

AgeLinc
Application for Provision of Services
Under Title III of the Older Americans Act and State of Illinois General Revenue Funds

Title III-C1 Congregate Meals

Fiscal Year 2021 (with potential extensions for FY 22)
 October 1, 2020 - September 30, 2021

1. Applicant Organization Information

2. Program Name Information (If Different)

Name:		Name:	
Street Address:		Street Address:	
City, State, Zip		City, State, Zip	
Phone:		Phone:	
Email:		Email:	
Organization Director:		Program Director:	
Website:			

3. Proposed Services

Congregate Meal Program (If any locations have changed since FY20, please list program name and address as well as provide a Letter of Support/Commitment from the property owner indicating their agreement to provide space).

4. Proposed Service Areas (List all counties that will be served by this program)

1		7	
2		8	
3		9	
4		10	
5		11	
6		12	

5. Days/Hours/Type of Service

<p><u>Days of Week program will operate:</u></p> <p><input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday</p> <p><u>Total serving days for the year:</u></p>	<p><u>Holidays/other days for which meals are not provided:</u></p> <p><input type="checkbox"/> New Year's Day <input type="checkbox"/> Martin Luther King Day <input type="checkbox"/> President's Day <input type="checkbox"/> Memorial Day <input type="checkbox"/> Independence Day <input type="checkbox"/> Labor Day <input type="checkbox"/> Columbus Day <input type="checkbox"/> Thanksgiving Day <input type="checkbox"/> Day after Thanksgiving <input type="checkbox"/> Christmas Eve (day) <input type="checkbox"/> Christmas Day <input type="checkbox"/> Other:</p>	<p><u>Type of Cooking: (check all that apply)</u></p> <p><input type="checkbox"/> On-site preparation <input type="checkbox"/> Catered <input type="checkbox"/> Restaurant <input type="checkbox"/> Ethnic <input type="checkbox"/> Central Kitchen</p> <p><u>Hours the program will operate:</u> Open: Close: Time of Meal Service:</p>
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Title III-C2 Home Delivered Meals
 Fiscal Year 2021 (with potential extensions for 22)
 October 1, 2020 - September 30, 2021

6. Applicant Organization Information

7. Program Name Information (If Different)

Name:		Name:	
Street Address:		Street Address:	
City, State, Zip		City, State, Zip	
Phone:		Phone:	
Email:		Email:	
Organization Director:		Program Director:	
Website:			

8. Proposed Services

Home Delivered Meals Program.

9. Proposed Service Areas (Check all counties that will be served by the site named above)

<input type="checkbox"/> Cass <input type="checkbox"/> Christian <input type="checkbox"/> Greene <input type="checkbox"/> Jersey <input type="checkbox"/> Logan	<input type="checkbox"/> Macoupin <input type="checkbox"/> Mason <input type="checkbox"/> Menard <input type="checkbox"/> Montgomery <input type="checkbox"/> Morgan	<input type="checkbox"/> Sangamon <input type="checkbox"/> Scott
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10. Days/Hours/Type of Service

<p><u>Days of Week meals will be delivered, # meals per client:</u></p> <input type="checkbox"/> Monday _____ <input type="checkbox"/> Tuesday _____ <input type="checkbox"/> Wednesday _____ <input type="checkbox"/> Thursday _____ <input type="checkbox"/> Friday _____ <input type="checkbox"/> Saturday _____ <input type="checkbox"/> Sunday _____ <input type="checkbox"/> Second Meals _____ <p><u>Total serving days for the year:</u></p>	<p><u>Holidays/other days for which meals are not provided:</u></p> <input type="checkbox"/> New Year's Day <input type="checkbox"/> Martin Luther King Day <input type="checkbox"/> President's Day <input type="checkbox"/> Memorial Day <input type="checkbox"/> Independence Day <input type="checkbox"/> Labor Day <input type="checkbox"/> Columbus Day <input type="checkbox"/> Thanksgiving Day <input type="checkbox"/> Day after Thanksgiving <input type="checkbox"/> Christmas Eve (day) <input type="checkbox"/> Christmas Day <input type="checkbox"/> Other:	<p><u>Type of Cooking: (check all that apply)</u></p> <input type="checkbox"/> Non-catered <input type="checkbox"/> Catered <input type="checkbox"/> Ethnic <input type="checkbox"/> Special Meals (list below): <p><u>Time of Delivery:</u></p>
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11. Acknowledgement

I acknowledge that I have received all of the following documents from AgeLinc related to the Request for Proposal. Further, I have read these documents and agree to abide by the requirements and policies set forth.

