

**Due Dates and Descriptive Notes for the FY2011
Council on Aging Formula Grant Allocation Program**

ITEM	Due Date/Notes	Distributed via:
Announcement of Formula Grant Allocation	(see below)	Web-address: (click on the address below; it doesn't wrap readily).... https://www.800ageinfo.com/files/pdf/2010_07_20___FY11_announcement_on_formula_grant_allocations.pdf
Attachment B Budget (Word or Excel)	August 9, 2010 (postmark to Elder Affairs)	Email
Statement of Authorization (affix to Att. B budget)	August 9, 2010 (postmark to Elder Affairs)	Email
Annual Report EOEA-SGA (Word or Excel) and Volunteer Resource Sheet	September 3, 2010 (postmark to Elder Affairs)	Email
Statement of Allocation/Grant Balance , Fiscal Year Ending 30 June 2010 Unexpended fund balances are applied to the succeeding fiscal year, reducing the amount of new monies issued.	September 10, 2010 (Suggested receipt at Elder Affairs for all COAs, especially if you anticipate a carryover of more than \$1,000) ----- September 15, 2010 (receipt date at ELD)	Email
Informational Checklist	N/A	See last page of this document.

All materials should be forwarded to: Executive Office of Elder Affairs
1 Ashburton Place, 5th Flr.
Boston, MA 02108

ATT: COA Grant Program

Questions/concerns may be directed to Emmett Schmarsow: emmett.schmarsow@state.ma.us
(1-800-698-9723) or Sherri Sore at sherri.sore@state.ma.us (617-222-7576). Thank you.

Additional Information for the Executive Office of Elder Affairs FY2011 Formula Grant Allocation Program.

- In lieu of Attachment D, please go to www.800ageinfo.com to find the amount of your Formula Grant Allocation for FY2011 from the Executive Office of Elder Affairs. It is identical to last year's available amount.
- The **Attachment B Budget** (see instructions beginning on page 4) contains multiple columns for Formula Allocation funding. Column **(A)** is based on \$6.50/elder; Column **(B)** is at \$7.00/elder. The purpose of establishing this range is to reduce the need for re-submitting a budget proposal based on the final approved funding level. **You must complete at least Column B and appropriate notes and the name of your community.** This office very much appreciates information provided in the optional "Municipal Funding" column. Thank you.

All communities regardless of size, are eligible to receive at least \$3300 (Col. A), as well as for \$3500 (Col. B), respectively.

- **Initial payments** for 50% of the anticipated final award, will be issued as soon as practicable, following receipt of required materials. See the www.800ageinfo.com website.

PAV forms are not required.

- Your **FY10 Statement of Grant/Allocation Balance will be instrumental in Formula contract administration.** Any FY10 unexpended balance will be carried forward to FY11 and available for local utilization for purposes restricted to the COA Formula Allocation program. Elder Affairs will reduce your FY11 Formula allocation payment by any such unexpended balance. **Please submit this as soon as practicable. If you anticipate substantial carryover (e.g., \$1000 or more) early submission will facilitate prompt initial payment of funds.**
- **A Contractor Authorized Signatory Listing (CASL)** may be needed to confirm the current authority and signature of the standard contract signatory. This is **not** usually required of the COA.
- **Job descriptions are optional.** However, applicants are encouraged to submit this material for technical assistance and support purposes. Thank you.
- There are some minor adjustments in the **EOEA-SGA Annual Report.** Item #2 has been reduced. Item #4 now seeks brief program related responses (no data).

FY 2011 Formula Grant Allocation Guidelines

Formula funding allows for a wide variety of costs to promote, enhance and/or support the health, well-being and independence of seniors in the community. Funds may be used for salary, direct services such as outreach, transportation, health screening and fitness instruction, site and program operating costs, equipment/furnishings, volunteer development, newsletters and web-site development and other related items such as staff and board training and professional association dues.

COA staff and boards should consider how Formula funds may best serve the needs of your seniors. The priorities you set will reflect the unique needs and resources available to you. Choices should reflect appropriate public policies – not unlike how municipal finance boards/committees evaluate local expenditures. Elder Affairs gives considerable latitude with respect to costs (but please see “**The Guide**” of May or June, 2010 with respect to best practices suggestions as well as ineligible costs).

COAs shall present a complete budget in Word or Excel (**Attachment B**) and reference appropriate notes as identified on the budget sheets, or below.

ELD requests, *but does not require*, a job description for each position to be funded, in whole or in part, with Formula Allocation monies. These may be submitted via hard copy or electronically. Job descriptions remain a valuable reference tool for technical assistance and support. Please know that if an individual holds more than one position, a separate job description should be available for each position.

