



**DISTRICT OF COLUMBIA  
OFFICE ON AGING**



**FISCAL YEAR 2011  
CONTINUATION GRANT APPLICATION  
PACKAGE  
TO  
*PROVIDE DIRECT SERVICES*  
TO  
*SENIOR CITIZENS OF THE  
DISTRICT OF COLUMBIA***

**Continuation Grant Application Receipt Deadline:  
Friday, August 6, 2010 - 5:00 p.m.**

**D.C. OFFICE ON AGING**  
**FISCAL YEAR 2011 GRANT APPLICATION**  
**FOR**  
**CONTINUATION GRANTS ONLY**

**Application Submission**

An original and two copies of the continuation application must be received at the receptionist desk at the DC Office on Aging, 441 4<sup>th</sup> Street, NW, Suite 900 South, not later than 5:00 pm on Friday, August 6, 2010. Because of security concerns, there may be delays in reaching the 9<sup>th</sup> floor. Applicants should plan to reach the office early enough to avoid the possibility of missing the application submission deadline. **Identification is required to enter the building.**

**Service Areas**

Service areas for Fiscal Year 2011 for all grants remain unchanged.

**Target Population**

The target population for Fiscal Year 2011 grant programs continues to be individuals aged 60 and over, residing in the District of Columbia and informal, unpaid primary caregivers who reside in the District of Columbia who care for friends or relatives who are in the target population.

**Aging & Disability Resource Center (ADRC)**

Aging & Disability Resource Center (ADRC) is a federally-supported entity whose purpose is to coordinate services and assistance for older adults and younger persons with disabilities and it complements other long-term care system change activities designed to enhance access to community living. It is a collaborative effort mobilizing both public and private sector resources to deliver effective long-term care support resources for providers and customers in a single coordinated service delivery system. The DC ADRC serves as a “one stop shop” helping customers and their families simplify access to needed information, services, and assistance. The lead agency’s primary location will be a satellite site for the ADRC and other Network Agencies are asked to make referrals when needed.

## **Intergenerational Volunteers**

Lead Agencies provide a wide range of services and activities for seniors using varied methods and approaches. The successful applicant will demonstrate its capacity to use intergenerational volunteers in delivering dynamic programming for seniors. Volunteers may be individuals or groups and must be tracked throughout the year for performance measure reporting.

## **Client Services Tracking and Reporting System (CSTARS)**

The District of Columbia Office on Aging (DCOA) administers grants funded through the Older Americans Act (OAA), other federal funds, and District government appropriated funds to provide supportive services to and for the benefit of elderly residents and caregivers of the elderly within the District of Columbia. DCOA provides services directly and in partnership with the Senior Service Network, a network of provider agencies supported by DCOA to carry out projects and services prescribed and monitored by DCOA.

In FY-2008, the DCOA implemented the Client Services Tracking and Reporting System (CSTARS). The system provides DCOA with a system-wide electronic client management database and an integrated system of reporting to ensure unduplicated client counts, timely financial accounting, and accurate service data for utilization review. Applicants are expected to have sufficient organizational capacity to ensure accurate data input and management using the CSTARS system.

## **Source of Grant Funding**

Funds are made available through both Federal grant funds and District appropriated funds to the Office on Aging.

## **Certified Business Enterprises (CBE) Requirement**

The Office of Aging strongly supports and encourages the utilization of local and small businesses certified pursuant to the Department of Small and Local Business Development's Certified Business Enterprise program. In accordance with the Small, Local, and Disadvantaged Business Enterprise Development and Assistance Act of 2005, as amended, D.C. Official Code § 2-218.01 et seq. (the "Act"), and in consideration of receiving the grant funds, the Grantee commits to use its best efforts to utilize Certified Business Enterprises certified pursuant to the Act ("CBEs") in order to achieve, at a minimum, the goal of CBE participation in an amount equal to 35% of the contract funds under the grant award. Grantee is encouraged to utilize the resources of the Department of Small and Local Business Development, including the *Business Center* found on DSLBD's website (<http://dslbd.dc.gov>) as a resource for identifying CBEs and to publish contracting and procurement opportunities. Grantees shall report the percentage of their use of CBE contractors at the end of the grant year.

### **Maximum Reimbursement Rate**

The maximum reimbursement rates for Office on Aging services remain unchanged. Reimbursement rates for FY 2011 are described in Attachment D.

The maximum reimbursement rate for mileage for Fiscal Year 2011 will be computed at .50 cents per mile or at the level certified through the General Services Administration at the time of Award.

### **Award Period**

These continuation grants will be awarded for a period of one year, October 1, 2010 through September 30, 2011.

### **Application Contents**

**Continuation applications must include the following information and may not exceed 25 pages. The appendices, certifications and assurances and attachments are not included in the page limit.**

1. **Cover Page**, identifying the applicant and the title of the proposal
2. **Applicant Profile**, with original signatures.
  - The contact person is the person whom the Office on Aging will contact to negotiate the terms and conditions of the grant and to request revisions, if necessary. No other person is authorized to represent the applicant during the course of the grant.
  - Please note the requirement for an e-mail address (see Attachment A). All grantees are **required** to provide an electronic mail address which can be accessed during the work day.
  - All grantees are **required** to have a website and a high speed internet connection. Grantees must certify completion in the Assurances (see Attachment F) that the organization has a high speed internet connection.
  - All grantees are **required** to provide a D.U.N.S. number (acquired from Dun & Bradstreet), a tax identification number, from the D.C. Office of Tax and Revenue, and an address where payments are to be mailed. In addition, the Office on Aging may request, prior to grant award, Dun & Bradstreet reports on grantees.
3. **Proposal Abstract** One page that summarizes the objectives and services your program will offer.
4. **FY 2010 Program Objectives** and progress made toward their completion.

5. **FY 2011 Program Objectives** with timelines for accomplishing the objectives.
  
6. **FY 2011 Mandatory Performance Goals and Outcome Measures**.  
The District government continues to have performance based budgeting for all programs and services. The Office on Aging has developed performance goals and outcomes for the following specific programs:
  - **In-home and Day Care**
    - Homemaker
    - Day Care
    - In-Home Nutrition Program
    - Home Delivered Meals (Weekday and Weekend)
    - Transportation of Meals
    - Comprehensive Assessment and Case Management
    - Heavy Housecleaning
    - Transportation and Escort
    - Caregiver Support
      - DC Caregivers' Institute
      - Caregiver Education
      - Caregiver Spring Cleaning
      - Caregiver Transportation
      - Caregiver Assessment and Case Management
      - Caregiver Respite (includes day, residential, weekend, camp)
      - Caregiver Supplemental Services
      - Caregiver Extended Day Care
  
  - **Community-Based Support**
    - Wellness and Health Promotion
    - Health Promotion (including UDC Bodywise)
  
  - **Elder Rights Assistance**
    - Legal
    - Long Term Care Ombudsman
    - Advocacy (Long Term Care Ombudsman **only**)
  
  - **Community Services**
    - Community Nutrition Program
    - Congregate Meals (weekday and weekend)
    - Nutrition Education
    - Nutrition Counseling
    - Transportation to Sites and Activities
    - Recreation and Socialization
    - Counseling (including the GW Health Insurance Counseling Project)
    - Age-In-Place

- **Supportive Residential Facilities**
  - Emergency Shelter
  - Group Homes
  - Community Residential Facilities

**CONSUMER INFORMATION, ASSISTANCE AND OUTREACH**

- **Training and Education**
  - Training

Grantees providing these services must use performance goals and outcome measures as identified by the DC Office on Aging. These performance measures are included as Attachment B.

