

II - D. SERVICE DESIGN AND DESCRIPTION

- Complete this section separately for **EACH** service proposed. (Duplicate this attachment II-D for each service.)

Proposed Service:		
Total Funding Requested: \$ (Service \$ + Start-up \$ = Total Funding)	Service Funding: \$	Start-up Funding: \$
Proposed # of Units:	Proposed # of Clients:	Unit Rate:
Estimated Program Income:	Estimated Cost Share (if applicable):	
<i>Cost Share is required for Adult Day Services & All Respite Services.</i>		
Define Unit (See Service Standards). One unit =		
<p>Could this service be provided in a reduced capacity if not funded at the above request?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Explain.</p>		

1. Describe how this service is delivered, using a real **client example**:

At a minimum, incorporate the following in your response:

- How the client will find out about and access the service

- Intake process

- How the service will be delivered

- Frequency of the service

- Termination from the service, if applicable

- Other

2. Does your agency currently provide this service: Yes No
If yes, provide the following information:

- List outcomes achieved for the most recent year data is available. Include the timeframe of the outcomes.

- Describe the tool or form that was used to measure the outcomes.

- How were/are the results used?

3. List the outcome measurements planned for FY 2023 for this service.

4. Describe any other quality measures your agency will use for this service.

5. Describe any changes in this service over the past three (3) years and any planned changes for this service that will affect its frequency, quality or delivery.

6. Will any part of the proposed service be sub-contracted? Yes No

If yes, please explain.

7. Start-up for a new service is expected to begin by October 1, 2022. If the requested funding for this service includes start-up costs, please address the following with timeframes and the title of the staff person responsible for each task. Start-up costs are to be included in the total funds requested.

Will you need start-up funds? Yes No

If yes, provide the following information:

- Staffing needs (address hiring and training)

II - E. SERVICE BUDGET

Service: _____

- Complete this section separately for **EACH** service proposed, except for nutrition services. (Duplicate this attachment II-E for each service.)
- We expect all services to request client donations and cost share when applicable.
- The Consumer Price Index and Inflation rates will be considered when looking at any increase in unit rates.

1. Unit Rate Service Budget for October 1, 2022 - September 30, 2023.

1. Service Funding Requested: (Do not include start-up funding.)		\$
2. Units To Be Provided:		
	Explain each Expense Line	
A. Administration & Fundraising Expenses		\$
B. Direct Service Cost		\$
C. Equipment & Supplies		\$
D. Other (occupancy, communication, etc.)		\$
Proposed Unit Rate*		\$

Line 1 divided by Line 2 = Proposed Unit Rate

A+B+C+D=Proposed Unit Rate

*The Unit Rate will be the rate at which the program will be reimbursed per unit of service.

2. If you are a current service partner, explain any changes in this unit rate from the FY 2022 unit rate.

UNIT RATE SERVICE BUDGET DETAIL

REVENUES:

Total Funds Requested:

Funds listed here should equal the amount requested in Section II-A.

For Nutrition budget only:

NSIP is Nutrition Services Incentive Program reimbursement provided by the Federal government based on meals served in the previous fiscal year. The final award is based on a formula calculated by AAAWM.

Match:

All funds requested are required to have a 10% match. Match can either be in-kind or cash, however, cash cannot be other Federal funds.

Program Income:

Program income includes all contributions made toward the cost of service by or on behalf of a client for a service. See AAAWM Policies and Procedures Manual for a complete definition. *

EXPENDITURES:

Administration & Fundraising Expenses:

Expenses may include but are not limited to: wages of administrative staff such as supervision, financial, data entry and administrative support, which contribute to the delivery of a typical unit of service. Expenses for activities such as coordinating with the AAAWM, budgeting, scheduling staff, grant writing, collaboration with other agencies, legislative advocacy, staff recruitment, collection of cost sharing (if applicable) and client contributions, quality assurance and accountability are also allowable.

Direct Service Cost:

Expenses included in the cost of directly providing the service(s). This may include wages of direct service staff, direct staff training, direct service supplies, direct service mileage reimbursement, general intake, client assessment, re-assessment and service plan development. No program administration activities are allowable in this section.

Equipment & Supplies:

Equipment is defined as an item with an acquisition cost of \$1,000 or more. For nutrition services only, equipment is defined as an item with a usable life of one (1) year or more regardless of acquisition cost.

Other:

Program costs that cannot be attributed to any other line item.

Proposed Unit Rate:

The Unit Rate will be the funding amount at which the program will be reimbursed per unit of service provided. This unit rate may be negotiated prior to the finalization of the contract.

*The AAAWM Policies and Procedures Manual can be found on our website: www.aaawm.org

END OF SERVICE BUDGET

II - G. CAREGIVER SUPPORT SERVICES

- Answer the following questions if you are proposing for any of these caregiver services:
Adult Day Services All Respite Services (outside Kent County)
Caregiver Support Groups Grandparent Support Groups
Caregiver Education Programs Caregiver Training Programs
- Complete this section separately for **EACH** Caregiver Support service proposed (Duplicate this attachment II-G for each service.)

Service: _____

1. Define a unit of service. (Reference AAAM service standards in the AAAM Policies and Procedures Manual.)

2. Identify staff credentials and/or experience.

3. Is this a program that utilizes professional volunteers or trained peer leaders? Yes No
If yes, please describe.

4. How will the program be promoted or advertised?

5. Will this program eventually become self-sufficient? Yes No
If yes, how long will it take to become self-sufficient? Describe your plan.
6. How many clients are needed in the program in order to consider it successful and cost-effective?
7. If your agency currently provides this service or has provided it in the past, describe any challenges you've faced and the strategies used to overcome them. Be sure to indicate whether these strategies were successful.
8. Is your organization currently a member of the Caregiver Resource Network? Yes No
www.caregiverresource.net

END OF CAREGIVER SUPPORT SERVICES