

**Henderson County
Aging Services Program**

**FY 2013
Proposal Summary**

Applicant Information

Name of Applicant Organization					
Type of Organization		Non-Profit – 501(c)(3) Private/For Profit Public Agency or Governmental Unit			
Mailing Address					
City/State/Zip					
Name of Contact Person:					
Email		Telephone		Fax No.	
Type of Program/Service to be Provided:					
Name of Service Provider (If Different From Applicant)					
Funds Requested	HCCBG Funds		\$		
	USDA/NSIP Funds (If Applicable)		\$		
	Total Funds		\$		

By submission of this proposal and acceptance of any funds awarded hereunder, the Applicant Organization agrees to comply with applicable local, state, and/or federal requirements for the provision of services and the receipt, expenditure, and accounting of funds provided under this program.

Authorized By:

Signature of Authorized Representative

Printed Name

Title

Date

5. Define the unit of service (e.g., hour, day, trip, etc.). If proposed service is not unit based, describe method of cost reimbursement expected (e.g., actual expenses, \$X per client, \$X per repair, \$X per month, etc.).

6. (a) In the table below, identify the total number of older adults age 60 or over served by this program (regardless of funding source). Identify the total number of older adults age 60 and over served by this program through HCCBG funds.

	FY 2011	FY 2012 Estimated	FY 2013 Proposed
Total Older Adults Served By This Program in Henderson County			
Total Older Adults Served With HCCBG in Henderson County			

¹ If new program, show zero.

(b) Identify the number of older adults age 60 and over who are currently on your agency waiting list for the proposed service in Henderson County:

Number of Older Adults on Waiting List: _____

Describe the system you use to compile and/or maintain your waiting list.

NOTE TO CURRENT PROVIDERS: Please ensure your Waiting List data is current in the ARMS system, as this information is regularly reviewed.

7. Do you anticipate any significant changes in organizational structure, procedures, or legislative issues that will have an impact on your organization or the delivery of services proposed?

8. Describe the source and type of required 10% matching funds if your agency is requesting HCCBG funds.

9. Complete **Attachment A:** Preliminary Proposed Budget.
10. The following documents must be submitted from each Applicant Organization and labeled as **Attachment B:**
 - a. ONE copy of the Applicant Organization's most recent independent certified audit, including the year-end Income Statement and Balance Sheet on which the audit is based.
 - b. ONE copy of the Applicant Organization's response to the management letter and audit findings, if a response or action plan was submitted.
11. If the Applicant Organization was a recipient of Home and Community Care Block Grant (HCCBG) funds in a prior year, the following documents must be submitted from each Applicant Organization and labeled as **Attachment C:**
 - c. A copy of the Area Agency on Aging's most recent Program Monitoring Review letter for each covered service.
 - d. A copy of the Applicant Organization's response to the Program Monitoring Review letter and any remedial action plan, if a response or action plan was submitted.
12. If the Applicant Organization desires to submit any additional supporting information such as brochures, etc., such information should be submitted and labeled as **Attachment D.**