- FY 2021 Conditions of Award
- Requirements for Recipients of Title III Older Americans Act Funds
- FY 20-22 Request for Proposal
- FY 20-22 Definitions and Standards for Congregate and Home Delivered Meals
- FY 20-22 Menu Standards
- Signature Page for Application

12. Application Agreement

By signing this application, I certify that I am an authorized representative to sign for this Agency. I certify that I will adhere to all AgeLinc requirements and policies for funding and provision of services, including Definitions and Standards, FY 20-22 Request for Proposals, FY 21 Conditions of Awards, and Requirements for Recipients of Title III Older Americans Act Funds. I certify that the specifications outlined in this application represent the Applicant Agency's commitments for Fiscal Year 2021 and any subsequent extensions. All costs for the preparation of this application shall be the responsibility of the Applicant Agency and not the responsibility of AgeLinc. I hereby certify that all of the information and answers provided in this application are true and accurate to the best of my knowledge.

Typed Name:		Signature:	
Title:		Date:	

Section II: Minimum Requirements

Applicants must meet the following criteria.

Reviewers will ensure that the applicant meets the following criteria:

1. The application and all accompanying documents are typed, legible, complete, and on AgeLinc application forms.
2. The applicant demonstrates the ability to administer programs in compliance with AgeLinc requirements as described in the Request for Proposal (RFP).

Consideration will be given to all of the following items:

- a. Proposed service activities are allowable (see service standards, definitions, and basic requirements).
- b. Match (Local Cash and In-Kind) is identified and allowable.
- c. Match is, at a minimum, 10% of the applicant's cost less project income.
- d. The application includes a budget justification.

Section III: Program Narrative and Budget

Each applicant should answer the following questions. AgeLinc will review the application based on information presented as well as considering past history.

1. Needs Statement (Only required in competitive grant year)

- a. Describe the target population to be served, and the needs of that population, by service proposed and municipality to be served. Provide demographic, needs assessment, service data and/or other data to establish the need for the service.
- b. Describe the high-need area that the applicant is proposing to serve. If a program is proposed in an area that does not demonstrate high need, provide rationale for why AgeLinc should fund the program. (See Appendix 1 and 2 for detailed demographic information).

2. Program Plan and Design (Quality) (Only required in competitive grant year)

- a. Describe the proposed program, and how the program is consistent with AgeLinc Service Standards outlined in the Request for Proposal.
- b. Describe your vision for your program over the next five years. How do you see your site evolving to meet the needs of your target population?
- c. Describe how the cultural and language needs of the target population identified in the needs assessment will be incorporated into the program design. Include information about specific activities that will meet the cultural needs of the target population.
- d. Describe how the applicant will collaborate with existing community agencies to provide referrals to additional services and conduct outreach to older adults.
- e. Describe the program staffing, including supervisory and direct program staff, and how those staff meet the credentialing requirements of the proposed service (include details on credentials and training). If a site manager staffs

- both a congregate program and Home Delivered Meal (HDM) program, describe how the supervisor divides his/her time between the two programs.
- f. Describe how the applicant will make the program well managed, inviting, and inclusive. Please describe your welcoming committee, site-based Advisory Council and other initiatives.
 - g. Describe methods to attract and retain volunteers, and describe how volunteers are used in the provision of this service.
 - h. Describe how consumer input is collected and used. Describe the formal complaint process; provide examples of how input has been used to improve programs.
 - i. Describe opportunities for socialization at the program. Indicate specific actions the site director will take to improve socialization at the program.
 - j. Describe activities available for participants at the site including health and wellness programs, special events, group activities, and games.

3. Outreach, Target Group, Community Support (Access) (Only required in competitive grant year)

- a. Provide a clear outreach plan to attract the target population and new participants that creates visibility and uses a variety of methods such as social media and technology.
- b. Describe the proposed location. Address the physical appearance of the site, available parking, other activities at the location, linkages to benefits and services, and availability of other amenities.
- c. Indicate how many of the following will be available at the site:
 - i. Choice of Meals
 - ii. Ethnic meals
 - iii. Salad and/or deli bar
 - iv. Meals served on non-disposable dishes, with nicer napkins or silverware (or other method of providing “dine out” experience)
 - v. Table service, lighting, decorations and round tables
 - vi. Restaurant style serving instead of cafeteria style
 - vii. List additional ways to make the site appealing
- d. Describe the transportation options at the proposed site location, including any coordination of transportation that will be provided by this program, any type of coordinated service agreement this site has with a transportation provider, or any plans to increase access to transportation at the meal site.

4. Innovation (Only required in competitive grant year)

- a. Provide an explanation of an innovation the applicant plans to complete during the first year of this grant cycle that will positively impact productivity.
- b. Identify what the applicant does best; how the applicant is unique; and what the applicant is doing programmatically that no one else is doing in this service area.

