

Springwell, Inc
Title III Grant Application

Name of proposed project																									
Has this project received Title III funds from Springwell previously? If yes, please note when funds were received, for how many years, and if funds are being currently received																									
Agency Name																									
Address, City, State, Zip																									
Agency area code and phone #	() -																								
Agency website																									
Agency Federal Tax ID # (EIN)																									
Name and Title of RFP Contact Person																									
Phone number of contact person	() -																								
Email for contact person																									
Communities to be served	<table border="0"> <tr> <td><input type="checkbox"/> Ashland</td> <td><input type="checkbox"/> Marlborough</td> <td><input type="checkbox"/> Sudbury</td> </tr> <tr> <td><input type="checkbox"/> Belmont</td> <td><input type="checkbox"/> Natick</td> <td><input type="checkbox"/> Waltham</td> </tr> <tr> <td><input type="checkbox"/> Brookline</td> <td><input type="checkbox"/> Needham</td> <td><input type="checkbox"/> Watertown</td> </tr> <tr> <td><input type="checkbox"/> Dover</td> <td><input type="checkbox"/> Newton</td> <td><input type="checkbox"/> Wayland</td> </tr> <tr> <td><input type="checkbox"/> Framingham</td> <td><input type="checkbox"/> Northborough</td> <td><input type="checkbox"/> Wellesley</td> </tr> <tr> <td><input type="checkbox"/> Holliston</td> <td><input type="checkbox"/> Sherborn</td> <td><input type="checkbox"/> Westborough</td> </tr> <tr> <td><input type="checkbox"/> Hopkinton</td> <td><input type="checkbox"/> Southborough</td> <td><input type="checkbox"/> Weston</td> </tr> <tr> <td><input type="checkbox"/> Hudson</td> <td></td> <td></td> </tr> </table>	<input type="checkbox"/> Ashland	<input type="checkbox"/> Marlborough	<input type="checkbox"/> Sudbury	<input type="checkbox"/> Belmont	<input type="checkbox"/> Natick	<input type="checkbox"/> Waltham	<input type="checkbox"/> Brookline	<input type="checkbox"/> Needham	<input type="checkbox"/> Watertown	<input type="checkbox"/> Dover	<input type="checkbox"/> Newton	<input type="checkbox"/> Wayland	<input type="checkbox"/> Framingham	<input type="checkbox"/> Northborough	<input type="checkbox"/> Wellesley	<input type="checkbox"/> Holliston	<input type="checkbox"/> Sherborn	<input type="checkbox"/> Westborough	<input type="checkbox"/> Hopkinton	<input type="checkbox"/> Southborough	<input type="checkbox"/> Weston	<input type="checkbox"/> Hudson		
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Budget Request Summary	A. Title III Request (85% max): \$ B. Cash / In-kind match (15% minimum; 25% minimum Caregiver): \$ C. Total Project Budget (A+B): \$																								
Unduplicated older adults to be served																									
Of these older adults, # of minorities?																									
Summary of Proposed Project																									
Name, Title, Signature of Agency Director and Date																									

1) Briefly describe your organization's background, mission and experience serving older adults and history of successfully implementing innovative programs. (4 pts)

2) Provide information about the community needs for your service, and how your project will meet those needs. (2 pts)

3) Clearly state what services will be provided and how the services will be provided. (2 pts)

4) Explain how the proposed project addresses one or more of the priorities in this RFP. Is this a new or an existing project? (2 pts)

5) What are the goals and outcomes that you are aiming to achieve? Describe the specific activities and general timeline. (4 pts)

6) What methods will be used to measure outcomes? Discuss the ways in which participant feedback will be gathered. (2 pts)

- 7) Target Population: How many people age 60 and over will be served? How many low-income older adults, older adults with greatest social needs, and minority older adults will be served? (4 pts)**
- 8) Outreach: Discuss your plans for publicizing your project to your target population, as well as to older adults in general, their families, and other community agencies. In particular, describe what efforts you will make to reach multiple minority older adults and older adults with the greatest social and economic needs, including those with language and cultural barriers (6 pts)**
- 9) Describe Key Staff: What are their roles in the proposed project? Describe your organization's process for ensuring that all staff and volunteers working on the project, who will have direct or indirect contact with older adults, or access to consumer files, will have C.O.R.I. and OIG checks completed prior to the start of the project. (4 pts)**

10) Describe the process to be used to ensure that service recipients are exclusively persons aged 60 or older. (2 pts)

11) Equal Access: Describe the process to be used to ensure that older adults with disabilities have the same access to and opportunities for utilization of services that other older adults do. (2 pts)

12) Confidentiality: Describe what measures will be taken to protect consumer confidentiality, both in terms of protecting written records, and in terms of sharing consumer information with other persons. (2 pts)

13) Donations: Describe how you propose to ensure that participants will be provided with a written statement explaining their voluntary, confidential opportunity to make a donation after the initiation of services. Describe how you will ensure that nothing in the method of collection or calculation of consumer contributions will compromise consumer confidentiality. Describe how donations will be accounted for and handled (i.e., who will handle them, how will they be recorded and applied). (4 pts)

14) Future Funding: Describe your plans to acquire other funds to continue the program when the Title III grant funds end. Include specific information on steps you will take to sustain the project without Title III funds. (2 pts)

Attachments:

- 1) Line-item budget form
- 2) Budget Narrative- provides a more detailed description and justification for the budget proposed. Be sure to discuss the following: (a) which line items your mandatory 15% match will cover, (b) how much you anticipate collecting in voluntary consumer donations and the line items to which those donations will be applied once received and (c) the approximate cost per older adult being serviced through the program.
- 3) List of current Board members
- 4) Applicant's Affirmative Action plan
- 5) Applicant's brochure/fact sheet
- 6) Draft of the participant satisfaction survey tool to be used
- 7) Most recent audited financial statements, which must include:
 - i. Schedule of expenditures of federal awards
 - ii. Schedule of findings and questioned costs
 - iii. Summary of independent auditor's results