7. **Position Descriptions**- *Submit position descriptions for all positions* that correspond with the staffing pattern indicated in the B-6 Budget pages;

8. **Board of Directors**- Submit a current list of members (as of the date of the application). Include their addresses, telephone numbers, position held on the Board, gender, **and ethnicity**.

9. **Minutes of Board of Director’s Meeting**- Attach a copy of the minutes from the Board meeting that indicates Board approval of your application. If this does not apply, please submit an explanation or description of your agency’s procedure regarding Board approval of grant applications.

10. **Certification from the D.C. Office of Tax and Revenue**- For grants exceeding \$100,000.00, the grantee must show proof that taxes are current and if in arrears, an approved payment schedule from the D.C. Office of Tax and Revenue must be presented. Otherwise, submit a letter or certificate from the D.C. Office of Tax and Revenue that certifies that your agency is compliant with District of Columbia tax requirements. Contact:

The Office of Tax and Revenue (OTR) – Tax Compliance  
 941 North Capitol Street, N.E.  
 202-442-6400 or 202-727-4829  
[www.cfo.dc.gov](http://www.cfo.dc.gov)

11. **Current Certificate of Incorporation**-Submit a copy of the grantee’s Certificate of Incorporation from the Department of Consumer and Regulatory Affairs showing that the grantee is in good standing and is currently authorized to conduct business in the District of Columbia.

## 12. Inventory List

Submit an updated inventory listing of Office on Aging sponsored or purchased equipment and vehicles, with serial numbers or Vehicle Identification Numbers (VIN), as appropriate and dates of purchase. Inventory lists must not be consolidated for multiple grant recipients. All Office on Aging sponsored equipment must be labeled to show ownership of the D.C. Office on Aging.

## 13. Budget

**There must be a narrative** budget by cost category, i.e., personnel, fringe benefits, supplies, equipment, consultants/contractors, other direct, percentage for indirect cost rate, indirect costs, etc. **The narrative must include the intended, qualitative and quantitative justification for use of funds.** (See attachment C for Sample Budget Narrative)

- *Personnel* - include name if only one person in position. If multiple people hold the same position, it will only be necessary to show number of people in the position. For each position, show position title, number of positions, salary, percentage of time (FTE), and hourly rate, if less than full time. Provide a sentence description of duties required to be performed for each position.
- *Supplies* - show name of vendors, items that will be purchased such as paper for copier machines, craft supplies, etc... and costs of the items.
- *Equipment* - show the items to be purchased such as copier machines, and other office equipment and number of items, unit, and total cost for items. Briefly justify the need for proposed purchase of new equipment.
- *Travel* - show cost of travel, and explain travel costs including miles anticipated for transporting participants. The maximum reimbursement rate for mileage is .50 cents per mile.
- *Other Direct Costs* - show all direct costs not previously mentioned in any other budget categories such as cost of Food Service Contracts and consultant contracts.  
Consultants/Contractors - show name of consultant/contractor, service rendered, and number of hours, hourly rate, and total. Include copies of consultants/contractors for all new and existing service providers.
- *Indirect Costs* – Indirect costs will not exceed 5% in FY 2011. Applicants must show proof of a negotiated rate agreement from the Federal government. Final determination of indirect costs will be the decision of the Executive Director for the DCOA.

- *Occupancy* - show rental costs per site and cost of utilities. Applicants occupying District owned facilities will be required to enter into a lease agreement with the DC Office of Property Management.
- *Communications* - show cost of telephones, faxes, and internet connections, and postage.
- Provide a copy of a negotiated indirect cost rate agreement, if one exists. If none exists, applicant must show basis on which indirect cost is calculated as verified by an official signed letter. Audit and accounting fees should be included in indirect cost computations and clearly identified.

14. **Cash Match and Awards**

For Fiscal Year 2011 grants, all applicants will be required to show a minimum 15% cash or in-kind matching contribution when applying for funds under this RFA. **Participant contributions cannot exceed 25% of a grantee's match and applicants must show the source and amount of all matching funds.**

15. **Certifications and Assurances** (See Attachments E and F);

Certifications Regarding:

1. Debarment, Suspension and other Responsibility Matters
2. Drug-Free Workplace Requirements, and
3. Lobbying Assurances

16. **Appendices**

This section shall be used to provide technical material, supporting documentation and endorsements. Such items may include:

- a. Audited financial statement (**required, if not previously submitted**)
- b. Indication of nonprofit corporation status (**required**)
- c. List of current Board members. (**required**)
- d. Proposed organizational chart for the project (**required**)
- e. New Memoranda of Understanding for space utilization, etc. (**required**)

17. **Nutrient Analyses** (for agencies with meal service)

In accordance with the current D.C. Office on Aging Service Standards, grantees employing caterers, approved by the Office on Aging, other than the establishment with which the Office on Aging holds a contract, must submit nutrient analyses for all menus served to nutrition program participants. The analyses may be done using computer software programs, or by hand calculation using published nutrient tables.

All analyses must be legible. Meals should meet or exceed 1/3 of the Recommended Dietary Allowance, and also meet the Office on Aging Nutrition Standards. These menus must be kept on file for a minimum of 3 years.

### **Contact Persons**

For further information, please contact one of the following:

Eric Manuel, Aurora Delespin-Jones, Maxine Crowder, Cheryl Taylor or Tiffany Yates at the D.C. Office on Aging, 441 4<sup>th</sup> Street, NW, Suite 900 South, Washington DC 20001, 202-727-8821.

### **Instructions For Transmitting Applications**

An original and two (2) copies of the application must be submitted in a sealed envelope or package conspicuously marked "Application in Response to Fiscal Year 2011 Continuation Grant Application." Applications that are not submitted in a sealed envelope or package and so marked **will not be accepted**. Electronic, telephonic, telegraphic and facsimile submissions **will not be accepted**.

### **Applications Delivered by Mail**

An application sent by mail must be addressed to the District of Columbia Office on Aging, in a sealed envelope or package conspicuously marked "Application in Response to Fiscal Year 2011 Continuation Grant Application " 441 4<sup>th</sup> Street, NW, Suite 900 South, Washington, DC 20001. Applications sent by mail must be mailed in time to allow the application to reach the D.C. Office on Aging by the deadline date.

An application must show proof of mailing consisting of one of the following:

- (1) A legibly dated U.S. Postal Service postmark.
- (2) A legible mail receipt with the date of mailing stamped by the U.S. Postal Service.
- (3) A dated shipping label, invoice, or receipt from a commercial carrier.
- (4) Any other proof of mailing acceptable to the Government of the District of Columbia

If an application is sent through the U.S. Postal Service, the following are not acceptable proofs of mailing:

- (1) A private metered postmark, or
- (2) A mail receipt that is not dated by the U.S. Postal Service.

