

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: 19-PI-11
	Supersedes: N/A
	Expiration Date: N/A

DATE: May 6, 2019

TO: Area Agencies on Aging
Local Departments of Social Services
NY Connects Coordinators

SUBJECT: NY Connects Application Procedures for the **Period 04/01/19 to 03/31/20**
for AAAs Implementing NY Connects.

.....
ACTION REQUESTED:

Area Agencies on Aging implementing NY Connects should complete the attached NY Connects application to receive funding for the period of 04/01/19 to 03/31/20.

RESPONSE DUE DATE:

Applications and original signed cover page must be sent to NYSOFA by Friday, June 7, 2019. Applications and original signed cover page received earlier will be processed upon receipt.

Electronically submit the signed Signature Page, Standard Assurances, Work Plan, completed Budget and Subcontractor Budget (if applicable) to:

NYConnects@aging.ny.gov.

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

NY Connects
NY State Office for the Aging
2 Empire State Plaza, 4th floor
Albany, NY 12223

BACKGROUND:

NY Connects is an essential component of the State's efforts to rebalance the long-term services and supports (LTSS) system so that individuals can live independently and remain at home and in their communities.

NY Connects complies with federal statute as prescribed by the 2016 Reauthorization of the Older Americans Act and is statutorily mandated through the New York State Elder Law §203(8).

As a result of the federal Balancing Incentive Program (BIP), authorized under section 10202 of the Patient Protection and Affordable Care Act of 2010 (ACA), NY Connects was expanded geographically and functionally enhanced. The implementation of BIP required that NY Connects broaden the populations it serves and add new partners to fully assume the required No Wrong Door (NWD) structural reform. Entities administering, operating, and/or performing NY Connects/NWD system functions must adhere to a set of prescribed State Program Standards, which were revised in December 2014 (14-PI-16) to reflect program updates and incorporate requirements related to BIP, and must continue to operate in accordance with any subsequent NY Connects State Program Standards updates. Although BIP funding concluded in September 2017, NYS continues to provide sustainability funding for the operation of the expanded and enhanced NY Connects NWD System.

NY Connects services are available to older adults and individuals of all ages with disabilities, as well as their caregivers, regardless of the LTSS payer source(s). The core functions of NY Connects include: the provision of the NY Connects No Wrong Door (NWD) Screening process (NWD Screen); Information and Assistance (I&A); application and enrollment assistance for public benefit programs, including Medicaid, as appropriate; coordination with other agencies to guide individuals through the financial and functional eligibility processes, Options Counseling/Person-Centered Counseling (OC/PCC); Care Transitions (CT); maintenance of current provider listings in the State on-line NY Connects Resource Directory; evaluation, Quality Assurance (QA) and continuous improvement; data collection and reporting; upholding an active local Long Term Care Council (LTCC); and an ongoing Public Education campaign to promote the NY Connects/NWD System.

PURPOSE OF FUNDING:

The purpose of this funding is to support the delivery of the core functions of NY Connects as prescribed through State Program Standards (14-PI-16), and in accordance with any subsequent NY Connects State Program Standards updates, to older adults and individuals of any age with disabilities in need of LTSS, regardless of payer source for such support and services.

BUDGET DIRECTION:

The NY Connects Allocation Schedule and the NY Connects Supporting Budget forms for the 2019-2020 program period (April 1, 2019 to March 31, 2020), are included in this packet. The Supporting Budget Schedule pages automatically calculate the total for each section and populate the totals to the Summary Budget. The local NY Connects Summary and Supporting Budget, as part of the grant application, must be consistent with the Standard Assurances and Workplan; and adhere to the following:

1. Funds are to be used solely for NY Connects purposes. Local NY Connects are to include personnel costs whenever feasible. It is understood that the fiscal allocation is not intended to cover the total cost of NY Connects operations. As a result, a county may individualize its NY Connects budget to include the appropriate operating expenses of its choice. Food, beverages, and refreshments of any sort are not an allowable cost, except for meals associated with authorized NY Connects travel.
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). A brief description of the various titles being funded is required. For each staff, include what their role is related to the NY Connects functions and/or associated administrative tasks.
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). Out of state conferences are not an allowable expense.
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, dollar amount, and a full description in Section 7 of the Supporting Budget Schedule. Complete and submit a corresponding Contractor Budget for each contractor that will receive 25 percent or more of your grant amount. 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. However, the cost of “giveaways” are not allowable expenses.
6. Public Education 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 local directories of long term care services is not permitted under this

funding stream as a result of the availability of the State NY Connects Resource Directory. Costs such as personnel to update the resource listings in the State NY Connects Resource Directory will continue to be allowable charges to NY Connects funding.

