

**Applicant Profile
D.C. Office on Aging
Fiscal Year 2018 Competitive Grant Program**

Applicant Name: _____

Contact Person: _____

Office Address: _____

Mailing Address: _____

Phone/Fax: _____

Email: _____

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 2018 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 the fiscal year 2018 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.***

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.

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 2018**

| | | |
|---|---|--------------------------------|
| PROGRAM | IN-HOME AND CONTINUING CARE | |
| Activity | In-Home and Day Care Services | |
| 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"> • Homemaker services • Specialized homemaker services for people suffering from dementia • Day Care • DC Caregiver Institute • Heavy House Cleaning • Volunteer Caregiver • Age-In-Place • UDC Respite Aide Program | |
| Activity Performance Measures | Target Results: 65% of seniors receiving these services will remain in their homes for one year. <u>Measurement Tool:</u> Service Longevity Spreadsheet Demand: ____ # of clients receiving these services at beginning of fiscal year Output: ____ # of same clients receiving these services at end of fiscal year. | Actual Results ____% |
| Responsible Person | | |
| FY 2018 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 2018**

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|------------------------|---------------|----------------|--|---|--------|--|--------|---|--|--------------------------------------|--|---|--|--|--|--------------------------------------|--|---|--|---|--|
| PROGRAM | IN-HOME AND CONTINUING CARE | | | | | | | | | | | | | | | | | | | | | | |
| Activity | In-Home Nutrition Services | | | | | | | | | | | | | | | | | | | | | | |
| 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"> <tr> <td>Target Results:</td> <td style="text-align: right;">Actual</td> </tr> <tr> <td>Results</td> <td></td> </tr> <tr> <td>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. (LEAD AGENCIES ONLY)</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. (LEAD AGENCIES ONLY)</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">Demands: (LEAD AGENCIES ONLY)</td> </tr> <tr> <td>____# of high-risk participants who received follow-up screening for nutritional risk</td> <td></td> </tr> <tr> <td>____# of participants receiving home delivered meals at start of fiscal year</td> <td></td> </tr> <tr> <td colspan="2">Outputs: (LEAD AGENCIES ONLY)</td> </tr> <tr> <td>____# of high-risk participants whose nutritional risk scores improved upon follow-up screening (by one or more points)</td> <td></td> </tr> <tr> <td>____# of same participants receiving home delivered meals at end of fiscal year</td> <td></td> </tr> </table> | Target Results: | Actual | Results | | 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. (LEAD AGENCIES ONLY) | _____% | 65% of seniors receiving in-home nutrition services will remain in their homes one year. (LEAD AGENCIES ONLY) | _____% | <i>Measurement Tools: Nutrition Screening Form and Service Longevity Spreadsheet</i> | | Demands: (LEAD AGENCIES ONLY) | | ____# of high-risk participants who received follow-up screening for nutritional risk | | ____# of participants receiving home delivered meals at start of fiscal year | | Outputs: (LEAD AGENCIES ONLY) | | ____# 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 | |
| Target Results: | Actual | | | | | | | | | | | | | | | | | | | | | | |
| Results | | | | | | | | | | | | | | | | | | | | | | | |
| 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. (LEAD AGENCIES ONLY) | _____% | | | | | | | | | | | | | | | | | | | | | | |
| 65% of seniors receiving in-home nutrition services will remain in their homes one year. (LEAD AGENCIES ONLY) | _____% | | | | | | | | | | | | | | | | | | | | | | |
| <i>Measurement Tools: Nutrition Screening Form and Service Longevity Spreadsheet</i> | | | | | | | | | | | | | | | | | | | | | | | |
| Demands: (LEAD AGENCIES ONLY) | | | | | | | | | | | | | | | | | | | | | | | |
| ____# of high-risk participants who received follow-up screening for nutritional risk | | | | | | | | | | | | | | | | | | | | | | | |
| ____# of participants receiving home delivered meals at start of fiscal year | | | | | | | | | | | | | | | | | | | | | | | |
| Outputs: (LEAD AGENCIES ONLY) | | | | | | | | | | | | | | | | | | | | | | | |
| ____# 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 | | | | | | | | | | | | | | | | | | | | | | | |
| Responsible Person | | | | | | | | | | | | | | | | | | | | | | | |
| FY 2018 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 2018**

