

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 Four Year Plan and the Annual Applications for Funding (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	_____ to _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Title III-D	January 1, 2016 to December 31, 2016	<input type="checkbox"/> Yes <input type="checkbox"/> No
Title III-E	_____ to _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Title V	July 1, 2016 to June 30, 2017	<input type="checkbox"/> Yes <input type="checkbox"/> No
EISEP	April 1, 2016 to March 31, 2017	<input type="checkbox"/> Yes <input type="checkbox"/> No
CSE	April 1, 2016 to March 31, 2017	<input type="checkbox"/> Yes <input type="checkbox"/> No
CSI	April 1, 2016 to March 31, 2017	<input type="checkbox"/> Yes <input type="checkbox"/> No
WIN	April 1, 2016 to March 31, 2017	<input type="checkbox"/> Yes <input type="checkbox"/> No
Transportation	April 1, 2016 to March 31, 2017	<input type="checkbox"/> Yes <input type="checkbox"/> No
CRC	April 1, 2016 to March 31, 2017	<input type="checkbox"/> Yes <input type="checkbox"/> No
HIICAP	April 1, 2016 to March 31, 2017	<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 Plan. In addition, I certify that no amendments have been made nor will be made to the standard assurances in the 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
(if other than county/City of New York/Native American Organization)

Date

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:

1. 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