Government of the District of Columbia

Office on Aging

REQUEST FOR APPLICATIONS

Fiscal Year 2014
Competitive Grant Program
Aging and Disability Resource Center
Grants

The D.C. Office on Aging Invites the Submission of Applications for Funding under the Older Americans Act of 1965, as amended (P. L. 89-73) and DC Law 1-24, as amended.

RFA Release Date: July 15, 2013

Application Submission Deadline: August 19, 2013, 4:30 p.m., EDT

LATE APPLICATIONS WILL NOT BE ACCEPTED

DISTRICT OF COLUMBIA
OFFICE ON AGING

Announces

A

PREAPPLICATION WORKSHOP

FOR

Fiscal Year 2014
Competitive Grant Program
Aging and Disability Resource Center Grants

July 17, 2013
2:00 p.m.
500 K Street, NE
Washington, DC 20002

For questions, please contact:

Dr. Chantelle Teasdell, Associate Director, Office on Aging's Aging and Disability Resource Center or
Aurora Delespin-Jones, Program Analyst
202-724-5622

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GOVERNMENT OF THE DISTRICT OF COLUMBIA
OFFICE ON AGING

Office of the Executive Director

July 15, 2013

Dear Applicant:

Thank you for your interest in applying for a grant under the FY 2014 Office on Aging and Disability Resource Centers (ADRC) Competitive Grant program. This letter highlights a few items in the application package that will be important to you in applying for a grant. The District of Columbia Office on Aging (DCOA) has expanded its service scope this year and you are encouraged to review the entire application package carefully before preparing and submitting your application.

This Request for Application (RFA) seek to identify qualified applicants to link and provide seniors 60 years of age and older with in-home and community based services. Additionally, the successful applicant will assist persons with disabilities age 18-59 years with accessing long-term services and supports helping them remain independent and connected in the community. Please carefully consider the following provisions.

1. Eligible applicants include nonprofit and for profit organizations, although for-profit organizations may not include profit in their grant application.

2. In an effort to facilitate an effective application evaluation process, all applicants must adhere to the program narrative limitation of 25 pages. Applications that exceed this number will not be reviewed and will be returned to the applicant without review. To further expedite the reading process; please follow the format in Section III, Proposal Format provided in the application package.

3. Current and former Office on Aging grantees should note that prior performance will be assessed and considered in final funding determinations.

4. All applicants must supply a D.U.N.S. number issued by Dun & Bradstreet.

5. All applicants must supply a Certification from the District of Columbia Office on Tax and Revenue that your agency is compliant with District of Columbia tax requirements.

1. All applicants must supply proof of payment of unemployment taxes from the District of Columbia Department of Employment Services.

2. All applicants must supply a current Certificate of Incorporation issued by the District of Columbia Department of Consumer and Regulatory Affairs showing that the organization is in good standing with the DC government.

3. All applicants must supply Minutes of Board of Director's meeting, signed by the President or Secretary of the Board, in which the Board authorized the grantee to submit an application for funding to the Office on Aging or certification from the Board, signed by either the President or Secretary, giving the Executive Director authority to apply for grants.

4. All applicants must submit a copy of the agency's most recent audited financial statement.

5. The successful applicant is expected to participate in community meetings for purposes of outreach, crime reduction, emergency preparedness, and collaboration. All applicants must show evidence of staffing that includes a full-time Project Director, a licensed nutritionist/registered dietician, licensed social workers, ADRC social worker for 18-59 year olds with disabilities, a community planner, and nutrition site managers, supported by other administrative staff, consultants and volunteers.

6. An Aging & Disability Resource Center (ADRC) ADRC complements other long-term care programs and activities to enhance access to community living and ensure long-term and chronic care support options. It is a collaborative effort mobilizing both public and private sector resources to deliver effective long-term care support resources to customers in a single coordinated service delivery system. The ADRC serves as a "one stop shop" helping customers and their families simplify access to needed information, services, and assistance.

   Funds provided through this grant in FY 2014, will support and complete the ADRC decentralization plan initiated in FY2013. The ADRC satellite, which will be located in each of the eight wards, will be customer friendly, and staff will be responsible for cooperating with and carrying out assigned duties developed in the ADRC Program Scope outlined in Section IV of this RFA. The successful applicant will provide sufficient support by hiring an ADRC Coordinator and allocating space and supplies to facilitate all ADRC satellite functions.

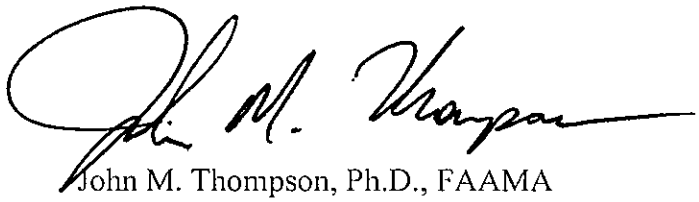
7. ADRCs provide a wide range of services and activities for customers using varied methods and approaches including intergenerational volunteers in delivering dynamic programming for seniors.

8. The Office of Aging strongly supports and encourages the utilization of local and small businesses certified through the Department of Small and Local Business Development's Certified Business Enterprise program. The successful applicant is encouraged to utilize the resources of the Department of Small and Local Business Development, including the *Business Center* found on DSLBD's website (http://dslbd.dc.gov) as a resource for identifying CBEs and to publish contracting and procurement opportunities.

9. The application must be postmarked or hand delivered on or before the deadline date. Detailed mailing instructions are provided in the "Instructions for Transmitting Applications." Applications submitted late will not be accepted. The Office on Aging is required to enforce the established deadline to ensure fairness to all applicants. No changes or additions to the applications will be accepted after the deadline date.

For additional information regarding this application package, please contact , Dr. Chantelle Teasdell, Associate Director, Office on Aging's Aging and Disability Resource Center, or Aurora Delespin-Jones, Program Analyst of the Office on Aging, Program and Grants Unit, 500 K Street, NE, Washington, D.C. 20002, telephone (202) 724-5622.

Sincerely,



John M. Thompson, Ph.D., FAAMA
Executive Director

Applicant Profile

D.C. Office on Aging

Fiscal Year 2014 Aging and Disability Resource Center Program Grant

Applicant Name: _____

Type of Organization: _____

Nonprofit: _____ **For Profit:** _____ **Government:** _____ **Other:** _____

Contact Person: _____

Office Address: _____

Phone/Fax: _____

E-mail address: _____

Website URL: _____

D.U.N.S. Number: _____

Tax Identification Number: _____

Service Area: _____

Program Description: _____

Total Program Cost: $_____

DCOAGrant Funds Requested $_____

Applicant Funds: $_____

_____

Name and Title of Authorized Official **Date**

_____

Signature of Authorized Official **Date**

District of Columbia
Office on Aging

Request for Applications
Fiscal Year 2014 Aging and Disability Resource Center Program Grant

SECTION I GENERAL INFORMATION

The Office on Aging is the single State Agency designated by the Mayor under D.C. Law 1-24, as amended, to administer the provisions of the Older Americans Act and to promote the welfare of the aged (defined as those persons 60 years of age and older).

Mission

The Mission of the Office on Aging is to provide advocacy, health, education, employment, and social services to District residents aged 60 and older so they can live longer and maintain independence, dignity, and choice.

Introduction

The Office on Aging provides grants to community based organizations to provide a full range of services for all Wards of the City. The DCOA has expanded its service scope for this RFA to include ADRC specialized services to person ages 18-59 years old with disabilities to easily access resources and support services needed to effectively navigate their health and other long-term care options to remain independent and connected in the community.

This RFA is for ADRC services in Wards 1- 8, which serves the following communities:

- **Ward 1** – Serving the communities of Columbia Heights, Park View, Mount Pleasant, Adams Morgan, Cardozo/Shaw, Lanier Heights, LeDroit Park, and Pleasant Plains;

- **Ward 2** – Serving the communities of Downtown, Georgetown, West End, Dupont Circle, Kalaroma Heights, Foggy Bottom, Mt. Vernon Square, Logan Circle/Shaw, Chinatown, and Penn Quarters;

- **Ward 3** – Serving the communities of Chevy Chase, Friendship Heights, American University Park, Spring Valley, Cathedral Heights, Palisades, Wesley Heights, Foxhall Crescents, Foxhall Village, Georgetown, Pinehurst Circle, Barnaby Woods, Hawthorne, Kalorama Heights, West End, Foggy Bottom, Georgetown Reservoir,

Tentlytown, Massachusetts Heights, McLean Gardens, North Cleveland Park and Dupont Circle;

- **Ward 4** – Serving the communities of North Portal Estates, Shepherd Park, Brightwood, Lamond-Riggs, Petworth, Crestwood, Brightwood Park, Manor Park, Colonial Village, Fort Totten, Hawthorne, 16th Street Heights, and Pleasant Hills;

- **Ward 5** – Serving the communities of Brookland, Brentwood, Eckington, Woodridge, Ft. Lincoln, Gateway, Trinidad, Carver-Langston, Edgewood, Langdon, Bloomingdale, North Michigan Park, Michigan Park, University Heights, Old Soldier's Home, Queens Chapel, Ivy City, South Central, and Arboretum;

- **Ward 6** – Serving the communities of Near Southeast, Capitol Hill, Lincoln Park, Kingman Park, Southwest Waterfront, Stanton Park, Navy Yard, North Capitol, Truxton Circle, Buzzard Point, Ft. McNair, Lincoln Park, Eastern Market, Capitol East and Near Northeast;

- **Ward 7** – Serving the communities of Naylor Gardens, Randle Highlands, Fairfax Village, Penn Branch, Ft. Davis Park, Benning Ridge, Marshall Heights, Capitol View, Grant Park, Burrville, Deanwood, Lincoln Heights, Benning Heights, River Terrace, Mayfair, Eastland Gardens, Kenilworth, Greenway, Central Northeast, Twining, Hillcrest, Ft. Dupont, Good Hope , Fairlawn, Hillbrook, Kingman Park, Park Naylor, Capitol Gateway, and Northeast Boundary; and

- **Ward 8** – Serving the communities of Bellevue, Boling Air Force Base, Hunter Pines, Parklands, Ridgecrest, Manor Gardens, Washington Highlands, Congress Heights, Douglass, Shipley Terrace, Knox Hill/Buena Vista, Sheridan, Woodlawn, Garfield Heights, Barry Farm, Hillsdale, Ft. Stanton, Historic Anacostia, and Fairlawn.

