

**APPLICATION TO
KANSAS DEPARTMENT ON AGING
SPECIAL PROJECT**

1. Title of Project: <u>HDM/ADRC-E Case Manager</u>	
2. Type of Application: This agreement supersedes any other HDM grant document through July 1,2011 ongoing. <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision <input type="checkbox"/> Supplement	
3. Project Director (Name, Title, Department, and Address – Street, City, State, Zip Code):	6. Budget Year From <u>October 1, 2011</u> Through <u>Sept. 15, 2012</u>
Annette Graham, Director Central Plains Area Agency on Aging 510 North Main Room 502 Wichita, KS 67203 <u>316-660-7298</u> Area Code: Phone No.	7. Type of Organization: (Check One) <input type="checkbox"/> Public for Profit Agency <input type="checkbox"/> Public Non-Profit Agency <input type="checkbox"/> Private Non-Profit Agency
4. Applicant Agency (Name and Address – Street, City, State, Zip Code): Central Plains Area Agency on Aging 2622 W. Central, Suite 500 Wichita, KS 67203-3725	8. Payee (Specify to whom checks should be sent – Name, Title, Address): Annette Graham, Director Central Plains Area Agency on Aging 2622 W. Central, Suite 500 Wichita, KS 67203-3725
5. Name, Title, Address of Official Authorized to Sign for Applicant Agency: Annette Graham, Director Central Plains Area Agency on Aging 2622 W. Central, Suite 500 Wichita, KS 67203-3725	<u>48-6000-798</u> <hr/> Federal Tax Identification Number
9. Terms and Conditions: It is understood and agreed by the under signed that: (1) funds awarded as a result of this request are to be expended for the purposes set forth herein and in accordance with all applicable laws, regulations, policies and procedures of this State: (2) any changes in the proposal as approved will be submitted in writing by the applicant and upon notification of approval by the State Agency shall be deemed incorporated into and become a part of this agreement; (3) the attached Assurance of Compliance with the Department of Health and Human Services Regulations issued pursuant to Title VI of the Civil Rights Act of 1964 applies to this proposal as approved; and (4) funds awarded by the State Agency may be terminated at any time for violation of any terms and requirements of this agreement.	
10. Signature (Person Named in Item 5): <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="width: 60%; text-align: center;">_____</div> <div style="width: 30%; text-align: center;">_____</div> </div> <div style="display: flex; justify-content: space-between; width: 100%; margin-top: 5px;"> <div style="width: 60%; text-align: center;">Signature</div> <div style="width: 30%; text-align: center;">Date</div> </div>	

Special Project Budget Summary Page

(Total Expenditures must equal Total Resources)

Budget Categories

1. Personnel	52,000.00	Original	<input checked="" type="checkbox"/>
2. Consumable Supplies	396.00	Revised	<input type="checkbox"/>
3. Personnel Travel	1,404.00		
4. Contractual	7,980.00		
5. Training			
6. Capital Equipment			
7. Supplies	1,750.00		
8. Other	900.00		

Total Expenditures	\$64,430.00
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Resource Categories

Non-Match

1. Other Resources
2. Program Income

Match

3. Third Party In-Kind
4. Other Resources

Award

5. State Funds
6. Federal Funds 64,430.00

Total Resources	\$64,430.00
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All cost categories containing a proposed cost must be itemized and attached to the project application. The itemization must include a breakdown of how the cost was determined and the source of the funds which will be used to pay for the cost.

Preparer's signature: _____ Date: _____

PROPOSAL NARRATIVE ORGANIZATION

HDM/ADRC-E Case Manager Statement of Application

The Kansas Department on Aging was recently awarded two related grants from the Centers for Medicare & Medicaid Services. Through the Hospital Discharge Model (HDM) grant, KDOA will partner with state agencies, Area Agencies on Aging, Centers for Independent Living, local hospital networks and community organizations to create a discharge model that will focus on discharging patients home with community-based services and reducing the number of default discharges to nursing facilities. Through the Aging & Disability Resource Center Enhancement (ADRC-E) grant, KDOA will expand and enhance the current Aging & Disability Center project. Work on these two grants will be closely linked.

The two grant budgets include funding to hire an Area Agency on Aging case manager whose time will be dedicated to grant activities. The two grants will share the costs for salary, fringe benefits, office space, travel, and other grant-related expenses for this position (see the Budget Itemization pages for the for details). KDOA will sub-grant these funds to the Central Plains Area Agency on Aging (CPAAA) which will hire the case manager. While the case manager will be employed by CPAAA, his or her work will be largely directed by the HDM Project Coordinator, the KDOA staff who will have overall responsibility for grant activities and outcomes.