Job descriptions should typically include:

- a) the job title;
- b) a brief, general statement of duties; (optional)
- c) at least six (6) specific examples of duties to be performed;
- d) identification of supervision received or exercised; (optional)
- e) the knowledge, skills and/or abilities expected for the position, *not* the incumbent. Minimum qualifications should be specific to the position;
- f) salary range. Note the rate of pay per hour/class/annum or other measure. Fringe benefits and hours per week should be identified. Indicate if there are no benefits.

Additional considerations are noted in “**The Guide**” as well as below.

Our office suggests that job descriptions for individual vendors and contractors address items cited above. (Signed) contracts must be retained by the Council on Aging. Suggested contract language, as well as a sample format for job descriptions, is available from Elder Affairs.

Ineligible Costs. Please see **"THE GUIDE"** for a more exhaustive listing.

- Entertainment, contingencies, fines and penalties, bad debts, uncovered insurance losses, contributions, donations, bingo machines or related equipment, televisions, VCRs/DVDs or similar devices (unless for educational/fitness purposes).
- Medical costs, Medicare or Medicaid reimbursable costs and individual medical treatments (e.g., podiatry or massage).
- Parties and celebrations.
- Consumable arts and craft supplies and related equipment.
- Bus/cultural trips and trip coordinators.
- Personal emergency response systems (such as "LifeLine"), medical loaner equipment, smoke/fire/CO detectors.
- Longevity or length of service pay.
- Computer lab costs or extended computer warranty agreements.

Special Eligible Costs

- Expenses to enhance participation of seniors with disabilities in center activities are allowable. Language and/or computer instruction must relate to direct service and/or work related duties (by staff and/or dedicated volunteers).
- COAs may request site improvements for architectural barrier removal, public health and safety, and energy conservation. Retain/include drawings and plans, as applicable. Cosmetic improvements are ineligible for funding.

Equipment and/or furnishings for senior centers should reflect needs relating to public health, safety and/or energy conservation. Exceptions will be considered on a case-by-case basis. Some common concerns or suggestions are listed in **"THE GUIDE."**

The COA shall follow state and/or local procurement procedures, as applicable. ELD encourages the acquisition of equipment and/or supplies through municipal or state purchasing agents, but notes that bid lists do not necessarily represent best value.

- Computer: max. \$1,000 (includes typical printer, monitor, cables, software) and must include a back-up system (CD-RW/disks/tape/LAN, external hard disk drives. RAM should be at least 1 "GB". Laptops and netbooks are allowable.
- Vans must be lift equipped. Outreach to un-served or under-served populations should be clearly identified. Funds may not be used for staff vehicles.
- Exercise equipment and instruction is allowable for use in preventive, rehabilitative and therapeutically oriented programs. The COA shall ensure that qualified instruction and/or supervision is available prior to equipment use.

Attachment "B" BUDGET INSTRUCTIONS

Municipal Funding: Optional but strongly encouraged. ELD seeks a list of all paid employee titles and hours to analyze staffing patterns; this is useful to other COAs.

(A), (B) Allocation Formula FY 2011 This budget reflects funding at \$6.50 and \$7.00/elder; you need only complete the \$7.00/elder column in Word **or** Excel. Allocation amounts are found at www.800ageinfo.com.

TOTAL: Sum each column. Do not exceed the figure provided on the web-site.

Total Hours/Week: Note **Total** hours per week for each position to be Formula funded. (If noting a range of hours, the anticipated **total hours for the year** should be cited.)

Personnel: Cite hours of service, rates of pay and specific fringe benefits (types) to be attributed to the Formula Allocation. All paid/contractual/vendor individuals, full or part-time, regardless of funding source, should be listed on page 1 of Attachment B.

Instructors/Facilitators: Vendors are typically fitness and exercise instructors and support group leaders. Suggested vendor guidelines are available from "**The Guide.**" List health screening personnel here or in Contractors section on page 2 of Att. B.

Please subtotal each column and carry subtotals to the bottom of page 2.

Staff/Volunteer Transportation: Note costs for staff or volunteer transportation, including rate per mile (as locally established). The IRS allows up to \$.50/mile for business related travel. Vehicle support costs (insurance, maintenance, gas/oil, etc.) should be identified.

Client Transportation: Retain a copy of the contract or purchase of service agreement, with the cost per mile/hour/day or other (specified) unit. Please note anticipated fees or donations (program income) in the Notes column.

Rent/Mortgage: Indicate how space is shared and, if so, whether the COA has priority and full time (or part-time) use of the space. Is the space shared with another entity/ies? How? Retain a copy of the rental/mortgage agreement for your files.

