

ANNUAL IMPLEMENTATION PLAN

APRIL 1, 2014 - MARCH 31, 2015

FOR OLDER AMERICANS ACT

NEW YORK STATE EXPANDED IN-HOME SERVICES FOR THE ELDERLY PROGRAM,

COMMUNITY SERVICES FOR THE ELDERLY PROGRAM,

CONGREGATE SERVICES INITIATIVE, STATE TRANSPORTATION PROGRAM,

WELLNESS IN NUTRITION,

STATE TRANSPORTATION PROGRAM,

CAREGIVER RESOURCE CENTER,

HEALTH INSURANCE INFORMATION COUNSELING AND ASSISTANCE PROGRAM, AND

SENIOR MEDICARE PATROL

This document, including applications and attachments, fulfills the "Area Plan" requirement under the Older Americans Act, as amended, and the "County Plan" requirement under Section 214 of the New York State Elder Law.

Area Agency on Aging (AAA): Nassau County Department of Human Services		County Code: 28
Director's Name: Victoria Meyerhoefer		Title: Director
Address: 60 Charles Lindbergh Boulevard		
City: Uniondale, New York		
Phone Number: 5162278944	Extension:	Zip Code: 11553

For County/City of New York/Native American Organization

Name and Title of Chief Executive Officer: Robert Walker		Title: Chief Deputy County Executive
Address: 1550 Franklin Avenue		
City: Mineola, New York		
Phone Number: 5165713140	Extension:	Zip Code: 11501

OR

If other than County/City of New York/Native American Organization

Name of the Sponsoring Organization:		
Name of the Chief Officer of the Governing Body of the Sponsoring Organization:		
Address:		Title:
City: , New York		
Phone Number:	Extension:	Zip Code:

Official Authorized to Receive Payments on behalf of the AAA

Name:		Title:
Address:		
City: , New York		
Phone Number:	Extension:	Zip Code:

Submit To:

New York State Office for the Aging

Division of Finance and Administration

2 Empire State Plaza, 3rd Floor

Albany, NY 12223-1251

**GOALS**

**Please check below the status of the goals/objectives that were listed in the AAA's 2012-16 Four Year Plan or subsequent Plans.**

- ☒ There is no change in the AAA's goals and objectives.
- 
- ☐ The following goal(s) and objectives have been changed or added. Please list:
- ☐ The following goal(s) has/have been met and has/have been deleted. Please list:

Demographic Data and Targeting Objectives

	A. Most Current Census*	B. Total Number: Registered Clients	C. Number Registered Clients to Be Served**
1. Total number of persons aged 60+ in the PSA (Planning and Service Area):	283,610	14,771	
2. Total number of persons projected to be served under this plan during the period 4/1/2014-3/31/2015:			7,155
3. ** Please provide a breakdown for the total on line 2 as follows:			
a)Aged 75-84	72,317	5,222	2,675
b)Aged 85+	34,057	5,189	2,910
c)Live Alone	54,457	6,470	3,580
Clients by Ethnicity			
d)Hispanic	16,541	663	570
Clients by Race			
e)Native American/Alaskan Native	295	12	12
f)Asian	14,449	271	365
g)Black	23,185	1,112	780
h)White Hispanic	10,900	592	575
i)White not Hispanic	227,750	9,097	5,460
j)Native Hawaiian/Pacific Islander	31	36	26
k)Other Race	4,180	62	35
l)2 or More Races	2,820	140	92
These fields use percent based on the 2000 Census.			
m)Frail/Disabled	23.68%	29.48%	124.00%
n)Low Income (below 150% of poverty)	10.17%	9.84%	96.00%
o)Low Income Minority (below 150% of poverty)	2.22%	3.57%	160.00%
p)Limited English Proficiency***	4.38%	4.34%	99.00%
q)Rural***	0.17%	0.03%	34.00%

\*The pre-printed census figures (Column A) and Client data (Column B) are only provided on the web-based version of this form.  
Registered clients are those receiving a Cluster 1 or Cluster 2 service.

\*\*Targeted groups include those unserved and underserved older adults in greatest social or economic need, particularly those who are low income, low income minorities, rural residents, older adults with limited English proficiency, Native Americans, and frail/persons with disabilities (e.g., blind, deaf, visually and/or hearing impaired, etc.).

\*\*\*Please see *Guide for Completion (Guide)* for definitions of *Rural* and *Limited English Proficiency*.

4. a. Specify the planned targeting activities for the 2014-15 that are designed to increase participation of unserved and underserved older adults in greatest social or economic need, particularly those older adults who are: low income, low income minorities, rural residents, older adults with limited English proficiency, Native Americans, those at risk of institutionalization, and frail older adults/persons with disabilities (e.g., blind, deaf, visually and/or hearing impaired,

Nassau County Office for the Aging has revised the subcontract to include the references stated in 13-TAM-01 related to targeting and equal to services. The Office requires all subcontract agencies to outreach, locate and serve targeted individuals. Agencies are accessed on their ability to meet or exceed targeting objectives. Additionally, senior centers are located in targeted low income and minority areas, and several offer English as a second language classes. Several senior programs such as Visually Impaired Persons Senior Lunch Program (VIP), Hispanic Brotherhood Senior Lunch Program, and Wantagh Senior Deaf Lunch Program specifically outreach to target groups. Resource information is translated into different languages and is available at these sites as well as at being available upon request through the NYConnects Information and Assistance Helpline. Staff utilize a compass/assessment form to determine to who is high priority when there is a wait list. Agency and subcontractor staff also regularly attend trainings in order to remain up to date on programs available outside of the network, and new challenges that may face these specific groups. The Office is also located in a building that houses several other agencies that provide services to these other groups. Administration maintains a list of workers in the building that speak other languages in order to provide complete services to any client who may walk in seeking assistance. I&A Staff can access the language line to obtain telephone assistance in my other languages.

4. b. If the AAA did not achieve targeting objectives set forth in its 2013-14 Plan, specifically describe how the AAA will modify its targeting activities in 2014-15 to improve its efforts to reach older adult cohort (as described above) for which the goal was not achieved. (In determining whether past targeting objectives were achieved, see QUARTERLY STATUS REPORT - Demographic Information - 36A). For information on NYSOFA's Equal Access and Targeting

5. a. Specify how the AAA plans to provide outreach and language accessibility to persons with limited English proficiency who may seek services (e.g., contracted interpreter/translator, community organization links for translation, interpretation services, language interpretation phone line, etc.) as required by 12-PI-08. (See *Guide* for further information.)

The Nassau County Office for the Aging will be using World Wide Interpreters to provide assistance to non-english speaking individuals. World Wide Interpreters provides translation for 200 languages. Information and Assistance personnel will have access to the pin number, in order to assist individuals who may contact the helpline.

5. b. Include the name and contact information for the telephonic interpretation services that the AAA has established as required by 12-PI-08.

Name: World Wide Interpreters Contact Number: (866)967-5313

5. c. Provide the amount that the AAA is projecting to spend on language accessibility services in the box below. If the AAA has access to free language access services, please describe the arrangement for free services under 5. a. above and enter 0 in the box below. The amount entered in the box below must equal the total of the amounts entered on each of the individual program budgets, **SUPPORTING BUDGET SCHEDULES**, Section 6. 'Other Expenses',

Projected Costs for Language Accessibility Services: \$250.00

PROJECTED RESOURCE INVENTORY

List all resources (from outside entities) projected to be secured primarily through the efforts of the Area Agency to enhance community based services to older adults in the PSA.

Please indicate the name of the Agency/Organization, the services provided which benefit the older adults in the PSA, check if there is a current contract with this provider for the provision of services and provide an estimated dollar value of these services.

If there is an existing contract with this outside entity show only the 'Services Provided' and the 'Estimated Dollar Value' of those services which are not already contracted. Show only the added value leveraged by the AAA above

Agency/Organization:	Adelphi University
Address:	
City:	
State:	
Zip:	
Phone:	
E-mail:	
Services Provided:	Case Assistance
Estimated Dollar Value:	\$0
Current Contractor?	No
Agency/Organization:	Empowerment, Assistance, & Caring, Inc. (EAC Inc.)
Address:	
City:	
State:	
Zip:	
Phone:	
E-mail:	
Services Provided:	respite
Estimated Dollar Value:	\$0
Current Contractor?	No
Agency/Organization:	LIPA
Address:	
City:	
State:	
Zip:	
Phone:	
E-mail:	
Services Provided:	Information & Assistance and Public Education
Estimated Dollar Value:	\$0
Current Contractor?	No
Agency/Organization:	Long Island Alzheimer's Association
Address:	
City:	
State:	
Zip:	
Phone:	
E-mail:	
Services Provided:	Public Information
Estimated Dollar Value:	\$0
Current Contractor?	No
Agency/Organization:	Long Island University; C.W. Post
Address:	
City:	
State:	
Zip:	
Phone:	
E-mail:	
Services Provided:	Nutrition Education and Nutrition Counseling
Estimated Dollar Value:	\$0
Current Contractor?	No
Agency/Organization:	Molloy College and Hospital
Address:	
City:	
State:	
Zip:	
Phone:	
E-mail:	
Services Provided:	Fiscal Auditing
Estimated Dollar Value:	\$0

Current Contractor?	No
Agency/Organization:	Nassau Community College
Address:	
City:	
State:	
Zip:	
Phone:	
E-mail:	
Services Provided:	Education, Training and Information & Assistance
Estimated Dollar Value:	\$0
Current Contractor?	No
Agency/Organization:	Nassau County Bar Association
Address:	
City:	
State:	
Zip:	
Phone:	
E-mail:	
Services Provided:	Legal services, Information & assistance, Counseling
Estimated Dollar Value:	\$0
Current Contractor?	No
Agency/Organization:	Nassau County Department of Social Services
Address:	
City:	
State:	
Zip:	
Phone:	
E-mail:	
Services Provided:	Case Assistance, Information & Assistance and Referrals
Estimated Dollar Value:	\$0
Current Contractor?	No
Agency/Organization:	Nassau County Parks, Recreation and Museums
Address:	
City:	
State:	
Zip:	
Phone:	
E-mail:	
Services Provided:	Senior Citizen Birthday Parties/I & A Fairs
Estimated Dollar Value:	\$0
Current Contractor?	No
Agency/Organization:	New York State Insurance Department
Address:	
City:	
State:	
Zip:	
Phone:	
E-mail:	
Services Provided:	Information & Assistance and Public Education
Estimated Dollar Value:	\$0
Current Contractor?	No
Agency/Organization:	North Shore Health Care Systems
Address:	175 Community Drive, 2nd Floor
City:	Great Neck
State:	NY
Zip:	11021
Phone:	(516) 465-7926
E-mail:	rschwartz3@nshs.edu
Services Provided:	Mental Health Research related to Expsoure to Hurricane Sandy
Estimated Dollar Value:	\$40,000
Current Contractor?	No
Agency/Organization:	North Shore University Hospital
Address:	
City:	
State:	
Zip:	
Phone:	
E-mail:	
Services Provided:	Health Promotion and Information & Assistance
Estimated Dollar Value:	\$0
Current Contractor?	No
Agency/Organization:	St. John's Pharmaceutical College
Address:	
City:	
State:	
Zip:	
Phone:	
E-mail:	
Services Provided:	Health Promotion, Medication Mangement and Information & Assistance

Estimated Dollar Value:	\$0
Current Contractor?	No

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Agency/Organization:	SUNY Oneonta
Address:	
City:	
State:	
Zip:	
Phone:	
E-mail:	
Services Provided:	Nutrition Education, Nutrition Counseling
Estimated Dollar Value:	\$0
Current Contractor?	No

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Agency/Organization:	Workforce Investment Board, NYS Dept. of Labor
Address:	
City:	
State:	
Zip:	
Phone:	
E-mail:	
Services Provided:	Information and Assistance, Counseling, Employment
Estimated Dollar Value:	\$0
Current Contractor?	No

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MULTIPURPOSE SENIOR CENTER/DESIGNATED FOCAL POINTS ROSTER

To facilitate access to services and to encourage maximum collocation and coordination of services for older adults, each AAA shall list all Multipurpose Senior Centers and if applicable, designated Focal Points for comprehensive service delivery in each community.

**Multi-Purpose Senior Center Facility:** means a community facility for the organization and provision of a broad spectrum of services, which shall include provision of health (including mental health), social, nutritional, and educational services and the provision of facilities for recreational activities for older adults.

**Focal Point:** A place or mobile unit in a community or neighborhood designated by the AAA for the collocation and/or coordination of services. Key characteristics include:

- recognized and visible within the community as a point of contact for information about or access to a variety of supportive services for older adults;
- works and coordinates with other service providers, including those who may not have an office/site within a community, to make the services of these other organizations regularly accessible to older adults; and
- older adults are linked with a wide variety of supportive services available within the community.

List below the names and addresses of all designated Focal Points, Senior Centers including NY Connects/Aging and Disability Resource Centers (ADRC). Include those centers which operate independently of your AAA.

<b>Name:</b>	<b>Baldwin Senior Center</b>
Address:	1810 Grand Avenue
City:	Baldwin
State:	NY
Zip:	11510
Phone:	(516) 546-7110
E-mail:	
Senior Center?	No
Focal Point?	No
Receives Title III funds?	No
Estimated Funds Provided including Title III:	\$0
<b>Name:</b>	<b>Bellmore Senior Center</b>
Address:	2000 Bellmore Avenue
City:	Bellmore
State:	NY
Zip:	11710
Phone:	(516) 221-9696
E-mail:	
Senior Center?	No
Focal Point?	No
Receives Title III funds?	No
Estimated Funds Provided including Title III:	\$0
<b>Name:</b>	<b>East Meadow Senior Center</b>
Address:	Mitchell Houses 1485 Front Street
City:	East Meadow
State:	NY
Zip:	11554
Phone:	(516) 794-2458
E-mail:	
Senior Center?	No
Focal Point?	No
Receives Title III funds?	No
Estimated Funds Provided including Title III:	\$0
<b>Name:</b>	<b>Elmont Senior Center</b>
Address:	138 Elmont Road
City:	Elmont
State:	NY
Zip:	11003
Phone:	
E-mail:	
Senior Center?	No
Focal Point?	No
Receives Title III funds?	No
Estimated Funds Provided including Title III:	\$0
<b>Name:</b>	<b>Five Towns Senior Center</b>
Address:	Carriage House on Grounds of Hewlett High School 37 East Roackaway Road
City:	Hewlett
State:	NY



Zip:	11577
Phone:	(516) 374-4747
E-mail:	
Senior Center?	No
Focal Point?	No
Receives Title III funds?	No
Estimated Funds Provided including Title III:	\$0
<b>Name:</b>	<b>Franklin Square Senior Center</b>
Address:	Community Building 1182 Martha Place
City:	Franklin Square
State:	NY
Zip:	11010
Phone:	(516) 328-3010
E-mail:	
Senior Center?	No
Focal Point?	No
Receives Title III funds?	No
Estimated Funds Provided including Title III:	\$0
<b>Name:</b>	<b>Franklin Square Senior Community Service Center</b>
Address:	Wesley United Methodist Church 619 Fenworth Blvd.
City:	Franklin Square
State:	NY
Zip:	11010
Phone:	(516) 481-3322
E-mail:	
Senior Center?	Yes
Focal Point?	Yes
Receives Title III funds?	Yes
Estimated Funds Provided including Title III:	\$155,000
<b>Name:</b>	<b>Freeport Senior Community Service Center</b>
Address:	66 Church Street
City:	Freeport
State:	NY
Zip:	11520
Phone:	
E-mail:	
Senior Center?	Yes
Focal Point?	Yes
Receives Title III funds?	Yes
Estimated Funds Provided including Title III:	\$350,000
<b>Name:</b>	<b>Glen Cove Senior Community Service Center</b>
Address:	130 Glen Street
City:	Glen Cove
State:	NY
Zip:	11542
Phone:	
E-mail:	
Senior Center?	Yes
Focal Point?	Yes
Receives Title III funds?	Yes
Estimated Funds Provided including Title III:	\$365,000
<b>Name:</b>	<b>Great Neck Senior Community Service Center</b>
Address:	80 Grace Avenue
City:	Great Neck
State:	NY
Zip:	11021
Phone:	
E-mail:	
Senior Center?	Yes
Focal Point?	Yes
Receives Title III funds?	Yes
Estimated Funds Provided including Title III:	\$245,000
<b>Name:</b>	<b>Green Acres Senior Center</b>
Address:	Community Room 400 Flower Road Building #10
City:	Valley Stream
State:	NY
Zip:	11580
Phone:	
E-mail:	
Senior Center?	No
Focal Point?	No
Receives Title III funds?	No
Estimated Funds Provided including Title III:	\$0
<b>Name:</b>	<b>Hempstead Senior Community Service Center</b>
Address:	United Methodist Church 40 Washington St
City:	Hempstead
State:	NY
Zip:	11550
Phone:	

