

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 13-PI-20
	Supersedes 12-PI-11
	Expiration Date

DATE: August 28, 2013

TO: Area Agency on Aging Directors

SUBJECT: SFY 2014-15 Annual Implementation Plan

.....
PURPOSE:

To transmit the SFY 2014-15 Annual Implementation Plan (hereafter referred to as the Plan) and Guide for Completion (hereafter referred to as the Guide) for Titles III-B, III-C-1, III-C-2, III-D, III-E, V, Expanded In-home Services for the Elderly Program (EISEP), Community Services for the Elderly (CSE), Congregate Services Initiative (CSI), Wellness in Nutrition (WIN), State Transportation Program, Caregiver Resource Centers (CRCs), and Health Insurance Information, Counseling and Assistance Program (HIICAP) to provide an overview of changes that have been made to the Plan documents.

ACTION REQUESTED:

Please complete and submit the Plan for 2014-15, including the Applications for Funding, Personnel Roster, Equipment Schedule, Rent Allocation Schedule, Contract Roster and all appropriate Attachments by Monday, **December 2, 2013**.

BACKGROUND:

The Older Americans Act (OAA) and New York State regulations require that local area agencies on aging (AAAs) develop and submit an Area Plan to the New York State Office for the Aging (NYSOFA). Under CSE, EISEP and the OAA, each AAA receives resources to fulfill its role for planning and coordination. The development of the Plan is an important component of this responsibility and requirement.

The Plan, submitted every four (4) years and updated annually, must describe how the AAA will provide for a comprehensive and coordinated system of services for older adults and how it will comply with other requirements of the OAA. The information submitted in this Plan must meet federal and state requirements.

The Plan development process is an important tool for helping empower communities to improve local services for older adults and to identify community needs. The Plan can also help prioritize the use of federal, state and local resources, as well as identify strategies to improve coordination that best address these local needs and implement changes in the aging network.

In addition, the Plan development process includes the needs assessment process, and associated Public Hearing(s). The Plan development process should be used by each AAA to help focus attention on current and new aging network systems development priorities. Also there are important systems development initiatives that AAAs may wish to address during the upcoming plan development process:

PUBLIC HEARINGS

A formal public hearing must be held at least thirty (30) days prior to the date that the Plan is submitted to NYSOFA. Notice of the public hearing must be published at least twenty-one (21) days before the hearing. For these public hearings, information must be available that provides a summary of the AAA's fiscal and service projections, any significant changes in service delivery and/or changes to service locations, and any major modifications to the overall goals of the AAA.

The public hearing process enables AAAs to gather valuable input on needs and solutions from consumers, families, service providers and policy makers. NYSOFA encourages each AAA to provide ample opportunities for such public input during the required public hearing, as well as input from the AAA Advisory Council, and informal community input.

The public hearing process is an excellent way to bring wider public attention to the needs of a changing older adult population and the importance of the local office for the aging and aging network services. In addition, the public hearing process affords each AAA the opportunity to involve community partners in identifying ways to better serve culturally diverse or underserved populations. This is also an opportunity to include these individuals in the planning process.

AREA AGENCY ADVISORY COUNCIL

The AAA Advisory Council is required to have an opportunity to review and comment before the Plan is transmitted to NYSOFA. This is essential to the planning process as the Advisory Councils enable AAAs to obtain input from a cross section of interested community members.

OVERVIEW OF PLAN CHANGES:

The content of the 2014-15 Plan is similar to that of the 2012-16 Four Year Plan and the 2013-14 AIP. However, there are some differences. The following is a summary of key areas in which there have been changes:

- To better accommodate the electronic document, page numbers have been removed from the majority of the Plan and the **Table of Contents** has been expanded.

- The **Plan Review and Approval Page** as well as the **Local Government Executive Review and Approval Page** may now be signed, scanned and submitted to NYSOFA in PDF format. Additionally, the Plan Review and Approval Page has been revised to include the AAA's agreement to comply with the Standard Assurances. There is no longer a separate signature page for the Standard Assurances.
- **WIN (Wellness in Nutrition)** is the new name for the prior SNAP (Supplemental Nutrition Assistance Program).
- **Health Promotion Services** are now split between Evidence-based Programs (Title III-D) and services funded by other funding streams in the Plan narrative section.
- **WRAP** has been deleted from the Plan.
- **Title V** budget pages and standard assurances are now included in the Plan. Incorporating Title V into the Plan will allow AAAs to access their Title V allocations on July 1. This change will eliminate the need to submit a separate application and wait for NYSOFA to issue a Notification of Grant Approval (NGA).
- **Consumer Directed Services** has been opened under Title III-B and Title III-E. Please note that if the Consumer Directed services provided are funded using III-E funds, those services must only be used for respite for caregivers. If an AAA is considering implementing a Consumer Directed Services option, the AAA should notify its ASR and submit the Attachment "C" describing the services to be offered and the funding that will be utilized. Further guidance will be provided by NYSOFA.
- **AAA Provider Network**-In accordance with Older Americans Act §306 each area agency submits an area plan to the State Unit on Aging for approval. In the plan the AAA identifies the individuals and organizations with which it will be contracting for the administration of program and/or delivery of services to eligible adults. Throughout the 2014-15 Plan document the terminology used to refer to the AAA's provider network has been changed to more accurately reflect the relationship between NYSOFA and the AAAs and the providers which contract with the AAA to deliver or arrange for the delivery of services covered by the area plan. In addition, provisions have been added to the 2014-15 Plan Standard Assurances (including required provisions for AAA contracts) to cover situations in which the AAA has permitted one or more of its contractors to subcontract aspects of the work that the contractor has agreed to perform under the original contract. The Plan now refers to the **providers of services as being contractors to the AAA** (e.g., the Subcontractor Roster is now identified as the Contractor Roster).
- There will be continued emphasis on **units of services and unduplicated served**. Please review NYSOFA Standard definitions 11-PI-03.

TENTATIVE ALLOCATIONS:

Tentative allocation schedules for use in completing the 2014-15 Applications for Funding are included with this Program Instruction. The tentative allocations were prepared assuming that NYSOFA will receive the same amount of Federal and State funding as in 2013-14. Please note, that Title III allocations will vary some due to the effects of the Intrastate Funding Formula. The Title V allocations are subject to change if the USDOL revises the number of participant slots per grantee. AAAs should use a per meal rate of 65 cents per meal when budgeting for the Nutrition Services Incentive Program (NSIP).

CONDITIONAL GRANT AWARDS:

AAAs may request conditional Notifications of Grant Award (NGAs) under Titles III-B, C-1, III-C-2 and III-E. Issuance of conditional NGAs allows the AAA to request advance payments for FFY 2014 under these programs, prior to receiving their approved Plan.

NYSOFA is prepared to issue conditional NGAs to AAAs under the following circumstances:

1. The Plan and Funding Applications must be submitted complete and in its entirety. Conditional NGAs will not be available for Title III-D due to the small amounts of money involved.
2. Conditional NGAs will be available only to those AAAs that participate in the advance vouchering payment system. NYSOFA will only authorize the payment of advances against the federal award (up to three monthly advances of eight (8) percent each - see Program Instruction 96-PI-14, 4/8/96 for advance system details). When requesting any advance from NYSOFA, please note the federal requirement that a grantee or subgrantee keep only enough cash on hand to meet its immediate needs. Also note that AAAs that have requested an advance in the past, but did not fully expend these funds during this three month period, may have their advance requests denied or reduced depending on the specific situation. All Title III advance requests must be received within thirty (30) days of the start of the program period. Advance requests received later than thirty (30) days after the start of the program period may not be granted.
3. The necessary safeguards will be incorporated into the remarks of the conditional NGAs. Conditional NGAs will be issued after the Plan and applications for funding have received initial review and appear approvable, with relatively minor adjustment(s) and NYSOFA receives its Title III allotment from AoA/ACL (Administration on Aging/Administration for Community Living) for FFY 2014. Requests for conditional NGAs must be received by NYSOFA no later than the beginning date of the program period. Requests for conditional NGAs received after this date will not be granted.