ADRCs are responsible for efficiently and effectively planning, developing, coordinating, and implementing programs that ensure a continuum of services is available for the District's elderly and carrying out the mission of the D.C. Office on Aging as shown above in this RFA. It also serves as a catalyst for change, a clearinghouse for obtainable resources, identifies gaps in services and provides linkages and coordination of service delivery. Aging and Disability Resource Centers are responsible for becoming familiar with the 39 neighborhood clusters, especially those in their specific Ward or service area, as shown above, and participating in neighborhood cluster meetings. In addition, ADRCs must:

- Have knowledge of the social and demographic characteristics of the elderly in the Ward;

- Develop and implement a needs assessment to identify the needs in the target community;

- Network with other community organizations, public and private agencies and associations to carry out an effective and efficient service delivery system.

- Hold quarterly community planning meetings with organizations such as Advisory Neighborhood Commissions, Commissioners on Aging, Mini-Commissions on Aging, civic associations, hospitals, recreation centers, public schools, churches, and other agencies/organizations.

- Develop and implement a structured community outreach program.

- Establish a Senior Neighborhood Advisory Council to serve as an advisory group in planning and developing a coordinated service delivery system.

- Develop an Emergency Preparedness and Sheltering in Place Plan for the agency and satellite nutrition sites and programs. The plan must include a mechanism for identifying those high-risk seniors with limited mobility and have a shelter-in-place and evacuation component. Continuity of Operations Plan (COOP) details the agency continued operations during and after an incident. COOP Plan template is located in Attachment F of this document

- Provide sufficient workplace support including space to facilitate all ADRC functions in the eight wards as carried out by assigned social workers.

Target Population

The target populations for the Fiscal Year 2014 ADRC Program Grant are:

- seniors ages 60 years old and over with or without a disability residing within the geographical boundaries of Wards 1-8 of the District of Columbia; and

- persons 18-59 years of age with who are disabled and persons 60 years of age and over contemplating long-term care (LTC) or chronic care options residing within the geographical boundaries of Wards 1-8 of the District of Columbia.

Services will also be available to family members and caregivers of the primary population, other District Agencies, community-based organizations, and other public and private agencies.

Individuals may seek the assistance of the ADRC voluntarily or be referred through a public or private agency.

Intergenerational Volunteers

ADRC provide a wide range of services and activities for seniors using varied methods and approaches. The successful applicant will demonstrate its capacity to use intergenerational volunteers in delivering dynamic programming for seniors. Volunteers may be individuals or groups and must be tracked throughout the year for performance measure reporting.

Client Services Tracking and Reporting System

The District of Columbia Office on Aging (DCOA) administers grants funded through the Older Americans Act (OAA), other federal funds, and District government appropriated funds to provide supportive services to and for the benefit of elderly residents and caregivers of the elderly within the District of Columbia. DCOA provides services directly and in partnership with the Senior Service Network, a network of provider agencies supported by DCOA to carry out projects and services prescribed and monitored by DCOA.

In FY-2009, the DCOA implemented the Client Services Tracking and Reporting System (CSTARS). The system provides DCOA with a system-wide electronic client management database and an integrated system of reporting to ensure unduplicated client counts, timely financial accounting, and accurate service data for utilization review. The successful applicant is expected to have sufficient organizational capacity to ensure accurate data input and management using the CSTARS system.

Eligible Organizations/Entities

Any public or private, community-based non-profit agency, organization, or institution located in the District of Columbia is eligible to apply. For-profit organizations are eligible, but may not include profit in their grant application. For-profit organizations may also participate as subcontractors to eligible public or private non-profit agencies. All successful applicants shall provide certification indicating that the applicant is a corporation in good standing in the District of Columbia and has complied with the filing requirements of the District of Columbia tax laws. In addition, the applicant must demonstrate that it has paid taxes due to the District of Columbia Office of Tax and Revenue and the Internal Revenue Service, or complies with payment agreements with the Office of Tax and Revenue and the Internal Revenue Service.

The successful applicant must be current in payments of all unemployment taxes, which will be verified by DCOA through the DC Department of Employment Services.

The applicant must certify that it has high-speed internet access and that the organization's website is updated.

Source of Grant Funding

Funds are made available through both federal grant funds and District appropriated funds to the Office on Aging.

Award Period

The grant award will be for one (1) year, October 1, 2013 through September 30, 2014, with possible continuation years based on the Office on Aging's determination of satisfactory progress during the initial year of the grant.

Grant Awards and Amounts

There is no matching requirement for Fiscal Year 2014 grants. The funds listed below are available under this RFA for ADRCs in Wards 1-8.

- Ward 1 – $912,019.00
- Ward 2 – $1,118,012.00
- Ward 3 – $1,139,247.00
- Ward 4 – $861,674.00
- Ward 5 – $1,066,711.00 ($165,000 must be allocated for a minimum of two social workers)
- Ward 6 – $775,946.00
- Ward 7 – $1,138,205.00
- Ward 8 – $755,942.00

Pre-Award Site Visit

Highly ranked applicants who are recommended for funding by the review panel may be selected for a pre-award site visit. The decision to visit an applicant for a pre-award site visit rests solely and finally with the Executive Director of the District of Columbia Office on Aging.

DC Office on Aging grants monitors will conduct site visits to determine adequate staff space and facility accessibility in compliance with the Americans Disabilities Act.

Performance Measures

The Government of the District of Columbia has adopted performance based budgeting for all programs and services. The Office on Aging has developed service standards, performance goals, and outcome measures for the programs shown below. The successful applicant for the Aging and Disability Resource Center must provide these services and **must** use the performance goals and outcome measures identified by the D.C. Office on Aging articulated in Attachment D

of this RFA. Successful applicants will collect baseline data for FY 2015 performance measure milestone in FY 2014. Performance measures for affected services are shown below. Instructions for completing performance measures documents are in Attachment D.

- **In-home and Continuing Care**
  - In-Home Nutrition Program
    - Weekday and Weekend Home-Delivered Meals
  - Comprehensive Assessment
  - Case Management
  - Caregiver Support
    - Respite/Supplemental
    - Caregiver Respite (Includes day, residential, weekend, camp, club)
    - Caregiver Supplemental Services
    - Caregiver Extended Day Care, if Day Care is provided

- **Community-Based Support**
  - Health Promotion and Wellness
  - Community /Services
    - Counseling
    - Transportation to Sites and Activities
    - Recreation
    - Community Nutrition
      - Congregate Meals
      - Nutrition Education
      - Nutrition Counseling

- **Consumer Information, Assistance, and Outreach**
  - Intergenerational Volunteers
  - Information Assistance and Awareness

Multiple Submissions

Applicants desiring consideration to provide programs and services in more than one service area must submit a separate application for each service area as described in the Introduction Section of this RFA. Each application must be self-contained and include all required information (including a separate budget) as outlined in the RFA.

Staff must be budgeted and work 100% full-time in each grant program. If awarded, current grantees with split staff must comply with the 100% dedication of time and attendance in each ward program.

Contact Persons:

For further information, please contact one of the following:

Dr. Chantelle Teasdell, Associate Director, Aurora L. Delespin-Jones, Maxine Crowder or Cheryl Taylor at the D.C. Office on Aging, 500 K Street, NE, Washington, DC 20002, 202-724-5622.

SECTION II PROGRAM AND ADMINISTRATIVE REQUIREMENTS

Use of Funds

Applicants must only use grant funds to support the District of Columbia FY 2014 Aging and Disability Resource Center Program Grant, and the target populations of seniors and physically disabled persons 18-59 years old who reside in each Ward.

Audits

The District of Columbia Office on Aging (DCOA) **requires all grantees (except agencies and universities of the District of Columbia) to have an annual audit**. The audit must be conducted in accordance with generally accepted auditing standards, the Comptroller General's Standards for Audit of Government Programs Activities and Functions, The Office on Aging Audit Guide, and Office of Management and Budget (OMB) Circular No. A-133.

Any firm or person conducting audits in the District is required by District of Columbia law to be licensed by the District of Columbia Department of Consumer and Regulatory Affairs. Grantees are required to schedule and budget for the use of independent auditors. Based on grant terms between the Grantee and the Office on Aging, **the auditor must be a Certified Public Accountant, licensed to practice in the District of Columbia.**

Staffing

The applicant should employ qualified staff and maintain documentation that staff possesses adequate licensure, training, and competence to perform the duties as assigned. The applicant shall provide written notice to DCOA of any key staff changes that may occur during the award period .

Key staff for the ADRC shall include, but are not limited to the positions listed.

Project Director	Nutritionist, Licensed/Registered Dietitian
Licensed Social Workers	Outreach Coordinator
ADRC Coordinator	Data Entry Specialist
Recreation/Activity Coordinator	Nutrition Site Managers

Records

The applicant must keep accurate records of activities of the project when delivering services to clients and retain them for a period of three years after the grant ends. Records should be

available at the organization's headquarters for inspection by DCOA or other District or Federal entities at any time.

The applicant should maintain records reflecting initial intakes, periodic assessments, and ongoing progress of each client. The applicant shall maintain confidentiality of client records and to the extent possible, the client must validate all services delivered.

Monitoring

DCOA shall monitor and evaluate the performance of the applicant according to the program scope, DCOA Service Standards, related Federal and local regulations and policy requirements.

The DCOA staff will review all written policies and procedures, staff licenses and certifications, information bulletins, monthly invoices, client service rosters, and other source documents applicable to the program. Grant monitors will review monthly reports, conduct site visits, and maintain contact with the applicant to assess performance in meeting the requirements of the grant. In addition, DCOA staff will review client information service and financial data submitted through the CSTARS web-based system.

The DCOA has implemented the Client Services Tracking and Reporting System for recording, tracking, monitoring and managing client and financial data. Successful applicants will use this system to input trackable service unit data, enter case notes, and monitor staff assignments and progress in a timely manner. Financially, the system generates monthly invoices for most services.

SECTION III PROPOSAL FORMAT

Applicants are required to follow the format shown below. The purpose and content of each section is described. Applicants should include all information needed to adequately describe their objectives and plans for services. It is important that proposals reflect continuity between the goals and objectives, program design, and work plan, and that the budget demonstrates the level of effort required for the proposed services. Each proposal must contain the following information:

- **Applicant Profile** identifies the applicant, type of organization, Tax I.D. numbers, D.U.N.S. number, project service area and the amount of grant funds requested.

- **Table of Contents** should list major sections of the proposal with quick reference page indexing.

- **Proposal Abstract** concisely describes the proposed project. It should be written for the general public. The abstract should be brief and include the program goal(s), objectives, overall approach (including target population and significant partnerships), anticipated outcomes/products, and time frames. The abstract should not exceed 1 page. The proposal abstract is not counted in the 25-page limitation.

