



October 1, 2017

Dear Contractor:

Your agency may be eligible to apply for a grant for Fiscal Year 2018 (October 1, 2017 through September 30, 2018) from the Tri-County Aging Consortium (TCOA) to provide services to seniors. This funding is contingent upon availability of funds and the successful fulfillment of your Fiscal Year 2018 contract obligations.

To initiate this contract application process, TCOA must receive the following by **5:00 P.M. Friday, October 9, 2017:**

- 1) The completed cover sheet (attached) which includes all assurances and required signature.
- 2) Proof of workman's compensation and liability insurance for the contract period.
- 3) A narrative summary of any current or anticipated program and/or services.
- 4) A completed unit rate summary budget for your Fiscal Year 2018 contract. TCOA has filled out the projected allocated amount, but additional funds may become available before the contract period begins. Please include your unit rate under "Units of Service" on the attached budget form.
- 5) A rationale for any budget changes requested.

Please keep in mind that TCOA periodically receives updated statement of grant awards from the Aging and Adult Services Agency (AASA). Should your allocation amount change, TCOA will notify you.

Send the contract application documents via email to [smitht@tcoa.org](mailto:smitht@tcoa.org) or by mail to the attention of: Thomas Smith, Contract Manager, at Tri-County Office on Aging. Any questions regarding this process can be directed to (517) 887-1380 or [smitht@tcoa.org](mailto:smitht@tcoa.org)

Thank you for your interest in the continuing support of seniors in our community.

Sincerely,

Thomas Smith  
TCOA Contract Manager

**Tri-County Aging Consortium**  
**Application for Funding Fiscal Year 2018**  
**(October 1, 2017 through September 30, 2018)**

Applicant Agency \_\_\_\_\_ Project Kinship Care

Director Name \_\_\_\_\_ Contact Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Federal ID # \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Legal Status:      Private      For Profit      Private/Non-Profit      Other \_\_\_\_\_

Minority Status: Are one-half of the policy board minority individuals?      Yes      No  
 Proof of Insurance for contract period attached:      Yes      No

**Program Plan**

<b>Service</b>	EnhanceFitness®		
County(s) to be served			
Funds Requested	\$7,500.00	\$	\$
Number of Units			
Unit Cost to TCOA	\$	\$	\$
Total Unit Cost	\$	\$	\$
Unduplicated Clients			
Average Client Cost	\$	\$	\$

**TERMS AND CONDITIONS:** It is understood and agreed by the undersigned that:

- 1) Funds awarded as a result of the request are to be expended for the purpose set forth herein and in accordance with all applicable laws, regulations, policies and procedures of the Area Agency, the State Aging Unit, the Administration on Aging, and the U.S. Department of Health and Human Services (DHHS);
- 2) Any changes in the proposal as approved will be submitted in writing by the applicant and upon notification of approval by the Area Agency shall be deemed incorporated into and become a part of this agreement;
- 3) The Assurance of Compliance with the DHHS Regulation issued pursuant to Title VI of the Civil Rights Act of 1964 applies to this proposal as approved;
- 4) Funds awarded by the Area Agency may be terminated at any time for violations of any terms and conditions, and requirements of this agreement;
- 5) All grant awards are contingent upon availability of funds.
- 6) Any funds awarded are based annual contract. Payment is based on a defined unit rate for services rendered. Annual contractors are *not* considered sub-recipients of state or federal funds.

Signature of person authorized to sign for the applicant agency.

\_\_\_\_\_  
 Name and Title

\_\_\_\_\_  
 Date

## APPLICATION

The following is the format to be used in writing your grant application for the Tri-County Office on Aging. Do not change the order of the categories or numbered questions. Attach any documents, forms and/or policies and procedures your agency uses to support your responses. Please number your pages and begin with page "2". (The cover sheet must be page one.) Do not use any covers, folders, or bindings other than staples and clips.