| PROGRAM | IN-HOME AND CONTINUING CARE |
|---|---|
| Activity | Comprehensive Assessment and Case Management |
| 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 | Target Results: _____ Actual Results 40% of seniors receiving comprehensive assessment and case management services will _____% remain in their homes for one year. <i>Measurement Tool: Service Longevity Spreadsheet</i> Demand: ____ # of clients receiving case management services at start of fiscal year Outputs: ____ # of same clients receiving service at end of year |
| Responsible Person | |
| FY 2018 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 2018**

| PROGRAM | IN-HOME AND CONTINUING CARE |
|---|---|
| Activity | Transportation and Escort |
| 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 (WEHTS ONLY) |
| Activity Performance Measures | Target Results: _____ Actual Results _____% 20% of seniors receiving transportation and escort services will remain in their homes for a year. <i>Measurement Tool: Follow-up Contact Log</i> DEMAND: (WEHTS ONLY) ____ # of clients receiving transportation and escort services at start of fiscal year OUTPUT: (WEHTS ONLY) ____ # of same clients receiving transportation and escort services at end of fiscal year |
| Responsible Person | |
| FY 2018 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 2018**

| PROGRAM | IN-HOME AND CONTINUING CARE | |
|---|---|---|
| Activity | Caregiver Support | |
| 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><u>Target Results:</u> _____ <u>Actual Results</u> _____%</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><u>Demand:</u></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><u>Outputs:</u></p> <p>____ # of respondents reporting a positive impact.</p> <p>____ # of Same Caregivers receiving services in September.</p> | |
| Responsible Person | | |
| FY 2018 Budget (Office on Aging share only) | | |

Agency: _____

Service: _____

DC OFFICE ON AGING
SENIOR SERVICE NETWORK

Performance Goals and Outcome Measures for Health Promotion
FY 2018

| PROGRAM | COMMUNITY-BASED SUPPORT |
|---|---|
| Activity | Health Promotion |
| Activity Purpose Statement | The purpose of the health promotion activity is to provide physical fitness, health screenings, and wellness information to Washingtonians 60 years of age and older so they can increase their awareness of and adopt healthy behaviors. |
| Services that Comprise the Activity | Health Promotion Wellness (including fitness classes, health screening, health and nutrition information sessions) |
| Activity Performance Measures | Target Results: _____ Actual Results _____% 75% of health promotion participants will report that health promotion activities increased their awareness of healthy behaviors and led them to adopt one or more healthy habits. (SERVICE AGENCIES OTHER THAN WELLNESS CENTERS) <u>Measurement Tools:</u> Health Promotion Participants – Customer Survey Demand: ____ # of health promotion participants responding to customer survey Outputs: ____ # of same health promotion participants reporting an increase in their awareness of and practice of healthy habits. |
| Responsible Person | |
| FY 2018 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 2018**