- **Program Narrative** should contain the information that justifies and describes the program to be implemented. The program narrative is clear and concisely written, and must not exceed 25 pages. Generally, the program narrative should address the following criteria. Specific technical scoring criteria are found in Section V.

  - ❖ Needs Assessment that shows social and demographic characteristics of seniors and other needs for specific services in the Ward
  - ❖ Background and Understanding
  - ❖ Project Work plan which should include:
    - o Program goals;
    - o Measurable objectives that incorporate evidence-based program modules and target outcomes, which relate to ADRC responsibilities, customer service responsibilities and ADRC service delivery plans;
    - o Schedule for quarterly community meetings and discussion topics
    - o Structured Community Outreach Program
    - o Service evaluation specifying the methodology used such as the Performance Outcome Measures Project (POMP) developed by the Administration on Aging (AOA) at www.gpra.net.

- ❖ Organizational Capability and Relevant Experience
    - o Successful programmatic experiences i.e., external evaluations, summaries of customer surveys, or other objective forms of measurement;
    - o Emergency Preparedness, Continuity of Operations and Sheltering-In-Place Plans (Include in Appendices); and
    - o Ability to timely and accurately meet program reporting requirements such as, completion of AOA-required intake data, nutrition screenings, ADRC reporting requirements, invoices, and CSTARS required data and reports.

- **Program Budget** summary sheet and budget narrative should address the criteria listed under Budget and Fiscal Management. Applicants should provide evidence of an established accounting system with policies and procedures that reasonably assure internal controls are maintained in managing funds. A sample budget narrative is included in Attachment C. All budget narratives **must** follow this format. Budget forms and budget narratives are not counted in page limit.

- **Performance Outcome Measures** – Use the appropriate performance outcome measure for the service proposed in this application. Use the forms exactly as they are printed in this RFA. Performance Measure Outcome Forms are included in Attachment D. Performance Measure Outcome forms are not included in the 25 page limitation. At the end of the grant period, this form shall be completed in the CSTARS system.

- **Certifications and Assurances** – Certifications and Assurances are not counted in page total. Certifications and Assurances are found in Attachments A and B

- **Appendices** - This section shall be used to provide technical material, supporting documentation and endorsements. Appendices are not counted in the page total. The following **required** items must be included in the Appendices:

    - ❖ audited financial statement for the year ending September 30, 2012 or December 30, 2012;

    - ❖ certification from the D.C. Office of Tax and Revenue that District of Columbia tax requirements are current;

    - ❖ current Certificate of Incorporation from the Department of Consumer and Regulatory Affairs showing that the applicant is in good standing and is authorized to conduct business in the District of Columbia;

    - ❖ name, address, telephone numbers (both home and work, if available), positions held, ethnicity, and gender of the applicant's current Board of Directors as of the date of the grant application;

- Board of Directors' meeting minutes, signed by the President or Secretary of the Board, in which the Board authorized the applicant to submit an application for funding to the Office on Aging or certification signed by the President or Secretary that the Executive Director has the authority to apply for grants;

- copy of negotiated indirect cost rate agreement, if one exists. If none exists, basis upon which indirect cost is calculated as verified by official letter from the applicant's auditor;

- inventory of Office on Aging-funded equipment and vehicles, with serial numbers or VIN numbers as appropriate and dates of purchase. (for current Office on Aging grantees, only);

- Emergency Preparedness and Continuity of Operations Plan for the agency, which includes plans for evacuation and sheltering in place at main and satellite program and nutrition sites. This emergency plan must also include a mechanism for identifying high-risk seniors with limited mobility that may need emergency assistance;

- proposed organizational chart for the project;

- letters of support from collaborating community organizations (**Current grantees should not submit letters from other participants in the Office on Aging Senior Service Network**. Please note that letters of support from other individuals should be a separate submission and will not be submitted to the panel for evaluation.);

- organization chart;

- all staff resumes; and

- existing and planned job descriptions.

The total number of pages for the proposal narrative may not exceed 25 double-spaced pages on 8½ by 11-inch paper. *The entire document must be double spaced-including bullet items.* **Margins must be no less than 1 inch and a font size of 12-point is required. Times New Roman, Georgian, Courier, Arial, or similar font is strongly recommended. Pages should be numbered. The review panel will not review applications that do not conform to all of these requirements.**

SECTION IV PROGRAM SCOPE

The purpose of this Request for Applications is to announce funding availability to assist qualified applicants in the development and implementation of comprehensive and coordinated community-based systems of programs and services for District residents who reside in Wards 1-8. These services shall be designed to meet the complex and ever-changing needs of two distinct target populations, especially for individuals with the greatest economic and/or social needs, with particular emphasis on low-income minority elderly.

Customer Service Responsibilities for seniors 60 years old and older

Applicants responding to this request for application shall be responsible for delivering the following programs and services to the target populations in each service areas as listed.

- Congregate Meals
- Counseling Services
- Health Promotion
- Nutrition Counseling
- Nutrition Education
- Recreation/Socialization
- Transportation to Sites/Activities
- Weekday Home-Delivered Meals Services
- Weekend Home-Delivered Meals Services
- Caregiver Stipend-Respite/Supplemental Services
- Comprehensive Assessment
- Case Management
- Day Care (optional)

The services and programs funded by the Office on Aging are comprehensive in nature and scope. Therefore, each applicant agency/organization must have the demonstrated ability, at a minimum, to provide the following programs/services. **The DC Office on Aging has developed Service Standards for all programs. Successful applicants will review these standards and ensure that applications address these critical mandatory standards. The applicant shall develop program activities that reflect the following:**

1) Congregate Meals Service

The service is for eligible District residents at congregate nutrition sites. The applicant shall provide the sites directly or through memoranda of understanding with partner organizations, staff supports for the sites, and other service as necessary to ensure that midday meals improve or maintain the nutritional status of the elderly and strengthen the maximum functioning and independence of elderly individuals. The service unit for a congregate meal is one complete meal provided to one eligible participant.

2) Counseling

The applicant shall provide counseling service through professionally trained personnel qualified by education or professional experience in a related field. Counseling is problem identification and resolution service provided to the target population and their families who need emotional support and guidance. Counseling must be offered as part of a community program providing other services, i.e., social, nutritional, or health-related services. The service unit for counseling is one hour of service provided to an eligible participant. Hours of service provided may include the time spent in preparing for the session, meeting with the participant, and following up with the participant, family, or friends.

3) Health Promotion

The applicant shall provide health promotion service and programs designed to promote healthy behaviors and lifestyles through health education and physical fitness. The applicant shall provide this service in a community-based setting that involves a range of structured evidence-based programs and activities to educate the elderly on how to develop healthy lifestyles to prevent and/or control disease. The service unit for health promotion is one hour of service provided to an eligible participant. Participants must receive three health promotion activities per week, two of which must be physical activity.

4) Nutrition Counseling

The applicant shall provide individualized advice and guidance to individuals who are at nutritional risk because of their health or nutritional history, dietary intake, medication use and/or chronic illness. The service unit for nutrition counseling is one hour of service provided to an eligible participant. Hours of service provided may include the time spent in preparing for the session, meeting with the participants, and following up with the participant, family, or friends. **Nutritional counseling must be performed by a DC licensed nutritionist and/or dietician as specified in the Service Standards.**

5) Nutrition Education

The applicant shall provide a program in a group setting, overseen by a licensed dietitian or individual of comparable expertise, to promote optimum health by providing accurate and culturally sensitive nutrition, physical fitness or health information and instruction to the target population. The service unit for nutrition education is one – one-hour session provided to an eligible participant by a professionally trained worker. Hours of service provided may include the time spent in preparing for the session. The time of the session is determined by the published schedule of activities for the center.

Nutrition education shall be offered twice yearly (semi-annually) at a minimum and shall not exceed 12 sessions annually (one per month) per congregate nutrition site.

6) Socialization

The applicant shall provide socialization services and programs that meet individual and social needs for continued growth and development, to reinforce a sense of dignity and independence, and to reduce isolation for the target population using evidence-based programs and materials. The service unit for socialization is one one-hour session provided to one eligible participant. The session is planned and the activity is available to all center participants who wish to participate. The time of the session is determined by the published schedule of activities for the center. The maximum time for any one session is four hours.

7) Transportation to Sites and Activities

The applicant shall provide transportation and assistance for individuals to participate in various programs and activities within the boundaries of the District of Columbia and within a 20-mile radius of the Beltway only. The service unit for transportation to sites and activities is one one-way trip, provided to one eligible participant (i.e., one-person trip).

8) Weekday Home Delivered Meals Service

The Office on Aging provides complete nutritious meals that meet or exceed one-third of the current daily Recommended Dietary Allowances and follows the U.S. Department of Agriculture Dietary Guidelines for Americans, published jointly with the U.S. Department of Health and Human Services. The purpose is to improve or maintain the nutritional status and to maintain the maximum functioning and independence of the homebound individual.

The applicant must ensure that these meals reach individual homebound clients in a manner consistent with the service standard for home-delivered meals. The service unit for weekday home-delivered meals is one complete meal, as prepared and delivered by the Office on Aging's nutrition contractor, delivered to one eligible participant.

9) Weekend Home Delivered Meals Service

The Office on Aging provides complete nutritious meals that meet or exceed one-third of the current daily Recommended Dietary Allowances and follows the U.S. Department of Agriculture Dietary Guidelines for Americans, published jointly with the U.S. Department of Health and Human Services. The purpose is to improve or maintain the nutritional status and to maintain the maximum functioning and independence of the homebound individual.

The applicant must ensure that these meals reach individual homebound clients in a manner consistent with the service standard for home-delivered meals. The service unit for weekend home-delivered meals is one complete meal, as prepared by the Office on Aging's nutrition contractor, delivered to one eligible participant.

10) Caregiver Stipend - Respite/Supplemental Services

The applicant shall provide respite and/or supplemental services to eligible caregivers to enable them to purchase respite services that allow them to be temporarily relieved of their caregiving responsibilities or to purchase supplies or equipment that will ease their caregiving burden.

A service unit for respite is one hour of service that may be delivered in the home, a community setting or in a residential facility, which relieves the caregiver of their caregiving responsibilities on a temporary basis.

A service unit for supplemental services is the quantity of the item purchased. For example, one case of adult diapers is considered one unit.

12) Comprehensive Assessment

The applicant shall provide comprehensive assessment services that identify the problems of and resources available to multiple-impaired individuals for the purpose of prescribing the necessary services to allow the participant to achieve and maintain the maximum functioning and independence of which he or she is capable. The service, combined with case management services, is intended to prevent unnecessary or premature institutionalization.

A service unit for comprehensive assessment is one hour of service worker's time spent conducting the assessment interview(s) with an eligible participant, family or friends using the standard DCOA assessment form.

