

Town of Colchester, Connecticut

95 Norwich Avenue, Colchester, Connecticut 06415

Patricia A. Watts, Director of Senior Services/Municipal Agent

MEMORANDUM

To: Board of Selectmen

From: Patricia A. Watts, Director of Senior Services

Date: 03/23/23

Re: Application for Title III Grant Renewal

Title III grant funding is being requested from Senior Resources, Area Agency on Aging in the amount of \$19,000.00. These funds would be used to continue the Making Memories Program, a beneficial social-model program for individuals facing memory loss/dementia and/or social isolation, at the Colchester Senior Center on Mondays, Tuesdays and Wednesdays from 9:00 a.m.- 1:00 p.m. Please note that on the Certification of Non-Federal Match for the Title III Program worksheet, the Cash Amount listed of \$8,111.00 is already built into the Colchester Senior Center budget and does not require additional funding from the Town of Colchester. Please see budget pages of the application for additional information. Application deadline is April 28, 2023 by 3:00 p.m.

Recommended Motion

Motion to approve the submission of Title III Grant Renewal Application to secure grant funding for the Making Memories Program, FY 2023-24 and authorize the First Selectman to sign all necessary documents.

Respectfully Submitted,

Patricia A. Watts

Patricia A. Watts



PROGRAM DESCRIPTION AND WORK PLAN – FY 2024 TITLE III FUNDING

Legal Name of Organization Colchester Senior Center
Address, City, State, Zip 95 Norwich Avenue Colchester, CT 06415
Phone Number 860-537-3911
Fax Number 860-537-5574
Organization Website www.colchesterct.gov

Agency Type: Public Municipality

DUNS Number (<http://www.dnb.com/get-a-duns-number.html>) 177899317

Employer Identification Number 06-6001974

Program Name Making Memories Program

Program Address same

Program Contact Name Patricia A. Watts

Title Director of Senior Services

Phone 860-537-3911

Fax 860-537-5574

Email pwatts@colchesterct.gov

Title of the Older Americans Act under which funding is requested: Title III B (Social Services)

Category Health/Dental

How many years has this program been funded by Title III? 14

TOTAL TITLE III REQUEST

\$19,000.00

It is understood and agreed by the undersigned that funds awarded as a result of this request are to be expended for the purposes set forth herein and in the Standard Assurances document in accordance with all applicable laws, regulations, policies and procedures of Senior Resources Agency on Aging, the State Unit on Aging, the Administration for Community Living and the U. S. Department of Health and Human Services.

Authorized Signatory Andreas Bisbikos
Signature _____
Title First Selectman, Town of Colchester
Date _____

1. ORGANIZATIONAL OVERVIEW.

a. Organization's mission statement.

The mission of the Colchester Senior Services Department to support older adults by providing programs and services which promote their independence, health, wellness and overall quality of life.


b. Describe the organization's financial position, including trends, challenges, or unusual developments over the last three years.

The Town of Colchester's financial position is good with General Fund balance showing growth. There are no challenges which cannot be met.

2. PROGRAM SUMMARY. ***Briefly** describe the proposed program in one paragraph.*

The Making Memories Program is a social model therapeutic recreation program designed to help seniors (aged 60+) who are experiencing mild/moderate memory loss, cognitive impairment and/or those at risk for social isolation. The goal of the program is to help each participant reach and maintain their optimal level of functionality in a structured and supportive environment, while encouraging individual independence and engagement. We strive to empower each participant to enjoy a variety of group activities which promote an ongoing sense of contentment, vitality and cognitive engagement.

3. DETAILED PROGRAM DESCRIPTION.

a. Identify the community need this program proposes to address. How does this need address a Senior Resources priority as defined in the Area Plan (plan summary available in the RFP Guidelines and Application Instructions)? Identify the Area Plan Priority Area by choosing one in the drop-down box. Long Term Supports & Services 

By providing activities which engage the brain while promoting socialization, this program serves as a safety net for early intervention when changes are observed in an individual's behavior, cognition or physical condition. The program addresses the Area Plan's Priority Area 2 for Long Term Supports and Services to "support and increase access to community based long term supports and services" with a focus on dementia and reduction of social isolation.

b. Describe the service(s) to be provided, including all major components of the program. Include how often the service will be provided and where (facility).

The Making Memories Program is offered at the Colchester Senior Center at 95 Norwich Avenue, Colchester, CT. The program is held on Mondays, Tuesdays and Wednesdays from 9:00 a.m. to 1:00 p.m. Classes are structured with multiple small group activities designed to help stimulate the brain. Each day is a similar format, which helps to promote cognitive orientation, while providing a variety of activities which keep participants engaged and interested. The socialization combined with the small group activities enhance cognition and helps participants to remain independent for a longer period of time.