| PROGRAM | COMMUNITY -BASED SUPPORT | | | | | | | | | | | | | | | | | | | | |
|--|--|------------------------|-----------------------|---|---------|---|---------|--|--|----------------|--|--|--|---|--|-----------------|--|---|--|--|--|
| Activity | Elder Rights Assistance | | | | | | | | | | | | | | | | | | | | |
| 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%;"> <tr> <td style="width: 60%;">Target Results:</td> <td style="width: 40%;">Actual Results</td> </tr> <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">Demand:</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">Outputs:</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> </table> | Target Results: | Actual Results | 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> | | Demand: | | ____ # of clients calling for legal assistance | | ____ # of requests for nursing home/CRF complaint assistance received | | Outputs: | | ____ # of clients who spoke to a legal assistance representative within two days. | | ____ # of nursing home/CRF complaints resolved | |
| Target Results: | Actual Results | | | | | | | | | | | | | | | | | | | | |
| 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> | | | | | | | | | | | | | | | | | | | | | |
| Demand: | | | | | | | | | | | | | | | | | | | | | |
| ____ # of clients calling for legal assistance | | | | | | | | | | | | | | | | | | | | | |
| ____ # of requests for nursing home/CRF complaint assistance received | | | | | | | | | | | | | | | | | | | | | |
| Outputs: | | | | | | | | | | | | | | | | | | | | | |
| ____ # of clients who spoke to a legal assistance representative within two days. | | | | | | | | | | | | | | | | | | | | | |
| ____ # of nursing home/CRF complaints resolved | | | | | | | | | | | | | | | | | | | | | |
| Responsible Person | | | | | | | | | | | | | | | | | | | | | |
| FY 2018 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 2018**

| PROGRAM | COMMUNITY -BASED SUPPORT |
|-------------------------------------|---|
| Activity | Community Services |
| 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> | <table border="0" style="width: 100%;"> <tr> <td style="width: 60%;">Target Results:</td> <td style="width: 40%; text-align: right;">Actual Results</td> </tr> <tr> <td>80% of seniors who receive community-based services will report that they were able to maintain active and independent life styles.</td> <td style="text-align: right;">_____%</td> </tr> <tr> <td>50% of clients receiving health insurance counseling will report that their concerns were addressed. (HEALTH INSURANCE COUNSELING PROJECT ONLY)</td> <td style="text-align: right;">_____%</td> </tr> <tr> <td colspan="2"><u>Measurement Tools:</u> Customer Survey and Nutrition Screening Form</td> </tr> <tr> <td colspan="2"><u>Demands:</u></td> </tr> <tr> <td>____ # of community service clients responding to customer survey question regarding their ability to maintain an active and independent lifestyle.</td> <td></td> </tr> <tr> <td>____ # of health insurance counseling clients responding to customer survey question regarding their concerns being addressed. (HEALTH INSURANCE COUNSELING PROJECT ONLY)</td> <td></td> </tr> <tr> <td colspan="2"><u>Outputs:</u></td> </tr> <tr> <td>____ # of community service clients who report an active and independent life style</td> <td></td> </tr> <tr> <td>(HEALTH INSURANCE COUNSELING PROJECT ONLY)</td> <td></td> </tr> <tr> <td>____ # of health insurance counseling clients who report their concerns were addressed.</td> <td></td> </tr> </table> | Target Results: | Actual Results | 80% of seniors who receive community-based services will report that they were able to maintain active and independent life styles. | _____% | 50% of clients receiving health insurance counseling will report that their concerns were addressed. (HEALTH INSURANCE COUNSELING PROJECT ONLY) | _____% | <u>Measurement Tools:</u> Customer Survey and Nutrition Screening Form | | <u>Demands:</u> | | ____ # of community service clients responding to customer survey question regarding their ability to maintain an active and independent lifestyle. | | ____ # of health insurance counseling clients responding to customer survey question regarding their concerns being addressed. (HEALTH INSURANCE COUNSELING PROJECT ONLY) | | <u>Outputs:</u> | | ____ # of community service clients who report an active and independent life style | | (HEALTH INSURANCE COUNSELING PROJECT ONLY) | | ____ # of health insurance counseling clients who report their concerns were addressed. | |
| Target Results: | Actual Results | | | | | | | | | | | | | | | | | | | | | | |
| 80% of seniors who receive community-based services will report that they were able to maintain active and independent life styles. | _____% | | | | | | | | | | | | | | | | | | | | | | |
| 50% of clients receiving health insurance counseling will report that their concerns were addressed. (HEALTH INSURANCE COUNSELING PROJECT ONLY) | _____% | | | | | | | | | | | | | | | | | | | | | | |
| <u>Measurement Tools:</u> Customer Survey and Nutrition Screening Form | | | | | | | | | | | | | | | | | | | | | | | |
| <u>Demands:</u> | | | | | | | | | | | | | | | | | | | | | | | |
| ____ # of community service clients responding to customer survey question regarding their ability to maintain an active and independent lifestyle. | | | | | | | | | | | | | | | | | | | | | | | |
| ____ # of health insurance counseling clients responding to customer survey question regarding their concerns being addressed. (HEALTH INSURANCE COUNSELING PROJECT ONLY) | | | | | | | | | | | | | | | | | | | | | | | |
| <u>Outputs:</u> | | | | | | | | | | | | | | | | | | | | | | | |
| ____ # of community service clients who report an active and independent life style | | | | | | | | | | | | | | | | | | | | | | | |
| (HEALTH INSURANCE COUNSELING PROJECT ONLY) | | | | | | | | | | | | | | | | | | | | | | | |
| ____ # of health insurance counseling clients who report their concerns were addressed. | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Responsible Person</p> | | | | | | | | | | | | | | | | | | | | | | | |
| <p>FY 2018 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 2018**