13) Case Management

The applicant shall provide case management after completion of a comprehensive assessment, to see that the needed services are delivered to allow the participant to maintain the maximum functioning and independence of which he or she is capable and to maintain the participant's life-style and relationships with family and friends, to the greatest extent possible. The service is intended to prevent unnecessary or premature institutionalization. A service unit is one hour of service provided to an eligible participant. Time spent in preparation and follow-up for the service can be counted.

SECTION V REVIEW AND SCORING OF APPLICATIONS

Review Panel

A qualified review panel will conduct a technical review of all applications. The review panel will read and score each applicant's proposal, and make recommendations for funding based on the review process. The Director of the Office on Aging shall make the final funding determinations.

Technical Scoring Criteria

Applicants' proposal submissions will be objectively reviewed against the following specific scoring criteria listed below.

Background and Understanding (Total 10 Points)

1. Demonstrated knowledge of the Older Americans Act of 1965, as amended and DC Law 1-24, establishing the D.C. Office on Aging. (2 points)

2. Demonstrated knowledge of the needs of the target populations. (7 points)

Technical Soundness of the Proposal (Total 40 Points)

1. The goals, objectives and outcomes of the program are clearly defined, measurable and time specific. (13 points)

2. The proposed activity and work plan will incorporate evidence-based programs, models, and activities result in the accomplishment of the project objectives, including client service and ADRC responsibilities. The applicant identified the number of individuals to be served, the service units to be provided and measurable outcomes specifying the evaluation methodology to be used in each service category. (12 points)

3. The applicant demonstrated the ability to provide the required services in the designated service area. (8 points)

4. The applicant explains details about integrated ADRC staff and service as an ADRC satellite site. (7 points)

Organizational Capability and Relevant Experience (Total 30 Points)

1. The applicant demonstrated the ability, knowledge, and experience to develop and manage aging programs on a large scale that are relevant to the services provided and the target population being served. (7 points)

2. The applicant demonstrated its collaboration with other service providers, community-based organizations, and the community at large in serving the target population. (7 points)

3. The applicant demonstrated its successful and sustained programmatic performance in current and prior District government, federal government, or other organizational grants by providing copies of external evaluations, summaries of customer service surveys, or other objective forms of measurement. (6 points)

4. The applicant demonstrates an understanding of the ADRC concept and capacity and provides sufficient resources to operate as an ADRC, and to meet the goals and objectives of the ADRC. (6 points)

5. The applicant demonstrated the capacity and staff to timely and accurately meet program-reporting requirements such as completion of AOA-required intake data, nutrition screenings, invoices, and CSTARS required data and reports. (4 point)

Budget and Fiscal Management (Total 20 Points)

1. The applicant provided evidence of sound fiscal management and financial stability through the submission of annual audits, annual financial statements, and certifications from the District's Office of Tax and Revenue and Department of Employment Services. (5 points)

2. The applicant provides evidence of an established accounting system with policies and procedures that reasonably assures internal control is maintained in managing funds. (10 points)

3. The applicant demonstrates that the proposed budget (including the match) is reasonable, realistic and will achieve project objectives. (5 points)

Decision on Awards

The recommendations of the review panel are advisory and not binding on the Office on Aging. Final decision on funding is vested solely with the Executive Director of the DC Office on Aging based on a review of the recommendations of the review panel, prior performance of current Office on Aging grantees, if applicable, Office on Aging staff administrative review, pre-award site visit reports and any other information considered relevant.

SECTION VI INSTRUCTIONS FOR TRANSMITTING APPLICATIONS

An original and five (5) copies of the application must be submitted in a sealed envelope or package conspicuously marked "Application in Response to Fiscal Year 2014 Office on Aging Aging and Disability Resource Center Grant Program Request for Application." Applications that are not submitted in a sealed envelope or package and so marked **will not be accepted**. Electronic, telephonic, telegraphic and facsimile submissions **will not be accepted**.

Applications Delivered by Mail

An application sent by mail must be addressed to the District of Columbia Office on Aging, in a sealed envelope or package conspicuously marked "Application in Response to Fiscal Year 2014 Aging and Disability Resource Center Grant Program Request for Application" 500 K Street, NE Washington, DC 20002. Applications sent by mail must be mailed in time to allow the application to reach the D.C. Office on Aging by the deadline date.

An application must show proof of mailing consisting of one of the following:

(1) A legibly dated U.S. Postal Service postmark.
(2) A legible mail receipt with the date of mailing stamped by the U.S. Postal Service.
(3) A dated shipping label, invoice, or receipt from a commercial carrier.
(4) Any other proof of mailing acceptable to the Government of the District of Columbia

If an application is sent through the U.S. Postal Service, the following are not acceptable proofs of mailing:

(1) A private metered postmark, or
(2) A mail receipt that is not dated by the U.S. Postal Service.

An applicant should note that the U.S. Postal Service does not uniformly provide a dated postmark. Before relying on this method, an applicant should check with its local post office. Applicants are encouraged to use registered or at least first-class mail.

Applications Delivered by Hand/Courier Service

An application that is hand delivered must be taken to the District of Columbia Office on Aging in a sealed envelope or package conspicuously marked "Application in Response to Fiscal Year 2014 Aging and Disability Resource Center Grant Program Request for Application" 500 K Street, NE, Washington, DC 20002 between 9:00 a.m. and 4:30 2p.m. daily, except Saturdays, Sundays and Federal holidays.

In order for an application sent through a Courier Service to be considered timely, the Courier Service must deliver the application on or before the deadline date and time.

Applications are due no later than 4:30 p.m., EDT, on August 19. All applications will be recorded upon receipt. Applications **will not be accepted after 4:30 p.m. EDT**, August19, 2013. Any additions or deletions to an application will not be accepted after the deadline.

An original and five copies, for a total of six (6) copies **must be** delivered to the following location:

District of Columbia Office on Aging
500 K Street, NE
Washington, DC 20002

LATE APPLICATIONS WILL NOT BE ACCEPTED

NOTE: Applicants must allow time to proceed through security process in the building. Persons delivering applications must show proper identification, generally a picture I.D., to gain access to building elevators. The Office on Aging will not accept responsibility for delays in the delivery of the proposals. Applicants should be aware that a security status level higher than yellow may require additional identification and cause further delays in accessing the building.

Checklist for Applications

__ The application is printed on 8½ by 11-inch paper, double-spaced, on one side, using 12-point type with a minimum of one-inch margins.

__ The Applicant Profile contains all the information requested.

__ The application contains a Table of Contents.

__ The proposal abstract is complete and does not exceed 1-page limit for this section of the application.

__ The applicant organization/entity has responded to all sections of the Request for Application.

__ Relevant performance outcome measure forms are complete and attached.

__ The program budget is complete, including budget narrative.

__ The program narrative section is complete and is within the 25-page limit for this section of the application.

__ The Certifications and Assurances listed in Attachments A and B are complete and signed by an authorized representative of the applicant organization.

__ The appropriate appendices, including certifications, staff qualifications, individual resumes, licenses, Board minutes, and other supporting documentation are enclosed.

__ There are five (5) copies of the proposal plus the original.

__ The application is submitted with two original receipts, found in Attachment E, attached to the outside of the envelopes or packages.

Additional Information for Successful Applicants

The following guidance documents are required for each successful applicant and may be obtained from the Office on Aging or the U.S. Administration on Aging website www.aoa.gov:

- Older Americans Act of 1965, as amended and appropriate regulations;
- D.C. Law 1-24, as amended;
- D.C. Office on Aging State Plan (relevant portions only); and
- D.C. Office on Aging Audit Guide.

Service Standards

The Office on Aging Service Standards for all services is available for pick-up from the receptionist at the Office on Aging.

SECTION VII LIST OF ATTACHMENTS

Attachment A **Certifications**

Attachment B **Assurances**

Attachment C **Sample Budget Summary and Narrative**

Attachment D **Performance Outcome Measures**

Attachment E **Application Receipt Form**

Attachment F **Continuity of Operations Plan Template**

Attachment A

DISTRICT OF COLUMBIA OFFICE ON AGING

CERTIFICATIONS REGARDING DEBARMENT, SUSPENSION AND OTHER
RESPONSIBILITY MATTERS, DRUG-FREE WORKPLACE REQUIREMENTS
AND LOBBYING

Applicants should refer to the regulations cited below to determine the certification to which they are required to attest. Applicants should also review the instructions for certification included in the regulations before completing this form. Signature on this form provides for compliance with certification requirements under 45 CFR Part 74.13, 2 CFR Part 180 "Government Debarment and Suspension (Non-procurement)"; 45CFR Part 82 "Government-wide Requirements for Drug-Free Workplace"; and 45 CFR Part 93 "New Restrictions on Lobbying." The certifications shall be treated as a material representation of fact upon which reliance will be placed when the District of Columbia Office on Aging determines to award the covered transaction, grant, or cooperative agreement.

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1. Debarment, Suspension, and Other Responsibility Matters

As required by Executive Order 12549 and 12689 Debarment and Suspension, and implemented at 45 CFR 74.13 and 2 CFR 215.13, for prospective participants in primary covered transactions, as defined at 2 CFR Part 180 Subpart C.

(1) The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:

(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency;

(b) Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph(1)(b) of this certification; and

(d) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

(2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

2. Certification Regarding Drug-Free Workplace Requirements

Alternate I. (Grantees Other Than Individuals)

As required by the Drug-Free Workplace Act of 1988, and implemented at 45 CFR Part 82, Subpart F, for grantees, as defined at 45 CFR Part 82, Sections 82.605 and 82.610 –

A. The grantee certifies that it will maintain a drug-free workplace by:

(a) Publishing a statement notifying employees that the unlawful, manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(b) Establishing an ongoing drug-free awareness program to inform employees about --

(1)The dangers of drug abuse in the workplace;

(2) The grantee's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);

(d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will --

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

(e) Notifying the agency in writing, within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction.

Employers of convicted employees must provide notice, including position title, to: Executive Director, District of Columbia Office on Aging, 441 4th Street, N.W., Washington, D.C. 20001. Notice shall include the identification number(s) of each affected grant;

(f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d)(2), with respect to any employee who is so convicted --

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of

the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

(g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e) and (f).

B. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of Performance (Street address, city, county, state, zip code)

Place of Performance: _____
Address: _____
Address: _____
City: _____
State: _____
Zip Code: _____
County: _____

☐ Check if there are workplaces on file that are not identified here.

