

# **Attachment A**

## **Application Guidelines for Title VI Grants (Optional)**

## **Attachment A: Application Guidelines for Title VI Grants (Optional)**

### **Administration for Community Living/Administration on Aging Application Guidelines for Title VI Grants (Optional)**

*Your application may be presented in any format, but it must meet the criteria specified in the Older Americans Act, Sections 612 (a), 612 (b), and 612 (c) for Title VI, Part A/B and Section 631 for Title VI, Part C. Your application must also meet the criteria specified in Title 45 of the Code of Federal Regulations, Section 1326.19. The following guide may be helpful in drafting your application.*

**Due Date: December 11, 2013**

#### Application Checklist

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**Program Information**  
(Please type or print clearly)

Tribal Organization: \_\_\_\_\_

**\*\*If Current Grantee - FY2011-13 Grant Number:** \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Title VI Director/Contact Person: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email address: \_\_\_\_\_

EIN: \_\_\_\_\_ DUNS Number: \_\_\_\_\_

Principal Official's Printed Name and Title \_\_\_\_\_

Principal Official's Signature: \_\_\_\_\_

Principal Official's email address: \_\_\_\_\_

Please don't overlook:

- EIN – (Employer Identification Number). The Tribal Accounting Office can provide the number. Please include the EIN suffix (for example, A1, D5) if you have received grant awards from ACL/AoA before.
- DUNS Number – (Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS)). The Tribal Accounting Office can provide the number.
- President, Governor, or Chairperson's signature.
- Both Title VI Director/Contact Person and Principal Official's email addresses are required.

Age of eligibility used by Tribe: \_\_\_\_\_

Number of eligible elders within the planned service area:

Age 60 and older: \_\_\_\_\_

Under age 60 (*if applicable*): \_\_\_\_\_

Total: \_\_\_\_\_

Source of population statistics used to establish eligibility [Section 614 (b)]:

- U.S. Census
- Tribally determined (Include certification.)

The law requires that a tribal organization must represent **at least 50 persons aged 60 and older** in order to be eligible for Title VI funding. Therefore, the number of persons aged 60 and older **living in the proposed Title VI service area** must be stated in the application.

The tribal organization may use the Census Bureau population figures, or may develop its own population statistics, but the **Bureau of Indian Affairs or your tribal enrollment clerk must certify/approve** them in order to establish eligibility, as required in section 614(b) of the OAA, as amended.

The amount of the grant is based on this number of Indians, Alaskan Native or Native Hawaiians age 60 and older in the proposed service area.

- Proposed service area = number of elders age 60 and older.
- All eligible elders, age 60 and older in the proposed service area. The total population census of all tribal members, age 60 and older, cannot be counted unless all the tribal members live in the proposed service area.
- If there is overlap between two or more Title VI applicants, as stated under Geographic Location, the eligible elders can only be counted once and included in one application.
- The applicants are responsible for determining how the eligible elders will be counted.
- More than one applicant may not count the same elder.
- This must be stated clearly in the application and signed by the principal official of the tribal organization.

As a separate matter, the regulations allow a Tribe to define, based on its own criteria, the age at which the Tribe will consider a person to be an “older Indian” for purposes of eligibility to receive Title VI services. If a Tribe selects an age under 60 for an older Indian, the application must state the age selected, and the number of Indians under age 60 eligible to be served. All Tribes in a consortium must use the same age for “older Indian”. This regulation does not apply to Native Hawaiians under Title VI, Part B.

Applying for: \_\_\_\_\_ Part A (or B) only      \_\_\_\_\_ Parts A (or B) and C

## Required Attachments to the Application

**Geographic Location** (suggested length: 5-10 paragraphs): Sec. 1326.19 of the Older Americans Act states that: "All applications shall include a description of the geographic boundaries of the service area proposed by the tribal organization." Please provide a short narrative description of the geographical area to be served. Specify how many counties your program covers and include the names of the counties. You may submit a map indicating the geographic boundaries of your program's service area. Finally, include a description of your program's procedures that ensure against duplication of services to elders.



**Resolutions:** The tribal organization representing a Federally-recognized Tribe must submit a **current signed and dated copy** of the Tribal council resolution authorizing participation in Title VI, Part A or Title VI, Part A and Part C for the grant period April 1, 2014 to March 31, 2017. If the tribal organization represents a consortium of more than one tribe, a resolution is required from each participating tribe, specifically authorizing representation by the tribal organization for the purpose of Title VI of the Older Americans Act for the grant period April 1, 2014 to March 31, 2017.

**Resolutions needed:**

- One for the needs assessment.
- One for the application.
- The signed tribal resolution from each tribe in the consortium must be included in the application.