Utilities: Electricity, telephone, gas/oil, etc. May include internet access.

Renovation/Construction: Use local bidding/quote procedures. The COA must secure an agreement permitting at least five year's use and occupancy from the date improvements are completed and accepted by the municipality.

Equipment/Furnishings: Note model and major distinguishing features/characteristics.

Supplies: Office/consumable supplies.

Facility Maintenance and Supplies: Cleaning service/s (not staff) and/or supplies.

Printing/Copying: (Non-newsletter) copying, printing of stationery, brochures, etc.

Postage: Correspondence and routine (non-newsletter) mailing costs.

Dues: Organizational memberships; may include subscriptions.

Newsletter Printing: Newsletter related postage, printing and distribution costs. ELD shall be recognized as supporting the newsletter (see Additional Remarks, below).

Conference/Education: For (paid) directors/coordinators, maximum of \$900 per year; meals costs may not exceed \$30/day with Formula funds. Other paid staff may qualify for this allowance; approval must be secured in advance from Elder Affairs.

Other paid staff and volunteers, including board members, may attend conference/training events. For such individuals, the total maximum charge to Formula funds will be \$500 per conference; related mileage costs need not be charged against the \$500 maximum allowance. Overnight expenses must be borne by participants. Elder Affairs will consider modifying the maximum for boards of 11 members or more.

Volunteer Recognition: Recognizing volunteer efforts. Maximum allowance is \$15 per volunteer/year. Describe service criteria for recognition (e.g., 30 hours per year, if any). ELD requests that recipients conduct/offer in-service training or education in conjunction with or in addition to volunteer recognition. The cost of such in-service training/support is not counted against the \$15 pp maximum.

Contractors: Contracts (e.g., copier/site maintenance, food service) using Formula funds should be retained in your files. Computer service or extended warrantee contracts are not allowed. Record individual contractors on pg. 1 of Att. B under "Other."

Other: Any expense not listed above. Identify relevant/significant characteristics.

Additional Remarks:

For *direct service programs* such as **outreach, social service coordination, chore, minor home repair and long distance medical transportation**, develop and/or retain a copy of your intake and/or screening form(s). Keep and post donation and/or sliding fee policies, if /as applicable. Note the maximum dollar value and/or hours of service/s that may be provided any single client annually with Formula funds.

For *newsletters*, confirm that Elder Affairs is regularly identified (in each issue) as supporting the printing, distribution and/or production of the newsletter.

COAs shall retain complete, current (review/revised within the past three years) job descriptions for all direct service **paid and volunteer positions**. Please note volunteer hours (including paid staff working beyond paid hours) in Section I of the EOEA-SGA.

Name of COA: _____

Tel. # (_____) _____
FAX # (_____) _____

MAIL Address: _____ (ZIP) _____

STREET Address: _____ (E-MAIL) _____

Current Chair: _____

Current Director/Coordinator: _____

Days and Hours of Operation: _____

I. Staff/Volunteer Support

A. How many **paid staff** _____ and **volunteers** _____ do you have?

B. _____ # **Paid Staff** # **Volunteers**

Senior Aides are paid staff.

20 hours/week or more _____

5 hrs./wk. up to 19.5 hrs/wk. _____

1 hour/wk. up to 5 hours/wk. _____

10 hrs./year to 50 hours/year _____

Less than ten hours per year xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx _____

B1. # _____
Estimated Property Tax
Work-Off hours at COA.

C. Total volunteer **hours** in FY 2010 xxxxxxxxxxxxxxxxxxxxxxxxxxxx # _____ → Do **not** include B1. (above)

II. A. **Municipal Appropriation** to COA in **FY 2011**: \$ _____ (salary/operations).

B1. Local cash contributions? () Y; () N. **B2.** We have a "Friends of the COA"? () Y; () N.

C. **In-Kind** from Section IX. (Do **not** include volunteers, above). \$ _____ → Cf. page 4 of 4.

III. Service Counts

→ See page 3, section VI A.)

A. **Unduplicated Elders*** Served: # _____ () estimated; () actual. [NO penalty for estimates.]

B. Of the **Unduplicated Elders** in IIIA., note **number** of WOMEN: _____ ; MEN _____

C. Of the **Unduplicated Elders** in IIIA., indicate **percentage** of:

____ % Women ____ % Nursing Home
____ % Men ____ % Disabled
____ % Minority ____ % 75 or over

* *Alphabetized roster of individuals served.*

D. **Non-Elder** Service Count: _____ (from VII A.) *(See page 16 for instructions on above.)*

IV. **A.** We offer a computer (kiosk) for accessing internet links for jobs, transportation, learning, public benefits or other purposes: () Yes; () No.