Alternate II. (Grantees Who Are Individuals)

As required by the Drug-Free Workplace Act of 1988, and implemented at 45 CFR Part 82, Subpart F, for grantees, as defined at 45 CFR Part 82, Sections 82.605 and 82.610 (A) The grantee certifies that, as a condition of the grant, he or she will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant;

(B) If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, he or she will report the conviction, in writing, within 10 calendar days of the conviction, to: Executive Director, District of Columbia Office on Aging, 441 4th Street, NW, Suite 900 South, Washington, DC 20001. When notice is made to such a central point, it shall include the identification number(s) of each affected grant.

3. LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements As required by Section 1352, Title 31 of the U.S. Code, and implemented at 45 CFR Part 93, for persons entering into a grant, cooperative agreement or contract over $100,000, or loan, or loan guarantee over $150,000, as defined at 45 CFR Part 93, Sections 93.105 and 93.110 the applicant certifies that to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, ``Disclosure Form to Report Lobbying,'' in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any

person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned certifies, to the best of his or her knowledge and belief, that: if any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, ``Disclosure Form to Report Lobbying,'' in accordance with its instructions.

Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into.

As the duly authorized representative of the applicant, I hereby certify that the applicant will comply with the above applicable certification(s).

NAME OF APPLICANT:

_____

AWARD NUMBER AND/OR PROJECT NAME:

_____

SIGNATURE:

_____

DATE:

_____

Attachment B

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Office on Aging

ASSURANCES

The applicant hereby assures and certifies compliance with all Federal statutes, regulations, policies, guidelines and requirements, including OMB Circulars No. A-21, A-110, A-122, A-128, A-87; E.O. 12372 and Uniform Administrative Requirements for Grants and Cooperative Agreements – 28 CFR, Part 215, Common Rule, that govern the application, acceptance and use of Federal funds for this federally-assisted project.

Also, the Applicant assures and certifies that:

1. It possesses legal authority to apply for the grant; that a resolution, motion or similar action has been duly adopted or passed as an official act of the applicant's governing body, authorizing the filing of the application, including all understandings and assurances contained therein, and directing and authorizing the person identified as the official representative of the applicant to act in connection with the application and to provide such additional information as may be required.

2. It will comply with requirements of the provisions of the Uniform Relocation Assistance and Real Property Acquisitions Act of 1970 PL 91-646 which provides for fair and equitable treatment of persons displaced as a result of Federal and federally-assisted programs.

3. It will comply with the minimum wage and maximum hours provisions of the Federal Fair Labor Standards Act if applicable.

4. It will establish safeguards to prohibit employees from using their positions for a purpose that is or gives the appearance of being motivated by a desire for private gain for themselves or others, particularly those with whom they have family, business, or other ties.

5. It will give the sponsoring agency of the District of Columbia, the DC Office of Inspector General, the DC Attorney General, the U.S. Department of Health and

Human Services/Administration on Aging, Office of Inspector General, and or the Comptroller General of the United States, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the grant.

6. It will comply with all requirements imposed by the DC Office on Aging concerning special requirements of law, program requirements, and other administrative requirements.

7. It will insure that the facilities under its ownership, lease or supervision which shall be utilized in the accomplishment of the project are not listed on the Environmental Protection Agency's (EPA), list of Violating Facilities and that it will notify the Office on Aging of the receipt of any communication from the Director of the EPA Office of Federal Activities indicating that a facility to be used in the project is under consideration for listing by the EPA.

8. It will comply with the flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973, Public Law 93-234-, 87 Stat. 975, approved December 31, 1976. Section 102(a) requires, on and after March 2, 1975, the purchase of flood insurance in communities where such insurance is available as a condition for the receipt of any Federal financial assistance for construction or acquisition purposes for use in any area that has been identified by the Secretary of the Department of Housing and Urban Development as an area having special flood hazards. The phrase "Federal Financial Assistance", includes any form of loan, grant, guaranty, insurance payment, rebate, subsidy, disaster assistance loan or grant, or any other form of direct or indirect Federal assistance.

9. It will assist the Office on Aging in its compliance with Section 106 of the National Historic Preservation Act of 1966 as amended (16 USC 470), Executive Order 11593, and the Archeological and Historical Preservation Act of 1966 (16 USC 569a-1 et. Seq.) By (a) consulting with the State Historic Preservation Officer on the conduct of investigations, as necessary, to identify properties listed in or eligible for inclusion in the National Register of Historic Places that are subject to adverse effects (see 36 CFR Part 800.8) by the activity, and notifying the Federal grantor agency of the existence of any such properties, and by (b) complying with all requirements established by the Federal grantor agency to avoid or mitigate adverse effects upon such properties.

10. It will comply with the provisions of 45 CFR applicable to grants and cooperative agreements: Part 80, Nondiscrimination under programs relieving Federal

assistance through the Department of Health and Human Services effectuation of Title VI of the Civil Rights Act of 1964; Part 74 as applicable under Section 74.5, Part 82 government wide requirements for Drug Free Workplace; and Federal laws or regulations applicable to Federal Assistance Programs.

11. It will comply, and all its contractors will comply, with the non-discrimination requirements of Title VI of the Civil Rights Act of 1964, as amended; Section 504 of the Rehabilitation Act of 1973, as amended; Subtitle A, Title III of the Americans with Disabilities Act (ADA) (1990); Title IX of the Education Amendments of 1972; the Age Discrimination Act of 1975; Department of Health and Human Services Regulations, 45 CFR Part 80 Subparts C, D, E and G; and Department of Health and Human Services regulations on disability discrimination, 45 CFR Parts 80, 84, 90, and 91.

12. In the event a Federal or State court or Federal or State administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin, sex, or disability against a recipient of funds, the recipient will forward a copy of the finding to the DCOA and Office for Civil Rights, Office of Health and Human Services.

13. It will provide an Equal Employment Opportunity Program if required to maintain one, where the application is for $500,000 or more.

15. It will coordinate with other available resources in the target area, i.e. Health Facilities, Public Libraries, Colleges and Universities and develop agreements with educational institutions outlining courses available to seniors either without cost or at a discount.

16. It will adhere to Office on Aging Policy Memorandum 01-P08, Continuation Application Instructions for Office on Aging Grantees Receiving D.C. Office on Aging and Medicaid for the Same Service, as applicable, and to Office on Aging Policy Memorandum 02-P07, Approval for Key Personnel, as applicable

17. It will comply with the DCOA Grants Policy Manual.

18. It will give priority in hiring to D.C. residents when filling vacant positions.

19. It will give priority in hiring to individuals age 55 and over.

20. It will adhere to the D.C. Office on Aging mandate that all participant travel, for reimbursement purposes, will not

extend beyond the 20-mile radius limit of the Washington Beltway surrounding the District of Columbia except where specifically provided under the grant or approved in advance in writing by DCOA.

21. It will submit all reports, i.e., Monthly Comprehensive Uniform Reporting Tool (CURT), (including NAPIS information, if applicable), the Monthly and Quarterly Financial Reports in a timely manner, and not later than the monthly due date.

22. It will ensure that client intake forms are completed annually in the DCOA Client Information Management System including information on age, gender, ethnicity and poverty status.

23. It will ensure that all applicable logs regarding services provided, including services specifically for caregivers under the National Family Caregiver Support Program are maintained according to the terms and conditions of the grant.

24. It will ensure that the grantee is represented by the Project Director or another comparable level staff member at monthly Office on Aging-sponsored Project Director meetings.

25. It will submit an inventory listing of all equipment purchased in whole or in part with Office on Aging funds. Further, it will comply with the requirement that all equipment purchased with D.C., Office on Aging funds will be labeled as property of DCOA and will not be disposed of, i.e., transferred, replaced or sold, without prior approval from the Office on Aging.

26. It will include on all stationery, publicity and promotional material and related written, electronic and oral communications the following identifier:

Part of the Senior Service Network
Supported by the D.C. Office on Aging.

It will include in the written descriptions and verbal presentations of services funded by the Office on Aging, that the programs and services are provided in partnership with the Office on Aging, in accordance with OoA Policy Memorandum 02-P05, Acknowledgement of Office on Aging Financial Support.

Attachment C

D.C. OFFICE ON AGING
FY 2014 BUDGET SUMMARY SHEET

BUDGET CATEGORIES	SOURCE		TOTAL BUDGET
	Grantee Share	DC Office on Aging Share	
1. PERSONNEL (a)Salary (b)Fringe @ ___%			
2. TRAVEL			
3. OCCUPANCY			
4. COMMUNICATIONS			
5. EQUIPMENT			
6. SUPPLIES			
7. OTHER DIRECT			
8. TOTAL DIRECT COSTS			
9. INDIRECT COST @ 10% OF TPC *			
10. TOTAL PROJECT COSTS			

* Total DCOA Personnel Cost

PERSONNEL

Project Director. The Project Director will oversee all aspects of the grant. Responsibilities will include ensuring that budget and timetable targets are met, selecting contractors, putting together an advisory committee, preparing project reports, working with evaluation consultant to develop the project evaluation, and supervising the project staff. The Project Director will work 25% of the time for 12 months. Based on an annual salary of $60,000, the cost to the project will be $15,000.

DCOA Funds: $15,000 Matching Funds: $0 Total: $15,000

Data Coordinator. The Coordinator will design and develop curricula, and conduct training classes for seniors at each of the7 nutrition meal sites. The trainer will be assigned 100% of the time to the project for 12 months with an annual base salary of $24,000. The total cost with benefits @ 10 % ($2,400) will be $26,400.

DCOA Funds: $8,000 Matching Funds:$18,400 Total: $26,400

Total DCOA Funds: $23,000
Total Matching Funds: $18,400
Total Personnel Cost: $41,400

SUPPLIES

Office supplies will be purchased to carry out general administration and program activities. Supplies will be purchased on a quarterly basis for the program year. Incidental supply needs will be handled through emergency funds. A general list is attached, however, the supplies will include, paper, cartridges, toner, computer software, binders, stationary, water, books.

DCOA Funds: $2,000 Matching Funds: $22,000 Total: $24,000

Total DCOA Funds: $2,000
Total Matching Funds: $22,000
Total Supply Cost: $24,000

This is a sample Budget Narrative to guide you in formatting the program budget. Remember there is no cash match requirement but program revenue must be put back in the program to enhance services and serve more seniors.

EQUIPMENT

Four personal computers will be purchased installed at each of 3 sites for computer training. Each computer will be equipped with a high-speed modem and a CD-ROM drive and will cost $24,000.
DCOA Funds: $4,000 In-Kind Matching Funds: $20,000 Total: $24,000

A GreatServer 2000 network server will be located at the project headquarters. The server will be the repository of the program client information files and will manage the electronic mail communication among the sites. The server will be configured with a 1 GB hard drive, 32 MB of RAM, and will have a magnetic tape drive for backup purposes. Cost: $14,498.