| PROGRAM | COMMUNITY -BASED SUPPORT |
|-------------------------------------|---|
| Activity | Community Nutrition Services |
| 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 |

| | | | | | | | | | | | | | | | | | |
|---|---|------------------------|-----------------------|---|--------|--|--|------------------------|--|---|--|------------------------|--|-----------------------------|--|--|--|
| <p>Activity Performance Measures</p> | <table border="0" style="width: 100%;"> <tr> <td style="width: 60%;">Target Results:</td> <td style="width: 40%;">Actual Results</td> </tr> <tr> <td>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)</td> <td style="text-align: right;">_____%</td> </tr> <tr> <td colspan="2"><i>Measurement Tools: Customer Survey and Nutrition Screening Form</i></td> </tr> <tr> <td colspan="2"><u>Demands:</u></td> </tr> <tr> <td colspan="2">_____# of high-risk participants who received follow-up screening for nutritional risk. (LEAD AGENCIES ONLY)</td> </tr> <tr> <td colspan="2"><u>Outputs:</u></td> </tr> <tr> <td colspan="2">(LEAD AGENCIES ONLY)</td> </tr> <tr> <td colspan="2">_____# of high-risk participants whose nutritional risk scores improved upon follow-up screening (by one or more points)</td> </tr> </table> | Target Results: | Actual Results | 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) | _____% | <i>Measurement Tools: Customer Survey and Nutrition Screening Form</i> | | <u>Demands:</u> | | _____# of high-risk participants who received follow-up screening for nutritional risk. (LEAD AGENCIES ONLY) | | <u>Outputs:</u> | | (LEAD AGENCIES ONLY) | | _____# of high-risk participants whose nutritional risk scores improved upon follow-up screening (by one or more points) | |
| Target Results: | Actual Results | | | | | | | | | | | | | | | | |
| 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) | _____% | | | | | | | | | | | | | | | | |
| <i>Measurement Tools: Customer Survey and Nutrition Screening Form</i> | | | | | | | | | | | | | | | | | |
| <u>Demands:</u> | | | | | | | | | | | | | | | | | |
| _____# of high-risk participants who received follow-up screening for nutritional risk. (LEAD AGENCIES ONLY) | | | | | | | | | | | | | | | | | |
| <u>Outputs:</u> | | | | | | | | | | | | | | | | | |
| (LEAD AGENCIES ONLY) | | | | | | | | | | | | | | | | | |
| _____# of high-risk participants whose nutritional risk scores improved upon follow-up screening (by one or more points) | | | | | | | | | | | | | | | | | |
| <p>Responsible Person</p> | | | | | | | | | | | | | | | | | |
| <p>FY 2018 Budget (Office on Aging share only)</p> | | | | | | | | | | | | | | | | | |