4. PROGRAM RESOURCES. Describe how management, staff and resources will be utilized to ensure success of this program such as: staffing pattern, specific training/certifications, funding, etc.

The Making Memories Program is planned and facilitated by the Making Memories Program Coordinator, who is a part-time staff member working 18 hours per week. She is responsible for developing a monthly activity calendar, specific to the class. According to the job description, the MMP Coordinator must possess a bachelor's degree in gerontology, therapeutic recreation or related field, with a minimum of 3 years experience in social/recreational programming and/or services to the elderly. Additionally, the MMP Coordinator attends ongoing trainings related to dementia, as approved by the Director of Senior Services. A Per Diem staff member exists to fill in for any absences of the MMP Coordinator.

5. BACKGROUND CHECKS. The State requires all Contractors, employees and volunteers undergo criminal background checks to ensure the safety of clients. Describe the process your Agency has for completing background checks on all client contact employees and volunteers.

Criminal background checks are mandatory for all employees of the Town of Colchester and clear background checks are a condition for hire at the Colchester Senior Center. The HR department is responsible for this aspect of hiring. The Making Memories Program Coordinator and the Director of Senior Services (who supervises the MMP Coordinator) have both passed background checks.

6. GEOGRAPHY. Using the lists below, indicate the town(s) to be targeted for service provision.

Estuary Region:

- ☐ Chester
- ☐ Clinton
- ☐ Deep River*
- ☐ Essex
- ☐ Killingworth*
- ☐ Lyme*
- ☐ Old Lyme
- ☐ Old Saybrook
- ☐ Westbrook

Midstate Region:

- ☐ Cromwell
- ☐ Durham*
- ☐ East Haddam*
- ☐ East Hampton
- ☐ Haddam*
- ☐ Middlefield
- ☐ Middletown
- ☐ Portland

Northeast Region:

- ☐ Brooklyn
- ☐ Canterbury*
- ☐ Eastford*
- ☐ Killingly
- ☐ Plainfield
- ☐ Pomfret*
- ☐ Putnam
- ☐ Sterling*
- ☐ Thompson*
- ☐ Union*
- ☐ Woodstock*

Windham Region:

- ☐ Ashford*
- ☐ Chaplin*
- ☐ Columbia*
- ☐ Coventry*
- ☐ Hampton*
- ☐ Lebanon*
- ☐ Mansfield
- ☐ Scotland*
- ☐ Willington*
- ☐ Windham

Southeast Region:

- ☐ Bozrah*
- ☒ Colchester*
- ☐ East Lyme
- ☐ Franklin*
- ☐ Griswold*
- ☐ Groton
- ☐ Ledyard
- ☐ Lisbon*
- ☐ Montville

- ☐ New London
- ☐ North Stonington
- ☐ Norwich
- ☐ Preston*
- ☐ Salem*
- ☐ Sprague*
- ☐ Stonington*
- ☐ Voluntown
- ☐ Waterford

7. PLAN TO REACH TARGET POPULATIONS. The Older American's Act requires outreach efforts to certain target populations. Outreach for each chosen population must be specific to the population.

a. Indicate which target group(s) will be identified and encouraged to participate in the program.

NOTE: Only select the group(s) that will be specifically targeted (all groups will be reported on monthly, however). There is no need to select all.

☐ Individuals with Low Income
(100% of federal poverty level or below)

☐ Individuals from Minority Population
Group

☐ Low Income Minority Individuals

☐ Individuals at or below 150% of Poverty

☐ Individuals Living in Rural Areas

☐ Individuals with Limited English Proficiency

☐ Individuals with Severe Disabilities

☐ Individuals at Risk of Institutionalization

☒ Individuals with Alzheimer's and related Disorders

b. Identify and describe outreach methods and time frames for each outreach method for each selected target group. The outreach plan must be specific to each group selected. Give details.

This program was designed for those who are experiencing mild/moderate dementia. On a bi-annual basis and/or as program vacancies exist, the MMP Coordinator will reach out to local senior centers to market the program, as well as to a senior group which meets in Salem, a neighboring town which does not have a senior center. Annual mailings are sent to local physicians serving patients with dementia or related disorders. On an annual basis or as program vacancies exist, we contact our regional Alzheimer's Association to market the program to prospective participants, as well.

