

**Northwestern Illinois Area Agency on Aging
 Application for Funds Under Titles III-B, III-C, III-D AND III-E of the
 Older Americans Act/State of Illinois General Revenue Funds
 Area Plan Period FY16-FY18
 Grant Period FY2017 (10/1/16 TO 9/30/17)**

Section 1 – Application Cover Page

Legal Name of Applicant Organization: _____ Aging Program (if different from applicant organization): _____
 Name: _____ Name: _____
 Address: _____ Address: _____

| | | | | | | | |
|----------------------|-------|-----|--------|---|-------|-----|--------|
| City | State | Zip | County | City | State | Zip | County |
| Phone: () _____ | | | | Phone: _____ | | | |
| FAX: () _____ | | | | FAX: _____ | | | |
| TTY: () _____ | | | | TTY: _____ | | | |
| Toll Free: () _____ | | | | Toll Free: _____ | | | |
| Website: www. _____ | | | | Website: www. _____ | | | |
| E-mail: _____ | | | | E-mail: _____ | | | |
| | | | | Hours of Business: _____ AM To _____ PM | | | |

F.E.I.N. _____
 (Federal Employer Identification Number)

LEGAL STRUCTURE (check one):
 Not-for-Profit Corporation For Profit Corporation
 Government Agency Other, specify: _____

MINORITY PROVIDER: Yes No

| FY16 GRANT PERIOD | III-B | III-C-1 | III-C2 | III-D | III-E | TOTAL |
|--------------------|----------|----------|----------|----------|----------|----------|
| 1. Total Cost | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| 2. NSIP | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| 3. In-Kind | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| 4. Local Cash | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| 5. NIAAA Request | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| 6. Project Income | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| 7. Other Resources | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |

I certify that I am a duly authorized representative of my organization, and, if funded, my organization will comply with all assurances in this Application.

I certify that the information in this Application is true and correct to the best of my knowledge.

I acknowledge I am in receipt of the NIAAA Service Provider Manual (Manual). I certify that the service proposed will comply with all rules, regulations and policies of the Administration on Aging, Illinois Department on Aging and Northwestern Illinois Area Agency on Aging, as well as all applicable local, state and federal laws, regulations and ordinances.

I certify that my organization is fiscally sound and/or can obtain financial resources as required during the performance of this contract/grant, including operating funds sufficient to cover the period between service provision and receipt of reimbursement.

I agree to submit any revisions to this application for funding.

I certify that services will be available to all eligible participants regardless of race, color, national origin, sex, or disability.

I understand that this information is provided in connection with the receipt of state and federal funds and that a deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes.

Typed Name and Title of Authorized Representative

Signature of Authorized Representative

Date

Contact Person and Title (if different from above)

Northwestern Illinois Area Agency on Aging does not discriminate in admission to programs or treatment of employment in programs or activities in compliance with appropriate State and Federal Statutes. If you feel you have been discriminated against, you have a right to file a complaint with NIAAA. For information, call NIAAA at (815) 226-4901 or 1-800-542-8402.

Section 2 – Budget

Title III-B, C, D, E only

| PERSONNEL (Summary by position) | | | CASH | IN-KIND | TOTAL |
|---|-------------------------|--|------|---------|-------|
| <u>Position</u> (specify if admin. or direct) | <u>Total Hrs/Wk</u> | <u>Hrs/Wk (Specify Title B, C, D or E)</u> | | | |
| Personnel Sub-Total | | | | | |
| Fringe Benefits | Percent of Wages | | | | |
| FICA | 7.65% | | | | |
| Workman's Compensation | | | | | |
| Unemployment Compensation | | | | | |
| Retirement | | | | | |
| Medical | | | | | |
| Other (list) | | | | | |
| Fringe Sub-Total | | | | | |
| PERSONNEL TOTAL | | | | | |