8. All Information Technology (IT) costs are to be itemized and explained sufficiently to determine that only the IT costs attributable and allocable to NY Connects activities are charged to NY Connects funding. IT costs may include local and general IT support. (In Supporting Budget Schedule Section 6).

9. Allowable costs must be incurred by the AAA during the program period of April 1, 2019 to March 31, 2020. Reimbursements for program period extensions are not permitted.

10. Allowable costs must be incurred by the AAA and paid before reimbursement claims may be submitted to NYSOFA. However, each program period, the NY Connects lead administrative agency will receive an advance of up to 25 percent of its grant award.

11. **CLAIMING:** Quarterly claiming is required for all programs and, as such, is mandatory for the NY Connects Expansion and Enhancement funding; claims are due to NYSOFA 30 days after the close of a quarter. Quarterly claiming provides for a consistent outflow of disbursements, thereby demonstrating need, and enables NYSOFA to manage cash flow. It also allows for the adequate monitoring of AAA spending and the expedient reconciliation of accounts. The importance of quarterly claiming is further amplified by state and federal funding source financial and programmatic reporting requirements.

REPORT SUBMISSION:

Quantitative data on persons served by NY Connects must be accurate, timely and complete in the Statewide Client Database and in the NYC Department for the Aging (DFTA) Senior Tracking, Analysis and Reporting System (STARS) and will be extracted and placed into NYSOFA's On-line Analytical Processing System (OLAP) to: 1) comply with required reporting to the NYSOFA, NYS Department of Health (NYSDOH), Centers for Medicare and Medicaid Services (CMS) and Administration for Community Living and 2) enable NYSOFA's ability to extract and analyze county specific data at the State level at any time throughout the program period to comply with such reporting requirements and conduct performance monitoring activities. Required documents and narrative reports will continue to be submitted through the NYSOFA Budget and Reporting System and are due the month following the close of the quarter. A forthcoming Program Instruction (PI) will be issued to further elaborate on the reporting requirements associated with this funding.

NEXT STEPS: Electronically submit the signed Signature Page, Standard Assurances, Work Plan, completed Budget and Subcontractor Budget (if applicable) to NYConnects@aging.ny.gov. 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: Amy Hegener

TELEPHONE: 518-408-1856

EMAIL: Amy.Hegener@aging.ny.gov

**NEW YORK STATE OFFICE FOR THE AGING
GRANT APPLICATION COVER PAGE
19-PI-11
NY Connects
For the Period 04/01/19-03/31/20**

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 2016-20 Area Plan, the 2019-2020 Annual Update to such Area 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 STANDARD ASSURANCES
Program Period: April 1, 2019 to March 31, 2020
19-PI-11

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 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, complete and timely data on individuals served in the Statewide Client Database and in the NYC Department for the Aging (DFTA) Senior Tracking, Analysis and Reporting System (STARS) which will be extracted and placed into NYSOFA's On-line Analytical Processing System (OLAP); and, submitting required qualitative reports and documentation within NYSOFA prescribed 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 shall submit claims quarterly in accordance with procedures established by NYSOFA and are due to NYSOFA no later than 30 days after the close of the quarter.

Payment for invoices submitted by the AAA shall only be rendered electronically unless payment by paper check is expressly authorized by the Director of NYSOFA, in the Director's sole discretion, due to extenuating circumstances. Such electronic payment shall be made in accordance with the New York State Office of the State Comptroller's (OSC's) procedures and practices to authorize electronic payments.

The AAA acknowledges that any funds due NYSOFA or DOH because of deferred or disallowed expenditures shall be the AAA's responsibility. NYSOFA is entitled to withhold or recoup any deferred or disallowed expenses from the AAA that submitted such claim.