REVIEW OF COSTS PER UNIT OF SERVICE:

NYSOFA staff will be reviewing Plan data to determine the reasonableness of the projected average cost per unit (CPU) for each of seven major services (transportation, personal care levels I and II, congregate meals, home delivered meals, case management and adult day services).

During the initial review of the Plan, NYSOFA fiscal and program staff will examine the proposed average CPUs contained in the SFY 2014-2015 submission against the data from the current SFY 2013-14 Plan. Staff will also compare the SFY 2014-2015 numbers to the SFY 2012-2013 CAARS and client data. Any CPUs that vary by ten (10) percent or more in the respective areas will be noted and the AAA will be asked to explain the variance. The CPU calculation and comparisons will be available to AAAs on the web-based version of the 2014-15 Plan. AAAs will be able to enter their explanation for variances outside the acceptable range online and it will be submitted with the Plan.

Consistent with last year's process, the approval of the 2014-15 Plan will not be withheld if one or more CPU changes are identified and not adequately explained during the Plan review process. However, this issue will be noted in the Plan approval letter and additional follow-up and review by NYSOFA will occur following the submission of 2014 CAARS/Client Data. If the CAARS/Client Data for the service(s) in question remains outside the reasonable range and is not adequately explained, appropriate NYSOFA personnel will schedule a teleconference and/or visit to the AAA to discuss the CPUs, provide technical assistance and follow-up with corrective action and monitoring as appropriate.

AAA personnel are encouraged to consult other resources when preparing the Plan documents and related funding applications. For example, Technical Assistance Memorandum 97-TAM-06 (12/16/97) provides guidance about how to define, collect and interpret cost data to determine accurate congregate and home delivered meal costs. The TAM includes instructions and six worksheets an AAA can use to help calculate various cost centers. AAAs should consult the approved Medicaid rates for personal care services as EISEP and CSE funded EISEP-like services projections are developed. AAA personnel are also encouraged to refer to Program Instruction 11-PI-03 (April 5, 2011) Standard Definitions for Service and Units of Service.

WEB-BASED APPLICATIONS:

AAAs are required to complete the web-based forms through the reporting web link (<http://www.reporting.aging.ny.gov>) on AAARIN and submit them electronically to NYSOFA. These interactive forms will be available on AAARIN for AAAs to download on or about October 1, 2013. AAAs may download instructions and forms from AAARIN.

SUBMISSION REQUIREMENTS:

On or before **December 2, 2013**, AAAs are required to submit the completed Plan for 2014-15 including all funding applications and rosters via the web-based forms. AAAs are also required to submit the signed Plan Review and Approval page as described in the Guide for Completion.

PROGRAMS AFFECTED:

- | | | | | |
|---|---|---|---|---|
| <input checked="" type="checkbox"/> Title III-D | <input checked="" type="checkbox"/> Title III-E | <input checked="" type="checkbox"/> Title III-B | <input checked="" type="checkbox"/> Title III-C-1 | <input checked="" type="checkbox"/> Title III-C-2 |
| <input checked="" type="checkbox"/> EISEP | <input checked="" type="checkbox"/> NSIP | <input checked="" type="checkbox"/> CSE | <input checked="" type="checkbox"/> WIN | <input type="checkbox"/> Energy |
| <input type="checkbox"/> Other: | | <input checked="" type="checkbox"/> Title V | <input checked="" type="checkbox"/> HIICAP | <input type="checkbox"/> LTCOP |

CONTACT PERSON:
Aging Services Representative

TELEPHONE:
(518) 474-5476

2014-15 ANNUAL IMPLEMENTATION PLAN

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Public Hearings and Area Agency on Aging Advisory Council

Area Agency on Aging Program and Services Information

Nutrition

Health Promotion

Caregiver Services

Employment Services

Health Insurance Information Counseling and Assistance Program

Senior Medicare Patrol Program

General Services

Other NYSOFA Funding and Services

Other Services

Service Delivery and Resource Allocation Plan-Federal

Service Delivery and Resource Allocation Plan-State & All Other Programs

Application For Funding -Summary Budget Schedule -Titles III-B, III-C-1, III-C-2, III-D, III-E -Federal Programs

Supporting Budget Schedule-Titles III-B, III-C-1, III-C-2, III-D, III-E -Federal Programs

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Application For Funding - -Summary Budget Schedule -EISEP, CSE, CSI, WIN, and State Transportation

Supporting Budget Schedule-EISEP, CSE, CSI, WIN, and State Transportation- State Programs

Supporting Budget Schedule-EISEP, CSE, CSI, WIN, and State Transportation -State Programs cont.

Application for Funding-Summary Budget-HIICAP & Title V

Supporting Budget Schedule for HIICAP & Title V

Supporting Budget Schedule for HIICAP & Title V cont.

Personnel Roster

Equipment Schedule

Rent Allocation Schedule

Contract Roster

Attachment Check List

A – Standard Assurances

B – Priority Services Expenditure Report

C – Summary of Major Changes/Justification for New Direct Services

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D – Justification for Title III Carryovers and Transfers

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PLAN REVIEW AND APPROVAL

Must be signed by the area agency director (and the sponsoring agency executive if the area agency is not part of county/City of New York/Native American Organization).

I hereby submit for approval the Annual Implementation Plan (hereafter referred to as the Plan) for the Older Americans Act and New York State Programs for the Elderly and the applications for funding indicated below:

Program	Program Period	Program Applied For
Title III-B	_____ to _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Title III-C	January 1, 2014 to December 31, 2014	<input type="checkbox"/> Yes <input type="checkbox"/> No
Title III-D	January 1, 2014 to December 31, 2014	<input type="checkbox"/> Yes <input type="checkbox"/> No
Title III-E	January 1, 2014 to December 31, 2014	<input type="checkbox"/> Yes <input type="checkbox"/> No
Title V	July 1, 2014 to June 30, 2015	<input type="checkbox"/> Yes <input type="checkbox"/> No
EISEP	April 1, 2014 to March 31, 2015	<input type="checkbox"/> Yes <input type="checkbox"/> No
CSE	April 1, 2014 to March 31, 2015	<input type="checkbox"/> Yes <input type="checkbox"/> No
CSI	April 1, 2014 to March 31, 2015	<input type="checkbox"/> Yes <input type="checkbox"/> No
WIN	April 1, 2014 to March 31, 2015	<input type="checkbox"/> Yes <input type="checkbox"/> No
Transportation	April 1, 2014 to March 31, 2015	<input type="checkbox"/> Yes <input type="checkbox"/> No
CRC	April 1, 2014 to March 31, 2015	<input type="checkbox"/> Yes <input type="checkbox"/> No
HIICAP	April 1, 2014 to March 31, 2015	<input type="checkbox"/> Yes <input type="checkbox"/> No

I agree to comply with all applicable federal, state and local laws and regulations, program standards, and standard assurances which affect any funds, (including matching funds and program income) used for programs described in this Plan. I have read and agree to comply with all of the Standard Assurances (Attachment A) in the 2014-15 Plan. In addition, I certify that no amendments have been made nor will be made to the standard assurances in the 2014-15 Plan. Furthermore, I agree to comply with all attachments submitted as part of this Plan and indicated on the Attachment Check List.