5. Performance History, Overall Organization (Capacity) (Only required in competitive grant year)

For Applicants who have current funding from AgeLinc:

AgeLinc will review internal data to evaluate current and past performance in meeting standards over time as defined by AgeLinc. This evaluation will include:

- Timeliness and accuracy of reports and fiscal information
- Timeliness and performance findings related to financial audits
- Performance findings in AgeLinc monitoring reviews

For Applicants who do not have current funding from AgeLinc (never-funded, or past-funded):

Applicant should submit letters of recommendation/reference showing that the applicant organization has met grant or contract requirements from another funding source. The letters must specifically address:

- Applicant's timeliness and accuracy of program and fiscal reports
- Applicant's timeliness and performance findings related to financial audits
- Applicant's overall performance in meeting standards of the grant or contract

For All Applicants:

AgeLinc will also look at the applicant's experience fulfilling other Title III grants through AgeLinc, the degree of experience the provider has in the proposed area, the organization's capacity to provide oversight of the project and the organization's capability to submit and maintain fiscal and program reporting.

6. Performance History, Specific to Proposed Service (Capacity) (Only required in competitive grant year)

For Applicants who have current funding from AgeLinc: AgeLinc will review internal data to evaluate current and past performance in meeting productivity goals over time as defined by AgeLinc. This evaluation will include:

- Applicant's history of providing the proposed service in the proposed service area (specific length of time).
- Past productivity (clients and units) for the proposed service in the proposed service area
- Trends in productivity from FY2017 - FY2020
- Performance findings in AgeLinc monitoring reviews for this service
- Applicant's history of serving at least 25 meals per day

For Applicants who do not have current funding from AgeLinc (never-funded, or past-funded):

Applicant should submit letters of recommendation/reference showing that the applicant organization has provided this service and met grant or contract requirements from another funding source. The letters must specifically address:

- Whether applicant has a history of providing the proposed service in the proposed service area.

- Whether applicant met or exceeded projections for units and clients
- Whether applicant met or exceeded grant or contract requirements regarding compliance

7. Budget

- Submit a budget justification that is clear, logical and specifically describes the program and cost allocation as well as how project income will be solicited. (See Section IV.)
- Submit a program budget. The AgeLinc will review the budget for:
 - Proposed project income that is logical, reasonable and consistent with previous years.
 - Proposed in-kind income that is logical, reasonable and consistent with previous years.
 - The percent of match and the percent of local cash.
 - Client projections that are achievable given the proposed outreach activities.
 - Unit projections that are achievable given the proposed outreach activities and the applicant's past history.
 - A proposed AgeLinc unit rate that is logical, reasonable, and within a range appropriate to available funding and network history.

Section IV: Budget Justification Instructions

A separate budget and justification must be submitted for each area. An effective budget narrative explains how the budget would be spent, why the item is needed, and why it is cost effective.

- Personnel:** Include all personnel except for delivery drivers. List the position, all responsibilities, hours spent per week on the project proposed by service using an allocation formula. Specify fringe by category (e.g. FICA, Worker's Compensation, Health, Dental, etc.) Where volunteers are used, specify their hours and an hourly rate and enter the cost under in-kind.
- Travel:** Does not include food delivery expense. Enter all travel expenses. Specify reason for travel and amount allocated to each position for each service. Specify per mile reimbursement rate for all travel.
- Supplies:** All non-food supplies (consumable or non-consumable) necessary to implement the program. Specify by item and unit cost. Include allocation formulas where appropriate.

4. **Food:** Total food cost, including preparation, whether prepared on-site or from a caterer. Food costs should be the agency's best estimate of the food cost based on the current program. Project income must be budgeted toward food costs.
5. **Delivery:** Include and specify all costs related to delivery, including driver personnel/fringe expense, gas, vehicle cost, insurance, etc. If volunteers provide delivery, specify reimbursement mechanism or in-kind rate.
6. **Other:** This section is where operational costs are entered. These costs include rent, utilities, postage, telephone, insurance and other similar administrative expenses. An allocation formula must be provided for the above costs. The proportion of space used by the program relative to other uses is a common method, i.e., if the program uses 50% of the space it may be charged with 50% of the rent and utilities. A reasonable accounting of each cost must be provided in this category.
7. **Match Details:** The amount and source of all Local Cash and In-Kind must be specified.

Section V: Attachments

Please submit with your application one set of the attachments listed below. Please label any attachments with your agency name. If your agency is submitting more than one application, the items indicated with two asterisks (**) must be submitted with each application; all remaining items may be submitted once to apply to all applications.