DCOA Funds: $7,249 In-Kind Matching Funds: $7,249 Total: $14,498

Total DCOA Funds: $11,249
Total In-Kind Matching Funds:
$27,249
Total Equipment Cost: $38,498

Travel

Travel funds will be used to support social worker travel to conduct in-home assessments, screenings, and nutrition counseling sessions with homebound clients. Staff will receive reimbursement at .505 for mileage. 700 miles x .505 per mile = $353.5

DCOA Funds: $ 0 Matching Funds: $353.5
Total: $353.5

Public transportation to attend meetings, conferences and other work related activities will be support through the use of Metrorail passes. 75 trips@ $1.35 per trip - $101.25

DCOA Funds: $ 0 Matching Funds: $101.25
Total: $101.25

Call-N-Ride coupons will be purchased for alternative emergency transportation needs for seniors when WEHTS is unable to accommodate an essential care appointment.

DCOA Funds: $ 0 Matching Funds: $240
Total: $240

Funds will support bus rentals for two major group trips to the Danish Farms and Burn Brea Dinner Theater.

DCOA Funds: $ 1,700 Matching Funds: $300
Total: $2,000

Total DCOA Funds: $1,700
Total Matching Funds: $994.75
Total Travel Cost: $2,694.75

Communications

Monthly telephone and internet billing along with one organization cell phone will be supported through 2010 funds.

DCOA Funds: $ 2,000 Matching Funds: $ 0
Total: $2,000

Total DCOA Funds: $2,000
Total Matching Funds: $0
Total Communications Cost: $2,000

Occupancy

Two thousand square feet of office space located at 2222 Jelly Roll Street, NW, Washington, DC 2999 is leased from Whosoever Realty Co. to house the lead agency headquarters and a nutritional meal site program at @ $2.00 per square foot. The monthly lease is $4,000 and $48,000 for the year (see Appendix 4 Lease Agreement).

DCOA Funds: $42,000 Matching Funds: $6,000 Total: $48,000

Utilities are averaged over a 12 month period based upon the previous year usage as follows:

1. Gas @ $100 mo. x12 = $1,200
2. Electric @ $75 mo. x 12 = $900
3. Water – is covered in the lease = $0
4. Trash removal 150 mo. x 12 = $1,800
5. Snow/grass maintenance $125 x7appointments = $875

DCOA Funds: $4,775 Matching Total: $4,775
Funds: $0

IN-KIND MATCH: Memorandum of Understandings exists with Joseph Property Management for one meal site estimated @ $120.00 month per the current market renter's rate for the area. Total annual in-kind space agreement is $1,440 per annum.

DCOA Funds: Matching Total: **$1,4410 in-kind**
$0 Funds: $1,440

Total DCOA Funds: $42,000
Total Matching Funds: $10,775
Total Occupancy Cost: $52,775

Total In-kind: 1,440

Other Directs

Blank Check Food Service Contract provides specialty meals for birthday center events = $400

Transportation Services for meals – flat rate cost for transportation of meals to sites from caterer Monday through Friday for 52 weeks = $15,000

Employee Background Checks -Expenses for 85 new employee background checks at $30.00 each = $2,550

Copier Contract - annual service contract on cannon copier = $2,500

Exercise Consultant- Consultant provides 26 exercise sessions annually not to exceed two 2 hour sessions per month for 12 months @ $269.23 per mo. = $7,000

DCOA Funds: Matching Funds: Total:
$23,332 $4,118 $27,450

Total DCOA Funds: $ 23,332
Total Matching In KindFunds: $4,118
Total Other Directs Cost: $27,450

INDIRECT COSTS

Administrative Clerical Pool - 2 staff @ $12.00/ hr. x 1040 hrs. ea. = $24,960
Facilities supplies and janitorial support services 12 mos. x $150 =$1,800
Accountant consultant: not to exceed 192 hrs. @ 20.00/ hr = $3,840
Total Personnel Cost @ 7,000

DCOA Funds:		Matching	Total:
$37,600	Funds: $ 0		$37,600

Total DCOA Funds: $37,600
Total Matching Funds: $0
Total Indirect Costs: $37,600

TOTAL FY 2010 GRANT PROGRAM FUNDING

Total DCOA Grant Award Funds: $142,881.00
Total Local Cash Matching Funds: $83,536.75 @ 37% of total grant
Total Local In-Kind Funds: $1,440
Total Program Grant: 227,857.75

LOCAL CASH MATCH SOURCE OF FUNDS

FUND SOURCE	AMOUNT	COST ALLOCATION	PURPOSE
GSAP Grant:	$7,249	Equipment	GreatServer purchase
Participant Contributions:	$ 240	Travel	Purchase of Call-N-Ride coupons
Participant Contributions:	$ 300	Travel	Bus rental for trips

Attachment D

INSTRUCTIONS FOR COMPLETING THE STANDARD

PERFORMANCE OUTCOME MEASURES FORMS

Each grantee providing the services listed on the previous pages, must include the relevant **Standard Performance Goals and Outcome Measures Forms** in its grant application. Standard Performance Goals and Outcome Measures are required for **each service that appears on a separate service line in the grantee's Office on Aging grant application budget.** The Performance Goals and Outcome Measures Forms are found on the following pages.

The grantee must complete the applicable forms by adding the:

- Name and title of the responsible person (indicate responsible position title for staff not yet hired)
- Office on Aging funds (do **not** include the grantee match) the grantee has budgeted for the services that comprise the activity

Definitions

Target Results: The target results are what the Program is working to achieve during the fiscal year.

Actual Results: The actual results are what the grantee achieved during the fiscal year based on actual client statistics.

Outputs and Demands: Outputs and demands are the statistics the grantee records to determine whether the target results have been met.

Responsible Person: The name and title of the person or people responsible for ensuring that the target results are met.

FY 2014 Budget: The amount of Office on Aging funds budgeted for the services comprising this activity.

Submission of Outputs, Demands, and Actual Results Data to the Office on Aging

The demands and outputs, which allow a grantee to calculate actual results, are based on fiscal year 20014 data. Therefore, the demands, outputs and actual results are recorded on the forms once the fiscal year

has ended and client data has been collected and tabulated for the year. ***The completed forms must be sent to the Office on Aging at the conclusion of the fiscal year. Grantees will be notified of the date that the forms are due. Additionally, there may also be monthly reporting requirements, but grantees will be notified at a later date.***

Putting Systems in Place to Track Results

The system for using relevant measurement tools, collecting and recording output and demand data, and tracking results, must be in place at the beginning of the fiscal year, so that the data will be available to determine whether the target results were met for the year. Progress should be monitored periodically. Data and worksheets must be maintained and made available to Office on Aging staff, upon request, for monitoring purposes.

Recording Outputs and Demands

Some outputs and demands, specifically the number of clients receiving a particular service, are provided by Georgetown based on the client rosters that the grantee submits. Other outputs and demands, based on the number of participants screened and reassessed, the results of screenings and reassessments, the length of time a client has received service, and the results of customer surveys and training evaluation forms must be tracked by the grantee.

The nutrition performance measures require screenings and follow-up screenings. Nutrition follow-up screenings on high risk clients should occur at six month intervals. All clients receiving reassessments within the fiscal year should be included in the calculations to determine what percentage of clients had improved nutrition or healthy lifestyle scores upon reassessment.

Service longevity spreadsheets required for most in-home and continuing care service performance measures must list the clients in the program and track their service use during the fiscal year. Clients who receive service throughout the fiscal year are counted as having remained in their home for the year. Clients, who stop service ***temporarily*** during the year for situations such as hospitalization, may still be counted as remaining in their homes.

Customer surveys, required by most community-based service performance measures, must be completed prior to the end of the fiscal year allowing enough time for responses to be received and tabulated and included in the calculations to determine the actual result.

Calculating Target Results

Example Nutrition Services: 5% of seniors identified as being at high nutritional risk will experience an improvement in their nutritional status based on an improved nutritional risk score.

- **Demand**
  - 250 participants at high nutritional risk received follow-up screening (will be lower than the number assessed at high risk because some may have dropped out of the program or follow-up screening was not possible for a variety of reasons)
- **Output**
  - 50 participants who received follow-up screening had an improved nutritional risk score (improved by one or more points)
- **Actual Result Calculation = output divided by demand, i.e.,**
  - 50/250 = 20% improved
- **Actual Result 20%**

Example Day Care: 50% of seniors receiving day care services will remain in their homes for one year.

- **Demand**
  - 100 participants received day care services
- **Output**
  - 50 participants received services for one year (participants who stop services ***temporarily*** may be counted)
- **Actual Result Calculation = output divided by demand, i.e.,**
  - 50/100 = 50% remained in their home for one year
- **Actual Result 50%**

Example Community-based Services (i.e., Congregate Meals, Nutrition Education, Nutrition Counseling, Recreation, Counseling, Transportation to Sites): 10% of participants will report that the services enable them to maintain an active and independent lifestyle.

- **Demand**
  - 75 people responded to this question on the customer survey.
- **Output**
  - 70 respondents reported the services enabled them to maintain an active and independent lifestyle.
- **Actual Result Calculation = output divided by demand, i.e.,**
  - 70/75=93% reported that the services enabled them to maintain an active and independent lifestyle.
- **Actual Result 93%**

Agency_____

Service: _____

D.C. OFFICE ON AGING
SENIOR SERVICE NETWORK

Performance Goals and Outcome Measures for the In-Home Services and Day Care Programs FY 2014

PROGRAM	**IN-HOME AND CONTINUING CARE**
Activity	**In-Home and Day Care Services**
Activity Purpose Statement	The purpose of providing In-home and Day Care services to frail Washingtonians 60 years of age and older is so that they can remain in their homes longer.
Services that Comprise the Activity	• Homemaker services • Specialized homemaker services for people suffering from dementia • Day Care • DC Caregiver Institute • Heavy House Cleaning • Volunteer Caregiver • Age-In-Place • UDC Respite Aide Program
Activity Performance Measures	**Target Results:** **Actual Results** 65% of seniors receiving these services will remain in their homes for one year. _____% *Measurement Tool:* ***Service Longevity Spreadsheet*** **Demand:** ____# of clients receiving these services at beginning of fiscal year **Output:** ____# of same clients receiving these services at end of fiscal year.
Responsible Person	
FY 2014 Budget (Office on Aging share only)	

