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ATTACHMENT B

PRIORITY SERVICES EXPENDITURE REPORT

Instructions: Using actual expenditures for the period, October 1, 2012- September 30, 2013, submit this completed and certified report with the 2014-15 Plan. **To access the on-line expenditure report, return to the NYSOFA Budgeting and Reporting Systems Main Menu, click on CAARS Quarterly, select any period, and click "Go To Report". On the CAARS Quarterly Main Menu, under "Tools", click on "Go To Reports". Select beginning period October 1, 2012; Select ending period of September 30, 2013; then click Expenditures Report. A PDF version of the report will generate in a separate window for your review.**

Please see Guide for Completion

Column A: Include Title III-B expenditures (services dollars only - Federal, Non-Federal and Income) for:

Row 1. **Access** : transportation, outreach, information and assistance, case management

Row 2. **In-home**: personal care level I, personal care level II, home health aide, consumer directed in-home services, in-home contact & support, caregiver services

Row 3. **Legal**: legal advice & representation by an attorney (including, to the extent feasible, counseling or other appropriate assistance by a paralegal or law student under the supervision of an attorney), and includes counseling or representation by a non-lawyer where permitted by law, to older adults with economic or social needs. (Also see 94-PI-52, 12/29/94.)

Row 4. **All Other Services**: necessary to sum total services dollars expended.

Row 5. **Subtotal**: all services dollars expended.

Row 6. **Over Match**: must be removed from total.

Row 7. Total: [T] should indicate all Title III-B services dollars with required match only. Be sure to subtract any over match.

Column B: To calculate the percentage of each Priority Service in Column A, divide each Priority Service Expenditure, on Column A by the total [T] Expenditure in Column A, Line 7.

If the percentage in Column B meets the minimum required percentage STOP do not continue.

If it does not, then continue in Column C. Include only the required amount from CSE and/or WIN expenditures **required** to meet the Percentage in each of the Priority Services areas. (See instructions in Guide on how to calculate the minimum percentage amounts.)

Notes: [S] Include WIN dollars for Access **only**.

[H] Include CSE dollars for Home Health Aide, In-Home Contact & Support and Caregiver Services **only**.

Column D: add Columns A and C for Lines 1, 2 & 3.

Column E: calculate the percentage of each Priority Service separately. For each priority service divide dollars for the combined III-B and CSE/WIN amounts (Column D) by the sum of the III-B total [T] in Column A, Line 7, plus the Priority Service's amount in Column C.

Category & Minimum Required Percentage	(A)	(B)	(C)	(D)	(E)
	III-B Services Expenditures	Percent (A)/ [T]	CSE(&WIN for Access)	Services Combined Total (A) + (C)	Percent (D)/ {[T] + (C)}
1. Access 20.0%			[S]		
2. In-Home 2.5%			[H]		
3. Legal 7.0%					
4. All Other Services					
5. Subtotal					
6. Over Match (-)					
7. Total		[T]			

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ATTACHMENT C

Program Design Modifications

All AAAs should carefully review this form and the Guide for Completion.

PURPOSE

All AAAs must complete Attachment C. Attachment C is intended for the AAA to alert and obtain approval from NYSOFA regarding: Major Changes; New Direct Services; New Activities; Plans for Multipurpose Senior Centers that are not included in the previous program period; and/or any changes that are being planned for periods covered by future Plans (e.g. an RFP to be held in SFY 2014-2015 that will result in a major change in services or providers in SFY 2015-2016).

Every AAA must complete the Certification Section of Attachment C whether or not any changes are anticipated.

Please be advised that program design modifications identified in Attachment C must be approved by NYSOFA before any expenditures can be obligated for such plans.

DEFINITIONS

Program Design Modification: Refers to a Major Change, New Direct Service or New Activity.

Major Change(s): Refers to a proposed change(s) in program design for SFY 2014-2015 from what NYSOFA has approved in the previous program period that will significantly impact older adults. It also refers to any planned change(s) for periods covered by future Plans that will have a significant impact on service delivery to older adults.

Significant Impact: The criteria for determining Significant Impact include:

1. The discontinuance of any service, or
2. Major changes in:
 - a. service location;
 - b. access to services;
 - c. service providers;
 - d. types of services being offered;
 - e. the manner in which services are provided;
 - f. service levels (changes of more than 20% in units or expenditures for any specific service); and
 - g. changes in administrative operations (e.g. a re-organization, a consolidation).

Please refer to the *Guide for Completion* for examples of 'Major Changes' and situations which are exempt from inclusion in this attachment.

New Direct Service: Refers to any service to be provided by the AAA directly (as opposed to being provided by a contractor) that has not been provided by the AAA.

New Activity: Refers to: Any new service or program

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PROGRAM DESIGN MODIFICATIONS

For each proposed program design modification, select the relevant choice(s) from the drop-down menus below.

Select if actions proposed by the area agency or its contractors will occur during the funding period 4/1/2014-3/31/2015 Plan.

