

RENEWAL APPLICATION FORM FY 2023-24



**VENTURA COUNTY AREA AGENCY ON AGING  
OLDER AMERICANS ACT GRANT APPLICATION  
OMBUDSMAN & FCSP COUNSELING (PRE-PLACEMENT)  
PROJECT YEAR: JULY 1, 2023- JUNE 30, 2024**

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Applicant (Agency) Name: \_\_\_\_\_

Renewal applications must be submitted to the following address no later than  
**4:00 p.m., Monday, March 6, 2023.**

Ventura County Area Agency on Aging  
Attn: Alyssa Corse, Grants Administrator  
646 County Square Drive, Suite 100  
Ventura, CA 93003

**Application Checklist:** Each application must include the items listed below. Please check the box to confirm that your completed application packet contains all items.

**One (1) original of the following is required to be submitted:**

*Included*

- Completed Application with Original Signatures Full Description of Proposal
- Completed Proposal Budget with Original Signatures
- Legal Governing Body Resolution authorizing submittal of this application
- Audited Financial Statements or Single Audit – past year (pdf is acceptable)

**One (1) copy of the following (Please indicate if item is already on file at VCAAA):**

***Included On File N/A***

- |                          |                          |                          |   |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | List of Board of Directors/Legal Governing Body                   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Current Organizational Chart                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Current Proof of Ownership/Lease Agreements for all Project Sites |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Current Business License(s)                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | All Pertinent MOUs and Subcontracts                               |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Current Certificate of Insurance                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Current Fire, Health and Building Certificates                    |

**APPLICANT INFORMATION**

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

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

Project Address: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Grant Project: \_\_\_\_\_ )

Grant Amount: \$392,322 State Funds: \$286,101 Federal Funds: \$106,221

Funding Source:	Title III B OAA (\$31,496)	CFDA#: 93.044	Required Match: -
	Title VIIa OAA (\$47,101)	93.042	-
	Title III B State Gen Funds (\$213,620)	State	-
	Public Health L & C Program Fund (LCPF) (\$9,671)	State	-
	Special Deposit (SDFL) (\$16,875)	State	-
	SNF Quality & Accountability (\$45,935)	State	-
	Title III E OAA (\$27,624)	93.052	25% (\$6,906)

Project Period: July 1, 2023 - June 30, 2024 Contract Number: 3500FY24-33

Agency Type:	<input type="checkbox"/> Public Agency	<input type="checkbox"/> Private Nonprofit	<input type="checkbox"/> Private For-Profit
Date of Incorporation:	Corporation Number:	Taxpayer ID Number:	

**Authority to Contract**

This proposal is authorized for submission by the governing body of the applicant agency(s). The undersigned is aware of all pertinent conditions and specifications affecting the provision of services and all relevant terms and conditions stated in the request for proposal.

→Two authorized signatures are required for nonprofit organizations←

AUTHORIZED SIGNATURE:

AUTHORIZED SIGNATURE:

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

Each grantee (except a sole proprietorship) is required to submit a resolution from its governing board that (1) authorizes submission of this grant application and (2) states the names and titles of individuals authorized to execute the grant contract and any contract amendments.

Is the resolution from the governing board attached to this document?  Yes  No

If no, list date when it will be submitted to VCAAA: \_\_\_\_\_

**CONTACT INFORMATION**

Person responsible for completing this application:	
Name:	
Title:	
Phone:	
Email:	
Person responsible for submitting monthly requests for funds and fiscal reports to VCAAA:	
Name:	
Title:	
Phone:	
Email:	
Person responsible for submitting monthly program reports to VCAAA and ensuring accurate reporting:	
Name:	
Title:	
Phone:	
Email:	
Person responsible for submitting client evaluation summaries each quarter to VCAAA:	
Name:	
Title:	
Phone:	
Email:	
Person responsible for ensuring your agency's compliance with Security Awareness Training <sup>1</sup> :	
Name:	
Title:	
Phone:	
Email:	
Person responsible for inquiries and complaints regarding National Origin <sup>2</sup> :	
Name:	
Title:	
Phone:	
Email:	
Person responsible for resolving complaints made by older individuals receiving grant-funded services:	
Name:	
Title:	
Phone:	
Email:	
Person responsible for publicity/outreach for grant-funded services during FY 2023-24:	
Name:	
Title:	
Phone:	
Email:	

<sup>1</sup> All employees and volunteers of your organization who are directly involved with the grant (e.g., individuals who have access to confidential client information) are required to complete annually the Security Awareness Training module found on California Department of Aging's website: [www.aging.ca.gov](http://www.aging.ca.gov).

<sup>2</sup> If a complaint is made by a program participant alleging discrimination based upon a violation of State of Federal Law (22 CCR 98211, 98310, 98340), Grantee is required to immediately notify the VCAAA Grants Administrator. Grantees are required to designate an employee to whom initial complaints or inquiries regarding national origin can be directed.

