

Elderbridge Agency on Aging
Application for Funds FY 2027 (July 1, 2026-June 30, 2027)
APPLICANT INFORMATION SHEET

Name of Applicant: _____ **Name of Director:** _____

Address: _____ **Director's Phone:** _____ **Director's E-mail:** _____

City, State, Zip: _____ **Geographic Area Served:** _____

Checks payable to: _____ **Name of Bookkeeper:** _____

Bookkeeper's Phone: _____ **Bookkeeper's E-mail:** _____

Applicant is: **Public Agency** **Private, Nonprofit Agency** **For Profit Agency**

Services this organization currently offers are open to persons, regardless of sex, ethnicity, religion, or race. **Yes** **No**

If no, explain: _____

| List each service included in this application | Counties Served | Unit Cost | Funds Requested | Contact Name | Contact Phone | Contact E-mail |
|------------------------------------------------|-----------------|-----------|-----------------|--------------|---------------|----------------|
| 1. | | \$ | \$ | | | |
| 2. | | \$ | \$ | | | |
| 3. | | \$ | \$ | | | |
| 4. | | \$ | \$ | | | |
| 5. | | \$ | \$ | | | |
| 6. | | \$ | \$ | | | |
| 7. | | \$ | \$ | | | |
| 8. | | \$ | \$ | | | |
| 9. | | \$ | \$ | | | |
| 10. | | \$ | \$ | | | |

Units of Service and Targeting Projections

| Service | Total Service Units | Total Unduplicated Clients | 60+ Rural | 60+ With Limited English Proficiency | 60+ Minority | 60+ Minority Below Poverty | 60+ Below Poverty |
|----------------|----------------------------|-----------------------------------|------------------|---------------------------------------------|---------------------|-----------------------------------|--------------------------|
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Unit Cost Worksheet FY '27
(use this as needed, to figure out unit cost)

Estimated Budget:

| | |
|---------------------------|----------|
| Salaries and Wages | \$ _____ |
| Personnel Benefit | \$ _____ |
| Uniforms and Clothing | \$ _____ |
| Physical Examinations | \$ _____ |
| Supplies | \$ _____ |
| Equipment | \$ _____ |
| Amortization/Depreciation | \$ _____ |
| Professional Services | \$ _____ |
| Telephone | \$ _____ |
| Postage and Shipping | \$ _____ |
| PR/Advertising | \$ _____ |
| Printing/Publications | \$ _____ |
| Premise Expenses | \$ _____ |
| Insurance | \$ _____ |
| Travel/Transportation | \$ _____ |
| Training/Conferences | \$ _____ |
| Membership Dues | \$ _____ |
| Advisory Board | \$ _____ |
| Contracted Services | \$ _____ |
| Other | \$ _____ |
| Other | \$ _____ |
| Other | \$ _____ |

1. TOTAL EXPENDITURES: \$ _____
2. Total Number of Units: \$ _____
3. Total Cost Per Unit: \$ _____

(Figures must reflect all applicant activities needed to provide this service.)

PROGRAM NARRATIVE – PART 1

Instructions: Submit a separate narrative for each service included in this request for funding. The program narrative should address the following:

1. Type of service to be provided. List your specific service component areas.
2. Target population to be served. Explain criteria for eligibility.
3. Plan for providing the service, geographic area to be served, sliding fee scale or contribution process, staffing, hours and days of service, and other pertinent information.
4. Length of time service has been operating. If new, what is the anticipated start date?
5. Services already provided by the applicant to the older adult population (60 yrs and older).
6. Efforts to coordinate services with other aging service providers.

PROGRAM NARRATIVE – PART 2

1. Specify how you intend to satisfy the service needs of low-income older adults, minority older adults, older individuals with limited English proficiency, and older adults residing in rural areas.

2. Describe your outreach strategy to identify the following individuals in need of your assistance:
 - Older individuals residing in rural areas
 - Older individuals with greatest economic need, with particular attention to low-income minority
 - Older individuals with greatest social need
 - Older individuals with severe disabilities
 - Older individuals with limited English proficiency
 - Older individuals with Alzheimer’s disease and related disorders
 - Older individuals at risk for institutional placement

PROGRAM ASSURANCES

All recipients of Elderbridge funds agree to comply with the following conditions and/or assurances. The applicant shall:

