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**Program Narrative**

The applicant’s narrative shall respond to each of the following items clearly and concisely. Failure to provide all or part of the information requested in this narrative may be grounds for disqualifying an application. The narrative must be typed single spaced using a font size no less than 11 points, and not exceed 5 pages, excluding required attachments of required Cost Share documents, Program Outcomes and Persons Served forms.

The narrative must identify any changes in each section below from the information contained in the current Title III contract.

1. **Agency Capacity** - provide a brief history of the agency including experience or ability in providing services to older adults. Explain the service you are proposing to provide according to the definitions and explain how the proposed service(s) relate to the organizational structure of the agency. Define **Program Outcomes** by completing Attachment 3. Describe the Board/Advisory and/or Site Council role in operational oversight of the services provided by the agency. May include an organizational chart if desired.
2. **Financial Stability** - Describe the organizations sustainability plan. Describe the specific efforts your organization has made and will make to generate community financial support in addition to client fees. Describe the plan, goals, and time line of these efforts. Describe in detail a plan for the agency's application to relevant county human service agencies and third-party payers to secure Alternative Care, Elderly Waiver and MSHO contracts for 2019 or, if the agency already holds these contracts, the steps to ensure sustaining them.
3. **Cost Share** - List the suggested cost share per service unit and describe how cost share amounts are solicited. List the full cost charged for services provided to ineligible persons and describe how this amount is determined. *(see amounts calculated from RFP budget forms)* Need to include the sliding scale along with client education and notification materials.
4. **Subcontracts** - Describe which service component(s) is to be subcontracted, the geographic service area, the conditions under which it will occur, the rationale, and how it will be managed. Attach a sample subcontract or list the required content intended.
5. **Service expansion into un/under-served areas** - Describe the project’s process in place to evaluate controlled, appropriate service expansion into under-served areas. Describe the specific methods used to reach the target population.
6. **Service / Program Delivery Plan** – describe in detail the services to be provided under the proposed contract, the specific geographic service area, what issues and/or needs they address and outreach methods to be used. The plan should also include: details on how the service(s) will be provided, how the service will be provided to older persons of minority, and how the project will coordinate its activities with other service providers in the area. You will also need to complete Attachment 2, **Persons to be Served Form,** and attach it to the application.
7. **Describe specific activities** that will be undertaken to ensure the accuracy and completeness of the participant data forms for registered services. (i.e.: getting all info such as race, poverty level, etc. on the NAPIS forms)
8. **Marketing/Outreach** - Describe specific marketing and outreach efforts that will assist in recruiting target participants for the services and also to inform the public of the service(s) being provided.
9. **Monitoring** - A description of how the project plans to monitor its progress and method of sharing this information with the Land of the Dancing Sky AAA.
10. **Volunteers** - Explain how volunteers will be recruited to the program and how frequently they will

be utilized. Describe who will supervise volunteers and staff and how will the program director use supervision to ensure a quality service?

1. **Collaboration** - Identify proposed methods, or any current agreements you have, for working with other aging service providers within the geographic service area, to identify clientele in need of service, to provide information and linkages to appropriate services and ensure that a comprehensive and coordinated system of service is available to older people. Specify your working relationship and referral protocols with the Senior LinkAge Line®. Detail other local organizations that exist and provide services similar to or the same as your program? How do you differ and how do you coordinate service delivery?

1. **Education** - Does your project participate in any evidence-based programming in the community? If yes, please list the type of workshop (i.e. Matter of Balance, Living Well or Powerful Tools), anticipated communities and locations (senior center, senior apartment, clinic etc.) where the workshops are to be held, how many sessions will be provided for each location and a total under the project period.

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| **Workshop Type** | **Community Name** | **Location** | **# of Workshops** |
| Powerful Tools for Caregivers | Moorhead | Trinity Lutheran Church | One course with six classes |
| SAMPLE |  |  |  |
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