An applicant should note that the U.S. Postal Service does not uniformly provide a dated postmark. Before relying on this method, an applicant should check with its

local post office. Applicants are encouraged to use registered or at least first-class mail.

### **Applications Delivered by Hand/Courier Service**

An application that is hand delivered must be taken to the District of Columbia Office on Aging in a sealed envelope or package conspicuously marked "Application in Response to Fiscal Year 2011 Continuation Grant Application" 441 4<sup>th</sup> Street, NW, Suite 900 South, Washington, DC 20001 between 9:00 a.m. and 5:00 p.m. daily, except Saturdays, Sundays and Federal holidays.

In order for an application sent through a Courier Service to be considered timely, the Courier Service must deliver the application on or before the deadline date and time.

Applications are due no later than 5:00 p.m., EDT, on August 6, 2010. All applications will be recorded upon receipt. Applications **will not be accepted after 5:00 p.m. EDT**, August 6, 2010. Any additions or deletions to an application will not be accepted after the deadline.

An original and two copies, for a total of three (3) copies **must be** delivered to the following location:

**District of Columbia Office on Aging  
441 - 4<sup>th</sup> Street, NW  
9th Floor, South  
Washington, DC 20001**

### **LATE APPLICATIONS WILL NOT BE ACCEPTED**

**NOTE: Applicants must allow time to proceed through magnetometers in the 441 4<sup>th</sup> Street building. Persons delivering applications must show proper identification, generally a picture I.D., to gain access to building elevators. The Office on Aging will not accept responsibility for delays in the delivery of the proposals. Applicants should be aware that a security status level higher than yellow may require additional identification and cause further delays in accessing the building.**

# Checklist for the FY 2011 Continuation Application

1. The application is printed on 8 1/2 by 11-inch paper, double-spaced, on one side, using 12-point type with a minimum of one inch margins.
2. The application does not exceed 25 pages. The abstract, appendices, certifications and assurances, and attachments are not included in the page limit.
3. The Applicant Profile contains all required information.
4. The Proposal Abstract is complete and does not exceed the 1-page limit for this section of the application.
5. Achievement of FY 2010 program objectives is shown.
6. FY 2011 Program Objectives are included.
7. FY 2011 Mandatory Performance Goals and Outcome Measures are included.
8. All Position Descriptions are included.
9. Board of Directors listing is included complete with ethnicity.
10. Minutes of Board of Director's meeting or explanation regarding Board approval of application is included.
11. Certification regarding current taxes from D.C. Tax and Revenue is included.
12. Current Certificate of Incorporation and Good Standing is included.
13. Current Federal Negotiated Cost Rate Agreement.
14. Auditor's written indirect cost rate justification and support documentation.
15. Updated Inventory List is included.
16. Program Budget is complete and complies with the Budget forms.
17. A budget narrative, following the sample shown in Attachment C is included.
18. The Certifications and Assurances listed in Attachments E and F are signed by an authorized representative and included.
19. The appropriate Appendices are included:
  - a. Audited financial statement **(required, if not previously submitted)**;
  - b. Indication of nonprofit corporation status **(required)** ;
  - c. List of current Board members **(required)**;
  - d. Proposed organizational chart for the project **(required)**;
  - e. New Memoranda of Understanding for space utilization, etc. **(required)**.
18. There are 2 copies of the proposal; plus the original

**Applicant Profile  
D.C. Office on Aging  
Fiscal Year 2011 Grant Program**

Applicant Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

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

Phone/Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Website URL: \_\_\_\_\_

D.U.N.S. Number: \_\_\_\_\_

Tax Identification Number: \_\_\_\_\_

Program Area(s): \_\_\_\_\_

Program Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total Program Cost                    \$ \_\_\_\_\_

DCOA Grant Funds                    \$ \_\_\_\_\_

Applicant Funds                    \$ \_\_\_\_\_

\_\_\_\_\_  
**Printed Name and Title of Authorized Official**

\_\_\_\_\_  
**Signature of Authorized Official**

**Date**

INSTRUCTIONS FOR COMPLETING THE STANDARD

**OUTCOME MEASURES FORMS**

Each grantee providing the services listed on the previous pages, must include the relevant **Standard Performance Goals and Outcome Measures Forms** in its grant application. Standard Performance Goals and Outcome Measures are required for **each service that appears on a separate service line in the grantee's Office on Aging grant application budget**. The Performance Goals and Outcome Measures Forms are found on the following pages.

The grantee must complete the applicable forms by adding the:

- Name and title of the responsible person
- Office on Aging funds (do **not** include the grantee match) the grantee has budgeted for the services that comprise the activity

**Definitions**

**Target Results:** The target results are what the Program is working to achieve during the fiscal year.

**Actual Results:** The actual results are what the grantee achieved during the fiscal year based on actual client statistics.

**Outputs and Demands:** Outputs and demands are the statistics the grantee records to determine whether the target results have been met.

**Responsible Person:** The name and title of the person or people responsible for ensuring that the target results are met.

**FY 2010 Budget:** The amount of Office on Aging funds budgeted for the services comprising this activity.

**Submission of Outputs, Demands, and Actual Results Data to the Office on Aging**

The demands and outputs, which allow a grantee to calculate actual results, are based on fiscal year 2010 data. Therefore, the demands, outputs and actual results are recorded on the forms once the fiscal year has ended and client data has been collected and tabulated for the year. ***The completed forms must be sent to the Office on Aging at the conclusion of the fiscal year. Grantees will be notified of the date that the forms are due. Additionally, there may also be monthly reporting requirements, but grantees will be notified at a later date.***

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## **Putting Systems in Place to Track Results**

The system for using relevant measurement tools, collecting and recording output and demand data, and tracking results, must be in place at the beginning of the fiscal year, so that the data will be available to determine whether the target results were met for the year. Progress should be monitored periodically. Data and worksheets must be maintained and made available to Office on Aging staff, upon request, for monitoring purposes.

## **Recording Outputs and Demands**

Some outputs and demands, specifically the number of clients receiving a particular service, are provided by CSTARS based on the client data entered by grantees. Other outputs and demands, based on the number of participants screened and reassessed, the results of screenings and reassessments, the length of time a client has received service, and the results of customer surveys and training evaluation forms must be tracked by the grantee.

The nutrition performance measures require screenings and follow-up screenings. Nutrition follow-up screenings on high risk clients should occur at six month intervals. All clients receiving reassessments within the fiscal year should be included in the calculations to determine what percentage of clients had improved nutrition or healthy lifestyle scores upon reassessment.

Service longevity spreadsheets required for most in-home and continuing care service performance measures must list the clients in the program and track their service use during the fiscal year. Clients who receive service throughout the fiscal year are counted as having remained in their home for the year. Clients, who stop service *temporarily* during the year for situations such as hospitalization, may still be counted as remaining in their homes.

Customer surveys, required by most community-based service performance measures, must be completed prior to the end of the fiscal year allowing enough time for responses to be received and tabulated and included in the calculations to determine the actual result.