4. The AAA agrees that state vouchers submitted for reimbursement of allowable 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 allowable expense that are applicable to the activities set out in its applicable 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 about or related to NY Connects will give due recognition to the fact that it is supported with funds from New York State (NYS) and such recognition will be in the form which is submitted and approved by NYSOFA.

7. The AAA agrees to operate the NY Connects No Wrong Door (NWD) System in accordance with the NY Connects State Program Standards and State NWD Operating Protocols and Business Rules, including any revisions as may be made during the period covered by this Grant Agreement.

8. The AAA agrees to work in partnership with the Local Departments of Social Services (LDSS) and State contracted Independent Living Centers (ILCs); and work in concert with the Office for People With Developmental Disabilities (OPWDD) Regional Offices, Office of Mental Health (OMH), and other NWD Network Partners to fulfill the requirements of the NY Connects/NWD System.

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 NY Connects NWD Screening Process to guide the delivery of long term services and supports options and possible services and supports 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. Phone calls must be answered live by NY Connects staff during the hours of operation. In cases where calls cannot be answered by a live staff person, phone messages received must be returned by the end of the following business day.

12. The AAA agrees the NY Connects/NWD System 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), the State contracted ILC, Local Department of Social Services, any Specialized NWDs covering AAA Planning and Services Area (PSA), 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 in efforts to support consumers’ ability to remain successfully in the most appropriate and least restrictive environment.

16. The AAA agrees to identify long term services, supports 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 and time studies process in accordance with State and Federal requirements.

Federal matching funds may be available for NY Connects/NWD system for costs incurred for administrative activities that directly support efforts to identify and enroll potential eligible individuals into Medicaid and that directly support the provision of services covered under the state Medicaid plan. The AAA agrees to conduct statistically valid time studies in accordance with procedures established by NYSOFA that identifies the expenditures incurred for those activities in support of federal reimbursement for a share of those expenditures.

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

19. If the AAA 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 AAA.

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 individuals with disabilities 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 April 1, 2019 – March 31, 2020
19-PI-11**

GOAL 1: To engage in planning and collaboration to support and improve access to an integrated long term services and supports delivery system.	
Deliverable:	Documentation or Metric:
<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 LTCC 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>	<p>a. Updated LTCC membership listing to be submitted in coordination with the ILC partners and any applicable subcontractors.</p> <p>b. Meeting minutes from a minimum of three (3) Long Term Care Council meetings submitted to NYSOFA.</p>
<p>1.2. In accordance with NY Connects State Program Standard 18 , NY Connects will collaborate with critical pathways to support care transitions and linkages to long term services and supports upon discharge (includes skilled nursing facility, acute care provider, rehabilitation provider, primary care provider, performing provider system, dementia services provider, and community based organization).</p>	<p>a. Description of key elements of referral process with newly established critical pathways and local service providers.</p> <p>b. Description of changes to referral processes among existing partners who collaborate on transition support.</p>
<p>1.3. In accordance with NY Connects State Program Standard 11, NY Connects has established written policies and procedures.</p>	<p>a. When applicable, coordinate with other NWD partners to complete updates as necessary.</p> <p>b. Copy of revisions as they occur.</p> <p>c. Annually submit updated NY Connects NWD system organizational chart to NYSOFA (organizational</p>

	chart to include all NY Connects NWD partners).
<p>1.4. In accordance with NY Connects State Program Standard 1.4, NY Connects, including the Regionally Contracted ILC, will perform the core functions of NY Connects with a singular identity and voice. To facilitate this process, monthly meetings/teleconferences must occur between the principal NY Connects staff who are delivering NY Connects core functions. The following staff should participate in these meetings/teleconferences:</p> <ul style="list-style-type: none"> • The NY Connects Coordinator from the local administrative entity (AAA or subcontracted agency) and other staff of the local administrative entity as necessary • The local ILC NY Connects subcontracted staff and the ILC NY Connects Regional Coordinator as necessary 	<p>a. Description of key elements of referral process with Regionally Contracted ILC and their subcontractors that demonstrates an equal partnership and singular identity and voice in the administration of NY Connects.</p> <p>b. Listing of meetings/conferences.</p>
<p>1.5. In accordance with NY Connects State Program Standard 1.8, the Local NWD Implementation Team shall, at a minimum, hold quarterly (or more often as needed) in-person meetings, regional or otherwise, to establish seamless linkages, communication strategies, and best practices that align with the NY Connects State Program Standards.</p>	<p>a. Updated NWD Implementation Team Member List showing representation of each NWD Network Partner.</p> <p>b. Meeting minutes submitted to NYSOFA and NWD Team members.</p> <p>c. AAA-ILC cross-referral scenario.</p>
<p>1.6. 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 and maintained.</p> <p>Each written agreement must, at a minimum, specifically delineate each of the following respective roles and responsibilities:</p>	<p>a. Copy of signed and dated written agreement is provided to NYSOFA and all respective parties when amended, replaced, or expired (i.e.; between the AAA, LDSS, ILC, subcontractors, and any other partners as applicable).</p>

