



**Office for
the Aging**

NEW YORK STATE OFFICE FOR THE AGING

REQUEST FOR APPLICATIONS

**Expansion of the Classic Naturally Occurring Retirement Community
(Classic NORC) Program and Neighborhood Naturally Occurring
Retirement Community (Neighborhood NORC) Program**

Date of Issuance – 11/09/18

**Andrew M. Cuomo
Governor**

**Greg Olsen
Acting Director**

Expansion of the Classic Naturally Occurring Retirement Community Program and Neighborhood Naturally Occurring Retirement Community Program

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Important Information for Prospective Applicants

Through this Request for Applications (RFA) the New York State Office for the Aging (henceforth referred to as “NYSOFA” or the “State”) seeks applications from eligible not-for-profit organizations to operate a NORC program to provide services to older adults, aged 60 and older, residing in areas that qualify per NYS Elder Law 209 as Classic NORCs or Neighborhood NORCs. NYSOFA currently funds 16 Classic NORC programs and 13 Neighborhood NORC programs. The purpose of this RFA is to expand NYSOFA’s NORC program by funding additional Classic and Neighborhood NORC programs throughout the state, particularly in underserved areas or for underserved populations¹. Applications will be accepted from:

- Organizations proposing to serve a qualified service area that DOES NOT currently receive NORC funding from NYSOFA; and
- Organizations that currently receive NORC funding from NYSOFA that are applying to serve a qualified service area that is distinct from and does not overlap any other service area for which the organization already receives NYSOFA NORC funding.

If your organization intends to apply to operate both a Classic and Neighborhood NORC or more than one Classic or Neighborhood NORC, a separate application will need to be submitted for each proposed project. All organizations currently receiving funding from NYSOFA to operate a NORC program must apply to continue receiving the funding for their existing service area through an application process that is separate from this RFA. These organizations will be contacted directly by NYSOFA with instructions on how and when to apply².

As mandated by NYS Elder Law 209 (1)(e)(1-4) for Classic NORC programs and NYS Elder Law 209 (1)(f)(1-4) for Neighborhood NORC programs, there are specific eligibility requirements that must be met for organizations to qualify as applicants as well as requirements for housing entities or neighborhoods to be served. Applications will be considered only if the requirements for both the applicant and the Classic NORC or Neighborhood NORC service area (see Applicant Mandatory Minimum Qualifications below and Part I, 5 – Eligible Applicants) are met.

Program Overview

A Classic NORC is an apartment building or housing complex, and a Neighborhood NORC is a residential dwelling or group residential dwellings in a geographically defined neighborhood or group of contiguous neighborhoods that were not originally built for older adults, but are now home to a significant proportion of older adults. Classic and Neighborhood NORC programs, collectively known as the NORC program, coordinate a broad range of health and

¹ See Section III-7, Program Specific Question 2 in the Community Information section for examples of underserved areas and populations.

² Per Elder Law 209 (4-b), all organizations currently receiving funding from NYSOFA to operate a NORC program have received priority as these existing programs have been exempted from this RFA process and have been awarded the amount of funding each had previously requested.

social services to help support older residents to age in their own homes and they utilize the strength of the older residents in the design, implementation, and prioritization of services and activities. The intent of the NORC program is to facilitate and integrate existing health and social services available in the community, as well as organize additional needed services that enable older adults to remain at home. The overarching goal of a NORC program is to maximize the health of its community. NORC programs are proactive in their approach, seeking to expand and strengthen the connections older adults have in and to their communities before a crisis occurs.

NORC programs operate through multi-disciplinary partnerships and represent a mix of public and private entities and provide on-site services and activities. At the core of each partnership are social service and health care providers; housing managers or representatives of neighborhood associations; and, most important, the community's residents, especially its older residents. These core partners connect to many other stakeholders in a community – typically, local businesses; civic, religious, and cultural institutions; public and private funders; and local police and other public safety agencies. By coordinating these resources for a common interest, NORC programs help to transform the community into a place in which older adults can successfully remain.

In addition to supporting older residents to age successfully, the NORC program models also promote community change. It offers new opportunities to 1) empower older adults to take on new roles in shaping communities that work for them, 2) weave a tighter social fabric and foster connections among residents, and 3) maximize the well-being of all older adults in the NORC program. A NORC program is built from the ground up, in response to what it learns about the community after assessing the needs of that community. Inevitable challenges to healthy aging often include environmental factors, social factors, health and social service gaps, transportation difficulties, lack of infrastructure, or a frayed social fabric. A NORC program identifies strengths to be harnessed and they are positioned to design and implement a responsive program that integrates: community engagement (i.e. education programming, community action initiatives, and opportunities for older adults to take on new roles), social work services provided to individuals, caregivers, and groups of older adults and health care related services addressing both individual health management needs and the health of the community.

For more information on NORC programs, including a variety of helpful tools and strategies for creating a successful program visit:

<https://aging.ny.gov/NORCBLEPrint/NORCindex.cfm?Name=blueprint/index.html>.

Available Funding

NYSOFA anticipates a maximum of 6 applicants may be selected to operate a Classic NORC program and an additional maximum of 7 applicants may be selected to operate a Neighborhood NORC program. NYSOFA intends to fund programs throughout the state to assure a geographic balance in the distribution of NORC programs (see NYS Elder Law 209(4)(a)) by funding the 2 highest scoring applications from Classic or Neighborhood NORC

programs located in rural areas (see Part VI – Appendix 1 – Designated Rural Areas) and the 2 highest scoring applications from Classic or Neighborhood NORC programs located in medium-density areas (see Part VI – Appendix 2 – Designated Medium-Density Areas). All applications must meet the mandatory minimum qualifications (see page 5) and receive the minimum total score of 105 in order to be selected for funding (see Part I-29 Review Panel and Evaluation Criteria).

The remaining Classic and Neighborhood NORCs will be awarded based on score; therefore, they can be in any area of the state. If there are 2 or less eligible Classic and Neighborhood NORC applicants in a rural area or 2 or less Classic and Neighborhood NORC applicants in a medium-density area, they must still obtain the minimum total score required in order to be selected for funding. If there are no applications for either a rural and/or medium-density area that meet the mandatory minimum qualifications and achieve the minimum total score, those designated areas will not be awarded. Any funding remaining after selection of the 4 or less geographically targeted applications will be awarded based on score. Therefore, all remaining Classic NORC applications will be ranked highest score to lowest score and all Neighborhood NORC applications will be ranked highest score to lowest score and the Classic NORC and Neighborhood NORC funding will be awarded to the top scoring applicants.

The maximum award for a Classic NORC program will be \$200,000 and the minimum award for a Neighborhood NORC program will be \$60,000 for a twelve-month period³. **The amount of State funds requested in your application, should reflect the amount needed to meet operational needs for a twelve-month period.** Successful applicants will enter into a five-and-a-half-year contract, commencing on 07/01/19 and ending 12/31/24. For first term of the contract (7/1/19-12/31/20), successful applicants will have eighteen months to spend the initial funding amount, to allow time for the programs to become established. After that, starting with the contract period 1/1/21-12/31/21, funding must be spent during the twelve-month program period as carryover of funds is not permitted.

There is a matching funds requirement (see Part VI – Appendix 3 – Policy for Matching Funds Requirement). Applicants must demonstrate in their application(s) their ability to provide **total matching funds** of at least twenty-five percent (25%) of the state funding that is requested. Successful applicants will be required to provide total matching funds of at least twenty-five percent (25%) of the state funding that is awarded. For Classic NORCs, at least fifty percent (50%) of the total matching funds required must be contributed by the housing development governing body or other owners or managers and residents of the apartment buildings and housing complexes. For Neighborhood NORCs, at least fifty percent (50%) of the total matching funds required must be contributed by community organizations located in and/or the residents of the geographical area in which the project is proposed. The following is an example of the match required, based on a state funding award of \$150,000:

³ See NYS Elder Law 209 (5)

	Total State Funds	\$150,000
	25% Total Match	\$37,500
50% Housing/Community Match (of 25% total match)		\$18,750
50% All other allowable match sources (of 25% total match)		\$18,750

A program may request a waiver of the housing or community match portion, but any waiver must be approved by the State (see Part VI – Appendix 4 – Waiver of Housing or Community Matching Requirement) and the total matching funds requirement must still be met from other allowable sources. Waivers for the total match requirement will not be considered.

Program Requirements Overview

Applications must demonstrate an understanding that successful NORC programs are coordinating programs with the goal of creating a supportive community in an organized and integrated setting that builds upon the strengths and aspirations of the residents. It is not expected that applicants selected for funding will be operating at full capacity at the start of the contract period. NYSOFA understands that new programs need time to establish themselves and will have to make adjustments based on resident feedback. Applications should be realistic and demonstrate a plan for growing and adapting the program over the term of the contract.

NORC programs provide a wide range of services that will help older adult residents maintain their independence, improve their quality of life, and maximize their well-being, however, all programs must provide the priority services of:

- Case management,
- Information and assistance,
- Healthcare management, and
- Healthcare assistance and monitoring.

Additional optional services should include a wide range of other services that match the varied needs and interests of all older adults in the community. Optional services include, but are not limited to:

- | | |
|---|---|
| <ul style="list-style-type: none"> • Assisted transportation, • Personal care level I (housekeeping/chore), • Personal care level II (home care), • Counseling, • Telephone reassurance, • Shopping assistance, • Friendly visiting, | <ul style="list-style-type: none"> • Residential repair and maintenance, • Personal Emergency Response System (PERS), • Education/recreation groups, • Health promotion, • Support groups, • Individual and/or group transportation, and • Outreach. |
|---|---|

All services are not required to be solely provided by the Applicant, but the Applicant must demonstrate that they will actively manage and coordinate the provision of all services.

The Health Indicators Program is a data driven, performance improvement program that is a way for NORC programs to identify the needs of its residents and target interventions at both the individual and group level with the goal of achieving measurable outcomes. Health Indicators is required of all state funded NORC programs and involves the administration of a comprehensive health survey, data tracking, and data analysis as well as post intervention follow up. Please see Part VI – Appendix 5 – Health Indicators Program for more information.

The applicant must conduct a needs assessment (See Part VI – Appendix 6 – Service Needs Assessment) before submitting an application in order to determine what services will be provided. When considering services to be provided, applicants should be aware that the provision of certain services, such as personal care or nursing, may subject the applicant and/or its subcontractors to licensing/certification requirements of State agencies (e.g. Department of Health, NYSOFA). NORC services are not to be a duplication of other available services. The services included may be the same as those provided by the local municipality or other community-based organization, but only if those services are not accessible to or do not entirely meet the needs of the residents of the NORC.

Applicant Mandatory Minimum Qualifications

All applicants must fulfill all of the following mandatory minimum qualifications:

1. The Applicant is prequalified in the New York State Grants Gateway at the time and date that applications are due (see Part V – Attachment 1 – Prequalification Requirements). NOTE: The prequalification process is a separate and distinct process from the application process and should be started well in advance of the application deadline as it can take some time to complete.
2. The Applicant does not already receive funding from NYSOFA to operate a NORC in the service area that is proposed in its application.
3. The Applicant's proposed service area does not overlap in part or in full with any service area that already receives funding from NYSOFA for the operation of a NORC.
4. The Applicant must be a not-for-profit agency specializing in housing, health or other human services which serves or will serve the community within which the proposed naturally occurring retirement community is located.
5. The Applicant's proposed service area must meet the eligibility criteria for either a Classic or Neighborhood NORC.

To be an eligible **Classic NORC**, the proposed service area must be an apartment building or housing complex which:

- a. Was not predominantly built for older adults;
- b. Does not restrict admissions solely to older adults;
- c. At least forty percent (40%) of the units have an occupant who is an older adult; AND in which at least two hundred fifty (250) of the residents of an apartment building are older adults or five hundred (500) residents of a housing complex are older adults; and
- d. A majority of the older adults to be served are low or moderate income, as defined by the United States Department of Housing and Urban Development.

OR

To be an eligible **Neighborhood NORC**, the proposed service area must be a residential dwelling or group of residential dwellings in a geographically defined neighborhood or group of contiguous neighborhoods (the boundaries of which are clear and create an identifiable program) which:

- a. Was not predominately developed for older adults;
 - b. Does not predominately restrict admission to older adults;
 - c. (1) In a non-rural area⁴, has at least thirty percent (30%) of the residents who are older adults or 30% of the units have an occupant who is an older adult; or (2) in a rural area⁵, has at least twenty percent (20%) of the residents who are older adults or 20% of the units have an occupant who is an older adult; and
 - d. Is made up of low-rise buildings six stories or less and/or single and/or multi-family homes, provided, however, that apartment buildings and housing complexes may be included in rural areas.
6. The Applicant must provide matching funds of at least twenty-five percent (25%) of the state funding that is requested as explained in Part VI – Appendix 3 – Policy for Matching Funds Requirements.

⁴ Non-rural areas are defined as any county, city, or town that has a population or population density greater than that which defines a rural area.

⁵ Rural areas are defined as counties within the state having a population of less than 200,000 persons including the municipalities, individuals, institutions, communities, programs, and such other entities or resources as are found therein; or, in counties with a population of 200,000 or more, towns with a population density of less than 150 persons per square mile including the villages, individuals, institutions, communities, programs, and such other entities or resources as are found therein. See also Part VI – Appendix 1 – Designated Rural Areas for more information.

PART I: GENERAL INFORMATION FOR APPLICANTS

1. MISSION STATEMENTS

The mission of NYSOFA is to help older New Yorkers to be as independent as possible for as long as possible through advocacy, development and delivery of person-centered, consumer-oriented, and cost-effective policies, programs and services which support and empower the older adults and their families, in partnership with the network of public and private organizations which serve them.

The mission of the Classic and Neighborhood NORC programs is to facilitate and integrate the health and social services already available in the community, as well as coordinate necessary supports to help meet the goal of enabling older adults to remain at home.

2. STATEMENT OF PURPOSE

NYSOFA seeks to expand the Naturally Occurring Retirement Community (Classic NORC) Program and Neighborhood Naturally Occurring Retirement Community (Neighborhood NORC) Program that coordinate a broad range of health and social services to help support older residents to age in their own homes.

3. CONFLICT OF INTEREST

Successful applicants who enter into a contract with NYSOFA (i.e. Contractors) shall not engage in any business or personal activities or practices or maintain any relationships that conflict in any way with the Contractor fully performing its obligations under this Contract.

Additionally, the Contractor acknowledges that, in governmental contracting, even the appearance of a conflict of interest is harmful to the interests of the State. Thus, the Contractor agrees to refrain from any practices, activities, or relationships that could appear to be in conflict with the Contractor's fully performing its obligations to NYSOFA under the terms of this Contract.

In the event the Contractor is uncertain whether the appearance of a conflict of interest may exist, the Contractor shall submit to NYSOFA a full disclosure statement setting forth the relevant details for NYSOFA's consideration and direction. Failure to promptly submit a disclosure statement or to follow NYSOFA's direction in regard to the apparent conflict may be grounds for termination of the Contract.

4. ISSUING OFFICE

This RFA is issued by NYSOFA which shall be the sole contact for information regarding its content.

5. ELIGIBLE APPLICANTS

The Applicant must be a not-for-profit agency specializing in housing, health or other human services which services or would serve the community within which a naturally occurring retirement community is located. The Applicant must not already receive funding from NYSOFA to operate a NORC in the identified service area that is proposed in its application. The Applicant must not submit an application proposing to serve a qualified area that already receives funding from NYSOFA for the operation of a NORC.

It is not required that the Applicant agency be the sole provider of NORC services, but it is required that the Applicant agency at a minimum actively manage and coordinate the provision of such services.

6. CONTRACT PERIOD

The contract period shall be for a five-and-a-half (5 and 1/2) year period, commencing on 07/01/19 and ending 12/31/24. The budget pages (found in Part III-2 and III-4) should be completed for the first eighteen months of the five-and-a-half-year contract.

7. ANTICIPATED ANNUAL BUDGET AND FUNDING FROM STATE FUNDS

The final awards are subject to the appropriation of funds in the enacted State Budget. The availability of funding, including any potential increases or decreases in funding, during the subsequent years of the contract are not guaranteed. The contract award is contingent upon the availability of sufficient program funding from New York State in the initial year and subsequent years of the contract period. No payments can be made to successful applicants until the contract is fully executed. At that time, an advance of up to 25% of the award amount for the initial period of the contract may be requested. All subsequent payments will be made on a quarterly reimbursement basis. In order to ensure operational success, all applicants should have sufficient working capital to facilitate program-related business transactions for at least a three-month period.

The award amount will be based on the amount of funding requested to meet the operational needs of the program for a twelve-month period. Accordingly, **when requesting the amount of State funds in your application, request the amount needed to meet operational needs for a twelve-month period** when the program is operating at full capacity. Although the contract starts on 7/1/19, it is not the expectation that successful applicants will be ready to start full operations on that date. As a result, for the first term of the contract (7/1/19-12/31/20), successful applicants will have eighteen

months to spend the initial funding awarded, allowing time for the programs to become established.

Successful Applicants will be required to provide matching funds equivalent to twenty-five percent (25%) of the total amount of State funds awarded. This match can be in the form of cash, in-kind services, or some combination thereof (see Part VI – Appendix 3 – Policy for Matching Funds Requirements for more information regarding allowable match). The match requirement applies to all years of the contract. At least fifty percent (50%) of the required total match amount must be contributed by the housing development governing body or other owners or managers and residents of the apartment buildings and housing complexes, or geographically defined area, in which the project is proposed. Programs may request that NYSOFA waive part of the matching funds required by the housing development governing body or other owners or managers and residents of the apartment buildings and housing complexes, or geographically defined area, in which the project is proposed; however, the total matching funds requirement must still be met from other allowable sources (see Part VI – Appendix 4 – Request for Waiver of Matching Funds Requirements for more information).

Applicants are to complete the application budget pages (Attachment B-1, Attachment E, and, if applicable, Attachment E-1) and the Revenue Worksheet in Grants Gateway. The Revenue Worksheet must reflect all sources of funding for the NORC program for the initial eighteen-month term of the contract period, including any sources of funding that will not be used as match. The total expenditures included in an Applicant’s budget **MUST** equal the sum of the funding amount requested by the Applicant and matching funds provided. **Administrative costs may not exceed 15% of the total budget**, total matching funds or state funds requested. Successful Applicants must spend 100% of their total State funding awarded for each program period as carryover of funds is not permitted.

8. TIME TABLE*

11/09/18	Release of Request for Applications
11/28/18	Last date to submit questions regarding RFA
12/14/18	Answers to questions issued/posted
02/01/19	Application packages must be submitted via Grants Gateway by 4:00 p.m. ET on this date. Please see Part I-11 for more detail regarding submission of applications.
04/01/19	Anticipated date to notify successful applicants
07/01/19	Contract commences
12/31/24	Contract ends

***NYSOFA reserves the right to revise any of these dates, as necessary.**

9. QUESTIONS CONCERNING THE RFA

Prospective applicants may submit written questions to **Jennifer Unser**, who is the designated contact, by e-mail to Jennifer.Unser@aging.ny.gov or by fax to **(518) 473-5177** starting on 11/09/18 and no later than **4 p.m. ET, 11/28/18**. No telephone calls will be accepted. **Each question should cite the particular RFA part, page and number to which it refers**. Questions received after the deadline may not be answered. A summary of the questions and answers will be posted on NYSOFA's website at <https://aging.ny.gov/ContractsandGrants/index.cfm>. From the RFA issuance date until the selection, all contacts with NYSOFA concerning the contents of this RFA shall be made via e-mail or fax through **Jennifer Unser**.

NOTE: Applicants interested in confirming the boundaries of an already existing NORC may submit a FOIL request, in writing, at any time to NYSOFA, at:

New York State Office for the Aging
Attention: FOIL Officer
Two Empire State Plaza
Albany, NY 12223-1251

or electronically, via email, at: foil@aging.ny.gov.

10. ADDENDUM TO THE RFA

NYSOFA reserves the right to amend the RFA by providing addenda. The addenda will be posted on NYSOFA's website at <https://aging.ny.gov/ContractsandGrants/index.cfm> and made available via Grants Gateway. If a prospective applicant has any questions regarding whether any addenda were issued, please e-mail **Jennifer Unser** at Jennifer.Unser@aging.ny.gov.

11. SUBMISSION OF APPLICATION

A. Applications must be submitted online via the New York State Grants Gateway by **02/01/2018 at 4:00 p.m. ET**, as referenced in Part I-8 of this RFA. Tutorials (training videos) on use of the Grants Gateway are available at <https://grantsreform.ny.gov/grantees>.

All applicants must be registered in Grants Gateway and establish users in the system. To start this process, from the Grants Opportunity Portal (https://grantsgateway.ny.gov/IntelliGrants_NYSGG/module/nysgg/goportal.aspx), under Registration, click "Request Access Now!" to view your options. For existing NYS vendors, there is only one step. You must submit a Registration Form for your Administrators identifying/naming a Delegated Administrator responsible for managing your organization's profile and users.

To find out if your organization has already registered, enter its SFS Vendor ID number and search. If your organization is registered, the search result will include contact information for its Delegated Administrator, and you can contact this individual to request access to the system. If your organization is not registered, the search results will provide a link to the Request Form for your Administrator, which will need to be completed and submitted pursuant to the instructions provided by Grants Gateway. If your organization is not registered but has a SFS Vendor ID, you will still need to submit the Registration Form and a copy of your agency's organizational chart in order to register.

In addition to Grants Gateway registration, all non-governmental Not for Profit (NFP) applicants must be Prequalified at the time and date that the application is due. If you are not Prequalified at that time and date, your application will not be considered. For more information about Grants Gateway Prequalification, please visit the Grants Gateway website <https://grantsreform.ny.gov/Grantees> or contact the Grants Reform Team at: grantsreform@its.ny.gov. The Grants Reform help desk/hotline can be reached at (518) 474-5595. In keeping with this requirement, any application from a non-governmental NFP must have one of the following prequalification statuses at the time and date that the application is due or it will not be considered for funding:

- Document Vault Prequalified;
- Document Vault Prequalified Open;
- Document Vault Prequalified/In review; or
- Document Vault Open for PQS Edits

To apply, log into the Grants Gateway and click on the View Opportunities button under View Available Opportunities. To get started, in the Search Criteria, enter the Grant Opportunity name listed on the cover of the RFA and select the Office for the Aging as the Funding Agency and hit the Search button. Click on the name of the Grant Opportunity from the search results grid and then click on the APPLY FOR GRANT OPPORTUNITY button located bottom left of the Main page of the Grant Opportunity.

In order to access the online application and other required documents such as the attachments, Applicants MUST be registered and logged into the Grants Gateway system in the user role of either a "Grantee," "Grantee Contract Signatory," "Grantee Payment Signatory," or "Grantee System Administrator." **However, only "Grantee Contract Signatory" or "Grantee System Administrator" role can submit the application.** The following table will provide a snapshot of which roles are allowed to Initiate, Complete, and Submit the Grant Application(s) in the Grants Gateway:

Role	Create and Maintain user Role	Initiate Application	Complete Application	Submit Application	View Application/ Contract/ Payments
Delegated Admin	✓				✓
Grantee		✓	✓		✓
Grantee Contract Signatory		✓	✓	✓	✓
Grantee Payment Signatory		✓	✓		✓
Grantee System Administrator		✓	✓	✓	✓
Grantee View Only					✓

Reference materials and videos are available for Grantees applying to funding opportunities on the Grants Gateway. Please visit the Grants Reform website at the following web address: <http://grantsreform.ny.gov/Grantees> and select the “Grantee Quick Start Guide” from the menu. There is also a more detailed “Grantee User Guide” available on this page as well.