I also certify that the information contained in the Priority Services Schedule (Attachment B) is true and correct.

I also certify that this organization is not currently suspended or debarred as defined in 45 CFR part 76.

Signature of Director of Area Agency on Aging _____
Date

Signature of the Chief Officer of the Governing Body of the Sponsoring Organization _____
Date
(if other than county/City of New York/Native American Organization)

LOCAL GOVERNMENT EXECUTIVE REVIEW AND APPROVAL

Must be signed ONLY if the area agency intends to apply for Community Services for the Elderly Program or Expanded In-home Services for the Elderly Program state aid pursuant to the New York State Elder Law.

I, _____ being the Chief Executive Officer/Chairman of the Governing Board of this _____ (county/City of New York/Native American Organization), do hereby certify that:

- The _____, an area agency on aging established pursuant to the Older Americans Act of 1965, as amended, has been duly designated by me pursuant to New York State Elder Law §214.
 Community Services for the Elderly Program
 Expanded In-home Services for the Elderly Program.

2. This Plan for the Older Americans Act and New York State Community Services for the Elderly and/or Expanded In-home Services for the Elderly Programs, pursuant to New York State Elder Law, is hereby approved for submission to the New York State Office for the Aging.

Signature (Use ink. "per" signature not acceptable) _____
Date

AAA: _____
Original Date Submitted: _____
Date Revised: _____
Date Last Saved: _____ Last Saved By: _____

OFA No. 32 (rev.5/13)

**ANNUAL IMPLEMENTATION PLAN
APRIL 1, 2014 MARCH 31, 2015
FOR OLDER AMERICANS ACT,
NEW YORK STATE EXPANDED IN-HOME SERVICES FOR THE ELDERLY PROGRAM,
COMMUNITY SERVICES FOR THE ELDERLY PROGRAM,
CONGREGATE SERVICES INITIATIVE,
WELLNESS IN NUTRITION,
STATE TRANSPORTATION PROGRAM,
CAREGIVER RESOURCE CENTER,
HEALTH INSURANCE INFORMATION COUNSELING AND ASSISTANCE PROGRAM, and
SENIOR MEDICARE PATROL**

This document, including applications and attachments, fulfills the "Area Plan" requirement under the Older Americans Act, as amended, and the "County Plan" requirement under Section 214 of the New York State Elder Law.

Area Agency on Aging (AAA): _____ County Code: _____
Director's Name: _____ Title: _____
Address: _____
City: _____, New York Zip Code _____
Phone Area Code: _____ Number: _____

For County/City of New York/Native American Organization

Name of the Chief Executive Officer: _____ Title: _____
Address: _____
City: _____, New York Zip Code _____
Phone Area Code: _____ Number: _____

OR

If other than County/City of New York/Native American Organization

Name of the Sponsoring Organization _____
Name of the Chief Officer of the Governing Body of the Sponsoring Organization: _____
Title: _____
Address: _____
City: _____, New York Zip Code _____
Phone Area Code: _____ Number: _____

Official Authorized to Receive Payments on behalf of the AAA

Name: _____ Title: _____
Address: _____
City: _____, New York Zip Code _____
Phone Area Code: _____ Number: _____

**Submit To:
New York State Office for the Aging
Division of Finance and Administration
2 Empire State Plaza, 3rdFloor
Albany, NY 12223-1251**

AAA: _____
Original Date Submitted: _____
Date Revised: _____
Date Last Saved: _____ Last Saved By: _____

GOALS

Please check below the status of the goals/objectives that were listed in the AAA’s 2012-16 Four Year Plan or subsequent Plans.

<input type="checkbox"/> There is no change in the AAA’s goals and objectives.
<input type="checkbox"/> The following goal(s) and objective(s) have been changed or added. Please list:
<input type="checkbox"/> The following goal(s) and objective(s) has/have been met and has/have been deleted. Please list:

AAA: _____
 Original Date Submitted: _____
 Date Revised: _____
 Date Last Saved: _____ Last Saved By: _____

Demographic Data and Targeting Objectives

	A. Most Current Census*	B. Total Number: Registered Clients	C. Number Registered Clients to be Served**
1. Total number of persons aged 60+ in the PSA (Planning and Service Area):			
2. Total number of persons projected to be served under this plan during the period 4/1/2014-3/31/2015:			
3. ** Please provide a breakdown for the total on line 2 as follows:			
a) Aged 75-84			
b) Aged 85+			
c) Live Alone			
Clients by Ethnicity			
d) Hispanic			
Clients by Race			
e) Native American/Alaskan Native			
f) Asian			
g) Black			
h) White Hispanic			
i) White not Hispanic			
j) Native Hawaiian/Pacific Islander			
k) Other Race			
l) 2 or More Races			
These fields use percent based on the 2000 Census.			
m) Frail/Disabled			
n) Low Income (below 150% of poverty)			
o) Low Income Minority (below 150% of poverty)			
p) Limited English Proficiency***			
q) Rural***			

* The pre-printed census figures (Column A) and Client data (Column B) are only provided on the web-based version of this form. Registered clients are those receiving a Cluster 1 or Cluster 2 service.

**Targeted groups include those unserved and underserved older adults 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.).

*** Please see *Guide for Completion (Guide)* for definitions of *Rural* and *Limited English Proficiency*.

AAA: _____
Original Date Submitted: _____
Date Revised: _____
Date Last Saved: _____ Last Saved By: _____

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4. a. Specify the planned targeting activities for the 2014-15 period that are designed to increase participation of unserved and underserved older adults in greatest social or economic need, particularly those older adults who are, low income, low income minorities, rural residents, older adults with limited English proficiency, Native Americans, those at risk of institutionalization, and frail older adults/ persons with disabilities (e.g., blind, deaf, visually and/or hearing impaired, etc.).

4b. If the AAA did not achieve targeting objectives set forth in its 2013-14 Plan, specifically describe how the AAA will modify its targeting activities in 2014-15 to improve its efforts to reach older adult cohort (as described above) for which the goal was not achieved.. (In determining whether past targeting objectives were achieved, see **QUARTERLY STATUS REPORT - Demographic Information (36A)**). For information on NYSOFA’s Equal Access to Services and Targeting policies, refer to Program Instruction 12-PI-08.

5a. Specify how the AAA plans to provide outreach and language accessibility to persons with limited English proficiency who may seek services (e.g., contracted interpreter/translator, community organization links for translation, interpretation services, language interpretation phone line, etc.) as required by 12-PI-08 (*See Guide* for further information.)

5b. Include the name and contact information for the telephonic interpretation service that the AAA has established as required by 12-PI-08

Name	Contact Number

5c. Provide the amount that the AAA is projecting to spend on language accessibility services in the box below. If the AAA has access to free language access services, please describe the arrangement for free services under 5a. above and enter 0 in the box below. The amount entered in the box below must equal the total of the amounts entered on each of the individual program budgets, **SUPPORTING BUDGET SCHEDULES**, Section 6. ‘Other Expenses’, line F. ‘Language Access Services’.

Projected Costs for Language Accessibility Services	
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AAA: _____
 Original Date Submitted: _____
 Date Revised: _____
 Date Last Saved: _____ Last Saved By: _____

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PROJECTED RESOURCE INVENTORY

List all resources (from outside entities) projected to be secured primarily through the efforts of the Area Agency to enhance community based services to older adults in the PSA.