<ul style="list-style-type: none"> • the provision of the core NY Connects functions of: <ul style="list-style-type: none"> - NWD Screening Process - 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 	
---	--

GOAL 2: To sustain and enhance a NY Connects NWD System 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:
<p>2.1. In accordance with NY Connects State Program Standards 14 and 15, NY Connects will conduct the NWD Screening Process and provide objective Information and Assistance (I&A) about services and supports available to consumers and caregivers to meet their identified needs.</p>	<ul style="list-style-type: none"> a. Number of contacts. b. Units of topics discussed and type. c. Units of assistance provided and type. d. Time spent. e. Follow-up.
<p>2.2. In accordance with NY Connects State Program Standard 17, NY Connects will provide Options Counseling/Person-Centered Counseling (OC/PCC), as appropriate, to assist consumers and their caregivers in making informed choices to meet their identified needs.</p>	<ul style="list-style-type: none"> a. Number of units of OC/PCC. b. Follow up. c. Description of an OC/PCC case scenario, which includes the process used and a summary of the outcome.
<p>2.3. In accordance with NY Connects State Program Standard 16, staff will assist with streamlining eligibility determination and application assistance for publicly funded benefits and supports.</p>	<ul style="list-style-type: none"> a. Documentation of the process for conducting the following activities: referral to/explanation of the MyBenefits pre-screening

	website; referral to or explanation of NY State of Health website; explanation of the application process; assistance with submission of a completed application; following up on eligibility determination status; and linking an individual to the appropriate entity for assessment (if warranted).
2.4. In accordance with NY Connects State Program Standard 6.3 applicable 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.	a. Staff Training Log.
2.5. 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.	a. Demonstrated compliance with maintaining the NY Connects Online Resource Directory in coordination with the ILC and any applicable subcontractors.
2.6. In accordance with NY Connects State Program Standard 22.1 , staff time dedicated to NY Connects Medicaid-related activities will be tracked.	a. Documentation per forthcoming NYSOFA requirements.

GOAL 3: To evaluate the visibility and 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:
3.1. In accordance with NY Connects State Program Standard 19 , NY Connects will conduct public education utilizing materials that are approved by NYSOFA.	<p>a. Demonstrated compliance with public education requirements and branding (i.e., as per approval by NYSOFA NY Connects Coordinator) in collaboration with the ILC and any applicable subcontractors.</p> <p>b. Record of public education activities/events.</p>

<p>3.2. In accordance with NY Connects State Standard 20.7 NY Connects, in collaboration with its partners and the Long Term Care Council will work to improve the long term services and supports system. This may include new or expanded services and supports, quality improvements, and/or new partnerships and collaborations resulting in easy access to services and supports by individuals and caregivers.</p>	<p>a. Completion of Reform Log in coordination with the ILC and any applicable subcontractors.</p>
<p>3.3. In accordance with NY Connects State Program Standard 21, NY Connects will conduct ongoing quality assurance and evaluation activities that measure the delivery of core functions.</p>	<p>a. Review of the following elements, in coordination with the ILC and any applicable subcontractors:</p> <ul style="list-style-type: none"> • Information and Assistance delivery (quarterly review of accurate and real-time data entry into the system, compliance with annual NYSOFA I&A data validation) • Community reach (ongoing review of I&A data and public education activities) • Resource Directory (frequency of updates, designated staff, the communication plan with providers, and completeness and accuracy of listings)
<p>3.4. In accordance with NY Connects State Program Standard 21.4, NY Connects will evaluate the effectiveness of the provision of I&A and OC/PCC through NYSOFA’s Customer Satisfaction Survey or a NYSOFA approved Satisfaction Survey.</p>	<p>a. Satisfaction Survey findings</p> <p>b. How the Satisfaction Survey findings will be applied to make improvements to the NY Connects NWD System.</p>