Agency: _____

Service: _____

**D.C. OFFICE ON AGING
SENIOR SERVICE NETWORK
Performance Goals and Outcome Measures for Supportive
Residential Facilities
FY 2018**

| PROGRAM | COMMUNITY -BASED SUPPORT | | | | | | |
|--|---|------------------------|-----------------------|--|--------|---|--------|
| Activity | Supportive Residential Facilities | | | | | | |
| 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><thead><tr><th>Target Results:</th><th>Actual Results</th></tr></thead><tbody><tr><td>80% of supportive residential facility clients will report that the care they receive meets their needs.</td><td>_____%</td></tr><tr><td>50% of supportive residential facility clients will report that they feel safe in the facility.</td><td>_____%</td></tr></tbody></table> <p><i>Measurement Tool: Customer Survey</i></p> <p>Demands: ____ # 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>Outputs: ____ # of respondents who report their needs are met by the facility. ____ # of respondents who report they feel safe in the facility</p> | Target Results: | Actual Results | 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. | _____% |
| Target Results: | Actual Results | | | | | | |
| 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 2018 Budget (Office on Aging share only) | | | | | | | |

Agency: _____

Service: _____

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

**Performance Goals and Outcome Measures for Literacy and Training
FY 2018**

| PROGRAM | CONSUMER INFORMATION, ASSISTANCE, AND OUTREACH |
|---|---|
| Activity | Training and Education |
| 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 | Literacy Classes Training Classes |
| Activity Performance Measures | <p>Target Results: _____% 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 a number of unduplicated training participants from FY 2016. _____%</p> <p><i>Measurement Tool: Training Evaluation</i></p> <p>Demand: _____ # of students/trainees responding to the training evaluation question regarding enhanced knowledge and/or improved skills. _____ #of unduplicated trainees who attended training in FY 2016</p> <p>Output: _____ # of respondents who report enhanced knowledge and/or increased skills. _____ # of unduplicated trainees in FY 2016</p> |
| Responsible Person | |
| FY 2018 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 2018**

| | |
|-------------------------------------|--|
| PROGRAM | IN-HOME AND COMMUNITY-BASED SERVICES |
| Activity | IN-HOME AND COMMUNITY-BASED SERVICES |
| 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">• Homemaker services• Specialized homemaker services for people suffering from dementia• Day Care• DC Caregiver Institute• Heavy House Cleaning• Volunteer Caregiver• Age-In-Place• UDC Respite Aide Program• Home-Delivered Meals (Weekday and Weekend)• Weekend Congregate Meals• Case Management• Comprehensive Assessment• Congregate Meals• Nutrition Counseling• Transportation & Escort |

| | |
|--|---|
| <p>Activity Performance Measures</p> | <p>Target Results: _____ Actual Results _____</p> <p>67% of seniors receiving these services will remain in their homes for one year. _____%</p> <p><i>Measurement Tool: Service Longevity Spreadsheet</i></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> |
| <p>Responsible Person</p> | |
| <p>FY 2018 Budget (Office on Aging share only)</p> | |

**Grantee Name
Budget Narrative FY 2018**

Attachment C

| Object Class Category | DCOA | Non DCOA Cash | Non DCOA In-Kind | TOTAL | Justification |
|---|------|---------------------|------------------------|-------|---------------|
| Personnel | | | | | |
| Fringe Benefits | | | | | |
| Total Personnel cost | | | | | |
| Travel | | | | | |
| Occupancy | | | | | |
| Supplies/Equipment | | | | | |
| | | | | | |
| Communication | | | | | |
| Other | | | | | |
| Subtotal Other Cost | | | | | |
| Indirect Charges @10% of TPC | | | | | |
| Total Budget | | | | | |

Total DCOA Funds: \$1,700
Total Matching Funds: \$994.75
Total Travel Cost: \$2,694.75

Communications

Monthly telephone and internet billing along with one organization cell phone will be supported through 2010 funds.