1. Have the capability to deliver the program as described and be financially accountable for the program.
2. Agree to secure, maintain, and have on file for review, liability insurance, with sufficient coverage to meet any claims resulting from, or the act of, providing services under this program.
3. Agree to secure, maintain, and have on file for review, all required licenses, permits or certifications for the service(s).
4. Assure compliance with any required criminal background checks, such as criminal history and dependent adult abuse record checks, as required by law.
5. Assure that they are not currently, nor have been in the past, prohibited from participating in the Medicare or Medical Assistance programs.
6. Understand that funds awarded by Elderbridge may be terminated at any time for violations of any terms and requirements of the funding source.
7. Agree not to enter into any subcontracts for the provision of services without prior approval, in writing, from Elderbridge.
8. Have a formal grievance and appeals procedure for perceived discrimination and/or decisions that appear unfavorable to clients concerning the provision of service.
9. Assure that 3rd party reimbursement will be sought first, whether that is Medicaid, Medicare or private insurance.
10. Assure that funds are not spent on someone who is eligible for Title XIX/elderly waiver service, or other 3rd party payment source, who refuses to utilize the 3rd party funding source.
11. Utilize these funds to serve only people aged 60 or older.
12. Assure the confidentiality of all information relating to clients. Information shall not be disclosed without the individual's informed consent (or consent from his/her representative).
13. Assure that participants have an opportunity to make confidential contributions for the service funded by Elderbridge funding.
14. Assure that older people will not be denied service based on their ability to pay.
15. Assure that program income (client contributions) are not used as match for federal funds, However, program income can be used to match state funds.
16. Agree to maintain records to easily identify the utilization of Elderbridge funds, and make those records available for audit and assessment for three (3) years beyond the end of the award period.

17. Agree to submit all reports and requests for reimbursement, as specified by Elderbridge, in a timely manner.
18. Submit Aging & Disability Network Consumer Intake forms and monthly service rosters in a timely manner.
19. Assure funds will be released for which appropriate use is not anticipated according to respective Elderbridge reallocation process.
20. Understand that failure to generate the 25% match requirement, whether it be cash or in-kind, may result in a suspension of Elderbridge funding.
21. Assure compliance with all applicable local, state, and federal laws, and if applicable, all requirements for nonprofit entities.
22. Operate within the requirements of ***Iowa Code 249.H and IAC 321, Chapter 28.***

For Legal Assistance Providers Only:

1. Provide legal advice, counseling, or representation to older individuals (60+) with economic or social needs.
2. Employ staff with expertise in the areas of elder law.
3. Give priority to issues relating to finance, health care, long-term care, public benefits, elder abuse, landlord/tenant issues, housing, utilities, guardianships, and wills.
4. Demonstrate the capacity to provide effective administrative and judicial representation in areas of elder law and other areas of advocacy efforts.
5. Demonstrate the capacity to deliver legal services to the institutionalized, isolated, and homebound.
6. Work closely with private bar attorneys through the Iowa Legal Aid Volunteer Lawyers Project to enhance capacity to serve the legal needs of older individuals.
7. Not require an older individual to disclose information about income or resources as a condition for providing legal assistance.
8. Only ask for financial information from an older individual as part of the process of providing legal assistance or for determining eligibility for other benefit programs.
9. Comply with all federal and state laws and regulations which govern ethical and professional conduct and the practice of law.

I, _____, agree to comply with the conditions and assurances listed above.
(Name of Applicant Director/President)

Applicant Checklist

Service Provider: Please fill out this checklist to assure you have provided all information requested and submit with your application.

YES NO

- | | | |
|--------------------------|--------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Application information sheet. 10 points possible |
| <input type="checkbox"/> | <input type="checkbox"/> | Units of Service and Targeting Projections. 25 points possible |
| <input type="checkbox"/> | <input type="checkbox"/> | Unit Cost Worksheet. 15 points possible for new applicants |
| <input type="checkbox"/> | <input type="checkbox"/> | Program Narrative – Part 1. 30 points possible for new applicants |
| <input type="checkbox"/> | <input type="checkbox"/> | Program Narrative – Part 2. 25 points possible for new applicants |
| <input type="checkbox"/> | <input type="checkbox"/> | Assurances reviewed, accepted, and dated. 5 points possible |

Service providers may:

E-mail to: sjackson@elderbridge.org by 4:30 p.m. **Friday March 27, 2026** - or-Send a hard copy of application to:

**Sandi Jackson, Chief Operations Officer
Elderbridge Agency on Aging
1190 Briarstone Drive
Mason City, IA 50401**