

OMB Control Number: 0985-0007

Expiration Date: 06/30/2022

Application for Older Americans Act, Title VI 2023-2026 Grant Funds

Public Burden Statement:

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number (OMB 0985-0007). Public reporting burden for this collection of information is estimated to average 4.5 hours per response, including time for gathering and maintaining the data needed and completing and reviewing the collection of information. The obligation to respond to this collection is required to retain or maintain benefits under the statutory authority 42 U.S. Code § 3057e.

APPLICANT ORGANIZATION INFORMATION

Field	Response
Name of Organization	
Grant(s) for Which Organization is Applying	Part A only (Nutrition & Supportive Services Grants to American Indian and Alaskan Native Tribes)
	Parts A & C (Nutrition & Supportive Services and Caregiver Grants to American Indian and Alaskan Native Tribes)
	Part B only (Nutrition & Supportive Services Grants to Native Hawaiian Organizations)
	Parts B & C (Nutrition & Supportive Services and Caregiver Grants to Native Hawaiian Organizations)
Street Address	
City	
State	
Zip Code	
Organization's 9-Digit EIN	
Suffix to Organization's EIN	
Unique Entity Identifier	
Current Title VI Part A/B Grant Number (Do not complete this question if you were not a Title VI grantee for the 2020-2023 grant cycle.)	

Field	Response	
Number of elders age 60+ living in service area (for more information on service area, see Application Instructions)		
Source of elders data (choose only one)		U.S. Census (must attach a copy of Census data. For more information, see Application Instructions)
		Tribal Enrollment (Tribal Enrollment official must sign below or sign a separate page and attach it to application. For more information, see Application Instructions)
Signature of Tribal Enrollment Official. (Signature is verification that number of elders age 60+ is accurate (signature and enrollment data may also be attached as a separate page))		
Date of signature of Tribal Enrollment Official		
Are elders under age 60 allowed to participate in your program's Title VI services?		Yes
		No
If you answered yes to previous question, what is your program's age for an eligible elder?		
If your program allows participation by elders under age 60, how many elders below age 60 live in the service area?		
Is your organization		Yes

Field	Response	
<p>applying as a consortium of tribes? If “yes”, you must complete Consortium Information Chart (Chart begins on p.7).</p>		No
<p>For your application to be complete, you must attach to this application a description of your planned service area. Have you attached this to the application?</p>		Yes
		No
<p>For your application to be complete, you must attach to this application a signed Tribal resolution for the current grant cycle. Have you attached this to the application?</p>		Yes
		No

APPLICANT CONTACT INFORMATION

Field	Response
Name of Title VI Director	
Email Address	
Phone Number	
Name of Tribal Fiscal Contact for Title VI Grant	
Title of Tribal Fiscal Contact	
Email Address	
Phone Number	
Name of Principal Official (The Principal Official is the person authorized to apply for grant funds.)	
Title of Principal Official	
Email Address	
Phone Number	
Signature of Principal Official This signature verifies that all information in this application, including service area and population data, is truthful and accurate.	
Date of Signature of Principal Official	

Field	Response
OTHER CONTACT INFORMATION (OPTIONAL) Use the space below to include contact information for any other Title VI staff you would like ACL to have a record of.	
Name of Caregiver Program Contact	
Title	
Email Address	
Phone Number	
Name	
Title	
Email Address	
Phone Number	
Name	
Title	
Email Address	
Phone Number	

CONSORTIUM INFORMATION

Complete the following section only if your organization is applying as a consortium of tribes. If your program's consortium is made up of more than 4 tribes, please add as many additional pages as necessary to the application to list the additional tribes.

EACH MEMBER OF THE CONSORTIUM IS REQUIRED TO INCLUDE A TRIBAL RESOLUTION AUTHORIZING THE TRIBE/VILLAGE TO APPLY FOR TITLE VI GRANTS AND A SIGNATURE FROM THE TRIBAL ENROLLMENT CLERK OR CENSUS DATA SUPPORTING THE POPULATION STATISTICS BELOW.