Once the application is complete, Applicants are strongly encouraged to submit their applications at least 48 hours prior to the due date and time. This will allow sufficient opportunity for the applicant to obtain assistance and take corrective action should there be a technical issue with the submission process. Grants Reform staff are available to answer applicants’ technical questions and provide technical assistance prior to the application due date and time and can be reached at (518) 474-5595 or grantsreform@its.ny.gov.

Please note: Although the Grants Reform staff will do their best to address concerns that are identified less than 48 hours prior to the due date and time, there is no guarantee that they will be resolved in time for the application to be submitted by the deadline and, therefore, considered for funding.

Late applications will not be accepted. Applications can only be submitted via Grants Gateway.

B. Completion of the following sections of the Application contained in this RFA document (Part III) are required and must be submitted as part of the application.

- Expenditure Based Budget (Attachment B-1) and Revenue Worksheet (Part III-2)
- Program Work Plan (Part III-3, Attachment C)
- Supplementary Budget (Part III-4, Attachment E)
- Subcontractor Budget (if applicable) (Part III-5, Attachment E-1)
- Service Detail Instrument (Part III-6, Attachment S)
- Answers to Program Specific Questions (Part III-7)

NOTE: The RFA can also be found at: <https://aging.ny.gov/ContractsandGrants/index.cfm>.

An incomplete submission will be scored accordingly based upon the documents received. NYSOFA will not contact applicants regarding missing sections.

The following documents included in the RFA package will form the basis of the contract with NYSOFA:

- State of New York Master Contract for Grants and Payment and Reporting Schedule (https://grantsreform.ny.gov/sites/default/files/docs/nys_master_contract_for_grants_8_14.pdf)
- Agency and Program Specific Clauses (Part II-1, Attachment A-1)
- Participation by MWBEs (Part II-2, Attachment M)
- Expenditure Based Budget (Part III-2, Attachment B-1)
- Program Work Plan (Part III-3, Attachment C)
- Supplementary Budget (Part III-4, Attachment E)
- Service Detail Instrument (Part III-6, Attachment S)

C. Other documents that should be submitted:

- MacBride Fair Employment Principles Certification Form (* see note below)
- Vendor Responsibility Questionnaire (* see note below)
- Non-Collusive Bidding Certification (* see note below)
- Encouraging Use of New York State Businesses in Contract Performance (*see below)

* The MacBride Fair Employment Principles Certification Form, Vendor Responsibility Questionnaire, and Non-Collusive Bidding Certification forms should be submitted with the application. Although these documents are not part of the application package, they are required prior to the execution of all contracts. Please refer to Part IV for specific submission instructions for each of these disclosure documents. For any forms that must be received by NYSOFA, please submit a signed copy.

D. Minority and Women-Owned Business Enterprise (MWBE) and Equal Employment Opportunity (EEO) Forms (Attachments V-3 through V-5) – Please see Attachment M (Part II-2 on page 32) for details about the MWBE requirements. Applicants may complete and submit the following forms but they are not required at the time of application. Successful applicants will be required to submit all MWBE and EEO forms prior to contract approval:

- MWBE Utilization Plan (MWBE 103)
- EEO Staffing Plan (MWBE 101)
- MWBE/EEO Policy Statement (MWBE 100)

These forms are required to ensure that the applicant is in full accord with the aims and efforts of the State of New York to promote equal opportunity for all persons, and to promote equality of economic opportunity for minority group members and women who own business enterprises, and to ensure there are no barriers, through active programs, that unreasonably impair access by MWBEs to state contracting opportunities. It is

understood that the extent of the applicant's MWBE subcontracting plans may not be known at the point of submission of the application. The applicant(s) selected for an award may be required to resubmit the required MWBE documents when contracting activities are finalized.

12. REQUEST FOR CLARIFICATION

Requests for clarification from NYSOFA regarding the contents of an applicant's application will be sent via e-mail only and **will only be sent to the e-mail address(es) associated with the application in Grants Gateway**. NOTE: the person who initiates the application and the person who submits the application are automatically associated with an application (this may or may not be the same person). If an applicant wishes to change who is associated with their application or add additional people, please contact the Grants Reform Team at: grantsreform@its.ny.gov. The applicant is solely responsible for keeping their application, including their organization information and e-mail contact information, up to date and accurate in Grants Gateway.

Information submitted in response to NYSOFA requests must be submitted in writing via Grants Gateway in order to become part of the applicant's application. The applicant must resubmit the application in Grants Gateway after providing any requested information in order for the application to continue through the review process. Failure to do so will result in the disqualification of your application.

13. INCURRED COSTS

The State of New York is not liable for any costs incurred prior to the approval of a contract by the Office of the State Comptroller (OSC).

14. DISCLOSURE OF APPLICATION CONTENTS

Except to the extent permitted by law, applications will not be disclosed, except for purposes of internal agency evaluation, prior to approval by the Office of the State Comptroller of the resulting contract. All materials submitted become the property of the State and may be returned at the State's discretion. Submitted applications may be reviewed and evaluated by any person designated by NYSOFA, other than one associated with a competing applicant. NYSOFA reserves the right to use any and all ideas presented in any response to the RFA. Selection or rejection of an application does not affect this right.

If an applicant believes that any information in their application constitutes a trade secret, they may request that such information not be disclosed if requested by a member of the public pursuant to the State Freedom of Information Law. In these instances, the applicant shall submit with its application a letter specifically identifying by page number, line, or other appropriate designation, that information which is a trade secret and explaining in detail why such information is a trade secret. This letter should be uploaded into the Document Vault

within their Grants Gateway application. Failure by an applicant to submit such a letter with its application identifying trade secrets shall constitute a waiver by the applicant of any rights it may have under Section 87 of the Public Officers Law relating to protection of trade secrets.

15. LIMITS ON ADMINISTRATIVE EXPENSES AND EXECUTIVE COMPENSATION

NYSOFA has adopted a regulation (Title 9 NYCRR Part 6656) implementing Executive Order No. 38 providing for a limit on administrative expenses and executive compensation of providers of program services in order to meet the State's ongoing obligation to ensure the proper use of taxpayer dollars and the most effective provision of such services to the public. Effective July 1, 2013, covered providers must spend no more than a specified percentage of covered operating expenses funded with State funds or State-authorized payments on administrative expenses. In addition, a covered provider may not use State funds or State-authorized payments for executive compensation given directly or indirectly to a covered executive in an amount greater than \$199,000. These limits apply to covered providers (including subcontractors) receiving State funds or State-authorized funds unless a waiver of the limit on administrative expenses and/or limit on executive compensation has been granted. Covered providers are required to submit a completed EO#38 Disclosure Form for each covered reporting period within 180 days following the period. Additional information about Executive Order 38 can be found on the E.O. 38 website (<http://executiveorder38.ny.gov/>).

16. CONTRACTOR REQUIREMENTS AND PROCEDURES FOR BUSINESS PARTICIPATION OPPORTUNITIES FOR NEW YORK STATE CERTIFIED MINORITY- AND WOMEN-OWNED BUSINESS ENTERPRISES AND EQUAL EMPLOYMENT OPPORTUNITIES FOR MINORITY GROUP MEMBERS AND WOMEN NEW YORK STATE LAW

The provisions of Attachment M (Part II-2), which is attached hereto, will be made a part of the final contract and the parties shall agree to be bound by the terms and conditions thereof.

17. MACBRIDE FAIR EMPLOYMENT

The provisions of the Nondiscrimination in Employment in Northern Ireland: MacBride Fair Employment Principles Certification (see Part IV-1) will be a part of the final contract and all applicants must fully complete and sign.

18. NEW YORK STATE MASTER CONTRACT FOR GRANTS STANDARD CLAUSES

The Master Contract for Grants, found at https://grantsreform.ny.gov/sites/default/files/docs/nys_master_contract_for_grants_8_14.pdf, will be made a part of the final contract and the parties shall agree to be bound by the terms and conditions thereof.

19. AGENCY SPECIFIC AND PROGRAM SPECIFIC CLAUSES

The provisions of Attachment A-1 (Part II-1), which is attached hereto, will be made a part of the final contract and the parties shall agree to be bound by the terms and conditions thereof.

20. VENDOR RESPONSIBILITY

Procurement laws and guidelines require the award of New York State contracts to responsible contractors. Vendor responsibility generally means that a selected applicant has the integrity to justify the award of public dollars and the capacity to fully perform the requirements of the contract. It is the State's responsibility to evaluate the responsibility of a prospective contractor. A responsibility determination, wherein the State determines that it has reasonable assurances that a contractor is responsible, is an important part of the procurement process, promoting fairness in contracting and protecting a contracting State agency and the State of New York against failed contracts.

The following factors are considered in making a responsibility determination:

- legal authority to do business in New York State
- integrity
- capacity - both organizational and financial
- previous performance

The contracting State agency is required to conduct a review of a prospective contractor to provide reasonable assurances that the contractor is responsible. The Office of the State Comptroller (OSC) maintains the VendRep system, which allows business entities (vendors) to enter and maintain their Vendor Responsibility Questionnaire (VRQ) information in a secure, centralized database. It is recommended that all potential vendors prepare their VRQ on-line as follows: <https://www.osc.state.ny.us/vendrep/> and do so at the time of application submission. For direct VendRep user assistance, the OSC Help Desk may be reached at 866-370-4672 or 518-408-4672, or by e-mail at itservicedesk@osc.ny.gov.

If a potential vendor opts to use the paper copy, the form is found at https://www.osc.state.ny.us/vendrep/forms_vendor.htm on the OSC website. This information is also included in Part IV – 2 of this RFA.

21. TAX PROVISIONS

Purchases made by the State of New York are not subject to state or local sales taxes or federal excise taxes. The official State of New York Voucher for materials, equipment, supplies and services is sufficient evidence to exempt the transaction from sales tax under section 1116(a)(1) of the Tax Law.

22. ACCESSIBILITY OF STATE AGENCY WEB-BASED INTRANET AND INTERNET INFORMATION AND APPLICATIONS

Any web-based information and applications development, or programming delivered pursuant to the contract or procurement, will comply with New York State Enterprise IT Policy NYS-P08-005, Accessibility of Web-Based Information and Applications as such policy may be amended, modified or superseded, which requires that state agency web-based information and applications are accessible to persons with disabilities. Web-based information and applications must conform to New York State Enterprise IT Policy NYS-P08-005 as determined by quality assurance testing. Such quality assurance testing will be conducted by NYSOFA, contractor or other and the results of such testing must be satisfactory to NYSOFA before web-based information and applications will be considered a qualified deliverable under the contract or procurement.

23. NON-COLLUSIVE BIDDING CERTIFICATION

Section 139-d of the State Finance Law requires each applicant to sign a non-collusive bidding certification. This certification may be found in Part IV-3.

24. NOTIFICATION OF AWARD

After evaluation and selection of the successful applicants, all applicants will be notified by NYSOFA in writing of the outcome of their application. **The successful applicants' press releases pertaining to this program shall not be made public without prior written approval by NYSOFA.**

25. DEBRIEFINGS AND PROTESTS

As noted above, the State shall provide all applicants with written notice of the contract award. Unsuccessful applicants may request and are entitled to a debriefing. Any interested party may protest the contract award. The notice of contract award will state how to request a debriefing and the date by which a debriefing must be held.

The complete Protest and Debriefing Procedure for Competitive Awards by the New York State Office for the Aging can be found at: <https://aging.ny.gov/ContractsandGrants/Other/ProtestProcedure.cfm>. A copy of the procedure will be provided to any applicant upon request.

26. APPLICATION EFFECTIVE PERIOD

All Applications received in response to this RFA will remain in effect for at least ninety (90) days following the final date for submission of Applications.

27. APPLICATION MODIFICATION

Should a successful applicant wish to significantly modify its program activities after notification of the award, NYSOFA reserves the right to rescind the award.

28. REIMBURSEMENT

All claims for payment shall be submitted in accordance with procedures as set forth in the Payment and Reporting Schedule (Attachment D of the Master Contract for Grants). The successful applicant will be eligible for a 25 percent advance payment upon execution of a contract between the successful applicant and NYSOFA and subject to the availability of funds.

Under no circumstances will any contract be valid and enforceable until approved by the Office of the State Comptroller. All subsequent payments will be made on a reimbursement basis following expenditures for approved costs in accordance with the contract budget (Part III-4 - Attachment E).

Reimbursement vouchers must be submitted on at least a quarterly basis. If an advance payment is made, it will be recouped against amounts due on reimbursement claims submitted during the latter part of the contract period. The final claim for payment must be submitted within sixty (60) days following the end of the contract period.

29. REVIEW PANEL AND EVALUATION CRITERIA

Selection of the successful applications will be done by a review panel designated by NYSOFA. The applications will be rated on each of the following criteria:

		<i>Application Item</i>	<i>Maximum Score</i>
Program	Program Specific Questions	Community Information	30
		Partnership and Governance	26
		Organizational Structure	18
		Staffing	10
		Service Delivery and Programming (including Attachment S – Service Detail Instrument)	36
		Total	120
Cost		Budget (Attachment B-1 – Expenditure Based Budget, Attachment E – Supplementary Budget, Attachment E-1 – Subcontractor Budget, if applicable)	30
		Total	30
Grand Total			150

In order for an Applicant to receive the maximum available points for an individual question, the Applicant must exceed expectations for that individual response. Exceeding is evidenced by providing an answer that clearly demonstrates additional information above and beyond what is asked in the stated question. This could include, but is not limited to, program enhancements, expanded services, additional resources, etc.

NYSOFA intends to fund programs throughout the state to assure a geographic balance in the distribution of NORC programs (see NYS Elder Law 209(4)(a)) by funding the 2 highest scoring applications from Classic and Neighborhood NORCs located in rural areas (see Part VI – Appendix 1 – Designated Rural Areas) and the 2 highest scoring applications from Classic and Neighborhood NORC programs located in medium-density areas (see Part VI – Appendix 2 – Designated Medium-Density Areas). The remaining Classic and Neighborhood NORCs will be awarded based on score; therefore, they can be in any area of the state.

All applicants must obtain a **minimum total score of 105** (combined program and cost scores) in order to be considered for funding. In the event that there is a tie, the application with the higher cost score will be selected for funding.

30. WORKERS' COMPENSATION LAW

The Workers' Compensation Law requires that the State obtain evidence that all contracting organizations maintain the required Workers Compensation and Disability Benefits Insurance for the employees. The successful applicant will need to supply NYSOFA with a copy of form C-105.2 Certificate of Workers' Compensation Insurances and a copy of form DB-120.1 Disability Benefits Insurance or a copy of form CE-200, Attestation of Exemption. These forms can be obtained from your insurance carrier. The name and address of NYSOFA must appear as the entity requesting proof of coverage (listed as the certificate holder) on form C-105.2 and DB-120.1.

31. IRAN DIVESTMENT ACT

By submitting a bid/Application in response to this solicitation or by assuming the responsibility of a Contract awarded hereunder, Bidder/Contractor (or any assignee) certifies that it is not on the "Entities Determined to be Non-Responsive Bidders/Offerers Pursuant to the New York State Iran Divestment Act of 2012" list ("Prohibited Entities List") posted on the OGS website at:

<https://www.ogs.ny.gov/about/regs/docs/ListofEntities.pdf> and further certifies that it will not utilize on such Contract any subcontractor that is identified on the Prohibited Entities List. Additionally, Bidder/Contractor is advised that should it seek to renew or extend a Contract awarded in response to the solicitation, it must provide the same certification at the time the Contract is renewed or extended.

During the term of the Contract, should NYSOFA receive information that a person (as defined in State Finance Law §165-a) is in violation of the above-referenced certifications,

NYSOFA will review such information and offer the person an opportunity to respond. If the person fails to demonstrate that it has ceased its engagement in the investment activity which is in violation of the Act within 90 days after the determination of such violation, then NYSOFA shall take such action as may be appropriate and provided for by law, rule, or contract, including, but not limited to, seeking compliance, recovering damages, or declaring the Contractor in default. NYSOFA reserves the right to reject any bid, request for assignment, renewal or extension for an entity that appears on the Prohibited Entities List prior to the award, assignment, renewal or extension of a contract, and to pursue a responsibility review with respect to any entity that is awarded a contract and appears on the Prohibited Entities list after contract award.

32. STATE RESERVED RIGHTS

New York State Procurement Rights.

NYSOFA reserves the right to:

1. Prior to the application review, amend the RFA specifications to correct errors or oversights, or to supply additional information, as it becomes available;
2. Prior to the application review, direct applicants to submit proposal modifications addressing subsequent RFA amendments;
3. Change any of the scheduled dates;
4. Reject applications that fail to meet the mandatory minimum qualifications;
5. Withdraw the RFA at any time, at the agency's sole discretion;
6. Eliminate any specifications that cannot be complied with by all of the prospective applicants;
7. Disqualify any applicants whose conduct and/or application fails to conform to the requirements of the RFA;
8. Require clarification at any time during the application process and/or require correction of arithmetic or other apparent errors for the purpose of assuring a full and complete understanding of an applicant's application and/or to determine an applicant's compliance with the requirements of the application;
9. Use application information obtained through site visits, management interviews and the State's investigation of an applicant's qualifications, experience, ability or financial standing, and any material or information submitted by the applicant in response to the agency's request for clarifying information in the course of evaluation and/or selection under the RFA;

10. Make an award under this RFA in whole or in part;
11. Utilize any and all ideas submitted in the proposals received;
12. Reject any applications proposing to serve a qualified service area that currently receives NORC funding from NYSOFA; and
13. Require the removal of any of the Contractor's or subcontractor's staff from this Agreement if, in the State's sole discretion, such Contractor or subcontractor staff is/are not performing in accordance with this Agreement, or for any other reasonable work-related cause.

PART II: CONTRACT TERMS
1. PROGRAM SPECIFIC TERMS AND CONDITIONS
ATTACHMENT A-1

The provisions of Sections I through IV of this Attachment A-1 apply to all New York State Office for the Aging (NYSOFA) grant contracts unless expressly superseded by the provisions of Attachment A-2 (Federally Funded Grants). Program specific clauses, if any, are contained in Section V of this Attachment A-1.

I. General Provisions

- A. **Laws, Rules, Regulations:** The Contractor shall comply with any provisions of the Older Americans Act of 1965, as amended, determined applicable by the State, and all rules and regulations pertaining thereto promulgated by the Administration on Aging, United States Department of Health and Human Services, which are in effect or become effective during the term of this Agreement. The Contractor shall comply with all applicable New York State Laws, including the State Finance Law and Article II, Title I of the Elder Law, and with all applicable rules and regulations of the State and the Office of the State Comptroller which are in effect or become effective during the term of this Agreement.
- B. **Age Discrimination:** The Contractor shall comply with the Age Discrimination in Employment Act of 1967 (Pub. L. 90-202) (ADEA), as amended (29 U.S.C. § 621 *et seq.*), the Equal Pay Act of 1963 (Pub. L. 88-38) (EPA), as amended (29 U.S.C. § 206(d)) and the NYS Human Rights Law, Article 15 of the New York State Executive Law.
- C. **Federal Non-Discrimination Statutes:** The Contractor agrees to comply with all federal and State laws and regulations affecting this agreement, including the Age Discrimination in Employment Act of 1975, as amended (*29 U.S.C. 621, et seq.*), Section 504 of the Rehabilitation Act, as amended, Americans with Disabilities Act of 1990 (*42 U.S.C. 12101, et seq.*), Civil Rights Act of 1964, Title VI, as amended, the Equal Employment Opportunity Act of 1972 (*42 U.S.C. 2000e, et seq.*) and Equal Pay Act of 1963, as amended (*29 U.S.C. 206*), and all rules and regulations pertaining thereto promulgated by the United States Department of Health and Human Services which are in effect or become effective during the term of this Agreement, and the New York State Human Rights Law. The Contractor agrees to comply with the Americans with Disabilities Act of 1990 which protects qualified individuals with disabilities from discrimination in employment and provides access to public services. Reasonable accommodations must be made for any person with a disability desiring to participate in services funded under this Agreement; no fees can be charged to the participant for such accommodations.
- D. **State Monitoring:** The Contractor shall comply with the program management and assessment requirements of the State, including but not limited to announced and

unannounced on-site visits by State staff, disclosure of all program files and related fiscal records and development of a corrective action plan if required by the State in a program assessment report.

E. Program Changes: The Program Work Plan (Attachment C) shall not be modified without approval from the State. If modification to the Program Work Plan is necessary, the Contractor must submit a written request to the State and await State approval before implementing such changes.

F. Notice:

1. Notices to the State shall be addressed to the New York State Office for the Aging at the address identified on the face page of this Master Contract and shall include the Project Name and Contract Number.

2. Notices to the Contractor shall be addressed to the Contractor's designee as designated in Attachment C, the Work Plan.

G. Subcontracts: The Contractor may enter into subcontracts for the provision of the services described in the Program Work Plan. All such subcontracts shall be written according to State and local standards and a copy of each executed subcontract shall be forwarded to the State prior to payment by the State for expenditures incurred under such subcontract. All applicable grant provisions contained in this contract and agreed to by the contractor must be extended to each subcontractor and included in the contract with the subcontractor. It shall be the responsibility of the Contractor to monitor and assess the activities performed under such subcontracts, and to ensure that these activities are provided in accordance with all applicable requirements contained in this Agreement.

H. Funding Source Recognition: The Contractor agrees that any public information materials or other printed or published materials will give due recognition to the fact that the program is supported with State Funds and such recognition will be in a form prescribed by the State. Where the Contractor acknowledges the funding source for and/or assistance in acquiring equipment, the acknowledgment must give due recognition to the fact that the acquisition was made possible by a grant of State funds and such recognition will be in a form prescribed by the State.

I. Aging Network Cooperation: The Contractor shall work cooperatively with and consult with the Area Agencies on Aging in the region to be served by this Agreement.

J. Community Cooperation: The Contractor shall work cooperatively with public and private agencies, institutions, organizations, and associations within New York State and, where appropriate, with national organizations in the development of activities under this Agreement.

K. Contract Personnel: The Contractor shall assume responsibility for recruitment, retention, and/or dismissal of all personnel to be employed in the conduct of this Agreement. The

Contractor shall ensure that the personnel hired are qualified to carry out the activities outlined in this Agreement.

L. Supplement of Existing Funding: The Contractor agrees that these funds shall be used to supplement, and not supplant, any existing public or private funding.

M. Indemnification Claims or Lawsuits: The Contractor, solely at its expense, shall defend any claim or suit which may be brought against the State for the infringement of United States patents, copyrights, or trademarks arising from the Contractor's or the State's use of any equipment, materials or information prepared, developed, or furnished by the Contractor in connection with the performance of this contract, and in any such suit shall satisfy any final judgment for such infringement. The State will give the Contractor written notice of such claim or suit and full right and opportunity to conduct the defense thereof, together with full information and all reasonable cooperation. If principles of governmental or public law are involved, the State may participate in the defense of any action identified but no costs or expenses shall be incurred upon the account of the Contractor without the Contractor's written consent. If, in the Contractor's opinion, the equipment, materials, or information mentioned above is likely to or does become the subject of a claim of infringement of a United States patent, trademark, or copyright, then, without diminishing the Contractor's obligation to satisfy any final award, the Contractor may substitute other suitable equipment, materials and information, or at the Contractor's option and expense, obtain the right for the Contractor and the State to continue the use of such equipment, materials and information. If the Contractor wishes to use copyrighted, patented, or trademarked material it shall be responsible to obtain such rights to reproduction and use of the materials so that the State can use it in any way it deems necessary, including all rights to copy and reproduce such materials it sees fit. This will not be at any additional expense to the State beyond the amount of the contract.

