

**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.