Agency:_____

Service: _____

D.C. OFFICE ON AGING
SENIOR SERVICE NETWORK

Performance Goals and Outcome Measures for the In-Home Nutrition Program
FY 2014

PROGRAM	**IN-HOME AND CONTINUING CARE**
Activity	**In-Home Nutrition Services**
Activity Purpose Statement	The purpose of providing In-Home Nutrition Services to Washingtonians 60 years of age and older is to improve their nutritional health and support their efforts to remain in their homes.
Services that Comprise the Activity	Home Delivered Meals (weekend) Transportation of Home Delivered Meals
Activity Performance Measures	**Target Results:** **Actual Results** 25% of seniors identified as being at high _____% nutritional risk will experience an improvement in their nutritional status based on an improved nutritional risk score. **(LEAD AGENCIES ONLY)** 65% of seniors receiving in-home nutrition _____% services will remain in their homes one year. **(LEAD AGENCIES ONLY)** *Measurement Tools:* ***Nutrition Screening Form and Service Longevity Spreadsheet*** **Demands: (LEAD AGENCIES ONLY)** ____# of high risk participants who received follow-up screening for nutritional risk ____# of participants receiving home delivered meals at start of fiscal year **Outputs: (LEAD AGENCIES ONLY)** ____# of high risk participants whose nutritional risk scores improved upon follow-up screening (by one or more points) ____# of same participants receiving home delivered meals at end of fiscal year
Responsible Person	
FY 2014 Budget (Office on Aging share only)	

Agency:_____

Service: _____

D.C. OFFICE ON AGING
SENIOR SERVICE NETWORK

Performance Goals and Outcome Measures for Comprehensive Assessment and Case Management Services
FY 2014

PROGRAM	**IN-HOME AND CONTINUING CARE**
Activity	**Comprehensive Assessment and Case Management**
Activity Purpose Statement	The purpose of providing In-home and Day Care services to Washingtonians 60 years of age and older is to enable them to remain in their homes.
Services that Comprise the Activity	Comprehensive Assessment Case Management
Activity Performance Measures	**Target Results:** **Actual Results** 40% of seniors receiving comprehensive assessment and case management services will _____% remain in their homes for one year. *Measurement Tool:* ***Service Longevity Spreadsheet*** **Demand:** ____# of clients receiving case management services at start of fiscal year **Outputs:** ____# of same clients receiving service at end of year
Responsible Person	
FY 2014 Budget (Office on Aging share only)	

Agency: _____

Service: _____

D.C. OFFICE ON AGING
SENIOR SERVICE NETWORK

Performance Goals and Outcome Measures for the Caregiver Program
FY 2014

PROGRAM	**IN-HOME AND CONTINUING CARE**
Activity	**Caregiver Support**
Activity Purpose Statement	The purpose of providing Caregiver Support to eligible caregivers residing in Washington, D.C. is to enable caregivers to continue to provide care.
Services that Comprise the Activity	Caregiver Institute Education Spring Cleaning Caregiver Assessment and Day Care Case Management Aide Supplemental Caregiver Respite Extended UDC Respite
Activity Performance Measures	**Target Results:** **Actual Results** 60% of caregivers will report that the services _____% had a positive impact on their ability to provide care. 67% of Caregivers receiving Caregiver Support remain in the program for one year. **Demand:** ____# of caregivers responding to the customer survey question regarding services having a positive impact on their ability to provide care ____# of Caregivers receiving services in October **Outputs:** ____# of respondents reporting a positive impact. ____# of Same Caregivers receiving services in September.

Responsible Person	
FY 2014 Budget (Office on Aging share only)	

Agency: _____

Service: _____

DC OFFICE ON AGING
SENIOR SERVICE NETWORK

Performance Goals and Outcome Measures for Health Promotion
FY 2014

PROGRAM	**COMMUNITY-BASED SUPPORT**
Activity	**Health Promotion**
Activity Purpose Statement	The purpose of the health promotion activity is to provide physical fitness, health screenings, and wellness information to Washingtonians 60 years of age and older so they can increase their awareness of and adopt healthy behaviors.
Services that Comprise the Activity	Health Promotion Wellness (including fitness classes, health screening, health and nutrition information sessions)
Activity Performance Measures	**Target Results:** **Actual Results** 75% of health promotion participants will report _____% that health promotion activities increased their awareness of healthy behaviors and led them to adopt one or more healthy habits. **(SERVICE AGENCIES OTHER THAN WELLNESS CENTERS)** *Measurement Tools:* ***Health Promotion Participants – Customer Survey*** **Demand:** ____# of health promotion participants responding to customer survey **Outputs:** ____# of same health promotion participants reporting an increase in their awareness of and practice of healthy habits.
Responsible Person	
FY 2014 Budget (Office on Aging share only)	

Agency:_____

Service:_____

D.C. OFFICE ON AGING
SENIOR SERVICE NETWORK

Performance Goals and Outcome Measures for Community Services
FY 2014

PROGRAM	**COMMUNITY -BASED SUPPORT**
Activity	**Community Services**
Activity Purpose Statement	The purpose of providing Community Services to Washingtonians 60 years of age and older is to enable them to maintain an active and independent life style.
Services that Comprise the Activity	Counseling (includes Health Insurance Counseling Project) Transportation (to sites and activities) Recreation/Socialization

Activity Performance Measures	**Target Results:** **Actual Results** 80% of seniors who receive community-based services will report that they were able to maintain active and independent life styles. _____% 50% of clients receiving health insurance counseling will report that their concerns were addressed. **(HEALTH INSURANCE COUNSELING PROJECT ONLY)** _____% *Measurement Tools:* ***Customer Survey and Nutrition Screening Form*** **Demands:** ____# of community service clients responding to customer survey question regarding their ability to maintain an active and independent lifestyle. ____# of health insurance counseling clients responding to customer survey question regarding their concerns being addressed. **(HEALTH INSURANCE COUNSELING PROJECT ONLY)** **Outputs:** ____# of community service clients who report an active and independent life style **(HEALTH INSURANCE COUNSELING PROJECT ONLY)** ____# of health insurance counseling clients who report their concerns were addressed.
Responsible Person	
FY 2014 Budget (Office on Aging share only)	

Agency: _____

Service:_____

D.C. OFFICE ON AGING
SENIOR SERVICE NETWORK

Performance Goals and Outcome Measures for Community Services
FY 2014

PROGRAM	**COMMUNITY -BASED SUPPORT**
Activity	**Community Nutrition Services**
Activity Purpose Statement	The purpose of providing Community Services to Washingtonians 60 years of age and older is to enable them to maintain an active and independent life style.
Services that Comprise the Activity	Congregate meals (Weekday and Weekend) Nutrition Education Nutrition Counseling

Activity Performance Measures	**Target Results:** **Actual Results** 25% of seniors in congregate nutrition sites identified as being at high nutritional risk will experience an improvement in their nutritional status based on an improved nutritional risk score. **(LEAD AGENCIES ONLY)** _____% *Measurement Tools:* ***Customer Survey and Nutrition Screening Form*** **Demands:** ____# of high risk participants who received follow-up screening for nutritional risk. **(LEAD AGENCIES ONLY)** **Outputs:** **(LEAD AGENCIES ONLY)** ____# of high risk participants whose nutritional risk scores improved upon follow-up screening (by one or more points)
Responsible Person	
FY 2014 Budget (Office on Aging share only)	

Agency:_____

Service: _____

D.C. OFFICE ON AGING
SENIOR SERVICE NETWORK

Performance Goals and Outcome Measures for the In-Home and Community Based Services FY 2014

PROGRAM	**IN-HOME AND COMMUNITY BASED SERVICES**
Activity	**IN-HOME AND COMMUNITY BASED SERVICES**
Activity Purpose Statement	The purpose of providing In-home and Community Based services to senior Washingtonians 60 years of age and older is so that they can remain in their homes in the community longer.
Services that Comprise the Activity	• Homemaker services • Specialized homemaker services for people suffering from dementia • Day Care • DC Caregiver Institute • Heavy House Cleaning • Volunteer Caregiver • Age-In-Place • UDC Respite Aide Program • Home-Delivered Meals (Weekday and Weekend) • Weekend Congregate Meals • Case Management • Comprehensive Assessment • Congregate Meals • Nutrition Counseling • Transportation & Escort

Activity Performance Measures	**Target Results:** **Actual Results** 67% of seniors receiving these services will remain in their homes for one year. _____% *Measurement Tool:* ***Service Longevity Spreadsheet*** **Demand:** ____# of clients receiving these services at beginning of fiscal year **Output:** ____# of same clients receiving these services at end of fiscal year.
Responsible Person	
FY 2014 Budget (Office on Aging share only)	

Attachment E

Office on Aging
Fiscal Year *2014 Aging and Disability Resource Center Grant* Application Grant Receipt

THE D.C. OFFICE ON AGING IS IN RECEIPT OF A GRANT APPLICATION FROM:

_____

(Organization Name)

_____

(Address, City, State, Zip Code)

_____

(Program Title)

_____

Contact Person

_____

Telephone/Fax

_____

E-mail

D.C. Office on Aging Use, ONLY

Proposal Received on _____, 2013

Time Received: _____

Copies Received: Original _____ Copies_____

Received by: _____

ATTACHMENT F

Continuity of Operations (COOP) Plan Template

Agency:

Address:

Telephone Number:

Table of Contents

1. Elements of an Emergency Plan
2. Your Agency
3. Applicability and Scope
4. Continuity of Operations in Emergency
5. Successor Plan and Delegation of Authority
6. Expanded Organizations Operations during Emergencies
7. Disaster Policy Plan

Appendix A:

Fire Evacuation Procedures
Bomb Threat
Explosion
Nuclear Attack

Staff Procedures and Operations for Emergencies

Appendix B:

Center Floor Plans

1. ELEMENTS OF AN EMERGENCY PLAN

EMERGENCY RESPONSE PLAN

The actions taken in the initial minutes of an emergency are critical. A prompt warning to employees to evacuate, shelter or lockdown can save lives. A call for help to public emergency services that provides full and accurate information will help the dispatcher send the right responders and equipment. An employee trained to administer first aid or perform CPR can be lifesaving. Action by employees with knowledge of building and process systems can help control a leak and minimize damage to the facility and the environment.

The first step when developing an emergency response plan is to conduct a risk assessment to identify potential emergency scenarios. An understanding of what can happen will enable you to determine resource requirements and to develop plans and procedures to prepare your business. The emergency plan should be consistent with your performance objectives.

At the very least, every facility should develop and implement an emergency plan for protecting employees, visitors, contractors and anyone else in the facility. This part of the emergency plan is called "protective actions for life safety" and includes building evacuation ("fire drills"), sheltering from severe weather such as tornadoes, "shelter-in-place" from an exterior airborne hazard such as a chemical release and lockdown. Lockdown is protective action when faced with an act of violence.