Please indicate the name of the Agency/Organization, the service(s) provided which benefit the older adults in the PSA, check if there is a current contract with this provider for the provision of services and provide an estimated dollar value of these services.

If there is an existing contract with this outside entity show only the 'Services Provided' and the 'Estimated Dollar Value' of those services which are not already contracted. Show only the added value leveraged by the AAA above and beyond the contract.

RESOURCE INVENTORY

Agency/Organization	Services Provided	Estimated Dollar Value	Current Contractor	
			Yes	No

AAA: _____
Original Date Submitted: _____
Date Revised: _____
Date Last Saved: _____ Last Saved By: _____

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LEGAL ASSISTANCE

1. Please indicate below whether there are any changes to the legal assistance program case priorities that were listed in the AAA's 2012-16 Four Year Plan and/or those described in a previous annual implementation plan.

There is **no** change in the AAA's legal assistance case priorities for the 2014-15 Plan.

The legal assistance program case priorities for the 2014-15 Plan have changed as follows:

2. If there are changes to the scope of the program through amendment, additions, or deletions to the case priorities provide a brief explanation of the reason(s) for the change(s).

AAA: _____
 Original Date Submitted: _____
 Date Revised: _____
 Date Last Saved: _____ Last Saved By: _____

PUBLIC HEARINGS/AREA AGENCY ON AGING ADVISORY COUNCIL

1a. Provide the following information on Public Hearing(s) held for the SFY 2014-15 planning period.

Location	Date	Number Attending

b. Was the notice of at least one Public Hearing published in a local newspaper of general circulation at least twenty one (21) days before that hearing? [9 NYCRR 6653.2]
 YES _____ *NO _____

Date of notice publication: _____

c. Was the proposed Plan or abstract containing program goals, objectives, action steps, and proposed budgets with categorical breakdowns made available to the public within a reasonable time prior to the hearing?
 YES _____ *NO _____

d. Was a minimum of one Public Hearing held at least 30 days prior to the submission of this plan?
 YES _____ *NO _____

e. **NEW YORK CITY ONLY:** Was at least one Public Hearing as described herein held in each borough?
 YES _____ *NO _____

If *NO to any of the above please explain:

2. Briefly describe the efforts used in seeking input from those unserved and underserved older adults in greatest social or economic need, particularly those who are:

- low income;
- low income minorities (*includes Hispanics, Alaskan Natives, Asians, Blacks and Native Hawaiians/Pacific Islanders*);
- frail/persons with disabilities (e.g., blind, deaf, visually and/or hearing impaired, etc.)
- rural residents;
- limited English proficiency;
- Native Americans;
- institutionalized/at risk of institutionalization;
- homebound; or
- lesbian, gay, bisexual, and transgender (LGBT).

AAA: _____
Original Date Submitted: _____
Date Revised: _____
Date Last Saved: _____ Last Saved By: _____

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3. How were interested parties in the PSA notified of the public hearing(s) and provided the opportunity to testify?

4 . Briefly summarize major issues discussed or raised at the public hearings.

5. List the major changes in the Plan resulting from input by attendees at the hearings.

_____ Not applicable, no major change(s)

Major changes in the Plan:

6. Provide the date the Plan was presented to the Area Agency Advisory Council as required for its review, before it was transmitted to NYSOFA. [9 NYCRR 6653.2 (f)] **Date:** _____

Summarize the comments of the Advisory Council:

AAA: _____
 Original Date Submitted: _____
 Date Revised: _____
 Date Last Saved: _____ Last Saved By: _____

AREA AGENCY PROGRAMS AND SERVICES INFORMATION

NUTRITION SERVICES (Refer to the *Guide for Completion* and 92-TAM-3, 2/26/92 for additional information.)

1. Nutrition services funded under Title III-C, III-E, WIN, CSE, EISEP, other:

a. Are any operational changes in nutrition sites (INCLUDING RESTAURANTS USED IN A RESTAURANT VOUCHER PROGRAM) or food preparation sites (kitchens, caterers) planned or projected for SFY 2014-15?

*YES [] NO []

If *YES, please list the site(s) that are proposed to be changed, the type of change and when the change is projected to take place. List one site per line.

NAME OF SITE/LOCATION	TYPE OF CHANGE <i>Opened, Closed, Altered</i>	DATE OF CHANGE			
		1 st quarter SFY	2 nd quarter SFY	3 rd quarter SFY	4 th quarter SFY

If *YES, indicate if the proposed change (for each site) will effect one or more home delivered meal routes. This could include food preparation, meal packaging and the actual number of routes used.

*YES [] NO []

If *YES, explain:

b. Total number of Registered Dietitian (RD) service hours per week planned or projected for SFY 2014-15 _____

c. Of the above total: _____ hours of RD services are provided by RD who is on staff or is a consultant to the AAA. (Do not include hours of the RD who is employed by a nutrition or meal program provider.)

AAA: _____ Original Date Submitted: _____ Date Revised: _____ Date Last Saved: _____ Last Saved By: _____
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d. Are there long-term (3 months or more) vacancies in the following positions?

***YES** **NO**

	*YES	NO
Full time oversight staff person		
Registered Dietitian/Certified Dietitian Nutritionist		

If ***YES**, describe your plan for filling the position(s), including estimated (anticipated) completion date.

AAA: _____
 Original Date Submitted: _____
 Date Revised: _____
 Date Last Saved: _____ Last Saved By: _____

HEALTH PROMOTION SERVICES

Beginning with federal fiscal year 2012, federal appropriation language requires that Title III-D funding be expended for evidence-based programs/interventions only.

1. For each documented evidenced-based nutrition or health promotion program the AAA operates (or plans to implement), please provide the requested information. Each evidence-based program/intervention must meet the criteria for one of three levels (minimal, intermediate or highest-level) established by the Administration on Aging/Administration for Community Living (AoA/ACL).

http://www.aoa.gov/AoARoot/AoA_Programs/HPW/Title_IIID/index.aspx

Local Program Name	Evidence-based model used	Date begun or planned to begin	Partners	Target population	Number of participants

2. Health Promotion Services funded under **Title III-D (Evidence Based Programs) only.**

- | | |
|---|--|
| <input type="checkbox"/> Routine Health Screening
<input type="checkbox"/> Medication Management
<input type="checkbox"/> Home Injury Control
<input type="checkbox"/> Preventive Nutrition Services
<input type="checkbox"/> Other (briefly describe)_____ | <input type="checkbox"/> Physical Fitness Programs
<input type="checkbox"/> Mental Health Services
<input type="checkbox"/> Medicare Preventive Services |
|---|--|

3. Health Promotion Services funded under **Title III-B, Title III-E, EISEP, CSE, CSI or other funding:**

- | | |
|--|--|
| <input type="checkbox"/> Evidence Based
<input type="checkbox"/> Routine Health Screening
<input type="checkbox"/> Medication Management
<input type="checkbox"/> Home Injury Control
<input type="checkbox"/> Preventive Nutrition Services
<input type="checkbox"/> Other (briefly describe)_____ | <input type="checkbox"/> Physical Fitness Programs
<input type="checkbox"/> Mental Health Services
<input type="checkbox"/> Medicare Preventive Services |
|--|--|

AAA: _____
 Original Date Submitted: _____
 Date Revised: _____
 Date Last Saved: _____ Last Saved By: _____

CAREGIVER SERVICES

TITLE III-E: NEW YORK ELDER CAREGIVER SUPPORT PROGRAM (Refer to the *Guide for Completion* and the Standard Assurances.)