E-mail:	
Senior Center?	Yes
Focal Point?	Yes
Receives Title III funds?	Yes
Estimated Funds Provided including Title III:	\$330,000
<b>Name:</b>	<b>Herricks Senior Community Service Center</b>
Address:	Herricks Community Center 999 Herricks Road
City:	New Hyde Park
State:	NY
Zip:	11040
Phone:	
E-mail:	
Senior Center?	Yes
Focal Point?	Yes
Receives Title III funds?	Yes
Estimated Funds Provided including Title III:	\$175,000
<b>Name:</b>	<b>Hispanic Brotherhood Senior Program</b>
Address:	124 North Park Avenue
City:	Rockville Centre
State:	NY
Zip:	11570
Phone:	
E-mail:	
Senior Center?	Yes
Focal Point?	Yes
Receives Title III funds?	Yes
Estimated Funds Provided including Title III:	\$33,000
<b>Name:</b>	<b>Inwood Senior Community Service Center</b>
Address:	Five Towns Community Center 270 Lawrence Ave
City:	Lawrence
State:	NY
Zip:	11559
Phone:	
E-mail:	
Senior Center?	Yes
Focal Point?	Yes
Receives Title III funds?	Yes
Estimated Funds Provided including Title III:	\$125,000
<b>Name:</b>	<b>JASA North Merrick Senior Community Service Center</b>
Address:	Brookside School Meadowbrook Road
City:	North Merrick
State:	NY
Zip:	11566
Phone:	
E-mail:	
Senior Center?	Yes
Focal Point?	Yes
Receives Title III funds?	Yes
Estimated Funds Provided including Title III:	\$650,000
<b>Name:</b>	<b>Leonard Sandel Senior Center</b>
Address:	Leonard Sandel Senior Center 50 South Park Avenue
City:	Rockville Centre
State:	NY
Zip:	11570
Phone:	
E-mail:	
Senior Center?	No
Focal Point?	No
Receives Title III funds?	No
Estimated Funds Provided including Title III:	\$0
<b>Name:</b>	<b>Levittown Senior Citizens</b>
Address:	Newbridge Gardens 555 N. Newbridge Road
City:	Levittown
State:	NY
Zip:	11756
Phone:	
E-mail:	
Senior Center?	No
Focal Point?	No
Receives Title III funds?	No
Estimated Funds Provided including Title III:	\$0
<b>Name:</b>	<b>Life Enrichment Center at Oyster Bay, Inc.</b>
Address:	45 East Main Street
City:	Oyster Bay
State:	NY
Zip:	11771
Phone:	
E-mail:	
Senior Center?	Yes

Focal Point?	Yes
Receives Title III funds?	Yes
Estimated Funds Provided including Title III:	\$202,000
<b>Name:</b>	<b>Long Beach Senior Community Service Center</b>
Address:	Temple Beth-El 570 Walnut Street
City:	Long Beach
State:	NY
Zip:	11561
Phone:	
E-mail:	
Senior Center?	Yes
Focal Point?	Yes
Receives Title III funds?	Yes
Estimated Funds Provided including Title III:	\$305,000
<b>Name:</b>	<b>Massapequa Park Senior Community Service Center</b>
Address:	Our Lady of Lourdes School 375 Linden St
City:	Massapequa Park
State:	NY
Zip:	11762
Phone:	
E-mail:	
Senior Center?	Yes
Focal Point?	Yes
Receives Title III funds?	Yes
Estimated Funds Provided including Title III:	\$215,000
<b>Name:</b>	<b>Merrick Senior Center</b>
Address:	2550 Club House Road
City:	Merrick
State:	NY
Zip:	11566
Phone:	
E-mail:	
Senior Center?	No
Focal Point?	No
Receives Title III funds?	No
Estimated Funds Provided including Title III:	\$0
<b>Name:</b>	<b>Oceanside Senior Center</b>
Address:	Community Center 2900 Roackaway Avenue
City:	Oceanside
State:	NY
Zip:	11572
Phone:	
E-mail:	
Senior Center?	Yes
Focal Point?	Yes
Receives Title III funds?	Yes
Estimated Funds Provided including Title III:	\$242,000
<b>Name:</b>	<b>Oceanside Senior Community Service Center</b>
Address:	St. Antho 's Catholic School 80 Anchor Ave
City:	Oceanside
State:	NY
Zip:	11572
Phone:	
E-mail:	
Senior Center?	No
Focal Point?	No
Receives Title III funds?	No
Estimated Funds Provided including Title III:	\$0
<b>Name:</b>	<b>Port Washington Senior Citizens</b>
Address:	80 Manorhaven Boulevard
City:	Port Washington
State:	NY
Zip:	11050
Phone:	
E-mail:	
Senior Center?	No
Focal Point?	No
Receives Title III funds?	No
Estimated Funds Provided including Title III:	\$0
<b>Name:</b>	<b>Port Washington Senior Community Service Center</b>
Address:	St. Stephen's Church 9 Carlton Ave
City:	Port Washington
State:	NY
Zip:	11050
Phone:	
E-mail:	
Senior Center?	Yes
Focal Point?	Yes
Receives Title III funds?	Yes

Estimated Funds Provided including Title III:		\$300,000
<b>Name:</b>	<b>Salisbury Senior Center</b>	
Address:	460 Salisbury Park Drive	
City:	Westbury	
State:	NY	
Zip:	11590	
Phone:		
E-mail:		
Senior Center?	No	
Focal Point?	No	
Receives Title III funds?	No	
Estimated Funds Provided including Title III:		\$0
<b>Name:</b>	<b>Senior Citizens of Westbury Center</b>	
Address:	Westbury Community Center 360 Post Avenue	
City:	Westbury	
State:	NY	
Zip:	11590	
Phone:		
E-mail:		
Senior Center?	Yes	
Focal Point?	Yes	
Receives Title III funds?	Yes	
Estimated Funds Provided including Title III:		\$22,000
<b>Name:</b>	<b>Uniondale-Hempstead Senior Center</b>	
Address:	840 Uniondale Avenue	
City:	Uniondale	
State:	NY	
Zip:	11553	
Phone:		
E-mail:		
Senior Center?	No	
Focal Point?	No	
Receives Title III funds?	No	
Estimated Funds Provided including Title III:		\$0
<b>Name:</b>	<b>Uniondale-Merrick Senior Center</b>	
Address:	750 Jerusalem Avenue	
City:	Uniondale	
State:	NY	
Zip:	11553	
Phone:		
E-mail:		
Senior Center?	No	
Focal Point?	No	
Receives Title III funds?	No	
Estimated Funds Provided including Title III:		\$0
<b>Name:</b>	<b>Wantagh Senior Center</b>	
Address:	1150 Seamans Neck Road	
City:	Wantagh	
State:	NY	
Zip:	11793	
Phone:		
E-mail:		
Senior Center?	No	
Focal Point?	No	
Receives Title III funds?	No	
Estimated Funds Provided including Title III:		\$0

\*This data is subject to NYSOFA review and approval.

Original Date Submitted: 01/07/2014

Date Revised:

Date Last Saved: 12/3/13 3:25 pm | Last Saved By: Trista Breil

LEGAL ASSISTANCE

1. Please indicate below whether there are any changes to the legal assistance program case priorities that were listed in the AAA's 2012-16 Four Year Plan and/or those described in a previous annual implementation plan.

☒ There is no change in the AAA's legal assistance case priorities for the 2014-15 Plan.

☐ The legal assistance program case priorities for the 2014-15 Plan have changed as follows:

2. If there are changes to the scope of the program through amendment, additions, or deletions to the case priorities provide a brief explanation of the reason(s) for the change(s).

PUBLIC HEARINGS/AREA AGENCY ON AGING ADVISORY COUNCIL

1a. Provide the following information on Public Hearing(s) held for the SFY 2014-15 planning period.

Location	Date	Number Attending
60 Charles Lindbergh Boulevard	10/25/2013	27
		0
		0
		0
		0

b. Was the notice of at least one Public Hearing published in a local newspaper of general circulation at least twenty one (21) days before that hearing? [9 NYCRR 6653.2]  
YES ☒ \*NO ☐

Date of notice publication: 09/23/2013

c. Was the proposed Plan or abstract containing program goals, objectives, action steps, and proposed budgets with categorical breakdowns made available to the public within a reasonable time prior to the hearing?  
YES ☒ \*NO ☐

d. Was a minimum of one Public Hearing held at least 30 days prior to the submission of this plan?  
YES ☒ \*NO ☐

If \*NO to any of the above please explain:

2. Briefly describe the efforts used in seeking input from those unserved and underserved older adults in greatest social or economic need, particularly those who are:

- low income;
- low income minorities (*includes Hispanics, Alaskan Natives, Asians, Blacks and Native Hawaiians/Pacific Islanders*);
- frail/persons with disabilities (e.g., blind, deaf, visually and/or hearing impaired, etc.)
- rural residents;
- limited English proficiency;
- Native Americans;
- institutionalized/at risk of institutionalization;
- homebound; or
- lesbian, gay, bisexual, and transgender (LGBT).

3. How were interested parties in the PSA notified of the public hearing(s) and provided the opportunity to testify?

All communication regarding the public hearing included the date, time, location and instructions on how to contact the Office if anyone wanted to provide testimony or obtain a copy of the abstract.

4. Briefly summarize major issues discussed or raised at the public hearings.

One of the major issues addressed at the Public Hearing was reauthorization of the Older Americans impact. Testimony provided on this issue stressed the importance of its reauthorization in order to maintain services to one of the largest growing demographic groups. Other presenters shared personal stories that included providing assistance during a localized crisis due to a fire in a residential facility, as well as an individual who shared about caring for their aging parents and navigating the system.

5. List major changes in the Plan resulting from input by attendees at the hearings.
- ☒ Not applicable, no major change(s)

Major changes in the Plan:

6. Provide the date the Plan was presented to the Area Agency Advisory Council as required for its review, before it was transmitted to NYSOFA. [9 NYCRR 6653.2 (f)]

**Date:** 07/31/2013

Summarize the comments of the Advisory Council:

AREA AGENCY PROGRAMS AND SERVICES INFORMATION

NUTRITION SERVICES (Refer to the *Guide for Completion* and 92-TAM-3, 2/26/92 for additional information.)

1. Nutrition services funded under Title III-C, III-E, WIN, CSE, EISEP, other:

a. Are any operational changes in nutrition sites (INCLUDING RESTAURANTS USED IN A RESTAURANT VOUCHER PROGRAM) or food preparation sites (kitchens, caterers) planned or projected for SFY 2014-15?

\*YES ☐ NO ☒

If \*YES, please list the site(s) that are proposed to be changed, the type of change and when the change is projected

NAME OF SITE/LOCATION	TYPE OF CHANGE	DATE OF CHANGE
-----------------------	----------------	----------------

b. Total number of Registered Dietitian (RD) service hours per week planned or projected for SFY 2014-15: 40.00

c. Of the above total: 40.00 hours of RD services are provided by RD who is on staff or is a consultant to the AAA. (Do not include hours of RD who is employed by a nutrition or meal program provider.)

d. Are there long-term (3 months or more) vacancies in the following positions?

	*YES	NO
Full time oversight staff person	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Registered Dietician/Certified Dietitian Nutritionist	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If \*YES, describe your plan for filling the position(s), including estimated (anticipated) completion date.



HEALTH PROMOTION SERVICES

Beginning with federal fiscal year 2012, federal appropriation language requires that Title III-D funding be expended for evidence-based programs/interventions only.

1. For each documented evidence-based nutrition or health promotion program the AAA operates (or plans to implement), please provide the requested information. Each evidence-based program/intervention must meet the criteria for one of three levels (minimal, intermediate or highest-level) established by the Administration on Aging/Administration for Community Living (AoA/ACL).

[http://www.aoa.gov/AoARoot/AoA\\_Programs/HPW/Title\\_IIID/index.aspx](http://www.aoa.gov/AoARoot/AoA_Programs/HPW/Title_IIID/index.aspx)

EVIDENCE-BASED NUTRITION OR HEALTH PROMOTION PROGRAMS	
LOCAL PROGRAM NAME: Put Pain in its Place	
Evidence-based model used:	Arthritis Foundation Exercise Program
Date Begun or planned to begin:	9/12
Partners:	EAC
Target Population:	Seniors 60+
Number of participants:	100
LOCAL PROGRAM NAME: Six Weeks to a Healthier You	
Evidence-based model used:	CDSMP
Date Begun or planned to begin:	12/08
Partners:	EAC
Target Population:	Seniors 60+ and their caregivers
Number of participants:	200
LOCAL PROGRAM NAME: Walk with Ease	
Evidence-based model used:	Walk with Ease
Date Begun or planned to begin:	6/12
Partners:	EAC
Target Population:	Seniors 60+
Number of participants:	35
LOCAL PROGRAM NAME: Move with Balance	
Evidence-based model used:	Other EBI falls prevention/balance; recently accepted as evidence based
Date Begun or planned to begin:	3/2014
Partners:	EAC
Target Population:	Seniors 60+
Number of participants:	50

2. Health Promotions Services funded under Title III-D (Evidence Based Programs) only:

- ☒ Routine Health Screening
- ☒ Medication Management
- ☒ Home Injury Control
- ☐ Preventive Nutrition Services
- ☒ Other (briefly describe) chronic disease, dental health, falls prevention,
- ☒ Physical Fitness Programs
- ☒ Mental Health Services
- ☐ Medicare Preventive Services

3. Health Promotions Services funded under Title III-B, Title III-E, EISEP, CSE, CSI or other funding:

- ☐ Evidence Based
- ☒ Routine Health Screening
- ☒ Medication Management
- ☐ Home Injury Control
- ☐ Preventive Nutrition Services
- ☐ Other (briefly describe)
- ☒ Physical Fitness Programs
- ☐ Mental Health Services
- ☐ Medicare Preventive Services

CAREGIVER SERVICES

TITLE III-E: NEW YORK ELDER CAREGIVER SUPPORT PROGRAM

(Refer to the *Guide for Completion* and the Standard Assurances.)

1. **Services for Caregivers of Adults Who Are 60 and Over and Caregivers for Individuals of Any Age with Alzheimer's Disease or Related Disorder:** At least one service under each category must be available to caregivers. Please check the appropriate column of the funding source planned to support the service(s) the AAA intends to provide. When III-E funds are being used (whether the sole source or in combination with other funding sources) (✓) the III-E box ***only*** and omit listing the other funding sources. "Other" funding sources are required to be identified in the "Other" column; (✓) ***only when no III-E funds are being used to provide the service.***

SERVICE CATEGORY	FUNDING SOURCES		
	III-E	Other	Identify:
Information			
Outreach	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Public Information	<input type="checkbox"/>	<input type="checkbox"/>	
Assistance			
Information and Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Case Management	<input type="checkbox"/>	<input type="checkbox"/>	
Other, specify:	<input type="checkbox"/>	<input type="checkbox"/>	
Counseling, Support Groups, Training ( <i>Only one required, but may provide all three</i> )			
Counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Support Groups	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Respite			
Personal Care Level I	<input type="checkbox"/>	<input type="checkbox"/>	
Personal Care Level II	<input type="checkbox"/>	<input type="checkbox"/>	
Consumer Directed	<input type="checkbox"/>	<input type="checkbox"/>	
Home Health/Aide	<input type="checkbox"/>	<input type="checkbox"/>	
In-home Contact and Support ( <i>supervision of care receiver or friendly visiting</i> )	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Social Adult Day Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Adult Day Health Care Services	<input type="checkbox"/>	<input type="checkbox"/>	
Overnight Adult Home	<input type="checkbox"/>	<input type="checkbox"/>	
Overnight Nursing Home	<input type="checkbox"/>	<input type="checkbox"/>	
Other, specify:	<input type="checkbox"/>	<input type="checkbox"/>	
Other, specify:	<input type="checkbox"/>	<input type="checkbox"/>	
Supplemental Services			
PERS	<input type="checkbox"/>	<input type="checkbox"/>	
Equipment	<input type="checkbox"/>	<input type="checkbox"/>	
Home Delivered Meals	<input type="checkbox"/>	<input type="checkbox"/>	
Transportation	<input type="checkbox"/>	<input type="checkbox"/>	
Legal Services	<input type="checkbox"/>	<input type="checkbox"/>	
Assisted Transportation	<input type="checkbox"/>	<input type="checkbox"/>	
Home Modification	<input type="checkbox"/>	<input type="checkbox"/>	
Other, specify: Congregate Meals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

2. **Optional Components of Title III-E Caregiver Support Program: (Check only those services to be funded by Title III-E):**

☒ Not applicable, AAA does not plan to provide any optional components with Title III-E funds.

**Services for caregiving grandparents and older relatives (to receive services, grandparents/relatives must be 55 years or older):**

☐ **The AAA does plan to provide services to grandparents/relatives of children age 18 or younger (including persons with disabilities)**

☐ Information    ☐ Assistance    ☐ Counseling    ☐ Support Groups    ☐ Training

☐ Respite (list types):

☐ Supplemental Services (list types):

☐ **The AAA does plan to provide services to grandparents/relatives who provide care to family members with disabilities between the ages of 19-59.**

☐ Information    ☐ Assistance    ☐ Counseling    ☐ Support Groups    ☐ Training

☐ Respite (list types):

☐ Supplemental Services (list types):

**Caregiver Resource Center (CRC) [applies only to the NYS's 17 State Funded Programs]**

The AAA has designated a physical location(s) as the CRC:    YES ☒                      NO ☐

Please check the activities that are provided through the CRC\*:

☒ Resource Library

☐ Training

☒ Support Groups

☒ Counseling

☒ Information & Assistance

☒ Public Information

☐ Other: Specify

Specify any special needs populations that will be served:

\*Note: All CRC activities are to be included on the Service Delivery and Resource Allocation Plan - State & All Other Programs - line 19, "Caregiver Services."