B. We offered "Evidence or Client Based" programs, e.g. CDSMP, "Matter of Balance," "Healthy Eating" during FY2010: () Yes; () No.

C1. I have used www.800ageinfo.com or www.mass.gov/elder in the **past month**? () Yes; () No. With **either** response, go to **C2.**

C2. Please offer comments or suggestions regarding the above web-site/s. Thank you!

Name of Council: _____

V. Programs, Services & Activities	Conducted by COA	Units of Service ("Duplicated") 1 July 09 - 30 June 10		Elders ("UnDuplicated") 1 July 09 - 30 June 10		<A> Use an "A" to note Actual #'s only. NO penalty for "Best Estimates."
		<A> Actual	<A> Actual			
OUTREACH/ADVOCACY						
a. General information services	___	< >	_____	< >	_____	UnDuplicated count will be an estimate.
b. Case management/advocacy	___	< >	_____	< >	_____	_____
c. Health benefits counseling (SHINE)	___	< >	_____	< >	_____	_____
d. Client finding	___	< >	_____	< >	_____	("new" contacts)
e. _____	___	< >	_____	< >	_____	_____
f. _____	___	< >	_____	< >	_____	_____
PROFESSIONAL SERVICES						
g. Group support <i>specify</i> at "ID" →*	___	< >	_____	< >	_____	(# of sessions: _____)*ID
h. Legal assistance	___	< >	_____	< >	_____	_____
i. Financial Mgmt. <i>specify</i> at ID →*	___	< >	_____	< >	_____	*ID: _____
j. Mental Health	___	< >	_____	< >	_____	_____
k. _____	___	< >	_____	< >	_____	_____
l. _____	___	< >	_____	< >	_____	_____
SUPPORT SERVICES						
m. Food shopping assistance	___	< >	_____	< >	_____	_____
n. Social (supportive) day care	___	< >	_____	< >	_____	(# of days/week: _____)
o. Friendly Visiting	___	< >	_____	< >	_____	_____
p. Telephone Reassurance.....	___	< >	_____	< >	_____	(include "Are You OK?"/RUOK)
q. Durable medical equipment loan	___	< >	_____	< >	_____	Elder Affairs notes potential liability issues.
r. Employment services	___	< >	_____	< >	_____	_____
s. Intergenerational	___	< >	_____	< >	_____	note chore, other: _____
t. Transportation (TOTAL)	___	< >	_____	< >	_____	_____
ambulatory	___	< >	_____	< >	_____	_____
non-ambulatory	___	< >	_____	< >	_____	_____
u. Minor Home Repair	___	< >	_____	< >	_____	_____
v. Newsletter	___	< >	_____	< >	xxxxxxx	() monthly; () quarterly; () other
w. _____	___	< >	_____	< >	_____	_____
x. _____	___	< >	_____	< >	_____	_____

Name of Council: _____

	Conducted by COA	"Duplicated" Units of Service 1 July 09 – 30 June 10		"UnDuplicated" ELDERS 1 July 09 – 30 June 10		
		Actual < A >		Actual < A >		
WELLNESS						
y. Health screening	_____	< >	_____	< >	_____	(# of sessions: _____)
z. Other health services.....	_____	< >	_____	< >	_____	_____
aa. Fitness/exercise	_____	< >	_____	< >	_____	_____
bb. Congregate meals	_____	< >	_____	< >	_____	_____
cc. Home Delivered Meals	_____	< >	_____	< >	_____	_____
dd. Health education	_____	< >	_____	< >	_____	(# of sessions: _____)
ee. _____	_____	< >	_____	< >	_____	_____
ff. _____	_____	< >	_____	< >	_____	_____
OTHER						
gg. Recreation/Socialization.....	_____	< >	_____	xxxxx	xxxxxxxxx	(# of sessions: _____)
hh. Cultural events	_____	< >	_____	< >	_____	(# of events: _____)
ii. Community Education	_____	< >	_____	< >	_____	_____
jj. _____	_____	< >	_____	< >	_____	_____
kk. _____	_____	< >	_____	< >	_____	_____
ll. _____	_____	< >	_____	< >	_____	_____

VI. A. Determine **Unduplicated Elders** Served: < > (Do **NOT** sum!) -- see instructions.

(Also record on page 1 section III. A)

B. Latest ESTIMATE of 60(+) Population: # _____
(source of this count)

VII. Service to **NON-ELDERS**

		Units of Service "duplicated"		Non-Elders "unduplicated"		
		< >		< >		
NE1 General information.....	_____	< >	_____	< >	_____	(Exclude "a." above). _____
NE2 Transportation (under 60)....	_____	< >	_____	< >	_____	(Exclude "t" above). _____
NE3 Family assistance.....	_____	< >	_____	< >	_____	_____
_____	_____	< >	_____	< >	_____	_____
_____	_____	< >	_____	< >	_____	_____
_____	_____	< >	_____	< >	_____	_____

VII. A Determine **Non-Elders** Served: < > (Do **NOT** sum!) -- see instructions.

(Also record on page 1 section IIID.)