**EMERGENCY CONTACT INFORMATION**

Names of person who provides information and assistance at your agency:			
Name:			
Title:			
Phone:			
Email:			
Agency Director – Contact Information:			
Name:			
Title:			
Address:			
Phone:		Evening Phone:	
Email:			
Agency Emergency Coordinator - Contact Information:			
Name:			
Title:			
Address:			
Phone:		Evening Phone:	
Email:			
Alternate Agency Emergency Coordinator - Contact Information			
Name:			
Title:			
Address:			
Phone:		Evening Phone:	
Email:			

NOTE: This information is solely for purposes of communication in case of local disaster and will be kept strictly confidential.

## SECTION 1 – ORGANIZATIONAL CAPACITY

### A. Mission Statement

*Provide a brief summary of your organization’s mission statement (use only space provided):*

### B. Service Regions

Please check (✓) all that apply:			
Camarillo Somis, Santa Rosa Valley	<input type="checkbox"/>	Oxnard, El Rio, Nyeland Acres, Del Norte, Hollywood Beach	<input type="checkbox"/>
Fillmore	<input type="checkbox"/>	Piru, Rancho Sespe	<input type="checkbox"/>
Moorpark	<input type="checkbox"/>	Port Hueneme	<input type="checkbox"/>
Ojai Valley	<input type="checkbox"/>	Santa Paula	<input type="checkbox"/>
		Simi Valley	<input type="checkbox"/>
		Somis	<input type="checkbox"/>
		Thousand Oaks, Newbury Park	<input type="checkbox"/>
		Ventura, Saticoy, Montalvo	<input type="checkbox"/>

### C. Organizational Impact

*Describe the impact of your organization’s core services and how grant funding will improve this impact.*

### D. Collaborations (not including VCAAA)

Please list the major organizations your agency collaborates with to provide grant-funded services.

	Name of Collaborating Agency	Role or Purpose Relative to this Grant	Proposed or Current Collaboration?	Informal or Formal Agreement (MOU, etc.)?
1				
2				
3				
4				

*Describe your organization’s experience in coordinating with these local and regional community services to integrate the service delivery system in the counties for which you are bidding; specifically, how these efforts have led to increased opportunities for older adults to access services:*

**SECTION 2 – FISCAL**

**A. Project Budget**

Please complete and submit the FY 2023-24 Project Budget.

**B. Audited Financial Statements or Single Audit – Past Year**

Please attach your agency’s most recent audited financial statement or single audit report.

*If a pdf version of the report is available, please provide the URL link or the date it was emailed to VCAAA:*

**C. Fiscal Management**

List the contact information of the person responsible for the fiscal management of the grant.

Name:	
Title:	
Phone:	
Email:	

*Describe the fiscal management procedures to be used to manage this grant (use only space provided):*

**D. Funding Contingencies**

The amount of your agency’s grant is contingent upon the availability of state and federal funds. In the tables below, explain how your agency would handle an increase or decrease in grants funds.

***Funding Increase***

In the table below, list what your agency would do with additional “one-time-only” funds, if available. List a minimum of one and a maximum of five items/events. Typically, these funds are for one-time expenditures, such as equipment, workshops, special events, flyers, etc.

Priority	Item or Event	Estimated Cost REQUIRED
1		\$
2		\$
3		\$
4		\$
5		\$

***Funding Reduction***

*If grant funds are decreased, explain how your agency would reduce services funded by the grant:*



### SECTION 3 – SCOPE OF WORK AND SERVICE REQUIREMENTS

#### A. Changes In Service

Please review the file copy of your agency’s prior year’s grant application that was submitted to VCAAA, then answer the following questions to indicate any changes in FY 2023-24:

Please check (✓) to answer questions below →		YES	NO
Are there changes with ...			
1	Scope of work, i.e., number of hours proposed to provide? (See Scope of Work table on following page to verify service units to be provided.)	<input type="checkbox"/>	<input type="checkbox"/>
2	Scope of work, i.e., how you are implementing the grant-funded project?	<input type="checkbox"/>	<input type="checkbox"/>
3	Geographical areas in the county where the grant-funded services will be provided?	<input type="checkbox"/>	<input type="checkbox"/>
4	The hours that the grant-funded services will be available?	<input type="checkbox"/>	<input type="checkbox"/>
5	Your organization's mailing address?	<input type="checkbox"/>	<input type="checkbox"/>
6	The location(s) where grant-funded services are provided to clients?	<input type="checkbox"/>	<input type="checkbox"/>
7	Job descriptions of staff or volunteers (if applicable) providing grant-funded services?	<input type="checkbox"/>	<input type="checkbox"/>
8	Fiscal management policies and/or procedures relative to this grant?	<input type="checkbox"/>	<input type="checkbox"/>
9	Personnel regarding fiscal management of this grant?	<input type="checkbox"/>	<input type="checkbox"/>
10	Determining eligibility for a client to receive grant-funded services?	<input type="checkbox"/>	<input type="checkbox"/>
11	Policies and procedures re donations by clients receiving grant-funded services?	<input type="checkbox"/>	<input type="checkbox"/>
12	Client evaluations regarding grant-funded services they have received?	<input type="checkbox"/>	<input type="checkbox"/>
13	Training provided for staff and volunteers re grant-funded services?	<input type="checkbox"/>	<input type="checkbox"/>
14	Targeting priorities?	<input type="checkbox"/>	<input type="checkbox"/>
15	Compliance with Americans with Disabilities Act?	<input type="checkbox"/>	<input type="checkbox"/>
16	Collaborations?	<input type="checkbox"/>	<input type="checkbox"/>
17	Subcontractors (if applicable)? Note: Subcontractors must be preapproved by VCAAA Grants Administrator	<input type="checkbox"/>	<input type="checkbox"/>
<i>If you answered YES to any questions above, please provide a description of the changes:</i>			
Item #	Description		