II. Term, Termination and Suspension

A. Final Accounting: The Contractor shall make a full and final accounting of all funds received under this Agreement within sixty (60) days of receipt or issuance of a notice of termination.

III. Payment and Reporting

No additional provisions

IV. Additional Contractor Obligations, Representations and Warranties

A. Property

1. The Contractor agrees that all rights and title to any materials (manuals, tests, guides, audio or visual materials or devices) developed with funds under this Agreement shall become the property of the State. Reproduction, distribution, sale, release or other use

of such material by the Contractor must be specifically requested in writing by the Contractor and must receive prior approval by the State.

2. Equipment (those items having an acquisition cost of \$1,000 or more per unit and a useful life of at least one year) purchased under this Agreement shall be the property of the Contractor and shall be used by the Contractor in the program for which it was acquired as long as needed, whether or not the Contractor continues to receive State funds. The State reserves the right to require the transfer of the equipment purchased under this Agreement if it is no longer needed in the program for which it was acquired.

3. The Contractor understands and agrees that all equipment purchased by the Contractor and its subcontractors under this Agreement will only be used to benefit older New Yorkers. Further, the Contractor agrees that all such equipment will be used for non-sectarian purposes.

B. Safeguards for Services

1. The Contractor shall utilize these State funds to provide services to any older New Yorker that may wish to avail themselves of the service, subject to the availability of funding. This does not preclude a contractor from establishing uniformly applied, non-discriminatory service eligibility criteria or prioritizing the provision of services based on a standardized determination of older New Yorkers' needs, subject to the State's approval.

2. The Contractor shall:

- a. assure equal access for participation, services, activities and informational sessions without regard to race, color, religion, disability, sex, national origin, partisan affiliation or sexual orientation even if the contractor's organization operates primarily to serve a particular ethnic, religious or other specific population or special interest group;
- b. prevent the use of official authority, influence or coercion to interfere with or affect elections or nominations for public office;
- c. assure there is no coercion nor advice to other persons to contribute anything of value to a party, committee, organization, agency, or person for political purposes, nor engage in any other partisan activities;
- d. assume that services provided are secular in nature and in no event are state funds to be used for religious/sectarian purposes or activities or to benefit a religious institution.

C. Program Income: The Contractor shall use all program income (including voluntary participant contributions, cost sharing and fees collected) for services funded under this Agreement to expand services under this Agreement and incorporate them into the budget accordingly.

D. **Confidentiality:** The Contractor agrees to maintain the confidentiality of all personal information pertaining to older New Yorkers served under this Agreement, including contributions; disclosure of such information may be made only when necessary to the provision of services, unless the older New Yorker or his/her authorized representative gives his/her informed consent to disclose such information, disclosure is required by court order, or such information is provided in summary, statistical, or other form, which does not identify particular individuals. However, nothing herein is intended to require any provider of legal assistance to reveal any information that is protected by the attorney-client privilege.

E. **Participation Opportunities for New York State Certified Service-Disabled Veteran-Owned Businesses:** Article 17-B of the New York State Executive Law provides for more meaningful participation in public procurement by certified Service-Disabled Veteran-Owned Businesses (“SDVOBs”), thereby further integrating such businesses into New York State’s economy. NYSOFA recognizes the need to promote the employment of service-disabled veterans and to ensure that certified service-disabled veteran-owned businesses have opportunities for maximum feasible participation in the performance of NYSOFA contracts.

In recognition of the service and sacrifices made by service-disabled veterans and in recognition of their economic activity in doing business in New York State, Bidders/Contractors are strongly encouraged and expected to consider SDVOBs in the fulfillment of the requirements of the Contract. Such participation may be as subcontractors or suppliers, as protégés, or in other partnering or supporting roles.

For purposes of this procurement, NYSOFA conducted a comprehensive search and determined that the Contract does not offer sufficient opportunities to set specific goals for participation by SDVOBs as subcontractors, service providers, and suppliers to Contractor. Nevertheless, Bidder/Contractor is encouraged to make good faith efforts to promote and assist in the participation of SDVOBs on the Contract for the provision of services and materials. The directory of New York State Certified SDVOBs can be viewed at: <https://ogs.ny.gov/veterans/>

Bidder/Contractor is encouraged to contact the Office of General Services’ Division of Service-Disabled Veteran’s Business Development at 518-474-2015 or VeteransDevelopment@ogs.ny.gov to discuss methods of maximizing participation by SDVOBs on the Contract.

V. Program Specific Clauses

A. **Eligibility:** The Contractor assures that it is a not-for-profit agency specializing in housing, health or other human services which will serve an eligible community within which a Classic NORC or Neighborhood NORC is located.

An eligible community for a Classic NORC is an apartment building or housing complex which:

1. Was not predominantly built for older adults;
2. Does not restrict admissions solely to older adults;
3. At least forty percent (40%) of the units have an occupant who is an older adult; **AND** in which at least two hundred fifty (250) of the residents of an apartment building are older adults or five hundred (500) residents of a housing complex are older adults; and
4. A majority of the older adults to be served are low or moderate income, as defined by the United States Department of Housing and Urban Development.

An eligible community for a Neighborhood NORC is a residential dwelling or group of contiguous neighborhoods (the boundaries of which are clear and create an identifiable program) which:

1. Was not predominantly developed for older adults;
2. Does not predominantly restrict admission to older adults;
3. **(A) In a non-rural area***, has at least thirty percent (30%) of the residents who are older adults or the units have an occupant who is an older adult; **(B) in a rural area****, has at least twenty percent (20%) of the residents who are older adults or the units have an occupant who is an older adult; and
4. Is made up of low-rise buildings six stories or less and/or single and/or multi-family homes, provided, however, that apartment buildings and housing complexes may be included in rural areas.

*Non-rural area is defined as any county, city, or town that has a population or population density greater than that which defines a rural area.

**Rural area is defined as counties within the state having a population of less than two hundred thousand persons including the municipalities, individuals, institutions, communities, programs, and such other entities or resources as are found therein; or, in counties with a population of two hundred thousand or more, towns with a population density of less than one hundred and fifty persons per square mile including the villages, individuals, institutions, communities, programs, and such other entities or resources as are found therein.

B. Service Provision: The Contractor agrees that it will conduct a Classic NORC or Neighborhood NORC program that facilitates and integrates the health and social services already available in the community, as well as organize those necessary to help meet the goal of enabling older adults to remain at home. Both Classic and Neighborhood NORCs are comprised of priority and optional services.

- Priority services include:
 - Case management,
 - Information and assistance,
 - Healthcare management, and
 - Healthcare assistance.

All four priority services must be provided with NYSOFA funding according to the following funding levels:

Funding Level	Annual Minimums: Case Management and Healthcare Management (combined)	Annual Minimums: Information & Assistance and Healthcare Assistance (combined)
Up to \$100,000	350 hours (average 1.5 hours/day)	350 contacts
\$100,001 to \$125,000	500 hours (average 2 hours/day)	500 contacts
\$125,001 to \$150,000	625 hours (average 2.5 hours/day)	750 contacts
\$150,001 to \$175,000	750 hours (average 3 hours/day)	1,000 contacts
\$175,001 to \$200,000	875 hours (average 3.5 hours/day)	1,250 contacts

All four priority services must be provided with NYSOFA funds, but the hours/contacts do not need to be evenly split between the two services; services should be based on the need of the NORC as determined by the needs assessment. It is not acceptable if all required units are reported under only one of the combined service categories, e.g. all reported under case management with no units being reported under healthcare management or all reported under healthcare assistance with no units being reported under information & assistance.

- Optional services include a wide range of other services that match the varied needs and interests of all older adults in the community and are determined based on the needs assessment and the feedback of the residents.
- NORC services are not to be a duplication of other available services. The services included may be the same as those provided by the local municipality or other community-based organization, but only if those services are not accessible to or do not entirely meet the needs of the residents of the NORC.
- Any and all services are not required to be solely provided by the Contractor, but the Contractor is responsible for the management and coordination of the provision of all services.
- All services will be provided exclusively for the benefit of older residents of the NORC, except for:
 - One-time health and wellness activities provided to individuals who live outside of, but contiguous to the boundaries of the NORC. These services must be intended to support or improve residents' health and welfare and provided as a single event or session.
 - Where the program has received a grant which requires services to be provided beyond the geographic boundaries of the NORC and the NYSOFA Director has approved the provision of such services by such program.

- C. **Staffing:** The Contractor agrees to support the program with adequate levels of staff that possess appropriate qualifications and experience. Each NORC program is required to designate a full time NORC Director who will oversee NORC program operations and act as the liaison between NYSOFA and the NORC program. The NORC Director must meet the minimum qualifications of a Bachelor's Degree in Social Work or a related field and minimum of five years of relevant experience. The NORC Director position does not need to be funded solely by NYSOFA funds and may be supported by a combination of funding sources or by other funding sources entirely; however, the NORC Director must spend 100% of their time on the specific NORC program for which the organization is receiving funding from NYSOFA.

The NORC must also have an experienced healthcare professional on site with experience that corresponds to the type of healthcare programming offered. Programs receiving \$100,000 or more in state funds annually are required to have at a minimum one full time equivalent (FTE) case manager and one-half FTE providing healthcare management and healthcare assistance supported by NYSOFA funds.

- D. **Matching Requirements:** The Contractor agrees and understands that state funds provided pursuant to this Agreement must be matched by twenty-five percent of the total award amount in cash, in-kind services, or some combination thereof from other sources, provided that such in-kind support be utilized only upon approval and only to the extent matching funds are not available. The match requirement applies to all years of the grant. At least fifty percent of the required match amount must be contributed by the housing development governing body or other owners or managers and residents of the apartment buildings and housing complexes, or geographically defined area, in which the project is located. Programs may request that NYSOFA waive the part of the matching funds required by the housing development governing body or other owners or managers and residents of the apartment buildings and housing complexes, or geographically defined area in which the project is located; however, the total matching funds requirement must still be met from other allowable sources.
- E. **Administrative Costs:** The Contractor agrees that no more than fifteen percent of state funds shall be expended for administrative purposes of the program.

F. **Collaboration:**

1) The Contractor agrees to work collaboratively with key partners such as housing management, NORC residents, social service provider(s), health provider(s) as well as other community organizations, businesses, and government agencies. The Contractor will ensure that key partners work as a team to determine the mission and goals of the NORC and share in the responsibility for achieving these goals. As part of this effort, the Contractor will convene a NORC advisory council consisting of key partners, as well as other partners and stakeholders that will meet at least quarterly.

2) The Contractor agrees to carry on effective communication and dialogue with the AAA and community leaders for the county in which the NORC is located, regarding the NORC program and its partners, with the goal of better addressing the needs of the NORC residents and will work with NYSOFA to try to develop appropriate solutions to commentary and suggestions from the AAA and community leaders about the NORC program.

3) The residents of the NORC are encouraged to be key partners of the NORC and the Contractor will make every effort to engage residents in active leadership roles and decision making capacities for all aspects of the program: planning, development, implementation, monitoring, and governance. Resident involvement will be encouraged at all levels, including active participation in the resident advisory council and/or program committees as applicable, and meaningful volunteer opportunities.

- G. **Language Access:** The Contractor shall inform persons with limited English proficiency of the availability of language assistance, free of charge, by posting written notice in the most frequently encountered languages at service locations. At a minimum, the Contractor shall have a telephonic interpretation service contract or similar community arrangement with a language interpretation provider of their choice that assures timely access for the limited English proficient individual. The Contractor shall train staff that have contact with the public in the timely and appropriate use of these and other available language services.
- H. **Monitoring:** The Contractor agrees that NYSOFA will conduct monitoring of the NORC program and will provide the summarized results to the chief officer of the Contractor. Such monitoring will be conducted on an annual basis, or as deemed appropriate by NYSOFA, with notice to the Contractor. NYSOFA agrees to notify the Contractor's chief officer at least 30 days prior to any on-site monitoring in order to provide an opportunity for the Contractor to meet with NORC program director to provide input or recommendations it may have about NORC activities at the close of the monitoring process. NYSOFA reserves the right to conduct additional monitoring visits as needed and will provide the Contractor as much notice as possible prior to any visit.
- I. **Data Entry:** The Contractor agrees that a designated NORC staff person will enter all program activity and units of service in a timely manner in accordance with program direction and any applicable policies and procedures. Vouchers submitted by the Contractor will not be reimbursed if the NORC program is more than 45 days behind in data entry, as determined by NYSOFA staff.
- J. **Budget Modifications:** Cost overruns of a minimum of 10% or \$1,000, whichever is greater, for an individual budget category will require a budget modification. If the cost overrun is in excess of 10% of the five-year amount of the contract or is to include funding for a budget category not previously funded, a contract modification will be required. If funding is needed for unauthorized or unbudgeted items, the Contractor, with appropriate

documentation, shall make a written request to NYSOFA and must receive written approval before incurring such expenses.

K. Vouchering:

1) The Contractor agrees to submit required NYSOFA claims for reimbursement of NORC program activities under this Agreement on a quarterly basis.

2) The Contractor agrees that NYSOFA can only reimburse vouchered claims for payment under this Agreement that are for approvable NORC expenses incurred through December 31 of each period of this contract. Any changes in the projected amounts of State funding available for the annual period of January 1 to December 31, as finally appropriated by the State Legislature, are to be reflected in an addendum to this Contract.

PART II
2. PARTICIPTION BY MINORITY AND WOMEN-OWNED BUSINESS ENTERPRISES:
REQUIREMENTS AND PROCEDURES
ATTACHMENT M

I. General Provisions

- A. The New York State Office for the Aging (NYSOFA) is required to implement the provisions of New York State Executive Law Article 15-A and Parts 140-145 of Title 5 of the New York Codes, Rules and Regulations (“NYCRR”) for all State contracts, as defined therein, with a value (1) in excess of \$25,000 for labor, services, equipment, materials, or any combination of the foregoing or (2) in excess of \$100,000 for real property renovations and construction.
- B. The contractor to the subject contract (the “Contractor” and the “Contract,” respectively) agrees, in addition to any other nondiscrimination provision of the Contract and at no additional cost to NYSOFA, to fully comply and cooperate with NYSOFA in the implementation of New York State Executive Law Article 15-A and the regulations promulgated thereunder. These requirements include equal employment opportunities for minority group members and women (“EEO”) and contracting opportunities for New York State-certified minority and women-owned business enterprises (“MWBEs”). The Contractor’s demonstration of “good faith efforts” pursuant to 5 NYCRR § 142.8 shall be a part of these requirements. These provisions shall be deemed supplementary to, and not in lieu of, the nondiscrimination provisions required by New York State Executive Law Article 15 (the “Human Rights Law”) and other applicable federal, state, and local laws.
- C. Failure to comply with all of the requirements herein may result in a finding of non-responsiveness, non-responsibility and/or a breach of contract, leading to the assessment of liquidated damages pursuant to Section VII of this Attachment and such other remedies are available to NYSOFA pursuant to the Contract and applicable law.

II. Contract Goals

- A. For purposes of this Contract, NYSOFA hereby establishes an overall goal of 30% for MWBE participation, 15% for New York State-certified minority-owned business enterprise (“MBE”) participation and 15% for New York State-certified women-owned business enterprise (“WBE”) participation (collectively, “MWBE Contract Goals”) based on the current availability of MBEs and WBEs. Contractors are encouraged to fulfill the suggested 15% goal for both MBE and WBE vendors; however, strict adherence to the suggested MBE and WBE percentages is not mandatory as long as the overall 30% goal is met.
- B. For purposes of providing meaningful participation by MWBEs on the Contract and achieving the MWBE Contract Goals established in Section II-A hereof, the Contractor

should reference the directory of MWBEs at the following internet address: <https://ny.newnycontracts.com>.

Additionally, the Contractor is encouraged to contact the Division of Minority and Women's Business Development at (212) 803-2414 to discuss additional methods of maximizing participation by MWBEs on the Contract.

- C. The Contractor understands that only sums paid to MWBEs for the performance of a commercially useful function, as that term is defined in 5 NYCRR § 140.1, may be applied towards the achievement of the applicable MWBE participation goal. The portion of a contract with an MWBE serving as a broker that shall be deemed to represent the commercially useful function performed by the MWBE shall be 25% of the total value of the contract.
- D. The Contractor must document "good faith efforts," pursuant to 5 NYCRR § 142.8, to provide meaningful participation by MWBEs as subcontractors and suppliers in the performance of the Contract. Such documentation shall include, but not necessarily be limited to:
 - 1. Evidence of outreach to MWBEs;
 - 2. Any responses by MWBEs to the Contractor's outreach;
 - 3. Copies of advertisements for participation by MWBEs in appropriate general circulation, trade, and minority or women-oriented publications;
 - 4. The dates of attendance at any pre-bid, pre-award, or other meetings, if any, scheduled by NYSOFA with MWBEs; and,
 - 5. Information describing specific steps undertaken by the Contractor to reasonably structure the Contract scope of work to maximize opportunities for MWBE participation.

III. Equal Employment Opportunity ("EEO")

- A. The provisions of Article 15-A of the Executive Law and the rules and regulations promulgated thereunder pertaining to equal employment opportunities for minority group members and women shall apply to the Contract.
- B. In performing the Contract, the Contractor shall:
 - 1. Ensure that each contractor and subcontractor performing work on the Contract shall undertake or continue existing EEO programs to ensure that minority group members and women are afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex, age, disability or marital status. For these purposes, EEO shall apply in the areas of recruitment, employment, job assignment, promotion, upgrading, demotion, transfer, layoff, or termination and rates of pay or other forms of compensation.

2. The Contractor shall submit an EEO policy statement to NYSOFA within seventy-two (72) hours after the date of the notice by NYSOFA to award the Contract to the Contractor.
 3. If the Contractor, or any of its subcontractors, does not have an existing EEO policy statement, NYSOFA may require the Contractor or subcontractor to adopt a model statement (see Form MWBE 100 – Minority and Women-Owned Business Enterprises Equal Employment Opportunity Policy Statement).
 4. The Contractor’s EEO policy statement shall include the following language:
 - a. The Contractor will not discriminate against any employee or applicant for employment because of race, creed, color, national origin, sex, age, disability, or marital status, will undertake or continue existing EEO programs to ensure that minority group members and women are afforded equal employment opportunities without discrimination, and shall make and document its conscientious and active efforts to employ and utilize minority group members and women in its work force.
 - b. The Contractor shall state in all solicitations or advertisements for employees that, in the performance of the contract, all qualified applicants will be afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex, age, disability or marital status.
 - c. The Contractor shall request each employment agency, labor union, or authorized representative of workers with which it has a collective bargaining or other agreement or understanding, to furnish a written statement that such employment agency, labor union, or representative will not discriminate on the basis of race, creed, color, national origin, sex age, disability or marital status and that such union or representative will affirmatively cooperate in the implementation of the Contractor's obligations herein.
 - d. The Contractor will include the provisions of Subdivisions (a) through (c) of this Subsection 4 and Paragraph “C” of this Section III, which provides for relevant provisions of the Human Rights Law, in every subcontract in such a manner that the requirements of the subdivisions will be binding upon each subcontractor as to work in connection with the Contract.
- C. The Contractor shall comply with the provisions of the Human Rights Law, and all other State and Federal statutory and constitutional non-discrimination provisions. The Contractor and its subcontractors shall not discriminate against any employee or applicant for employment because of race, creed (religion), color, sex, national origin, sexual orientation, military status, age, disability, predisposing genetic characteristic, marital status or domestic violence victim status, and shall also follow the requirements of the Human Rights Law with regard to non-discrimination on the basis of prior criminal conviction and prior arrest.

IV. MWBE Utilization Plan

- A. The Contractor represents and warrants that the Contractor has submitted an MWBE Utilization Plan, or shall submit an MWBE Utilization Plan at such time as shall be

required by NYSOFA, through the New York State Contract System (“NYSCS”), which can be viewed at <https://ny.newnycontracts.com>, provided, however, that the Contractor may arrange to provide such evidence via a non-electronic method to NYSOFA, either prior to, or at the time of, the execution of the contract.

- B. The Contractor agrees to adhere to such MWBE Utilization Plan in the performance of the Contract.
- C. The Contractor further agrees that failure to submit and/or adhere to such MWBE Utilization Plan shall constitute a material breach of the terms of the Contract. Upon the occurrence of such a material breach, NYSOFA shall be entitled to any remedy provided herein, including but not limited to, a finding that the Contractor is non-responsive.

V. Waivers

- A. If the Contractor, after making good faith efforts, is unable to achieve the MWBE Contract Goals stated herein, the Contractor may submit a request for a waiver through the NYSCS, or a non-electronic method provided by NYSOFA. Such waiver request must be supported by evidence of the Contractor’s good faith efforts to achieve the maximum feasible MWBE participation towards the applicable MWBE Contract Goals. If the documentation included with the waiver request is complete, NYSOFA shall evaluate the request and issue a written notice of approval or denial within twenty (20) business days of receipt.
- B. If NYSOFA, upon review of the MWBE Utilization Plan, quarterly MWBE Contractor Compliance Reports described in Section VI, or any other relevant information, determines that the Contractor is failing or refusing to comply with the MWBE Contract Goals, and no waiver has been issued in regards to such non-compliance, NYSOFA may issue a notice of deficiency to the Contractor. The Contractor must respond to the notice of deficiency within seven (7) business days of receipt. Such response may include a request for partial or total waiver of MWBE Contract Goals.

VI. Quarterly MWBE Contractor Compliance Report

The Contractor is required to submit a quarterly MWBE Contractor Compliance Report through the NYSCS, provided, however, that the Contractor may arrange to provide such report via a non-electronic method to NYSOFA by the 10th day following the end of each quarter during the term of the Contract.

VII. Liquidated Damages - MWBE Participation

- A. Where NYSOFA determines that the Contractor is not in compliance with the requirements of this Attachment and the Contractor refuses to comply with such requirements, or if the Contractor is found to have willfully and intentionally failed to

comply with the MWBE participation goals, the Contractor shall be obligated to pay to NYSOFA liquidated damages.

- B. Such liquidated damages shall be calculated as an amount equaling the difference between:
 - 1. All sums identified for payment to MWBEs had the Contractor achieved the contractual MWBE goals; and
 - 2. All sums actually paid to MWBEs for work performed or materials supplied under the Contract.

- C. In the event a determination has been made which requires the payment of liquidated damages and such identified sums have not been withheld by NYSOFA, the Contractor shall pay such liquidated damages to NYSOFA within sixty (60) days after they are assessed. Provided, however, that if the Contractor has filed a complaint with the Director of the Division of Minority and Women's Business Development pursuant to 5 NYCRR § 142.12, liquidated damages shall be payable only in the event of a determination adverse to the Contractor following the complaint process.

PART III: APPLICATION
1. APPLICATION CHECKLIST

The Application Checklist is a comprehensive checklist of all pieces of the application and includes items that are part of the Application Forms Menu in Grants Gateway as well as additional documents. Please see the Application Instructions, located in the Application Forms Menu under Application Information, for more details on how to complete specific sections.