8. ACTIVITIES AND PROGRAM INDICATORS. List the proposed measurable goal. List the indicators to be used to measure the success of the goal.

MEASURABLE GOAL(S)	MEASUREMENT FOR THAT GOAL (must be a percentage or number)
Goal is that at least 50 % of participants will exhibit stability or improvement in their MoCA test results, as measured within 2 points above/below their last recorded score of 0-30 points, tracked across time.	The Montreal Cognitive Assessment (MoCA) is a widely used instrument to test for cognitive function. MoCA testing will be administered twice annually in March and August. Scores range from 0-30, with 26 and above considered within normal limits.

9. DATA COLLECTION.

- a. describe the program's plan for measuring client impact including proposed methodology, frequency of measurement. (How is the client's life going to be changed by receiving this service?)

The Montreal Cognitive Assessment, commonly known as the MoCA, is a widely accepted assessment tool to test cognitive orientation for individuals with mild cognitive impairment (MCI). It is easily administered, with detailed instructions for testing and scoring. The results are tabulated and assigned a numerical value ranging between 0-30 points. Any score of 26 or over is considered within a normal range, with increased deficits correlating to lower scores. The test is administered upon intake, as part of the assessment and orientation; at the 6 month mark (March) and the 12 month mark (August) during the grant cycle. The findings are quantified and reported in the year-end narrative report.

- b. describe the measurement tool to be used;

The Montreal Cognitive Assessment (MoCA) is an assessment tool readily available on the internet with detailed instructions included both on testing and scoring test results. The MoCA is graded on a scale from 0-30, with any score of 26 or greater considered normal and a score of 25 or below showing some evidence of cognitive impairment or decline. Tracking MoCA scores across time is a helpful way for us and family members of participants to quantify cognitive changes. The data is tracked from the initial test at intake into the program, and at 6 month intervals, thereafter. We are seeking stability of test scores (within a 2 point swing above/below) the results of the previous test. The data is analysed and reported at the year-end narrative report for goal achievement for all class participants.

- c. describe follow-up activities to ensure quality improvement (action plan)

The Making Memories Program Coordinator has developed a curriculum which allows for a daily theme. Within these themes, she plans diverse activities which utilize different aspects of brain stimulation--reading, creating, music appreciation, movement, puzzle solving, etc. to challenge each participant. Annually, in September, the Director of Senior Services conducts a Client Satisfaction Survey, where each client is interviewed privately to gain insight into whether the program is meeting their expectations or not. We have an excellent record of high satisfaction scores throughout the program's history.

10. VOLUNTARY CONTRIBUTION PLAN. Describe HOW the following Title III requirements will be met: Fees may not be charged to program participants; however, it is a requirement to offer all clients an opportunity to donate to the program. Donations must be confidential, and no person may be denied involvement if s/he chooses not to contribute. All contributions received are to be used to expand the services of the program being funded under the grant.

The mission of the Colchester Senior Services Department to support older adults by providing programs and services which promote their independence, health, wellness and overall quality of life.

11. FINANCIAL SUPPORT. Foundation, Fundraising, Corporate and Government Grant Details: Title III Contractors are required to initiate efforts to obtain additional support from private sources and other public organizations for grant-funded programs. List Other funding sources for the program described in this application and the amount provided by each (a) during FY 2022 and (b) as anticipated for the program in FY 2023.

Program Funding				
Foundation, Fundraising, Corporation, Government Funding Source	FY 23 Status*	FY 23 Amount	FY 24 Status*	FY 24 Projected Amount
Lions' Club of Colchester	applied	\$1,000	plan to apply	\$1,000

*Status – Awarded, Applied, Plan to Apply, Denied

12. REDUCED FUNDING ALTERNATIVE. If the full amount requested is not funded, how would the program be adjusted? Please be specific in terms of staff reductions, and/or the reduced number of clients/units to be served. Applicants are cautioned to respond carefully as reduction should not be made solely to persons served or units of service to be provided. Please review your overhead/administrative costs for potential reductions that would correspond to less federal funding. Give specific details such as; staffing patterns, number of clients served, alternate funding sources, etc.

We have one dedicated staff member for this program and if her hours were reduced as a cost-savings measure her position would become untenable. She works an 18-hour work week. Reducing her hours to 13.5 hours per week, when facilitating class takes 12 hours per week would not allow her to have adequate time to prepare class activities, conduct new client assessments and other necessary duties. The Town budget required 4 referendum votes to pass last year, with cuts at each failed attempt. Unfortunately, our operational budget cannot support this program beyond its cost-share obligations. A 25% reduction in Title III funding would effectively close this valuable, well-established and respected community-based program.