The funds being sub-granted for the HDM/ADRC-E case manager are 100% federal dollars. There is no state cash match requirement for either the HDM or the ADRC-E grant.

**ASSURANCE OF COMPLIANCE WITH THE DEPARTMENT OF
HEALTH AND HUMAN SERVICES REGULATION UNDER
TITLE VI OF THE CIVIL RIGHTS ACT OF 1964**

Central Plains Area Agency on Aging (hereinafter called the "Applicant")
Name of Applicant (type or print)

HEREBY AGREES THAT it will comply with Title VI of the Civil Rights Act of 1964 (P.L.88-352) and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80) issued pursuant to that title, to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United State shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Kansas Department on Aging, (hereinafter called the "Grantor), a recipient of federal financial assistance from HHS; and HEREBY GIVES ASSURANCE THAT it will immediately take any measures necessary to effectuate this agreement.

If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Grantor, this Assurance shall obligate the Applicants, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this Assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. In all other cases, this Assurance shall obligate the Applicant for the period during which the Federal financial assistance is extended to it by the Grantor.

THIS ASSURANCE is given in consideration of and for the purpose of obtaining any and all Federal grants, loans, contracts, property, discounts or other Federal financial assistance extended after the date hereof to the Applicant by the Grantor, including installment payments after such date on account of applications for Federal financial assistance which were approved before such date. The applicant recognizes and agrees that such Federal financial assistance will be extended in reliance on the representations and agreements made in this Assurance, and that the Grantor or the United States or both shall have the right to seek judicial enforcement of this Assurance. This Assurance is binding on the Applicant, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this Assurance on behalf of the Applicant.

Date _____ Central Plains Area Agency on Aging
Applicant (type or print)

By _____
Signature and Title of Authorized
Official of the Applicant

Applicant's mailing address

NOTE: This form must be completed by applicants for federal financial assistance from the Kansas Department on Aging.

CODE OF CONDUCT ASSURANCE

The recipient of this award shall develop and maintain a written code or standards of conduct which shall govern the performance of its officers, employees, or agents engaged in awarding and expending federal grant funds. Include the following:

- (1) The recipient agency’s officers, employees or agents shall neither solicit nor accept gratuities, favors, or anything of monetary value from subcontractors or potential subcontractors.
- (2) All persons on the policy-making board and all employees in top management will file conflict of interest statements which will set forth any organizational, financial, or familial relationship with actual or potential providers of services under funds from the Older Americans Act.
- (3) Persons serving on advisory councils, who are also staff or board members of projects being considered by the advisory council will be expected to remain silent in any presentation of those projects and refrain from voting on such projects.
- (4) Such standard or code shall provide for appropriate penalties, sanctions, or other disciplinary actions to be applied for violations of such standards either by the officers, employees, or agents of the recipient agency or by subcontractors or their agents.

(Original signature and title of official authorized by grantee to sign on its behalf.)

SIGNED: _____

TITLE: _____

DATE: _____

(NOTE: Above is not the code but merely assures that such a code will be adopted.)

AGREEMENT

(1) IN CONSIDERATION OF THIS AGREEMENT, the Kansas Department on Aging hereinafter referred to as the Department agrees to:

- A. Provide to the Central Plains Area Agency on Aging of 2622 W. Central, Suite 500, Wichita, KS 67203, hereinafter referred to as the Applicant Agency, for the conduct of the project funds in an amount not to exceed \$64,430.00.
- B. Provide necessary technical assistance.
- C. Fully and promptly advise the applicant agency of all applicable guidelines and regulations.
- D. Assist the applicant agency in ongoing monitoring and evaluation of the project's accomplishments.

(2) IN CONSIDERATION OF THIS AGREEMENT, the applicant agency agrees to:

- A. Provide \$0.00 from applicant agency and other local financial resources to meet part of the cost of the project total.
- B. Furnish to the Department such reports at such time and in such a manner as shall be required. Agrees to implement and maintain such accounting systems and procedures which are adequate to control and support all fiscal activities under the Department and to maintain such accounts and supporting documents as will serve to permit an accurate and expeditious determination to be made at any time of the status of the grant for the applicant agency, including the disposition of all monies received and the nature and the amount of all charges claimed to be against this agreement.
- C. Assure that any subsequent agreements entered into with individual, local, public, or private agencies and organizations under the general terms of this agreement shall be subject to all the applicable regulations and instructions of this agreement, and that all expenditures incurred by such agencies or organizations will be in accordance with the cost policies of the Department.
- D. Has read and agreed to follow all applicable regulations, policies and procedures as prescribed by the Kansas Department on Aging.

(Date)

(Signature of Applicant Agency)

(Date)

(Signature of Department Secretary)