TRIBE 1	
Name of federally-recognized Tribe	
Number of elders age 60+ living in service area	
Name of Contact Person for Tribe	
Email Address of Contact for Tribe	
Phone Number of Contact for Tribe	
Street address for meal site (if there is one) at this Tribe	
TRIBE 2	
Name of federally-recognized Tribe	
Number of elders age 60+ living in service area	
Name of Contact Person for Tribe	
Email Address of Contact for Tribe	

Phone Number of Contact for Tribe	
Street address for meal site (if there is one) at this Tribe	
TRIBE 3	
Name of federally-recognized Tribe	
Number of elders age 60+ living in service area	
Name of Contact Person for Tribe	
Email Address of Contact for Tribe	
Phone Number of Contact for Tribe	
Street address for meal site (if there is one) at this Tribe	
TRIBE 4	
Name of federally-recognized Tribe	
Number of elders age 60+ living in service area	
Name of Contact Person for Tribe	
Email Address of Contact for Tribe	
Phone Number of Contact for Tribe	
Street address for meal site (if there is one) at this Tribe	

PROGRAM PLANNING AND ADMINISTRATION

Question	Response				
During what date(s) or timeframe did you conduct the elder needs assessment on which you are basing your application responses?					
Describe the elder needs assessment process you used. (Select one.)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"></td> <td>National Resource Center on Native American Aging needs assessment</td> </tr> <tr> <td></td> <td>Other (please specify):</td> </tr> </table>		National Resource Center on Native American Aging needs assessment		Other (please specify):
	National Resource Center on Native American Aging needs assessment				
	Other (please specify):				
According to your recent elder needs assessment, what are the top three nutrition and supportive service needs of the elders in your service area?					
How will your program address the top 3 nutrition and supportive service needs you identified in the previous question?					
Are any services unavailable in parts of your service area? If so, which services, and why are they unavailable?					
Describe the top 3 obstacles to providing nutrition and supportive services to your elders.					

Question	Response	
Describe how your program will overcome the obstacles you identified in the previous question.		
Describe your program's intake process.		
For your application to be complete, you must attach a copy of your program's intake form. Have you attached a copy to this application?		Yes
		No
How often does your program update an elder's intake form?		
Does your program coordinate with any of the following types of organizations to provide nutrition or supportive services to your elders? If so, specify the names of the entities. (Check all that apply and specify the names of the entities in each section.)		Intra-Tribal Departments/Programs (If yes, specify which departments/programs):
		State/Local Organizations (If yes, specify which organizations):
		Federal Agencies (If yes, specify which agencies):
		Non-profit Organizations (If yes, specify which organizations):
		Other (Specify name of organization):
Describe how your program will coordinate with OAA Title III service providers, such as area agencies on aging (AAAs) or the State Unit		Referrals to each other's organizations (for example, when appropriate, Title VI refers clients to Title III and Title III refers clients to Title VI):
		Regular communication (email, phone calls) to keep each other updated on service delivery:

Question	Response	
on Aging (SUA). (Check all that apply and describe coordination.)		Funding/Grants (the Title III organization provides funding through grants or another mechanism to your organization):
		Joint events (Title III and your organization work together to put on events for elders/caregivers):
		Participate in advisory councils (your organization participates in a Title III advisory council, or Title III participates in your advisory council):
		Other (specify):
Please list the name of the Area Agency(ies) on Aging and/or State Unit on Aging with which you coordinate.		
Does your program coordinate with these Administration for Community Living-supported programs? (Check all that apply and describe coordination.)		Adult Protective Services (APS):
		Aging & Disability Resource Center/No Wrong Door:
		Centers for Independent Living (CILs):
		Protection and advocacy (P&A):
		Senior Medicare Patrol (SMP):
		State Health Insurance Assistance Program (SHIP):
		State Long-Term Care Ombudsman Program (LTCOP):
		Other (specify):
Who certifies that your program's meals meet the Older Americans Act nutritional requirements (1/3 DRIs and DGAs for		Tribal Dietician
		IHS Dietician
		Contract Dietician

Question	Response	
<p>each meal served)?</p> <p>(Click here to access the current Dietary Guidelines for Americans.)</p>		Other (please specify):
<p>Does your tribe have a tribal veterans program?</p>		Yes
		No
<p>If you responded “yes” to the previous question, describe how your elders and/or caregivers interact with the veterans program. If you responded “no,” please move on to the next question.</p> <p>(Check all that apply and describe coordination.)</p>		Elder VA benefits coordination:
		Caregiver VA benefits coordination:
		Referring elders to the veterans program:
		Other (please specify):
<p>How do you assess and evaluate your program services?</p> <p>(Check all that apply and describe coordination.)</p>		Surveys of elders/caregivers:
		Elder/caregiver advisory committee(s):
		Talking circles/focus groups:
		Suggestion box:
		Other (specify):

CONGREGATE MEAL PROGRAM INFORMATION

Please answer the questions below as if your program was operating under normal (non-COVID) conditions when it is safe to gather in person.