VOLUNTEER RESOURCE SHEET -- OPTIONAL (but see notes, below) --

NAME OF COUNCIL: _____

YEAR ENDING 30 June 2010

Please note the # of positions, or use an "x".	Possible/"typical" volunteer titles. Modify as needed.	Estimated Total Hours	Elder Affairs will assign a standard value if no rate is entered.
_____	<u>Board President/Officers</u>	_____	\$
_____	<u>Board Members</u>	_____	\$
_____	<u>Board Liaison w/ AAA-ASAP-Friends...</u>	_____	\$
_____	<u>Newsletter Committee</u>	_____	\$
_____	<u>Newsletter Editor</u>	_____	\$
_____	<u>Newsletter Coordinator</u>	_____	\$
_____	<u>Drivers - Home Delivered Meals</u>	_____	\$
_____	<u>Drivers - Passengers</u>	_____	\$
_____	<u>Instructor : Computer</u>	_____	\$
_____	<u>Instructor :Arts/Crafts</u>	_____	\$
_____	<u>Instructor :</u>	_____	\$
_____	<u>Instructor :</u>	_____	\$
_____	<u>Counselors / SHINE</u>	_____	\$
_____	<u>Counselors / Support Group</u>	_____	\$
_____	<u>Administrative Support: Receptionist</u>	_____	\$
_____	<u>Administrative:</u>	_____	\$
_____	<u>Administrative:</u>	_____	\$
_____	<u>Tax Assistance</u>	_____	\$
# _____	Total # of positions & hours; this and succeeding page/s, if any...	_____	
SUM		SUM	

This form is required if Formula funds are used for volunteer recognition! Estimates are allowable. For the purposes of this report, volunteers serve as staff: meaning, at least in theory, they should be paid by the community for their work. Typical/allowable positions are noted (including board members). Others may be added. No volunteer credit is given for tax work-off, or for RSVP service for which the COA is a contractor, or for "Friends of..." activities [that technically do NOT fall under the purview of the COA]. Please transfer service hours, position **SUMs** (above) to Section 1 of EOEA-SGA. (See also next sheet.)

NAME OF COUNCIL: _____
2010

YEAR ENDING 30 JUNE

Please note the # of positions, or use an "x".	Possible/"typical" volunteer titles. Modify as needed.	Estimated Total Hours	Elder Affairs will assign a standard value if no rate is entered.
_____	<u>Kitchen Help</u>	_____	\$
_____	<u>Meal Site Staff</u>	_____	\$
_____	<u>Friendly Visitor</u>	_____	\$
_____	<u>(Medical) Escort / Companionship</u>	_____	\$
_____	<u>Shopping Assistant</u>	_____	\$
_____	<u>Fix It / Repair Program</u>	_____	\$
_____	<u>Bill Payer</u>	_____	\$
_____	<u>Photographer/Videographer</u>	_____	\$
_____	<u>Health Fair Worker</u>	_____	\$
_____	<u>Nurse</u>	_____	\$
_____	<u>Nurse Assistant</u>	_____	\$
_____	<u>Coordinator : Trip</u>	_____	\$
_____	_____	_____	\$
_____	_____	_____	\$
_____	_____	_____	\$
_____	_____	_____	\$
_____	_____	_____	\$
_____	_____	_____	\$
_____	_____	_____	\$
_____	_____	_____	\$

_____ <--- Sum of *this* page ---> # _____ (transfer to VRS p. 1 SUM)

Do not include nonprofit "Friends of COA" unless they also volunteer directly at the COA. Hand-crafter hours, or other fund raising time, e.g., rehearsing for play productions, is not in-kind; only **net proceeds** of such activities are included in your resources listing. Section IX. of EOEA-SGA lists **In-Kind** contributions. (You may make additional copies of this sheet.)

EOEA-SGA Instruction, especially the Volunteer Resource Sheet (VRS)

Section I. Staffing/Other Support Valuing Volunteer Services

Volunteers perform services of their own free will: they are, in effect, unpaid staff working on behalf of the COA. Anyone engaging in direct, unsupervised contact with seniors is subject to a (biennial) CORI check. The COA director is typically the CORI coordinator.