Items with an asterisk (*) are required only during a competitive grant year OR if there is any change since last submitted.

Description	Indicate if there was no change or if updated info is attached.
*2-1 Host Site Letter of Support: If applicant proposes to use a location owned by another organization, provide a Letter of Support from the proposed host site on the host site agency's stationery (if available). At a minimum, it should describe how the host and applicant will collaborate to assure services are well coordinated and not duplicated. **	
*2-2 Host Site Agreement: If applicant proposes to use a location owned by another organization, provide a letter of intent or Host Site Agreement that identifies the responsibilities and obligations of each party. **	
*2-3 Organizational Chart	
*2-4 By-laws	
*2-5 Incorporation papers and tax status	
*2-6 Job descriptions of staff and volunteers who will be involved in proposed service (list positions) ** unless these are constant across sites	
*2-7 Affirmative Action plan	
2-8 Current listing of Board of Directors and Advisory Council members. (Please asterisk () all 60+ members)	
2-9 Most recent fiscal and compliance audit	
2-10 2017 (or more recent) IRS 990 or 990-T Form or other appropriate tax form as filed with the IRS	
2-11 Documentation of Minority Status (if applicable)	
2-12 Assurances (form enclosed)	
2-13 Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion (form enclosed)	
2-14 Certification for Contracts, Grants, Loans and Cooperative Agreements (form enclosed)	
2-15 Non-Discrimination Policy (form enclosed)	
2-16 Assurance of Compliance with the Department of Health and Human Services Regulation under Title VI of the Civil Rights Act of 1964 (form enclosed)	
2-17 Department of Health and Human Services Assurance of Compliance with Section 504 of the Rehabilitation Act of 1973 (form enclosed)	
*2-18 Program Accessibility Self Evaluation (form enclosed) **	
2-19 Disaster Coordinator Contact Sheet (form enclosed) **	

Attachment 2-12

FY 2020-22 AgeLinc Grant Assurances**

The _____ (Applicant, Name of Agency) hereby submits this application as required under Title III of the Older Americans Act of 1965, as amended, and hereby agrees to administer the program in accordance with the regulations, policies and procedures prescribed by the Area Agency on Aging (AgeLinc) including: FY 2020 Conditions of Award, Requirements for Recipients of Title III Older Americans Act Funds, FY 20-22 Request for Proposal for Congregate Nutrition Programs, FY 20-22 Definitions and Standards for Congregate and Home Delivered Meals; FY 20-22 Menu Standards, and Notification of Grant Award, all policies and procedures of the Illinois Department on Aging and all the Requirements for Recipients of Title III Older Americans Act funds.

The Applicant must maintain documentation to substantiate all of the following assurance items. Such documentation will be subject to Area Agency review for adequacy and completeness.

- I. The Applicant understands that the purpose of the Title III program is to foster the development of comprehensive and coordinated service systems for older persons within the Planning and Service Area. The Applicant agrees to participate in the promotion of the service network as prescribed by AgeLinc.
- II. The primary objectives of this system are to secure and maintain independence and dignity in a home environment for older persons capable of self-care with appropriate supportive services; and to remove individual and social barriers to economic and personal independence for older persons, including the provision of opportunities for employment and volunteer activities in the communities where older persons live.
- III. The Applicant further understands that in order to achieve the purpose of the Title III Program the resources made available to the Applicant by AgeLinc are designed to:
 - a. Draw in commitments from public and private agencies which have resources that can be utilized to serve older persons, and encourage such agencies to enter into cooperative arrangements directed toward maximum utilization of existing resources on behalf of older persons;
 - b. Make existing social services more accessible to older persons in need through the development and support of services which can increase the ability of older persons, including the older physically and mentally disabled, to obtain other social services; and

** These assurances are subject to revision on the compilation of the most recent amendments to the Older Americans Act and the issuance of regulations at the federal and state level.