DCOA Funds: \$ 2,000 Matching Funds: \$ 0 Total: \$2,000

Total DCOA Funds: \$2,000
Total Matching Funds: \$0
Total Communications Cost: \$2,000

Occupancy

Two thousand square feet of office space located at 2222 Jelly Roll Street, NW, Washington, DC 2999 is leased from Whosoever Realty Co. to house the lead agency headquarters and a nutritional meal site program at @ \$2.00 per square foot. The monthly lease is \$4,000 and \$48,000 for the year (see Appendix 4 Lease Agreement).

DCOA Funds: \$42,000 Matching Funds: \$6,000 Total: \$48,000

Utilities are averaged over a 12 month period based upon the previous year usage as follows:

1. Gas @ \$100 mo. x12 = \$1,200
2. Electric @ \$75 mo. x 12 = \$900
3. Water – is covered in the lease = \$0
4. Trash removal 150 mo. x 12 = \$1,800
5. Snow/grass maintenance \$125 x7appointments = \$875

DCOA Funds: \$4,775 Matching Funds: \$0 Total: \$4,775

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**

Total DCOA Funds: \$42,000
Total Matching Funds: \$10,775
Total Occupancy Cost: \$52,775
Total In-kind: 1,440

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

Total DCOA Funds: \$ 23,332
Total Matching Funds: \$4,118
Total Other Directs Cost: \$27,450

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 2018 GRANT PROGRAM FUNDING

Total DCOA Grant Award Funds: \$187,881.00

Total Local Cash Matching Funds: \$83,536.75 @ 31% of total grant

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

Total Program Grant: 272,857.75

LOCAL CASH MATCH SOURCE OF FUNDS

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

NOTE: In FY 2018, all in-kind cash *must be certified* by the funding source via a letter from the funder indicating: (1) amount of funding, (2) disbursement date, and (3) authorization for use of matching funds.



DISTRICT OF COLUMBIA OFFICE ON AGING

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

Applicants should refer to the regulations cited below to determine the certification to which they are required to attest. Applicants should also review the instructions for certification included in the regulations before completing this form. Signature on this form provides for compliance with certification requirements under 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.

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

(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 4th 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)

| |
|--|
| <p>Place of Performance: _____</p> <p>Address: _____</p> <p>Address: _____</p> <p>City: _____</p> <p>State: _____</p> <p>Zip Code: _____</p> <p>County: _____</p> |
|--|

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 4th 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

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: _____ |

Attachment E

**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

2. Project Name

3. Typed Name and Title of Authorized Representative

4. Signature of Authorized Representative

5. Date

Attachment F

FY 2018 D.C. Office on Aging Nutrition Priority Scale Assessment Form

Priority Scale for Community Dining Program

Please use the following scale to assess clients referred to DCOA's nutrition programs. This form is not used to determine eligibility for the meal programs, but DCOA may use this information to assess the overall need for nutrition services.

Name:

Ward:

| Category | Source | Reference Number | Indicator on Source | Points | Points Selected |
|--|------------------|------------------|---|--------|-----------------|
| Social Isolation | Universal Intake | 1 | Select if the client indicates "Lives alone" | 3 | |
| Minority (OAA) | Universal Intake | 2 | Select if the client indicates race is any choice except "White Non-Hispanic" | 1 | |
| Income at or below Federal Poverty Level (OAA) | Universal Intake | 3 | a) Select 5 points if the client answers yes to "Are you at or below (federal) poverty level?" <i>OR</i> b) Select 3 points if the client indicates enrollment in Medicaid, Food Stamps/SNAP, or CSFP. | 5 OR 3 | |
| Risk of Institutionalization (OAA) | Universal Intake | 4 | Select if the client needs assistance with at least two ADLs | 5 | |
| Low English Proficiency (OAA) | Universal Intake | 5 | Select if the client indicates the Primary Language Spoken at Home is any choice except English | 2 | |
| Food Insecurity | Nutrition Screen | 7 | Select if the client indicates "I don't always have enough money to buy the food I need." | 5 | |
| Social Isolation | Nutrition Screen | 8 | Select if the client indicates "I eat alone most of the time." | 3 | |
| Total Score | | | | | |

| | |
|-------------------------|-------|
| Rank #1 (High Priority) | 17-24 |
| Rank #2 | 10-16 |
| Rank #3 | 3-9 |
| Rank #4 (Low Priority) | ≤2 |