Note: Examples can be found on [www.olderindians.aoa.gov](http://www.olderindians.aoa.gov)

**Program Assurances:** The Title VI, Part A/B Program Assurances are those provisions identified in Section 614 (a) of the Older Americans Act, and in the Title 445 of the Code of Federal

Regulations section 1326.19 (d), issued August 31, 1988. The tribal organization must state that it agrees to abide by all the provisions for the entire project period, April 1, 2014 to March 31, 2017.

Please don't overlook:

- Signature of President, Governor, or Chairperson.

**Certification Forms:** Certifications are required of the applicant regarding lobbying, debarment, suspension, and other responsibility matters; and drug-free workplace requirements. Please note that a duly authorized representative of the tribal organization (typically the Chairperson of your tribe) must attest to the applicant's compliance with these certifications by signing and dating the forms.

Please don't overlook:

- Signature of President, Governor, or Chairperson.

If applying as a consortium, list all Tribes/Villages within the consortium. There must be a signed resolution and certification of population numbers included in the application from each participating Tribe/Village included in this application.

	<b>Tribe/Village</b>	<b>Age 60 and over</b>	<b>Under 60</b>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____
13.	_____	_____	_____
14.	_____	_____	_____





4) Please describe any financial systems your program has in place to ensure correct use of Title VI funds:

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5) Please describe your system of record keeping (how you ensure an unduplicated count of elders, how you keep track of home-delivered meals or information services, etc.):

**NOTE:** The ACL/AoA Title VI Manual located on <http://olderindians.aoa.gov/> appendix has sample record keeping logs. And reporting guidance can be found at: <http://olderindians.aoa.gov/reporting.cfm>

**Keep track on a regular basis an unduplicated list of the names of eligible participants** who receive meals and supportive services. A participant's name will only go on the list one time each year. Start the list April 1st and end the list March 31st. Each program must keep a separate unduplicated list for: congregate, home-delivered, and supportive services. A name can go on more than one list, but can only appear once on each list.

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## Program Description (Part A/B): Nutrition & Supportive Services

### Section A: Nutrition

- Nutrition services are required.
- Include a description of the methods, facilities, and staff to be used in preparing, serving, and delivering meals, and the estimated number of persons to be served.
- The nutrition services provided, either directly or by contract, must be substantially in compliance with the provisions of Part C, Title III.
- If no Title VI funds are to be used for nutrition services, the application must state how such services are provided in other ways, and how they are financed.
- Menus must meet the Dietary Guidelines.

1) Will the tribal organization provide nutrition services directly?  \_\_\_ Yes      \_\_\_ No

1a) If no, who will provide nutrition services?

\_\_\_ Other Tribal Department

\_\_\_ Outside Contracted Vendor

\_\_\_ Outside Service Agency

\_\_\_ Other: \_\_\_\_\_  
 \_\_\_\_\_

### Congregate Meal program

2) How many meal sites does your program operate?

\_\_\_ 1      \_\_\_ 2      \_\_\_ 3      \_\_\_ 4      \_\_\_ 5 or more

3) How many days per week, and what meals are provided at each site?

Site	Number of days meals are served	Breakfast	Lunch	Dinner	Snack
1					
2					
3					
4					
5					

4) Do you require elders to register for congregate meals in advance?

\_\_\_ Yes      \_\_\_ No

5) How many **elders** do you expect to serve?

Per year: \_\_\_\_\_

6) How many people, other than elders, who are eligible for meals do you, expect to serve?

Per year: \_\_\_\_\_

7) How many guests do you expect to serve?

Per year: \_\_\_\_\_

8) How many **total congregate meals** do you expect to serve? Include meals served to elders, spouses of elders, and volunteers in this count.

Total Congregate Meals per year: \_\_\_\_\_

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### Home-Delivered Meal Program

Home-delivered meal requirements:

- Five or more days a week, provide at least one home-delivered hot, cold, frozen, dried, canned, or supplemental foods (with a satisfactory storage life) meal per day.
- Any additional meals that the recipient of the grant may elect to provide.
- Menus must meet the Dietary Guidelines.

9) How will you determine eligibility for home-delivered meals?

\_\_\_\_ Individual assessment                      \_\_\_\_ Referral by medical

\_\_\_\_ Other: \_\_\_\_\_

10) What meals will be provided for home delivery?

\_\_\_\_ Breakfast              \_\_\_\_ Lunch              \_\_\_\_ Dinner              \_\_\_\_ Snack

11) What type of home-delivered meals will be provided?

\_\_\_\_ Hot                      \_\_\_\_ Frozen                      \_\_\_\_ Other: \_\_\_\_\_

12) How many days per week will home delivery occur? \_\_\_\_\_

13) How will meals be delivered?