- c. Promote comprehensive services for the elderly through the development and support of social services which are needed by older persons but which are not otherwise available.
- IV. Recognition of Funding: The applicant agrees to include on its brochures and other publicity, recognition of funding by AgeLinc under Title III of the Older Americans Act.
 - V. The Applicant assures that the project staff consulted with the Project Council/Board in preparing this application and has made it available for their review.
 - VI. The Applicant assures that is has established policies and procedures regarding personnel, including but not limited to orientation and training; annual performance evaluations; compensation; and time off.
 - VII. The applicant will comply with the Illinois Department on Aging Civil Rights Program.
- VIII. General Administration Assurances
- a. **Compliance with Requirements**—The Applicant agrees to administer the program in accordance with the Older Americans Act, the application and all applicable regulations, policies and procedures established by the Commissioner on Aging, the Secretary of Health & Human Services, the Illinois Department on Aging, the Requirements for Recipients of Title III Funds, Program Standards and Definitions, and AgeLinc.
 - b. **Training of Staff—205(e)(1)(H)** The Applicant has established and is following methods to provide a program of training for all classes of positions and volunteers, if applicable.
 - c. **Management of Funds - 307(a)(7)(A)** —The Applicant maintains sufficient fiscal control and accounting procedures to assure proper disbursement of and accounting for all funds under this grant/contract.
 - d. **Safeguarding Confidential Information - 1321.51**—The Applicant has implemented and is following such regulations, standards, and procedures as are necessary to meet the requirements on safeguarding confidential information under relevant program regulations.
 - e. **Eldercare 306(a)**
 - i. The Applicant must assure that appropriate fiscal controls will be established and maintained to ensure proper disbursement and accounting for all funds earned through Title III grants and/or contracts.
 - ii. The Applicant assures that funds received under Title III will not be used to pay any part of a cost (including administrative cost) incurred by the applicant to carry out a contract or commercial relationship that is not carried out to implement Title III.

- iii. The Applicant assures that preference in receiving Title III services will not be given to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement Title III.
- f. **Equipment - 45 CFR Part 74.136** —In accordance with 45 CFR Part 74, Subpart O, AgeLinc reserves the right to require transfer of equipment (including title) having a unit acquisition cost of \$1,000 or more purchased by grantee/contractors under an AgeLinc grant/contract.

IX. Provision Of Services

- a. **Eligibility - Section 302(9), Section 307(a)(13)(A), & Section 343**—The Applicant has developed and is following methods to assure the activities covered by this application serve only those individuals and groups eligible under the provisions of the applicable statute.
- b. **Residency**—The Applicant has developed and is following methods to assure that no requirements as to duration of residence or citizenship will be imposed as a condition of participation in the Applicant's Program for the provision of services. Determination of whether or not an eligible individual is a legal resident and/or citizen should not be imposed as a condition of participation in the Applicant's program of services.
- c. **Coordination and Maximum Utilization of Services (Section 306 (a)(1))** — The Applicant has developed and is following methods to assure, to the maximum extent, coordination and utilization of the services and resources of other appropriate public and private agencies and organizations.
- d. **Service Contributions (Section 1321.67(a-d) & Section 1321.17(f)(5))**
 - i. The Applicant has established and is following methods that ensure that all older persons receiving services through the Area Plan are provided the opportunity to voluntarily contribute to the cost of the services.
 - ii. The Applicant assures that no older person will be denied service because the older person will not or cannot contribute to the cost of the service.
 - iii. The Applicant assures that signs requesting contributions, provided by AgeLinc, will be posted in a prominent position at the applicant's facility.

X. Act And Regulatory Assurances

- a. **Section 306 (a)(5)(A)(i) Section 1321.17(f)(2)** —The Applicant has developed and is following methods that will give preference in the delivery of services and include the proposed methods of carrying out the methods in the application to the following groups:
 - i. at risk for institutional placement
 - ii. with the greatest economic or social need, with particular attention to low-income older persons, including low-income minority older persons
 - iii. older individuals with Limited English Proficiency

- b. **Section 306 (a)(5)(A)(ii)**—The Applicant assures that it will maintain procedures on (a) how the Applicant intends to satisfy the service needs of low-income minority individuals in the area served by the Applicant; and (b) attempt to provide services to low-income minority older individuals in at least the same proportion as the population of low-income minority older individuals bears to the population of older individuals of the area served by such applicant.
- c. **Section 306 (a)(4)(A)(i); 306(a)(5)(B); 1327.17(f)(2)**—The Applicant assures that they will use outreach efforts which will identify individuals eligible for assistance with special emphasis on older persons with:
 - i. greatest economic need and greatest social need with particular attention to low income minority individuals,
 - ii. severe disabilities,
 - iii. limited English proficiency,
 - iv. at risk for institutional placement, and
 - v. older persons with Alzheimer's disease or related disorders with neurological and organic brain dysfunction (and the caregivers of such individuals); and inform them about the availability of such assistance.
- d. **Section 306(a)(10)**—The Applicant assures they will follow the grievance procedure set forth by AgeLinc for older persons who are dissatisfied with or denied Title III services.
- e. **Section 306(a)(6)(D) and 1321.57(b)**—The Applicant assures that they will have an Advisory Body for the program. A minimum of 50% of the Council shall be over the age of sixty.
- f. **Section 306 (a)(6)(A) 1321.65 (a)(2)**—The Applicant will establish methods to take into account the views of recipients of services under the application.
- g. **Section 306 (a)(6)(H)**—The Applicant must establish effective and efficient procedures for coordination between the programs assisted under this title and the programs described in Section 203 (b)(1-19):
 - i. the Job Training Partnership Act or Title I of the Workforce Investment Act of 1998,
 - ii. title II of the Domestic Volunteer Service Act of 1973,
 - iii. titles XVI, XVIII, XIX and XX of the Social Security Act,
 - iv. sections 231 and 232 of the National Housing Act,
 - v. the United States Housing Act of 1937,
 - vi. Section 202 of the Housing Act of 1959,
 - vii. Title I of the Housing and Community Development Act of 1974,
 - viii. Title I of the Higher Education Act of 1965, and the Adult Education Act,
 - ix. Section 3, 9 and 16 of the Urban Mass Transportation Act of 1964,
 - x. the Public Health Service Act, including block grants under Title XIX of such Act,