Priority Scale for HDM Program

Please use the following scale to assess clients referred to DCOA's nutrition programs. This form is not used to determine eligibility for the meal programs, but DCOA may use this information to assess the overall need for nutrition services.

| Name: | | | | Ward: | |
|---|------------------|------------------|---|----------------------------|-----------------|
| Category | Source | Reference Number | Indicator on Source | Points | Points Selected |
| Social Isolation | Universal Intake | 1 | Select if the client indicates "Lives alone" | 3 | |
| Minority (OAA) | Universal Intake | 2 | Select if the client indicates race is any choice except "White Non-Hispanic" | 1 | |
| Income at or below Federal Poverty Level (OAA) | Universal Intake | 3 | a) Select 5 points if the client answers yes to "Are you at or below (federal) poverty level?" <i>OR</i> b) Select 3 points if the client indicates enrollment in Medicaid, Food Stamps/SNAP, or CSFP. | 5 OR 3 | |
| RISK OF Institutionalization (OAA) | Universal Intake | 4 | Select if the client needs assistance with at least two ADLs | 5 | |
| Low English Proficiency (OAA) | Universal Intake | 5 | Select if the client indicates the Primary Language Spoken at Home is any choice except English | 2 | |
| Able to prepare own meals | Universal Intake | 6 | Select if the client does NOT indicate needing assistance "Preparing Meals" under IADLs | -2 | |
| Food Insecurity | Nutrition Screen | 7 | Select if the client indicates "I don't always have enough money to buy the food I need." | 5 | |
| Social Isolation | Nutrition Screen | 8 | Select if the client indicates "I eat alone most of the time." | 3 | |
| Able to shop for food | Nutrition Screen | 9 | Select if the client does NOT indicate "I am not always physically able to shop, cook, and/or feed myself." | -2 | |
| "High" Nutritional Risk Score | Nutrition Screen | 10 | Select if the total Nutritional Risk score is 6 or more | 4 | |
| Cognitive Disorders | HDM assessment | 11 | Select if the boxed is checked yes for "Does the client have a cognitive or other mental impairment that requires substantial supervision because the individual behaves in a manner that poses a serious health or safety hazard to the individual or to another" | 1 | |
| Food Insecurity | HDM assessment | 12 | Select if the client answers yes to "In the last 12 months, has the client lost weight because s/he didn't have enough money" | 5 | |
| Receiving meals from another source | HDM assessment | 13 | Select if the client indicates receiving <u>prepared meals</u> , not groceries or food assistance, from another organization under "Describe source of food and meals (include agencies, benefits, frequency of distribution)." | -5 | |
| Has a home health aide or individual in home that can prepare food for them | HDM assessment | 14 | a) Deduct 5 points if the client indicates that they have a home health aide for 8 hours or more/day AND a primary responsibility of the HHA is to cook. <i>OR</i> b) Deduct 3 points if the client indicates that they have a home health aide for less than 8 hours/day AND a primary responsibility of the HHA is to cook | -5 OR -3 | |
| Total Score | | | | | |
| | | | | Rank #1 (High Priority) | 24-34 |
| | | | | Rank #2 | 14-23 |
| | | | | Rank #3 | 4-13 |
| | | | | Rank #4 (Low Priority) | ≤3 |
| | | | | Select Rank Based on Score | |



**Office on Aging
Fiscal Year 2018 Competitive Application Grant Receipt**

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

(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 _____, 2017

Time Received: _____

Copies Received: Original _____ Copies _____

Received by: _____