13. PROGRAM MANAGEMENT. If funds were received in fiscal year 2022, please respond to the following as they apply to the period October 1, 2021 to September 30, 2022:

- a. Explain the successes of the program

The Making Memories Program has been successful at the Colchester Senior Center, since its opening in 2008. This program provides a supportive, caring, engaging and socially and intellectually stimulating environment. The small, close-knit group of participants creates a "safe space" for those facing memory loss and the social isolation which so often accompanies it. We seek to provide a program which encourages its participants to reach their highest potential, try new things, make good friends and thrive, despite their challenges. The Making Memories participants are more socially engaged, mentally stimulated, have improved cognitive orientation and report feeling happier, less lonely and less depressed than before they began attending the Making Memories Program. Additionally, this program allows for critical respite for caregivers, too.

b. Identify challenges within the program. Explain how these challenges were addressed
We continue to rebuild the program census, after losing a number of participants due to decreased cognitive status as a result of the Coronavirus pandemic. We see that there are still some seniors who are frightened to be in a public setting for fear of exposure and illness. However, in the past fiscal year, we met our goal of serving 14 unduplicated individuals. This year, a few of our participants have had poor attendance because they (or their partners) have faced serious illnesses. We currently have 2 people who are in the process of onboarding, which would bring our unduplicated count up to 11. Ten to twelve participants is our capacity due to staffing ratios and physical classroom space. We expect to meet that goal by the end of the grant year.

c. Explain the differences between the approved budget and the actual year end expenses
Last Fiscal Year, the program provided 2,436 units of services to 14 unduplicated participants. Cost breakdown was \$20,251.58 (total cost) = \$11,571.01 (grant) + \$483 (donations) + \$1,000 (Lion's award) + \$7,197.57 (CSC operational budget). Our low attendance was problematic throughout the year, with a high turnover in the class. 9 of the 14 participants left class for various reasons: 1 passed away, 2 left for personal reasons, 4 moved into assisted living and 1 has had a substantial physical decline necessitating live-in care. We received an award of \$1,000 from our local Lion's Club, and our cash match and in-kind labor was as expected. Low giving (for anticipated donations) is a trend which has continued and is also seen with general donations with increased cost of living for food, gasoline, utilities, etc. We have adjusted our expectations regarding donations accordingly.

14. REFERRALS. Title III Contractors are required to assist clients in taking advantage of benefits under other programs (i.e.; energy assistance, food security, health insurance counseling, etc. **letters b and c** below are referring to this question also).

a. describe how unmet needs are identified

The Colchester Senior Center is a designated Community Focal Point for programs and services for seniors in Southeastern Connecticut. We serve as a Senior Nutrition Program site and provide accessible transportation services for Colchester residents. We provide referrals to beneficial programs such as Renters' Rebate, CT Energy Assistance programs, assist with SNAP applications, MSP and Benefits Checkup screenings, and we have a CHOCES counselor who can assist with Medicare and other insurance issues. The Director serves as the Municipal Agent for the Elderly and can help with additional referral needs for housing or other programs. New this year, we are offering "Boost Your Budget" seminars in partnership with Senior Resources, as well.

- b. describe how referrals will be made to help clients access needed services. (**This pertains to question 14 above.**)

Most of our MMP participants receive the Community Cafe meal, for a suggested donation of \$2.00 per meal. When there is an identified need, the MMP Coordinator makes it known to the Director of Senior Services who works with other staff, family members or agencies, as appropriate, to access or apply for any beneficial programs for which they may be eligible.

- c. describe how the proposed program will coordinate with other appropriate services to avoid duplication (ex: receiving the same service from two different agencies). (**This pertains to question 14 above.**)

All programs safeguard against duplication. For example, the Renters' Rebate through the Offices of Policies and Management (OPM) program application process does not allow for individuals to apply multiple times under the same address for the season. It's the same for Energy Assistance programs through TVCCA, where the access portal does not allow people to apply twice in the same season. When there is a need which cannot be met through our office, we make appropriate referrals to other agencies, such as Senior Resources Agency on Aging, TVCCA, Town of Colchester Social Services Department, United Way, etc.

15. GRIEVANCE PROCEDURE. Describe how clients participating in the program will be informed of the procedures to notify the Area Agency on Aging of complaints based on denial of services.