**Caregiver Services Funded by Other Sources** (e.g., Title III-B, CSE, State Respite Grants)

Caregiver Services (**Do not** include Caregiver Services funded with Title III-E or CRC funds)

☒ Presentation to groups

☐ Training

☒ Support group meetings

☒ Individual counseling

☐ Resource library

☐ Other (briefly describe)

**EMPLOYMENT SERVICES - (Senior Community Service Employment Program [SCSEP] - TITLE V**

1. If the AAA currently does not have a Memorandum of Understanding (MOU) with the local One Stop delivery system please describe the impediments encountered in obtaining one and describe the actions the AAA has taken to address the impediments. If the AAA and One-Stop delivery system have a current MOU, please indicate the date it was signed.

NA

2. If the AAA currently has a waiting list for participation in the SCSEP, how many individuals are on the list?

0

3. Describe the AAA's plan to reach out to minorities in the county?

NA

4. Describe the AAA's plan for self-evaluation to ensure that the SCSEP will achieve its performance measures for the current and subsequent years.

NA

5. Please submit an electronic copy of your Participant Handbook for review to Mike Paris at [m\\_paris@ofa.state.ny.us](mailto:m_paris@ofa.state.ny.us).

HEALTH INSURANCE INFORMATION COUNSELING AND ASSISTANCE PROGRAM (HIICAP)

1. Clearly describe how the Program will use the HIICAP funding to provide Medicare counseling and outreach services, such as "Welcome to Medicare" and "Medicare 101" events. Also explain how your outreach efforts will target the lower-income, hard to reach and underserved populations, including those eligible for the Medicare Savings Program (MSP) and/or Low Income Subsidy (LIS).

Grant funds will be used to provide unbiased counseling, assistance and information about:

- Medicare eligibility, enrollment, benefits, preventive services and claims filing.
- Medicare prescription drug benefit, including screening and application for LIS.
- Changes to Medicare as a result of the Patient Protection and Affordable Care Act of 2010.
- EPIC and how it works with Medicare prescription drug plans.
- Medicare Advantage plan comparisons and enrollment.
- Medicare Supplement insurance policies coverage, comparisons and claims filing.
- Other types of health insurance benefits (including LTC, employer/retiree coverage, Medicare Savings Programs, EPIC, and prescription assistance programs.)

Funds will be awarded to Family and Children’s Association (FCA.)

The HIICAP staff has access to all internet resources and utilizes e-mail communication with clients, where appropriate, and with local, state and federal agencies connected with the program.

HIICAP outreach is directed both to individual consumers and human services professionals. Areas with a high density of low-income households are targeted in efforts to assist those most in need. Enrollment events, HIICAP presentations and information are provided at health centers, mental health agencies, veterans groups, libraries, senior centers, and faith-based organizations through low-income communities. Community-based agencies are encouraged to attend HIICAP trainings to increase their knowledge of Medicare issues and to alert them to HIICAP as a resource for their clients and counselors. Close cooperation with EPIC continues. The CMS data on zip codes of communities that have unmet LIS needs and low contact rates will be used for targeted mailings and enrollment events in those communities.

While all Medicare beneficiaries are encouraged to use HIICAP as a resource, outreach will be concentrated toward low-income individuals who may be eligible for MSP, LIS and/or EPIC. Identification of low-income households is accomplished through cooperative efforts with FCA’s Senior Financial Counseling program, Volunteer tax groups (AARP and VITA), EISEP case managers, and the Home Energy Assistance (HEAP) Program. The County network of Senior Centers and partnered agencies are a continuous source of referral of those most in need of HIICAP services.

2. Are there any anticipated changes to the following HIICAP components for 4/1/14-3/31/15?

	*YES	NO
a) Program Coordinator	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b) Program Operations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c) Contractor	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d) Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If \*YES, please explain:

3. Please provide the estimated weekly hours that the Coordinator dedicates to the Program:

28.00

4. Provide the days and hours of operation that HIICAP is available to provide Medicare beneficiaries with one-on-one counseling.

Program hours of operation are Monday, Wednesday, and Thursday from 9:00 am to 5:00 pm.

The above specified time frame, fails to reflect the actual time dedicated staff and volunteers provide. During the open enrollment period, staff and volunteers contribute hundreds of additional uncompensated hours. Information and enrollment assistance services take place on Tuesdays and Fridays, after five pm and if necessary during weekend hours until all consumer issues are resolved.

5. The HIICAP Hotline (1-800-701-0501) continues to experience a large increase in call volume. Please describe the AAA's capacity to handle these calls including how the calls are routed within the AAA to ensure that all callers are assisted and Language Accessibility is provided.

The HIICAP Hotline (1-800-701-0501) calls are linked directly to our HIICAP office, where calls are answered immediately or voice messages can be left for follow up contact. In addition to information, telephone counseling is available at that time and/or an appointment for one to one sit down counseling session is scheduled. When immediate contact is unavailable, follow up occurs within 1-4 workdays, depending on call arrival. For example, calls received after hours on Thursdays can expect a response by the following Monday afternoon.

HIICAP Coordinator is please with current procedures enacted to streamline the process and facilitate prompt response to consumer inquiries. Calls sorted by need/issue and are assigned to most fitting HIICAP staff/volunteer counselors for resolution. Identified volunteer counselors have specific areas of expertise and assist consumers as appropriate. Specific issues may involve Part D or first time enrollee. Referrals to either the Health & Welfare Council of LI, Healthy NY and/or NY State of Health address the needs of individuals under 65 years of age.

The Nassau County Office for the Aging will be using World Wide Interpreters (866)967-5313 to provide assistance to non-English speaking individuals. World Wide Interpreters provides translation for 200 languages. Information and Assistance personnel will have access to the pin number.

HIICAP has been directed to contact NCOFA Information and Assistance personnel to access the pin number as needed.

6. One of the roles of the HIICAP Coordinator is to find ways to successfully recruit volunteers. Describe the volunteer recruitment efforts during the past year and plans for this current funded year.

We use all available resources at our disposal, to conduct past and current volunteer recruitment efforts. Recruitment efforts include collaborating with AARP Tax Aide, use of VolunteerMatch and the contract agency’s website. www.newyorkersvolunteer.ny.gov website is a potential though, presently unused resource.

7. Please enter the number of HIICAP Volunteers that the county currently has:

6

8. Please list all sites (including the AAA office(s), contractors, partners and community agencies) that are utilized by HIICAP trained staff for counseling, enrollment and other HIICAP activities:

**Name of Site:** Oceanside SCSC

Is Site Paid by State? ☐ Yes ☒ No

Is there a written contract or MOU? ☒ Yes ☐ No

What is the service area? Baldwin, East Rockaway., Island Park, Lynbrook, Oceanside, Rockville Centre, Valley Stream

What services are provided (i.e., counseling, training): Education, information and assistance, MSP/LIS outreach

**Name of Site:** VA Standdown - 2 events

Is Site Paid by State? ☐ Yes ☒ No

Is there a written contract or MOU? ☐ Yes ☒ No

What is the service area? Hempstead, Freeport

What services are provided (i.e., counseling, training): Public Information, outreach

**Name of Site:** Information and Assitance Fairs- 4 events

Is Site Paid by State? ☐ Yes ☒ No

Is there a written contract or MOU? ☒ Yes ☐ No

What is the service area? Nassau County

What services are provided (i.e., counseling, training): Public Information

**Name of Site:** 2013 Energy forum for Advocates

Is Site Paid by State? ☐ Yes ☒ No

Is there a written contract or MOU? ☐ Yes ☒ No

What is the service area? Nassau and Suffolk Counties

What services are provided (i.e., counseling, training): Public Information

**Name of Site:**      Operation Get Ahead

Is Site Paid by State?      ☐ Yes      ☒ No

Is there a written contract or MOU?      ☐ Yes      ☒ No

What is the service area?      Hempstead

What services are provided (i.e., counseling, training):      Education, information and assistance, MSP/LIS outreach

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**Name of Site:**      Pratt Pavilion @ Glengariff Health Center

Is Site Paid by State?      ☐ Yes      ☒ No

Is there a written contract or MOU?      ☐ Yes      ☒ No

What is the service area?      Nassau County

What services are provided (i.e., counseling, training):      Public Information

---

**Name of Site:**      Hempstead SCSC

Is Site Paid by State?      ☐ Yes      ☒ No

Is there a written contract or MOU?      ☒ Yes      ☐ No

What is the service area?      Garden City, Hempstead, Lakeview, Uniondale

What services are provided (i.e., counseling, training):      information, education, LIS/MSP outreach

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**Name of Site:**      Herricks SCSC

Is Site Paid by State?      ☐ Yes      ☒ No

Is there a written contract or MOU?      ☒ Yes      ☐ No

What is the service area?      Albertson, East Williston, Garden City Park, Herricks, Mineola, New Hyde Park,  
Searingtown, Willisto

What services are provided (i.e., counseling, training):      Enrollment, Information and assistance, education,  
MSP/LIS outreach

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**Name of Site:**      Family and Childrens Association

Is Site Paid by State?      ☒ Yes      ☐ No

Is there a written contract or MOU?      ☒ Yes      ☐ No

What is the service area?      Nassau County

What services are provided (i.e., counseling, training):      Counseling, information and assistance, training, outreach,  
education, SMP related services, Medicare, MSP EPIC  
and LIS screening.

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**Name of Site:**      Freeport SCSC

Is Site Paid by State?      ☐ Yes      ☒ No

Is there a written contract or MOU?      ☒ Yes      ☐ No

What is the service area?      Freeporet and Roosevelt area of Nassau County

What services are provided (i.e., counseling, training):      information and assitance, education

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**Name of Site:**      Glen Cove SCSC

Is Site Paid by State?      ☐ Yes      ☒ No

Is there a written contract or MOU?      ☒ Yes      ☐ No

What is the service area?      Glen Cove, Sea Cliff, Glen Head

What services are provided (i.e., counseling, training):      Enrollment, information and assistance, education,  
MSP/LIS outreach

---

**Name of Site:**      Franklin Square Senior Community Service Center

Is Site Paid by State?      ☐ Yes      ☒ No

Is there a written contract or MOU?      ☒ Yes      ☐ No

What is the service area?      Bellerose, Elmont, floral Park, Franklin Suare, Malverne, West Hempstead

What services are provided (i.e., counseling, training):      information and assistance, education

---

**Name of Site:**      Long Beach Public Library

Is Site Paid by State?      ☐ Yes      ☒ No

Is there a written contract or MOU?      ☐ Yes      ☒ No

What is the service area?      City of Long Beach

What services are provided (i.e., counseling, training):      Education, information and assistance, MSP/LIS outreach

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**Name of Site:** Village Old Bethpage Restoration  
Is Site Paid by State? ☐ Yes ☒ No  
Is there a written contract or MOU? ☐ Yes ☒ No  
What is the service area? Nassau County  
What services are provided (i.e., counseling, training): public information

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**Name of Site:** Our Lady of Peace  
Is Site Paid by State? ☐ Yes ☒ No  
Is there a written contract or MOU? ☐ Yes ☒ No  
What is the service area? Lynbrook  
What services are provided (i.e., counseling, training): Education, information and assistance, MSP/LIS outreach

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**Name of Site:** Yes We Can Center  
Is Site Paid by State? ☐ Yes ☒ No  
Is there a written contract or MOU? ☐ Yes ☒ No  
What is the service area? Westbury, New Cassel  
What services are provided (i.e., counseling, training): Education, information and assistance, MSP/LIS outreach

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**Name of Site:** Syosset Public Library  
Is Site Paid by State? ☐ Yes ☒ No  
Is there a written contract or MOU? ☐ Yes ☒ No  
What is the service area? Syosset  
What services are provided (i.e., counseling, training): Education, information and assistance, SMP

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**Name of Site:** Uniondale Library  
Is Site Paid by State? ☐ Yes ☒ No  
Is there a written contract or MOU? ☐ Yes ☒ No  
What is the service area? Uniondale  
What services are provided (i.e., counseling, training): Education, information and assistance, MSP/LIS outreach

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**Name of Site:** IPRO  
Is Site Paid by State? ☐ Yes ☒ No  
Is there a written contract or MOU? ☐ Yes ☒ No  
What is the service area? Nassau County  
What services are provided (i.e., counseling, training): HIICAP Training

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**Name of Site:** Bellmore Library  
Is Site Paid by State? ☐ Yes ☒ No  
Is there a written contract or MOU? ☐ Yes ☒ No  
What is the service area? Bellmore  
What services are provided (i.e., counseling, training): Education, information and assistance, MSP/LIS outreach

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**Name of Site:** Hillside Library  
Is Site Paid by State? ☐ Yes ☒ No  
Is there a written contract or MOU? ☐ Yes ☒ No  
What is the service area?  
What services are provided (i.e., counseling, training): Enrollment

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**Name of Site:** Bethpage Senior Communtty Center  
Is Site Paid by State? ☐ Yes ☒ No  
Is there a written contract or MOU? ☒ Yes ☐ No  
What is the service area? Bethpage, Hicksville  
What services are provided (i.e., counseling, training): Enrollment

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**Name of Site:** South Nassau Communities Hospital  
Is Site Paid by State? ☐ Yes ☒ No  
Is there a written contract or MOU? ☐ Yes ☒ No  
What is the service area? Nassau County  
What services are provided (i.e., counseling, training): Public Information

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**Name of Site:** AARP Chapter #3967

Is Site Paid by State? ☐ Yes ☒ No

Is there a written contract or MOU? ☐ Yes ☒ No

What is the service area? Farmingdale

What services are provided (i.e., counseling, training):	Education, Information and Assistance, LIS/MSP outreach, Fraud awareness
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**GENERAL SERVICES:** Please provide the following information regarding services the area agency intends to administer during the 2014-15 Annual Implementation Plan. Please refer to 11-PI-03, 04/05/11, “Standard Definitions for Services and Units of Service.” Brief narrative information regarding agency services may be added, but is not required.

1. Information and Assistance

☒ Information

☐ Tax counseling

☐ Other (briefly describe)

☒ Benefits Counseling

☒ Case assistance

☐ Referral

☐ Housing assistance

2. In-Home Contact and Support

☒ Friendly visiting

☒ Telephone reassurance

☐ Other (briefly describe)

☒ Shopping assistance

☒ Supervision services

3. Outreach

☒ Face to face

☒ Telephone

4. Transportation

a) Service design:

☒ Demand

☐ Fixed route

b) Type(s) of activities planned for 2014-15:

☒ To medical appointments

☐ To visit friends & relatives

☐ Other (briefly describe)

☐ To program sites & senior centers

☒ Shopping assistance

5. Adult Day Services

☒ Social Adult Day Services

☐ Adult Day Health Care

☐ Overnight Respite

☐ Other (briefly describe)

Narrative Information:

**OTHER NYSOFA FUNDING AND SERVICES:** Please check the box(es) to indicate programs that your AAA administers and enter the amount of funding anticipated for the coming program period. Include the funding amount on the line indicated under the 'All Other Programs' column of the **Service Delivery and Resource Allocation Plan**.