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## Calculating Target Results

**Example Nutrition Services:** 5% of seniors identified as being at high nutritional risk will experience an improvement in their nutritional status based on an improved nutritional risk score.

- **Demand**
  - 250 participants at high nutritional risk received follow-up screening (will be lower than the number assessed at high risk because some may have dropped out of the program or follow-up screening was not possible for a variety of reasons)
- **Output**
  - 50 participants who received follow-up screening had an improved nutritional risk score (improved by one or more points)
- **Actual Result Calculation = output divided by demand, i.e.,**
  - $50/250 = 20\%$  improved
- **Actual Result 20%**

**Example Day Care:** 50% of seniors receiving day care services will remain in their homes for one year.

- **Demand**
  - 100 participants received day care services
- **Output**
  - 50 participants received services for one year (participants who stop services *temporarily* may be counted)
- **Actual Result Calculation = output divided by demand, i.e.,**
  - $50/100 = 50\%$  remained in their home for one year
- **Actual Result 50%**

**Example Community-based Services (i.e., Congregate Meals, Nutrition Education, Nutrition Counseling, Recreation, Counseling, Transportation to Sites):** 10% of participants will report that the services enable them to maintain an active and independent lifestyle.

- **Demand**
  - 75 people responded to this question on the customer survey.
- **Output**
  - 70 respondents reported the services enabled them to maintain an active and independent lifestyle.
- **Actual Result Calculation = output divided by demand, i.e.,**
  - $70/75=93\%$  reported that the services enabled them to maintain an active and independent lifestyle.
- **Actual Result 93%**

Agency \_\_\_\_\_

Service: \_\_\_\_\_

D.C. OFFICE ON AGING  
**SENIOR SERVICE NETWORK**

**Performance Goals and Outcome Measures for the In-Home Services  
 and  
 Day Care Programs**

**FY 2011**

<b>PROGRAM</b>	<b>IN-HOME AND CONTINUING CARE</b>	
<b>Activity</b>	<b>In-Home and Day Care Services</b>	
Activity Purpose Statement	The purpose of providing In-home and Day Care services to frail Washingtonians 60 years of age and older is so that they can remain in their homes longer.	
Services that Comprise the Activity	<ul style="list-style-type: none"> <li>• Homemaker services</li> <li>• Specialized homemaker services for people suffering from dementia</li> <li>• Day Care</li> <li>• DC Caregiver Institute</li> <li>• Heavy House Cleaning</li> <li>• Volunteer Caregiver</li> <li>• Age-In-Place</li> <li>• UDC Respite Aide Program</li> </ul>	
Activity Performance Measures	<b>Target Results:</b> 65% of seniors receiving these services will remain in their homes for one year.  <u>Measurement Tool:</u> <b>Service Longevity Spreadsheet</b>  <b>Demand:</b> ___ # of clients receiving these services at beginning of fiscal year <b>Output:</b> ___ # of same clients receiving these services at end of fiscal year.	<b>Actual Results</b> _____%
Responsible Person		
FY 2011 Budget (Office on Aging share only)		

Agency: \_\_\_\_\_

Service: \_\_\_\_\_

D.C. OFFICE ON AGING  
**SENIOR SERVICE NETWORK**

**Performance Goals and Outcome Measures for the In-Home Nutrition Program**

**FY 2011**

<b>PROGRAM</b>	<b>IN-HOME AND CONTINUING CARE</b>												
<b>Activity</b>	<b>In-Home Nutrition Services</b>												
Activity Purpose Statement	The purpose of providing In-Home Nutrition Services to Washingtonians 60 years of age and older is to improve their nutritional health and support their efforts to remain in their homes.												
Services that Comprise the Activity	Home Delivered Meals (weekday and weekend) Transportation of Home Delivered Meals												
Activity Performance Measures	<table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: left;"><u>Target Results:</u></th> <th style="text-align: right;"><u>Actual</u></th> </tr> </thead> <tbody> <tr> <td><b>Results</b> 25% of seniors identified as being at high nutritional risk will experience an improvement in their nutritional status based on an improved nutritional risk score. <b>(LEAD AGENCIES ONLY)</b></td> <td style="text-align: right;">_____ %</td> </tr> <tr> <td>65% of seniors receiving in-home nutrition services will remain in their homes one year. <b>(LEAD AGENCIES ONLY)</b></td> <td style="text-align: right;">_____ %</td> </tr> <tr> <td colspan="2"><i>Measurement Tools: Nutrition Screening Form and Service Longevity Spreadsheet</i></td> </tr> <tr> <td colspan="2"><b>Demands: (LEAD AGENCIES ONLY)</b> ____ # of high risk participants who received follow-up screening for nutritional risk ____ # of participants receiving home delivered meals at start of fiscal year</td> </tr> <tr> <td colspan="2"><b>Outputs: (LEAD AGENCIES ONLY)</b> ____ # of high risk participants whose nutritional risk scores improved upon follow-up screening (by one or more points) ____ # of same participants receiving home delivered meals at end of fiscal year</td> </tr> </tbody> </table>	<u>Target Results:</u>	<u>Actual</u>	<b>Results</b> 25% of seniors identified as being at high nutritional risk will experience an improvement in their nutritional status based on an improved nutritional risk score. <b>(LEAD AGENCIES ONLY)</b>	_____ %	65% of seniors receiving in-home nutrition services will remain in their homes one year. <b>(LEAD AGENCIES ONLY)</b>	_____ %	<i>Measurement Tools: Nutrition Screening Form and Service Longevity Spreadsheet</i>		<b>Demands: (LEAD AGENCIES ONLY)</b> ____ # of high risk participants who received follow-up screening for nutritional risk ____ # of participants receiving home delivered meals at start of fiscal year		<b>Outputs: (LEAD AGENCIES ONLY)</b> ____ # of high risk participants whose nutritional risk scores improved upon follow-up screening (by one or more points) ____ # of same participants receiving home delivered meals at end of fiscal year	
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Responsible Person													
FY 2011 Budget (Office on Aging share only)													

Agency: \_\_\_\_\_

Service: \_\_\_\_\_

D.C. OFFICE ON AGING  
SENIOR SERVICE NETWORK

**Performance Goals and Outcome Measures for Comprehensive  
Assessment and Case Management Services  
FY 2011**

<b>PROGRAM</b>	<b>IN-HOME AND CONTINUING CARE</b>
<b>Activity</b>	<b>Comprehensive Assessment and Case Management</b>
Activity Purpose Statement	The purpose of providing In-home and Day Care services to Washingtonians 60 years of age and older is to enable them to remain in their homes.
Services that Comprise the Activity	Comprehensive Assessment Case Management
Activity Performance Measures	<b>Target Results:</b> _____ <b>Actual Results</b> _____ 40% of seniors receiving comprehensive assessment and case management services will _____% remain in their homes for one year.  <i><u>Measurement Tool: Service Longevity Spreadsheet</u></i>  <b>Demand:</b> ____ # of clients receiving case management services at start of fiscal year  <b>Outputs:</b> ____ # of same clients receiving service at end of year
Responsible Person	
FY 2011 Budget (Office on Aging share only)	