We have a thorough orientation and assessment process for all new or prospective participants, which is required to be completed prior to joining the Making Memories Program. The participant (and the family members who accompanies them to their appointment) is given a packet of information to take home. Within the packet is a form entitled "MMP Participation Guidelines" which details the grievance procedures for the program. Point 12 reads, "Persons served under Title III funding, such as those participating in the Making Memories Program, should submit complaints in writing to Senior Resources Agency on Aging, 19 Ohio Ave. Suite 2, Norwich, CT 06030. The complaint will be brought before the Board of Directors for Senior Resources within 60 calendar days of the original complaint filed by the consumer." The Colchester Senior Center also has an internal grievance procedure, which includes no more than 72-hour response to any complaint brought to the Director of Senior Services, and if necessary involvement of the First Selectman for the Town of Colchester.

16. NAME AND ADDRESS OF PERSON TO WHOM CHECKS SHOULD BE MAILED:

ORGANIZATION NAME: Colchester Senior Center

NAME: Patricia A. Watts, Director of Senior Services

ADDRESS: 95 Norwich Ave. Colchester, CT 06415

17.

Head of Organization Andreas Bisbikos

Title First Selectman, Town of Colchester

Email selectman@colchesterct.gov



BUDGET - FY 2024 Title III Funding

Organization's Name: Colchester Senior Center

Service Name: Making Memories Program

Organization's Annual Operating Budget: \$349,305.73

Total Program Cost is 9.30% of the Organization's Annual Operating Budget

Budget Summary:

A	Total Program Cost	<u>\$32,471</u>		
	Less:			
B	Client Donations	<u>\$1,000</u>		
C	Other Cash	<u>\$1,000</u>		
D	Net Cost	<u>\$30,471</u>	<u>100%</u>	
	Less Match:			
E	Non-Federal Cash	<u>\$8,111</u>	<u>26.62%</u>	OF NET COST
F	Non-Federal In-Kind	<u>\$3,360</u>	<u>11.03%</u>	OF NET COST
G	Total Title III Request FY24	<u>\$19,000</u>	<u>62.35%</u>	OF NET COST

Enter in the FY23 Award Amount (if applicable): \$19,013

Increase/Decrease from FY23 Title III Award -\$13

DOCUMENTATION OF FUNDING SOURCES

OTHER CASH

SOURCE (itemize)

DOLLAR AMOUNT -

should equal C above

Lions' Club Donation

\$1,000

NON-FEDERAL CASH MATCH

SOURCE (itemize)

DOLLAR AMOUNT -

should equal E above

Colchester Senior Cent's Operational Budget

\$8,111

NON-FEDERAL IN-KIND MATCH

SOURCE (itemize)

DOLLAR AMOUNT -

should equal F above

In-Kind Personnel

\$3,360

Signed: _____

Date: _____

Name: Andreas Bisbikos

Title: First Selectman, Town of Colchester

Personnel Page

Program Year FY 2024

Positions	Total Annual Salary for Position	Number of Hours Per Week Working on this Program	Title III	Non-Federal Cash	Other Cash	Client Donations	TOTAL
Dir, of Senior Services	\$66,420	2		\$2,853	\$468		\$3,321
MMP Coordinator	\$20,532	18	\$19,000		\$532	\$1,000	\$20,532
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
TOTALS			\$19,000	\$2,853	\$1,000	\$1,000	\$23,853

In-Kind Personnel (Volunteers working in the program - not paid staff)

Positions	Number of Hours Per Week Working on this Program	Number of Weeks Per Year	Value of In-Kind Salary
Volunteer Debra K. x \$15.00 (minimum wage)	3	48	\$2,160
Volunteer Gail O. x \$15.00 (minimum wage)	2	40	\$1,200
TOTALS			\$3,360

Total Program Budget

Organization Name Colchester Senior Center Program Year: FY 2024
 Organization's Annual Operating Budget \$349,305.73

NET COST									
A	B	C		D		E	F	G	H
Expenses	Title III	MATCH		OTHER RESOURCES		TOTAL	Admin Costs	Direct Service Costs	
		Non-Federal Cash	Non-Federal In Kind	Other Cash	Client Donations				
Personnel	\$19,000	\$2,853	\$3,360	\$1,000	\$1,000	\$27,213	\$3,360	\$23,853	
Fringe		\$1,825				\$1,825		\$1,825	
Travel		\$0				\$0		\$0	
Rent		\$0				\$0		\$0	
Telephone		\$330				\$330		\$330	
Utilities		\$1,852				\$1,852		\$1,852	
Vehicle Operations		\$940				\$940		\$940	
Equipment		\$50				\$50		\$50	
Repairs/Maintenance		\$150				\$150		\$150	
Conferences/Training		\$10				\$10		\$10	
Contractual Services		\$0				\$0		\$0	
Insurance		\$0				\$0		\$0	
Postage		\$10				\$10		\$10	
Supplies/Printing		\$40				\$40		\$40	
Dues/Subscriptions		\$51				\$51		\$51	
Audit		\$0				\$0		\$0	
Other		\$0				\$0		\$0	
TOTALS	\$19,000	\$8,111	\$3,360	\$1,000	\$1,000	\$32,471	\$3,360	\$29,111	