1. **Services for Caregivers of Adults Who Are 60 and Over and Caregivers for Individuals of Any Age with Alzheimer’s Disease or Related Disorder:** At least one service under each category must be available to caregivers. Please check the appropriate column for the funding source planned to support the service(s) the AAA intends to provide. When Title III-E funds are being used (whether the sole source or in combination with other funding sources) (√) the Title III-E box ***only and omit listing the other funding sources***. “Other” funding sources are required to be identified in the “Other” column; (√) ***only when no Title III-E funds are being used to provide the service.***

SERVICE CATEGORY	FUNDING SOURCES		
	Title III-E	Other	Identify:
Information			
Outreach			
Public Information			
Assistance			
Information and Assistance			
Case Management			
Other, specify:			
Counseling, Support Groups, Training <i>(Only one required, but may provide all three)</i>			
Counseling			
Support Groups			
Training			
Respite			
Personal Care Level I			
Personal Care Level II			
Consumer Directed			
Home Health Aide			
In-home Contact and Support <i>(supervision of care receiver or friendly visiting)</i>			
Social Adult Day Care			
Adult Day Health Care Services			
Overnight Adult Home			
Overnight Nursing Home			
Other, specify:			
Other, specify:			
Supplemental Services			
PERS			
Equipment			
Home Delivered Meals			
Transportation			
Legal Services			
Assisted Transportation			
Home Modification			
Other, specify:			

AAA: _____
Original Date Submitted: _____
Date Revised: _____
Date Last Saved: _____ Last Saved By: _____

OFA No. 32 (rev.5/13)

2. Optional Components of Title III-E Caregiver Support Program:

(Check only those services to be funded by Title III-E):

Not Applicable, AAA does not plan to provide any optional components with Title III-E funds.

Services for caregiving grandparents and older relatives (to receive services, grandparents/relatives must be 55 years or older):

The AAA does plan to provide services to grandparents/relatives of children age 18 or younger (including persons with disabilities)

Information Assistance Counseling Support Groups Training

Respite (list types) _____

Supplemental Services (list types) _____

The AAA does plan to provide services to grandparents/relatives who provide care to family members with disabilities between the ages of 19-59.

Information Assistance Counseling Support Groups Training

Respite (list types) _____

Supplemental Services (list types) _____

AAA: _____
Original Date Submitted: _____
Date Revised: _____
Date Last Saved: _____ Last Saved By: _____

OFA No. 32 (rev.5/13)

Caregiver Resource Center (CRC) [applies only to NYS's 17 State Funded Programs]

The AAA has designated a physical location(s) as the CRC YES _____ NO _____

Please check the activities that are provided through the CRC*:

- | | | | |
|--------------------------|------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | Resource Library | <input type="checkbox"/> | Information & Assistance |
| <input type="checkbox"/> | Training | <input type="checkbox"/> | Public Information |
| <input type="checkbox"/> | Support Groups | <input type="checkbox"/> | Other: Specify _____ |
| <input type="checkbox"/> | Counseling | | |

Specify any special needs populations that will be served: _____

*Note: All CRC activities are to be included on **Service Delivery and Resource Allocation Plan -State & All Other Programs** – line 19, 'Caregiver Services'.

AAA: _____
Original Date Submitted: _____
Date Revised: _____
Date Last Saved: _____ Last Saved By: _____

OFA No. 32 (rev.5/13)

Caregiver Services Funded by Other Sources (e.g., Title III-B, CSE, State Respite Grants)

Caregiver Services (**Do not** include Caregiver Services funded with Title III-E or CRC funds)

- Presentations to groups
- Individual counseling
- Other (briefly describe) _____
- Training
- Resource library
- Support group meetings

AAA: _____
Original Date Submitted: _____
Date Revised: _____
Date Last Saved: _____ Last Saved By: _____

OFA No. 32 (rev.5/13)

EMPLOYMENT SERVICES- (Senior Community Service Employment Program [SCSEP] -TITLE V)

1. If the AAA currently does not have a Memorandum of Understanding (MOU) with the local One Stop delivery system please describe the impediments encountered in obtaining one and describe the actions the AAA has taken to address the impediments. If the AAA and One-Stop delivery system have a current MOU, please indicate the date it was signed.

2. If the AAA currently has a waiting list for participation in the SCSEP, how many individuals are on the list? _____
3. Describe the AAA's plan to reach out to minorities in the county.

4. Describe the AAA's plan for self-evaluation to ensure that the SCSEP will achieve its performance measures for the current and subsequent years.

5. Please submit an electronic copy of your Participant Handbook for review to Margaret Gerard at margaret.gerard@ofa.state.ny.us

AAA: _____
 Original Date Submitted: _____
 Date Revised: _____
 Date Last Saved: _____ Last Saved By: _____

HEALTH INSURANCE INFORMATION COUNSELING AND ASSISTANCE PROGRAM (HIICAP)

- Clearly describe how the Program will use the HIICAP funding to provide Medicare counseling and outreach services, such as “Welcome to Medicare” and “Medicare 101” events. Also explain how your outreach efforts will target the lower-income, hard to reach and underserved populations, including those eligible for the Medicare Savings Program (MSP) and/or Low Income Subsidy (LIS).

- Are there any anticipated changes to the following HIICAP components for 4/1/14 – 3/31/15?

	*YES	NO
a) Program Coordinator		
b) Program Operations		
c) Contractor		
d) Other		

If *YES, please explain:

- Please provide the estimated weekly hours that the Coordinator dedicates to the Program:

- Provide the days and hours of operation that HIICAP is available to provide Medicare beneficiaries with one-on-one counseling.

AAA: _____
Original Date Submitted: _____
Date Revised: _____
Date Last Saved: _____ Last Saved By: _____

SENIOR MEDICARE PATROL PROGRAM (SMP)

1. Briefly describe how the SMP will use fraud and abuse strategies in (1) one-to-one counseling sessions, (2) outreach events and (3) training/education programs.

2. Briefly describe AAA’s plan to use SMP funds to recruit and train new counselors.

3. Does the AAA’s SMP program currently have volunteers who solely perform SMP work (e.g., not HIICAP too)? ___*Yes ___No

If yes, please specify the number of volunteers who solely perform SMP work. _____

4. Are background checks completed for all SMP volunteers who serve in positions of trust in accordance with NYSOFA instructions? ___*Yes ___ No

If the answer is “yes”, please describe the process used for the background checks and if the answer is “no”, please describe how the AAA will implement a background check process.

5. Please describe the AAA’s process for handling SMP calls, including how the calls are routed within the AAA to ensure that all callers are assisted and Language Accessibility is provided.

AAA: _____
Original Date Submitted: _____
Date Revised: _____
Date Last Saved: _____ Last Saved By: _____

GENERAL SERVICES: Please provide the following information regarding services the area agency intends to administer during the 2014-15 Annual Implementation Plan. Please refer to 11-PI-03, 04/05/11, "Standard Definitions for Services and Units of Service." Brief narrative information regarding agency services may be added, but is not required.