Question	Response										
<p>Number of meal sites in your program's service area:</p> <p>If your program does not provide meals directly, enter the name of the organization that does provide meals in your service area.</p>											
<p>Please list the street address for each of your meal sites.</p> <p>If your program has more than 5 meal sites, attach a separate page to the application.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Address of meal site 1:</td> <td style="width: 60%;"></td> </tr> <tr> <td>Address of meal site 2:</td> <td></td> </tr> <tr> <td>Address of meal site 3:</td> <td></td> </tr> <tr> <td>Address of meal site 4:</td> <td></td> </tr> <tr> <td>Address of meal site 5:</td> <td></td> </tr> </table>	Address of meal site 1:		Address of meal site 2:		Address of meal site 3:		Address of meal site 4:		Address of meal site 5:	
Address of meal site 1:											
Address of meal site 2:											
Address of meal site 3:											
Address of meal site 4:											
Address of meal site 5:											
<p>Estimated number of unduplicated elders in service area who receive a congregate meal annually:</p>											
<p>Estimated number of congregate meals your program provides annually:</p>											
<p>How frequently will each of your meal sites provide congregate meals to eligible participants?</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: left;">Meal site 1:</td> </tr> <tr> <td style="width: 10%;"></td> <td>5-7 Days/Week</td> </tr> <tr> <td></td> <td>2-4 Days/Week</td> </tr> </table>	Meal site 1:			5-7 Days/Week		2-4 Days/Week				
Meal site 1:											
	5-7 Days/Week										
	2-4 Days/Week										

Question	Response		
<p>If your program has more than 5 meal sites, attach a separate page to the application.</p>		Less than 2 Days/Week	
	Meal site 2:		
		5-7 Days/Week	
		2-4 Days/Week	
		Less than 2 Days/Week	
	Meal site 3:		
		5-7 Days/Week	
		2-4 Days/Week	
		Less than 2 Days/Week	
	Meal site 4:		
		5-7 Days/Week	
		2-4 Days/Week	
		Less than 2 Days/Week	
	Meal site 5:		
		5-7 Days/Week	
		2-4 Days/Week	
		Less than 2 Days/Week	
	<p>What is the full cost of a congregate meal at your program?</p>		
	<p>What is the dollar amount charged for a meal served to guests who are not eligible to participate in the program (guest meals)?</p>		
	<p>Does your program accept</p>		Yes

Question	Response	
donations other than the voluntary monetary donations received for meals?		No
If you answered “yes” to the previous question, describe the type of donations your program accepts.		Donated meat, game or fish
		Donated garden produce
		Other (specify type of donation):

HOME-DELIVERED MEAL PROGRAM INFORMATION

Please answer the questions below as if your program was operating under normal (non-COVID) conditions.

Question	Response	
How will your program determine eligibility for home-delivered meals?		In-home assessment
		Note from health care provider
		Other (please specify):
If you chose "In-home assessment" in the previous question, who will conduct the in-home assessment for your program? If you did not choose In-home assessment, skip to the next question.		Clinic staff
		Dietician
		Title VI staff
		Tribal Social Services/Other Tribal Department
		Other (please specify):
Estimated number of unduplicated elders in service area who receive a home-delivered meal annually:		
Estimated number of home-delivered meals your program will provide annually:		
How frequently will your program deliver meals to eligible participants?		5-7 Days/Week
		2-4 Days/Week
		Less than 2 Days/Week
Does your program provide home-delivered meals on a temporary and intermittent		Yes

Question	Response	
basis for individuals who are temporarily unable to access a meal site? (For instance, due to health, harsh weather or emergencies.)		No

SUPPORTIVE SERVICES PROGRAM INFORMATION

Question	Response
How do you provide information and assistance services? Check all that apply.	Respond to phone calls from elders
	Respond to elders who come to office with questions
	Respond to questions from elders at events
	Respond to emails or social media messages from elders
	Other (please specify):
Which of the following supportive services will your program provide? Check all that apply.	Outreach
	Case Management
	Transportation
	Homemaker
	Personal Care/Home Health Aide
	Chore
	Visiting
	Telephoning
	Social Events
	Health Promotion and Wellness
	Visits to persons in nursing facilities/homes or residential care communities
	Elder Abuse Prevention
	Other Supportive Service (please specify types of service):

CAREGIVER PROGRAM INFORMATION

Complete this section only if you are applying for Part C funds.