	Title III	Non-Federal Cash	Non-Federal In Kind	Other Cash	Client Donations	TOTAL	Admin Costs	Direct Service Costs
Percentage of Total Cost	59%	25%	10%	3%	3%	100%	10%	90%

BUDGET NARRATIVE/COST EXPLANATION

Please show your computation for determining the cost and your justification of each line item expense in the budget by providing the underlying rationale.

FRINGE \$1,825
Total FICA of MMP Coordinator's salary ($\$20,532 \times .0765 = \$1,570.70$) plus % FICA of the Director's salary calculated at 2 hrs./wk ($\$3,321 \times .0765 = \254.06) $\$1,570.70 + \$254.06 = \$1,824.76$

TRAVEL \$0
N/A

RENT \$0
N/A

TELEPHONE \$330
10% of the projected expenses annually of \$3,300 for the Colchester Senior Center

UTILITIES \$1,852
Total of 10% of projected heating costs of \$12,520 + 10% of \$6,000 for electricity for the Colchester Senior Center. ($\$1,252 + \$600 = \$1,852$)

BUDGET NARRATIVE/COST EXPLANATION (continued)

VEHICLE OPERATIONS \$940

10% of the projected cost of gasoline and vehicle maintenance/repairs of \$9,400, as provided by Town of Colchester's Fleet Maintenance Department.

EQUIPMENT \$50

10% of small equipment repairs, \$500 annually for the Colchester Senior Center

REPAIRS/MAINTENANCE \$150

10% of the projected cost of routine building maintenance and repair, \$1,500 annually for the Colchester Senior Center

CONFERENCES/TRAINING \$10

10% of budgeted amount of \$100 for staff to attend relevant training sessions for ongoing education.

CONTRACTUAL SERVICES \$0

N/A

Name of subcontractor: _____
Activity to be subcontracted: _____
Cost: _____

INSURANCE \$0

N/A

BUDGET NARRATIVE/COST EXPLANATION (continued)

POSTAGE \$10

10% of budgeted amount for postage, \$100 annually for the Colchester Senior Center

SUPPLIES/PRINTING \$40

10% of the Printing & Publications budget of \$400 to print program related supplies for the Making Memories Program

DUES/SUBSCRIPTIONS \$51

10% of annual dues to CASC, NISC and monthly subscription costs for Activity Connections

AUDIT \$0
N/A

OTHER \$0
N/A

Service Targets

Use the following definitions:

Low Income: All clients 100% or below poverty line.

Minority: African American/Black, Hispanic/Latino, Native American, Asian American, and Pacific Islander

Low Income Minority: All Minority clients 100% or below poverty line

Near Poor: All clients at or below 150% of poverty

Rural: Encompasses all population, housing, and territory not included within an urban area. (See page 5 of application for rural towns)

Limited English Proficiency: Individuals who do not speak English as their primary language and who have a limited ability to read, speak, write, or understand English, can be limited English proficient, or "LEP". These individuals may be entitled to language assistance with respect to a particular type of service, benefit, or encounter

Severely Disabled: All clients with reported need for assistance with 3 or more ADL's

At Risk of Institutionalization: All severely disabled clients who do not reside in nursing homes and lives alone or is below 100% FPL or over 80

Alzheimer's & Related Disorders: All clients with neurological or organic brain dysfunction

SERVICE NAME (Refer to Reference Material for Service Name)	Units of Service	Total Number of Unduplicated Clients	Clients with Low Income	Clients from Minority Population Groups	Clients from Low Income Minority Population Groups	Clients at or below 150% of the Federal Poverty Limit	Clients Living in Rural Areas	Clients with Limited English Proficiency	Clients with Severe Disabilities	Clients At Risk of Institutionalization	Clients with Alzheimer's and Related Disorders
Therapeutic Activity	3,750	14	4	1	1	3	11	0	0	10	10