New York State Office for the Aging
New York Connects Expansion and Enhancement Program
Final Allocation Schedule
Program Period - 4/1/19-3/31/20
19-PI-11

<u>Area Agency on Aging</u>	<u>Allocation</u>
Albany	\$363,281
Allegany	231,590
Broome	404,411
Cattaraugus	275,183
Cayuga	217,313
Chautauqua	406,579
Chemung	278,076
Chenango	219,319
Clinton	278,801
Columbia	147,911
Cortland	231,590
Delaware	177,825
Dutchess	455,449
Erie	603,256
Essex	231,590
Franklin	223,641
Fulton	230,867
Genesee	230,867
Greene	230,867
Herkimer	279,522
Jefferson	182,281
Lewis	232,312
Livingston	203,490
Madison	180,562
Monroe	659,765
Montgomery	198,784
Nassau	458,168
Niagara	279,637
Oneida	454,726
Onondaga	668,436
Ontario	278,801
Orange	451,834
Orleans	197,370
Oswego	259,526
Otsego	176,969
Putnam	246,889
Rensselaer	294,744
Rockland	454,726
St. Lawrence	236,995
Saratoga	405,855
Schenectady	406,579
Schoharie	231,590
Schuyler	144,194
Seneca	233,675
Steuben	217,383
Suffolk	640,968
Sullivan	278,801
Tioga	144,194
Tompkins	279,522
Ulster	257,299
Warren/Hamilton	203,636
Washington	230,867
Wayne	278,801
Westchester	653,982
Wyoming	175,982
Yates	182,777
New York City	3,752,635
Seneca Nation	122,155
St. Regis	63,152
Total	<u>\$20,738,000</u>

NY Connects Expansion and Enhancement 2019-2020

SUMMARY BUDGETS

19-PI-11

Allocation Amount

AAA: _____

Program Period: April 1, 2019 - March 31, 2020

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.

**NY Connects Expansion and Enhancement 2019-2020
Supporting Budget Schedules**

AAA: _____

1. Personnel - AAA salaries are listed here. (DSS and other <i>county</i> partners' salaries are listed in the contract section, as applicable.)							
	Complete for Each Position (N)ame, (T)itle, (L)ocation	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						
	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 2019-2020 Supporting Budget Schedules

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																				
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="margin-left: 20px; width: 60%; border-collapse: collapse;"> <tr> <th style="width: 30%;"></th> <th style="width: 20%;">Monthly Rent</th> <th style="width: 20%;">% Charge to Prg</th> <th style="width: 30%;">No. of months</th> </tr> <tr> <td>NY Connects:</td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>Location:</td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>Owner:</td> <td> </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:																				

NY Connects Expansion and Enhancement 2019-2020

Supporting Budget Schedules

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. •Food and refreshments (other than travel related expenses) 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 2019-2020

SUMMARY BUDGETS

19-PI-11

Contractor _____ **Allocation Amount**

Program Period: April 1, 2019 - March 31, 2020

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.

**NY Connects Expansion and Enhancement 2019-2020
Supporting Budget Schedules**

Contractor _____

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 (N)ame, (T)itle, (L)ocation	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						
	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 2019-2020 Supporting Budget Schedules

Contractor _____

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																				
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="margin-left: 20px; border-collapse: collapse; width: 60%;"> <tr> <th style="width: 30%;"></th> <th style="width: 20%;">Monthly Rent</th> <th style="width: 20%;">% Charge to Prg</th> <th style="width: 30%;">No. of months</th> </tr> <tr> <td>NY Connects:</td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>Location:</td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>Owner:</td> <td> </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:																				

NY Connects Expansion and Enhancement 2019-2020 Supporting Budget Schedules

Contractor: _____

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. •Food and refreshments (other than travel related expenses) 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:		