The following items are to be completed directly in Grants Gateway:

- Expenditure Based Budget (Attachment B-1) and Revenue Worksheet (Part III-2)
- Program Work Plan (Part III-3, Attachment C)
- Answers to Program Specific Questions (Part III-7)

Additional documentation that must be uploaded for Program Specific Questions (Part III-7):

- Questions C.3e., C.4., and D.3e. – upload additional population and income source documentation (if applicable)
- Question E – upload map of proposed project area
- Question 7a – upload letters of support from each key partnering entity
- Question 14a – upload documentation of any cash and/or in-kind support used to meet the 25% match requirement (if applicable)
- Question 21 – upload needs assessment survey tool, if a survey tool other than the sample provided in Part VI – Appendix 6 – Service Needs Assessment was used
- Question 22 – upload Service Detail Instrument (Part III-6, Attachment S) (blank template is located in Pre-Submission Uploads section of the Forms Menu in the application in Grants Gateway)

The following items are to be completed and then uploaded in the Pre-Submission Uploads section of the Forms Menu in the application in Grants Gateway:

- Supplementary Budget (Part III-4, Attachment E)
- Subcontractor Budget (Part III-5, Attachment E-1), if applicable
- Request for Waiver of Housing or Community Matching Requirements (Part VI – Appendix 4), if applicable

PART III
2. EXPENDITURE BASED BUDGET AND REVENUE WORKSHEET
ATTACHMENT B-1

The Expenditure Based Budget and Revenue Worksheet can be accessed and must be completed via the New York State Grants Gateway at the following web address (and upon user log in): https://grantsgateway.ny.gov/IntelliGrants_NYSGG/module/nysgg/goportals.aspx. The total funding requested should be placed on line 2(f) – other of the Expenditure Based Budget. Do not complete any other budget categories. A detailed budget breakdown must be provided in Attachment E – Supplementary Budget. For instructions on completing the budget documents, see the Application Instructions in the Forms Menu of your application in Grants Gateway.

The Expenditure Based Budget (Attachment B-1), Revenue Worksheet, and the Supplementary Budget (Attachment E) are required to be completed and submitted as part of the application.

PART III
3. PROGRAM WORK PLAN
ATTACHMENT C

Goal of the NORC Program: Enable older adults to remain at home, extend their independence, and improve their quality of life by coordinating a broad range of health and social services, including facilitating and integrating the health and social services already available in the community, as well as organizing necessary supports to help older adults age in place.

Objective	Measurable Outcomes	Deliverables	Due Date
<p>Provide the priority services of case management, information and assistance, healthcare management, and healthcare assistance.</p>	<ul style="list-style-type: none"> • The program will provide a minimum of 90% of the NYSOFA unit projections for priority services indicated in Part I of Attachment S, the Service Projection Table, provided by NYSOFA as evidenced by the submitted quarterly reports. • The program will serve a minimum of 90% of the NYSOFA projected unduplicated cases for priority services indicated in Part I of Attachment S, the Service Projection Table, provided by NYSOFA as evidenced by the submitted quarterly reports. 	<ul style="list-style-type: none"> • Complete and submit quarterly reports on the form provided by NYSOFA • Complete and submit annual report on the form provided by NYSOFA 	<ul style="list-style-type: none"> • October 31, 2019 • January 31, 2020 • April 30, 2020 • July 31, 2020 • October 31, 2020 • January 31, 2021 • January 31, 2021
<p>Provide a wide range of optional services that match the varied needs and interests of all older adults in the community as evidenced by a needs assessment.</p>	<ul style="list-style-type: none"> • The program will provide a minimum of 90% of the NYSOFA unit projections for all non-priority services indicated in Part I of Attachment S, the Service Projection Table, provided by NYSOFA as evidenced by the 	<ul style="list-style-type: none"> • Complete and submit quarterly reports on the form provided by NYSOFA 	<ul style="list-style-type: none"> • October 31, 2019 • January 31, 2020 • April 30, 2020 • July 31, 2020 • October 31, 2020 • January 31, 2021

	submitted quarterly reports.	<ul style="list-style-type: none"> Complete and submit annual report on the form provided by NYSOFA 	<ul style="list-style-type: none"> January 31, 2021
Engage residents in active leadership roles and decision making capabilities for all aspects of the program: planning, development, implementation, monitoring, and governance.	<ul style="list-style-type: none"> The program will hold a minimum of 4 advisory council meetings each year. A minimum of 35% of the advisory council members will be residents of the NORC. The program will hold 1-2 public forums to provide information to residents and solicit feedback. 	<ul style="list-style-type: none"> Complete and submit annual report on the form provided by NYSOFA 	<ul style="list-style-type: none"> January 31, 2021
Conduct outreach and education to the older adults living in the NORC to make them aware of the services offered.	<ul style="list-style-type: none"> Identify 1-2 new outreach strategies each year 	<ul style="list-style-type: none"> Complete and submit quarterly reports on the form provided by NYSOFA Complete and submit annual report on the form provided by NYSOFA 	<ul style="list-style-type: none"> October 31, 2019 January 31, 2020 April 30, 2020 July 31, 2020 October 31, 2020 January 31, 2021 January 31, 2021
Work collaboratively with community partners, the local AAA, and community leaders regarding the mission and goals of the NORC and share in the responsibility for achieving these goals.	<ul style="list-style-type: none"> Identify 1-2 new partnerships or working collaboratives each year 	<ul style="list-style-type: none"> Complete and submit annual report on the form provided by NYSOFA 	<ul style="list-style-type: none"> January 31, 2021

PART III
4. SUPPLEMENTARY BUDGET
ATTACHMENT E

Attachment E must be completed and uploaded as part of your application. It can be found in the Pre-Submission Uploads section in the Forms Menu of your application in Grants Gateway. For assistance completing Attachment E, see Part VI – Appendix 7 – Guidelines for Completing Budgets.

Applicant: _____

Funding Period: July 1, 2019 - December 31, 2020

NOTE: The maximum amount of the total budget, matching funds and state funds that can be budgeted for administrative expenses is 15%

Budget Category	Administration	Services Costs	Total Costs
1. Personnel			
2. Fringe Benefits			
3. Equipment			
4. Travel			
5. Maintenance & Operations			
6. Other Expenses			
7. Subcontractors/Consultants			
8. Total Budget (sum of Lines 1 - 7)			
9. Less: Net Program Income (not used as match)			
10. Net Budget (Line 8 minus Line 9)			
11. Less: Matching Funds			
12. State Funds Requested (Line 10 minus Line 11)			

1) List the Program Name: _____

2) Is the Contractor requesting a waiver of the community match? YES NO

1. Personnel - Since a full-time NORC Director is a requirement, you must include this position in the budget even if paid 100% with other funds. The Director must be full-time and spend 100% of their time on the NORC program; however, the Amount Charged to Contract can be zero if other funds are used to pay this salary.

Complete for Each Position Name and Title	Annualized Salary	Total Hours Worked per Week	Percent of time spent on program	Amount Charged to Contract			
				Classified As: Admin.	Services	Total	
N							
T						\$0	
N							
T						\$0	
N							
T						\$0	
N							
T						\$0	
N							
T						\$0	
N							
T						\$0	
N							
T						\$0	
N							
T						\$0	
N							
T						\$0	
N							
T						\$0	
NOTE: List the annual salary if employee is salaried, otherwise multiply the hourly rate and average hours worked per week to determine an annual equivalent. The percent of time spent on program is not the same as the time charged to the program. It also includes time worked on NORC activities which are paid from other funding sources.							
				TOTAL	\$0	\$0	\$0

2. Fringe Benefits - List the Total Fringe Benefits in the space provided

				TOTAL			\$0
--	--	--	--	-------	--	--	-----

3. Equipment: List below items having a unit purchase price of \$1,000 or more and a useful life of one year or more. For purchased equipment with a unit cost of less than \$1,000, list the items and the total for these items under Miscellaneous Equipment.

Item and Description	Quantity	P=Purchase L=Lease/ Rental	Purchase or Annual Rental Price	Amount Chargeable to Program
	Miscellaneous Equipment - List Items			
			TOTAL	

Amount of Equipment Costs Classified as:

Administration _____ Services _____

4. Travel			
NOTE: No out of state travel is allowed			
Mileage - indicate the rate per mile-->			
Lodging & Meals			
Public Transportation, Parking and Tolls			
Vehicle Insurance			
Vehicle Maintenance & Repairs, Gasoline			
Client Travel/Transportation Costs - describe:			
Other Travel Costs - specify:			
			TOTAL

Amount of Travel Costs Classified as:

Administration _____ Services _____

5. Maintenance and Operations	
Rent/Utilities: Include information below for rental property Location/Address: _____ Owner: _____	
Monthly Rental: _____ x _____ x _____ = _____ amt. % chargeable # months	
Utilities: _____	
Janitorial Services: _____	
Facility Maintenance & Minor Repairs: _____	Sub-Total
Telephone: _____	Sub-Total
Postage: _____	Sub-Total
Supplies: (Supplies may include office, program and janitorial supplies)	Sub-Total
Printing & Photocopying	Sub-Total
Equipment Maintenance & Repair: (describe equipment and list amount) _____ _____ _____	Sub-Total
	TOTAL

Amount of Maintenance and Operations Classified as:

Administration _____ Services _____

6. Other Expenses: List only those items which do not fit under other budget categories. Include item and amount. Note: If you have any "reasonable accommodation" expenses (e.g. assistive listening device), list here.	
	TOTAL

Amount of Other Expenses Classified as:

Administration _____ Services _____

7. Subcontractors/Consultants: A copy of each subcontract or consultant agreement must be submitted to NYSOFA before reimbursement will be made. Specify the rate and unit (e.g., \$50 per hour) and number of units in the columns provided, if applicable. A completed subcontractor budget must be submitted for any subcontractor that will be paid \$5,000 or more and payment will not be based on a unit rate.

Name of Provider	Type of Service	Rate/Unit	No. of Units	Amt Paid to Organization (A)	Amt Used as Match (B)	Total
List below any businesses or individuals that are contributing services (i.e., in-kind match). Include the amount to be provided as in-kind as well as any amount to be paid, if applicable..						
					TOTAL	

Amount of Subcontractors/Consultants Classified as:

Administration _____ Services _____

8. Total Budget (sum of Lines 1 - 7)		
9. Program Income: List total amounts anticipated		
Participant Contributions:	_____	
Participant Fees:	_____	
Other Income (specify source):	_____	

	Total Program Income	
	LESS: PROGRAM INCOME USED AS MATCH	
	(Also Include in section 11. Matching Funds)	
	NET TOTAL	

Amount of Net Total Program Income Classified as:

Administration _____ Services _____

10. Net Budget (Line 8 minus Line 9)	
---	--

11. Matching Funds - List the source of funds and the amount from each source used to meet the match requirements. A Memorandum of Understanding (MOU) for each source of matching funds in excess of \$1,000 must be submitted unless a subcontractor/consultant agreement is submitted for the provider that reflects the pledge of matching funds. MOUs must be submitted to NYSOFA before any reimbursement will be made. The match requirement is 25% of state funds received. In addition, at least fifty percent (50%) of the total matching funds must be community match: contributions by the housing development governing body or other owners or managers and residents of the apartment buildings and housing complexes for classic NORC programs, or contributions by community organizations located in or residents of the geographical area served for Neighborhood NORC programs. Programs may request that NYSOFA waive part of the 50% community matching funds required; however, the total matching funds requirement must still be met from other allowable sources. **Note: All required match needs to be reflected in this section as well as in the expense detail of the budget (e.g., the value of all donated or in-kind services must be included in section 7. Subcontractors/ Consultants).**

Source	Cash Amount	In-Kind Amount	Check if Community Match	TOTAL AMOUNT
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
Subcontractors/Consultants providing in-kind - carried over from Section 7.				
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
Program Income Used as Match (carried over from line 9)			<input type="checkbox"/>	
			<input checked="" type="checkbox"/>	TOTAL MATCH

Amount of Total Match Used for:

Administration _____ **Services** _____

12. State Funds Requested (Line 10 minus Line 11)	
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PART III
5. SUBCONTRACTOR BUDGET
ATTACHMENT E-1

A subcontractor budget must be completed for any subcontractors receiving \$5,000 or more in State NORC funds if payment will not be based on a unit rate.

Subcontractor: _____

1. PERSONNEL	Amount Charged to Program	Breakdown of Amount Charged to State Funds	
		Administration	Services
Name _____			
Title _____			
Annual Salary _____			
Name _____			
Title _____			
Annual Salary _____			
Name _____			
Title _____			
Annual Salary _____			
Name _____			
Title _____			
Annual Salary _____			
Total Personnel			

2. FRINGE BENEFITS	Total		
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3. TRAVEL			
Staff Mileage			
Public Transportation, Parking and/or Tolls			
Vehicle Insurance			
Vehicle Maintenance , Repairs and/or Fuel			
Other Travel Costs (Describe):			
Total Travel			

4. MAINTENANCE AND OPERATIONS			
Rent and Utilities			
Telephone and Postage			
Supplies			
Printing and Photocopying			
Miscellaneous Maintenance and Operation costs (describe):			
Total Maintenance & Operations			

Subcontractor: _____

5. EQUIPMENT				
Item description for equipment with a unit cost of \$1,000 or more (indicate if leased or rented)	Total Cost	Amount Charged to Program	Administration	Services
Briefly describe equipment items with a unit cost of less than \$1,000:				
Total Equipment with unit cost less than \$1,000				
Total Equipment				

6. OTHER EXPENSES: List only those items which do not fit under any other budget category				
Describe:	Total Cost	Amount Charged to Program	Administration	Services
Total Other Expenses				

7. CONSULTANTS: List each provider's name, type of service and amounts below.				
Provider/Type of Service	Total Cost	Amount Charged to Program	Administration	Services
Total Consultants				

8. TOTAL BUDGET				

PART III
6. SERVICE DETAIL INSTRUMENT
ATTACHMENT S

Organization: _____ **Program Name:** _____

At a minimum, all NORC programs are required to provide the following priority services: case management, healthcare management, information and assistance, and healthcare assistance/monitoring. Programs should also provide a wide range of other services that match the varied needs and interests of all older adults in the community as evidenced by a needs assessment, whether they are well and active or frail and isolated.

Part I: Complete the table below, indicating what you expect to accomplish during the program period. Column A should reflect all services provided with NYSOFA funds, inclusive of any matching funds (NOTE: any service listed in Column A should be reflected on the budget). Column B should reflect all services provided with any non-NYSOFA funds or non-NYSOFA match. If the program does not or will not receive any other funding, leave Column B blank. If the NORC does not provide a particular service, leave that category blank. Refer to Part VI – Appendix 8 – Standard Definitions of Service to ensure that the services and units provided by your program are accurately reflected. In the column labeled “Funding Source(s),” indicate the funding source of any non-NYSOFA funded service.

All four priority services must be provided with NYSOFA funding according to the following funding levels:

Funding Level	Annual Minimums: Case Management and Healthcare Management (combined)	Annual Minimums: Information & Assistance and Healthcare Assistance (combined)
Up to \$100,000	350 hours (average 1.5 hours/day)	350 contacts
\$100,001 to \$125,000	500 hours (average 2 hours/day)	500 contacts
\$125,001 to \$150,000	625 hours (average 2.5 hours/day)	750 contacts
\$150,001 to \$175,000	750 hours (average 3 hours/day)	1,000 contacts
\$175,001 to \$200,000	875 hours (average 3.5 hours/day)	1,250 contacts

	Unit Definition	NYSOFA Units of Service (state funds + match) (A)	Units of Service Provided with All Other Funds (B)	Total Units of Service (A + B)	Funding Source(s) (for any service provided with funds other than NYSOFA)
I. Priority Services – All Priority Services must be provided with NYSOFA funds according the funding levels outlined in Attachment A-1, Section V. B. For # of individuals, provide an unduplicated count. Priority services are not necessarily mutually exclusive. For example, a client may initially receive information and assistance but later need case management and would be counted in both categories.					
Case Management	1 hour				
	# of individuals				
Healthcare Management	1 hour				
	# of individuals				
Information and Assistance	1 contact				
	# of individuals				
Healthcare Assistance/ Monitoring	1 contact				
	# of individuals				
II. Individual Services - Individual services can be provided by paid staff and/or volunteers					
Assisted Transportation (Escort)	1-way trip				
	Total # of hours				
Personal Care Level 1 (Housekeeping/Chore)	1 hour				
Personal Care Level 2 (Personal Care/Home Care)	1 hour				
Counseling - professional mental health service	1 hour				
Telephone Reassurance	1 contact				
	Total # of hours				
Shopping Assistance	1 contact				
	Total # of hours				
Friendly Visiting	1 contact				
	Total # of hours				
Residential Repair and Maintenance	1 hour				

	Unit Definition	NYSOFA Units of Service (state funds + match) (A)	Units of Service Provided with All Other Funds (B)	Total Units of Service (A + B)	Funding Source(s) (for any service provided with funds other than NYSOFA)
Personal Emergency Response System (PERS)	1 unit per month				
Other Individual Services					
III. <u>Volunteer Services</u>					
Other Volunteer Services	Total # hours				
IV. <u>Group Services</u>					
Education/Recreation groups	1 session/event				
	Total attendance				
Health Promotion groups	1 session/event				
	Total attendance				
Support Groups	1 session				
	Total attendance				
Other Group Services					
V. <u>Transportation</u>					
Individual or Group transportation	1 one-way trip				
VI. <u>Outreach Activities</u>					
Outreach	# of contacts				
Public Information: Printed materials	Type/total (ex. 300 flyers)				
Mass Communication	Type/Number				
Presentations	Number/ Attendance				

Part II: Complete the table below, describing the services you are going to provide during the program period. Any service included in Part I must be included in Part II. The descriptions should not be the definition of the service, but how your agency will deliver the service. If the NORC does not provide a particular service, leave that category blank. In the column labeled “Provider of Service,” indicate by whom the service will be provided (e.g. a specific staff member, a contracted provider, volunteers, etc.).

	Description	Provider of Service
I. <u>Priority Services</u>		
Case Management		
Healthcare Management		
Information and Assistance		
Healthcare Assistance/ Monitoring		
II. <u>Individual Services</u>		
Assisted Transportation (Escort)		
Personal Care Level 1 (Housekeeping/Chore)		
Personal Care Level 2 (Personal Care/Home Care)		
Counseling - professional mental health service		
Telephone Reassurance		
Shopping Assistance		
Friendly Visiting		
Residential Repair and Maintenance		
Personal Emergency Response System (PERS)		
Other Individual Services		
III. <u>Volunteer Services</u>		

	Description	Provider of Service
Other Volunteer Services		
IV. <u>Group Services</u>		
Education/Recreation groups		
Health Promotion groups		
Support Groups		
Other Group Services		
V. <u>Transportation</u>		
Individual or Group transportation		
VI. <u>Outreach Activities</u>		
Outreach		
Public Information: Printed materials		
Mass Communication		
Presentations		

Part III: NORC programs can provide services on a **one-time** basis to individuals who live in neighborhoods outside of, but contiguous to, the boundaries of the NORC. These services must be either:

- services provided on a one-time basis intended to support or improve residents' health and welfare (e.g. flu clinics) or
- services provided by NORC programs who have received a grant that requires that services be provided beyond geographic boundaries of the program.

Please describe any such services that you plan to provide with state and/or matching funds to nearby residents living outside of the NORC (and what those funds are).

PART III
7. PROGRAM SPECIFIC QUESTIONS

Eligibility – The following questions (A-E) will not be scored but will be used to determine if the Applicant meets the mandatory minimum qualifications. Failure to meet all mandatory minimum qualifications will result in the application not being scored and, therefore, not considered for funding.

- A. Are you applying for a Classic or Neighborhood NORC? (See the Applicant Mandatory Minimum Qualifications on page 5 for service area eligibility criteria.)

- B. Is your organization a not-for-profit agency specializing in housing, health or other human services which serves or will serve the community within which the proposed naturally occurring retirement community is located?

C. For Classic NORCs only:

- 1. Were the building(s) within the proposed service area predominantly built for older adults?

- 2. Do the building(s) within the proposed service area restrict admissions solely to older adults?

Please refer to Part VI – Appendix 9 – Data Elements for assistance completing questions C3a-e and C4.

- 3.
 - a. What is the total number of people that reside in the project service area?

 - b. What is the total number of older adults that reside in the project service area?

 - c. What percentage of the total residents are older adults?

 - d. What percentage of the units have an occupant that is an older adult?

 - e. What is the source of the above information? Make sure to include complete Census or American Community Survey information. If you are using a source other than the Census or American Community Survey, you will need to upload documentation from the source, including an attestation from the source to the validity of the information. NYSOFA must be able to replicate the data in order to verify eligibility.

- 4. Are the majority of older adults to be served low or moderate income, as defined by the United States Department of Housing and Urban Development? Please state the number of older adults that are low or moderate income and the source of that information. Make sure to include complete Census or

American Community Survey information. If you are using a source other than the Census or American Community Survey, you will need to upload documentation from the source, including an attestation from the source to the validity of the information. NYSOFA must be able to replicate the data in order to verify eligibility.

D. For Neighborhood NORCs only:

1. Is the proposed service area a residential dwelling or group of residential dwellings in a geographically defined neighborhood or group of contiguous neighborhoods that was not predominantly developed for older adults?
2. Does the proposed service area predominately restrict admissions to older adults?

Please refer to Part VI – Appendix 9 – Data Elements for assistance completing questions D3a-e.

3. a. What is the total number of people that reside in the project area?
 - b. What is the number of older adults that reside in the project area?
 - c. What percentage of the total residents are older adults?
 - d. What percentage of the units have an occupant that is an older adult?
 - e. What is the source of the above information? Make sure to include complete Census or American Community Survey information. If you are using a source other than the Census or American Community Survey, you will need to upload documentation from the source, including an attestation from the source to the validity of the information. NYSOFA must be able to replicate the data in order to verify eligibility.
4. Is the proposed service area made up of low-rise buildings six stories or less and/or single and/or multi-family homes? Note: apartment buildings and housing complexes may be included in rural areas.

- E. For the proposed project area, please state the number, size, type, and location of apartment buildings or housing complexes for a Classic NORC or number, size, type, and location of residential dwellings or group of residential dwellings for a Neighborhood NORC, and upload a map of the project area. In the case of Neighborhood NORCs, it is required that the boundaries of the geographic area to be served are clear and create an identifiable program. Please identify the location of the NORC office on the map.

The following questions (1-25) will be scored.

Community Information – Maximum Score of 30 Points

1. Explain why a Classic or Neighborhood is specifically needed in this community. Please describe the barriers older adults in the proposed service area face in regards to accessing and receiving services and how a NORC program would address these barriers.
2. Are you proposing to serve an underserved area or population? If yes, please describe how/why the area or population is underserved.

Examples of underserved populations can be found in the Older Americans Act (OAA) and the New York Code of Rules and Regulations (NYCRR) and include:

- Low income (OAA)
 - Low income minorities (OAA)
 - Individuals with limited English proficiency (OAA)
 - Rural residents (OAA)
 - Native Americans (OAA)
 - Institutionalized/at risk for institutionalization (OAA)
 - Individuals with Alzheimer's and related disorders (OAA)
 - Individuals with disabilities (OAA)
 - Caregivers of individuals with Alzheimer's/related disorders and individuals with disabilities (OAA)
 - Minorities (9NYCRR 6651.2(i))
 - Frail (9NYCRR 6651.2(i))
 - Vulnerable (9NYCRR 6651.2(i))
 - LGBT (9NYCRR 6651.2(i))
3. List the demographic characteristics of the residents to be served by the project.
 - a. What is the primary age of individuals to be served?
 - b. What is the percentage of residents who live alone?
 - c. What is the percentage of residents that have a disability?
 - d. What are the primary languages spoken within the project area?
 - e. What are the primary races and ethnicities represented in the project area?
 4. Describe how the services provided by the project will be accessible to the older adults residing in the proposed project area. This should include the physical accessibility of services to those with a disability as well as the program's ability to communicate with those who have limited English proficiency, are visually or hearing impaired, or have another communication barrier.