BUDGET (Titles III-B, C, D, E only)

| FOOD (III-C only) | CASH | IN-KIND | TOTAL |
|---|------|---------|-------|
| PROJECT PREPARED MEALS Number _____ | | | |
| CATERED MEALS Number _____ | | | |
| FOOD TOTAL (III-C only) | | | |
| EQUIPMENT | | | |
| (Itemize equipment costing \$1,000 or more) | | | |
| EQUIPMENT TOTAL | | | |
| SUPPLIES | | | |
| Office | | | |
| Kitchen (III-C only) | | | |
| SUPPLIES TOTAL | | | |
| TRAVEL (Staff) | | | |
| (List by position) | | | |
| TRAVEL TOTAL | | | |

III-B GRANT RESOURCES (Title III-B only)

Estimated Project Income

| Description | Source | Amount |
|--|--------|-----------|
| Enter Project Income reprogrammed from previous year | | |
| PROJECT INCOME TOTAL | | \$ |

LOCAL CONTRIBUTIONS (Local Match)

A. Local Cash Resources (Identify)

| Description | Source | |
|-------------------------|--------|-----------|
| | | |
| LOCAL CASH TOTAL | | \$ |

B. In-Kind Resources (Identify)

| Description | Source | |
|----------------------|--------|-----------|
| | | |
| IN-KIND TOTAL | | \$ |

OTHER RESOURCES

| Description | Source | |
|------------------------------|--------|-----------|
| | | |
| OTHER RESOURCES TOTAL | | \$ |

III-D GRANT RESOURCES (Title III-D only)

Estimated Project Income

| Description | Source | Amount |
|--|--------|-----------|
| Project Income reprogrammed from previous year | | |
| PROJECT INCOME TOTAL | | \$ |

LOCAL CONTRIBUTIONS (Local Match)

A. Local Cash Resources (Identify)

| Description | Source | |
|-------------------------|--------|-----------|
| | | |
| LOCAL CASH TOTAL | | \$ |

B. In-Kind Resources (Identify)

| Description | Source | |
|----------------------|--------|-----------|
| | | |
| IN-KIND TOTAL | | \$ |

OTHER RESOURCES

| Description | Source | |
|--------------------|--------|--|
| | | |
| OTHER TOTAL | | |

III-E GRANT RESOURCES (Title III-E only)

Estimated Project Income

| Description | Source | Amount |
|-----------------------------|--------|-----------|
| | | |
| PROJECT INCOME TOTAL | | \$ |

LOCAL CONTRIBUTIONS (Local Match)

A. Local Cash Resources (Identify)

| Description | Source | |
|-------------------------|--------|-----------|
| | | |
| LOCAL CASH TOTAL | | \$ |

B. In-Kind Resources (Identify)

| Description | Source | |
|----------------------|--------|-----------|
| | | |
| IN-KIND TOTAL | | \$ |

OTHER RESOURCES

| Description | Source | |
|--------------------|--------|-----------|
| | | |
| OTHER TOTAL | | \$ |

TITLE III-B BUDGET FOR DELIVERY OF SERVICES - FY 17
(Title III-B only)

| SERVICES | | | | |
|--------------------------|--|--|--|-------|
| BUDGET | | | | TOTAL |
| 1. TOTAL COST | | | | |
| 2. IN-KIND | | | | |
| 3. LOCAL CASH & % | | | | |
| 4. NIAAA SHARE | | | | |
| 5. PROJECT INCOME | | | | |
| 6. OTHER RESOURCES | | | | |
| 7. UNITS OF SERVICE | | | | |
| 8. COST PER UNIT | | | | |
| 9. NIAAA COST/UNIT | | | | |
| 10. PERSONS TO BE SERVED | | | | |

| III-B COSTS BY CATEGORY | | | | | |
|-------------------------|-----------|----------|--------|-------|-------|
| PERSONNEL | EQUIPMENT | SUPPLIES | TRAVEL | OTHER | TOTAL |
| | | | | | |

| NIAAA FUNDS BY COUNTY | | | | |
|-----------------------|----------|--|--|-------|
| COUNTY | SERVICES | | | |
| | | | | TOTAL |
| BOONE | | | | |
| CARROLL | | | | |
| DEKALB | | | | |
| JO DAVIESS | | | | |
| LEE | | | | |
| OGLE | | | | |
| STEPHENSON | | | | |
| WHITESIDE | | | | |
| WINNEBAGO | | | | |
| TOTAL | | | | |