### A. Organization

1. What is the overall purpose of your agency? (Attach an organizational chart/description of your agency, description of the program seeking funding, and by-laws.)
2. Describe your agency's past experience in delivering services and how it is related to this application.
3. Describe the staffing planned for each proposed service including job descriptions, number of FTE's to be assigned to this program, number of bilingual staff (including the languages spoken) and number of minority staff.
4. How are staff members for this project recruited, oriented, and trained? Please include information on the process of completing background checks for staff members.
5. How, if relevant, are volunteers recruited, trained, evaluated, and used to implement the service? How many volunteers does your organization utilize? State your rationale if volunteers are not to be used. (Attach job descriptions of volunteer positions for your proposed program.)
6. How often, by whom and how, is staff/volunteer performance evaluated? Describe measures taken to improve a staff persons performance when there have been deficiencies in evaluations. (Attach an evaluation form.)
7. Describe measures taken to assure program quality within the proposed service(s). (Attach a client complaint resolution procedure.)
8. Does your organization, or any of your key staff members, have additional specialized certifications, training or education related to the program you are seeking funding for?

### B. Program Plan

1. Describe the proposed service(s).
2. How will potential clients learn of the service(s) your agency provides? (Attach brochures, flyers or literature that has been developed.)
3. Describe how a client or referral source contacts your agency to receive service(s).
4. How is client satisfaction assessed? How often is client satisfaction assessed? Provide any recent (within the last 12 months) summary results of client satisfaction survey.
5. Describe any new or innovative steps your agency has taken, or proposes to take, in the delivery of proposed service(s).
6. Describe the impact on the community if your agency does or does not receive the funding for the proposed service(s).

7. List all other programs in the tri-county area which provides similar service and how your program interfaces with those programs.

### **C. Client Considerations**

1. It is a mandate from the Federal Government to give substantial emphasis to serving older persons with the greatest social, physical and economic need, including minority individuals. How does (will) your program comply with the mandate?
2. Describe your present clientele (i.e.: according to the above targeted priority.)
3. Is your program currently meeting all Michigan Office of Services to the Aging standards for this service category regarding service to clients?
4. What is the daily average number of clients your program serves?
5. What priority criteria does the program have to handle demand for services that exceed resources? Be specific.
6. What procedures are in place to cope with medical and weather related emergencies? How and when are clients contacted when changes are made in scheduled service and how is this documented?

### **D. Financial**

1. Describe your agency's annual budget process.
2. Describe your agency's/program's audit process. (Attach a copy of your most recent completed program audit and summary letter.)
3. Describe how donations will be solicited.
4. List other resources the program uses to provide services and describe how the 10% match requirement will be met.
5. State the cost per unit, the cost per client, the total cost of the program, and show how this was calculated.

### **D. Attachments**

1. Organizational chart of the agency and program.
2. Agency/program by-laws and/or Articles of Incorporation.
3. Client Complaint Resolution Procedure.
4. Brochures, flyer, an/or program literature.
5. Referral and follow-up forms.
6. Job description(s) of each staff person and/or volunteer related to the proposed project.
7. Audit and summary letter.
8. List of names, addresses and phone numbers of your agency's governing and/or advisory board members.
9. Letters of support.
10. A list of any additional special certifications, accreditations, etc. your organization or staff has received relating to the program you are seeking funding for. (If application, not required)



# MICHIGAN OFFICE OF SERVICES TO THE AGING

## Operating Standards For Service Standards

Community

<b>SERVICE NAME</b>	Kinship Support Services
<b>SERVICE NUMBER</b>	C-19 updated 3-17-06
<b>SERVICE CATEGORY</b>	Community
<b>SERVICE DEFINITION</b>	Provision of support services (which include respite care, supplemental and education, support and training services) in kinship care situations where an individual aged 60 or over is the primary caregiver for a child no more than 18 years old. Kinship support services may be provided at locations other than the client's residence.
<b>UNIT OF SERVICE</b>	Each hour of support services provided, or each activity session, as appropriate.

### Minimum Standards

1. Each program must establish written eligibility criteria which include at a minimum:
  - a. That the child must require support services as a result of the kinship care relationship.
  - b. That the kinship caregiver must be a grandparent or relative caregiver who has a legal relationship to the child or is raising the child informally.
2. Each program shall conduct an evaluation of the care giving situation to ensure that the skills and training of the respite care worker to be assigned coincides with the situation. The program may utilize volunteer respite care workers.
3. Each program must develop and maintain procedures to protect the safety and wellbeing of the children being served by the program.
4. An emergency notification plan shall be developed for each care recipient and respective caregiver.
6. Supervision must be available to program staff at all times.