1. Information and Assistance

- | | | |
|---|--|---|
| <input type="checkbox"/> Information | <input type="checkbox"/> Benefits counseling | <input type="checkbox"/> Referral |
| <input type="checkbox"/> Tax counseling | <input type="checkbox"/> Case assistance | <input type="checkbox"/> Housing assistance |
| <input type="checkbox"/> Other (briefly describe) | _____ | |

2. In-Home Contact and Support

- | | |
|---|---|
| <input type="checkbox"/> Friendly visiting | <input type="checkbox"/> Shopping assistance |
| <input type="checkbox"/> Telephone reassurance | <input type="checkbox"/> Supervision services |
| <input type="checkbox"/> Other (briefly describe) | _____ |

3. Outreach

- | | |
|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Face to face | <input type="checkbox"/> Telephone |
|---------------------------------------|------------------------------------|

4. Transportation

- a) Service design: Demand Fixed route
- b) Type(s) of activities planned for 2014-15:
- | | |
|---|--|
| <input type="checkbox"/> To medical appointments | <input type="checkbox"/> To program sites & senior centers |
| <input type="checkbox"/> To visit friends & relatives | <input type="checkbox"/> Shopping assistance |
| <input type="checkbox"/> Other (briefly describe) | _____ |

5. Adult Day Services

- Service design:
- Social Adult Day Services
 - Adult Day Health Care
 - Overnight Respite
 - Other (briefly describe)

Narrative Information:

AAA: _____
 Original Date Submitted: _____
 Date Revised: _____
 Date Last Saved: _____ Last Saved By: _____

OTHER NYSOFA FUNDING AND SERVICES: Please check the box(es) to indicate programs that your AAA administers and enter the amount of funding anticipated for the coming program period. Include the funding amount on the line indicated under the 'All Other Programs' column of the **Service Delivery and Resource Allocation Plan**.

CHECK	PROGRAM NAME	SERVICES PROVIDED	FUNDING AMOUNT	'ALL OTHER PROGRAMS' COLUMN -LINE#
	Title V	Employment Services		21
		Planning/Implementation/Admin.		22
	Title VII	Ombudsman Services		20
	State LTCOP	Ombudsman Services		20
	Foster Grandparents	Volunteer Services Program		21
	RSVP	Volunteer Services Program		21
			Other: Enter line#	—
	Grants-in-Aid	Various		Determined by AAA Enter line#
	Caregivers Resource Center (State Funded)	Information & Assistance Caregivers Services		13
				19
	HIICAP/SMP	Health Insurance Information, Counseling and Assistance		13
				21
	NY Connects/ADRC	Information and Assistance		13
		Public Information		21
		Planning/Implementation/Admin.		22
	MIPPA	Information and Assistance		13
		Public Information		21
	Systems Integration Grant	Information and Assistance		13
		Health Promotion		17
		Other Services		21
		Administration		22
	State Funded Transportation	Transportation		9
				10
	Other: specify			Line#
	Other: specify			Line#
	Other: specify			Line#
	Other: specify			Line#
	Other: specify			Line#

Sub-Totals

TOTAL _____

Line 9	
Line 10	
Line 13	
Line 17	
Line 19	
Line 20	
Line 21	
Line 22	
GIA	
Other Lines	
Total \$	

**New York State Office for the Aging
Service Delivery and Resource Allocation Plan--Federal Programs**

AIP Period: 4/1/14 to 3/31/15 *

Original Date Prepared:

Date Revised:

Date Last Saved:

Last Saved By:

Area Agency: _____

Service Categories	Dir	Con	Number of Individuals to be Served	Grand Total Units (All sources (Pages 1&2)	Grand Total Funding \$ (All sources (Pages 1&2)	Title III-B		Title III-C-1		Title III-C-2		Title III-D		Title III-E ^(e)	
						Units	Funding \$	Units	Funding \$	Units	Funding \$	Units	Funding \$	Units	Funding \$
1. Personal Care Services															
a. Personal Care Level II (c)															
b. Personal Care Level I (c)															
2. Consumer Directed In-home Services(c)															
3. Home Health Aide (c)															
4. Home Delivered Meals															
5. Adult Day Services															
6. Case Management (a)															
7. Congregate Meals (Total)															
a. NSIP Ineligible Meals **															
b. NSIP Eligible Meals															
8. Nutrition Counseling															
9. Assisted Transportation															
10. Transportation (a)															
11. Legal Assistance (b)															
12. Nutrition Education															
13. Information & Assistance (a)															
14. Outreach (a)															
15. In-home Contact & Support (c)															
16. Sen. Center/Rec. & Education															
17. Health Promotion															
18. Personal Emergency Response															
19. Caregiver Services (c)															
20. LTC Ombudsman															
21. Other Services															
22. Area Plan Administration															
TOTAL															

(a) These services constitute Access services under Title III-B for the purpose of meeting the priority services requirement of 20%.

(b) These services constitute Legal Services under Title III-B for the purpose of meeting the priority services requirement of 7%.

(c) These services constitute In-Home Services under Title III-B for the purpose of meeting the priority services requirement of 2.5%.

(d) See Guide for Completion for limitations on expenditures for Supportive and Access services, (lines 9,10, 13-16) under Title III-C. Line 15, In-Home Contact & Support may only include Shopping Assistance under Titles III-C-1 and III-C-2.

(e) Refer to the Guide for Completion for listing of services included in each of the five Title III-E Service Categories. Supplemental Services are limited to 20% of the total Title III-E budget.

* AIP Period will not correspond with most Federal program periods.

** NSIP - Nutrition Services Incentive Program (formerly Cash-in-Lieu of Commodity Foods)

**New York State Office for the Aging
Service Delivery and Resource Allocation Plan-State & All Other Programs**

AIP Period: 4/1/14 to 3/31/15

Original Date Prepared:

Date Revised:

Date Last Saved:

Last Saved By:

Area Agency: _____

Service Categories	EISEP		CSE		CSI		WIN		ALL OTHER PROGRAMS		
	Units	Funding \$	Units	Funding Amount	Funding Source*						
1. Personal Care Services											
a. Personal Care Level II		(a)									
b. Personal Care Level I		(a)									
2. Consumer Directed In-home Services		(a)									
3. Home Health Aide											
4. Home Delivered Meals		(a&b)							(c)		
5. Adult Day Services		(a&b&d)									
6. Case Management											
7. Congregate Meals		(a&b)									
a. NSIP Ineligible Meals											
b. NSIP Eligible Meals											
8. Nutrition Counseling		(a&b)									
9. Assisted Transportation		(a&b)									
10. Transportation		(a&b)									
11. Legal Assistance											
12. Nutrition Education											
13. Information & Assistance											
14. Outreach											
15. In-home Contact & Support		(a&b&e)									
16. Sen. Center/Rec. & Education											
17. Health Promotion		(a&b)									
18. Personal Emergency Response		(a&b)									
19. Caregiver Services											
20. LTC Ombudsman											
21. Other Services		(a&b)									(f)
22. Planning/Implementation/Admin.											
TOTAL											

(a) See Guide for Completion for limitations on services provided under EISEP.

(b) See Guide for Completion for information regarding these EISEP services.