Agency: \_\_\_\_\_

Service: \_\_\_\_\_

D.C. OFFICE ON AGING  
SENIOR SERVICE NETWORK

**Performance Goals and Outcome Measures for Transportation and Escort  
FY 2011**

<b>PROGRAM</b>	<b>IN-HOME AND CONTINUING CARE</b>
<b>Activity</b>	<b>Transportation and Escort</b>
Activity Purpose Statement	The purpose of providing In-home and Day Care services to Washingtonians 60 years of age and older is to enable them to remain in their homes.
Services that Comprise the Activity	Transportation and Escort <b>(WEHTS ONLY)</b>
Activity Performance Measures	<p><b>Target Results:</b> _____ <b>Actual Results</b> _____</p> <p>20% of seniors receiving transportation and escort services will remain in their homes for a year.</p> <p><i>Measurement Tool: Follow-up Contact Log</i></p> <p><b>DEMAND: (WEHTS ONLY)</b> ____ # of clients receiving transportation and escort services at start of fiscal year</p> <p><b>OUTPUT: (WEHTS ONLY)</b> ____ # of same clients receiving transportation and escort services at end of fiscal year</p>
Responsible Person	
FY 2011 Budget (Office on Aging share only)	

Agency: \_\_\_\_\_

Service: \_\_\_\_\_

D.C. OFFICE ON AGING  
SENIOR SERVICE NETWORK

**Performance Goals and Outcome Measures for the Caregiver Program**

**FY 2011**

<b>PROGRAM</b>	<b>IN-HOME AND CONTINUING CARE</b>	
<b>Activity</b>	<b>Caregiver Support</b>	
Activity Purpose Statement	The purpose of providing Caregiver Support to eligible caregivers residing in Washington, D.C. is to enable caregivers to continue to provide care.	
Services that Comprise the Activity	Caregiver Institute Spring Cleaning Caregiver Assessment and Case Management Supplemental	Caregiver Education Respite Extended Day Care UDC Respite Aide
Activity Performance Measures	<p><b>Target Results:</b></p> <p>60% of caregivers will report that the services had a positive impact on their ability to provide care.</p> <p>67% of Caregivers receiving Caregiver Support remain in the program for one year.</p> <p><b>Demand:</b></p> <p>____ # of caregivers responding to the customer survey question regarding services having a positive impact on their ability to provide care</p> <p>____ # of Caregivers receiving services in October</p> <p><b>Outputs:</b></p> <p>____ # of respondents reporting a positive impact.</p> <p>____ # of Same Caregivers receiving services in September.</p>	<p><b>Actual Results</b></p> <p>_____ %</p>
Responsible Person		
FY 2011 Budget (Office on Aging share only)		



Agency: \_\_\_\_\_

Service: \_\_\_\_\_

**D.C. OFFICE ON AGING  
SENIOR SERVICE NETWORK**

**Performance Goals and Outcome Measures for Elder Rights  
Assistance**

FY 2011

<b>PROGRAM</b>	<b>COMMUNITY -BASED SUPPORT</b>																				
<b>Activity</b>	<b>Elder Rights Assistance</b>																				
Activity Purpose Statement	The purpose of providing Elder Rights Assistance to Washingtonians 60 years of age or older and their legal representatives is to address their legal issues and nursing home and community residence facility concerns within a timely manner.																				
Services that Comprise the Activity	Legal Services Advocacy (Long Term Care Ombudsman)																				
Activity Performance Measures	<table border="0" style="width: 100%;"> <thead> <tr> <th align="left"><b>Target Results:</b></th> <th align="right"><b>Actual Results</b></th> </tr> </thead> <tbody> <tr> <td>85% of calls for legal assistance are responded to within two days.</td> <td align="right">_____ %</td> </tr> <tr> <td>83% of nursing facility and community residence facility complaints received are resolved</td> <td align="right">_____ %</td> </tr> <tr> <td colspan="2"><i>Measurement Tools: Telephone response tracking log and complaint investigation log.</i></td> </tr> <tr> <td colspan="2"><b>Demand:</b></td> </tr> <tr> <td colspan="2">____ # of clients calling for legal assistance</td> </tr> <tr> <td colspan="2">____ # of requests for nursing home/CRF complaint assistance received</td> </tr> <tr> <td colspan="2"><b>Outputs:</b></td> </tr> <tr> <td colspan="2">____ # of clients who spoke to a legal assistance representative within two days.</td> </tr> <tr> <td colspan="2">____ # of nursing home/CRF complaints resolved</td> </tr> </tbody> </table>	<b>Target Results:</b>	<b>Actual Results</b>	85% of calls for legal assistance are responded to within two days.	_____ %	83% of nursing facility and community residence facility complaints received are resolved	_____ %	<i>Measurement Tools: Telephone response tracking log and complaint investigation log.</i>		<b>Demand:</b>		____ # of clients calling for legal assistance		____ # of requests for nursing home/CRF complaint assistance received		<b>Outputs:</b>		____ # of clients who spoke to a legal assistance representative within two days.		____ # of nursing home/CRF complaints resolved	
<b>Target Results:</b>	<b>Actual Results</b>																				
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Responsible Person																					
FY 2011 Budget (Office on Aging share only)																					

Agency: \_\_\_\_\_

Service: \_\_\_\_\_

**D.C. OFFICE ON AGING  
SENIOR SERVICE NETWORK**

**Performance Goals and Outcome Measures for Community Services  
FY 2011**

<b>PROGRAM</b>	<b>COMMUNITY -BASED SUPPORT</b>
<b>Activity</b>	<b>Community Services</b>
Activity Purpose Statement	The purpose of providing Community Services to Washingtonians 60 years of age and older is to enable them to maintain an active and independent life style.
Services that Comprise the Activity	Counseling (includes Health Insurance Counseling Project) Transportation (to sites and activities) Recreation/Socialization

<p>Activity Performance Measures</p>	<p><b>Target Results:</b> <span style="float: right;"><b>Actual Results</b></span></p> <p>80% of seniors who receive community-based services will report that they were able to maintain active and independent life styles. _____%</p> <p>50% of clients receiving health insurance counseling will report that their concerns were addressed. <b>(HEALTH INSURANCE COUNSELING PROJECT ONLY)</b> _____%</p> <p><i><b>Measurement Tools: Customer Survey and Nutrition Screening Form</b></i></p> <p><b><u>Demands:</u></b></p> <p>____ # of community service clients responding to customer survey question regarding their ability to maintain an active and independent lifestyle.</p> <p>____ # of health insurance counseling clients responding to customer survey question regarding their concerns being addressed. <b>(HEALTH INSURANCE COUNSELING PROJECT ONLY)</b></p> <p><b><u>Outputs:</u></b></p> <p>____ # of community service clients who report an active and independent life style</p> <p><b>(HEALTH INSURANCE COUNSELING PROJECT ONLY)</b></p> <p>____ # of health insurance counseling clients who report their concerns were addressed.</p>
<p>Responsible Person</p>	
<p>FY 2011 Budget (Office on Aging share only)</p>	

