaries are listed here. (DSS and other *county* partners' salaries are listed in the contract section, as applicable.)

	Complete for Each Position (Name, Title, Location)	Annual Salary or Hourly Rate*	Hours worked on program per week	Total Hours worked per week	Chargeable to Program		Narrative justification: For each position, provide a brief summary of duties related to each program.
					% of Time	Amount	
1	N						
	T						
	L						
2	N						
	T						
	L						
3	N						
	T						
	L						
4	N						
	T						
	L						
5	N						
	T						
	L						
6	N						
	T						
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7	N						
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8	N						
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	L						
9	N						
	T						
	L						
10	N						
	T						
	L						
11	N						
	T						
	L						

TOTAL Program Personnel:

*Note: If employee is paid a salary, then list the annual salary. If employee is not on salary, then list the hourly rate. When reporting the rate of pay on vouchering forms, the format (i.e., salary or hourly rate) must match this budget (although the actual salary or the hourly rate paid may be different than budgeted).

2. Fringe Benefits- Fringe Benefits should be directly proportional to that portion of personnel costs that are program related. Provide a clear justification if the expenses are not proportionally allocated.

Fringe Benefit Rate %: _____ **TOTAL Fringe:** _____

Supporting Budget Schedule

AAA: _____

3. Equipment:

- List all equipment items whether purchased or leased.
- Provide a detailed description for all equipment with a unit cost of \$1,000 or more.
- Equipment with a unit cost of less than \$1,000 should be listed individually under Miscellaneous Equipment in the Maintenance & Operations budget section.

Item and Description	Quantity	Unit Purchase Price	Percent Chargeable to Program	Amount Chargeable to Program
TOTAL Equipment				

4. Travel:

- List travel costs.
- Outline reason for travel and indicate the number of staff traveling.(e.g., staff to training, field interviews, advisory group meeting, etc.).
- Show the basis of computation (e.g., two people to 3-day training at \$X airfare, \$X lodging, \$X food).

Mileage: _____ miles @ _____ per mile Parking & Tolls Public Transportation: Rental Vehicles (specify destination): Other Travel Costs (Specify):	Program Expenses

Reasons for Travel:

TOTAL Travel	
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5. Maintenance & Operations:

- In the space provided, detail each expense.
- For equipment with a unit cost of less than \$1,000, list the items and the total for these items under Miscellaneous Equipment.

Equipment Maintenance and Repair: Postage: Printing & Photocopying: Rent: <table border="1" style="width: 100%; margin-left: 20px;"> <tr> <th style="width: 30%;">Monthly Rent</th> <th style="width: 30%;">% Charge to Prg</th> <th style="width: 40%;">No. of months</th> </tr> <tr> <td>NY Connects: _____</td> <td> </td> <td> </td> </tr> <tr> <td>Location: _____</td> <td> </td> <td> </td> </tr> <tr> <td>Owner: _____</td> <td> </td> <td> </td> </tr> </table> Supplies: Telephone: Utilities: Miscellaneous Equipment (List Items):	Monthly Rent	% Charge to Prg	No. of months	NY Connects: _____			Location: _____			Owner: _____			Program Expenses
Monthly Rent	% Charge to Prg	No. of months											
NY Connects: _____													
Location: _____													
Owner: _____													

TOTAL M&O:	
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Supporting Budget Schedule