PROGRAM NAME	SERVICES PROVIDED	FUNDING AMOUNT	'ALL OTHER PROGRAMS' COLUMN - LINE #
<input type="checkbox"/> Title V	Employment Services	0	21 (Other Services)
		0	22 (Area Plan Admin.)
<input checked="" type="checkbox"/> Title VII	Ombudsman Services	69,513	20 (LTC Ombudsman)
<input checked="" type="checkbox"/> State LTCOP	Ombudsman Services	40,098	20 (LTC Ombudsman)
<input type="checkbox"/> Foster Grandparents	Volunteer Services Program	0	21 (Other Services)
<input type="checkbox"/> RSVP	Volunteer Services Program	0	21 (Other Services)
		0	Other: Enter line#
<input type="checkbox"/> Grants-in-Aid	Various	0	Determined by AAA Enter Line#
<input checked="" type="checkbox"/> Caregiver Resource Center (State Funded)	Information & Assistance	19,611	13 (Information & Assistance)
	Caregiver Services	0	19 (Caregiver Services)
<input checked="" type="checkbox"/> HIICAP/SMP	Health Insurance Information	85,097	13 (Information & Assistance)
	Counseling and Assistance	0	21 (Other Services)
<input checked="" type="checkbox"/> NY Connects/ADRC	Information & Assistance	0	13 (Information & Assistance)
	Public Information	199,073	21 (Other Services)
	Planning/Implementation/Admin	0	22 (Area Plan Admin.)
<input checked="" type="checkbox"/> MIPPA	Information & Assistance	0	13 (Information & Assistance)
	Public Information	33,271	21 (Other Services)
<input checked="" type="checkbox"/> Systems Integration Grant	Information & Assistance	0	13 (Information & Assistance)
	Health Promotion	0	17 (Health Promotion)
	Other Services	64,000	21 (Other Services)
	Other Services	0	22 (Area Plan Admin.)
<input checked="" type="checkbox"/> State Funded Transportation	Transportation	0	9 (Assisted Trans/Escort)
		79,746	10 (Transportation)
<input type="checkbox"/> Other; specify		0	Line#:
<input type="checkbox"/> Other; specify		0	Line#:
<input type="checkbox"/> Other; specify		0	Line#:
<input type="checkbox"/> Other; specify		0	Line#:
<input type="checkbox"/> Other; specify		0	Line#:

Sub-totals:

Total \$: 590,409

Line 9: 0

Line 10: 79,746

Line 13: 104,708

Line 17: 0

Line 19: 0

Line 20: 109,611

Line 21: 296,344

Line 22: 0

GIA: 0

"Other" lines: 0

Total \$: 590,409

**OTHER SERVICES:** Complete the following to identify all services/programs included on Line 21 in the Federal, State or Other Funding Columns, on the "Services Delivery and Resource Allocation" schedules. Examples might include: senior ID cards, medical equipment loan programs, public information, home modifications, assistive devices/technology, laundry service, also include services purchased from the AAA etc. See Guide for Completion

	Amount of Funding for this Service	Funding Sources (List all)
<b>Name of Service:</b> Energy Assistance	100,000	CSE
Check all that apply: <input type="checkbox"/> Directly Provided <input checked="" type="checkbox"/> Subcontracted		
<b>Briefly describe the service:</b> Provide one time emergency fuel assistance to seniors who run out of fuel or are unable to obtain heat due to a lack of funds. To provide emergency oil burner repairs and/or assistance with weatherization needs.		
<b>Name of Service:</b> Ancillary (Not PERS)	137,451	EISEP
Check all that apply: <input type="checkbox"/> Directly Provided <input checked="" type="checkbox"/> Subcontracted		
<b>Briefly describe the service:</b> Home maintenance/repair including installing storm windows/screens, snow removal, lawn mowing, hand railings, grab bars, etc.		
<b>Name of Service:</b> Public Information	80,000	IIIC-2, SNAP, CSE, IIIE
Check all that apply: <input type="checkbox"/> Directly Provided <input checked="" type="checkbox"/> Subcontracted		
<b>Briefly describe the service:</b> Use of media or public speaking to provide information about services, resources, or entitlements for the elderly.		
<b>Name of Service:</b> Training	75,000	IIIC-2, CSE, SNAP
Check all that apply: <input type="checkbox"/> Directly Provided <input checked="" type="checkbox"/> Subcontracted		
<b>Briefly describe the service:</b> Provide training and technical assistance in all aspects of providing services for the elderly.		
<b>Name of Service:</b> Holiday Baskets	5,000	CSE
Check all that apply: <input type="checkbox"/> Directly Provided <input checked="" type="checkbox"/> Subcontracted		
<b>Briefly describe the service:</b> Provision of food baskets to case management clients during the winter holidays.		
<b>Name of Service:</b> May Conference	35,000	CSE, IIID
Check all that apply: <input type="checkbox"/> Directly Provided <input checked="" type="checkbox"/> Subcontracted		
<b>Briefly describe the service:</b> Senior luncheon and education event for Older Adults during Older Americans month. Speaker include nutritionist/medication management/exercise, as well as a variety of other topics including Elder Law, Medicare, etc.		
<b>Name of Service:</b> Birthday Parties	12,500	CSE, IIID
Check all that apply: <input checked="" type="checkbox"/> Directly Provided <input type="checkbox"/> Subcontracted		
<b>Briefly describe the service:</b> Monthly gathering at Bethpage Senior Center to recognize and celebrate birthdays. Information and assistance and other staff attend this event to provide public assistance, information and perform any other necessary duties.		
<b>Name of Service:</b> Employment Services	68,000	CSE
Check all that apply: <input checked="" type="checkbox"/> Directly Provided <input type="checkbox"/> Subcontracted		
<b>Briefly describe the service:</b> Assistance with resume writing, job searches and interview skills.		

Total Funding for all Other Services: \$512,951

\*This data is subject to NYSOFA review and approval.

New York State Office for the Aging  
Service Delivery and Resource Allocation Plan - Federal Programs

AIP Period: 4/1/14 to 3/31/15\*  
Original Date Submitted: 01/07/2014  
Date Revised:

AAA: Nassau - 28

Date Last Saved: 1/7/14 9:17 am | Last Saved By: Trista Breil

Service Categories	Dir	Sub	Number of Individuals to be Served	Grand Total Units All sources (Pages 1 &2)	Grand Total Funding \$ All sources (Pages 1 &2)	Title III-B		Title III-C-1		Title III-C-2		Title III-D		Title III-E (e)	
						Units	Funding \$	Units	Funding \$	Units	Funding \$	Units	Funding \$	Units	Funding \$
1. Personal Care Services															
a. Personal Care Level II (c)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	302	156,692	3,196,506	0	0							0	0
b. Personal Care Level I (c)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	84	11,088	226,200	0	0							0	0
2 Consumer Directed In-home Svcs (c)	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0	0	0							0	0
3. Home Health Aide (c)	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0	0	0							0	0
4. Home Delivered Meals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2,070	457,380	2,624,849					238,849	1,313,667			0	0
5. Adult Day Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	235	66,220	695,310	0	0							59,226	621,877
6. Case Management (a)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2,140	42,472	2,378,383	0	0							0	0
7. Congregate Meals (Total)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4,550	233,946	2,280,973			228,923	2,231,993					592	5,775
a. NSIP Ineligible Meals **				0				0						0	
b. NSIP Eligible Meals				232,921				228,923						592	
8. Nutrition Counseling	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	33	89	8,900			0	0	8	800	81	8,100	0	0
9. Assisted Transportation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	30	92	4,465	0	0	0	0 (d)					0	0
10. Transportation (a)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1,600	122,145	671,830	76,906	422,983	0	0 (d)					0	0
11. Legal Assistance (b)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	405	3,009	240,653	3,009	240,653							0	0
12. Nutrition Education	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3,820	60,280	382,776			43,875	278,603	4,956	31,472			0	0
13. Information & Assistance (a)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	9,555	193,781	1,739,699	73,513	661,621	1,376	11,972 (d)	13,110	114,058 (d)			22,683	204,149
14. Outreach (a)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	428	428	8,195	277	5,256	88	1,664 (d)	6	102 (d)			17	329
15. In-home Contact & Support (c)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1,464	25,880	245,093	10,380	97,570	9,331	87,715 (d)	803	7,564 (d)			3,413	32,084
16. Sen. Center/Rec. & Education	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	31,676	1,284,665	2,878	641,828	0	0 (d)			0	0		
17. Health Promotion	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2,920	39,753	168,949	0	0					31,196	132,581	0	0
18. Personal Emergency Response	<input type="checkbox"/>	<input checked="" type="checkbox"/>	105	954	35,293	0	0							0	0
19. Caregiver Services (c)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	350	12,052	90,391	0	0					0	0	10,719	80,391
20. LTC Ombudsman	<input type="checkbox"/>	<input checked="" type="checkbox"/>			199,632		90,021								
21. Other Services					1,112,521		13,770		57,763		83,833		0		98,938
22. Area Plan Administration					269,396		26,154		12,050		8,683				55,143
TOTAL					17,864,679		2,199,856		2,681,760		1,560,179		140,681		1,098,686

(a) These services constitute Access services under Title III-B for the purpose of meeting the priority services requirement of 20%.

(b) These services constitute Legal Services under Title III-B for the purpose of meeting the priority services requirement of 7%.

(c) These services constitute In-Home Services under Title III-B for the purpose of meeting the priority services requirement of 2.5%.

(d) See Guide for Completion for limitations on expenditures for Supportive and Access services, (lines 9,10, 13-16) under Title III-C . Line 15, In-Home Contact & Support may only include Shopping Assistance under Titles III C-1 and III C-2.

(e) Refer to Guide for Completion for listing of services included in each of the five Title III-E Service Categories. Supplemental Services are limited to 20% of the total Title III-E budget.

\*AIP Period will not correspond with most Federal program periods.

\*\*NSIP - Nutrition Services Incentive Program (formerly Cash-in-Lieu of Commodity Foods)



\*This data is subject to NYSOFA review and approval.

Title III-B Period (if different than above): -

Original Date Submitted: 01/07/2014

Date Revised:

Application for Funding

Summary Budget for Titles III-B, III-C-1, III-C-2, III-D, III-E

AAA: Nassau - 28

Date Last Saved: 12/23/13 12:15 pm | Last Saved By: Mary Ann Kiefer

Budget Category	Title III-B Area Plan Admin	Title III-B Services	Total III-B Budget	Title III-C-1 Area Plan Admin	Title III-C-1 Services	Title III-C-1 Budget	Title III-C-2 Area Plan Admin	Title III-C-2 Services	Title III-C-2 Budget	Title III-D Budget*	Title III-E Area Plan Admin	Title III-E Services	Total III-E Budget**
1. PERSONNEL	16,187	67,348	83,535	7,535	71,153	78,688	5,435	5,875	11,310	27,061	34,103	130,146	164,249
Adjustments (a)	0	0	0	0	0	0	0	0	0	0	0	0	0
Adjusted Personnel	16,187	67,348	83,535	7,535	71,153	78,688	5,435	5,875	11,310	27,061	34,103	130,146	164,249
2. FRINGE BENEFITS	6,960	28,960	35,920	3,240	30,596	33,836	2,337	2,526	4,863	11,636	14,664	55,963	70,627
			43.00% (b)			43.00% (b)			43.00% (b)	43.00% (b)			43.00% (b)
3. EQUIPMENT	0	0	0	0	0	0	0	0	0	0	0	0	0
4. TRAVEL	0	250	250	0	400	400	0	50	50	55	0	200	200
5. MAINTENANCE & OPERATIONS	3,007	18,400	21,407	1,275	21,498	22,773	911	1,275	2,186	5,466	6,376	42,904	49,280
6. OTHER EXPENSES	0	0	0	0	0	0	0	0	0	0	0	0	0
7. SUBCONTRACTS	0	2,058,744	2,058,744	0	2,546,063	2,546,063	0	1,541,770	1,541,770	96,463	0	814,330	814,330
8. FOOD					0	0		0	0			0	0
9. TOTAL BUDGETS (Lines 1-8)	26,154	2,173,702	2,199,856	12,050	2,669,710	2,681,760	8,683	1,551,496	1,560,179	140,681	55,143	1,043,543	1,098,686
10. Less: Anticipated Income		32,599	32,599		375,300	375,300		127,250	127,250	0		137,025	137,025
11. Less: NSIP/ COMMODITY FOOD					133,705	133,705		161,525	161,525			0	0
12. NET TOTAL (Line 9 Less Lines 10 & 11)	26,154	2,141,103	2,167,257	12,050	2,160,705	2,172,755	8,683	1,262,721	1,271,404	140,681	55,143	906,518	961,661
13. FEDERAL FUNDS REQUESTED	19,615.00	1,268,606.00	1,288,221.00	9,037.00	1,650,330.00	1,659,367.00	6,512.00	707,838.00	714,350.00	82,572.00	41,357.00	568,704.00	610,061.00
	75.0000% (c)	59.2500% (d)		75.0000% (c)	76.3800% (d)		75.0000% (c)	56.0600% (d)		58.6900% (d)	75.0000% (c)	62.7300% (c)	
14. MATCHING FUNDS	6,539.00	872,497.00	879,036.00	3,013.00	510,375.00	513,388.00	2,171.00	554,883.00	557,054.00	58,109.00	13,786.00	337,814.00	351,600.00
	25.0019%	40.7499%		25.0041%	23.6208%		25.0029%	43.9434%		41.3055%	25.0005%	37.2650%	

(a) Adjustments to Personnel Roster - see Attachment E.

(b) Composite Fringe Benefit Percentage.

(c) Federal Funds Requested Cannot Exceed 75% of Net Total, Line 12.

(d) Federal Funds Requested Cannot Exceed 90% of Net Total, Line 12.

Total APA Personnel expenses: 63,260

\*\*Title III-E Expenditures Budgeted for Grandparents and older relatives Caring for Children Activities: \$0 0.0000%

This service is limited to 10% of the Title III-E federal funds and local match plus income generated by these services.

Do not include expenditures for grandparents and other older relatives caring for individuals with disabilities between 19-59.

\*\*Title III-E Expenditures Budgeted for Supplemental Services: \$5,775 0.6005%

This service is limited to 20% of the Title III-E federal funds and local match plus income generated by these services.

Percent of Federal funds budgeted for Area Plan Administration: \$76,521 1.7573%

(See Guide for Completion for further information)



\*This data is subject to NYSOFA review and approval.

Supporting Budget Schedule - Federal Programs

Title III-B Period (if different than above): -

Original Date Submitted: 01/07/2014

Date Revised:

AAA: Nassau - 28

Date Last Saved: 12/10/13 12:16 pm | Last Saved By: Mary Ann Kiefer

5. MAINTENANCE & OPERATIONS	Title III-B	Title III-C-1	Title III-C-2	Title III-D	Title III-E
A. Rental Costs from Rent Allocation Schedule	15,727	16,731	1,606	4,015	36,205
B. Adjustments to Rental Costs - see Attachment E	0	0	0	0	0
C. Equipment Maintenance	0	0	0	0	0
D. Equipment Costing Less Than \$1,000	0	0	0	0	0
E. Insurance	0	0	0	0	0
F. Photocopying	0	0	0	0	0
G. Postage	1,193	1,269	122	305	2,746
H. Printing	1,167	1,241	119	298	2,686
I. Supplies	0	0	0	0	0
J. Telephone	0	0	0	0	0
K. Other (specify): Telecommunications	1,644	1,749	168	420	3,784
L. Other (specify): IT	1,676	1,783	171	428	3,859
M. Other (specify):	0	0	0	0	0
Total Maintenance & Operations	21,407	22,773	2,186	5,466	49,280
6. OTHER EXPENSES					
A. Audits	0	0	0	0	0
B. Bonding	0	0	0	0	0
C. Conferences, Seminars & Training	0	0	0	0	0
D. Membership & Subscriptions	0	0	0	0	0
E. Minor Alterations & Renovations	0	0	0	0	0
F. Language Access Services*	0	0	0	0	0
G. Other (specify):	0	0	0	0	0
H. Other (specify):	0	0	0	0	0
Total Other Expenses	0	0	0	0	0

\* If the AAA does not expect to incur expenses related to the provision of Language Access Services--question 5a in the DEMOGRAPHIC DATA & TARGETING OBJECTIVES section must be completed.

\*This data is subject to NYSOFA review and approval.

Supporting Budget Schedule - Federal Programs - cont.

Title III-B Period (if different than above): -

Original Date Submitted: 01/07/2014

Date Revised:

AAA: Nassau - 28

Date Last Saved: 12/23/13 12:08 pm | Last Saved By: Mary Ann Kiefer

10. ANTICIPATED INCOME	Title III-B	Title III-C-1	Title III-C-2	Title III-D	Title III-E
A. Participant Contributions	32,599	375,300	127,250	0	137,025
B. Other Income (specify source):	0	0	0	0	0
Total Income (10A+10B)	32,599	375,300	127,250	0	137,025
13. FEDERAL FUNDS					
A. Carryover *	0.00	0.00	0.00	6,000.00	0.00
B. Base Allocation	1,288,221	1,659,367	714,350	76,572	610,061
C. Transfer From and (To) III-B **		0	0		
D. Transfer From and (To) III-C-1 **	0		0		
E. Transfer From and (To) III-C-2 **	0	0			
F. Supplement	0	0	0	0	0
Total Federal Funds	1,288,221.00	1,659,367.00	714,350.00	82,572.00	610,061.00
14. MATCHING FUNDS					
Source	Check if In-Kind				
Nassau County	<input type="checkbox"/>	879,036.00	513,388.00	557,054.00	58,109.00
	<input type="checkbox"/>	0.00	0.00	0.00	0.00
	<input type="checkbox"/>	0.00	0.00	0.00	0.00
	<input type="checkbox"/>	0.00	0.00	0.00	0.00
	<input type="checkbox"/>	0.00	0.00	0.00	0.00
Volunteers as Match		0.00	0.00	0.00	0.00
Total Matching Funds		879,036.00	513,388.00	557,054.00	58,109.00

\* If Carryover exceeds 7.5% of the previous year's total Federal award for Titles III-B, III-C, III-E or 25% for Title III-D a justification must be provided in Attachment D.

\*\* Provide justification for all transfers in Attachment D.

\*This data is subject to NYSOFA review and approval.

