

STATE APPROPRIATION FOR SENIOR CENTERS THROUGH  
THE 2020 SESSION OF THE  
NC GENERAL ASSEMBLY

SENIOR CENTER GENERAL PURPOSE FUNDING

FY 2020-2021 APPLICATION PACKET

NAME/ADDRESS AREA AGENCY ON AGING

Name/Address of Provider and County

The \_\_\_\_\_Area Agency reserves the right to request additional information, references, to accept or reject any or all proposals to waive technicalities, to accept proposals in whole or in part, and to award a contract(s) which, in the opinion of the grantee, best serves the older adults.

## SENIOR CENTER GENERAL PURPOSE FUNDING

### Introduction and Instructions

The \_\_\_\_\_ Area Agency is pleased to announce the availability of funds for use by senior centers to support and develop programming and general operations or to construct, renovate, or maintain senior center facilities. \$1,265,316 in general purpose funding was allocated for senior centers for the current fiscal year. This funding is allocated to the Area Agencies on Aging for distribution to the centers within the region which provide full time programs or will utilize the funding to develop full time programs. Across the state 169 senior centers or developing senior centers will be funded.

The Division of Aging and Adult Services has worked hard to enhance and expand the statewide certification process for senior centers with standards that encourage centers across the state to strive for levels of 'merit' or 'excellence'. An intent of the certification process has been to increase base funding for those who have successfully completed the process. This ensures that funding is being well spent on readily identifiable programs and services and provides an incentive for centers that make investments to meet certification requirements. Therefore, in order to provide an incentive to work toward certification, and to reward those who achieve it, the Division has decided to fund senior centers equally, based upon their certification status. Centers of Merit will receive two shares of the funding of non-certified centers and Centers of Excellence will receive three times the funding of non-certified centers. The objectives for this year are to:

- Allocate funding equally to every center, based upon certification status;
- Require documentation and accountability for the use of funding, and;
- Provide incentives for centers to improve themselves through certification.

Again, this year it has been decided to divide the annual appropriation into *shares* based on the total number of senior centers as determined by the Area Agencies on Aging plus extra shares for each senior center which

meets certification status. Uncertified, identified centers will receive one share.

For FY 2020-2021, total funding available to the counties in Region \_\_\_ will amount to \_\_\_\_\_. Effective period: July 1, 2020-June 30, 2021.

Your center is eligible to receive:

FY 20-21	Senior Center General Purpose Funding	\$ _____
	Local Match (25%)	\$ _____
	TOTAL	\$ _____

It is the responsibility of the applicant to certify the availability of the local match. The funds require a 25% local match. The funds must be spent first before reimbursed and before **June 30, 2021**. Therefore, projected June expenditures must be reported with May services reported in June otherwise the unutilized portion of your allocation will revert to the state.

Application submissions should include:

- (1) A completed description of proposed activities (add additional pages as needed).
- (2) Certification of the availability of local match.
- (3) A budget for senior center general purpose activities.

APPLICATION FOR SENIOR CENTER GENERAL PURPOSE FUNDING

Applicant Information

Date: \_\_\_\_\_

Project Name: \_\_\_\_\_

Name of Project Director: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ FAX: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Name and Address of Applicant: \_\_\_\_\_

Type of Agency Applying: Private-Non-Profit \_\_\_\_\_  
Public \_\_\_\_\_

Location of Project: \_\_\_\_\_  
(county)

**ASSURANCES**

\_\_\_\_\_ (hereinafter referred to as "Subgrantee") HEREBY AGREES THAT it will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. 1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; and (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), which prohibits discrimination on the basis of handicaps.

\_\_\_\_\_  
Signature and Title of Authorized Official  
[e.g., Director, Board Chairman]

\_\_\_\_\_  
Date

CERTIFICATION OF THE AVAILABILITY OF REQUIRED NON-FEDERAL  
MATCH FOR SENIOR CENTER GENERAL PURPOSE FUNDING

It is understood that the following required 25 percent non-federal match will be used to match Senior Center General Purpose funds in FY 20-21 and will not be used to match any other federal or state funds during the contract period.

The provider shall expend the award in keeping with the attached project description indicating how funding will be utilized. Funding will not be disbursed until this application is received and approved by the Area Agency on Aging. The contractor shall make a final report indicating how funding was utilized in a format provided by the Area Agency on Aging.

FY 20-21 Budget Request \$ _____	<b>Example only:</b> non certified center: \$4,069
Required 25% Match \$ _____	divided by .75=\$5,425 [Total projected budget]
Total FY 20-21 Projected Budget \$ _____ (up to the amount of the grant)	\$5,425 minus \$4,069= \$1,356 [local match]

Authorized Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

## SENIOR CENTER GENERAL PURPOSE PROJECT DESCRIPTION

1. Senior Center to receive funding: \_\_\_\_\_
  2. Amount of funding: \_\_\_\_\_
  3. Area served by Senior Center: \_\_\_\_\_
- 

4. Describe how the funding will be spent:

STATE APPROPRIATIONS FOR SENIOR CENTER BUDGET INFORMATION  
STATE FISCAL YEAR 2020-21

Organization Name: \_\_\_\_\_

Senior Center Name: \_\_\_\_\_

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

Period Covered: \_\_\_\_\_ Date Prepared: \_\_\_\_\_

<u>OBJECTS OF EXPENDITURE</u>	<u>AMOUNT</u>
Salary and Fringe Benefits	\$ _____
Supplies/Other Operating Costs	\$ _____
Equipment	\$ _____
Capital Outlay (Real Estate, Construction, Renovation)	\$ _____
Other _____	\$ _____
TOTAL BUDGET (Including local match) (Up to grant amount, only)	\$ _____

Each organization that receives, uses or expends any state funds shall use or expend the funds only for the purposes for which they were appropriated by the General Assembly or collected by the State. State funds include federal funds that flow through the state. If the contractor is a governmental entity, such entity is subject to the provisions of the requirements of OMB Uniform Guidance 2 CFR Part 200 and the NC Single Audit Implementations Act. If the Contractor is a non-governmental entity, such entity is subject to the provisions of G.S. 143C-6-23. Additionally, any non-governmental entity except a for-profit corporation is subject to the provisions of OMB Uniform Guidance 2 CFR Part 200.

AUTHORIZED SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_