5. Describe how the program will identify and address the culturally specific needs of the older adults residing in the proposed project area, including the culturally sensitive outreach approaches and strategies that will be used to make sure all residents living in the proposed project area are aware of available NORC programs and services.

Partnership and Governance – Maximum Score of 26 Points

6. Detail the Applicant's experience and programmatic success in serving older adults. Please provide specific examples of successful programs your agency has administered.
7. Identify the key partners of the NORC. Describe how these key partnerships were formed and the successful relevant experience of each proposed partnering entity that will make them an appropriate organization with which to collaborate. If any of the proposed partnering entities has not previously participated as a key partner in a NORC, describe other relevant experience of the proposed partnering entities. This experience may include relevant housing work, healthcare, social services, partnerships and collaborations, community organization, fundraising, etc.
 - a. Provide a letter of support from each key partnering entity that demonstrates their commitment to the NORC program.
8. Explain how the Applicant and the partnering entities will work together. Please include the mechanisms that will be in place for decision making, communication, and reporting.
9. Describe the community wide support from residents, neighborhood associations, community groups, nonprofit organizations and others.
10. State the specific plan for coordination with the designated area agency on aging to leverage additional services for Classic or Neighborhood NORC participants.
11. Detail the plan for active, meaningful participation for residents proposed to be served in project design, implementation, monitoring, evaluation, and governance. Please include how the program will build upon the strengths and desires of the residents.
12. The NORC will need to establish an advisory council by the contract start date. Describe how the advisory council will be formed and who will be invited to serve as members. What role will the advisory council play in the governance of the NORC and how often will the advisory council meet?

Organizational Structure – Maximum Score of 18 Points

13. Describe the fiscal and managerial stability of the Applicant agency.

14. Explain the Applicant's strategies for maintaining funding continuity for the NORC over time, especially in the event that a source of matching funds becomes unavailable or State funds become delayed or reduced. Include how the Applicant will leverage additional resources and funding. Please make sure to include all sources of match in the match section of the budget (Attachment E) and any additional funding the program receives in the revenue worksheet in the Forms Menu of the application in Grants Gateway.
 - a. Attach all documentation of any in-kind and/or cash support used to meet the 25% match requirement (see Appendix 3 – Policy for Matching Funds Requirements for more details on required documentation).
15. State how the Applicant and any other agencies involved in the provision of services or the management of the project, including community-based organizations, the housing development governing body, or other owners or managers and residents of the apartment buildings and housing complexes or residential dwellings, will work together to manage the NORC, including policy development, budget development, and the provision of services and programming.
16. Describe the lines of communication and reporting that will be in place between the NORC Director and the NORC Advisory Council and the board of Directors of the Applicant agency. Include the frequency with which the Applicant agency's Board of Directors will receive reports and review operations of the NORC.

Staffing – Maximum Score of 10 Points

17. Detail how the Applicant agency will provide dedicated staff time for key positions to the program, including how the applicant will meet the minimum staffing requirements (see Attachment A-1, Section V.C.). What experience and/or qualifications do/will these staff possess?
18. How many additional staff will be employed and what job responsibilities will they have? If they will not be working on the NORC program full time, how will the staff time be divided or allocated?
19. If volunteers will be used to fulfill administrative or service related tasks, please describe how these volunteers will be selected and trained and who will be responsible for the oversight of the volunteer(s).
20. State how the Applicant agency will carry out the fiscal operations related to the program. Will there be staff dedicated to fiscal operations?

Service Delivery and Programming – Maximum Score of 36 Points

21. The Applicant must have conducted a needs assessment as the basis for determining what services will be provided by the project. Describe:
- the needs assessment methodologies used and the rationale for their selection;
 - how the Applicant determined the services that will be provided by the project;
 - the methodology used to reasonably quantify unmet need; and
 - a description of the residents' role in the process.

If a survey tool (other than the sample provided in Part VI – Appendix 6 – Service Needs Assessment) was used to conduct the needs assessment, please attach a copy of the tool used.

22. Complete and upload Attachment S – Service Detail Instrument, which details the scope and intensity of services to be provided by the program.
23. The services provided by the project may be the same as those provided by the local municipality or other community-based organization, but only if those services are not accessible to or do not entirely meet the needs of the residents of the project area. Please describe the service gaps and state how the NORC program will address them.
24. The Health Indicators Program will be development and implemented over the course of the contract period. Please describe the Applicant agency's experience developing and administering health-related programming. The experience does not have to be specifically related to the Health Indicators Program, but if the Applicant agency has had prior experience with Health Indicators, please indicate so. See Part VI – Appendix 5 – Health Indicators Program for more details.
25. Describe any experience the Applicant agency has using web based data collection and reporting systems to generate reports and analyze data trends.

PART IV: ADDITIONAL REQUIRED DISCLOSRE DOCUMENTS

**1. NONDISCRIMINATION IN EMPLOYMENT IN NORTHERN IRELAND:
MACBRIDE FAIR EMPLOYMENT PRINCIPLES**

In accordance with section 165 of the State Finance Law, the bidder, by submission of this bid certifies that it or any individual or legal entity in which the bidder holds a 10% or greater ownership interest, or any individual or legal entity that holds a 10% or greater ownership in the bidder, either: (answer yes or no to one or both of the following, as applicable),

(1) has business operations in Northern Ireland;

Yes___ or No___

If yes:

(2) shall take lawful steps in good faith to conduct any business operations that it has in Northern Ireland in accordance with the MacBride Fair Employment Principles relating to nondiscrimination in employment and freedom of workplace opportunity regarding such operations in Northern Ireland, and shall permit independent monitoring of their compliance with such Principles.

Yes___ or No___

Signature

Date

PART IV
2. VENDOR RESPONSIBILITY QUESTIONNAIRE

The Office of the State Comptroller (OSC) maintains the VendRep system, which allows business entities (vendors) to enter and maintain their Vendor Responsibility Questionnaire (VRQ) information in a secure, centralized database. It is recommended that all potential vendors prepare their VRQ on-line as follows: https://www.osc.state.ny.us/vendrep/forms_vendor.htm and do so at the time of application submission. For direct VendRep user assistance, the OSC Help Desk may be reached at 866-370-4672 or 518-408-4672, or by e-mail at itservicedesk@osc.ny.gov.

If a potential vendor opts to use the paper copy, the form is found at https://www.osc.state.ny.us/vendrep/forms_vendor.htm on the OSC website.

PART IV
3. NON-COLLUSIVE BIDDING CERTIFICATION

(Required by: Section 139-D of the NY State Finance Law)

SECTION 139-D, Statement of Non-Collusion in bids to the State:

BY SUBMISSION OF THIS BID, BIDDER AND EACH PERSON SIGNING ON BEHALF OF BIDDER CERTIFIES, AND IN THE CASE OF JOINT BID, EACH PARTY THERETO CERTIFIES AS TO ITS OWN ORGANIZATION, UNDER PENALTY OF PERJURY, THAT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF:

[1] The prices of this bid have been arrived at independently, without collusion, consultation, communication, or agreement, for the purposes of restricting competition, as to any matter relating to such prices with any other Bidder or with any competitor;

[2] Unless otherwise required by law, the prices which have been quoted in this bid have not been knowingly disclosed by the Bidder and will not knowingly be disclosed by the Bidder prior to opening, directly or indirectly, to any other Bidder or to any competitor; and

[3] No attempt has been made or will be made by the Bidder to induce any other person, partnership or corporation to submit or not to submit a bid for the purpose of restricting competition.

A BID SHALL NOT BE CONSIDERED FOR AWARD NOR SHALL ANY AWARD BE MADE WHERE [1], [2], [3] ABOVE HAVE NOT BEEN COMPLIED WITH; PROVIDED HOWEVER, THAT IF IN ANY CASE THE BIDDER(S) CANNOT MAKE THE FOREGOING CERTIFICATION, THE BIDDER SHALL SO STATE AND SHALL FURNISH BELOW A SIGNED STATEMENT WHICH SETS FORTH IN DETAIL THE REASONS THEREFORE:

[AFFIX ADDENDUM TO THIS PAGE IF SPACE IS REQUIRED FOR STATEMENT.]

Subscribed to under penalty of perjury under the laws of the State of New York, this _____ day of _____, 2018 as the act and deed of said corporation of partnership.

Name of Authorized Representative: _____

Signature: _____

Date: _____

Organization Name: _____

Federal ID: _____

PART V: ATTACHMENTS

1. PREQUALIFICATION REQUIREMENTS

Pursuant to the New York State Division of Budget Bulletin H-1032, dated June 7, 2013, New York State has instituted key reform initiatives to the grant contract process which require not-for-profits to register in the Grants Gateway and complete the Vendor Prequalification process in order for applications to be evaluated. Information on these initiatives can be found on the [Grants Reform Website](#).

Applications received from not-for-profit applicants that have not Registered and are not Prequalified in the Grants Gateway on the application due date and time cannot be evaluated. Such applications will be disqualified from further consideration.

Below is a summary of the steps that must be completed to meet registration and prequalification requirements. The [Vendor Prequalification Manual](#) on the Grants Reform Website details the requirements and an [online tutorial](#) are available to walk users through the process.

1) Register for the Grants Gateway.

- On the Grants Reform Website, download a copy of the [Registration Form for Administrator](#). A signed, notarized original form must be sent to Grants Gateway at the address provided in the instructions. You will be provided with a Username and Password allowing you to access the Grants Gateway.

If you have previously registered and do not know your Username please e-mail grantsreform@its.ny.gov. If you do not know your Password please click the [Forgot Password](#) link from the main log in page and follow the prompts.

2) Complete your Prequalification Application.

- Log in to the [Grants Gateway](#). **If this is your first time logging in**, you will be prompted to change your password at the bottom of your Profile page. Enter a new password and click SAVE.
- Click the *Organization(s)* link at the top of the page and complete the required fields including selecting the State agency you have the most grants with. This page should be completed in its entirety before you SAVE. A *Document Vault* link will become available near the top of the page. Click this link to access the main Document Vault page.
- Answer the questions in the *Required Forms* and upload *Required Documents*. This constitutes your Prequalification Application. Optional Documents are not required unless specified in this Request for Applications.
- Specific questions about the prequalification process should be referred to your agency representative or to the Grants Reform Team at grantsreform@its.ny.gov.

3) Submit Your Prequalification Application

- After completing your Prequalification Application, click the **Submit Document Vault** Link located below the Required Documents section to submit your Prequalification Application for State agency review. Once submitted the status of the Document Vault will change to *In Review*.
- If your Prequalification reviewer has questions or requests changes you will receive e-mail notification from the Gateway system.
- Once your Prequalification Application has been approved, you will receive a Gateway notification that you are now prequalified to do business with New York State.

Vendors are strongly encouraged to begin the process as soon as possible in order to participate in this opportunity

PART V
3. MWBE UTILIZATION PLAN (MWBE 103)

MWBE UTILIZATION PLAN - FOR CONTRACTORS OF THE NEW YORK STATE OFFICE FOR THE AGING

INSTRUCTIONS: This form must be submitted with any bid, proposal, or proposed negotiated contract or within a reasonable time thereafter, but prior to contract award. This Utilization Plan must contain a detailed description of the supplies and/or services to be provided by each certified Minority and Women-owned Business Enterprise (MWBE) under the contract. Attach additional sheets if necessary. Utilization of certified minority and woman owned business enterprises for non-commercially useful functions may not be counted toward utilization of certified minority and woman owned business enterprises identified in this utilization plan.

Offeror's Name:

Address:

City, State, Zip Code:

Telephone No.:

Region/Location of Work:

Federal Identification No.:

Solicitation No.:

Project No.:

MWBE Goals in the Contract: MBE % WBE %

1. Certified MWBE Subcontractors/Suppliers Name, Address, Email Address, Telephone No.	2. Classification	3. Federal ID No.	4. Detailed Description of Work (Attach additional sheets, if necessary)	5. Dollar Value of Subcontracts/Supplies/Services and intended performance dates of each component of the contract.
A.	NYS ESD CERTIFIED <input type="checkbox"/> MBE <input type="checkbox"/> WBE			
B.	NYS ESD CERTIFIED <input type="checkbox"/> MBE <input type="checkbox"/> WBE			

6. IF UNABLE TO FULLY MEET THE MBE AND WBE GOALS SET FORTH IN THE CONTRACT, OFFEROR MUST SUBMIT A REQUEST FOR WAIVER FORM (MWBE 104).

<p>PREPARED BY (Signature): DATE:</p> <p>NAME AND TITLE OF PREPARER (Print or Type): SUBMISSION OF THIS FORM CONSTITUTES THE OFFEROR'S ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH THE MWBE REQUIREMENTS SET FORTH UNDER NYS EXECUTIVE LAW, ARTICLE 15-A, 5 NYCRR PART 143, AND THE ABOVE-REFERENCED SOLICITATION. FAILURE TO SUBMIT COMPLETE AND ACCURATE INFORMATION MAY RESULT IN A FINDING OF NONCOMPLIANCE AND POSSIBLE TERMINATION OF YOUR CONTRACT.</p>	<p>TELEPHONE NO.: _____ EMAIL ADDRESS: _____</p>
FOR MWBE USE ONLY	
<p>NAME AND TITLE OF PREPARER (Print or Type): SUBMISSION OF THIS FORM CONSTITUTES THE OFFEROR'S ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH THE MWBE REQUIREMENTS SET FORTH UNDER NYS EXECUTIVE LAW, ARTICLE 15-A, 5 NYCRR PART 143, AND THE ABOVE-REFERENCED SOLICITATION. FAILURE TO SUBMIT COMPLETE AND ACCURATE INFORMATION MAY RESULT IN A FINDING OF NONCOMPLIANCE AND POSSIBLE TERMINATION OF YOUR CONTRACT.</p>	<p>REVIEWED BY: _____ DATE: _____</p>
<p>UTILIZATION PLAN APPROVED: <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____</p> <p>Contract No.: _____ Project No. (if applicable): _____</p> <p>Contract Award Date: _____</p> <p>Estimated Date of Completion: _____</p> <p>Amount Obligated Under the Contract: _____</p> <p>Description of Work: _____</p> <p>NOTICE OF DEFICIENCY ISSUED: <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____</p> <p>NOTICE OF ACCEPTANCE ISSUED: <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____</p>	<p>UTILIZATION PLAN APPROVED: <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____</p> <p>Contract No.: _____ Project No. (if applicable): _____</p> <p>Contract Award Date: _____</p> <p>Estimated Date of Completion: _____</p> <p>Amount Obligated Under the Contract: _____</p> <p>Description of Work: _____</p> <p>NOTICE OF DEFICIENCY ISSUED: <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____</p> <p>NOTICE OF ACCEPTANCE ISSUED: <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____</p>
<p>Please submit to: NYS Office for the Aging, 2 ES Plaza, Albany, NY 12223-1251</p> <p>MWBE 103 (Revised 9/12)</p>	

PART V
4. EEO STAFFING PLAN (MWBE 101)
FOR CONTRACTORS OF THE NEW YORK STATE OFFICE FOR THE AGING
 Submit with Bid or Proposal – Instructions on page 2

Solicitation No:	Reporting Entity:	Report includes Contractor's/Subcontractor's: <input type="checkbox"/> Work force to be utilized on this contract <input type="checkbox"/> Total work force
Offeror's Name:		<input type="checkbox"/> Offeror <input type="checkbox"/> Subcontractor Subcontractor's Name _____
Offeror's Address:		

Enter the total number of employees for each classification in each of the EEO-Job Categories identified

EEO-Job Category	Total Work force	Work force by Gender		Work force by Race/Ethnic Identification														
		Total Male (M)	Total Female (F)	White (M) (F)		Black (M) (F)		Hispanic (M) (F)		Asian (M) (F)		Native American (M) (F)		Disabled (M) (F)		Veteran (M) (F)		
Officials/Administrators																		
Professionals																		
Technicians																		
Sales Workers																		
Office/Clerical																		
Craft Workers																		
Laborers																		
Service Workers																		
Temporary /Apprentices																		
Totals																		

PREPARED BY (Signature):	TELEPHONE NO:	DATE:
	EMAIL ADDRESS:	

NAME AND TITLE OF PREPARER (Print or Type):	Submit completed with bid or proposal to: NYS Office for the Aging, 2 ESP, Albany, NY 12223-1251 MWBE 101 (Rev 9/12)
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General instructions: All Offerors and each subcontractor identified in the bid or proposal must complete an EEO Staffing Plan (MWBE 101) and submit it as part of the bid or proposal package. Where the work force to be utilized in the performance of the State contract can be separated out from the contractor's and/or subcontractor's total work force, the Offeror shall complete this form only for the anticipated work force to be utilized on the State contract. Where the work force to be utilized in the performance of the State contract cannot be separated out from the contractor's and/or subcontractor's total work force, the Offeror shall complete this form for the contractor's and/or subcontractor's total work force.

Instructions for completing:

- Enter the Solicitation number that this report applies to along with the name and address of the Offeror.
- Check off the appropriate box to indicate if the Offeror completing the report is the contractor or a subcontractor.
- Check off the appropriate box to indicate work force to be utilized on the contract or the Offerors' total work force.
- Enter the total work force by EEO job category.
- Break down the anticipated total work force by gender and enter under the heading 'Work force by Gender'
- Break down the anticipated total work force by race/ethnic identification and enter under the heading 'Work force by Race/Ethnic Identification'. Contact the NYSOFA staff person designated in the solicitation if you have any questions.
- Enter information on disabled or veterans included in the anticipated work force under the appropriate headings.
- Enter the name, title, phone number and email address for the person completing the form. Sign and date the form in the designated boxes.

RACE/ETHNIC IDENTIFICATION

Race/ethnic designations as used by the Equal Employment Opportunity Commission do not denote scientific definitions of anthropological origins. For the purposes of this form, an employee may be included in the group to which he or she appears to belong, identifies with, or is regarded in the community as belonging. However, no person should be counted in more than one race/ethnic group. The race/ethnic categories for this survey are:

WHITE: (Not of Hispanic origin) All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

BLACK: A person, not of Hispanic origin, who has origins in any of the black racial groups of the original peoples of Africa.

HISPANIC: A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

ASIAN & PACIFIC: A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands.

ISLANDER

NATIVE INDIAN (NATIVE): A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal.

AMERICAN/ ALASKAN (NATIVE): Affiliation or community recognition.

OTHER CATEGORIES:

DISABLED INDIVIDUAL: Any person who: has a physical or mental impairment that substantially limits one or more major life activity(ies), has a record of such an impairment; or is regarded as having such an impairment.

VIETNAM ERA VETERAN: A veteran who served at any time between and including January 1, 1963 and May 7, 1975.

GENDER: Male or Female

PART V
5. MWBE/EEO POLICY STATEMENT (MWBE 100)

**MINORITY AND WOMEN-OWNED BUSINESS ENTERPRISES – EQUAL
EMPLOYMENT OPPORTUNITY POLICY STATEMENT
FOR CONTRACTORS OF THE NEW YORK STATE OFFICE FOR THE AGING**

MWBE AND EEO POLICY STATEMENT

I, _____, the (awardee/contractor) agree to adopt the following policies with respect to the project being developed or services rendered at

MWBE

This organization will and will cause its contractors and subcontractors to take good faith actions to achieve the MWBE contract participation goals set by the State for that area in which the State-funded project is located, by taking the following steps:

- (1) Actively and affirmatively solicit bids for contracts and subcontracts from qualified State certified MBEs or WBEs, including solicitations to MWBE contractor associations.
- (2) Request a list of State-certified MWBEs from NYSOFA and solicit bids from them directly.
- (3) Ensure that plans, specifications, request for proposals and other documents used to secure bids will be made available in sufficient time for review by prospective MWBEs.
- (4) Where feasible, divide the work into smaller portions to enhance participation by MWBEs and encourage the formation of joint ventures and other partnerships among MWBE contractors to enhance their participation.
- (5) Document and maintain records of bid solicitation, including those to MWBEs and the results thereof. Contractor will also maintain records of actions that its subcontractors have taken toward meeting MWBE contract participation goals.
- (6) Ensure that progress payments to MWBEs are made on a timely basis so that undue financial hardship is avoided, and that bonding and other credit requirements are waived or appropriate alternatives developed to encourage MWBE participation.

EEO

(a) This organization will not discriminate against any employee or applicant for employment because of race, creed, color, national origin, sex, age, disability or marital status, will undertake or continue existing programs of affirmative action to ensure that minority group members are afforded equal employment opportunities without discrimination, and shall make and document its conscientious and active efforts to employ and utilize minority group members and women in its work force on state contracts.

(b) This organization shall state in each solicitation or advertisement for employees that in the performance of the State contract all qualified applicants will be afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex, age, disability or marital status.

(c) At the request of NYSOFA this organization shall request each employment agency, labor union, or authorized representative will not discriminate on the basis of race, creed, color, national origin, sex, age, disability or marital status and that such union or representative will affirmatively cooperate in the implementation of this organization's obligations herein.

(d) The Contractor shall comply with the provisions of the Human Rights Law, all other State and Federal statutory and constitutional non-discrimination provisions. The Contractor and subcontractors shall not discriminate against any employee or applicant for employment because of race, creed (religion), color, sex, national origin, sexual orientation, military status or domestic violence victim status, and shall also follow the requirements of the Human Rights Law with regard to non-discrimination on the basis of prior criminal conviction and prior arrest.

(e) This organization will include the provisions of sections (a) through (d) of this policy statement in every subcontract in such a manner that the requirements of the subdivisions will be binding upon each subcontractor as to work in connection with the State contract.

Adopted this _____ day of _____, 2_____

By: _____

Print: _____ Title: _____

Contractor's Minority Business Enterprise Liaison

_____ is designated as the Contractor's Minority Business Enterprise
(Name of Designated Liaison)

Liaison responsible for administering the Minority and Women-Owned Business Enterprises-
Equal Employment Opportunity (MWBE-EEO) program.

MWBE Contract Goals

30 % Minority and Women's Business Enterprise Participation

_____ % Minority Business Enterprise Participation

_____ % Women's Business Enterprise Participation

(Authorized Representative)

Title: _____

Date: _____

PART VI: APPENDICIES
APPENDIX 1
DESIGNATED RURAL AREAS

DEFINITION

As stated in NYS Elder Law 209(1):

(g) "Rural areas" shall mean counties within the state having a population of less than two hundred thousand persons including the municipalities, individuals, institutions, communities, programs, and such other entities or resources as are found therein; or, in counties with a population of two hundred thousand or more, towns with a population density of less than one hundred fifty persons per square mile including the villages, individuals, institutions, communities, programs, and such other entities or resources as are found therein.

(h) "Non-rural areas" shall mean any county, city, or town that has a population or population density greater than that which defines a rural area pursuant to this subdivision.

BACKGROUND

Any and all cities and towns located in a rural county shall be considered rural. Additionally, a rural town can be located in a non-rural county if it has a population density of less than 150 persons per square mile.

Rural population in NYS

In designated rural counties: (counties with less than 200,000 population)	3,132,818
In designated rural towns: (in counties of 200,000 or greater population, "rural areas" means towns with population densities of 150 persons or less per square mile)	285,901
New York State Total Rural Population:	3,418,719

Source:
Census 2010, summary File 1 Urban/Rural Update
Geographic Header File

Listing of NYS Rural Counties and NYS Rural Towns in Non-Rural Counties

The following 2 lists have been compiled by NYSOFA using the 2010 Census Geographic Header File to assist applicants applying to operate a NORC program in determining if their

proposed service area would be designated as rural or non-rural. If an applicant's proposed service area is located in any of the counties on the list "NYS Rural Counties" then it is considered rural. If an applicant's proposed service area is located in any of the specific towns on the list "NYS Rural Towns in Non-Rural Counties" then it is also considered rural. If an applicant's proposed service area crosses two or more cities/towns, then the city/town in which the majority of the service area is located will be used to determine if the NORC is considered rural or not.