Question	Response	
What is your program's caregiver intake process?		
Attach a copy of your program's caregiver intake form to this application.		
Estimated number of unduplicated caregivers to elders who receive a caregiver service each year		
Estimated number of unduplicated caregivers to individuals of any age with Alzheimer's disease and related disorders who receive a caregiver service each year		
Estimated number of unduplicated elders who are caregivers for children under age 18 who receive a caregiver service each year		
Estimated number of unduplicated elders who are caregivers to adults age 18-59 with disabilities who receive a caregiver service each year		
How will your program deliver caregiver information services?		Booth/Exhibit at a fair or community health event
		Hosting a conference or other event
		Radio/TV/Website

Question	Response	
<p>Check all that apply.</p> <p>If your program does not provide this service directly, indicate the organization that provides it in the “Other” field.</p>		Other (please specify):
<p>How will your program deliver caregiver information and assistance services?</p> <p>Check all that apply.</p> <p>If your program does not provide this service directly, indicate the organization that provides it in the “Other” field.</p>		Respond to phone calls from caregivers
		Respond to caregivers who come to office with questions
		Respond to emails or social media messages from caregivers
		Respond to questions from caregivers at events
		Case management service
		Other (please specify):
<p>How will your program deliver caregiver counseling or support group services?</p> <p>Check all that apply.</p> <p>If your program does not provide this service directly, indicate the organization that provides it in the “Other” field.</p>		Peer counseling to individuals
		Individual counseling through a licensed mental health professional
		Peer support groups/talking circles
		Support groups/talking circles facilitated by a licensed mental health professional
		Other (please specify):
<p>How will your program deliver caregiver training services?</p> <p>Check all that apply.</p> <p>If your program does not provide this service directly, indicate the organization that provides it in the “Other” field.</p>		Trainings on caregiving skills (such as bathing, transferring, toileting, etc)
		Trainings on caregiver self-care
		Trainings on diseases or health conditions of interest to caregivers (such as Alzheimer’s disease or dementia, stroke, diabetes, cancer, heart disease)
		Other (please specify):

Question	Response	
<p>How will your program deliver caregiver supplemental services?</p> <p>Check all that apply.</p> <p>If your program does not provide this service directly, indicate the organization that provides it in the “Other” field.</p>		Lending closet of durable medical equipment and other items returnable to the program
		Single-use items (such as incontinence supplies)
		Home modification/repairs
		Homemaker/Chore/Personal Care Service
		Financial/Crisis support
		Other (please specify):
<p>How does your program deliver respite care?</p> <p>Check all that apply.</p> <p>If your program does not provide this service directly, indicate the organization that provides it in the “Other” field.</p>		Title VI staff (directly or through contracted providers) provide respite
		Caregivers choose their own care provider, and program reimburses caregiver
		Adult Day Care/Institutional
		Other (please describe):

Certification Forms

Department of Health and Human Services, Administration for Community Living

CERTIFICATIONS REGARDING DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS, DRUG-FREE WORKPLACE REQUIREMENTS AND LOBBYING

Applicants should refer to the regulations cited below to determine the certification to which they are required to attest. Applicants should also review the instructions for certification included in the regulations before completing this form. Signature on this form provides for compliance with certification requirements under 45CFR Part 76, "Government Debarment and Suspension (Non- procurement)" and "Government wide Requirements for Drug-Free Workplace" and 45CFR Part 93. "New Restrictions on Lobbying." The certifications shall be treated as a material representation of fact upon which reliance will be placed when the Administration on Aging determines to award the covered transaction, grant, or cooperative agreement.