- xi. the Low Income Home Energy Assistance Act of 1981,
 - xii. Part A of the Energy Conservation in Existing Buildings Act of 1976, relating to weatherization assistance for low income persons,
 - xiii. the Community Services Block Grant Act,
 - xiv. demographic statistics and analysis programs conducted by the Bureau of the Census under title 13, United States Code,
 - xv. Parts II and III of Title 38, US Code,
 - xvi. the Rehabilitation Act of 1973,
 - xvii. the Developmental Disabilities and Bill of Rights Act of 2000,
 - xviii. the Edward Byrne Memorial State and Local Law Enforcement Assistance Programs, established under Part E of Title I of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3750–3766b), and
 - xix. Sections 4 and 5 of the Assistive Technology Act of 1998 (29 U.S.C. 3003, 3004).
- h. **Section 306 (a)(7)**—The Applicant will conduct efforts to facilitate the coordination of comprehensive, coordinated system for providing long-term care in home and community based settings in a manner responsive to the needs and preferences of older individuals and their family caregivers by collaborating, coordinating activities, and consulting with other local public and private agencies and organizations responsible for administering programs, benefits, and services related to providing long-term care to better
- 1. respond to the needs and preferences of older individuals and family caregivers;
 - 2. facilitate the provision, by service providers, of long-term care in home and community-based settings; and
 - 3. target services to older individuals at risk for institutional placement, to permit such individuals to remain in home and community-based settings;
- i. **Section 306 (b)(2)(B)**—The Applicant will establish and follow methods to coordinate with the activities of community-based organizations established for the benefit of victims of Alzheimer's disease and the families of such victims.
- j. **Section 307 (a)(6)**—The Applicant agrees to report, in such form, and containing such information, as AgeLinc may require, and comply with such requirements as AgeLinc may impose to insure the correctness of such reports.
- k. **Section 315 (b)(3) and 1321.17(f)(3)**—The Applicant assures that all services provided through the grant/contract are provided without the use of any means tests.

The Applicant hereby agrees to comply with all stated assurances.

Agency Name: _____

Address: _____ City _____ Zip _____

Typed Name of Chairperson of Board or Comparable Authorized official

Signature of Chairperson of Board or Comparable Authorized official

Date of Signature

Attachment 2-13

**CERTIFICATION REGARDING DEBARMENT, SUSPENSION,
INELIGIBILITY AND VOLUNTARY EXCLUSION PURSUANT TO
45 CFT PART 78 LOWER TIER TRANSACTIONS**

(Applicant Agency Name)

certifies by submission of this proposal, that neither it or its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

Where the Applicant Agency is unable to certify to any of the statements in this certification, such Applicant Agency shall attach an explanation to this proposal.

(Name and Title of Agency Authorized Representative)

(Signature of Agency Authorized Representative)

(Date)

Attachment 2-14

**CERTIFICATION FOR CONTRACTS, GRANTS,
LOANS, AND COOPERATIVE AGREEMENTS**

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
3. The undersigned shall require that the language of this certification be included in the award documents for all sub awards at all tiers (including subcontracts, sub grants, and contracts under grants, loans, and cooperative agreements) and that all sub recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Date

Signature of Agency Authorized Representative

Date

Name and Title of Agency Authorized Representative

Attachment 2-15

NON-DISCRIMINATION POLICY

It is the policy of _____ (Applicant Agency Name) to provide services to all persons 60+ and employment services to all persons 55+ as mandated by the Older Americans Act, as amended, and the Illinois Act on Aging, and their applicable rules and regulations pursuant thereto without regard to race, color, national origin, religion, sex, ancestry, marital status, physical or mental handicap, unfavorable military discharge or age.