Volunteers work under the supervision/guidance of the COA director (or volunteer/activities coordinator) or, where staff does **not** exist, the COA chair. Volunteers may be students, Foster Grandparents, County Extension, RSVP, Job Corps, VISTA, (vocational) schools, prisoners and other personnel including SHINE workers. A volunteer may receive payment for out-of-pocket expenses and still be a volunteer.

Do **not** include RSVP workers (if you are an RSVP contractor) *unless* those volunteers work directly for the COA.

Senior Aides, Green Thumb, NCSC, Urban League are **In-Kind**, recorded on page 1 of EOEA-SGA at item **II. C**. Anyone from these programs who gives the COA time beyond their paid duties may have those hours recorded on the VRS. You can (and should!) include volunteer hours of COA staff -- including the director -- who give time beyond paid hours of employment.

Property Tax Work-Off at/for the COA should be identified at "I.B1."; their dollar value may/should be included under In-Kind (Item II C.) as well.

Elder Affairs strongly encourages the development, use and /or updating (every three years or less) of written job descriptions (with minimum qualifications) for all volunteers. COAs should screen, orient, supervise, review and otherwise support such unpaid staff.

Other. The Volunteer Resource Sheet (**VRS**) allows COAs to estimate the value of volunteer services. For 2010, Independent Sector uses a figure of \$20.85/hour (including a 12 percent allowance for fringe.) *Hourly rates are often subject to local perceptions: "too high" may cause your other, actual numbers to be discounted; "too low" (e.g., minimum wage) may/will devalue volunteer services.* At the very least, use the form to indicate the types of volunteer services and the (total) hours of service. Thank you.

Hand-crafts, e.g., knitting, rehearsal and fund raising hours may be recognized in your own municipal report annual report. The EOEA-SGA does not record these figures.

Section IIA. Municipal Appropriation. Self-explanatory.

Section IIB. (optional) Other **local** cash contributions. Grants/awards/donations from businesses and/or nonprofit organizations. Please do **not** include your Area Agency on Aging.

*In non-profit accounting, the value of volunteer services can be used on financial statements, grant proposals and annual reports only if a volunteer is performing a specialized skill. The general rule for contributed services to meet Financial Accounting Standards Board (FASB) criteria for financial forms is to determine whether the organization **would have (had to) purchase(d) the service/s if they had not been donated**. You may visit FASB's website at: <http://www.fasb.org/pdf/fas116.pdf>. The rule would seem to apply here.

Section III. Service Counts. See **Section VIA** and **Section VII** figures.

Do **not** sum section V.!! The **unduplicated** count uses original attendance records to create a "master" alphabetic roster/database of names. Cross reference names only once, regardless of the frequency or type of services or activities. Think "noses." This total is less than your elder population (exceptions: towns with a large "summer population" or frequent participation from nearby communities). Each municipal consortium member should provide its own figures, whenever practicable.

Section IIIC. Minority

Black/Afro-American Persons originating in the Black racial groups of Africa.

Hispanic Persons of Mexican, Puerto Rican, Cuban, Central or So. American culture or origin.

Asia/Pacific Islander Persons having origins in any of the peoples of the Pacific Far East, Southeast Asia or the Indian subcontinent.

Native American Persons of the original peoples of America who maintain cultural identification through tribal affiliations or community recognition.

Nursing Home A resident of a long term care facility.

Disabled A physical and/or mental impairment which affects a major life function, e.g., breathing, eating, walking, hearing, seeing or other.

Section IIID. Non-Elders (up to age 60) Served. See Section VII.

This includes information and referrals, fuel assistance, MassHealth and food insecurity applications, family counseling, pre-retirement training.... You are likely the only public social service in town.

- **NE1 General Information** Most calls of a general assistance nature, e.g., information regarding the day's events and activities, or referrals to other services where follow-up is not indicated. (1 CALL/CONTACT)
- **NE2 Transportation** (Under 60) Do **not** include in line "t", section V.
- **NE3 Family Assistance** Information and referral, counseling, or other direct assistance to non-elder family members regarding an elder's care and/or well-being.

Section IV. Other (new/current offering/s by your agency)

- a) An internet-linked computer (kiosk) can help elders/others access job/volunteer opportunities, transportation, public benefits, life long learning or other purposes.
- b) Chronic Disease Self Management, also known as "Evidence or Client Based" programs (**CDSMP**), e.g., "My Life, My Health" (**now known as "Better Choices, Better Health" May, 2010**) including Healthy Eating, Matter of Balance, or similar activities?