Application for Funding  
Summary Budget for EISEP, CSE, CSI, WIN, CRC, State Transportation Programs

Date Revised:

AAA: Nassau - 28

Date Last Saved: 1/2/14 3:46 pm | Last Saved By: Mary Ann Kiefer

Budget Category	EISEP Implementation	EISEP Services Activities	Total EISEP Budget	CSE Planning & Implementation	CSE Community Service Project Activities	Total CSE Budget	CSI Administration	CSI Services Costs	Total CSI Budget	WIN Administration	WIN Service Activities	Total WIN Budget	Total CRC Budget	Total State Transportation
1. PERSONNEL	55,556	122,984	178,540	55,556	410,303	465,859	5,435	12,986	18,421	5,435	59,700	65,135	13,714	0
Adjustments (a)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Adjusted Personnel	55,556	122,984	178,540	55,556	410,303	465,859	5,435	12,986	18,421	5,435	59,700	65,135	13,714	0
2. FRINGE BENEFITS	19,444	52,883	72,327	19,444	176,430	195,874	2,337	5,584	7,921	2,337	25,671	28,008	5,897	0
			40.51% <sup>(b)</sup>			42.05% <sup>(b)</sup>			43.00% <sup>(b)</sup>			43.00% <sup>(b)</sup>	43.00% <sup>(b)</sup>	0.00% <sup>(b)</sup>
3. EQUIPMENT	0	0	0	0	0	0	0	0	0	0	0	0		0 <sup>(f)</sup>
4. TRAVEL	0	175	175	0	800	800	0	0	0	0	300	300	0	0
5. MAINTENANCE & OPERATIONS	0	46,183	46,183	0	242,485	242,485	911	2,368	3,279	911	14,028	14,939	0	0
6. OTHER EXPENSES	0	0	0	0	66,250	66,250	0	0	0	0	0	0	0	0
7. SUBCONTRACTS	0	5,339,736	5,339,736	0	1,321,389	1,321,389	0	30,900	30,900	0	1,491,081	1,491,081	0	0
8. FOOD		0	0		0	0					0	0		
9. TOTAL BUDGETS (Lines 1-8)	75,000	5,561,961	5,636,961	75,000	2,217,657	2,292,657	8,683	51,838	60,521	8,683	1,590,780	1,599,463	19,611	0
10. Less: Anticipated Income (Not Used as Local Match)		133,550	133,550		36,100	36,100		0	0		217,000	217,000	0	0
11. Less: NSIP/ COMMODITY FOOD		0	0		0	0					125,440	125,440		
12. NET TOTAL (Line 9 Less Lines 10 & 11)	75,000	5,428,411	5,503,411	75,000	2,181,557	2,256,557	8,683	51,838	60,521	8,683	1,248,340	1,257,023	19,611	0
13. STATE FUNDS REQUESTED	<sup>(c)</sup> 75,000	<sup>(d)</sup> 3,593,699	3,668,699	<sup>(c)</sup> 75,000	<sup>(d)</sup> 1,381,132	1,456,132	<sup>(d,e)</sup> 1,500	<sup>(d)</sup> 29,183	<sup>(d)</sup> 30,683	<sup>(e)</sup> 8,683	1,041,608	1,050,291	19,611	0
State Funds Percent		66.2000%			63.3100%		17.2800%	56.3000%	50.7000%					
14. MATCHING FUNDS		1,834,712	1,834,712		800,425	800,425	7,183	22,655	29,838	0	206,732	206,732		0
Matching Funds Percent		33.8000%			36.69%				49.3000%					

(a) Adjustments to Personnel Roster

(b) Composite Fringe Benefit Percentage

(c) 100% State Reimbursement

(d) 75% State Reimbursement

(e) Limited to 5% of total state funds (WIN and CSI programs)

(f) State Transportation funds may not be utilized to purchase vehicles

EISEP In-Home Services Percentage: 63.05%  
In-home Services only)

EISEP Ancillary Services Percentage: 2.02%  
(Ancillary services include Adult Day Services not provided as non-institutional respite, HDM, Congregate Meals, Nutrition Counseling, Assisted Transportation, Transportation, In-home Contact and Support not provided as non-institutional respite, Health Promotion, Personal Emergency Response and Other Services)  
(See Guide for Completion and the worksheet for additional information.)

(EISEP In-Home Services include Personal Care Level I & II & Consumer Directed

Supporting Budget Schedule for the EISEP, CSE, CSI, WIN, CRC and State Transportation Programs

\*This data is subject to NYSOFA review and approval.

Date Last Saved: 12/19/13 4:35 pm | Last Saved By: Mary Ann Kiefer

5. MAINTENANCE & OPERATIONS	EISEP	CSE	CSI	WIN	CRC	State Transportation
A. Rental Costs from Rent Allocation Schedule	33,930	178,148	2,409	10,975	0	0
B. Adjustments to Rental Costs - see Attachment E	0	0	0	0	0	0
C. Equipment Maintenance	0	0	0	0	0	0
D. Equipment Costing Less Than \$1,000	0	0	0	0		0
E. Insurance	0	0	0	0	0	0
F. Photocopying	0	0	0	0	0	0
G. Postage	2,574	13,513	183	833	0	0
H. Printing	2,516	13,214	178	814	0	0
I. Supplies	0	0	0	0	0	0
J. Telephone	0	0	0	0	0	0
K. Other (specify): Telecommunications	3,547	18,622	252	1,147	0	0
L. Other (specify): IT	3,616	18,988	257	1,170	0	0
M. Other (specify):	0	0	0	0	0	0
Total Maintenance & Operations	46,183	242,485	3,279	14,939	0	0
6. OTHER EXPENSES						
A. Audits	0	0	0	0	0	0
B. Bonding	0	0	0	0	0	0
C. Conferences, Seminars & Training	0	0	0	0	0	0
D. Membership & Subscriptions	0	0	0	0	0	0
E. Minor Alterations & Renovations	0	0	0	0	0	0
F. Language Access Services*	0	250	0	0	0	0
G. Other** (specify): NYS Dues	0	4,000	0	0	0	0
H. Other** (specify): SAMS	0	62,000	0	0	0	0
Total Other Expenses	0	66,250	0	0	0	0

\* If the AAA does not expect to incur expenses related to the provision of Language Access Services--question 5a in the DEMOGRAPHIC DATA & TARGETING OBJECTIVES Section must be completed.

\*\* Equipment and assistive devices purchased as EISEP Ancillary Services must be included on line 6. G or H unless they are purchased as part of a contract.

Supporting Budget Schedule for the EISEP, CSE, CSI, WIN, CRC and State Transportation Programs

\*This data is subject to NYSOFA review and approval.

Date Last Saved: 12/19/13 4:36 pm | Last Saved By: Mary Ann Kiefer

10. ANTICIPATED INCOME	EISEP	CSE	CSI	WIN	CRC	State Transportation
A. Cost Sharing	120,000	0				
B. Cost Sharing Transferred from EISEP to CSE	0	0				
C. Net Cost Sharing (10A [+ or -] 10B)	120,000	0				
D. Participant Contributions	13,550	36,100	0	217,000	0	0
E. Other Income (specify source):	0	0	0	0	0	0
F. Contributions Used as Match	0	0	0			
Total Income (10C+10D+10E-10F)	133,550	36,100	0	217,000	0	0
14. MATCHING FUNDS						
Source	Check if In-Kind					
Nassau County	<input type="checkbox"/>	1,834,712	800,425	29,838	206,732	0
	<input type="checkbox"/>	0	0	0	0	0
	<input type="checkbox"/>	0	0	0	0	0
	<input type="checkbox"/>	0	0	0	0	0
Volunteers as Match		0	0	0		
Contributions Used as Match		0	0	0		
Total Matching Funds		1,834,712	800,425	29,838	206,732	0

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\*This data is subject to NYSOFA review and approval.

AAA: Nassau - 28

Application for Funding

Summary Budget for HIICAP and Title V

Date Last Saved: 12/19/13 4:35 pm | Last Saved By: Mary Ann Kiefer

Budget Category	HIICAP	Title V			
		Administration	Enrollee Wages and Fringe Benefits	Program/Other Costs	Total
1. PERSONNEL	15,506	0	0	0	0
Adjustments	0	0	0	0	0
Adjusted Personnel	15,506	0	0	0	0
2. FRINGE BENEFITS	6,668	0	0	0	0
	43% (a)	0.00% (a)	0.00% (a)		
3. EQUIPMENT	0	0	0	0	0
4. TRAVEL	0	0	0	0	0
5. MAINTENANCE & OPERATIONS	3,644	0	0	0	0
6. OTHER EXPENSES	0	0	0	0	0
7. SUBCONTRACTS	85,097	0	0	0	0
8. FOOD					
9. TOTAL BUDGETS (Lines 1-8)	110,915	0	0	0	0
10. Less: Anticipated Income	0				
11. NET TOTAL (Line 9 Less Line 10)	110,915	0	0	0	0
12. FEDERAL/STATE FUNDS REQUESTED	68,926	0	0 (b)	0 (c)	0
13. MATCHING FUNDS	41,989	0	0	0	0 (d)

- (a) Composite Fringe Benefit Percentage.
- (b) Federal share of administration is not to exceed 9.45% of the Federal funds requested.
- (c) Federal share of Enrollee wages and Fringe Benefits must be at least 75% of the Federal funds requested.
- (d) Federal share cannot exceed 90% of the Total Budget (minimum match 10%).

Supporting Budget Schedule for HIICAP and Title V

AAA: Nassau - 28

5. MAINTENANCE & OPERATIONS	HIICAP	Title V
A. Rental Costs from Rent Allocation Schedule	2,677	0
B. Adjustments to Rental Costs - see Attachment E	0	0
C. Equipment Maintenance	0	0
D. Equipment Costing Less Than \$1,000	0	0
E. Insurance	0	0
F. Photocopying	0	0
G. Postage	203	0
H. Printing	199	0
I. Supplies	0	0
J. Telephone	0	0
K. Other (specify): Telecommunications	280	0
L. Other (specify): IT	285	0
M. Other (specify):	0	0
Total Maintenance & Operations	3,644	0
6. OTHER EXPENSES		
A. Audits	0	0
B. Bonding	0	0
C. Conferences, Seminars & Training	0	0
D. Membership & Subscriptions	0	0
E. Minor Alterations & Renovations	0	0
F. Language Access Services*	0	0
G. Other (specify):	0	0
H. Other (specify):	0	0
Total Other Expenses	0	0

\* If the AAA does not expect to incur expenses related to the provision of Language Access Services--question 5a in the DEMOGRAPHIC DATA & TARGETING OBJECTIVES section must be completed.

\*This data is subject to NYSOFA review and approval.

Supporting Budget Schedule for HIICAP and Title V

AAA: Nassau - 28

Date Last Saved: 12/19/13 4:34 pm | Last Saved By: Mary Ann Kiefer

10. ANTICIPATED INCOME	HIICAP	Title V
A. Participant Contributions	0	
B. Other Income (specify source):	0	
Total Income (10A+10B)	0	
12. STATE OR FEDERAL FUNDS		
A. Carryover		
B. Base Allocation	68,926	0
C. Supplement	0	0
Total State or Federal Funds	68,926	0
13. MATCHING FUNDS		
SourceCheck if In-Kind		
Nassau County <input type="checkbox"/>	41,989	0
<input type="checkbox"/>	0	0
<input type="checkbox"/>	0	0
<input type="checkbox"/>	0	0
<input type="checkbox"/>	0	0
Total Matching Funds	41,989	0



\*This data is subject to NYSOFA review and approval.

PERSONNEL ROSTER

Date Last Saved: 1/2/14 10:52 am | Last Saved By: Trista Breil

AAA: Nassau - 28

Complete For Each Position [Name] [Title]	1 Annual Salary	2 Title-III Area Plan Admin.(a)	3 Title III-B Services	4 Title III-C-1 Services	5 Title III-C-2 Services	6 Title III-E Services	7 EISEP		8 CSE		9 WIN		10 OTHER FUNDING Amount Percentage	SOURCES (b)
							7a Implementatio	7b EISEP Services	8a Plan & Implementation	8b CSE Services	9a WIN Administration	9b WIN Services		
Blum, Michele	33,589	0	0	0	0	0	0	0	0	0	0	0	33,589	13
Information Specialist/Aide	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00	0.00	100.00%	
Breil, Trista	59,021	9,886	0	0	0	0	10,033	0	28,994	3,468	0	0	6,640	3
Client Services Representative	100.00%	16.75%	0.00%	0.00%	0.00%	0.00%	17.00%	0.00%	49.12%	5.88%	0.00	0.00	11.25%	
Catania, Emanuel	59,064	0	2,953	2,953	0	10,632	0	36,620	0	0	0	0	5,906	13
Accountant	100.00%	0.00%	5.00%	5.00%	0.00%	18.00%	0.00%	62.00%	0.00%	0.00%	0.00	0.00	10.00%	
Cotter, Eileen	57,286	0	0	0	0	0	0	0	0	8,307	0	0	48,979	3 6 11 13
Administrative Assistant	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	14.50%	0.00	0.00	85.50%	
Crowe, Danlyn	11,757	0	0	0	0	0	0	0	0	11,757	0	0	0	
Food Service Worker/Aide/Helper	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	0.00	0.00	0.00%	
Dudakia, Mita	42,629	0	2,345	4,263	0	12,789	0	6,607	0	12,362	0	0	4,263	13
Accountant	100.00%	0.00%	5.50%	10.00%	0.00%	30.00%	0.00%	15.50%	0.00%	29.00%	0.00	0.00	10.00%	
Flesch, Sari	63,803	0	0	0	0	0	0	0	0	0	0	0	63,803	6 13
Social Worker	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00	0.00	100.00%	
Foster, Kathleen	77,532	0	23,260	0	0	0	0	0	0	23,260	0	0	31,012	10 13 15
Client Services Representative	100.00%	0.00%	30.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	30.00%	0.00	0.00	40.00%	
Greenblatt, Michele	61,104	0	0	0	0	0	0	0	0	61,104	0	0	0	
Clerk	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	0.00	0.00	0.00%	

AAA: Nassau - 28

Complete For Each Position [Name] [Title]	1 Annual Salary	2 Title-III Area Plan Admin.(a)	3 Title III-B Services	4 Title III-C-1 Services	5 Title III-C-2 Services	6 Title III-E Services	7 EISEP		8 CSE		9 WIN		10 OTHER FUNDING Amount Percentage	SOURCES (b)
							7a Implementatio	7b EISEP Services	8a Plan & Implementation	8b CSE Services	9a WIN Administration	9b WIN Services		
Guirola, Rose	11,757	0	0	0	0	0	0	0	0	11,757	0	0	0	
Maintenance	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	0.00	0.00	0.00%	
Hall, Brian	86,516	19,899	0	0	0	0	16,847	6,512	0	0	0	0	43,258	13
Accountant	100.00%	23.00%	0.00%	0.00%	0.00%	0.00%	19.47%	7.53%	0.00%	0.00%	0.00	0.00	50.00%	
Jones, Angelene	47,356	0	0	2,368	0	0	0	0	0	35,517	0	0	9,471	13
Aging Services Representative/Specialist/Worker/Aic	100.00%	0.00%	0.00%	5.00%	0.00%	0.00%	0.00%	0.00%	0.00%	75.00%	0.00	0.00	20.00%	
Karl-Waskowiak, Nina	77,532	0	0	0	0	0	0	0	0	0	0	0	77,532	3 6 11
Information Specialist/Aide	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00	0.00	100.00%	
Kiefer, Mary Ann	24,388	0	0	0	0	0	0	0	24,388	0	0	0	0	
Accountant	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	0.00%	0.00	0.00	0.00%	
Levine, Mindy	77,533	0	0	3,877	3,877	0	0	0	0	0	0	59,700	10,079	4
Dietician/Registered Dietician	100.00%	0.00%	0.00%	5.00%	5.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00	77.00	13.00%	
Limmer, Beth	54,679	0	13,670	32,807	0	0	0	0	0	8,202	0	0	0	
Client Services Representative	100.00%	0.00%	25.00%	60.00%	0.00%	0.00%	0.00%	0.00%	0.00%	15.00%	0.00	0.00	0.00%	
Mallilo, Patricia	47,441	0	0	0	0	0	0	0	0	47,441	0	0	0	
Clerk Typist	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	0.00	0.00	0.00%	

(a) This column includes Area Plan Administration salaries budgeted under Title III-B, III-C1, III-C2, and/or III-E. For Positions used as In-Kind, note with (\*). AAA staff designated or responsible for nutrition program oversight and/or operations, note with (\*\*\*)

Other Funding Source Codes

- 1) Title VII
- 2) Title V
- 3) Systems Integration Grant
- 4) N/A (III-D)
- 5) CSI
- 6) State Caregivers (CRC)
- 7) State LTCOP
- 8) RSVP
- 9) State Respite Program
- 10) HIICAP
- 11) NY Connects/ADRC
- 12) Transportation
- 13) County Funds
- 14) MIPPA
- 15) HEAP
- 16)
- 17)
- 18)
- 19)
- 20)
- 21)
- 22)
- 23)
- 24)

GRAND TOTAL	1,719,500	63,260	67,348	71,153	5,875	130,146	55,556	122,984	55,556	410,303	5,435	59,700	672,184	
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\*This data is subject to NYSOFA review and approval.