The eligibility criteria for a Neighborhood NORC differs for those service areas that are located in rural areas from those located in non-rural areas; the eligibility criteria for a Classic NORC remains the same no matter where the service area is located. Applicants should first determine if their proposed service area is located in a rural or non-rural area, then determine if the required population thresholds are met based on this designation.

NYSOFA intends to fund programs throughout the state to assure that geographic balance in the distribution of NORC programs is maintained (see NYS Elder Law 209(4)(a)) by funding at least 2 Classic or Neighborhood NORCs in rural areas and at least 2 Classic or Neighborhood NORCs in medium-density areas (see Part VI – Appendix 2 – Designated Medium-Density Areas). The remaining Classic and Neighborhood NORCs will be awarded in any area of the state based on score.

NYS Rural Counties

A proposed service area located in any of the following counties is considered rural

<i>County</i>	<i>Population Density (persons per square mile)</i>	<i>Total Population</i>	<i>County</i>	<i>Population Density (persons per square mile)</i>	<i>Total Population</i>
Allegany	47.552	48,946	Ontario	167.578	107,931
Cattaraugus	61.388	80,317	Orleans	109.602	42,883
Cayuga	115.714	80,026	Oswego	128.313	122,109
Chautauqua	127.242	134,905	Otsego	62.153	62,259
Chemung	218.067	88,830	Putnam	432.935	99,710
Chenango	56.491	50,477	Rensselaer	244.361	159,429
Clinton	79.133	82,128	St. Lawrence	41.764	111,944
Columbia	99.410	63,096	Schenectady	756.553	154,727
Cortland	98.917	49,336	Schoharie	52.666	32,749
Delaware	33.263	47,980	Schuyler	55.867	18,343
Essex	21.943	39,370	Seneca	108.898	35,251
Franklin	31.673	51,599	Steuben	71.187	98,990
Fulton	112.880	55,531	Sullivan	80.100	77,547
Genesee	121.880	60,079	Tioga	98.582	51,125
Greene	76.057	49,221	Tompkins	213.977	101,564
Hamilton	2.816	4,836	Ulster	162.326	182,493
Herkimer	45.711	64,519	Warren	75.791	65,707
Jefferson	91.621	116,229	Washington	76.055	63,216
Lewis	21.250	27,087	Wayne	155.296	93,772
Livingston	103.509	65,393	Wyoming	71.118	42,155
Madison	112.152	73,442	Yates	74.962	25,348
Montgomery	124.600	50,219			

NYS Rural Towns in Non-Rural Counties

A proposed service area located in any of the following towns is considered rural

<i>County</i>	<i>Town Name</i>	<i>Population Density (persons per square mile)</i>	<i>Total Population</i>
Albany	Berne	43.636	2,794
	Coeymans	147.979	7,418
	Knox	64.460	2,692
	Rensselaerville	29.985	1,843
	Westerlo	58.158	3,361
Broome	Baker	65.985	2,732
	Colesville	66.780	5,232
	Lisle	58.664	2,751
	Maine	117.805	5,377
	Nanticoke	68.890	1,672
	Sanford	26.715	2,407
	Triangle	77.783	2,946
	Windsor	68.387	6,274
Dutchess	Amenia	102.638	4,436
	Clinton	113.047	4,312
	Milan	65.635	2,370
	North East	70.222	3,031
	Pine Plains	80.862	2,473
	Stanford	77.018	3,823
	Union Vale	130.117	4,877
	Washington	81.503	4,741
Erie	Brant	84.931	2,065
	Cattaraugus Reservation	72.557	1,833
	Colden	91.629	3,265
	Collins	137.619	6,601
	Concord	121.458	8,494
	Holland	95.027	3,401
	North Collins	82.210	3,523
	Sardinia	55.306	2,775
	Tonawanda Reservation	18.491	34
	Wales	84.438	3,005
Monroe	Rush	114.665	3,478
Niagara	Cambria	147.042	5,839
	Hartland	78.602	4,117
	Royalton	109.483	7,660
	Somerset	71.736	2,662
	Tonawanda Reservation	0.000	0
	Tuscarora Nation Reservation	126.831	1,152
	Wilson	121.305	5,993

<i>County</i>	<i>Town Name</i>	<i>Population Density (persons per square mile)</i>	<i>Total Population</i>
Oneida	Annsville	50.060	3,012
	Augusta	72.851	2,020
	Ava	17.947	676
	Boonville	63.371	4,555
	Bridgewater	63.829	1,522
	Camden	91.348	4,934
	Deerfield	129.716	4,273
	Florence	18.663	1,025
	Floyd	110.323	3,819
	Forestport	19.957	1,535
	Lee	143.794	6,486
	Marshall	64.966	2,131
	Paris	140.137	4,411
	Remsen	54.392	1,929
	Sangerfield	83.144	2,561
	Steuben	25.789	1,100
	Trenton	103.697	4,498
	Vernon	142.968	5,408
	Verona	90.900	6,293
	Vienna	88.530	5,440
Western	38.101	1,951	
Westmoreland	142.295	6,138	
Onondaga	Fabius	42.239	1,964
	LaFayette	126.221	4,952
	Onondaga Nation Reservation	50.609	468
	Otisco	86.042	2,541
	Pompey	106.661	7,080
	Spafford	51.563	1,686
	Tully	106.314	2,738
	Orange	Deerpark	118.809
Tuxedo		77.029	3,624
Saratoga	Charlton	126.107	4,133
	Corinth	115.057	6,531
	Day	13.352	856
	Edinburg	20.176	1,214
	Galway	80.891	3,545
	Greenfield	115.376	7,775
	Hadley	51.581	2,048
	Providence	45.345	1,995
Saratoga	139.885	5,674	

PART VI
APPENDIX 2
DESIGNATED MEDIUM-DENSITY AREAS

DEFINITION

For purposes of this RFA, “medium-density” is defined as cities and towns located in non-rural counties with population densities over 150 persons per square mile up to cities and towns located in non-rural counties with a population density of 5,600 persons per square mile.

BACKGROUND

New York State has cities and towns with population densities of up to 70,000 persons per square mile. There are 188 cities and towns located in non-rural counties with population densities of over 150 persons per square mile (150 persons per square mile and fewer being the statutory definition of rural towns in otherwise urban counties⁶) and over.

To identify those cities and towns located in non-rural counties that are outside of the parameters of largest and most densely populated cities, NYSOFA utilized a study that identified this medium-density as “Between 102 and 2,213 households per square mile.”⁷ The Census Bureau reports the mean family size as 2.53 persons⁸. The Census Bureau’s *American Community Survey* does not differentiate between family and household, so 2.53 persons times 2,213 households per square mile equals a population density of 5,600 persons per square mile. Eliminating the 21 cities and towns located in non-rural counties with population densities above this number provides 167 cities and towns located in non-rural counties that may reasonably be considered to be medium-density.

Listing of NYS Medium-Density Cities and Towns in Non-Rural Counties and NYS Largest and Most Densely Populated Cities in Non-Rural Counties

The following lists have been compiled by NYSOFA using the 2010 Census Geographic Header File to assist applicants applying to operate a NORC program in identifying if their proposed service area would be designated as medium-density area or if it is located in one of the largest and most densely populated cities in non-rural counties. If an applicant’s proposed service area is located in any of the cities/towns on the list “NYS Medium-Density Cities and Towns in Non-Rural Counties” then it is considered medium-density. If an applicant’s proposed service area is located in any of the specific cities on the list “NYS Largest and Most Densely Populated Cities in Non-Rural Counties” then it is not considered medium-density. If an applicant’s proposed service area crosses two or more cities/towns, then the city/town in which the majority of the service area is located will be used to determine if the NORC is considered medium-density or not.

⁶ New York State Executive Law, Article 19-F: Rural Affairs Act

⁷ “There’s No Such Thing As the Suburbs,” <https://policy.ti.tamu.edu/theres-no-such-thing-as-the-suburbs/> (retrieved 10 August 2018).

⁸ U.S. Census Bureau, Current Population Survey, 2016 Annual Social and Economic Supplement.

Both a Classic or a Neighborhood NORC program can be located in a medium-density area. The eligibility criteria for a Classic NORC program is the same no matter where it is located. The eligibility criteria for a Neighborhood NORC only differs for those programs proposed to be located in a rural area.

NYSOFA intends to fund programs throughout the state to assure that geographic balance in the distribution of NORC programs is maintained (see NYS Elder Law 209(4)(a)) by funding at least 2 Classic or Neighborhood NORCs in rural areas (see Part VI – Appendix 1 – Designated Rural Areas) and at least 2 Classic or Neighborhood NORCs in medium-density areas. The remaining Classic and Neighborhood NORCs will be awarded in any area of the state based on score.

NYS Medium-Density Cities and Towns in Non-Rural Counties

A proposed service area located in any of the following cities or towns is considered medium-density

<i>County</i>	<i>City or Town Name</i>	<i>Population Density (persons per square mile)</i>	<i>Total Population</i>
Albany	Albany	4,595.49	97,856
	Bethlehem	689.48	33,656
	Cohoes	4,303.58	16,168
	Colonie	1,464.94	81,591
	Green Island	3,522.27	2,620
	Guilderland	612.40	35,303
	New Scotland	151.07	8,648
Broome	Binghamton (city)	4,536.76	47,376
	Binghamton (town)	196.58	4,942
	Chenango	334.04	11,252
	Conklin	224.12	5,441
	Dickinson	1,110.98	5,278
	Fenton	204.55	6,674
	Kirkwood	191.04	5,857
	Union	1,596.41	56,346
	Vestal	544.38	28,043
Dutchess	Beacon	3,294.12	15,541
	Beekman	492.18	14,621
	Dover	158.32	8,699
	East Fishkill	516.03	29,029
	Fishkill	812.28	22,107
	Hyde Park	590.97	21,571
	La Grange	396.19	15,730
	Pawling	193.92	8,463
	Pleasant Valley	298.22	9,672
	Poughkeepsie	1,526.72	43,341
	Red Hook	314.34	11,319
	Rhinebeck	212.47	27,048
	Wappinger	1,004.20	27,048
Erie	Alden	318.09	10,865
	Amherst	2,310.18	122,366
	Aurora	380.38	13,782
	Boston	224.97	8,023
	Cheektowaga	3,011.85	88,226
	Clarence	575.84	30,673
	Eden	194.07	7,688
	Elma	329.32	11,317
	Evans	395.58	16,356
	Grand Island	723.80	20,374
	Hamburg	1,383.98	56,936

<i>County</i>	<i>City or Town Name</i>	<i>Population Density (persons per square mile)</i>	<i>Total Population</i>
	Lackawanna	2,772.95	18,141
	Lancaster	2,772.95	41,604
	Marilla	194.53	5,327
	Newstead	170.06	8,594
	Orchard Park	759.17	29,054
	Tonawanda (city)	3,995.76	15,130
	Tonawanda (town)	3,944.10	73,567
	West Seneca	2,102.75	44,711
Monroe	Brighton	2,385.32	36,609
	Chili	727.91	28,625
	Clarkson	203.89	6,736
	East Rochester	4,994.65	6,587
	Gates	1,876.68	28,400
	Greece	2,031.23	96,095
	Hamlin	209.01	9,045
	Henrietta	1,209.87	42,581
	Irondequoit	3,461.13	51,692
	Mendon	232.89	9,152
	Ogden	546.76	19,856
	Parma	373.65	15,633
	Penfield	978.28	36,242
	Perinton	1,365.09	46,462
	Pittsford	1,274.13	29,405
	Riga	160.60	5,590
	Sweden	422.75	14,175
	Webster	1,277.31	42,641
	Wheatland	157.71	4,775
Nassau	Glen Cove	4,069.65	26,964
	North Hempstead	4,248.08	226,322
	Oyster Bay	2,838.76	293,214
Niagara	Lewiston	440.02	16,262
	Lockport (city)	2,530.87	21,165
	Lockport (town)	459.82	20,529
	Newfane	187.34	9,666
	Niagara Falls	3,579.11	50,193
	Niagara	887.33	8,378
	North Tonawanda	3,139.29	31,568
	Pendleton	237.22	6,397
	Porter	205.75	6,771
	Wheatfield	651.97	18,117
Oneida	Kirkland	306.69	10,315
	Marcy	274.30	8,982
	New Hartford	878.03	22,166
	Rome	452.92	33,725
	Sherrill	1,334.48	3,071

<i>County</i>	<i>City or Town Name</i>	<i>Population Density (persons per square mile)</i>	<i>Total Population</i>
	Utica	3,730.01	62,235
	Whitestone	686.34	18,667
Onondaga	Camillus	705.14	24,167
	Cicero	658.16	31,632
	Clay	1,219.06	58,206
	De Witt	768.42	25,838
	Elbridge	158.46	5,922
	Geddes	1,877.83	17,118
	Lysander	354.14	21,759
	Manlius	660.59	32,370
	Marcellus	192.25	6,210
	Onondaga	401.85	23,101
	Salina	2,462.50	33,710
	Skaneateles	169.95	7,209
	Van Buren	374.03	13,185
Orange	Blooming Grove	521.29	18,028
	Chester	480.41	11,981
	Cornwall	476.58	12,646
	Crawford	233.75	9,316
	Goshen	315.01	13,687
	Greenville	154.47	4,616
	Hamptonburgh	208.74	5,561
	Highlands	412.61	12,492
	Minisink	195.83	4,490
	Monroe	2,006.86	39,912
	Montgomery	451.81	22,606
	Mount Hope	280.46	7,018
	New Windsor	744.23	25,244
	Newburgh	701.37	29,801
	Port Jervis	3,506.22	8,828
	Wallkill	443.55	27,426
	Warwick	317.81	32,065
	Wawayanda	210.20	7,266
	Woodbury	315.67	11,353
Rockland	Clarkstown	2,197.77	84,187
	Haverstraw	1,660.85	36,634
	Orangetown	2,051.20	49,212
	Ramapo	2,077.79	126,595
	Stony Point	547.55	15,059
Saratoga	Ballston	332.00	9,776
	Clifton Park	764.85	36,705
	Halfmoon	663.92	21,535
	Malta	531.13	14,765
	Milton	522.76	18,575
	Moreau	352.86	14,728

<i>County</i>	<i>City or Town Name</i>	<i>Population Density (persons per square mile)</i>	<i>Total Population</i>
	Northumberland	158.20	5,087
	Saratoga Springs	951.50	26,586
	Stillwater	202.08	8,287
	Waterford	1,288.36	8,423
	Wilton	453.33	16,173
Suffolk	Babylon	4,100.79	213,603
	Brookhaven	1,881.73	486,040
	East Hampton	289.96	21,457
	Huntington	2,169.11	203,264
	Islip	3,237.12	335,543
	Poospatuck Reservation	2,888.23	324
	Riverhead	499.13	33,506
	Shelter Island	197.50	2,392
	Shinnecock Reservation	492.85	662
	Smithtown	2,203.50	117,801
	Southampton	409.80	56,790
	Southold	410.27	21,968
Westchester	Bedford	468.39	17,335
	Cortlandt	1,064.24	41,592
	Greenburgh	2,929.53	88,400
	Harrison	1,645.84	27,472
	Lewisboro	449.29	12,411
	Mamaroneck	4,401.07	29,156
	Mount Kisco	3,599.45	10,877
	Mount Pleasant	1,601.51	43,724
	New Castle	759.45	17,569
	North Castle	500.62	11,841
	North Salem	240.39	5,104
	Ossining	3,274.51	37,674
	Peekskill	5,423.50	23,583
	Pound Ridge	226.46	5,104
	Rye	2,699.85	15,720
	Scarsdale	2,588.76	17,166
	Somers	692.42	20,434
	Yorktown	988.97	36,081

NYS Largest and Most Densely Populated Cities in Non-Rural Counties

A proposed service area located in any of the following counties is **not** considered rural or medium-density

<i>County</i>	<i>City/Town Name</i>	<i>Population Density (persons per square mile)</i>	<i>Total Population</i>
Albany	Watervliet	7,621.00	10,254
Bronx	Bronx	32,903.32	1,385,108
Dutchess	Poughkeepsie	6,364.10	32,736
Erie	Buffalo	6,470.62	261,310
Kings	Brooklyn	35,369.24	2,504,700
Monroe	Rochester	5,884.86	210,565
Nassau	Hempstead	6,406.74	759,757
	Long Beach	15,024.82	33,275
New York	Manhattan	69,468.42	1,585,873
Onondaga	Syracuse	5,796.72	145,170
Orange	Newburgh	7,587.72	28,866
Queens	Queens	20,553.56	2,230,722
Richmond	Staten Island	8,030.28	468,730
Saratoga	Mechanicville	6,181.03	5,196
Schenectady	Schenectady	6,135.33	66,135
Westchester	Eastchester	6,668.58	32,363
	Mount Vernon	15,343.59	67,292
	New Rochelle	7,445.40	77,062
	Pelham	5,707.34	12,396
	Rye	6,638.17	45,928
	White Plains	5,820.45	56,853
	Yonkers	10,880.31	195,976

PART VI
APPENDIX 3
POLICY FOR MATCHING FUNDS REQUIREMENTS FOR THE
NATURALLY OCCURRING RETIREMENT COMMUNITY (NORC) PROGRAM

Match Requirements

As specified in §209 of the NYS Elder Law, applicants are required to provide matching funds of at least twenty-five percent (25%) of the amount of state funding that is awarded. For Classic NORCs, at least fifty percent (50%) of the total matching funds required must be contributed by the housing development governing body or other owners or managers and residents of the apartment buildings and housing complexes. For Neighborhood NORCs, at least fifty percent (50%) of the total matching funds required must be contributed by community organizations located in and/or the residents of the geographical area in which the project is proposed. The following is an example of the match required, and from what source, based on a state funding award of \$150,000:

	Total State Funds	\$150,000
	25% Total Match	\$37,500
50% Housing/Community Match (of 25% total match)		\$18,750
50% All other allowable match sources (of 25% total match)		\$18,750

Types of Matching Funds

Matching funds can come from a variety of sources, including NORC partners, private foundations and individual donations. These contributions can be in the form of cash or in-kind services. If a NORC program receives cash contributions, those are classified as cash matching funds. If a service provider or other party provides services to a program, these non-cash contributions can be considered in-kind match. In-kind services must meet all of the following criteria to be used as matching funds:

- 1) They must be reasonable and necessary to meet NORC program objectives;
- 2) They must be allowable costs (i.e., costs that would be reimbursable with state NORC funds);
- 3) They must be applicable to the program period to which they are applied;
- 4) They cannot be used to match other funds; and,
- 5) They must be services that are directly provided to NORC clients.

For more information on allowable costs see Part VI – Appendix 7 – Guidelines for Completing Budgets.

Please note: all matching funds must be specifically designated for and applied to the state funded NORC program. Expenditures or in-kind contributions for peripheral projects or activities are not allowable as match.

Public funds, which includes any funding received from a public entity such as the federal, state, or local government, may be used as a source of match only if the funds:

- Were not provided to the applicant organization for a designated purpose (this includes, but is not limited to, funding designated to the organization for the purpose of providing NORC and/or NORC-like services as well as funding designated to the organization for a specific service such as transportation or case management. For example, if an applicant receives funding from their local government to operate a NORC program and has contractual obligations to perform in order to receive that funding, these funds would not be able to be used as match);
- Were provided to the applicant organization in response to this RFA; or
- Were provided to the applicant organization to be used as needed.

Valuation of In-Kind Contributions

Allowable in-kind matching funds are limited to direct service provision. Third party donations of goods or space cannot be used as matching funds under the NORC program. In-kind contributions must be documented and verifiable. Records must be maintained by the contractor to support the value placed on in-kind contributions. If another organization is providing the NORC program with an employee's services at no cost, then the individual's time that is donated, should be valued at their regular rate of pay, provided that the work they are contributing is similar to their normal line of work. Fringe benefits may also be included.

The value of unpaid services provided by individuals (i.e., volunteer services) can be used to meet the minimum matching funds requirements, including the provision of professional or technical services. As with all matching funds, in order to be allowable, the services provided must be necessary to meet program objectives. The valuation of these services must be consistent with those paid for similar services in the contractor's organization, if applicable; otherwise, a rate of pay for those providing similar work in that geographical area should be used. A reasonable amount of fringe benefits may also be included in the valuation.

All in-kind services must be reflected in the matching funds section of the budget as well as the Subcontractors/Consultants category of the budget).

Matching Funds from the Housing Entity and/or Owners

For Classic NORCs, at least fifty percent (50%) of the **total matching funds** required must be contributed by the housing development governing body or other owners or managers and residents of the apartment buildings and housing complexes. For Neighborhood NORCs, at least fifty percent (50%) of the **total matching funds** required must be contributed by community organizations in and/or residents of the geographical area in which the project is proposed. This can include dues and fees for service as well as contributions from residents and housing entities. Matching funds from housing entities, owners, residents, or the geographically defined community can be in the form of cash or in-kind services.

Required Documentation and Reporting

For contributions of in-kind services in excess of \$1,000 that are provided by another partner or service provider that are used as matching funds, a Memorandum of Understanding (MOU) must be submitted to NYSOFA. The MOU must state what specific services this partner is committing to provide to the NORC program.

Matching funds may also be provided by subcontractors. If a subcontractor intends to provide services beyond the expected or agreed upon reimbursement and the contractor intends to use these additional services as a source of in-kind match, then this should be reflected in the subcontractor agreement and this agreement must be submitted to NYSOFA.

For cash match, documentation that includes the amount of cash that is being provided and the source of the contributing party is required to be submitted to NYSOFA (e.g. award letter, letter of support, etc.).

In-kind matching funds must be reported to NYSOFA when submitting claims for payment. Applicants are required to provide information about the source and value of in-kind contributions as well as a description of the services contributed.

The claiming and reporting requirements are the same for matching funds as state grant funds. Allowable program expenses, whether paid for with cash matching funds or state funds, must be submitted to NYSOFA for reimbursement in accordance with the NORC vouchering procedure.

Waiver of Housing of Community Matching Funds Requirements

NORC programs may request that NYSOFA waive part of the matching funds required by the housing development governing body or other owners or managers and residents of the apartment buildings and housing complexes, or geographically defined area in which the project is proposed; however, the total matching funds requirement must still be met from other allowable sources. Waivers for the total match requirement will not be considered. In order to qualify for a waiver, programs must be able to document that the area served by the NORC meets the criteria for a low income or hardship community. For these purposes, low income and hardship communities are defined as:

Low income community - A community where the annual income for the majority of residents is fifty percent or less than the median family income (MFI) for New York State. These are the "Very Low" income limits provided by the US Department of Housing and Urban Development, which are derived from census data. The income limits (county/state) can be obtained at: www.huduser.org; select Income Limits Data.

Hardship community - A community that does not qualify as low income as defined above, but due to other factors, such as the frailty or isolation of the residents, or a lack of funding

available for supportive services, these residents are disadvantaged. It is up to the program to substantiate what makes its NORC a hardship community.

Programs that need to request a waiver of any part of the fifty percent housing development or community matching requirement must complete and sign a Request for Waiver of Housing or Community Matching Requirements (Part VI – Appendix 4). The waiver must specify whether the program is requesting a waiver on the basis of either low income or hardship conditions and include an appropriate explanation as to why this project cannot be implemented or sustained without a waiver.