(Section V. Programs, Services and Policies: Notes)

Conducted by COA (Column "COA") Place an (x) in this column for each program, service or activity conducted by the COA during the fiscal year ending June 30th. You may leave this space blank if the programs, services or activities were conducted by a provider on behalf of the COA.

<A> Place an <A> in the "< >" space preceding any number which is an **actual count** (as opposed to best estimate) of units of service or elders served. There is **no** penalty for "best estimates."

Units of Service The "**Duplicated**" count is the total number of *direct* "service units" (e.g., contacts, hours, visits, rides, meals, classes, shots, etc.) provided under a COA program. Each contact -- as defined below -- equals one "service unit."

Elders The "**UnDuplicated**" count represents the number of "**different persons age sixty or over**" served in each program, service or activity. Each person is recorded (once), alphabetically, under each program in which s/he participates.

The key figure of "**UnDuplicated Elders Served**" (section VII) is obtained only from an alphabetized list or roster of *all* participating elders (all programs combined) to ensure that each name is counted only once--regardless of how many times or in which programs he/she participated.

a. **General Info Services** Calls of a general assistance nature, e.g., information regarding events and activities, or referrals to other services where follow-up is **not** indicated. (1 CALL/ CONTACT) This **unduplicated** count is difficult to obtain and not expected. The **duplicated** count is valuable in determining overall service volume.

b. **Case management/advocacy** Ongoing management of, or advocacy for, client services. Must include a standardized "intake" (and reassessment -- as needed), monitoring and evaluation. Typically follows referral to your Aging Services Access Point. COAs are encouraged to develop/use a release of information form for tracking referrals made to Aging Services Access Points (ASAP's). (1 CONTACT)

c. **Health Benefits Counseling** Service under the **Serving Health Information Needs of Elders (SHINE)** program, or other activities designed to assist seniors with information on health insurance related issues. May include filing of claims, appeals and completion of forms. (1 CONTACT)

d. **Client Finding** Initial efforts made to establish contact with individual elders and introduce existing services and benefits. May be "cold calls" or, preferably, conducted in coordination with agencies, organizations or individuals with frequent contact with seniors. Does not include other support **once the need for/awareness of services has been established**. (1 CALL/CONTACT) The counts for client finding (a/k/a "outreach") do not include casual contacts made at COA events (e.g., blood pressure screening or flu shots) unless/until subsequent (formal) follow-up takes place.

- g. **Group support** Alzheimer's, widowed-widowed, AA/NA, depression, deaf seniors, stroke recovery, men's and/or or other support groups. (1 CONTACT) Please use "notes" column for # and types of sessions. Please note if you have conducted any "Caring for Elders at Home" program/s. Thank you.
- h. **Legal Assistance** Assistance with obtaining legal advice or support and/or direct services. May include individual advocacy and assistance with forms.
- i. **Financial Management** Assistance with bill paying, money management or other. (1 CONTACT)
- j. **Mental Health** Direct contact with an elder to help relieve symptoms of depression, anxiety, confusion, dementia or other circumstances. (1 CONTACT: usually from 20 minutes to 1 hour)
- m. **Food shopping assistance** Personal assistance with grocery shopping for seniors unable to perform this activity on their own. (Not just van driving to/from store.) (1 TRIP/DELIVERY)
- n. **Social/Supportive Day Care** Structured day service program for frail elders. (1 DAY or QUALIFYING PORTION)
- o. **Friendly Visiting** Home visiting/social call may include companionship, letter writing, assistance with meals preparation, playing a game or similar activities. (1 VISIT / HOUR)
- p. **Telephone Reassurance** Daily "check up" calls to ensure general health and well-being of elder. Please identify computerized "Are You Okay" (RUOK) programs. (1 CALL)
- q. **Durable Medical Equipment Loan** Provides previously used (or new) equipment—such as canes, walkers and wheelchairs—on a temporary basis to elders. COAs should recognize potential liability issues if the device is not properly fitted or is defective. (1 LOAN)
- r. **Employment service** Locating, matching and/or providing assistance with employment needs (1 PLACEMENT); formal job training other than in-service programs (1 HOUR). Do not include Senior Aides.
- s. **Intergenerational** Shared activities (direct contacts) with persons at least one generation removed from elders. For direct service/s, use HOURS of contact; for all other activities, e.g., classes, programs, etc. use NUMBER of CONTACTS. Please highlight program offerings.
- t. **Transportation** Shopping, medical, other. "Non-ambulatory" refers to wheelchair lift users. "Ambulatory" means walks without assistance or uses a device such as a walker, cane or other aid exclusive of a wheelchair. (1 ONE-WAY TRIP) Note UNDER-60 ridership at "NE2."