PERSONNEL ROSTER

Date Last Saved: 1/2/14 10:52 am | Last Saved By: Trista Breil

AAA: Nassau - 28

Complete For Each Position [Name] [Title]	1 Annual Salary	2 Title-III Area Plan Admin.(a)	3 Title III-B Services	4 Title III-C-1 Services	5 Title III-C-2 Services	6 Title III-E Services	7 EISEP		8 CSE		9 WIN		10 OTHER FUNDING Amount Percentage	SOURCES (b)
							7a Implementatio	7b EISEP Services	8a Plan & Implementation	8b CSE Services	9a WIN Administration	9b WIN Services		
Mayr, Michele	41,052	0	0	0	0	2,053	0	0	0	0	0	0	38,999	3 11
Information Specialist/Aide	100.00%	0.00%	0.00%	0.00%	0.00%	5.00%	0.00%	0.00%	0.00%	0.00%	0.00	0.00	95.00%	
McGloin, Lois	67,574	0	10,136	16,894	0	22,299	0	0	0	0	0	0	18,245	13
Client Services Representative	100.00%	0.00%	15.00%	25.00%	0.00%	33.00%	0.00%	0.00%	0.00%	0.00%	0.00	0.00	27.00%	
Meyerhoefer, Vicki	108,701	27,175	0	0	0	0	25,001	0	2,174	0	5,435	0	48,916	5 13
Director	100.00%	25.00%	0.00%	0.00%	0.00%	0.00%	23.00%	0.00%	2.00%	0.00%	5.00	0.00	45.00%	
Murphy, Lisa	105,000	6,300	0	0	0	0	3,675	0	0	0	0	0	95,025	13
Commissioner	100.00%	6.00%	0.00%	0.00%	0.00%	0.00%	3.50%	0.00%	0.00%	0.00%	0.00	0.00	90.50%	
Paff, Jeanne	50,521	0	0	0	0	0	0	0	0	50,521	0	0	0	
Aging Services Representative/Specialist/Worker/Aic	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	0.00	0.00	0.00%	
Reed, Donna	71,443	0	0	0	0	35,364	0	36,079	0	0	0	0	0	
Aging Services Representative/Specialist/Worker/Aic	100.00%	0.00%	0.00%	0.00%	0.00%	49.50%	0.00%	50.50%	0.00%	0.00%	0.00	0.00	0.00%	
Renderos, Juan	11,757	0	0	0	0	0	0	0	0	11,757	0	0	0	
Maintenance	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	0.00	0.00	0.00%	
Rivera, Jose	40,527	0	0	0	0	0	0	0	0	40,527	0	0	0	
Maintenance	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	0.00	0.00	0.00%	
Santoianni, Judith	67,575	0	0	0	0	27,030	0	37,166	0	3,379	0	0	0	
Client Services Representative	100.00%	0.00%	0.00%	0.00%	0.00%	40.00%	0.00%	55.00%	0.00%	5.00%	0.00	0.00	0.00%	

\*This data is subject to NYSOFA review and approval.

PERSONNEL ROSTER

Date Last Saved: 1/2/14 10:52 am | Last Saved By: Trista Breil

AAA: Nassau - 28

Complete For Each Position [Name] [Title]	1 Annual Salary	2 Title-III Area Plan Admin.(a)	3 Title III-B Services	4 Title III-C-1 Services	5 Title III-C-2 Services	6 Title III-E Services	7 EISEP		8 CSE		9 WIN		10 OTHER FUNDING Amount Percentage	SOURCES (b)
							7a Implementatio	7b EISEP Services	8a Plan & Implementation	8b CSE Services	9a WIN Administration	9b WIN Services		
Spradley, Antoinette	47,441	0	0	0	0	0	0	0	0	47,441	0	0	0	
Aging Services Representative/Specialist/Worker/Aic	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	0.00	0.00	0.00%	
Spruill, D	11,757	0	0	0	0	0	0	0	0	11,757	0	0	0	
Food Service Worker/Aide/Helper	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	0.00	0.00	0.00%	
Tanchong, T.	11,757	0	0	0	0	0	0	0	0	11,757	0	0	0	
Food Service Worker/Aide/Helper	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	0.00	0.00	0.00%	
Thames, Sandee ***	99,893	0	14,984	7,991	1,998	19,979	0	0	0	9,989	0	0	44,952	4 5 13
Nutrition Program Director/Manager	100.00%	0.00%	15.00%	8.00%	2.00%	20.00%	0.00%	0.00%	0.00%	10.00%	0.00	0.00	45.00%	
Volunteers Used As Match	0	0	0	0	0	0	0	0	0	0	0	0	0	
Volunteers Used As Match	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00	0.00	0.00%	
Zoeller, Kathy	91,515	0	0	0	0	0	0	0	0	0	0	0	91,515	13
Information Specialist/Aide	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00	0.00	100.00%	

(a) This column includes Area Plan Administration salaries budgeted under Title III-B, III-C1, III-C2, and/or III-E. For Positions used as In-Kind, note with (\*). AAA staff designated or responsible for nutrition program oversight and/or operations, note with (\*\*\*)

Other Funding Source Codes

1) Title VII	5) CSI	9) State Respite Program	13) County Funds	17)	21)
2) Title V	6) State Caregivers (CRC)	10) HIICAP	14) MIPPA	18)	22)
3) Systems Integration Grant	7) State LTCOP	11) NY Connects/ADRC	15) HEAP	19)	23)
4) N/A (III-D)	8) RSVP	12) Transportation	16)	20)	24)

GRAND TOTAL	1,719,500	63,260	67,348	71,153	5,875	130,146	55,556	122,984	55,556	410,303	5,435	59,700	672,184	
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\*This data is subject to NYSOFA review and approval.

EQUIPMENT SCHEDULE\*

AAA: -

Equipment Item	1 Quantity	2 Unit Price	3 Total Cost (1 x 2)	4 Title III-B Cost	5 Title III-C1 Cost	6 Title III-C2 Cost	7 Title III-D Cost	8 Title III-E Cost	9 EISEP Cost	10 CSE Cost	11 WIN Cost	10 Other Funding
												Sources**
												Amount

\* AAAs should not include items purchased as EISEP ancillary services. These items should be included on the State Supporting Budget Schedule 1 for EISEP, CSE, CSI, WIN, CRC and State Transportation under 6 Other Expenses, lines F through H.

\*\* Specifics on equipment charged to the 'Other Funding' category, i.e. HIICAP, Title V, etc. must also be included in the supporting budget portion of the other program's grant application.

Other Funding Source Codes

1) Title VII	5) CSI	9) State Respite Program	13) County Funds	17)	21)
2) Title V	6) State Caregivers (CRC)	10) HIICAP	14) MIPPA	18)	22)
3) Systems Integration Grant	7) State LTCOP	11) NY Connects/ADRC	15)	19)	23)
4) N/A (III-D)	8) RSVP	12) Transportation	16)	20)	24)
GRAND TOTAL					

\*This data is subject to NYSOFA review and approval.

RENT ALLOCATION SCHEDULE

Date Last Saved: 12/10/13 12:09 pm | Last Saved By: Mary Ann Kiefer

AAA: Nassau - 28

Complete For Each Location	1 Annual Cost	2 Title III-B	3 Title III-C1	4 Title III-C2	5 Title III-E	6 EISEP	7 CSE	8 WIN	9 OTHER FUNDING
									Source(s)
									Amount
Address: 60 Charles Lindbergh Blvd, Uniond									45611
Owner: 60 CLB Owner LLC									
Annual Rent: 0	334,211	15,727	16,731	1,606	36,205	33,930	178,148	10,975	40,889
Maint.-in-Lieu: 0									
	100.00%	4.71%	5.01%	0.48%	10.83%	10.15%	53.30%	3.28%	12.23%

For Locations Used as In-Kind, Note with Asterisk (\*).

Other Funding Source Codes

1) Title VII	5) CSI	9) State Respite Program	13) County Funds	17)	21)
2) Title V	6) State Caregivers (CRC)	10) HIICAP	14) MIPPA	18)	22)
3) Systems Integration Grant	7) State LTCOP	11) NY Connects/ADRC	15) HEAP	19)	23)
4) N/A (III-D)	8) RSVP	12) Transportation	16)	20)	24)

GRAND TOTAL	334,211	15,727	16,731	1,606	36,205	33,930	178,148	10,975	40,889
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CONTRACTOR ROSTER

For each contract: Date Last Saved: 12/30/13 9:40 am | Last Saved By: Mary Ann Kiefer

- Check if contract is active

- Enter the dollar amount planned for each funding category (Federal, State, Other) and applicable service(s) for each

<b>Name:</b> Aides At Home <b>Contractor Code:</b> 28001 <b>E-Mail Address:</b> <b>Minority Contractor:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Rural Contractor:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Number of Contracts (State &amp; Federal) With This Contractor:</b>  <b>Contract is:</b> <b>Active:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>New:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>III-B</b>  \$5,517  Services to be provided: 1  (Must be completed)	<b>III-C1</b>  \$0  Services to be provided: 0  (Must be completed)	<b>III-C2</b>  \$0  Services to be provided: 0  (Must be completed)	<b>III-D</b>  \$0  Services to be provided: 0  (Must be completed)	<b>III-E</b>  \$0  Services to be provided: 0  (Must be completed)	<b>EISEP</b>  \$284,897  Services to be provided: 2  (Must be completed)	<b>CSE</b>  \$0  Services to be provided: 0  (Must be completed)	<b>CSI</b>  \$0  Services to be provided: 0  (Must be completed)	<b>WIN</b>  \$0  Services to be provided: 0  (Must be completed)	<b>OTHER</b>  \$0  Services to be provided: 0  (Must be completed)	<b>TOTAL</b>  \$290,414  Services to be provided: 3  (Must be completed)
<b>Name:</b> Allen Health Care Services, Inc. <b>Contractor Code:</b> 28006 <b>E-Mail Address:</b> <b>Minority Contractor:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Rural Contractor:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Number of Contracts (State &amp; Federal) With This Contractor:</b>  <b>Contract is:</b> <b>Active:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>New:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>III-B</b>  \$5,430  Services to be provided: 1  (Must be completed)	<b>III-C1</b>  \$0  Services to be provided: 0  (Must be completed)	<b>III-C2</b>  \$0  Services to be provided: 0  (Must be completed)	<b>III-D</b>  \$0  Services to be provided: 0  (Must be completed)	<b>III-E</b>  \$0  Services to be provided: 0  (Must be completed)	<b>EISEP</b>  \$222,039  Services to be provided: 2  (Must be completed)	<b>CSE</b>  \$0  Services to be provided: 0  (Must be completed)	<b>CSI</b>  \$0  Services to be provided: 0  (Must be completed)	<b>WIN</b>  \$0  Services to be provided: 0  (Must be completed)	<b>OTHER</b>  \$0  Services to be provided: 0  (Must be completed)	<b>TOTAL</b>  \$227,469  Services to be provided: 3  (Must be completed)
<b>Name:</b> Catholic Charities of the Diocese of Rockville Cen <b>Contractor Code:</b> 28002 <b>E-Mail Address:</b> <b>Minority Contractor:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Rural Contractor:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Number of Contracts (State &amp; Federal) With This Contractor:</b>  <b>Contract is:</b> <b>Active:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>New:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>III-B</b>  \$0  Services to be provided: 0  (Must be completed)	<b>III-C1</b>  \$760,509  Services to be provided: 5  (Must be completed)	<b>III-C2</b>  \$1,079,049  Services to be provided: 5  (Must be completed)	<b>III-D</b>  \$0  Services to be provided: 0  (Must be completed)	<b>III-E</b>  \$55,853  Services to be provided: 2  (Must be completed)	<b>EISEP</b>  \$1,005,647  Services to be provided: 3  (Must be completed)	<b>CSE</b>  \$759,974  Services to be provided: 9  (Must be completed)	<b>CSI</b>  \$0  Services to be provided: 0  (Must be completed)	<b>WIN</b>  \$200,000  Services to be provided: 5  (Must be completed)	<b>OTHER</b>  \$0  Services to be provided: 0  (Must be completed)	<b>TOTAL</b>  \$3,861,032  Services to be provided: 29  (Must be completed)

CONTRACTOR ROSTER

For each contract: Date Last Saved: 12/30/13 9:40 am | Last Saved By: Mary Ann Kiefer

- Check if contract is active

- Enter the dollar amount planned for each funding category (Federal, State, Other) and applicable service(s) for each

<b>Name:</b> City of Glen Cove <b>Contractor Code:</b> 28019 <b>E-Mail Address:</b> <b>Minority Contractor:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Rural Contractor:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Number of Contracts (State &amp; Federal) With This Contractor:</b>  <b>Contract is:</b> <b>Active:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>New:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>III-B</b>  \$109,780  Services to be provided: 5  (Must be completed)	<b>III-C1</b>  \$202,735  Services to be provided: 2  (Must be completed)	<b>III-C2</b>  \$0  Services to be provided: 0  (Must be completed)	<b>III-D</b>  \$0  Services to be provided: 0  (Must be completed)	<b>III-E</b>  \$119,502  Services to be provided: 5  (Must be completed)	<b>EISEP</b>  \$0  Services to be provided: 0  (Must be completed)	<b>CSE</b>  \$0  Services to be provided: 0  (Must be completed)	<b>CSI</b>  \$0  Services to be provided: 0  (Must be completed)	<b>WIN</b>  \$0  Services to be provided: 0  (Must be completed)	<b>OTHER</b>  \$22,765  Services to be provided: 1  (Must be completed)	<b>TOTAL</b>  \$454,782  Services to be provided: 13  (Must be completed)
<b>Name:</b> Cornell Cooperative Extension of NC <b>Contractor Code:</b> 28041 <b>E-Mail Address:</b> <b>Minority Contractor:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Rural Contractor:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Number of Contracts (State &amp; Federal) With This Contractor:</b>  <b>Contract is:</b> <b>Active:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>New:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>III-B</b>  \$0  Services to be provided: 0  (Must be completed)	<b>III-C1</b>  \$0  Services to be provided: 0  (Must be completed)	<b>III-C2</b>  \$0  Services to be provided: 0  (Must be completed)	<b>III-D</b>  \$0  Services to be provided: 0  (Must be completed)	<b>III-E</b>  \$0  Services to be provided: 0  (Must be completed)	<b>EISEP</b>  \$0  Services to be provided: 0  (Must be completed)	<b>CSE</b>  \$29,613  Services to be provided: 2  (Must be completed)	<b>CSI</b>  \$0  Services to be provided: 0  (Must be completed)	<b>WIN</b>  \$0  Services to be provided: 0  (Must be completed)	<b>OTHER</b>  \$0  Services to be provided: 0  (Must be completed)	<b>TOTAL</b>  \$29,613  Services to be provided: 2  (Must be completed)
<b>Name:</b> EAC Inc <b>Contractor Code:</b> 28017 <b>E-Mail Address:</b> <b>Minority Contractor:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Rural Contractor:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Number of Contracts (State &amp; Federal) With This Contractor:</b>  <b>Contract is:</b> <b>Active:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>New:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>III-B</b>  \$321,249  Services to be provided: 4  (Must be completed)	<b>III-C1</b>  \$233,986  Services to be provided: 5  (Must be completed)	<b>III-C2</b>  \$186,643  Services to be provided: 7  (Must be completed)	<b>III-D</b>  \$96,463  Services to be provided: 2  (Must be completed)	<b>III-E</b>  \$0  Services to be provided: 0  (Must be completed)	<b>EISEP</b>  \$0  Services to be provided: 0  (Must be completed)	<b>CSE</b>  \$50,000  Services to be provided: 1  (Must be completed)	<b>CSI</b>  \$30,900  Services to be provided: 3  (Must be completed)	<b>WIN</b>  \$25,000  Services to be provided: 1  (Must be completed)	<b>OTHER</b>  \$20,949  Services to be provided: 1  (Must be completed)	<b>TOTAL</b>  \$965,190  Services to be provided: 24  (Must be completed)



CONTRACTOR ROSTER

For each contract: Date Last Saved: 12/30/13 9:40 am | Last Saved By: Mary Ann Kiefer

- Check if contract is active

- Enter the dollar amount planned for each funding category (Federal, State, Other) and applicable service(s) for each

<b>Name:</b> Family & Children's Assn. <b>Contractor Code:</b> 28004 <b>E-Mail Address:</b> <b>Minority Contractor:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Rural Contractor:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Number of Contracts (State &amp; Federal) With This Contractor:</b>  <b>Contract is:</b> <b>Active:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>New:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>III-B</b>  \$271,781  Services to be provided: 2  (Must be completed)	<b>III-C1</b>  \$51,350  Services to be provided: 2  (Must be completed)	<b>III-C2</b>  \$0  Services to be provided: 0  (Must be completed)	<b>III-D</b>  \$0  Services to be provided: 0  (Must be completed)	<b>III-E</b>  \$52,554  Services to be provided: 1  (Must be completed)	<b>EISEP</b>  \$842,162  Services to be provided: 4  (Must be completed)	<b>CSE</b>  \$223,074  Services to be provided: 3  (Must be completed)	<b>CSI</b>  \$0  Services to be provided: 0  (Must be completed)	<b>WIN</b>  \$0  Services to be provided: 0  (Must be completed)	<b>OTHER</b>  \$352,979  Services to be provided: 3  (Must be completed)	<b>TOTAL</b>  \$1,793,900  Services to be provided: 15  (Must be completed)
<b>Name:</b> FISH of Wantagh <b>Contractor Code:</b> 28005 <b>E-Mail Address:</b> <b>Minority Contractor:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Rural Contractor:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Number of Contracts (State &amp; Federal) With This Contractor:</b>  <b>Contract is:</b> <b>Active:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>New:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>III-B</b>  \$0  Services to be provided: 0  (Must be completed)	<b>III-C1</b>  \$0  Services to be provided: 0  (Must be completed)	<b>III-C2</b>  \$0  Services to be provided: 0  (Must be completed)	<b>III-D</b>  \$0  Services to be provided: 0  (Must be completed)	<b>III-E</b>  \$0  Services to be provided: 0  (Must be completed)	<b>EISEP</b>  \$0  Services to be provided: 0  (Must be completed)	<b>CSE</b>  \$13,419  Services to be provided: 6  (Must be completed)	<b>CSI</b>  \$0  Services to be provided: 0  (Must be completed)	<b>WIN</b>  \$0  Services to be provided: 0  (Must be completed)	<b>OTHER</b>  \$0  Services to be provided: 0  (Must be completed)	<b>TOTAL</b>  \$13,419  Services to be provided: 6  (Must be completed)
<b>Name:</b> Five Towns Community Ctr <b>Contractor Code:</b> 28018 <b>E-Mail Address:</b> <b>Minority Contractor:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>Rural Contractor:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Number of Contracts (State &amp; Federal) With This Contractor:</b>  <b>Contract is:</b> <b>Active:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>New:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>III-B</b>  \$55,312  Services to be provided: 3  (Must be completed)	<b>III-C1</b>  \$79,110  Services to be provided: 3  (Must be completed)	<b>III-C2</b>  \$0  Services to be provided: 0  (Must be completed)	<b>III-D</b>  \$0  Services to be provided: 0  (Must be completed)	<b>III-E</b>  \$0  Services to be provided: 0  (Must be completed)	<b>EISEP</b>  \$0  Services to be provided: 0  (Must be completed)	<b>CSE</b>  \$0  Services to be provided: 0  (Must be completed)	<b>CSI</b>  \$0  Services to be provided: 0  (Must be completed)	<b>WIN</b>  \$0  Services to be provided: 0  (Must be completed)	<b>OTHER</b>  \$0  Services to be provided: 0  (Must be completed)	<b>TOTAL</b>  \$134,422  Services to be provided: 6  (Must be completed)