_____ (Applicant Agency Name) does not discriminate in admission to programs or activities or treatment of employment in programs or activities in compliance with the Illinois Human Rights Act, Title VI of the U.S. Civil Rights Act, as amended; Title VII of the U.S. Civil Rights Act, as amended; Section 504 of the Rehabilitation Act, as amended; the Age Discrimination Act, as amended; the Age Discrimination in Employment Act, as amended; their applicable rules and regulations pursuant thereto; the Constitution of the United States; and the Illinois Constitution.

All Area Agencies on Aging and other providers of services receiving funds under the State or Area Plans are required to comply with and provide notice of this policy.

The person designated to coordinate compliance with the Civil Rights Program is _____, Civil Rights Coordinator, who can be reached at _____ - _____

Approved and agreed to by the Board of Directors of _____
(Applicant Agency Name)

President, Board of Directors

Date

Attachment 2-16

**ASSURANCE OF COMPLIANCE WITH THE DEPARTMENT OF
HEALTH AND HUMAN SERVICES REGULATION UNDER
TITLE VI OF THE CIVIL RIGHTS ACT OF 1964**

_____, (hereinafter called the "Applicant")
(Name of Applicant [type or print])

HEREBY AGREES THAT it will comply with Title VI of the Civil Rights Act of 1964 (P.L.88-352) and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R.Part 80) issued pursuant to that title, to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department; and **HEREBY GIVES ASSURANCE THAT** it will immediately take any measures necessary to effectuate this agreement.

If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this Assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this Assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. In all other cases, this Assurance shall obligate the Applicant for the period during which the Federal financial assistance is extended to it by the Department.

THIS ASSURANCE is given in consideration of and for the purpose of obtaining any and all Federal grants, loans, contracts, property, discounts or other Federal financial assistance extended after the date hereof to the Applicant by the Department, including installment payments after such date on account of applications for Federal financial assistance which were approved before such date. The Applicant recognizes and agrees that such Federal financial assistance will be extended in reliance on the representations and agreements made in this Assurance, and that the United States shall have the right to seek judicial enforcement of this Assurance. This Assurance is binding on the Applicant, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this Assurance on behalf of the Applicant.

Date _____

Applicant-(Type or Print)

Street Address

(IRS) Employer Identification No.

City, State, Zip Code

I certify that the above information is complete and correct to the best of my knowledge.

By _____
Signature and Title of Authorized Official

Attachment 2-17

DEPARTMENT OF HEALTH AND HUMAN SERVICES ASSURANCE OF COMPLIANCE WITH SECTION 504 OF THE REHABILITATION ACT OF 1973, AS AMENDED

The undersigned (hereinafter called the "recipient") **HEREBY AGREES THAT** it will comply with Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C.794), all requirements imposed by the applicable HHS regulation (45 C.F.R.Part 84), and all guidelines and interpretations issued pursuant thereto.

Pursuant to §84.5(a) of the regulation [45 C.F.R.84.5(a)], the recipient gives this Assurance in consideration of and for the purpose of obtaining any and all Federal grants, loans, contracts (except procurement contracts and contracts of insurance or guaranty), property, discounts, or other Federal financial assistance extended by the Department of Health and Human Services after the date of this Assurance, including payments or other assistance made after such date on applications for Federal financial assistance that were approved before such date. The recipient recognizes and agrees that such Federal financial assistance will be extended in reliance on the representations and agreements made in this Assurance and that the United States will have the right to enforce this Assurance through lawful means. This Assurance is binding on the recipient, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this Assurance on behalf of the recipient.

This Assurance obligates the recipient for the period during which Federal financial assistance is extended to it by the Department of Health and Human Services or, where the assistance is in the form of real or personal property, for the period provided for in §84.5(b) of the regulation [45 C.F.R.84.5(b)].

The recipient: [Check (a) or (b)]

- a. () employs fewer than fifteen persons:

- b. () employs fifteen or more persons and, pursuant to §84.7(a) of the regulation [45 CFR.84.7(a)], has designated the following person(s) to coordinate its efforts to comply with the HHS regulations:

Name of Designee(s) (Type or Print)

Name of Recipient-(Type or Print)

Street Address

(IRS) Employer Identification No.

City, State, Zip Code

I certify that the above information is complete and correct to the best of my knowledge.

Date

Signature and Title of Authorized

***Attachment 2-18**

Please complete a self-evaluation for each changed location/site.

PROGRAM ACCESSIBILITY SELF-EVALUATION

After June 2, 1980, agencies/ services must be accessible to the handicapped to be eligible for federal funding. This regulation applies to both service and employment opportunities. Therefore, an agency must be in compliance with Section 504 of the Rehabilitation Act of 1973. The checklist below indicates which of the American National Standards Institute’s (ANSI) standards are/are not met by the facilities used to provide services. Negative responses indicate non-compliance.