Debarment, Suspension, and Other Responsibility Matters

As required by Executive Order 12549, Debarment and Suspension, and implemented at 45 CFR Part 76, for prospective participants in primary covered transactions, as defined at 45 CFR Part, 76, Sections 76.105 and 76.110:

- (1) The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
 - (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency;
 - (b) Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - (c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
 - (d) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.
- (2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Certification Regarding Drug-Free Workplace Requirements

Alternate I. (Grantees Other Than Individuals)

As required by the Drug-Free Workplace Act of 1988, and implemented at 45 CFR Part 76, Subpart F, for grantees, as defined at 45 CFR Part 76, Sections 76.605 and 76.610 –

A. The grantee certifies that it will or will continue to provide a drug-free workplace by:

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) Establishing an ongoing drug-free awareness program to inform employees about:
 - (1) The dangers of drug abuse in the workplace;
 - (2) The grantee's policy of maintaining a drug-free workplace;
 - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
 - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
- (d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will –
 - (1) Abide by the terms of the statement; and
 - (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- (e) Notifying the agency in writing, within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to: Director, Office of Grants Management and Policy, ASAM, Department of Health and Human Services, Room 336-E, HHH Building, 200 Independence Avenue, S.W., Washington, D.C. 20201. Notice shall include the identification number(s) of each affected grant;
- (f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d)(2), with respect to any employee who is so convicted –
 - (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e) and (f).

B. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of Performance (Street address, city, county, state, zip code)

Address 1: _____

Address 2: _____

City: _____

County: _____

State: _____

Zip Code: _____

Check this box if there are workplaces on file that are not identified here.

Lobbying

Certification for Contracts, Grants, Loans, and Cooperative Agreements

As required by Section 1352, Title 31 of the U.S. Code, and implemented at 45 CFR Part 93, for persons entering into a grant, cooperative agreement or contract over \$100,000, or loan, or loan guarantee over \$150,000, as defined at 45 CFR Part 93, Sections 93.105 and 93.110 the applicant certifies that to the best of his or her knowledge and belief, that:

- (3) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal certification is a material representation of fact upon which reliance was placed when this contract, grant, loan, or cooperative agreement.
- (4) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- (5) The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly. This transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance.

The undersigned states, to the best of his or her knowledge and belief, that: If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

As the duly authorized representative of the applicant, I hereby certify that the applicant will comply with the above applicable certification(s).

Signature of Principal Official _____

Date _____

Title _____

Organization _____

Older Americans Act Title VI, Part A

Program Assurances

Complete this document only if your organization is applying for Title VI Part A (Nutrition & Supportive Services Grants to American Indian or Alaskan Native tribes) grants.

Older Americans Act Sec. 614(a) states No grant may be made under this part unless the eligible tribal organization submits an application to the Assistant Secretary which meets such criteria as the Assistant Secretary may by regulation prescribe. Each such application shall—

- (1) provide that the eligible tribal organization will evaluate the need for supportive and nutrition services among older individuals who are Indians to be represented by the tribal organizations;
- (2) provide for the use of such methods of administration as are necessary for the proper and efficient administration of the program to be assisted;
- (3) provide that the tribal organization will make such reports in such form and containing such information, as the Assistant Secretary may reasonably require, and comply with such requirements as the Assistant Secretary may impose to assure the correctness of such reports;
- (4) provide for periodic evaluation of activities and projects carried out under the application;
- (5) establish objectives consistent with the purposes of this part toward which activities under the application will be directed, identify obstacles to the attainment of such objectives, and indicate the manner in which the tribal organization proposes to overcome such obstacles;
- (6) provide for establishing and maintaining information and assistance services to assure that older individuals who are Indians to be served by the assistance made available under this part will have reasonably convenient access to such services;
- (7) provide a preference for older individuals who are Indians for full or part-time staff positions whenever feasible;
- (8) provide assistance that either directly or by way of grant or contract with appropriate entities nutrition services will be delivered to older individuals who are Indians represented by the tribal organization substantially in compliance with the provisions of part C of title III, except that in any case in which the need for nutritional services for older individuals who are Indians represented by the tribal organization is already met from other sources, the tribal organization may use the funds otherwise required to be expended under this paragraph for supportive services;
- (9) provide that any legal or ombudsman services made available to older individuals who are Indians represented by the tribal organization will be substantially in compliance with the provisions of title III relating to the furnishing of similar services;

- (10) provide satisfactory assurance that fiscal control and fund accounting procedures will be adopted as may be necessary to assure proper disbursement of, and accounting for, Federal funds paid under this part to the tribal organization, including any funds paid by the tribal organization to a recipient of a grant or contract; and
- (11) contain assurances that the tribal organization will coordinate services provided under this part with services provided under title III in the same geographical area.