CONTRACTOR ROSTER

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<b>Name:</b> Great Neck Sr Cit Ctr Inc <b>Contractor Code:</b> 28020 <b>E-Mail Address:</b> <b>Minority Contractor:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Rural Contractor:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Number of Contracts (State &amp; Federal) With This Contractor:</b>  <b>Contract is:</b> <b>Active:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>New:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>III-B</b>  \$103,404  Services to be provided: 4  (Must be completed)	<b>III-C1</b>  \$162,899  Services to be provided: 3  (Must be completed)	<b>III-C2</b>  \$0  Services to be provided: 0  (Must be completed)	<b>III-D</b>  \$0  Services to be provided: 0  (Must be completed)	<b>III-E</b>  \$0  Services to be provided: 0  (Must be completed)	<b>EISEP</b>  \$0  Services to be provided: 0  (Must be completed)	<b>CSE</b>  \$0  Services to be provided: 0  (Must be completed)	<b>CSI</b>  \$0  Services to be provided: 0  (Must be completed)	<b>WIN</b>  \$0  Services to be provided: 0  (Must be completed)	<b>OTHER</b>  \$11,296  Services to be provided: 1  (Must be completed)	<b>TOTAL</b>  \$277,599  Services to be provided: 8  (Must be completed)
<b>Name:</b> Herricks UFSDHerricks Sr Center <b>Contractor Code:</b> 28007 <b>E-Mail Address:</b> <b>Minority Contractor:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Rural Contractor:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Number of Contracts (State &amp; Federal) With This Contractor:</b>  <b>Contract is:</b> <b>Active:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>New:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>III-B</b>  \$0  Services to be provided: 0  (Must be completed)	<b>III-C1</b>  \$79,884  Services to be provided: 4  (Must be completed)	<b>III-C2</b>  \$0  Services to be provided: 0  (Must be completed)	<b>III-D</b>  \$0  Services to be provided: 0  (Must be completed)	<b>III-E</b>  \$155,614  Services to be provided: 5  (Must be completed)	<b>EISEP</b>  \$0  Services to be provided: 0  (Must be completed)	<b>CSE</b>  \$83,848  Services to be provided: 4  (Must be completed)	<b>CSI</b>  \$0  Services to be provided: 0  (Must be completed)	<b>WIN</b>  \$0  Services to be provided: 0  (Must be completed)	<b>OTHER</b>  \$0  Services to be provided: 0  (Must be completed)	<b>TOTAL</b>  \$319,346  Services to be provided: 13  (Must be completed)
<b>Name:</b> Hispanic Brotherhood of Rockville Centre <b>Contractor Code:</b> 28027 <b>E-Mail Address:</b> <b>Minority Contractor:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>Rural Contractor:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Number of Contracts (State &amp; Federal) With This Contractor:</b>  <b>Contract is:</b> <b>Active:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>New:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>III-B</b>  \$0  Services to be provided: 0  (Must be completed)	<b>III-C1</b>  \$38,148  Services to be provided: 5  (Must be completed)	<b>III-C2</b>  \$0  Services to be provided: 0  (Must be completed)	<b>III-D</b>  \$0  Services to be provided: 0  (Must be completed)	<b>III-E</b>  \$0  Services to be provided: 0  (Must be completed)	<b>EISEP</b>  \$0  Services to be provided: 0  (Must be completed)	<b>CSE</b>  \$0  Services to be provided: 0  (Must be completed)	<b>CSI</b>  \$0  Services to be provided: 0  (Must be completed)	<b>WIN</b>  \$0  Services to be provided: 0  (Must be completed)	<b>OTHER</b>  \$0  Services to be provided: 0  (Must be completed)	<b>TOTAL</b>  \$38,148  Services to be provided: 5  (Must be completed)

CONTRACTOR ROSTER

For each contract:

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<b>Name:</b> Jewish Association for Services for the Aged <b>Contractor Code:</b> 28008 <b>E-Mail Address:</b> <b>Minority Contractor:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Rural Contractor:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Number of Contracts (State &amp; Federal) With This Contractor:</b>  <b>Contract is:</b> <b>Active:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>New:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>III-B</b>  \$700,668  Services to be provided: 5  (Must be completed)	<b>III-C1</b>  \$516,184  Services to be provided: 4  (Must be completed)	<b>III-C2</b>  \$276,078  Services to be provided: 4  (Must be completed)	<b>III-D</b>  \$0  Services to be provided: 0  (Must be completed)	<b>III-E</b>  \$0  Services to be provided: 0  (Must be completed)	<b>EISEP</b>  \$259,806  Services to be provided: 4  (Must be completed)	<b>CSE</b>  \$78,028  Services to be provided: 2  (Must be completed)	<b>CSI</b>  \$0  Services to be provided: 0  (Must be completed)	<b>WIN</b>  \$30,000  Services to be provided: 1  (Must be completed)	<b>OTHER</b>  \$12,306  Services to be provided: 1  (Must be completed)	<b>TOTAL</b>  \$1,873,070  Services to be provided: 21  (Must be completed)
<b>Name:</b> Jzanus Home Care, Inc. <b>Contractor Code:</b> 28044 <b>E-Mail Address:</b> <b>Minority Contractor:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Rural Contractor:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Number of Contracts (State &amp; Federal) With This Contractor:</b>  <b>Contract is:</b> <b>Active:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>New:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>III-B</b>  \$14,717  Services to be provided: 1  (Must be completed)	<b>III-C1</b>  \$0  Services to be provided: 0  (Must be completed)	<b>III-C2</b>  \$0  Services to be provided: 0  (Must be completed)	<b>III-D</b>  \$0  Services to be provided: 0  (Must be completed)	<b>III-E</b>  \$0  Services to be provided: 0  (Must be completed)	<b>EISEP</b>  \$594,755  Services to be provided: 2  (Must be completed)	<b>CSE</b>  \$0  Services to be provided: 0  (Must be completed)	<b>CSI</b>  \$0  Services to be provided: 0  (Must be completed)	<b>WIN</b>  \$0  Services to be provided: 0  (Must be completed)	<b>OTHER</b>  \$0  Services to be provided: 0  (Must be completed)	<b>TOTAL</b>  \$609,472  Services to be provided: 3  (Must be completed)
<b>Name:</b> LI Alzeheimer's Foundation <b>Contractor Code:</b> 28034 <b>E-Mail Address:</b> <b>Minority Contractor:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Rural Contractor:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>Number of Contracts (State &amp; Federal) With This Contractor:</b>  <b>Contract is:</b> <b>Active:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>New:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>III-B</b>  \$0  Services to be provided: 0  (Must be completed)	<b>III-C1</b>  \$0  Services to be provided: 0  (Must be completed)	<b>III-C2</b>  \$0  Services to be provided: 0  (Must be completed)	<b>III-D</b>  \$0  Services to be provided: 0  (Must be completed)	<b>III-E</b>  \$81,645  Services to be provided: 3  (Must be completed)	<b>EISEP</b>  \$0  Services to be provided: 0  (Must be completed)	<b>CSE</b>  \$0  Services to be provided: 0  (Must be completed)	<b>CSI</b>  \$0  Services to be provided: 0  (Must be completed)	<b>WIN</b>  \$0  Services to be provided: 0  (Must be completed)	<b>OTHER</b>  \$0  Services to be provided: 0  (Must be completed)	<b>TOTAL</b>  \$81,645  Services to be provided: 3  (Must be completed)

CONTRACTOR ROSTER

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- Check if contract is active

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<b>Name:</b> Life Enrichment Center of Oyster Bay, Inc. <b>Contractor Code:</b> 28003 <b>E-Mail Address:</b> <b>Minority Contractor:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Rural Contractor:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Number of Contracts (State &amp; Federal) With This Contractor:</b>  <b>Contract is:</b> <b>Active:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>New:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>III-B</b>  \$81,610  Services to be provided: 4  (Must be completed)	<b>III-C1</b>  \$139,937  Services to be provided: 3  (Must be completed)	<b>III-C2</b>  \$0  Services to be provided: 0  (Must be completed)	<b>III-D</b>  \$0  Services to be provided: 0  (Must be completed)	<b>III-E</b>  \$0  Services to be provided: 0  (Must be completed)	<b>EISEP</b>  \$0  Services to be provided: 0  (Must be completed)	<b>CSE</b>  \$0  Services to be provided: 0  (Must be completed)	<b>CSI</b>  \$0  Services to be provided: 0  (Must be completed)	<b>WIN</b>  \$0  Services to be provided: 0  (Must be completed)	<b>OTHER</b>  \$12,430  Services to be provided: 1  (Must be completed)	<b>TOTAL</b>  \$233,977  Services to be provided: 8  (Must be completed)
<b>Name:</b> Nassau/Suffolk Law Services Committee Inc <b>Contractor Code:</b> 28022 <b>E-Mail Address:</b> <b>Minority Contractor:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Rural Contractor:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Number of Contracts (State &amp; Federal) With This Contractor:</b>  <b>Contract is:</b> <b>Active:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>New:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>III-B</b>  \$240,653  Services to be provided: 1  (Must be completed)	<b>III-C1</b>  \$0  Services to be provided: 0  (Must be completed)	<b>III-C2</b>  \$0  Services to be provided: 0  (Must be completed)	<b>III-D</b>  \$0  Services to be provided: 0  (Must be completed)	<b>III-E</b>  \$0  Services to be provided: 0  (Must be completed)	<b>EISEP</b>  \$0  Services to be provided: 0  (Must be completed)	<b>CSE</b>  \$0  Services to be provided: 0  (Must be completed)	<b>CSI</b>  \$0  Services to be provided: 0  (Must be completed)	<b>WIN</b>  \$0  Services to be provided: 0  (Must be completed)	<b>OTHER</b>  \$0  Services to be provided: 0  (Must be completed)	<b>TOTAL</b>  \$240,653  Services to be provided: 1  (Must be completed)
<b>Name:</b> Peninsula Counseling <b>Contractor Code:</b> 28009 <b>E-Mail Address:</b> <b>Minority Contractor:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Rural Contractor:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Number of Contracts (State &amp; Federal) With This Contractor:</b>  <b>Contract is:</b> <b>Active:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>New:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>III-B</b>  \$0  Services to be provided: 0  (Must be completed)	<b>III-C1</b>  \$0  Services to be provided: 0  (Must be completed)	<b>III-C2</b>  \$0  Services to be provided: 0  (Must be completed)	<b>III-D</b>  \$0  Services to be provided: 0  (Must be completed)	<b>III-E</b>  \$210,089  Services to be provided: 6  (Must be completed)	<b>EISEP</b>  \$0  Services to be provided: 0  (Must be completed)	<b>CSE</b>  \$83,433  Services to be provided: 2  (Must be completed)	<b>CSI</b>  \$0  Services to be provided: 0  (Must be completed)	<b>WIN</b>  \$0  Services to be provided: 0  (Must be completed)	<b>OTHER</b>  \$0  Services to be provided: 0  (Must be completed)	<b>TOTAL</b>  \$293,522  Services to be provided: 8  (Must be completed)

CONTRACTOR ROSTER

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<b>Name:</b> People Care, Inc. <b>Contractor Code:</b> 28045 <b>E-Mail Address:</b> <b>Minority Contractor:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Rural Contractor:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Number of Contracts (State &amp; Federal) With This Contractor:</b>  <b>Contract is:</b> <b>Active:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>New:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>III-B</b>  \$2,876  Services to be provided: 1  (Must be completed)	<b>III-C1</b>  \$0  Services to be provided: 0  (Must be completed)	<b>III-C2</b>  \$0  Services to be provided: 0  (Must be completed)	<b>III-D</b>  \$0  Services to be provided: 0  (Must be completed)	<b>III-E</b>  \$0  Services to be provided: 0  (Must be completed)	<b>EISEP</b>  \$128,839  Services to be provided: 2  (Must be completed)	<b>CSE</b>  \$0  Services to be provided: 0  (Must be completed)	<b>CSI</b>  \$0  Services to be provided: 0  (Must be completed)	<b>WIN</b>  \$0  Services to be provided: 0  (Must be completed)	<b>OTHER</b>  \$0  Services to be provided: 0  (Must be completed)	<b>TOTAL</b>  \$131,715  Services to be provided: 3  (Must be completed)
<b>Name:</b> Professional Health Trends,Inc <b>Contractor Code:</b> 28016 <b>E-Mail Address:</b> <b>Minority Contractor:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Rural Contractor:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Number of Contracts (State &amp; Federal) With This Contractor:</b>  <b>Contract is:</b> <b>Active:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>New:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>III-B</b>  \$18,831  Services to be provided: 1  (Must be completed)	<b>III-C1</b>  \$0  Services to be provided: 0  (Must be completed)	<b>III-C2</b>  \$0  Services to be provided: 0  (Must be completed)	<b>III-D</b>  \$0  Services to be provided: 0  (Must be completed)	<b>III-E</b>  \$0  Services to be provided: 0  (Must be completed)	<b>EISEP</b>  \$1,462,896  Services to be provided: 2  (Must be completed)	<b>CSE</b>  \$0  Services to be provided: 0  (Must be completed)	<b>CSI</b>  \$0  Services to be provided: 0  (Must be completed)	<b>WIN</b>  \$0  Services to be provided: 0  (Must be completed)	<b>OTHER</b>  \$0  Services to be provided: 0  (Must be completed)	<b>TOTAL</b>  \$1,481,727  Services to be provided: 3  (Must be completed)
<b>Name:</b> RegionCare, Inc. <b>Contractor Code:</b> 28046 <b>E-Mail Address:</b> <b>Minority Contractor:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Rural Contractor:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Number of Contracts (State &amp; Federal) With This Contractor:</b>  <b>Contract is:</b> <b>Active:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>New:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>III-B</b>  \$9,378  Services to be provided: 1  (Must be completed)	<b>III-C1</b>  \$0  Services to be provided: 0  (Must be completed)	<b>III-C2</b>  \$0  Services to be provided: 0  (Must be completed)	<b>III-D</b>  \$0  Services to be provided: 0  (Must be completed)	<b>III-E</b>  \$0  Services to be provided: 0  (Must be completed)	<b>EISEP</b>  \$147,021  Services to be provided: 2  (Must be completed)	<b>CSE</b>  \$0  Services to be provided: 0  (Must be completed)	<b>CSI</b>  \$0  Services to be provided: 0  (Must be completed)	<b>WIN</b>  \$0  Services to be provided: 0  (Must be completed)	<b>OTHER</b>  \$0  Services to be provided: 0  (Must be completed)	<b>TOTAL</b>  \$156,399  Services to be provided: 3  (Must be completed)

CONTRACTOR ROSTER

For each contract: Date Last Saved: 12/30/13 9:40 am | Last Saved By: Mary Ann Kiefer  
- Check if contract is active

- Enter the dollar amount planned for each funding category (Federal, State, Other) and applicable service(s) for each