Unit Cost

A	B	C	D	E	F	G	H
Service Name	Unit of Measure	Total Units	Net Cost Assigned	Net Cost Per Unit	Title III Cost Assigned	Title III Cost Per Unit	Percentage of Title III Request
Therapeutic Activity	one hour	3,750	\$30,471	\$8.13	\$19,000	\$5.07	100%
0		0		#DIV/0!		#DIV/0!	0%
0		0		#DIV/0!		#DIV/0!	0%
0		0		#DIV/0!		#DIV/0!	0%
TOTALS			\$30,471		\$19,000		

The correct unit of measure can be found in the Reference Material guide

STANDARD ASSURANCES

I. OLDER AMERICANS ACT

The undersigned HEREBY AGREES THAT it will comply with the Older Americans Act of 1965, as amended, all requirements imposed by the applicable HHS regulations and all guidelines issued pursuant thereto.

As a condition of receipt of funds under this act, each provider shall assure that they will:

- a. Provide the area agency, in a timely manner, with statistical and other information which the area agency requires in order to meet its planning, coordination, evaluation and reporting requirements established;
- b. Provide each older person with an opportunity to voluntarily contribute to the cost of the service;
- c. Protect the privacy of each older person with respect to his or her contributions;
- d. Establish appropriate procedures to safeguard and account for all contributions;
- e. May not deny any older person a service because the older person will not or cannot contribute to the cost of the service;
- f. With the consent of the older person or his or her representative, bring to the attention of appropriate officials for follow-up, conditions or circumstances which place the older person, or the household of the older person, in imminent danger;
- g. Where feasible and appropriate, make arrangements for the availability of services to older persons in weather related emergencies;
- h. Assist participants in taking advantage of benefits under other programs;
- i. Assure participants in taking advantage of benefits under other programs;
- j. Assure that persons age 60 or over who are frail, homebound by reason of illness or incapacitating disability, or otherwise isolated, shall be given priority in the delivery of services; and
- k. Assure that the proposed project intends to satisfy the service needs of older persons with disabilities and severe disabilities.

II. CIVIL RIGHTS ACT OF 1964 (AMENDED TO THE CIVIL RIGHTS ACT OF 1991)

The undersigned also AGREES THAT it will comply with Title VI of the Civil Rights Act of 1964 (P.L. 88-353) and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 80) issued pursuant to that title, to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Subgrantee receives Federal financial assistance from Senior Resources Agency on Aging, a recipient of Federal financial assistance from the Department (hereinafter called "Grantor"); and HEREBY GIVES ASSURANCE THAT it will immediately take any measure necessary to effectuate this agreement.

If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Subgrantee by the Grantor, this assurance shall obligate the Subgrantee, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a structure is used for a purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Subgrantee for the period during which it retains ownership or possession of the property. In all other cases, this assurance shall obligate the Subgrantee for the period during which the Federal financial assistance is extended to it by the Grantor.

III. REHABILITATION ACT OF 1973

The undersigned also HEREBY AGREES THAT it will comply with section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), all requirements imposed by the applicable HHS regulation (45 C.F.R. Part 84), and all guidelines and interpretations issued pursuant thereto.

IV. HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996

The undersigned HEREBY AGREES THAT it will comply with the terms of the Health Insurance Portability and Accountability Act of 1996, as appropriate.

V. CERTIFICATION REGARDING LOBBYING

The undersigned certifies, to the best of his or her knowledge and belief, that:

- a. 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 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 contract, grant, loan, or cooperative agreement.

b. 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.

c. 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, subgrants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

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 \$100,000 for each such failure.

VI. CERTIFICATION OF DRUG FREE WORKPLACE

The undersigned HEREBY AGREES THAT it will comply with the Drug-Free Workplace Act of 1988 in matters relating to providing a drug-free work place. The undersigned contractor will:

a. Publish a statement notifying employees that unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited and specifying actions to be taken against employees for violations of such prohibition;

b. Establish a Drug-Free Awareness Program to inform employees about all of the following:

1. The dangers of drug abuse in the work place,
2. The person's or organization's policy of maintaining a drug-free work place,
3. Any available counseling, rehabilitation and employee assistance programs, and
4. Penalties that may be imposed upon employees for drug abuse violations.

c. Provide that every employee who works on the proposed contract or grant:

1. Will receive a copy of the company's drug-free policy statement, and
2. Will agree to abide by the terms of the company's statement as a condition of employment the contract or grant.

VII. NON-DISCRIMINATION REGARDING SEXUAL ORIENTATION

The undersigned contractor AGREES THAT it will not discriminate or permit discrimination against any person or group of persons on the grounds of sexual orientation, in any manner prohibited by the laws of the United States or of the State of Connecticut. The contractor also agrees to the following:

1. Employees are treated when employed without regard to their sexual orientation.
2. A notice stating the above to be posted in conspicuous places available to employees and applicants.
3. To comply with Connecticut General Statutes 46a-56.