(c) Enter the number of LTHHCP (or other non-NSIP eligible) meals _____

(d) Enter the amount of Adult Day Services provided as: Non-Institutional Respite: \$ _____ Ancillary Services: \$ _____

(e) Enter the amount of In-home Contact & Support Services provided as: Non-Institutional Respite: \$ _____ Ancillary Services: \$ _____

(f) See **Other NYSOFA Funding and Services and Other Services pages**

- | | | | | | | |
|--------------------------|------------------------------|---------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| * Funding' Source Codes: | 1) Title VII | 5) CSI | 9) State Respite Program | 13) County Funds | 17) Other, specify _____ | 21) Other, specify _____ |
| | 2) Title V | 6) State Caregivers (CRC) | 10) HIICAP | 14) MIPPA | 18) Other, specify _____ | 22) Other, specify _____ |
| | 3) Systems Integration Grant | 7) State LTCOP | 11) NY Connects/ADRC | 15) Other, specify _____ | 19) Other, specify _____ | 23) Other, specify _____ |
| | 4) N/A (III-D) | 8) RSVP | 12) Transportation | 16) Other, specify _____ | 20) Other, specify _____ | 24) Other, specify _____ |

**Application for Funding
Summary Budget for Titles III-B, III-C-1, III-C-2, III-D, III-E**

Period: 1/1/14 to 12/31/14

Title III-B Period (if different than above): to

Original Date Prepared:

Date Revised:

Date Last Saved:

Last Saved By:

Area Agency:

Budget Category	Title III-B Area Plan Admin.	Title III-B Services	Total III-B Budget	Title III-C-1 Area Plan Admin.	Title III-C-1 Services	Total III-C-1 Budget	Title III-C-2 Area Plan Admin.	Title III-C-2 Services	Total III-C-2 Budget	Title III-D Budget	Title III-E Area Plan Admin.	Title III-E Services	Total III-E Budget**
1. PERSONNEL													
Adjustments(a)													
Adjusted Personnel													
2. FRINGE BENEFITS			(b)			(b)			(b)	(b)			(b)
3. EQUIPMENT													
4. TRAVEL													
5. MAINTENANCE & OPERATIONS													
6. OTHER EXPENSES													
7. CONTRACTS													
8. FOOD													
9. TOTAL BUDGET (Lines 1-8)													
10. Less: Anticipated Income													
11. Less: NSIP/ COMMODITY FOOD													
12. NET TOTAL (Line 9 Less Lines 10 & 11)													
13. FEDERAL FUNDS REQUESTED	(c)	(d)		(c)	(d)		(c)	(d)		(d)	(c)	(c)	
14. MATCHING FUNDS													

1A

- (a) Adjustments to Personnel Roster – see Attachment E.
- (b) Composite Fringe Benefit Percentage.
- (c) Federal Funds Requested Cannot Exceed 75% of Net Total, Line 12.
- (d) Federal Funds Requested Cannot Exceed 90% of Net Total, Line 12.

**Title III-E Expenditures for Grandparents & older relatives Caring for Children Activities:
This service is limited to 10% of the Title III-E federal funds and local match plus income generated by these services. Do not include expenditures for grandparents or other older relatives caring for individuals with disabilities between 19-59.

**Title III-E Expenditures Budgeted for Supplemental Services:
This service is limited to 20% of the Title III-E federal funds and local match plus income generated by these services.

Percent of Federal funds budgeted for Area Plan Administration:
(See Guide for Completion for further information)

Amount

Percentage %

Supporting Budget Schedule-- Federal Programs -

Period: 1/1/14 to 12/31/14

Title III-B Period (if different than above): to

Original Date Prepared:

Date Revised:

Date Last Saved:

Last Saved By:

Area Agency:

5. MAINTENANCE & OPERATIONS	Title III-B	Title III-C-1	Title III-C-2	Title III-D	Title III-E
A. Rental Costs from Rent Allocation Schedule					
B. Adjustments to Rental Costs – see Attachment E					
C. Equipment Maintenance					
D. Equipment Costing Less Than \$1,000					
E. Insurance					
F. Photocopying					
G. Postage					
H. Printing					
I. Supplies					
J. Telephone					
K. Other (specify):					
L. Other (specify):					
M. Other (specify):					
Total Maintenance & Operations					
6. OTHER EXPENSES					
A. Audits					
B. Bonding					
C. Conferences, Seminars & Training					
D. Membership & Subscriptions					
E. Minor Alterations & Renovations					
F. Language Access Services *					
G. Other (specify):					
H. Other (specify):					
Total Other Expenses					

1B

* If the AAA does not expect to incur expenses related to the provision of Language Access Services --question 5C in the DEMOGRAPHIC DATA & TARGETING OBJECTIVES section must be completed.

Supporting Budget Schedule -Federal Programs -cont.

Area Agency:

10. ANTICIPATED INCOME	Title III-B	Title III-C-1	Title III-C-2	Title III-D	Title III-E
A. Participant Contributions					
B. Other Income (specify source)					
Total Income (10A+10B)					
13. FEDERAL FUNDS					
A. Carryover *					
B. Base Allocation					
C. Transfer From and (To) III-B **					
D. Transfer From and (To) III-C-1 **					
E. Transfer From and (To) III-C-2 **					
F. Supplement					
Total Federal Funds					
14. MATCHING FUNDS					
Source					
Check if In-Kind					
[]					
[]					
[]					
[]					
[]					
Volunteers as Match					
Total Matching Funds					

1C

* If Carryover exceeds 7.5% of the previous year's total Federal award for Titles III-B, III-C, III-E or 25% for Title III-D a justification must be provided in Attachment D.

** Provide justification for all transfers in Attachment D.

Application for Funding

Original Date Prepared:

Summary Budget for EISEP, CSE, CSI, WIN, CRC and State Transportation Programs

Date Revised:

Date Last Saved:

Last Saved By:

Area Agency:

Budget Category	EISEP Implementation	EISEP Services Activities	Total EISEP Budget	CSE Planning & Implementation	CSE Community Service Project Activities	Total CSE Budget	CSI Administration	CSI Services Costs	Total CSI Budget	WIN Administration	WIN Service Activities	Total WIN Budget	Total CRC Budget	Total State Transportation Budget
1. PERSONNEL														
Adjustments(a)														
Adjusted Personnel														
2. FRINGE BENEFITS			(b)			(b)			(b)			(b)	(b)	(b)
3. EQUIPMENT														(f)
4. TRAVEL														
5. MAINTENANCE & OPERATIONS														
6. OTHER EXPENSES														
7. CONTRACTS														
8. FOOD														
9. TOTAL BUDGET (Lines 1-8)														
10. Less Anticipated Income (Not Used as Local Match)														
11. Less: NSIP/ COMMODITY FOOD														
12. NET TOTAL (Line 9 Less lines 10 & 11)							2A							
13. STATE FUNDS REQUESTED														
	(c)	(d)		(c)	(d)		(d,e)	(d)	(d)	(e)				
14. MATCHING FUNDS														

2A

- (a) Adjustments to Personnel Roster
- (b) Composite Fringe Benefit Percentage
- (c) 100% State Reimbursement
- (d) 75% State Reimbursement
- (e) Limited to 5% of total state funds (SNAP and CSI programs)
- (f) State Transportation funds may not be utilized to purchase vehicles

EISEP In-Home Services Percentage: (EISEP In -home Services include Personal Care Level I &II & Consumer Directed In-home Services only) _____

EISEP Ancillary Services Percentage: _____
 (Ancillary services include Adult Day Services not provided as non-institutional respite, HDM, Congregate Meals, Nutrition Counseling, Assisted Transportation/Escort, Transportation, In-home Contact and Support not provided as non-institutional respite, Health Promotion, Personal Emergency Response and Other Services)

(See Guide for Completion and the worksheet for additional information.)