**PART VI
APPENDIX 4
REQUEST FOR WAIVER OF MATCHING FUNDS REQUIREMENTS
Complete only if applicable**

Applicant: _____
 Program Period: 7/1/19 – 12/31/20

Complete this form if you are requesting a waiver of any part of the total matching funds required by 1) the housing development governing body or other owners or managers and residents of the apartment buildings and housing complexes for the Classic NORC model, or 2) geographically defined area in which the project is proposed for the Neighborhood NORC model. To qualify for a waiver, you must be able to certify that the area served by the program meets the state's criteria for a low income or hardship community. For these purposes, low income and hardship communities are defined as:

Low Income Community - A community where the annual income for the majority of residents (more than 50%) is 50% or less than the median family income (MFI) for New York State. These are the "Very Low" income limits provided by the US Department of Housing and Urban Development.

Hardship Community - A community that does not qualify as low income as defined above; but whose residents are disadvantaged due to other factors, such as the frailty or isolation of the residents, medically disadvantaged or a lack of funding available for supportive services.

Please check the appropriate box to indicate the basis upon which your program is requesting a waiver and provide a detailed explanation of how the residents meet this criteria and why the program cannot be sustained without a waiver. Only waivers of the source of matching funds will be considered; the total matching funds requirement must still be met from other allowable sources.

Low Income Community OR Hardship Community

EXPLANATION (use additional pages if necessary):

1) State Funds Requested	\$	
2) Total Matching Funds Required (Note: Must be 25% of State Funds Requested rounded up to whole dollar):	\$	
3) Total Matching Funds Provided from all sources:	\$	
4) Matching Funds Required from Housing or Community (50% of total match required rounded up to whole dollar):	\$	
5) Matching Funds Provided from Housing or Community:	\$	
6) Amount of Housing or Community Matching Funds Requested to be Waived:	\$	

Waiver Approved: _____ Date _____

Greg Olsen, Acting Director

PART VI
APPENDIX 5
HEALTH INDICATORS PROGRAM

The Health Indicators Program is a data driven, performance improvement program that is a way for NORC programs to identify the needs of its residents and target interventions at both the individual and group level with the goal of achieving measurable outcomes. Health Indicators is required of all state funded NORC programs and involves the administration of a comprehensive health survey, data tracking, and data analysis as well as post intervention follow up. These activities will help NORC programs target priority services to individual clients as well as implement appropriate health promotion group programming.

The Health Indicators Program was created by the United Hospital Fund as part of their Health Indicators in NORC Programs Initiative that was supported by New York City's Department for Aging. The program is intended to provide programs with the information and tools they need to shift from a reactive practice that responds to crises to a proactive practice that is targeted and systematic. For more information on the program visit <https://aging.ny.gov/healthindicators/>.

NYSOFA and successful applicants will implement the Health Indicators Program over the five-year contract period as follows:

- Year One: Application
 - NYSOFA staff will provide training and technical assistance to NORC programs on survey administration, how to select a cohort to survey, etc.
- Year Two: Survey Administration
 - NORC programs will administer Health Indicator surveys to the identified cohort of clients as well as perform all associated data entry.
- Year Three: Analytics and Program Development
 - NORC programs will analyze the data they have collected from the surveys and identify clients that can benefit from priority services as well as determine which group health promotion programming will be most beneficial. Programming will include emerging interventions as well as prescribed interventions for both individuals and groups.
- Year Four: Implementation
 - NORC programs will work with identified clients on an individual basis by providing them necessary priority services. Programs will also implement health promotion programming to identified groups of clients.
- Year Five: Post-implementation and performance improvement/next steps
 - Follow up will be performed on clients served. The data from the follow up will be analyzed to determine the effectiveness of the interventions and determine next-steps.

The above outlined schedule is tentative; NYSOFA will welcome input and feedback from the NORC programs in order to optimize the results of the Health Indicators Program.

PART VI
APPENDIX 6
SERVICE NEEDS ASSESSMENT

The purpose of the Service Needs Assessment is to provide the following information to assist the Applicant in developing its proposal to operate a Classic or Neighborhood NORC program:

- assessment of the conditions of older adults that limit their ability to remain in or return to their homes and to participate in family and community life;
- quantification of the extent of the needs of older adults in various parts of the project area for supportive services, nutrition services, legal services, and multipurpose senior centers, including the unique needs of groups with common ethnic, age, geographic, health, or economic characteristics;
- identification of the available resources;
- identification of unmet needs; and
- establishment of priorities.

All Applicants must conduct a Service Needs Assessment and must use the results as the basis for determining what services will be provided by the project under this RFA. NYSOFA has developed a sample needs assessment tool that applicant agencies may consider using to complete as a part of the needs assessment required by this RFA. An applicant may design its own needs assessment survey and/or use alternate methodologies, however, it is expected that all applicant agencies will include, **at a minimum**, the elements provided in this sample assessment tool when conducting their needs assessment.

A needs assessment should be based on:

- surveys or interviews conducted by the applicant agency;
- records of the applicant agency;
- current secondary data from other agencies;
- public comments at advisory committee meetings and public hearings; and
- analysis of demographic and census data, or other sources.

The needs assessment should be conducted on a valid sample of older adults residing in the proposed project area in order to quantify to the extent practicable the range of current service needs of older adults in the project area and the extent and magnitude of specific needs, reflecting the unique needs of groups with common ethnic, age, geographic, health, or economic characteristics. Any sample, regardless of size, would be considered valid if:

1. The process of drawing the sample was through an acceptable methodology (e.g., a stratified random sample); and
2. The sample was appropriately analyzed and the sampling error was reported.

The applicant is encouraged to solicit appropriate support from local resources (e.g., Area Agency on Aging; Performing Provider System (PPS) under Delivery Service Reform Incentive Payment Program (DSRIP); universities and colleges; village, city, town, or county planning boards; or local economic development agencies). Not only are these entities sources of secondary data but they have experience conducting needs assessments and can help to develop and analyze the sample. There is also a webinar available on NYSOFA's website that provides an overview of the data resources provided by NYSOFA that may be helpful. It can be viewed by going to the NYSOFA website here: <http://www.aging.ny.gov/ReportsAndData/index.cfm> and scrolling down and clicking on "Webinar – Data Available for Local Planning."

NEEDS ASSESSMENT PROCESS DOCUMENTATION

The Applicant must document the following components of their needs assessment process:

- identification of the needs assessment methodologies used and the rationale for their selection;
- analysis of the data collected and how the Applicant determined the services that will be provided by the project;
- methodology used to reasonably quantify unmet need; and
- a description of the residents' role in the process.

Service Need Assessment Sample Survey Tool

Applicants must obtain input that is an accurate representation of the community they are proposing to serve, including individuals with limited English proficiency, through the needs assessment. The sample survey on the following pages has been developed to assist applicants in conducting a Service Needs Assessment as required by this RFA. While the survey is included as a sample needs assessment tool, it is not a required document, nor is the needs assessment required to be conducted through a written survey. If the applicant uses as survey as one of the ways to collect information from the community, the survey may contain questions above and beyond those provided in this sample survey, however, it must include, at a minimum, the elements contained in this sample survey.

Applicants should consider the languages prevalent in their communities when developing needs assessment tools designed to gather input. All applicants are responsible for the interpretation or translation of any needs assessment survey and other tools utilized to gather input for the needs assessment.

	Important and is a concern for me	Important, but is NOT a concern for me	NOT Important and is NOT an Concern for me
<u>Housing</u>			
Ability to perform household chores (cleaning, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finding reliable help to perform home maintenance/repairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to pay rent or taxes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to pay for home heating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Transportation</u>			
To medical appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To out of county medical appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To the grocery store and other errands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To recreational activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driving my own car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Insurance/Health</u>			
Understanding Medicare and various options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding low-income health insurance subsidies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding long term care services and support options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding Long Term Care insurance options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recurring falls, in and out of the home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing a chronic health conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accessing services for individuals with Alzheimer's or dementia and their caregivers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accessing services for individuals with mental health needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Important and is a concern for me	Important, but is NOT a concern for me	NOT Important and is NOT an Concern for me
<u>Nutrition/Food</u>			
Access to food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having enough money for nutritious food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being able to shop and cook for myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to follow a special diet recommended by my doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Services and Supports</u>			
Respite services for caregivers for people with dementia or other functional impairments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to senior centers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation options for those unable to drive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In-home personal care services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to participate in Congregate Meal Sites or receive Home Delivered Meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to obtain help in applying for government programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to socialization opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Caregivers

If you are caring for another individual, please answer the following questions.

For whom do you provide care? (circle) Spouse/Partner Parent Adult Child (21+) Minor Aged Child (20 and younger)

Does the individual for whom you care live in your home? (circle) Yes No

Does the individual have memory problems and/or dementia? (circle) Yes No

Do you feel overwhelmed and/or stressed in providing care? (circle) Yes No

Where I Turn for Help:

If you, or someone you know, has been in the hospital in the past year, did you/they have the information and supports needed to return home? (circle one) Yes No Not applicable Don't Know

Have you heard of "NY Connects", the local program that helps consumers with information, assistance and connections to needed long term services and supports? Yes No Not applicable

Demographic

Demographics (This information will be kept in strict confidentiality, used only for statistical purposes)

Age: _____ Sex/Gender: Male Female Other _____

Persons living in your home including yourself (circle): 1 2 3 4+

Living Arrangements (circle): Homeowner Renter None of the above

Income (per year) (circle):

1 person household: Less than \$11,491 \$11,491 - \$22,980 More than \$22,980

2 person household: Less than \$15,510 \$15,510 - \$31,020 More than \$31,020

PART VI
APPENDIX 7
GUIDELINES FOR COMPLETING BUDGETS
NATURALLY OCCURRING RETIREMENT COMMUNITY (NORC) PROGRAM

Funds are to be used solely for the award designated purposes. Budgeted expenditures must be allowable, reasonable and necessary to meet program objectives and must be incurred in the period to which they are applied. Unexpended funds do not carry over from one program period to the subsequent period.

Expenditures which overlap the program period, such as insurance, maintenance contracts, vehicle insurance, etc., must be prorated for the portion of the term that falls within the program period.

Any expenditures which are not solely for the benefit of the NORC program must be prorated. The method used to allocate costs must be reasonable and result in charges that are commensurate with the benefits derived by the NORC program.

Allowable Costs:

Allowable reimbursement costs must meet the following criteria:

- Be necessary and reasonable for proper, efficient operation of the NORC program;
- Be permissible under applicable state and/or federal laws and regulations;
- Conform to limitations or exclusions set forth in these guidelines, as well as laws or regulations or other limitations as to types, amounts or cost of items;
- Be the net amount after applying all applicable credits, such as purchase discounts and adjustments of overpayments; and
- Not be included as a cost in any other program or grant.

Unallowable Costs:

In accordance with NYSOFA policies, certain costs cannot be charged to these grant funds. Examples of non-reimbursable costs include:

- Goods or services for personal use of employees, even if the cost is reported as taxable income to employees;
- Entertainment, including social activities and associated costs, except where specific costs have a programmatic purpose and are authorized in the approved budget (e.g., volunteer recognition and recruitment);
- Gifts, except where specific costs have a programmatic purpose and are authorized in the approved budget (i.e., volunteer incentives/promotional items);
- Alcoholic beverages;
- Out-of-state travel, unless NYSOFA has given prior written approval;
- Interest (including mortgage interest), late charges, fines and penalties (including bank charges for overdrafts);
- Bad debts, including losses arising from uncollectable accounts;

- Lobbying (activities with the potential to influence legislation or the election or defeat of any candidate for public office);
- Fundraising, including financial campaigns, endowment drives and solicitation of gifts or bequests;
- Contributions and donations, including cash, property and services, to other not for profits;
- Rent, when the facility is owned by the contractor; and
- Sales tax, if your organization is exempt - e.g., 501 (c).

Also, securities and other deposits for rentals, utilities, phones, etc. cannot be reimbursed, as they should eventually be returned to you and are not expenditures.

Services Costs and Administrative Costs: After concluding that a specific cost is allowable, the next step is to categorize the cost as an administrative or services cost, or to split the cost between the two categories.

Service costs are costs that can be specifically attributed to your NORC program.

Examples of Services Costs:

- Salaries/wages and related benefits of staff who are an integral part of the program;
- Direct materials and supplies;
- Contractors and consultants;
- Travel costs (e.g., meals, lodging, conference fees) directly related to the program;
- Equipment used exclusively for the program;
- Alterations, repairs, and maintenance costs of equipment used exclusively for the program; and
- IT costs and services directly identifiable with the program.

Administrative costs are expenditures that cannot easily be associated with service activities but relate to the development and management of your organization. **Administrative costs may not exceed 15% of the total budget.**

Examples of Administrative Costs:

- Salaries/wages and related benefits of support personnel, clerical staff and administrators;
- Office supplies, postage and photocopying for general use;
- Basic telephone costs;
- Network charges for e-mail and other general purpose software;
- Purchase, repair and maintenance of general purpose equipment; and
- **Please see also:** Maintenance and Operations: Indirect Costs, below.

In recognition of the need to maximize availability of services, NYSOFA requires contractors to expend at least 85 percent of the funding on service costs. NYSOFA is using the definitions of administrative expenses and program expenses specified in [9 NYCRR §6656.3\(a\) and \(i\)](#) for this purpose.

Volunteer Expenses: Volunteer expenses may include advertising and outreach, training expenses (e.g., volunteer travel, speaker fees, training materials, refreshments) and volunteer recognition events. Funding for recognition events can include costs such as food, paper goods, decorations and limited entertainment expenses. Such costs should be budgeted under the appropriate category (e.g., travel, other expenses). Funding cannot be used for gifts to volunteers, except for gifts of nominal cost (i.e., \$25 or under) made in recognition of their contribution to the organization. Funds can be used to purchase t-shirts, mugs, pens, etc., bearing the organization or program logo or name, or other types of gifts, including gift cards. Reasonably priced awards such as plaques given for exceptional or long-standing service are also fundable. Expenditures of amounts exceeding these guidelines are not reimbursable without prior written permission from NYSOFA.

Additional Note:

MWBE/EEO: New York State Executive Law Article 15-A Sections 310 – 318 (Article 15-A) governs requirements for the participation of minority and women owned business enterprises (MWBEs) in New York State contracting. The objective of Article 15-A is to promote equality of economic opportunities for MWBEs by eliminating barriers to their participation in New York State contracting. Also, Governor Cuomo’s Executive Order 162 (EO 162) requires state contractors to disclose data on the gender, race, ethnicity, job title and salary of employees performing work on state contracts. Contracts and procurements subject to Executive Law Article 15-A and Executive Order 162 issued by New York State Agencies and Authorities include provisions identifying these additional requirements. These requirements also apply to subcontractors receiving in excess of \$25,000.

Please be mindful of MWBE and EO 162 requirements in your contract as you prepare your budget.

Directions for Completing Attachment E – Supplementary Budget

Budget Summary:

This is the summation of all projected expenses for the program compiled from the Supplementary Budget sections. Supplementary Budget sections include formulas which total and carry over the amounts chargeable to the Budget Summary.

Supplementary Budget Sections:

Round all amounts to the nearest dollar.

1) Personnel:

Compensation of employees for personal service rendered under the contract, during the program period. Only personnel who are active and necessary contributors to the program should be listed on this schedule.

For each employee, include:

- name and title (In lieu of a name, "To Be Determined" is acceptable for positions to be filled in the foreseeable future.)
- annualized salary (For hourly employees, this is the amount they are paid per year, consisting of the hourly rate x average number of hours worked weekly and then computed annually.)
- total hours worked per week or average for hourly employees
- percent of time spent on the program (note: this may be different than the percent of time charged to program)
- breakdown of services and administrative costs
- total amount charged to contract.

Board approved or contract negotiated salary increases that occur during the program period are reimbursable. Bonuses or other incentive compensation, as well as payments for unused leave, are not allowable.

2) Fringe Benefits:

Fringe benefits include Social Security/Medicare (FICA), NYS Unemployment Insurance (SUI), NYS Disability Insurance and Workers' Compensation, as well as pension, vacation, health, life or dental insurance. These benefits are allowable costs if they are granted under established written policies. Fringe benefits must reflect the employer's share only.

Fringe benefits should be charged for the same staff that are listed in the Personnel section. The percentage of fringe benefits for a staff member cannot be greater than the proportionate amount of staff member's paid time spent on the grant program, but a lower amount can be allocated. Any exceptions to this method of allocation must be noted and explained.

3) Equipment:

Costing \$1,000 or more – These items must have a useful life of one year or more and a purchase price unit cost of \$1,000 or more, whether leased or purchased. Transportation and delivery charges are chargeable as part of equipment costs.

Costing less than \$1,000 – List these items having a unit cost of less than \$1,000 under **Miscellaneous Equipment** at the bottom of the equipment schedule.

3. Equipment: List below items having a unit purchase price of \$1,000 or more and useful life of one year or more. For purchased equipment with a unit cost of less than \$1,000, list the items and the total for these items under Miscellaneous Equipment.				
Item and Description	Quantity	P=Purchase L=Lease/Rental	Purchase or Rental Price	Amount Chargeable to Program
Photocopier lease	2	L	\$1,000	2,000
Miscellaneous Equipment - List Items				
	2 laptops for field use @ \$800 each			1,600
			TOTAL	\$ 3,600

4) Travel:

Travel expenditures (e.g., personal car mileage, lodging, per diems, etc.) should conform to the rules and regulations for employees of New York State. **NOTE:** Out-of-State travel is not reimbursable without prior authorization (<https://osc.state.ny.us/agencies/travel/part8.htm>).

Personal Car Mileage reimbursement cannot exceed the current state rate which is determined by the published IRS rate (<https://www.irs.gov/tax-professionals/standard-mileage-rates>).

5) Maintenance and Operations:

Expenditures necessary for the maintenance and operations of the buildings and office space should be included.

Rent/Utilities: Actual contractor cash expenditures for costs of space rental, utilities, security, necessary maintenance, janitorial services, repair or upkeep of buildings and equipment are allowable. Rental agreements must be submitted for NYSOFA review.

Maintenance in Lieu: In the case of government or non-profit organization owned property, maintenance-in-lieu of rent can also be charged. When Maintenance-in-Lieu of rent is charged, the contractor must submit verifiable data to NYSOFA that details the individual expenses and how the amount of these expenditures to be allocated to the program has been determined. Costs that are not allowable as direct costs (e.g., depreciation, interest, fines, penalties, contributions) are not allowable as Maintenance-in-Lieu costs.

Maintenance & Operations also includes telephone, postage, supplies (which may include office, program and maintenance supplies) and printing/photocopying.

Supplies: Items such as copy paper, pens, pencils, folders, etc., should be grouped together and listed under Supplies. Transportation and delivery charges are chargeable as part of supplies costs.

Printing and photocopying: Informational and promotional materials for your program (brochures, posters, banners) are acceptable expenses. However, pursuant to the Standard Terms and Conditions of your contract, these items must be consistent with state branding and contain acknowledgment language, e.g.: “This program is supported with State Funding provided through the New York State Office for the Aging.”

6) Other Expenses:

This category covers all expenditures that do not fit under other budget categories. These are generally annual or one-time types of costs that can include, but are not limited to:

- Annual financial audit (the audit must be conducted during the program period);
- Liability Insurance (costs must be incurred during the program period);
- Memberships and subscriptions;
- Promotional materials;
- Information technology;
- Language access services;
- Reasonable accommodation items;
- Food (except meals provided by a subcontractor, which should appear in the **Subcontractors/Consultants** schedule); and
- Administrative or indirect costs are costs that cannot easily be associated with service activities but relate to the development and management of the organization. These costs are allowable if the grantee is using an indirect cost rate based on financial documentation that has been preapproved by NYSOFA or another governmental agency (e.g., DHHS). The use of a federally approved de minimis rate is not acceptable.

Caution: Any cost included in an indirect cost rate cannot also be budgeted as a specific line item expense. If your Executive Director’s salary is part of your indirect cost pool, the Executive Director’s salary cannot also be included under Personnel.

Indirect cost rates must be approved in advance by NYSOFA. If a grantee organization utilizes a federally approved indirect cost rate that is based on financial data, then submission of a copy of the authorization or rate approval from the appropriate Federal agency (e.g., DHHS) is usually sufficient documentation for NYSOFA.

If a grantee organization does not have a federally approved indirect cost rate, they can submit an indirect cost rate request to NYSOFA for approval. As part of the request, the grantee must submit documentation used to determine the rate. The most recent audited financial statements must be used as part of this documentation. A breakdown of all

expenses by category as well as a comparison of the total direct costs and the total indirect costs must also be provided (the Statement of Functional Expenses from your organization's most recent audited financial statements). The indirect cost rate requested should be calculated by dividing the total indirect costs by the total direct costs. Costs that are not allowable as direct costs (e.g., building depreciation, interest, fines, penalties, contributions) are not allowable as indirect costs, and must be excluded from the rate calculation.

Once the required documentation has been submitted, an indirect cost rate will be approved by NYSOFA for use by the grantee. However, please remember that **NYSOFA requires contractors to expend at least 85 percent of the funding on service costs.** This may limit the percentage of indirect costs that may be charged to state funds to a percentage that is less than the grantee's approved indirect cost rate.

Indirect cost rates must be determined as a percentage of the direct costs. The indirect costs will be calculated by first determining the total reimbursable direct costs and then multiplying these costs by the approved rate. To be reimbursed by our office, the allocation of indirect costs must also be documented by either payment or journal transfer.

7) Subcontractors/Consultants

Contractual or consultant services include any costs that have a formal or informal agreement or contact.

For each contract, include the provider, a description of the services to be provided, the rate/unit and number of units, if applicable, the amount paid to the organization and the total dollar amount.

For any Subcontractor or consultant paid more than \$5,000, a subcontractor budget must be completed and submitted, unless payment will be based on a unit rate.

Applicants must obtain agreements and/or contracts for all consultants or contractors and must submit these prior to reimbursement. An agreement or contract should include a brief description of services to be provided, the period covered, the cost basis (hourly rate, flat rate) and be signed by both parties.

Caution: Where an employer-employee relationship exists between the applicant and program personnel, such personnel should not be budgeted as consultants. The existence of an employer-employee relationship is determined by the degree of control exercised by the employer. An employer usually trains an employee, directs the employee's work and has a continuing work relationship with the employee. An independent consultant is a self-employed individual who is not supervised by the applicant. An independent consultant decides when, where and how the work is to be performed in accordance with general descriptions provided in written agreements.

Individuals must not be classified as consultants for avoiding payment of fringe benefits. If later the Internal Revenue Service or the Department of Labor determines that an individual you hired as a consultant is an employee, your organization is solely responsible for any retroactive fringe benefit payments and/or penalties that may be assessed.

In-kind match consists of services that are donated to the grantee agency by a third party. In-kind match must not only be reflected in the Subcontractors/Consultants category, but also in the Matching Funds section of the budget. Only services are allowed as in-kind match.

For each business or individual contributing services, include the provider, a description of the services to be provided, the rate/unit and number of units, the amount paid to the organization, if any, the amount used as match and the total dollar amount.

The value of unpaid services provided by volunteers may be used to meet, but cannot exceed, the community match required (50% of the total 25% matching funds requirement). The services provided must be necessary to meet program objectives. The hourly rate for these services must be consistent with those paid for similar services. Documentation for the hourly rate determination for any volunteers may be requested by NYSOFA. See: the NORC Policy for Matching Funds Requirements.