**B. Service Proposal**

The following tables reflect the minimum number of service units and unduplicated clients required to provide and report in FY 2023-24. Service requirements are contingent upon funding and are subject to change accordingly. *Service requirements may be negotiated.*

Activity		Service Requirement
<b>OUTCOME 1:</b>		
A	Complaint Resolution - % of open complaints resolved/ partially resolved	98.7%
B	Work with Resident Councils - Meetings attended	250
C	Work with Family Councils - Meetings attended	6
D	Consultations to Facilities	1,975
E	Information and Consultations to Individuals	4,600
F	Community Education Sessions	50
<b>OUTCOME 2:</b>		
A	Facility Coverage - Nursing Facilities (SNFs) to be visited quarterly not in response to complaint	100%
B	Facility Coverage - Residential Care Facilities (RCFEs) to be visited quarterly not in response to complaint	100%
C	Number of full time equivalent Ombudsman staff (on average during year)	4.63
D	Number of certified LTC Ombudsman volunteers (on average during year)	40
<b>OUTCOME 3:</b>		
A	Training Sessions on NORS - Minimum training session	1

Service Category:	Caregiver Counseling (Caregiver of Older Adults)	
<b>Description:</b>	An FCSP Support Service provided to a caregiver by a person appropriately trained and experienced in the skills required to deliver the level of support needed for stress, depression, and loss because of caregiving responsibilities. This service (A) may involve his or her informal support system; (B) may be individual direct sessions and/or telephone consultations, and (C) may address caregiving-related financial and long-term care placement responsibilities.	
<b>NAPIS<sup>3</sup> Category:</b>	FCSP 1 – Support Service	
<b>Funding Source:</b>	Title III E (Older Americans Act)	
<b>Registered Service? (Yes/No):</b>	Yes <sup>4</sup>	
<b>One Unit Equals:</b>	One (1) Hour	
<b>Minimum Number of Units to be Provided:</b>	<b>150 (hours)</b>	
<b>Minimum Number of Unduplicated Clients to be Served:</b>	<b>140</b>	

<sup>3</sup> NAPIS = National Aging Program Information System

<sup>4</sup> YES = Grantee agrees to complete a Registered Service Client Information Form (Family Caregiver/Receiver Form) for each client served using grant funded services.

## SECTION 4 – TARGETING AND PUBLIC RELATIONS

### A. Targeting

Grantees are required to follow priority preference in providing services to older individuals with greatest economic need and older individuals with greatest social need **with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas.**

Greatest Social Need – A social need is the result of non-economic factors, e.g., physical and/or mental disabilities, language barriers, or cultural and/or social isolation and/or racial and ethnic status. They restrict a person’s ability to perform normal daily tasks or threaten his or her capacity to live independently. An older individual is in greatest social need if s/he has two (2) or more of the following characteristics: is physically and/or mentally disabled, has a language or communication barrier, lives alone, or is aged 75 or older.

Greatest Economic Need – Any person 60 years of age or older whose income level is estimated to be at or below the 2022 Department of Health and Human Services guidelines for the federal poverty level.

All grants funded with Title III B, C, D, E and VII dollars MUST provide services to persons age 60 and older regardless of income level.

*Describe specific efforts your agency will make to serve seniors in greatest social and economic need:*

### B. Compliance with Americans with Disabilities Act

Please check (✓) to answer questions below →		YES	NO
1	Is/are your project site(s) ADA accessible to people with disabilities?	<input type="checkbox"/>	<input type="checkbox"/>
2	Has your agency incorporated accessibility symbols into brochures, advertisements or other materials that describe your services?	<input type="checkbox"/>	<input type="checkbox"/>

*If you answered NO to either of the above questions, describe steps your agency has taken to increase public awareness for accommodations for clients with disabilities; and what other steps, if any, has your agency taken to meet the needs of these clients (use only space provided):*

**C. Limited English Speaking Participants (LEPs)**

Grantees are required to take reasonable steps to ensure that “alternative communication services” are available to non-English speaking or LEP beneficiaries of services. This includes but is not limited to providing grant-funded services using interpreters or bilingual staff; providing translated written materials, e.g., descriptions of available services and programs, etc. Complete the information requested below:

Projected number of limited English-speaking persons (LEP) to be encountered by the grant-funded program in the proposed service year FY 2023-24:	
Projected frequency (daily, monthly, etc.) with which LEP individuals will come in contact with your agency’s grant funded program:	
<i>Nature and importance of services to be provided to LEP individuals:</i>	
<i>If your agency has written materials that describe the grant-funded program and services available in another language (e.g., Spanish), please list those languages:</i>	
Language	Description of Materials