- u. **Minor home repair** Residential safety or energy improvements. (1 HOUR/1 COMPLETED JOB)
- v. **Newsletter** The total unduplicated count is **not** listed for this activity. (1 COPY)
- y. **Health Screening** Screenings, e.g., blood pressure, glaucoma, hearing, stress, diabetes, cholesterol or other. (1 CONTACT) Use "notes" column to indicate # of sessions.
- z. **Other health services** Flu/pneumonia shots, file-of-life, yellow dots or other. (1 CONTACT)
- aa. **Fitness/exercise** Walking club, dance/exercise. (1 CONTACT) Use "notes" column for # of sessions.
- bb., cc. **Congregate, Home delivered meals** Box, shelf stable, frozen or special. (1 MEAL)
- dd. **Health education** Attempts made through personal contact--forum, presentation or other format--to improve health status of audience or individuals.
- gg. **Recreation/socialization** "Drop in," arts & crafts, cards, BINGO, recognition parties/events or celebrations, movies, outings, picnics, etc. (1 SESSION or PROGRAM) **NO** unduplicated count.
- hh. **Cultural** Live music, plays, choral groups, displays. (1 EVENT) Unduplicated count may be difficult to obtain.
- ii. **Community Education** Programs of general community interest (not necessarily limited to seniors). May include pre-retirement planning, cultural programs, forums, etc. Note "Caring for Elders at Home" programs at line "g." Use "notes" column for # of programs; please highlight program offerings. (1 CONTACT)

General note/other. If you are uncertain as how to classify data, use the least ambiguous reporting category (or create one that you will use consistently). Use a brief explanatory note when you change categories or re-classify data from a previous year.

Please use any undesignated line to cite other services or list special activities, e.g., TRIAD meetings, grandparenting programs or others that might be "hidden" in another category. Other examples may include: computer training, intergenerational lawn/yard maintenance, weatherization/fuel assistance.

(Section VIII. Self-explanatory)

(Section IX. See notes on that page.)

REVIEW CHECKLIST – (You do not need to submit this checklist.)

Include

with Attachment B Budget:

Other note/s:

Job description(s) "JDs" with minimum qualifications and rate/s of pay	Optional, but suggested.	Cite CORI checks on job descriptions, or cite municipal compliance.
Itemization of equipment to be purchased.	Optional, but suggested.	Retain file copy.
Plans and/or drawings for eligible improvements	Brief description of work to be funded.	Retain file copy of original of bids, quotes or other relevant documentation.
Other, e.g., time lines, intake material, (signed) vendor contracts	Retain locally.	Retain file copy.
Attachment "B" Budget (Word or Excel)	Original/copy	Retain file copy.
Formula Allocation Statement of Authorization	Original	Affix to Attachment "B."
Payment Advisory-Voucher not required.	N/A	Service Incentive only.

Annual Report EOE-AGA	One copy.	Please forward a copy to your area agency on aging.
Volunteer Resource Sheet	One copy.	Portions of this form are optional. Please see instructions.

"The Guide"	RETAIN FOR FUTURE REFERENCE!	
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Statement of Allocation/Grant Balance(s) for the Fiscal Year Ending June 30, 2010

**Executive Office of Elder Affairs
1 Ashburton Place, 5th Floor
Boston, MA 02108-1518
Att: COA Program Manager**

(Name of Council on Aging)

(PRINT -- Name and Title of Person Completing Form)

(Daytime Telephone Number of Person Completing Form)

→ Our agency's unexpended state Council on Aging **FORMULA GRANT** balance **as of June 30, 2010 is/was \$** _____ .

This amount is to be retained by your municipality, available solely for supporting the purpose(s) of your COA Formula Allocation for Fiscal Year 2011. Your Fiscal Year 2011 Formula Allocation payment will be reduced by the unexpended balance indicated above.

I hereby certify, under the pains and penalties of perjury, that the balance indicated above is true, complete and in accord with the current "Eligible Costs and Best Practices Guide" and/or as approved by the Executive Office of Elder Affairs.

(signed) _____

(dated) _____

----- **(SERVICE INCENTIVE GRANT Balance, if applicable)** -----

→ Our agency's unexpended state Council on Aging **Service Incentive** Grant balance **as of June 30, 2010 is/was \$** _____ .

The amount indicated immediately above is to be returned, payable to the Commonwealth of Massachusetts, to the above address no later than September 15, 2010. Delays in payment may reduce your subsequent Formula Allocation award.

*I hereby certify, under the pains and penalties of perjury, that the **Service Incentive** grant balance indicated immediately above is true and complete, and that all funds were expended in accordance with the grant award purpose and budget approved by the Executive Office of Elder Affairs.*

(signed) _____

(dated) _____