<b>Name:</b> Salvation Army <b>Contractor Code:</b> 28026 <b>E-Mail Address:</b> <b>Minority Contractor:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Rural Contractor:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Number of Contracts (State &amp; Federal) With This Contractor:</b>  <b>Contract is:</b> <b>Active:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>New:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>III-B</b>  \$112,292  Services to be provided: 4  (Must be completed)	<b>III-C1</b>  \$247,762  Services to be provided: 3  (Must be completed)	<b>III-C2</b>  \$0  Services to be provided: 0  (Must be completed)	<b>III-D</b>  \$0  Services to be provided: 0  (Must be completed)	<b>III-E</b>  \$16,774  Services to be provided: 3  (Must be completed)	<b>EISEP</b>  \$0  Services to be provided: 0  (Must be completed)	<b>CSE</b>  \$0  Services to be provided: 0  (Must be completed)	<b>CSI</b>  \$0  Services to be provided: 0  (Must be completed)	<b>WIN</b>  \$97,345  Services to be provided: 6  (Must be completed)	<b>OTHER</b>  \$0  Services to be provided: 0  (Must be completed)	<b>TOTAL</b>  \$474,173  Services to be provided: 16  (Must be completed)
<b>Name:</b> Selfhelp Community Services, Inc. <b>Contractor Code:</b> 28012 <b>E-Mail Address:</b> <b>Minority Contractor:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Rural Contractor:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Number of Contracts (State &amp; Federal) With This Contractor:</b>  <b>Contract is:</b> <b>Active:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>New:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>III-B</b>  \$5,246  Services to be provided: 1  (Must be completed)	<b>III-C1</b>  \$0  Services to be provided: 0  (Must be completed)	<b>III-C2</b>  \$0  Services to be provided: 0  (Must be completed)	<b>III-D</b>  \$0  Services to be provided: 0  (Must be completed)	<b>III-E</b>  \$0  Services to be provided: 0  (Must be completed)	<b>EISEP</b>  \$391,674  Services to be provided: 2  (Must be completed)	<b>CSE</b>  \$0  Services to be provided: 0  (Must be completed)	<b>CSI</b>  \$0  Services to be provided: 0  (Must be completed)	<b>WIN</b>  \$0  Services to be provided: 0  (Must be completed)	<b>OTHER</b>  \$0  Services to be provided: 0  (Must be completed)	<b>TOTAL</b>  \$396,920  Services to be provided: 3  (Must be completed)
<b>Name:</b> Senior Citizens of Westbury Center <b>Contractor Code:</b> 28030 <b>E-Mail Address:</b> <b>Minority Contractor:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Rural Contractor:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Number of Contracts (State &amp; Federal) With This Contractor:</b>  <b>Contract is:</b> <b>Active:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>New:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>III-B</b>  \$0  Services to be provided: 0  (Must be completed)	<b>III-C1</b>  \$33,559  Services to be provided: 2  (Must be completed)	<b>III-C2</b>  \$0  Services to be provided: 0  (Must be completed)	<b>III-D</b>  \$0  Services to be provided: 0  (Must be completed)	<b>III-E</b>  \$0  Services to be provided: 0  (Must be completed)	<b>EISEP</b>  \$0  Services to be provided: 0  (Must be completed)	<b>CSE</b>  \$0  Services to be provided: 0  (Must be completed)	<b>CSI</b>  \$0  Services to be provided: 0  (Must be completed)	<b>WIN</b>  \$0  Services to be provided: 0  (Must be completed)	<b>OTHER</b>  \$0  Services to be provided: 0  (Must be completed)	<b>TOTAL</b>  \$33,559  Services to be provided: 2  (Must be completed)

CONTRACTOR ROSTER

For each contract:  
- Check if contract is active  
- Enter the dollar amount planned for each funding category (Federal, State, Other) and applicable service(s) for each

Date Last Saved: 12/30/13 9:40 am | Last Saved By: Mary Ann Kiefer

<b>Name:</b> Sid Jacobson JCC <b>Contractor Code:</b> 28037 <b>E-Mail Address:</b> <b>Minority Contractor:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Rural Contractor:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Number of Contracts (State &amp; Federal) With This Contractor:</b>  <b>Contract is:</b> <b>Active:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>New:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>III-B</b>  \$0  Services to be provided: 0  (Must be completed)	<b>III-C1</b>  \$0  Services to be provided: 0  (Must be completed)	<b>III-C2</b>  \$0  Services to be provided: 0  (Must be completed)	<b>III-D</b>  \$0  Services to be provided: 0  (Must be completed)	<b>III-E</b>  \$122,299  Services to be provided: 5  (Must be completed)	<b>EISEP</b>  \$0  Services to be provided: 0  (Must be completed)	<b>CSE</b>  \$0  Services to be provided: 0  (Must be completed)	<b>CSI</b>  \$0  Services to be provided: 0  (Must be completed)	<b>WIN</b>  \$0  Services to be provided: 0  (Must be completed)	<b>OTHER</b>  \$0  Services to be provided: 0  (Must be completed)	<b>TOTAL</b>  \$122,299  Services to be provided: 5  (Must be completed)
<b>Name:</b> Visiting Nurse Assoc of Long Island Inc <b>Contractor Code:</b> 28031 <b>E-Mail Address:</b> <b>Minority Contractor:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Rural Contractor:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Number of Contracts (State &amp; Federal) With This Contractor:</b>  <b>Contract is:</b> <b>Active:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>New:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>III-B</b>  \$0  Services to be provided: 0  (Must be completed)	<b>III-C1</b>  \$0  Services to be provided: 0  (Must be completed)	<b>III-C2</b>  \$0  Services to be provided: 0  (Must be completed)	<b>III-D</b>  \$0  Services to be provided: 0  (Must be completed)	<b>III-E</b>  \$0  Services to be provided: 0  (Must be completed)	<b>EISEP</b>  \$0  Services to be provided: 0  (Must be completed)	<b>CSE</b>  \$0  Services to be provided: 0  (Must be completed)	<b>CSI</b>  \$0  Services to be provided: 0  (Must be completed)	<b>WIN</b>  \$1,138,736  Services to be provided: 5  (Must be completed)	<b>OTHER</b>  \$0  Services to be provided: 0  (Must be completed)	<b>TOTAL</b>  \$1,138,736  Services to be provided: 5  (Must be completed)

GRAND TOTAL	2,058,744	2,546,063	1,541,770	96,463	814,330	5,339,736	1,321,389	30,900	1,491,081	432,725	15,673,201
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ATTACHMENT CHECK LIST

Check ☒ attachments included with this Plan.

Forms are provided for Attachments B, C, D, E, and F.

***Note: Letters of comment received on the expected impact of (and agency relationships under) CSE Projects and EISEP from local Departments of Social Services, Health, Mental Health and any other county and City of New York agencies and CASA-type agencies, must be maintained on file locally for State Office review.***

☒ **ATTACHMENT A:** Standard Assurances - The AAA Director has reviewed the Standard Assurances

**Note:** The general certification and approval for the Standard Assurances is now included on the **PLAN REVIEW AND APPROVAL** page.

☒ **ATTACHMENT B:** Priority Services Expenditure Report

This report **must** be completed and returned by **each** AAA.

☒ **ATTACHMENT C:** Summary of **major changes** and/or justification for **new direct services**

This **must** be completed and returned by **each** AAA.

☒ **ATTACHMENT D:** Justification for excess Title III Carryover and Title III Transfers

☒ **ATTACHMENT E:** Fringe Benefit Policy/Travel Reimbursement Policy  
Adjustments to Personnel Roster and Rent Allocation Schedule

☐ **ATTACHMENT F:** Volunteers Used as Match



ATTACHMENT B

PRIORITY SERVICES EXPENDITURE REPORT

Instructions: Using actual expenditures for the period, October 1, 2012 - September 30, 2013, submit this completed and certified report with the 2014-15 Plan. **To access the on-line expenditure report, return to the NYSOFA Budgeting and Reporting Systems Main Menu, click on CAARS Quarterly, select any period, and click "Go To Report". On the CAARS Quarterly Main Menu, under "Tools", click on "Go To Reports". Select beginning period October 1, 2012; Select ending period of September 30, 2013; then click Expenditures Report. A PDF version of the report will generate in a separate window for your review.**

Please see *Guide for Completion*

- Column A: Include Title III-B expenditures (services dollars only - Federal, Non-Federal and Income) for:
- Row 1. **Access:** transportation, outreach, information and assistance, case management
- Row 2. **In-Home:** personal care level I, personal care level II, home health aide, consumer directed in-home services, in-home contact & support, caregiver services
- Row 3. **Legal:** legal advice & representation by an attorney (including, to the extent feasible, counseling or other appropriate assistance by a paralegal or law student under the supervision of an attorney), and includes counseling or representation by a non-lawyer where permitted by law, to older adults with economic or social needs. (Also see 94-PI-52, 12/29/94.)
- Row 4. **All Other Services:** necessary to sum total services dollars expended.
- Row 5. **Subtotal:** all services dollars expended.
- Row 6. **Over Match:** must be removed from total.
- Row 7. **Total:** [T] should indicate all Title III-B services dollars with required match only. Be sure to subtract any over match.

Column B: To calculate the percentage of each Priority Service in Column A, divide each Priority Service Expenditure, on Column A by the total [T] Expenditure in Column A, Line 7.

If the percentage in Column B meets the minimum required percentage **STOP do not continue.**

If it does not, then continue in Column C. Include only the required amount from CSE and/or WIN expenditures **required** to meet the Percentage in each of the Priority Services areas. (See instructions in Guide on how to calculate the minimum percentage amounts.)

- Notes:** [S] Include WIN dollars for Access **only**.
- [H] Includes CSE dollars for Home Health Aide, In-Home Contact & Support and Caregiver Services **only**.

Column D: add Columns A and C for Lines 1, 2 & 3.

Column E: calculate the percentage of each Priority Service separately. For each priority service divide dollars for the combined III-B and CSE/WIN amounts (Column D) by the sum of the III-B total [T] in Column A, Line 7, plus the Priority Service's amount in Column C.

Category & Minimum Required Percentage	(A)	(B)	(C)	(D)	(E)
	III-B Services Expenditures	Percent (A)/[T]	CSE (& WIN for Access)	Services Combined Total (A) + (C)	Percent (D)/{[T]+(C)}
1. Access 20.0%	1,220,547.00	92.84%	0.00 [S]	1,220,547.00	92.84%
2. In-Home 2.5%	55,361.00	4.21%	0.00 [H]	55,361.00	4.21%
3. Legal 7.0%	100,431.00	7.64%	0.00	100,431.00	7.64%
4. All Other Services	394,098.00				
5. Subtotal	1,770,437.00				
6. Over Match (-)	455,767.22				
7. Total	1,314,669.78 [T]				

ATTACHMENT C

Program Design Modifications

All AAAs should carefully review this form and the Guide for Completion.

PURPOSE

All AAAs must complete Attachment C. Attachment C is intended for the AAA to alert and obtain approval from NYSOFA regarding: Major Changes; New Direct Services; New Activities; Plans for Multipurpose Senior Centers that are not included in the previous program period; and/or any changes that are being planned for periods covered by future Plans (e.g. an RFP to be held in SFY 2014-2015 that will result in a major change in services or providers in SFY 2015-2016).

Every AAA must complete the Certification Section of Attachment C whether or not any changes are anticipated.

Please be advised that program design modifications identified in Attachment C must be approved by NYSOFA before any expenditures can be obligated for such plans.

DEFINITIONS

**Program Design Modification:** Refers to a Major Change, New Direct Service or New Activity.

**Major Change(s):** Refers to a proposed change(s) in program design for SFY 2014-2015 from what NYSOFA has approved in the previous program period that will significantly impact older adults. It also refers to any planned change(s) for periods covered by future Plans that will have a significant impact on service delivery to older adults.

- Significant Impact:** The criteria for determining Significant Impact include:
1. The discontinuance of any service, or

2. Major changes in:

a. service location;

b. access to services;

c. service providers;

d. types of services being offered;

e. the manner in which services are provided; and

f. service levels (changes of more than 20% in units or expenditures for any specific service);

g. changes in administrative operations (e.g. a re-organization, a consolidation).
- Please refer to the *Guide for Completion* for examples of ‘Major Changes’ and situations which are exempt from inclusion in this attachment.
- New Direct Service:** Refers to any service to be provided by the AAA directly (as opposed to being provided by a subcontractor) that has not been provided by the AAA.
- New Activity:** Refers to: Any new service or program
- PROGRAM DESIGN MODIFICATIONS
- For each proposed program design modification, select the relevant choice(s) from the drop-down menus below.
- | Service  | Fund | Type | Affects<br>Current<br>Year? | Affects<br>Future<br>Year? |
|--|------|------|-----------------------------|----------------------------|
| <div>Current Year Description:</div> <div>Future Year Description:</div> |      |      |                             |                            |
- Page 58 of 62

**CERTIFICATION**

**A box must be checked or an explanation provided.**

☒ The AAA hereby certifies that any Program Modifications or actions anticipated for the 04/01/2014-03/31/2015 Plan period that may result in Program Modifications during the 2014-2015 Program Year or a future program year: SHALL NOT result in a loss or diminution in the quantity or quality of the services (including all federal, state and locally funded services) provided, or to be provided as a result of direct provision of services by the AAA or any contractual or commercial relationship between the AAA and any non-governmental entity; and SHALL enhance the quantity, and/or quality and maintain the integrity and public purpose of the services to be provided as a result of direct provision of services by the AAA or any contractual or commercial relationship between the AAA and any non-governmental entity.

**If the above certification cannot be made, please explain in the text box provided. This would include reductions due to a loss of local, state or federal funding.**

**OR**

☐ The Area Agency on Aging does not anticipate any changes in its programs that may occur during the 2014-2015 Program Year or a Future Program Year and certifies that: If any change to its programs or services does occur during the 2014-15 Program Year or a future Program Year that causes or can be expected to cause a significant impact or major change in its programs or services, the Area Agency on Aging will notify the State Office for the Aging as soon as it becomes aware of such change and will submit an amended Attachment C for the then current Program Year if so directed by the State Office for the Aging.

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**ADVISORY COUNCIL REVIEW AND COMMENT**

☐ The AAA certifies that it has submitted the program design modifications contained in this Attachment C to its advisory council for review and comment as required under Title III, Part 45, Section 1321(c) of the Older Americans Act Regulations.

**MULTIPURPOSE SENIOR CENTERS**

Please describe any multipurpose senior centers that will be acquired and/or constructed using Title III-B funds for the 4/1/2014 - 3/31/2015 AIP period or future program periods in the text box provided:

ATTACHMENT D

Justification for Title III Carryovers and Title III Transfers

**Transfers:** Provide justification for any transfer of funds within and among Title III programs. Transfers are limited to no more than 30% between Titles III-B and III-C and no more than 40% between Titles III-C-1 and III-C-2. Transfers are not allowed for Titles III-D or III-E.

**Carryovers:** (Reference 88-PI-17, 3/24/88)

Titles III-B, III-C and Title III-E: Provide justification for carryover amounts in excess of 7.5%.

Title III-D: Provide justification for carryover amounts in excess of 25%.

**Targeting: Describe how excess carryover funds will be used for targeting (Reference 12-PI-08, 7/17/12) those unserved and underserved older adults individuals in greatest social or economic need, particularly those who are low income, low income minorities, rural residents, older adults with limited English proficiency, Native Americans, and frail/persons with disabilities (e.g., blind, deaf, visually and/or hearing impaired, etc.).** For example, the following activites represent possible efforts to improve achievement of targeting goals: provision of linguistic interpretation services to persons with limited English proficiency or deaf persons, translation of informational materials for persons with limited English proficiency or development of Braille and audio materials for persons who are visually impaired, etc. Where the AAA targeting goals have not been met and the AAA will not use carryover funds for additional or expanded targeting efforts, please provide a justification including a description of the specific activities implemented by the AAA to meet targeting goals and outcomes.

ATTACHMENT E

Fringe Benefits and Travel Reimbursement Policies

**Fringe Benefits Policy:** A complete copy of the AAA's (or sponsor's) Fringe Benefit Policy must be submitted with the **Four Year Plan**. Include below the current fringe benefit rate for employees. Describe any changes from the 2012-2016 Fringe Benefit policy submitted with the 2012-16 Four Year Plan and submit a complete copy of the 2014 Fringe Benefit policy. If the composite fringe benefit percentage for an individual program exceeds the average fringe benefit percentage included below- by more than 15%- the reason for the deviation(s) **must** be explained

2014-2015 Fringe Benefit Rate: 43.00%

No changes.

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**Travel Reimbursement Policy:** A complete copy of the area agency's (or sponsor's) Travel Reimbursement Policy must be submitted with the **Four Year Plan**. Describe below any changes from the 2012-2016 Travel Reimbursement Policy submitted with the 2012-2016 Four Year Plan and submit a complete copy of the 2014 Travel Reimbursement Policy.

No changes.

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**Personnel Roster and Rent Allocation Schedule Adjustment:** Describe below any adjustments included in the adjustment line of the summary budgets for personnel costs, or the adjustment line of the supporting budget schedules for rental costs.

Changes to the personnel roster reflect retirements and reorganization of the Department.

Attachment F  
Volunteers Used as Match Schedule

Volunteer Title	Service(s) Provided	Total Estimated Number of Volunteers	Total Estimated Hours of Services	Hourly Rate Services	Total (a)	Title III-B Services	Title III-C1 Services	Title III-C2 Services	Title III-D Services	Title III-E Services	EISEP Services	CSE Services	CSI Services	Volunteer Services Not Used as Match

GRAND TOTAL (b)														
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(a) The 'Total' amount (Number of hours times Hourly Rate) will be rounded to a whole dollar amount. The whole dollar amount should then be allocated to the individual funding streams. Do not use cents in any column other than the Hourly Rate.

(b) The 'Grand Total' for each program must be included on the Personnel Roster on the 'Volunteers Used as Match' line and on the Supporting Budget page, 'Matching funds' section, 'Volunteers Used as Match' line for each affected budget. These values will be automatically carried over to the appropriate pages in the web-based version. The 'Volunteer Services Not Used as Match' will NOT be included or appear in any other section of the AIP.

Additional instructions for completing Attachment F are included in the Guide for Completion.