SITE _____
(Complete for each location where services are provided)

I. OFF-STREET PARKING

- 1. Can parking spaces be reserved for people with disabilities?
___ yes ___ no ___ na
- 2. If yes, are the spaces at least 12’ wide by 19’ long? ___yes___ no
What are the dimensions? _____
- 3. Is the distance from the parking area smooth and hard (no sand, gravel, etc.) ___yes ___no
- 4. Is the distance from the parking area to the building free of curb that is not ramped? ___yes ___no

II. STAIRS AND RAMPS

- 1. How many steps are there in the approach to the selected entrance?

- 2. Can a ramp of non-skid material be installed? ___yes ___no
- 3. Is the ramp at least 48” wide? ___yes ___no
- 4. Is there a level surface at the top of the ramp at least 5’ x 5’? ___yes ___no
- 5. Is the ramp made of non-skid materials? ___yes ___no
- 6. Does the ramp have a grade of 1’ in 12’? ___ yes ___no
- 7. Is there a sturdy 32’ high railing alongside the ramp? ___yes ___no
Height _____ (In areas of heavy traffic two railings should be provided).

III. DOORS

All doors should be at least 32” wide. Please state the dimension of the entrance door and any other doors that a person who is handicapped will have to move through. Measure the doorway with the door open. _____
State also whether the door you are measuring is manual, automatic, or revolving _____

IV. **ELEVATORS**

1. Is there an elevator in the building? ___yes ___no
2. Is the elevator near the accessible entrance? ___yes ___no
3. Does the elevator stop on all floors? ___yes ___no
4. Is the elevator automatic? ___yes ___no
5. If no, is an elevator operator present? ___yes ___no
6. At what height from the floor of the elevator is the uppermost button that must be used? _____
7. Is the doorway to the elevator at least 32" wide ___yes ___no
8. Is the depth of the elevator at least 36" x 60"? ___yes ___no

V. **RESTROOMS**

1. Is the approach to the restrooms free of stairs?
Men's ___yes ___no Women's ___yes ___no
2. If no, can a ramp be installed at the entrance of each restroom?
___yes ___no
3. Is there enough space for a wheelchair to turn around in each restroom?
___yes ___no
4. Does one of the stalls in each restroom measure at least 36" x 60"?
Men's ___yes ___no Clearance _____
Women's ___yes ___no Clearance _____
5. Does the stall door swing outward?
Men's ___yes ___no Women's ___yes ___no
6. If yes, does the stall door have a clearance of at least 32"
Men's ___yes ___no Clearance _____
Women's ___yes ___no Clearance _____
7. Does the same stall have grab bars on each side? ___yes ___no
8. If yes, do the grab bars meet the following dimensions?
 - a. An outside diameter of 1 1/2"? ___yes ___no
 - b. 33" above and parallel to the floor? ___yes ___no
 - c. A clearance from the wall of 1 1/2"? ___yes ___no
9. Is the water closet in each restroom 20" from the ground? ___yes
___no
10. Are the sinks 29" from the ground? ___yes ___no Height? _____
(This will prevent leg burn)

VI. Describe your plans to either eliminate existing barriers and/or to relocate services to make them accessible to handicapped persons, including expected dates of completion and source of funding to accomplish your plan.

VII. SERVICE REFERENCES

List at least five (5) agencies/organizations for which the agency has provided services and/or coordinated with the provision of services. Include the name and address of the agency, along with the name and phone number of a contact person who will provide a reference for the agency.

Attachment 2-19

Applicant: _____

DISASTER COORDINATORS CONTACT SHEET

Each applicant must complete and submit this attachment which request information on the lead contact (primary Disaster Coordinator) and secondary staff members at the Agency that AgeLinc or the Illinois Department on Aging can contact in the event of a current and impending disaster. These individuals will take the lead in determining, managing, and coordinating disaster related activities in their service area.

Agency Name:		Executive Director:	
Agency Web Page:			
PRIMARY CONTACT:			
Work Info:		Home Info:	
Name:		Address:	
Title:		City:	
Address:		Phone:	
City:		Cell:	
Phone:		e-Mail:	
Pager/Cell:			
Fax:			
e-Mail:			
SECONDARY CONTACTS (NOTE: A minimum of three secondary contacts is required.):			
Work Info:		Home Info:	
Name:		Address:	
Title:		City:	
Phone:		Phone:	
Pager/Cell:		Cell:	
e-Mail:		e-Mail:	
Name:		Address:	
Title:		City:	
Phone:		Phone:	
Pager/Cell:		Cell:	
e-Mail:		e-Mail:	
Name:		Address:	