8) Total Budget

This is the sum of all the budget categories (sections 1 – 7).

9) Program Income

List the total amounts anticipated for participant contributions, participant fees and other income and total. Total these amounts to calculate the total program income and list the amount of the total program income that will be used as matching funds.

10) Net Budget

This is the total budget expenditures less any program income not used as match.

11) Matching Funds

The match requirement is 25% of state funds received. In addition, at least fifty percent (50%) of the total matching funds must be community match: contributions by the housing development governing body or other owners or managers and residents of the apartment buildings and housing complexes for Classic NORC programs, or the geographical area in which the project is proposed for Neighborhood NORC programs.

List the sources of matching funds and the amount from each source. You must submit a Memorandum of Understanding for each source of matching funds in excess of \$1,000,

unless you submit a subcontractor/consultant agreement reflecting the pledge of matching funds from that source.

Programs may request that NYSOFA waive part of the 50% community matching funds required; however, the total matching funds requirement must still be met from other allowable sources.

NOTE: All required match needs to be reflected in this section. The following amounts, if any, must be carried over from previous sections:

- **Subcontractors/Consultants** – Subcontractors/Consultants providing in-kind
- **Program Income** – Program income used as match

12) State Funds Requested

This is the total budget expenditures less program income not used as match and less matching funds.

**PART VI
APPENDIX 8
STANDARD DEFINITIONS FOR SERVICE**

(Note units measured in hours can be reported in quarter hour increments.)

Priority Services

Priority Services are required to be provided by all NORC programs

**SERVICE
NAME**

Case Management

**SERVICE
DEFINITION**

A comprehensive process that helps older persons with diminished functioning capacity, and/or their caregivers, gain access to and coordinate appropriate services, benefits and entitlements. Case management consists of assessment and reassessment, care planning, arranging for services, follow-up and monitoring at least every two months and discharge. These activities must be provided by or under the direction of the designated case manager or case manager supervisor.

Case Management activities for NORC clients receiving services:

- A comprehensive assessment is the collection of information about a person's situation and functioning, and that of his/her caregivers, which allows identification of the person's specific strengths and needs in the major functional areas.
- A care plan is a formal agreement between the client and case manager and, if appropriate, the client's caregivers regarding client strengths and problems, goals and the services to be pursued in support of goals.
- Implementation of the care plan (arranging and authorizing services) includes contacting service providers, conducting case conferences and negotiating with providers for the delivery of needed services to the client as stated in the care plan.
- **Follow-up and monitoring of the care plan every two months at a minimum, ensures that service delivery is meeting the client's needs and being delivered at the appropriate levels and quality. Contact with the service providers is regular and ongoing.** Reassessment is the formal re-examination of the client's situation and functioning and that of his/her caregivers to identify changes which occurred since the initial assessment/last reassessment and to measure progress toward goals outlined in the care plan. It is done at least annually and more frequently if needed. Changes are made to the care plan as necessary.
- Discharge is the termination of case management services. Reasons for discharge may include the client requesting discharge, the attainment of goals described in the care plan, the client needing a type of service other than case management or ineligibility for the service.

Case managers may also be functioning in the role of a support coordinator or consultant to informal caregivers. In this role, the case manager may be acting as a teacher, networker, counselor and/or family guide.

Counting Clients:

For a *client* to be reported as a case management client, he/she must be receiving or expected to receive all the components summarized above.

	<p><u>Counting Units of Service:</u> <i>Time</i> spent in any of the following is appropriately reported as case management <i>units</i> (one hour = one unit): traveling to a NORC client's home and conducting an assessment, telephoning clients to follow-up on service delivery, discussing services for a specific client with the service provider, and organizing and conducting a case conference concerning a specific client and the case manager inputting client data into the computerized system.</p> <p>While a case manager typically works a seven and a half or eight hour day, this does not imply that each day he/she will generate seven and a half or eight hours of case management units. Time spent in administrative, educational or general activities cannot be counted as units of service. For example, time spent in such activities is <u>not</u> appropriate to report as case management units:</p> <ul style="list-style-type: none"> • traveling to and participating in trainings or conferences • participating in a video conference on conducting client assessments; • developing a new form for monitoring in-home service providers; • comparing the in-home service provider's bill for the month to the number of hours authorized for each client and the number of hours actually provided for each client; • participating in the monthly meetings of the NORC's staff and partners which feature general discussions of aging network issues, implementation of the NORC budget and personnel procedures.
<p>UNIT OF SERVICE</p>	<p>One hour of service including travel time.</p>
<p>SERVICE NAME</p>	<p>Information and Assistance</p>
<p>SERVICE DEFINITION</p>	<p>Provided to older persons to align them with appropriate services, entitlements or other resources. Provides assistance with personal crises or problems of daily living as appropriate to individual needs. This is a short-term intervention that usually addresses a specific issue; it does not involve ongoing care or monitoring.</p> <p>Information and Assistance activities include:</p> <ul style="list-style-type: none"> • The provision of information on services, benefits, entitlements and other areas of concern to consumers or their representatives which enables them to locate and obtain needed resources on their own. • Assistance to consumers in obtaining access to the services and resources available within their community. An individual is provided with information on a one-to-one basis about available services and opportunities in the community, assisted in defining problems/needs and capacities, receives direction or guidance relative to those identified issues and is linked to services and opportunities to meet the problems/needs. When appropriate, case assistance may also involve worker intervention, negotiation and advocacy with providers on the client's behalf to ensure the delivery of needed services and benefits. To the extent possible, follow-up is provided to check to see if the consumer received the service(s) or is in need of further assistance. • Referral is a two-step process involving the initiation of a linkage between a client and a service provider, and follow-up to determine whether the service has been or is being provided.

UNIT OF SERVICE	One contact
SERVICE NAME	Healthcare Management
SERVICE DEFINITION	A comprehensive process provided by a qualified health professional that helps older persons with diminished functioning capacity, and/or their caregivers by targeting individuals who have immediate and ongoing medical needs, as well as addressing their overall health and well-being. Provides non-reimbursable, individual healthcare consultation and helps identified clients manage chronic conditions, responds to acute episodes, and helps them access the healthcare system. Involves an assessment, care planning, arranging and coordinating services, follow-up and monitoring at least every two months.
UNIT OF SERVICE	One hour of service including travel time.
SERVICE NAME	Healthcare Assistance/Monitoring
SERVICE DEFINITION	Health screening, consultation, and regular monitoring of blood pressure and other health indicators for residents who have been identified to be at risk. Includes services provided by a healthcare professional to residents with specific health-related issues or needs on a short-term or episodic basis. Assistance on health-related matters, such as the scheduling of appointments and contacts with pharmacies, provided by casework staff, should also be included.
UNIT OF SERVICE	One contact
Optional Services	
NORC programs should provide a wide range of other services that match the varied needs and interests of all older adults in the community.	
Individual Services	
SERVICE NAME	Assisted Transportation (Escort)
SERVICE DEFINITION	Assistance and transportation, including escort, to a person who has difficulties (physical or cognitive) using regular vehicular transportation. Please note, services reported in the assisted transportation/escort category must involve the personal accompaniment of the older person throughout an outing or trip. Thus, assistance offered by a van driver in operating a wheelchair lift or walking with an older person from the van to his/her front door is not considered assisted transportation/escort—the driver is simply being helpful to the older person as part of regular transportation activities.
UNIT OF SERVICE	Each one-way trip
SERVICE NAME	Personal Care Level I (Housekeeping/Chore)
SERVICE DEFINITION	<u>A service that includes some or total assistance with the following tasks on behalf of or to assist a person commensurate with the person's limitations in IADLs:</u>

	<ul style="list-style-type: none"> • Making and changing beds • Dusting and vacuuming the rooms which the person uses • Light cleaning of the kitchen, bedroom and bathroom • Dishwashing • Listing needed supplies • Shopping for the person • The person's laundering, including necessary ironing and mending • Preparing meals, including simple modified diets • Paying bills and other essential errands • Escorting to appointments and community activities
UNIT OF SERVICE	One hour of service
SERVICE NAME	Personal Care Level II (Home Care)
SERVICE DEFINITION	<p>A service that includes assistance with the following tasks on behalf of or to assist a client commensurate with the person's limitations in ADLs or limitations in both ADLs and IADLs:</p> <p>Some or total assistance with:</p> <ul style="list-style-type: none"> • All the tasks listed under Personal Care Level I; • Bathing of the person in the bed, tub or shower; • Dressing; • Grooming, including care of hair, shaving and ordinary care of nails, teeth and mouth; • Toileting, including assisting the person on and off the bedpan, commode or toilet; • Walking, beyond that provided by durable medical equipment, within the home and outside the home; • Transferring from bed to chair or wheelchair; • Preparation of meals in accordance with modified diets, including low sugar, low fat, low salt and low residue diet; • Feeding; • Administration of medication by the client, including prompting the client of time, identifying the medication for the client, bringing the medication and any necessary supplies or equipment to the client, opening the container for the client, positioning the client for the medication and administration, disposing of used supplies and materials and storing the medication properly; • Providing routine skin care; • Using medical supplies and equipment such as walkers and wheelchairs; • Changing simple dressings.
UNIT OF SERVICE	One hour of service
SERVICE NAME	Counseling
SERVICE DEFINITION	<p>A one-to-one relationship between an older person and a worker trained in counseling techniques. The service is designed to help an individual cope with the problems and stress which interfere with normal health and social functioning by alleviating stress or anxiety and to help the client make appropriate choices and plans.</p>

UNIT OF SERVICE	One hour of service
SERVICE NAME	Telephone Reassurance
SERVICE DEFINITION	An organized service providing supportive contact and monitoring on an on-going basis via regularly scheduled telephone calls to older persons who live or are temporarily alone, and have limited ability to leave their homes in order to reduce isolation and help ensure the health and safety of the older adult.
UNIT OF SERVICE	One contact
SERVICE NAME	Shopping Assistance
SERVICE DEFINITION	Shopping on behalf of an older person; must include personal assistance. Do not include if the program provides only transportation to stores.
UNIT OF SERVICE	One contact
SERVICE NAME	Friendly Visiting
SERVICE DEFINITION	An organized visit to homebound older persons providing socialization, recreation, and the opportunity to observe and report the client's condition and circumstances.
UNIT OF SERVICE	One contact
SERVICE NAME	Residential Repair and Maintenance
SERVICE DEFINITION	Repairs and activities to upgrade and/ or maintain housing for the elderly, including heavy cleaning.
UNIT OF SERVICE	One hour of service
SERVICE NAME	Personal Emergency Response System (PERS)
SERVICE DEFINITION	A service which utilizes an electronic device to alert appropriate people of the need for immediate assistance in the event of an emergency situation in an older person's home.
UNIT OF SERVICE	One unit for each month or part of a calendar month that the device is in the person's home.
Group Services	
SERVICE NAME	Education/Recreation Groups
SERVICE DEFINITION	Activities organized and scheduled through the NORC program which involve older persons in courses, workshops, other learning activities and satisfying use of free time. Examples of education/recreation groups include, but are not limited to:

	<ul style="list-style-type: none"> • A yoga demonstration held at the NORC (since this is a one-time demonstration, it is counted as a unit of education/recreation groups. If this was a formal class given on a regular basis, it would be counted as health promotion.); • Sports lessons and events; • Performing arts; • Games; • Crafts lessons and events; • Performing arts; • A nature walk conducted each spring at a senior center; <p>A day bus trip organized by the center, to Citi Field to see a baseball game. (The bus trip constitutes one unit/session of education/recreation groups. The related units of transportation would be recorded in the transportation category.)</p>
UNIT OF SERVICE	One group session Total attendance is not an unduplicated count. Include each participant every time s/he attends a group session.
SERVICE NAME	Health Promotion
SERVICE DEFINITION	<p>Consists of services and activities that promote good health and quality of life, increase awareness and understanding of health lifestyles, promote chronic disease prevention and management and promote physical and mental health. Includes physical fitness programs and health screening tests or activities that encourage early detection of health problems (e.g., blood pressure screening, glaucoma testing, hearing test, etc).</p> <p>Services and activities that <u>promote chronic disease prevention and management</u>, promote physical and mental health, improve or maintain <u>quality of life</u>, and increase awareness and understanding of healthy lifestyles. These include but are not limited to:</p> <ul style="list-style-type: none"> • Evidence-based health promotion programs • Medication management to prevent incorrect medication and adverse drug reactions • Routine health screenings such as vision, diabetes, bone density and nutrition • Medicare preventive services such as education programs on the availability, benefits, and appropriate use of preventive health services • Preventive nutrition services such as nutrition counseling and education • Physical fitness programs • Home injury control services such as screening home environments and education programs on injury and falls prevention at home • Mental Health services such as screening for depression, provision of educational activities
UNIT OF SERVICE	One group session/event Total attendance is not an unduplicated count. Include each participant every time s/he attends a group session.
SERVICE NAME	Support Groups
SERVICE DEFINITION	Consists of groups that meet on a regular basis to address common issues and provide mutual support (e.g., caregiver support, separation and loss, grief, etc.). Groups may be facilitated by a professional or peer leadership.
UNIT OF SERVICE	One group session

	Total attendance is not an unduplicated count. Include each participant every time s/he attends a group session.
Transportation	
SERVICE NAME	Individual or Group Transportation
SERVICE DEFINITION	<p>Transportation from one location to another. Does not include any other activity. Escort service involving transportation gets reported under Escort only.</p> <p>Example 1: The provider takes five people to and from the store. This is reported as ten units of transportation (five people x two trips each).</p> <p>Example 2: The NORC organizes a day bus trip to Yankee Stadium to see a baseball game. Forty-three older individuals participate. This is reported as eighty-six units of transportation service (forty-three individuals x two trips each). Additionally, one unit of education/recreation groups is generated and reported.</p> <p>Example 3: The provider takes an older individual to the senior center. After lunch, the provider drives the older individual to a local shopping center to pick up medications and groceries. The older individual is then picked up and transported home. This generates three units of transportation service (one individual x three separate trips/locations).</p>
UNIT OF SERVICE	One unit for each one way trip per person
Outreach Activities	
SERVICE NAME	Outreach
SERVICE DEFINITION	<p>Activities initiated by the NORC for the purpose of identifying potential clients (or their care givers) and encouraging their use of existing services and benefits. This includes face-to-face or telephone contact between a worker and an individual.</p> <p>Example 1: Staff visits to a building within the NORC to locate isolated individuals who have never used NORC services. This contact must be conducted one-on-one and not done as a group presentation.</p> <p>Example 2: The NORC has a table at a health event where providers conduct face-to-face identification of isolated individuals by discussing the individual's needs and available NORC programs one-on-one.</p> <p>Example 3: A third party such as a police officer contacts the NORC and says there is an older person they see when on patrol that appears to be in need of services and asks that NORC staff do an Outreach visit.</p> <p>Reporting Clarification: Outreach is when the NORC finds an isolated older person who has no prior knowledge of the NORC, <u>not</u> when an older person finds the NORC.</p>
UNIT OF SERVICE	Each initial first contact made to a client or their care giver(s).

SERVICE NAME	Public Information
SERVICE DEFINITION	<p>A planned effort to provide consumers information about NORC programs and services. Activities include:</p> <ul style="list-style-type: none"> • Printed materials – the distribution of newsletters, flyers, pamphlets, and brochures; • Mass communication – the use radio, newspaper, television, web pages, and billboards for news and features; and • Presentations – planned events which involve public speaking by staff or partners.
UNIT OF SERVICE	Unit: Each activity or event or each distribution of printed Information.

PART VI
APPENDIX 9
DATA ELEMENTS

There are four data elements requested in the RFA:

- Total Population
- Population ages 60 or over
- Percent of households with person ages 60 or over
- Number of persons ages 60 or over at low or moderate income

While it is ultimately the responsibility of the Applicant to provide the data required, the New York State Office for the Aging (NYSOFA) is providing this guidance to help applicants meet this requirement.

One way, but not the only way, to establish compliance with the program requirements for population and income is to use data published by the Census Bureau. While these data are not an exact one-to-one match with the data specified in the NORC statute (Elder Law 209), using these data would establish compliance with the NORC statute.

NYSOFA has identified the following data sources that may be of use to all applicants:

- Census Bureau, Census 2010
 - Access through American FactFinder
 - <http://factfinder.census.gov>
- Census Bureau, American Community Survey (ACS), 2016 Five-year Estimates
 - Access through American FactFinder
 - <http://factfinder.census.gov>
- Census Bureau/Administration for Community Living, 2015 Five-year Estimates
 - Access through Aging Integrated Database (AGID)
 - <http://www.agid.acl.gov/DataFiles/>
and select ACL Special Tabulation

American FactFinder requires users to specify specific geographies. For this application, all geographies will start with New York State and work downward in scope (see Figure One: Census Geography Structure below).

The AGID selects all geographies in a single file by state. In general, data on the AGID is the most useful, as it specially includes the ages 60 and over cohort for income; however, its geographic coverage is limited with respect to the smallest areas available.

Individual NORCs, whether a Classic or Neighborhood NORC, must be defined by certain geographic criteria. As population counts within those areas are critical in the completion of the application, a clear understanding of Census Bureau geographies is necessary.

There are literally dozens of census geographies, which are ordered hierarchically: for the purposes of this application, the relevant geographies are as follows:

Figure One: Census Geography Structure

- State
 - County
 - County Sub-division
 - Census Tract
 - Block Group
 - Block
 - Place
 - 5-Digit Zip Code Tabulation Area (ZCTA)
-

In the above hierarchy, a "place" may be an incorporated area or other census designated location. This would include an incorporated village or a densely populated area that is identifiable by name (e.g., its post office) but not an incorporated area. Alternatively, a location may be a county subdivision, which would be a city or a town. These may be particularly useful levels of measurement for Neighborhood NORCs.

Finer divisions may also exist, especially within urban areas, down to the tract, block group, and block. The latter area would typically be – literally – one city block, although it would necessarily be a well populated block. These areas may be particularly useful levels of measurement for Classic NORCs. “Zip Code Tabulation Areas” (ZCTAs) are essentially postal Zip Codes with modifications where necessary for small population counts and areas with no residential population. ZCTAs, available in the Decennial Census, the American Community Survey, and the Special Tabulation on Aging, are often similar in size to places, villages, cities, and some towns, and may be of particular use outside of heavily urbanized areas.

Income

The NORC statute specifies the number of older adults at low or moderate income, as specified by the Federal Department of Housing and Urban Development (HUD), which provides thresholds for extremely low income, very low income, and low income; moderate income, however, is not defined. As the population at low income is defined as that population at 80% of the median family income for a family of four, it is credible to extrapolate that moderate income be the population with incomes between the low-income threshold and the HUD-designated median; thus, eligible income may be considered to be at or below that moderate income.

The median income and associated levels for family size correspond to the Department of Health and Human Services (HHS) Poverty Thresholds by family size, with the benchmark family of four being at approximately 2.98 times the poverty income. Poverty data are reported by the Census Bureau in the standard ACS and the ACL Special Tabulation include

the ratio of income to poverty at the 2.99 level and below; therefore, this is the most easily obtained and utilized manner to determine low and moderate income.

Household Ages

The NORC statute requires a count of the number of households with a person ages 60 or over. Unfortunately, at the small population sizes of the geographies in question, that particular datum is not always available: in AGID it is available for counties, county sub-divisions, places, census tracts, and ZCTAs. Data available from the Census Bureau's more general American Community Survey are for age of householder: while some households will not be counted because – for example – the householder is under age 60 while the spouse is over age 60, any household that meets this requirement by having a householder ages 60 or over will obviously meet the requirement of the application of having a person ages 60 or over.

Data Elements

NYSOFA has identified a number of data elements from the above noted sources that will be useful in documenting the population requirements of the application (also see Table One, below). Instructions for accessing these sources is below. The applicant is also encouraged to solicit appropriate support from local resources (e.g., Area Agency on Aging; universities and colleges; village, city, town, or county planning boards; or local economic development agencies).

Accessing the Decennial Census and American Community Survey

In order to access data from the Decennial Census or the (general) American Community Survey it is necessary to go to American FactFinder and use the search function. The following are representative steps (note that this is one way, but not the only way, of accessing the data or of navigating through American FactFinder):

1. Go to American FactFinder: <https://factfinder.census.gov/>
2. Select “Advanced Search” from the navigation bar at the top of the browser window.
3. Select “Geographies” from the search menu options on the left of the browser window.
 - a. Select the desired geography
4. Select “Topics” from the search options menu on the left of the the browser window.
 - a. Select “Program”
 - i. Select either “American Community Survey” or “Decennial Census”
5. The main screen will fill with the available tables: enter the table name (B01001) in the search box at the top of that list labeled “topic or table name,” and insure the latest year (column on right under “Dataset”) is utilized.

Accessing the Special Tabulation on Aging.

In order to access data from the Special Tabulation on Aging it is necessary to to to the Aging Integrated Data Base and scroll through a list of topics. The following are representative steps (note that this is one way, but not the only way, of accessing the data or of navigating through the Aging Integrated Database):

1. Go to the Aging Integrated Database: <http://AgiD.acl.gov/>
2. Select “Data Files” from the navigation bar at the top of the browser window.
3. Select “ACS Special Tabulations” from the selections listed (marked with a “+” sign)
4. Select “2011 - 2015 ACS Special Tabulation” from the selections listed.
5. For “Select a state:”, select New York from the drop-down and press submit.
 - a. The screen should refresh and New York will be in the drop-down.
6. The tables suggested are organized as follows:
 - a. S21003 is under “Age and Population”
 - b. S21010B is under “Household Type and Marital Status”
 - c. S21043B is under “Ratio of Income in Previous Year to Poverty Level”
7. Before selecting anything,
 - a. Make sure “New York” is still the state selected.
 - b. Then, simply click on the file name and a window will open
 - i. In order to work with the data, select save, and save in “Excel” unless the latest version available locally is “Excel 2003”
8. The data are organized by PSAs, Counties, Towns & Cities (in order of counties), Census Tracts, Villages & Census Data Places, Five-Digit Zip Code Tabulation Areas, and American Indian/Native American areas.
 - a. Not all geographies are available with all of the data files, and smaller areas are consolidated.

Other Sources of Data

While Census data is preferred, applicants may wish to explore alternative sources of data as desired or necessary to establish compliance with program eligibility requirements for population and income. In Classic NORCs, housing management agencies may have detailed demographic information of residents (age, household size, income). These data may be better targeted to the applicant’s needs than the more general Census data.

If an alternative source of data is being used to determine project service area eligibility, the applicant must provide appropriate documentation that would allow NYSOFA to verify the underlying data AND provide an attestation from the source to the validity of the information.

Table One: Data Elements

Data tables available in the Decennial Census, the American Community Survey, and the Special Tabulation on Aging for population data.

Data Required	Census 2010, Summary File 1 TABLE NAME	American Community Survey, 2016 Five-year Estimates TABLE NAME	Special Tabulation on Aging, 2015 Five-year Estimates TABLE NAME
Total Population	P12 note x	B01001 note g	S21003 notes s,z S21043B notes t,z
Population ages 60 or over	P12 note x	B01001 note g	S21003 notes s,z S21043B notes t,z
Percent of households with person ages 60 or over	H17 notes x,h	B25007 notes g,h GCT1104 notes c,5	S21010B* notes t,z
Number of persons ages 60 or over at low or moderate income	- - - - -	B17024** notes g	S21043B** notes t,z

Geography Notes

- x all geographies
- c to counties only
- s to townships only
- t to census tracts only
- g to block-groups only
- z including Zip Code Tabulation Area

Data Notes

- 5 for ages 65 and over only
- h householder ages 60 and over