TITLE III-C BUDGET FOR DELIVERY OF SERVICES FY17
(Title III-C only)

| SERVICE COSTS BY RESOURCES | | | | | | | | | | |
|---|------------|--------|---------|----------------|-------------|----------------|----------------|------------------|-----------|-----------------|
| | Total Cost | NSIP * | In-Kind | Local Cash & % | NIAAA Share | Project Income | Other Resource | Units of Service | Cost/Unit | NIAAA Cost/Unit |
| C1 | | | | | | | | | | |
| C2 | | | | | | | | | | |
| Persons to be served: C-1_____ C-2_____ | | | | | | | | | | |

| COSTS BY CATEGORY | | | | | | | | |
|-------------------|-----------|-----------|-----------|----------|--------|-------|-------|--|
| | Personnel | Raw Foods | Equipment | Supplies | Travel | Other | Total | |
| C1 | | | | | | | | |
| C2 | | | | | | | | |

| NIAAA FUNDS BY COUNTY | | | | | | | | | | |
|-----------------------|-------|---------|--------|------------|-----|------|------------|-----------|-----------|-------|
| | Boone | Carroll | DeKalb | Jo Daviess | Lee | Ogle | Stephenson | Whiteside | Winnebago | Total |
| C1 | | | | | | | | | | |
| C2 | | | | | | | | | | |

TITLE III-D BUDGET FOR DELIVERY OF SERVICES FY17
(Title III-D only)

| SERVICES | | | | | |
|--------------------------------|-----------|----------|--------|-------|-------|
| BUDGET | | | | | TOTAL |
| 1. TOTAL COST | | | | | |
| 2. IN-KIND | | | | | |
| 3. LOCAL CASH & % | | | | | |
| 4. NIAAA SHARE | | | | | |
| 5. PROJECT INCOME | | | | | |
| 6. OTHER RESOURCES | | | | | |
| 7. UNITS OF SERVICE | | | | | |
| 8. COST PER UNIT | | | | | |
| 9. NIAAA COST/UNIT | | | | | |
| 10. PERSONS TO BE SERVED: | | | | | |
| III-D COSTS BY CATEGORY | | | | | |
| PERSONNEL | EQUIPMENT | SUPPLIES | TRAVEL | OTHER | TOTAL |
| | | | | | |
| NIAAA FUNDS BY COUNTY | | | | | |
| COUNTY | SERVICES | | | | TOTAL |
| | | | | | |
| BOONE | | | | | |
| CARROLL | | | | | |
| DEKALB | | | | | |
| JO DAVIESS | | | | | |
| LEE | | | | | |
| OGLE | | | | | |
| STEPHENSON | | | | | |
| WHITESIDE | | | | | |
| WINNEBAGO | | | | | |
| TOTAL | | | | | |

TITLE III-E BUDGET FOR DELIVERY OF SERVICES FY17 (Title III-E only)