Agency: \_\_\_\_\_

Service: \_\_\_\_\_

**D.C. OFFICE ON AGING  
SENIOR SERVICE NETWORK**

**Performance Goals and Outcome Measures for Community Services  
FY 2011**

<b>PROGRAM</b>	<b>COMMUNITY -BASED SUPPORT</b>
<b>Activity</b>	<b>Community Nutrition Services</b>
Activity Purpose Statement	The purpose of providing Community Services to Washingtonians 60 years of age and older is to enable them to maintain an active and independent life style.
Services that Comprise the Activity	Congregate meals (Weekday and Weekend) Nutrition Education Nutrition Counseling
Activity Performance Measures	<p>Target Results: <span style="float: right;">Actual Results</span></p> <p>25% of seniors in congregate nutrition sites _____% identified as being at high nutritional risk will experience an improvement in their nutritional status based on an improved nutritional risk score. (LEAD AGENCIES ONLY)</p> <p>Measurement Tools: Customer Survey and Nutrition Screening Form</p> <p>Demands:</p> <p>____ # of high risk participants who received follow-up screening for nutritional risk. (LEAD AGENCIES ONLY)</p> <p>Outputs:</p> <p>(LEAD AGENCIES ONLY)</p> <p>____ # of high risk participants whose nutritional risk scores improved upon follow-up screening (by one or more points)</p>
Responsible Person	
FY 2011 Budget (Office on Aging share only)	

Agency: \_\_\_\_\_

Service: \_\_\_\_\_

D.C. OFFICE ON AGING  
SENIOR SERVICE NETWORK

Performance Goals and Outcome Measures for Supportive  
Residential Facilities  
FY 2011

PROGRAM	COMMUNITY -BASED SUPPORT						
<b>Activity</b>	<b>Supportive Residential Facilities</b>						
Activity Purpose Statement	The purpose of providing Supportive Residential Facilities to Washingtonians 60 years of age and older who cannot live independently and/or have limited housing options is to ensure that they live safely and receive care that meets their needs.						
Services that Comprise the Activity	Emergency Shelter Group Homes Community Residence Facility						
Activity Performance Measures	<table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: left;"><b>Target Results:</b></th> <th style="text-align: right;"><b>Actual Results</b></th> </tr> </thead> <tbody> <tr> <td>80% of supportive residential facility clients will report that the care they receive meets their needs.</td> <td style="text-align: right;">_____ %</td> </tr> <tr> <td>50% of supportive residential facility clients will report that they feel safe in the facility.</td> <td style="text-align: right;">_____ %</td> </tr> </tbody> </table> <p><i>Measurement Tool: Customer Survey</i></p> <p><b>Demands:</b>            _____ # of clients responding to the customer survey question regarding services meeting their needs.            _____ # of clients responding to the customer survey question regarding safety</p> <p><b>Outputs:</b>            _____ # of respondents who report their needs are met by the facility.            _____ # of respondents who report they feel safe in the facility</p>	<b>Target Results:</b>	<b>Actual Results</b>	80% of supportive residential facility clients will report that the care they receive meets their needs.	_____ %	50% of supportive residential facility clients will report that they feel safe in the facility.	_____ %
<b>Target Results:</b>	<b>Actual Results</b>						
80% of supportive residential facility clients will report that the care they receive meets their needs.	_____ %						
50% of supportive residential facility clients will report that they feel safe in the facility.	_____ %						
Responsible Person							
FY 2011 Budget (Office on Aging share only)							

Agency: \_\_\_\_\_

Service: \_\_\_\_\_

**D.C. OFFICE ON AGING  
SENIOR SERVICE NETWORK**

**Performance Goals and Outcome Measures for Training  
FY 2011**

<b>PROGRAM</b>	<b>CONSUMER INFORMATION, ASSISTANCE AND OUTREACH</b>
<b>Activity</b>	<b>Training and Education</b>
Activity Purpose Statement	The purpose of providing training and education to seniors, service providers, and the general public is to increase knowledge, skills and competency in areas of benefit to seniors.
Services that Comprise the Activity	Training Classes
Activity Performance Measures	<p><b>Target Results:</b> _____% 80% of the students/training session participants will report that the classes/sessions enhanced their knowledge and/or increased their skills in areas benefiting seniors.</p> <p>15% increase in number of unduplicated training participants from FY 2010. _____%</p> <p><i>Measurement Tool: Training Evaluation</i></p> <p><b>Demand:</b> ____ # of students/trainees responding to the training evaluation question regarding enhanced knowledge and/or improved skills. ____ # of unduplicated trainees who attended training in FY 2010</p> <p><b>Output:</b> ____ # of respondents who report enhanced knowledge and/or increased skills. ____ # of unduplicated trainees in FY 2010</p>
Responsible Person	
FY 2011 Budget (Office on Aging share only)	

Agency: \_\_\_\_\_

Service: \_\_\_\_\_

**D.C. OFFICE ON AGING  
SENIOR SERVICE NETWORK**

**Performance Goals and Outcome Measures for  
the In-Home and Community Based Services**

FY 2011

<b>PROGRAM</b>	<b>IN-HOME AND COMMUNITY BASED SERVICES</b>
<b>Activity</b>	<b>IN-HOME AND COMMUNITY BASED SERVICES</b>
Activity Purpose Statement	The purpose of providing In-home and Community Based services to senior Washingtonians 60 years of age and older is so that they can remain in their homes in the community longer.
Services that Comprise the Activity	<ul style="list-style-type: none"> <li>• Homemaker services</li> <li>• Specialized homemaker services for people suffering from dementia</li> <li>• Day Care</li> <li>• DC Caregiver Institute</li> <li>• Heavy House Cleaning</li> <li>• Volunteer Caregiver</li> <li>• Age-In-Place</li> <li>• UDC Respite Aide Program</li> <li>• Home-Delivered Meals (Weekday and Weekend)</li> <li>• Weekend Congregate Meals</li> <li>• Case Management</li> <li>• Comprehensive Assessment</li> <li>• Congregate Meals</li> <li>• Nutrition Counseling</li> <li>• Transportation &amp; Escort</li> </ul>
Activity Performance Measures	<p><u>Target Results:</u> _____ <u>Actual Results</u> _____</p> <p>67% of seniors receiving these services will remain in their homes for one year. _____%</p> <p>Measurement Tool: Service Longevity Spreadsheet</p> <p>Demand: ____ # of clients receiving these services at beginning of fiscal year</p> <p>Output: ____ # of same clients receiving these services at end of fiscal year.</p>
Responsible Person	
FY 2011 Budget (Office on Aging	

**D.C. OFFICE ON AGING  
FY 2010 BUDGET SUMMARY SHEET**

BUDGET CATEGORIES	SOURCE		TOTAL BUDGET
	Grantee Share	DC Office on Aging Share	
1. PERSONNEL (a)Salary  (b)Fringe @ ____ %			
2. TRAVEL			
3. OCCUPANCY			
4. COMMUNICATIONS			
5. EQUIPMENT			
6. SUPPLIES			
7. OTHER DIRECT			
8. TOTAL DIRECT COSTS			
9. INDIRECT COST @ % OF TPC *			
10. TOTAL PROJECT COSTS			

\* Total Personnel Cost







## BUDGET JUSTIFICATION SAMPLE FORMAT WITH NARRATIVE

IN-KIND MATCH: Memorandum of Understandings exists with Joseph Property Management for one meal site estimated @ \$120.00 month per the current market renter's rate for the area. Total annual in-kind space agreement is \$1,440 per annum.