AAA: _____

6. Other Expenses: List specific item and cost.		
<ul style="list-style-type: none"> •Itemize all Public Education costs. •Promotional materials in the form of informational brochures and the like are acceptable expenses. •“Giveaways” are not an allowable expense under this funding. 		
Public Education:		Amount
Information Technology:		Amount
Other (Specify):		Amount
TOTAL Other Expenses:		
7. Contracts/Consultants:		
<ul style="list-style-type: none"> •List each contractor or consultant, amount, and describe service below. •A copy of each contract or consultant agreement must be submitted to NYSOFA before reimbursement will be made. •Complete and submit a Contractor Budget for each contractor that will receive 25% or more of your grant amount in the form of line item contracts. •For Consultants, please list unit rate (e.g., \$25 per hour) and Number of Units in the columns provided. (Note: If you hire a translator, language and/or sign interpreter, include the expense here.) DSS or other county partners’ salaries are to be listed in this section. •The Unit Rate and Number of Units do not need to be completed for line item contracts. 		
Contractor/Consultant and description of service (List them individually)	# of Units (Consultant)	Program Total
TOTAL Contractors/Consultants:		
8. Total Budget: (numbers 1-7)		
9. State Funds Requested		
10. Local Funds: Describe below		Amount
TOTAL Local Funds:		

NY Connects Expansion and Enhancement 2017-2018

CONTRACTOR SUMMARY BUDGET

Contractor: _____ **Allocation Amount**

Program Period: January 1, 2017 - March 31, 2018

Budget Category		Budget Amount
1	Personnel	
2	Fringe Benefits	
3	Equipment	
4	Travel	
5	Maintenance and Operations	
6	Other Expenses	
7	Contracts and/or Consultants	
8	Total Budget (Sum of Lines 1-7)	

Note: Total budget amount on Budget Summary must equal total budget amount on last page.

**NY Connects Expansion and Enhancement 2017-2018
Contractor Supporting Budget Schedule**

Contractor: _____

1. Personnel - Contractor salaries are listed here.

	Complete for Each Position (N)ame, (T)itle, (L)ocation	Annual Salary or Hourly Rate*	Hours chargeable to program per	Total Hours worked per week	Chargeable to Program		Narrative justification: For each position, provide a brief summary of duties related to each program.
					% of Time	Amount	
1	N						
	T						
	L						
2	N						
	T						
	L						
3	N						
	T						
	L						
4	N						
	T						
	L						
5	N						
	T						
	L						
6	N						
	T						
	L						
7	N						
	T						
	L						
8	N						
	T						
	L						
9	N						
	T						
	L						
10	N						
	T						
	L						
11	N						
	T						
	L						

TOTAL Program Personnel:

*Note: If employee is paid a salary, then list the annual salary. If employee is not on salary, then list the hourly rate. When reporting the rate of pay on vouchering forms, the format (i.e., salary or hourly rate) must match this budget (although the actual salary or the hourly rate paid may be different than budgeted).

2. Fringe Benefits- Fringe Benefits should be directly proportional to that portion of personnel costs that are program related. Provide a clear justification if the expenses are not proportionally allocated.

Fringe Benefit Rate %:

TOTAL Fringe:

NY Connects Expansion and Enhancement 2017-2018 Contractor Supporting Budget Schedule

Contractor: _____

6. Other Expenses: List specific item and cost.		
<ul style="list-style-type: none"> •Itemize all Public Education costs. •Promotional materials (e.g. informational brochures) are acceptable expenses. •“Giveaways” are not an allowable expense under this funding. 		
		Program Expenses
Public Education:		
Information Technology:		
Other (Specify):		
TOTAL Other Expenses:		
7. Subcontracts/Consultants:		
<ul style="list-style-type: none"> •List each contractor or consultant, amount, and describe service below. •A copy of each contract or consultant agreement must be submitted to NYSOFA before reimbursement will be made. •Complete and submit a Contractor Budget for each contractor that will receive 25% or more of your grant amount in the form of line item contracts. •For Consultants, please list unit rate (e.g., \$25 per hour) and Number of Units in the columns provided. (Note: If you hire a translator, language and/or sign interpreter, include the expense here.) DSS or other county partners' salaries are to be listed in this section. •The Unit Rate and Number of Units do not need to be completed for line item contracts. 		
Subcontractor/Consultant and description of service (List them individually)	# of Units (Consultant)	Program Total
TOTAL Contractors/Consultants:		
8. Total Budget: (numbers 1-7)		