Service	
Funding Source(s)	
Type of Activity	
Period of Change	

Please describe the anticipated program design modification/s in the text box provided.

ACTIONS THAT MAY AFFECT FUTURE PERIODS

Select if any actions by the AAA or its contractors are anticipated for the 4/1/2014 – 3/31/2015 Plan period that may result in future program design modifications in future plan periods (see *Guide for Completion*).

Service	
Funding Source(s)	
Type of Activity	
Period of Change	

Please describe any actions identified that may result in program modifications in future program periods in the text box provided.

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CERTIFICATION

A box must be checked or an explanation must be provided.

The AAA hereby certifies that any Program Modifications or actions anticipated for the 04/01/2014-03/31/2015 Plan period that may result in Program Modifications during the 2014-2015 Program Year or a future program year: SHALL NOT result in a loss or diminution in the quantity or quality of the services (including all federal, state and locally funded services) provided, or to be provided as a result of direct provision of services by the AAA or any contractual or commercial relationship between the AAA and any non-governmental entity; and SHALL enhance the quantity, and/or quality and maintain the integrity and public purpose of the services to be provided as a result of direct provision of services by the AAA or any contractual or commercial relationship between the AAA and any non-governmental entity.

If the above certification cannot be made, please explain in the text box provided. This would include reductions due to a loss of local, state or federal funding.

OR

The Area Agency on Aging does not anticipate any changes in its programs that may occur during the 2014-2015 Program Year or a Future Program Year and certifies that: If any change to its programs or services does occur during the 2014-15 Program Year or a future Program Year that causes or can be expected to cause a significant impact or major change in its programs or services, the Area Agency on Aging will notify the State Office for the Aging as soon as it becomes aware of such change and will submit an amended Attachment C for the then current Program Year if so directed by the State Office for the Aging.

ADVISORY COUNCIL REVIEW AND COMMENT

The AAA certifies that it has submitted the program design modifications contained in this Attachment C to its advisory council for review and comment as required under Title III, Part 45, Section 1321(c) of the Older Americans Act Regulations.

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MULTIPURPOSE SENIOR CENTERS

Please describe any multipurpose senior centers that will be acquired and/or constructed using Title III-B funds for the 4/1/2014 – 3/31/2015 AIP period or future program periods in the text box provided:

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ATTACHMENT D

Justification for Title III Carryovers and Title III Transfers

- **Transfers:** Provide justification for any transfer of funds within and among Title III programs. Transfers are limited to no more than 30% between Titles III-B and III-C and no more than 40% between Titles III-C-1 and III-C-2. Transfers are not allowed for Titles III-D or III-E.

- **Carryovers:** (Reference 88-PI-17, 3/24/88)

Titles III-B, III-C and Title III-E: Provide justification for carryover amounts in excess of 7.5%.

Titles III-D: Provide justification for carryover amounts in excess of 25%.

Targeting: Describe how excess carryover funds will be used for targeting (Reference 12-PI-08, 7/17/12) those unserved and underserved older adults individuals in greatest social or economic need, particularly those who are low income, low income minorities, rural residents, older adults with limited English proficiency, Native Americans, and frail/persons with disabilities (e.g., blind, deaf, visually and/or hearing impaired, etc.). For example, the following activities represent possible efforts to improve achievement of targeting goals: provision of linguistic interpretation services to persons with limited English proficiency or deaf persons, translation of informational materials for persons with limited English proficiency or development of Braille and audio materials for persons who are visually impaired, etc. Where the AAA targeting goals have not been met and the AAA will not use carryover funds for additional or expanded targeting efforts, please provide a justification including a description of the specific activities implemented by the AAA to meet targeting goals and outcomes.

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ATTACHMENT E

Fringe Benefits and Travel Reimbursement Policies

► **Fringe Benefits Policy:** A complete copy of the AAA's (or sponsor's) Fringe Benefit Policy must be submitted with the **Four Year Plan**. Include below the current fringe benefit rate for employees. Describe any changes from the 2012-2016 Fringe Benefit policy submitted with the 2012-16 Four Year Plan and submit a complete copy of the 2014 Fringe Benefit Policy. If the composite fringe benefit percentage for an individual program exceeds the average fringe benefit percentage included below- by more than 15%- the reason for the deviation(s) **must** be explained below.

2014-2015 Fringe Benefit Rate: _____ %

► **Travel Reimbursement Policy:** A complete copy of the AAA's (or sponsor's) Travel Reimbursement Policy must be submitted with the **Four Year Plan**. Describe below any changes from the 2012-2016 Travel Reimbursement Policy submitted with the 2012-2016 Four Year Plan and submit a complete copy of the 2014 Travel Reimbursement Policy.

► **Personnel Roster and Rent Allocation Schedule Adjustment:** Describe below any adjustments included in the adjustment line of the summary budgets for personnel costs, or the adjustment line of the supporting budget schedules for rental costs.