Additionally, 45 CFR 1326.19 requires that the application shall provide for:

- a) Program objectives, as set forth in section 604(a)(5) of the Act, and any objectives established by the Commissioner.
- b) A description of the geographic boundaries of the service area proposed by the tribal organization.
- c) Documentation of the ability of the tribal organization to deliver supportive and nutrition services to older Indians, or documentation that the tribal organization has effectively administered supportive and nutrition services within the last 3 years;
- d) Assurances as prescribed by the Commissioner that:
 - (1) A tribal organization represents at least 50 individuals who have attained 60 years of age or older;
 - (2) A tribal organization shall comply with all applicable State and local license and safety requirements for the provision of those services;
 - (3) If a substantial number of the older Indians residing in the service area are of limited English-speaking ability, the tribal organization shall utilize the services of workers who are fluent in the language spoken by a predominant number of older Indians;
 - (4) Procedures to ensure that all services under this part are provided without use of any means tests;
 - (5) A tribal organization shall comply with all requirements set forth in Sec. 1326.7 through 1326.17; and
 - (6) The services provided under this part will be coordinated, where applicable, with services provided under title III of the Act.
- e) A tribal resolution(s) authorizing the tribal organization to apply for a grant under this part; and
- f) Signature by the principal official of the tribe.

By signing below, you affirm that your organization has met the application requirements detailed herein.

Signature of Principal Official _____

Date _____

Title _____

Organization _____

Older Americans Act Title VI, Part B

Program Assurances

Complete this document only if your organization is applying for Title VI Part B (Nutrition & Supportive Services Grants to Native Hawaiian Organizations) grants.

The Older Americans Act Sec. 624(a) provides that no grant may be made under this part unless the public or nonprofit private organization submits an application to the Assistant Secretary which meets such criteria as the Assistant Secretary may by regulation prescribe. Each such application shall—

- (1) provide that the organization will evaluate the need for supportive and nutrition services among older Native Hawaiians to be represented by the organization;
- (2) provide for the use of such methods of administration as are necessary for the proper and efficient administration of the program to be assisted;
- (3) provide assurances that the organization will coordinate its activities with the State agency on aging and with the activities carried out under title III in the same geographical area;
- (4) provide that the organization will make such reports in such form and containing such information as the Assistant Secretary may reasonably require, and comply with such requirements as the Assistant Secretary may impose to ensure the correctness of such reports;
- (5) provide for periodic evaluation of activities and projects carried out under the application;
- (6) establish objectives, consistent with the purpose of this title, toward which activities described in the application will be directed, identify obstacles to the attainment of such objectives, and indicate the manner in which the organization proposes to overcome such obstacles;
- (7) provide for establishing and maintaining information and assistance services to assure that older Native Hawaiians to be served by the assistance made available under this part will have reasonably convenient access to such services;
- (8) provide a preference for Native Hawaiians 60 years of age and older for full or part-time staff positions wherever feasible;
- (9) provide that any legal or ombudsman services made available to older Native Hawaiians represented by the nonprofit private organization will be substantially in compliance with the provisions of title III relating to the furnishing and similar services; and
- (10) provide satisfactory assurance that the fiscal control and fund accounting procedures will be adopted as may be necessary to assure proper disbursement of, and accounting for, Federal funds paid under this part to the nonprofit private organization, including any funds paid by the organization to a recipient of a grant or contract.

45 CFR 1328.19 requires that the application shall provide for:

- (a) Program objectives, as set forth in section 623(a)(6) of the Act, and any objectives established by the Commissioner;
- (b) A description of the geographic boundaries of the service area proposed by the eligible organization;
- (c) Documentation of the organization's ability to serve older Hawaiian Natives;
- (d) Assurances as prescribed by the Commissioner that:
 - (1) The eligible organization represents at least 50 older Hawaiian Natives who have attained 60 years of age or older;
 - (2) The eligible organization shall conduct all activities on behalf of older Hawaiian natives in close coordination with the State agency and Area Agency on Aging;
 - (3) The eligible organization shall comply with all applicable State and local license and safety requirements for the provision of those services;
 - (4) The eligible organization shall ensure that all services under this part are provided without use of any means tests;
 - (5) The eligible organization shall comply with all requirements set forth in Secs. 1328.7 through 1328.17; and
 - (6) The services provided under this part will be coordinated, where applicable, with services provided under title III of the Act.
- (e) Signature by the principal official of the eligible organization.

By signing below, you affirm that your organization has met the application requirements detailed herein.

Signature of Principal Official _____

Date _____

Title _____

Organization _____