DCOA Funds: \$0

Matching Funds: \$1,440 Total: **\$1,4410 in-kind**

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Total DCOA Funds: \$42,000

Total Matching Funds: \$10,775

**Total Occupancy Cost: \$52,775**

**Total In-kind: 1,440**

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### Other Directs

Blank Check Food Service Contract provides specialty meals for birthday center events = \$400

Transportation Services for meals – flat rate cost for transportation of meals to sites from caterer Monday through Friday for 52 weeks = \$15,000

Employee Background Checks -Expenses for 85 new employee background checks at \$30.00 each = \$2,550

Copier Contract - annual service contract on Cannon copier = \$2,500

Exercise Consultant- Consultant provides 26 exercise sessions annually not to exceed two 2 hour sessions per month for 12 months @ \$269.23 per mo. = \$7,000

DCOA Funds: \$23,332

Matching Funds: \$4,118 Total: \$27,450

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Total DCOA Funds: \$ 23,332

Total Matching Funds: \$4,118

**Total Other Directs Cost: \$27,450**

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## BUDGET JUSTIFICATION SAMPLE FORMAT WITH NARRATIVE

### INDIRECT COSTS

Administrative Clerical Pool - 2 staff @ \$12.00/ hr. x 1040 hrs. ea. = \$24,960

Facilities supplies and janitorial support services 12 mos. x \$150 = \$1,800

Accountant consultant: not to exceed 192 hrs. @ 20.00/ hr = \$3,840

Total Personnel Cost @ 7,000

DCOA Funds: \$37,600

Matching Funds: \$ 0 Total: \$37,600

Total DCOA Funds: \$37,600  
 Total Matching Funds: \$0  
**Total Indirect Costs: \$37,600**

### TOTAL FY 2010 GRANT PROGRAM FUNDING

Total DCOA Grant Award Funds: \$142,881.00

Total Local Cash Matching Funds: \$83,536.75 @ 37% of total grant

Total Local In-Kind Matching Funds: \$1,440

Total Program Grant: 227,857.75

### LOCAL CASH MATCH SOURCE OF FUNDS

FUND SOURCE	AMOUNT	COST ALLOCATION	PURPOSE
GSAP Grant:	\$7,249	Equipment	GreatServer purchase
Participant Contributions:	\$ 240	Travel	Purchase of C-N-Ride coupons
Participant Contributions:	\$ 300	Travel	Bus rental for trips

**Attachment D****DISTRICT OF COLUMBIA OFFICE ON AGING  
FY 2010 GRANT REIMBURSEMENT RATES**

<b>UNIT OF SERVICE</b>	<b>MINIMUM REIMBURSEMENT RATE</b>	<b>MAXIMUM REIMBURSEMENT RATE</b>
ADVOCACY	\$ 36.55	\$ 40.20
ASSESSMENT	\$168.05	\$ 184.85
CASE MANAGEMENT	\$ 54.30	\$ 68.11
WEEKDAY CONGREGATE MEAL SERVICE	\$ 2.45	\$ 2.69
COUNSELING	\$ 17.25	\$ 18.97
GERIATRIC DAYCARE	\$ 13.05	\$14.35
HEALTH PROMOTION	\$ 2.70	\$ 2.97
HEAVY HOUSE CLEANING	\$ 30.40	\$ 33.44
WEEKDAY AND WEEKEND HOME DELIVERED MEAL SERVICE	\$ 1.10	\$ 1.21
HOMEMAKER	\$ 20.65	\$22.71
HOMEMAKER-ALCARE	\$ 20.65	\$22.71
LEGAL	\$ 36.55	\$40.20
NUTRITION COUNSELING	\$ 47.60	\$ 52.36
NUTRITION EDUCATION	\$ 5.15	\$ 5.66
RECREATION/SOCIALIZATION	\$ 1.65	\$ 1.81
TRANSPORTATION/ESCORT	\$ 9.70	\$ 11.77
TRANSPORTATION MEALS	\$ 2.85	\$ 3.13
TRANSPORTATION TO SITES	\$ 3.70	\$4.07
WEEKEND MEALS – CONGREGATE	\$ 5.75	\$ 6.32
WELLNESS/BODYWISE	\$ 5.85	\$ 6.43



DISTRICT OF COLUMBIA OFFICE ON AGING

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

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*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 45 CFR Part 74.13, 2 CFR Part 180 "Government Debarment and Suspension (Non-procurement)"; 45CFR Part 82 "Government-wide Requirements for Drug-Free Workplace"; and 45 CFR 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 District of Columbia Office on Aging determines to award the covered transaction, grant, or cooperative agreement.*

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*1. Debarment, Suspension, and  
Other Responsibility Matters*

As required by Executive Order 12549 and 12689 Debarment and Suspension, and implemented at 45 CFR 74.13 and 2 CFR 215.13, for prospective participants in primary covered transactions, as defined at 2 CFR Part 180 Subpart C.

(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

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(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.

**2. 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 82, Subpart F, for grantees, as defined at 45 CFR Part 82, Sections 82.605 and 82.610 -

A. The grantee certifies that it will maintain 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: Executive Director, District of Columbia Office on Aging, 441 4<sup>th</sup> Street, N.W., Washington, D.C. 20001. 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)

Place of Performance: _____
Address: _____
Address: _____
City: _____
State: _____
Zip Code: _____
County: _____

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

*Alternate II. (Grantees Who Are Individuals)*

As required by the Drug-Free Workplace Act of 1988, and implemented at 45 CFR Part 82, Subpart F, for grantees, as defined at 45 CFR Part 82, Sections 82.605 and 82.610 (A) The grantee certifies that, as a condition of the grant, he or she will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant;

(B) If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, he or she will report the conviction, in writing, within 10 calendar days of the conviction, to: Executive Director, District of Columbia Office on Aging, 441 4<sup>th</sup> Street, NW, Suite 900 South, Washington, DC 20001. When notice is made to such a central point, it shall include the identification number(s) of each affected grant.

**3. 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:

(1) 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 contract, grant, loan, or cooperative agreement.

(2) 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.

(3) 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 certification is a material representation of fact upon which reliance was placed when 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

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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 certifies, 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. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into.

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

NAME OF APPLICANT: _____
AWARD NUMBER AND/OR PROJECT NAME: _____
SIGNATURE: _____
DATE: _____

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
Office on Aging



ASSURANCES

The applicant hereby assures and certifies compliance with all Federal statutes, regulations, policies, guidelines and requirements, including OMB Circulars No. A-21, A-110, A-122, A-128, A-87; E.O. 12372 and Uniform Administrative Requirements for Grants and Cooperative Agreements – 28 CFR, Part 215, Common Rule, that govern the application, acceptance and use of Federal funds for this federally-assisted project.