\_\_\_\_ Tribally-owned vehicle                      \_\_\_\_ Private vehicle

\_\_\_\_ Contracted vendor                      \_\_\_\_ Other: \_\_\_\_\_

14) Do you require elders to register for home-delivered meals in advance?

\_\_\_ Yes                      \_\_\_ No

15) How many **elders** do you expect to serve?

Per year: \_\_\_\_\_

16) How many **home-delivered meals** do you expect to serve? Include meals served to spouses of home-bound elders.

Total Home-Delivered Meals per year: \_\_\_\_\_

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### Guest Meals & Contributions

Guest meals: Programs are not required to provide guest meals. However, if guest are served, keep the following in mind:

- Any meal served to a person who is not eligible for nutrition services as a tribal member in the service area is considered a guest meal.
- **Elders come first!** Guest meals can only be provided if all the elders will be served. An elder cannot be turned away for a meal if a guest meal is being provided.
- Guests must pay the full cost of the meal, not just the food cost.
- The money collected for guest meals must be used to provide nutrition services.

17) Do you offer guest meals?        \_\_\_ Yes                      \_\_\_ No

18) What do you charge for guest meals? \$ \_\_\_\_\_

19) How do you ensure that the price charged for guest meals includes the full cost of the meal?

\_\_\_ Periodic cost analysis

\_\_\_ Other: \_\_\_\_\_

**Tip:** The Registered dietitian or IHS staffs that reviews the menus can help identify the full cost of the meals to calculate the guest meals. They can also help identify the cost of the meal to be posted for suggested donations.

20) How do you ensure that the money collected from guest meals is used to pay for food costs?

Policy or Procedure manual

Separate budget

Other: \_\_\_\_\_

21) How do you collect guest meal fees?

Collection container at meal site

Sealed envelope

Other: \_\_\_\_\_

22) Do you accept other types of contributions?  Yes

No

22 a) If yes, what other contributions do you accept?

Financial donations from the Tribe to Title VI

Volunteer hours

Outside food donation (from food bank, American Indian Relief Council, store)

Traditional food (deer, berries, salmon, etc)

Other: \_\_\_\_\_

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### Nutrition Supportive Services

23) Do you provide nutrition screening?  Yes

No

23 a) If yes, how often?  Annually

Other: \_\_\_\_\_

23 b) Who provides the screening?

Title VI staff

IHS staff

Other tribal staff

Outside agency

Other: \_\_\_\_\_

24) Do you provide nutrition education/counseling?  Yes

No

- Needs assessment data will help identify education and counseling topics. For example, diabetes, heart disease, obesity, etc.
- The Registered dietitian can help with nutrition education and counseling.

24 a) If yes, how often? \_\_\_\_\_ Weekly \_\_\_\_\_ Other: \_\_\_\_\_

24 b) Who provides the screening?

\_\_\_\_\_ Title VI staff \_\_\_\_\_ IHS staff \_\_\_\_\_ Other tribal staff  
\_\_\_\_\_ Outside agency \_\_\_\_\_ Other: \_\_\_\_\_

25) How will you inform elders of the available nutrition services?

\_\_\_\_\_ Tribal newsletter \_\_\_\_\_ Posters \_\_\_\_\_ Tribal bulletin board  
\_\_\_\_\_ Referral \_\_\_\_\_ At congregate meal site \_\_\_\_\_ Mail  
\_\_\_\_\_ Website \_\_\_\_\_ Phone \_\_\_\_\_ Word of mouth  
\_\_\_\_\_ Brochure \_\_\_\_\_ Information guide \_\_\_\_\_ Case Manager  
\_\_\_\_\_ Attached to home meals \_\_\_\_\_ Senior Center Staff  
\_\_\_\_\_ Other: \_\_\_\_\_

26) Do you use volunteers?  \_\_\_\_\_ Yes  \_\_\_\_\_ No

26 a) If yes, what roles do volunteers serve?

\_\_\_\_\_ Meal Preparation \_\_\_\_\_ Meal set-up \_\_\_\_\_ Clean-up  
\_\_\_\_\_ Meal Delivery \_\_\_\_\_ Assist as needed  
\_\_\_\_\_ Other: \_\_\_\_\_

27) Who certifies that meals meet the Older Americans Act nutrition requirements?

\_\_\_\_\_ Contract Dietician \_\_\_\_\_ Other: \_\_\_\_\_

The OAA requires the nutrition program to provide meals that:

- Comply with the most recent Dietary Guidelines for Americans (DGAs), published by the Secretary of the Department of Health and Human Services and the Secretary of the Department of Agriculture.
- Provide to each participating older individual:
- A minimum of 33 1/3% the Dietary Reference Intakes (DRIs), if one meal a day is provided;
- A minimum of 66 2/3% DRIs, if two meals per day are provided; or
- 100% DRIs, if three meals per day are provided.