Supporting Budget Schedule for the EISEP, CSE, CSI, SNAP, CRC and State Transportation Programs

Original Date Prepared:

Area Agency:

Date Revised:

Date Last Saved: Last Saved By:

5. MAINTENANCE & OPERATIONS	EISEP	CSE	CSI	WIN	CRC	State Transportation
A. Rental Costs from Rent Allocation Schedule						
B. Adjustments to Rental Costs – see Attachment E						
C. Equipment Maintenance						
D. Equipment Costing Less Than \$1,000						
E. Insurance						
F. Photocopying						
G. Postage						
H. Printing						
I. Supplies						
J. Telephone						
K. Other (specify):						
L. Other (specify):						
M. Other (specify):						
Total Maintenance & Operations						
6. OTHER EXPENSES						
A. Audits						
B. Bonding						
C. Conferences, Seminars & Training						
D. Membership & Subscriptions						
E. Minor Alterations & Renovations						
F. Language Access Services *						
G. Other** (specify):						
H. Other** (specify):						
Total Other Expenses						

2B

* If the AAA does not expect to incur expenses related to the provision of Language Access Services --question 5a. in the DEMOGRAPHIC DATA & TARGETING OBJECTIVE Section must be completed.

** Equipment and assistive devices purchased as EISEP Ancillary Services must be included on line 6. F,G or H unless they are purchased as part of a contract.

Supporting Budget Schedule for the EISEP, CSE, CSI, SNAP, CRS and State Transportation Programs cont.

Period: 4/1/14 to 3/31/15

Original Date Prepared:

Date Revised:

Date Last Saved:

Last Saved By:

Area Agency:

10. ANTICIPATED INCOME	EISEP	CSE	CSI	WIN	CRC	State Transportation
A. Cost Sharing						
B. Cost Sharing Transferred from EISEP to CSE						
C. Net Cost Sharing (10A [+ or -] 10B)						
D. Participant Contributions						
E. Other Income (specify source)						
F. Contributions Used as Match						
Total Income (10C+10D+10E-10F)						
14. MATCHING FUNDS						
Source						
Check if In-Kind						
[]						
[]						
[]						
[]						
Volunteers as Match						
Contributions Used as Match						
Total Matching Funds						

2C

**Application for Funding
Summary Budget for HIICAP and Title V**

Area Agency:

Budget Category	HIICAP	Title V			
		Administration	Enrollee Wages and Fringe Benefits	Program/Other Costs	Total
1. PERSONNEL					
Adjustments(a)					
Adjusted Personnel					
2. FRINGE BENEFITS					
	(a)	(a)	(a)		
3. EQUIPMENT					
4. TRAVEL					
5. MAINTENANCE & OPERATIONS					
6. OTHER EXPENSES					
7. CONTRACTS					
8. FOOD					
9. TOTAL BUDGET (Lines 1- 8)					
10. Less Anticipated Income					
11. NET TOTAL (Line 9 less Line 10)					
12. FEDERAL/STATE FUNDS REQUESTED		(b)	(c)		
13. MATCHING FUNDS					(d)

3A

(a) Composite Fringe Benefit Percentage.

(b) Federal share of administration is not to exceed 9.45% of the Federal funds requested.

(c) Federal share of Enrollee wages and Fringe Benefits must be at least 75% of the Federal funds requested.

(d) Federal share cannot exceed 90% of the Total Budget (minimum match 10%).

Supporting Budget Schedule for HIICAP and Title V

Period: 4/1/14 to 3/31/15

Original Date Prepared:

Date Revised:

Date Last Saved:

Last Saved By:

Area Agency:

5. MAINTENANCE & OPERATIONS	HIICAP	Title V
A. Rental Costs from Rent Allocation Schedule		
B. Adjustments to Rental Costs – see Attachment E		
C. Equipment Maintenance		
D. Equipment Costing Less Than \$1,000		
E. Insurance		
F. Photocopying		
G. Postage		
H. Printing		
I. Supplies		
J. Telephone		
K. Other (specify):		
L. Other (specify):		
M. Other (specify):		
Total Maintenance & Operations		
6. OTHER EXPENSES		
A. Audits		
B. Bonding		
C. Conferences, Seminars & Training		
D. Membership & Subscriptions		
E. Minor Alterations & Renovations		
F. Language Access Services *		
G. Other (specify):		
H. Other (specify):		
Total Other Expenses		

3B

* If the AAA does not expect to incur expenses related to the provision of Language Access Services --question 5a in the DEMOGRAPHIC DATA & TARGETING OBJECTIVES Section must be completed.

Supporting Budget Schedule for HIICAP and Title V cont

Period: 4/1/14 to 3/31/15

Original Date Prepared:

Date Revised:

Date Last Saved:

Last Saved By:

Area Agency:

10. ANTICIPATED INCOME	HIICAP	Title V
A. Participant Contributions		
B. Other Income (specify source)		
Total Income (10A+10B)		
13. STATE OR FEDERAL FUNDS		
A. Carryover		
B. Base Allocation		
C. Supplement		
Total State or Federal Funds		
14. MATCHING FUNDS		
Source		
Check if In-Kind		
[]		
[]		
[]		
[]		

3C

Contract Roster
AIP Period: 4/1/2014- 3/31/2015

Period _____ to _____
Original Date Prepared:
Date Revised:
Date Last Saved:

For each contract:
o Check if contract is active
o Enter dollar amount planned for each funding category (Federal, State, Other) and applicable service(s) for each

Name: Contractor Code: Employer ID: E-Mail Address Minority Contractor: [] Yes [] No Rural contractor: [] Yes [] No Number of contracts, (State & Federal), with this contractor: [] Contract is: Active: [] Yes [] No New: [] Yes [] No	III-B	III-C-1	III-C-2	III-D	III-E	EISEP	CSE	CSI	WIN	OTHER	TOTAL
Name: Contractor Code: Employer ID: E-Mail Address Minority Contractor: [] Yes [] No Rural contractor: [] Yes [] No Number of contracts, (State & Federal), with this contractor: [] Contract is: Active: [] Yes [] No New: [] Yes [] No	\$ _____ Services to be provided: (Must be completed)										
Name: Contractor Code: Employer ID: E-Mail Address Minority Contractor: [] Yes [] No Rural contractor: [] Yes [] No Number of contracts, (State & Federal), with this contractor: [] Contract is: Active: [] Yes [] No New: [] Yes [] No	\$ _____ Services to be provided: (Must be completed)										

Page Subtotal:	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Grand Total: (Complete on final page.)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

AAA: _____
Original Date Submitted: _____
Date Revised: _____
Date Last Saved: _____ Last Saved By: _____

ATTACHMENT CHECK LIST

Check [✓] attachments included with this Plan.

Forms are provided for Attachments B, C, D, E, and F

Note: Letters of comment received on the expected impact of (and agency relationships under) CSE Projects and EISEP from local Departments of Social Services, Health, Mental Health and any other county and City of New York agencies and CASA-type agencies, must be maintained on file locally for State Office review.

[] **ATTACHMENT A:** Standard Assurances –The AAA Director has reviewed the Standard Assurances.
Note: The general certification and approval for the Standard Assurances is now included on the **PLAN REVIEW AND APPROVAL** page.

[] **ATTACHMENT B:** Priority Services Expenditure Report

This report **must** be completed and returned by **each** AAA.

[] **ATTACHMENT C:** Summary of **major changes** and/or justification for **new direct services**

This **must** be completed and returned by **each** AAA.

[] **ATTACHMENT D:** Justification for excess Title III Carryover and Title III Transfers

[] **ATTACHMENT E:** Fringe Benefit Policy/Travel Reimbursement Policy
Adjustments to Personnel Roster and Rent Allocation Schedule

[] **ATTACHMENT F:** Volunteers Used as Match

04/01/14 – 03/31/15