Also, the Applicant assures and certifies that:

1. It possesses legal authority to apply for the grant; that a resolution, motion or similar action has been duly adopted or passed as an official act of the applicant's governing body, authorizing the filing of the application, including all understandings and assurances contained therein, and directing and authorizing the person identified as the official representative of the applicant to act in connection with the application and to provide such additional information as may be required.
2. It will comply with requirements of the provisions of the Uniform Relocation Assistance and Real Property Acquisitions Act of 1970 PL 91-646 which provides for fair and equitable treatment of persons displaced as a result of Federal and federally-assisted programs.
3. It will comply with the minimum wage and maximum hours provisions of the Federal Fair Labor Standards Act if applicable.
4. It will establish safeguards to prohibit employees from using their positions for a purpose that is or gives the appearance of being motivated by a desire for private gain for themselves or others, particularly those with whom they have family, business, or other ties.
5. It will give the sponsoring agency of the District of Columbia, the DC Office of Inspector General, the DC Attorney General, the U.S. Department of Health and Human Services/Administration on Aging, Office of Inspector General, and or the Comptroller General of the United States, through any authorized representative, access to and the

right to examine all records, books, papers, or documents related to the grant.

6. It will comply with all requirements imposed by the DC Office on Aging concerning special requirements of law, program requirements, and other administrative requirements.
7. It will insure that the facilities under its ownership, lease or supervision which shall be utilized in the accomplishment of the project are not listed on the Environmental Protection Agency's (EPA), list of Violating Facilities and that it will notify the Office on Aging of the receipt of any communication from the Director of the EPA Office of Federal Activities indicating that a facility to be used in the project is under consideration for listing by the EPA.
8. It will comply with the flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973, Public Law 93-234-, 87 Stat. 975, approved December 31, 1976. Section 102(a) requires, on and after March 2, 1975, the purchase of flood insurance in communities where such insurance is available as a condition for the receipt of any Federal financial assistance for construction or acquisition purposes for use in any area that has been identified by the Secretary of the Department of Housing and Urban Development as an area having special flood hazards. The phrase "Federal Financial Assistance", includes any form of loan, grant, guaranty, insurance payment, rebate, subsidy, disaster assistance loan or grant, or any other form of direct or indirect Federal assistance.
9. It will assist the Office on Aging in its compliance with Section 106 of the National Historic Preservation Act of 1966 as amended (16 USC 470), Executive Order 11593, and the Archeological and Historical Preservation Act of 1966 (16 USC 569a-1 et. Seq.) By (a) consulting with the State Historic Preservation Officer on the conduct of investigations, as necessary, to identify properties listed in or eligible for inclusion in the National Register of Historic Places that are subject to adverse effects (see 36 CFR Part 800.8) by the activity, and notifying the Federal grantor agency of the existence of any such properties, and by (b) complying with all requirements established by the Federal grantor agency to avoid or mitigate adverse effects upon such properties.
10. It will comply with the provisions of 45 CFR applicable to grants and cooperative agreements: Part 80, Nondiscrimination under programs relieving Federal assistance through the Department of Health and Human Services effectuation of Title VI of the Civil Rights Act of 1964; Part 74 as applicable under Section 74.5, Part 82 government wide requirements for Drug Free Workplace; and Federal laws or regulations applicable to Federal Assistance Programs.
11. It will comply, and all its contractors will comply, with the non-discrimination requirements of Title VI of the Civil Rights Act of 1964, as amended; Section 504 of the Rehabilitation Act of 1973, as amended;

Subtitle A, Title III of the Americans with Disabilities Act (ADA) (1990); Title IX of the Education Amendments of 1972; the Age Discrimination Act of 1975; Department of Health and Human Services Regulations, 45 CFR Part 80 Subparts C, D, E and G; and Department of Health and Human Services regulations on disability discrimination, 45 CFR Parts 80, 84, 90, and 91.

12. In the event a Federal or State court or Federal or State administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin, sex, or disability against a recipient of funds, the recipient will forward a copy of the finding to the DCOA and Office for Civil Rights, Office of Health and Human Services.
13. It will provide an Equal Employment Opportunity Program if required to maintain one, where the application is for \$500,000 or more.
15. It will coordinate with other available resources in the target area, i.e. Health Facilities, Public Libraries, Colleges and Universities and develop agreements with educational institutions outlining courses available to seniors either without cost or at a discount.
16. It will adhere to Office on Aging Policy Memorandum 01-P08, Continuation Application Instructions for Office on Aging Grantees Receiving D.C. Office on Aging and Medicaid for the Same Service, as applicable, and to Office on Aging Policy Memorandum 02-P07, Approval for Key Personnel, as applicable
17. It will comply with the DCOA Grants Policy Manual.
18. It will give priority in hiring to D.C. residents when filling vacant positions.
19. It will give priority in hiring to individuals age 55 and over.
20. It will adhere to the D.C. Office on Aging mandate that all participant travel, for reimbursement purposes, will not extend beyond the 20-mile radius limit of the Washington Beltway surrounding the District of Columbia except where specifically provided under the grant or approved in advance in writing by DCOA.
21. It will submit all reports, i.e., Monthly Comprehensive Uniform Reporting Tool (CURT), (including NAPIS information, if applicable), the Monthly and Quarterly Financial Reports in a timely manner, and not later than the monthly due date.
22. It will ensure that client intake forms are completed annually in the DCOA Client Information Management System including information on age, gender, ethnicity and poverty status.

23. It will ensure that all applicable logs regarding services provided, including services specifically for caregivers under the National Family Caregiver Support Program are maintained according to the terms and conditions of the grant.
24. It will ensure that the grantee is represented by the Project Director or another comparable level staff member at monthly Office on Aging-sponsored Project Director meetings.
25. It will submit an inventory listing of all equipment purchased in whole or in part with Office on Aging funds. Further, it will comply with the requirement that all equipment purchased with D.C., Office on Aging funds will be labeled as property of DCOA and will not be disposed of, i.e., transferred, replaced or sold, without prior approval from the Office on Aging.
26. It will include on all stationery, publicity and promotional material and related written, electronic and oral communications the following identifier:



Part of the Senior Service Network  
Supported by the D.C. Office on Aging.

It will include in the written descriptions and verbal presentations of services funded by the Office on Aging, that the programs and services are provided in partnership with the Office on Aging, in accordance with OoA Policy Memorandum 02-P05, Acknowledgement of Office on Aging Financial Support.

**As the duly authorized representative of the applicant,  
I hereby certify that the applicant will comply with the above assurances.**

**1. Grantee Name and Address**

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**2. Project Name**

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**3. Typed Name and Title of Authorized Representative**

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**4. Signature of Authorized Representative**

**5. Date**



**Office on Aging  
Fiscal Year 2011 Continuation Application Grant Receipt**

THE D.C. OFFICE ON AGING IS IN RECEIPT OF A GRANT APPLICATION FROM:

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(Organization Name)

---

(Address, City, State, Zip Code)

---

(Program Title)

---

Contact Person

---

Telephone/Fax

---

E-mail

D.C. Office on Aging Use, ONLY

Proposal Received on \_\_\_\_\_, 2010

Time Received: \_\_\_\_\_

Copies Received: Original \_\_\_\_\_ Copies \_\_\_\_\_

Received by: \_\_\_\_\_