| SERVICES | | | | | |
|---------------------------|---------------|------------------|------------------|-----------------|-------|
| BUDGET | | Caregiver I&A | Caregiver T/E/S* | Grandparent I&A | TOTAL |
| 1. TOTAL COST | | | | | |
| 2. IN-KIND | | | | | |
| 3. LOCAL CASH & % | | | | | |
| 4. NIAAA SHARE | | | | | |
| 5. PROJECT INCOME | | | | | |
| 6. OTHER RESOURCES | | | | | |
| 7. UNITS OF SERVICE | | | | | |
| 8. COST PER UNIT | | | | | |
| 9. NIAAA COST/UNIT | | | | | |
| 10. PERSONS TO BE SERVED: | | | | | |
| III-D COSTS BY CATEGORY | | | | | |
| PERSONNEL | EQUIPMENT | SUPPLIES | TRAVEL | OTHER | TOTAL |
| | | | | | |
| NIAAA FUNDS BY COUNTY | | | | | |
| COUNTY | SERVICES | | | | |
| | Caregiver I&A | Caregiver T/E/S* | Grandparent I&A | TOTAL | |
| BOONE | | | | | |
| CARROLL | | | | | |
| DEKALB | | | | | |
| JO DAVIESS | | | | | |
| LEE | | | | | |
| OGLE | | | | | |
| STEPHENSON | | | | | |
| WHITESIDE | | | | | |
| WINNEBAGO | | | | | |
| TOTAL | | | | | |

*Training/Education/Support

Grant Period Fy2016 (10/01/16 to 9/30/17) - Title III-E Budget Page
Education/Training/Support Group Funds of \$2,000 Or Less

Applicant Organization: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Toll-free: _____
 FAX: _____ Contact Person: _____

TITLE III-E BUDGET

EDUCATION/TRAINING/SUPPORT GROUP

| | |
|---------------------|----------|
| 1. Personnel | \$ _____ |
| 2. Fringe | \$ _____ |
| 3. Travel | \$ _____ |
| 4. Supplies | \$ _____ |
| 5. Equipment (list) | |
| _____ | \$ _____ |
| _____ | \$ _____ |
| 6. Other (list) | |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| 7. Total | \$ _____ |

(Note: Lines 8, 9 and 10 = Line 7)

| | |
|------------------------------|----------|
| 8. Local Match (must be 25%) | |
| Local Cash | \$ _____ |
| In-kind | \$ _____ |
| 9. III-E Amount Requested | \$ _____ |
| 10. Project Income | \$ _____ |

Funds Requested by County

| | | | |
|------------|----------|------------|----------|
| Boone | \$ _____ | Ogle | \$ _____ |
| Carroll | \$ _____ | Stephenson | \$ _____ |
| DeKalb | \$ _____ | Whiteside | \$ _____ |
| Jo Daviess | \$ _____ | Winnebago | \$ _____ |
| Lee | \$ _____ | | |

Projected Persons: _____ Education/Training _____ Support Group _____
 Projected Sessions: _____ Education/Training _____ Support Group _____

Signature

Date

Service: _____ (fill in service to be provided)

DEMOGRAPHIC DATA BY SERVICE AND DISTRIBUTION OF TOTAL PERSONS AND UNITS TO BE PROVIDED BY COUNTY (Title III-B, C, D, E only)

| | Boone | Carroll | DeKalb | Jo Daviess | Lee | Ogle | Stephenson | Whiteside | Winnebago | Total Area 01 |
|---|-------|---------|--------|------------|-----|------|------------|-----------|-----------|---------------|
| 1. Total Persons Projected to be Served | | | | | | | | | | |
| 2. Total Minority | | | | | | | | | | |
| a. American Indian/Alaskan Native | | | | | | | | | | |
| b. Asian/Pacific Islander | | | | | | | | | | |
| c. Black/not Hispanic | | | | | | | | | | |
| d. Hispanic | | | | | | | | | | |
| e. White, not Hispanic | | | | | | | | | | |
| 3. Poverty | | | | | | | | | | |
| 4. Living Alone | | | | | | | | | | |
| 5. 75+ | | | | | | | | | | |
| 6. Minority and in Poverty | | | | | | | | | | |
| 7. Frail/Disabled | | | | | | | | | | |
| 8. Limited English Proficiency | | | | | | | | | | |
| 9. Units | | | | | | | | | | |

Lines 2a through 2e must equal line 1.
 Line 6 cannot be greater than line 2.