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**Section B: Information and Assistance**

28) What information & assistance services will be provided?

\_\_\_ Information for elders about government programs (Food assistance programs, Social Security, Supplemental Security Income, LIHEAP, etc.)

\_\_\_ Information for family members about elder services

\_\_\_ Assistance in completing applications for services

\_\_\_ Education about programs and services

\_\_\_ Other: \_\_\_\_\_  
 \_\_\_\_\_

28 a) How many units of information and assistance services will you provide per year? \_\_\_\_\_

Estimate the number of units that will be provided for the FULL year. This will include a total of all the separate items below.

29) How will information & assistance services be provided?

Service	Number of units provided per year
___ Resource guide	
___ Resource fairs	
___ Newsletter	
___ Guest Speakers	
___ Web page link	
___ Health fairs	
___ At congregate meals/during home delivery	
___ Other (explain) _____	

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**Section C: Other Supportive Services**

30) How many unduplicated elders will receive supportive services? \_\_\_\_\_

31) What other supportive services will be provided? If you plan on providing a service, how many units will you provide per year?

Service	Number of units provided per year
___ Outreach	
___ Case Management	
___ Transportation	
___ Legal Assistance	
___ Homemaker Service	
___ Home Health Aid Service	
___ Chore	
___ Visiting	
___ Telephoning	
___ Family Support	
___ Ombudsman Services	
___ Health Promotion and Wellness	
___ Other (describe service(s)): _____	

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**Section D. Coordination with Title III**

32) How does your program coordinate Title VI and III resources within your service area?

\_\_\_ Regular meetings

\_\_\_ Joint conferences

\_\_\_ Shared service providers

\_\_\_ Membership on advisory board

\_\_\_ Guest speakers

\_\_\_ Shared resources

\_\_\_ Co-development of resource guide

\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_

Please continue to questions 33-46 if you are applying for Title VI, Part C (Caregiver) funds. If not, you may stop here and add any additional pages containing program narratives.

**Program Description (Part C): Caregiver Supportive Services**

By accepting Title VI, Part C funding, you agree to provide the following five caregiver services: Information, Assistance, Counseling/Support Groups/Training, Supplemental Services, and Respite. However, if the service is already available from another source in your service area, Title VI funds should not be used to duplicate the service.

33) Please complete the chart.

	Provided by Part C? Yes / No	Percent funding from Part C	Number of caregivers receiving service	Number of services to be provided	Number of grandparents raising grandchildren using this service	Number of services to be provided to grandparents raising grandchildren
Information						
Assistance						
Counseling/ Support Groups/ Training						
Respite						
Supplemental Services						
		100%				

Check the columns for accuracy. Column 2 should be totaled 100% **IF you are providing the service.**

34) What topics will your caregiver information services cover?

Accessing services available to them

Physical health, including physical activity

Mental health

Other: \_\_\_\_\_

35) How will you provide the information?

Newsletters

Website

Telephone

Referrals

Bulletin board

Meetings

Mailings

Other: \_\_\_\_\_

36) What assistance will you provide?

Case management

Transportation

Arranging appointments for caregiver services

Other: \_\_\_\_\_

37) Who will provide the assistance?

Title VI Staff

AAA

IHS Staff

Other Tribal Department/Agency

Non-tribal service provider

Other: \_\_\_\_\_

38) How will you notify caregivers about assistance services?

Ads at the Title VI Site

Outreach (phone calls, newsletters, mailings)

Other: \_\_\_\_\_

39) Which services will you provide to caregivers? (Check more than one if necessary.)

Counseling

Support Groups

Training

Other: \_\_\_\_\_

40) What type of supplemental services will you provide to caregivers?

Lending closet

Development of culturally-appropriate training materials

Other: \_\_\_\_\_

41) What type of respite services will you provide to caregivers?

Intermittent in-home care       Adult daycare       Institutional

Other: \_\_\_\_\_

42) Who is an eligible respite provider?

Spouse       Other family member       Friend

Respite care provider designated by the Title VI program

Other: \_\_\_\_\_

43) How are respite providers compensated?

No compensation

Reimbursed for gasoline/mileage

Voucher based on a set hourly fee

Voucher for a set amount of money for a specific period of time

Other: \_\_\_\_\_

44) How will your program comply with the Older Americans Act definition of "frail elder" (the elder has two or more impairments in their activities of daily living (ADLs)?

Assessment of elder by Title VI program staff

Assessment of elder by medical staff

Other: \_\_\_\_\_

45) How will your program coordinate supportive services for caregivers?

Case manager       Shared trainings       Referrals

AAA       Other Tribal programs

Other: \_\_\_\_\_

46) Does your program have quality standards in place?     Yes       No