VIII. NON-DISCRIMINATION AND AFFIRMATIVE ACTION

1. The Contractor agrees and warrants that in the performance of the contract such Contractor will not discriminate or permit discrimination against any person or group of persons on the grounds of race, color, religious creed, age, marital status, national origin, ancestry, sex, mental retardation or physical disability, including, but not limited to blindness, unless it is shown by such contractor that such disability prevents performance of the work involved, in any manner prohibited by the laws of the United States or of the State of Connecticut. The Contractor further agrees to take affirmative action to insure that applicants with job-related qualifications are employed and that employees are treated when employed without regard to their race, color, religious creed, age, marital status, national origin, ancestry, sex, mental retardation, or physical disability, including, but not limited to, blindness, unless it is shown by such Contractor that such disability prevents performance of the work involved;

2. The Contractor agrees, in all solicitations or advertisements for employees placed by or on behalf of the Contractor, to state that is an "affirmative action-equal opportunity employer" in accordance with regulations adopted by the Commission;

3. The Contractor agrees to provide each labor union or representative of workers with which such Contractor has a collective bargaining agreement or other contract or understanding and each vendor with which such contractor has a contract or understanding, a notice to be provided by the Commission advising the labor union or workers; representative of the Contractor's commitments under this section, and to post copies of the notice in conspicuous places available to employees and applicants for employment;

4. The Contractor agrees to comply with each provision of this section and sections 46a-68e and 46a-68f and with each regulation or relevant order issued by said Commission pursuant to sections 46a-56, 46a-68e and 46a-68f;

5. The Contractor agrees to provide the Commission of Human Rights and Opportunities with such information requested by the Commission, and permit access to pertinent books, records and accounts, concerning the employment practices and procedures of the Contractor as related to the provisions of this section and section 46a-56.

IX. AMERICANS WITH DISABILITIES ACT OF 1990

The undersigned contractor states they are familiar with the terms of this Act and are in compliance with said Act.

X. UTILIZATION OF MINORITY BUSINESS ENTERPRISES

The undersigned contractor AGREES to use best efforts consistent with 46C.F.R. 74.160 et seq. (1992) and paragraph 9 of Appendix G; Connecticut General Statutes 13a-95a, 4a-60, 4a-62, 4b-95(b), and 32-9e.

THESE ASSURANCES are given in consideration of and for the purpose of obtaining any and all Federal grants, loans, contracts, property discounts or other Federal financial assistance extended after the date hereof to the Subgrantee by the Grantor, including installment payments after such date on account of application for Federal financial assistance which was approved before such date. The Subgrantee recognizes and agrees that such Federal financial assurance, and that the Grantor or the United States or both shall have the right to seek judicial enforcement of this assurance. This assurance is binding on the Subgrantee, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this assurance on behalf of the subgrantee.

CERTIFICATION

I, the official named below, hereby swear that I am duly authorized legally to bind the contractor grant recipient to the above described certification. I am fully aware that this certification, executed on the date and in the county below, is made under penalty of perjury under the laws of the State of Connecticut.

Date _____

Agency Name _____

Signature _____
(President, Chairperson of Board, or comparable authorized official)

Title _____

CERTIFICATION OF NON-FEDERAL MATCH FOR TITLE III PROGRAM
(must be completed and signed by the donor NOT the applicant)

Applicant Agency Name Colchester Senior Center

Program Name Making Memories Program

This is to certify that I (as an individual) or my agency/organization will provide the following cash and/or in-kind resources for the support of the program entitled

Making Memories Program for period beginning October 1, 2023
and ending September 30, 2024

SOURCE	CASH AMOUNT	IN-KIND VALUE
Colchester Lions' Club	\$1,000.00, if awarded	
Volunteer D. Kropp (3 hrs x \$15 x 48 wks.)		\$2,160.00
Volunteer G. O'Brien (2 hrs. x \$15 x 40 wks.)		\$1,200.00
TOTAL	\$1,000.00, if awarded	\$3,360.00

The above cash and in-kind items do not come from Federal funds (except as may be allowed via the use of Community Development Block Grants and/or General Revenue Sharing monies), and they are not used to match any other Federal program.

Signed: _____ Date: _____

Name: Andreas Bisbikos

Title: First Selectman

Agency: Town of Colchester, Connecticut