When an emergency occurs, the first priority is always life safety. The second priority is the stabilization of the incident. There are many actions that can be taken to stabilize an incident and minimize potential damage. First aid and CPR by trained employees can save lives. Use of fire extinguishers by trained employees can extinguish a small fire. Containment of a small chemical spill and supervision of building utilities and systems can minimize damage to a building and help prevent environmental damage.

Some severe weather events can be forecast hours before they arrive, providing valuable time to protect a facility. A plan should be established and resources should be on hand, or quickly, available to prepare a facility. The plan should also include a process for damage assessment, salvage, protection of undamaged property and cleanup following an incident. These actions to minimize further damage and business disruption are examples of property conservation.

Guidance for the development of an emergency response plan can be found in this step. Build your emergency response plan using this worksheet.

When there is a hazard within a building such as a fire or chemical spill, occupants within the building should be evacuated or relocated to safety. Other incidents such as a bomb threat or receipt of a suspicious package may also require evacuation. If a tornado warning is broadcast, everyone should be moved to the strongest part of the building and away from exterior glass. If a transportation accident on a nearby highway results in the release of a chemical cloud, the fire department may warn to "shelter-in-place." To protect employees from an act of violence, "lockdown" should be broadcast and everyone should hide or barricade themselves from the perpetrator.

Protective actions for life safety include:

- Evacuation
- Sheltering
- Shelter-In-Place
- Lockdown

Your emergency plan should include these protective actions.

Evacuation

Prompt evacuation of employees requires a warning system that can be heard throughout the building. Test your fire alarm system to determine if it can be heard by all employees. If there is no fire alarm system, use a public address system, air horns or other means to warn everyone to evacuate. Sound the evacuation signal during planned drills so employees are familiar with the sound.

Make sure that there are sufficient exits available at all times.

- Check to see that there are at least two exits from hazardous areas on every floor of every building. Building or fire codes may require more exits for larger buildings.
- Walk around the building and verify that exits are marked with exit signs and there is sufficient lighting so people can safely travel to an exit. If you find anything that blocks an exit, have it removed.
- Enter every stairwell, walk down the stairs, and open the exit door to the outside. Continue walking until you reach a safe place away from the building. Consider using this safe area as an assembly area for evacuees.

Appoint an evacuation team leader and assign employees to direct evacuation of the building. Assign at least one person to each floor to act as a "floor warden" to direct employees to the nearest safe exit. Assign a backup in case the floor warden is not available or if the size of the floor is very large. Ask employees if they would need any special assistance evacuating or moving to shelter. Assign a "buddy" or aide to assist persons with disabilities during an emergency. Contact the fire department to develop a plan to evacuate persons with disabilities.

Have a list of employees and maintain a visitor log at the front desk, reception area or main office area. Assign someone to take the lists to the assembly area when the building is evacuated. Use the lists to account for everyone and inform the fire department whether everyone has been accounted for. When employees are evacuated from a building, OSHA regulations require an accounting to ensure that everyone has gotten out safely. A fire, chemical spill or other hazard may block an exit, so make sure the evacuation team can direct employees to an alternate safe exit.

Sheltering

If a tornado warning is broadcast, a distinct warning signal should be sounded and everyone should move to shelter in the strongest part of the building. Shelters may include basements or interior rooms with reinforced masonry construction. Evaluate potential shelters and conduct a drill to see whether shelter space can hold all employees. Since there may be little time to shelter when a tornado is approaching, early warning is important. If there is a severe thunderstorm, monitor news sources in case a tornado warning is broadcast. Consider purchasing an Emergency Alert System radio - available at many electronic stores. Tune in to weather warnings broadcast by local radio and television stations. Subscribe to free text and email warnings, which are available from multiple news and weather resources on the Internet.

Shelter-In-Place

A tanker truck crashes on a nearby highway releasing a chemical cloud. A large column of black smoke billows into the air from a fire in a nearby manufacturing plant. If, as part of this event, an explosion, or act of terrorism has occurred, public emergency officials may order people in the vicinity to "shelter-in-place." You should develop a shelter-in-place plan. The plan should include a means to warn everyone to move away from windows and move to the core of the building. Warn anyone working outside to enter the building immediately. Move everyone to the second and higher floors in a multistory building. Avoid occupying the basement. Close exterior doors and windows and shut down the building's air handling system. Have everyone remain sheltered until public officials broadcast that it is safe to evacuate the building.

Lockdown

An act of violence in the workplace could occur without warning. If loud "pops" are heard and gunfire is suspected, every employee should know to hide and remain silent. They should seek refuge in a room, close and lock the door, and barricade the door if it can be done quickly. They should be trained to hide under a desk, in the corner of a room and away from the door or windows. Multiple people should be trained to broadcast a lockdown warning from a safe location.

2.YOUR AGENCY

Introduction

_____Senior Wellness Center
provides_____
_____

Purpose

The purpose of this plan is to provide policy and guidance for the Senior Wellness Center personnel at _____, Washington D.C. 200__ to ensure that critical operations are continued in the event of an emergency or threat of an emergency such as a pandemic.

The plan facilitates the preparation of site/activity specific plans and procedures to help ensure the safety of Center personnel and allows the agency organizational elements to continue essential operations in the event of an emergency or threat of an emergency. The developing plans do not address day-to-day activities but is designed to maintain critical functions. The plan environment is an emergency response environment.

Policy: It is the policy of the facility to have defined procedures to protect the life and safety of both patients1 and staff should there be a hazard that causes the healthcare facility to
decide either to shelter-in-place or to evacuate.

Definitions:
1.

As an extension of their duties, leadership at all levels will ensure that personnel are aware of their responsibilities during an emergency or disaster that requires staff to be sheltered in place and continuous continuity of operations.

3.Applicability and Scope

The provisions of this plan are applicable to all Center personnel located at_____., Washington D.C. 200__. This plan is applicable to the full spectrum of manmade, natural, and technological emergencies and threats with the exception of civil defense matters (SEE APPENDIX A- Staff Procedures and Operations for Emergencies at Office on Aging).

It is the duty of the Center staff to remain calm, provide assistance, coordinate services, and play a leadership role in the event in an emergency or disaster situation which would involve our assistance.

The following areas are to be addressed in your plan.

- Evacuation
- Sheltering
- Shelter-In-Place
- Lockdown

4. Continuity of Operations in Emergency

Staff with emergency duty responsibilities is required to stay or be available to report the Center as needed. The Executive Director and/or Project Director is to have a current contact numbers (landline, cell, blackberry, emails) and addresses of all staff.

In the event, the headquarters is not operational it is to reported to the Office on Aging

The Center should have on hand and store emergency supplies at its headquarters. Supplies such as emergency food kits, flashlights, batteries, first aid, portable radio, blankets, etc are kept.

5. Successor Plan and Delegation of Authority

In the event of an emergency, the following successor plan will be executed. The designated successors will be given the authority to act on behalf of the person who they succeed as noted under "program responsibility

This contingency plan should be used as a guide to maintain normal operations of the Center in the event that the Center has to shelter in place.

The executive director and/or project director has instructed that this contingency plan presents principles and directions for the following departments:

Office of the Executive Director

Project Director

Other Staff in the chain of command

Chain of Command

Position	Name	**Responsibility**	**Condition**
1) Director :		Full	All emergencies
2)		Full	If requested by Director or condition exists
3)		Full	When next in command is not available
4)		Full	When next in command is not available

6. Expanded Organizational Operations Functions during Emergencies

► The Incident Commander sets Policy, Mission, Direction, and Authority.
► A Deputy Incident Commander may be designated to perform these duties.
► Liaison Officer, who serves as the primary contact for supporting agencies assisting at an incident.

The Center may be required to report to the Office on Aging in the event of additional assistance is needed. The Executive Director/Center Director serves as Incident Commander and may delegate authority for performance of certain activities to the Command Staff and the General Staff.

Senior Service Network Service Providers

Upon receiving notification or an awareness of an actual or impeding emergencies, and after evaluation of the problem, the Office on Aging will notify the The Senior Service Network (agencies funded by the Office on Aging) represents the only system of service agencies within the city to serve and protect persons 60 years and older.

Depending upon the nature of the emergency, a service provider may find itself the first point of contact. They may have to dispatch staff, shelter in place and/or may have to identify clients and other seniors in their area who may be vulnerable because of isolation and disability. The activities during an emergency include public education and alerts, home delivered and congregate meals, transportation for seniors with disabilities for clinical appointments, and social services. All agencies funded by the Office on Aging, particularly those who perform essential services are required to have an emergency response plan.

Normally, The Senior Service Network Agency Project Director assumes the responsibility for coordinating response actions. In the Director's absence, an appropriate staff member is identified. The agencies providing in-home services such as meals and transportation for critical medical appointments are the highest priority during an emergency.

A major concern for the agencies is getting personnel to the incident location during a weather related, natural disaster and terrorism particularly those who use public transportation.

The agency through its grantee agencies will try to maintain services during the emergencies.

Part A. Decision to Shelter-in-Place versus Evacuation

Assessment
Shelter-in-Place Evacuation
Internal Hazard External Hazard
Partial Evacuation Complete Evacuation

1. The staff person, who identifies an internal hazard or who is notified of an external
hazard, is responsible to notify
the house supervisor
immediately.

2. Shelter-in-place is the preferred option, unless the decision is made by the house
supervisor to evacuate, considering the circumstances of the incident.
a. The healthcare facility is to initiate its Emergency Management Plan and operate
under the Incident Command System3.
b. The healthcare facility Incident Command will assess the need for the diversion of
incoming patients. (Hospital) "911" (dispatch) is to be notified by the Liaison Officer,
if patients are to be diverted. (Healthcare facility) The appropriate referral facilities/agencies are to be notified that admissions are to be canceled. The healthcare facility Liaison Officer is also to notify the EOC, if activated.

3. The decision to shelter-in-place or evacuate is to be made in consultation with the
response agency Incident Commander and also Unified Command, if established, e.g. the
local Emergency Management Director, Fire Department, Law Enforcement, Public
Health, EMS, Human Services and others, as appropriate.
a. If there is no response agency Incident Commander, healthcare facility Incident Command is to do all that is necessary to protect the life and safety of its patients,
staff and visitors. Hospital Incident Command is to notify 911 (dispatch) of its decision..
b. Prior to the actual need to shelter-in-place or evacuate, the healthcare facility is to
consult with the local Emergency Management Director, Fire Department, Law Enforcement, Public Health, EMS, Human Services and others, as appropriate so that these agencies are aware of and are in agreement with this plan and its procedures

Note: A healthcare facility may decide to both evacuate parts of the facility and also shelter-inplacein another part of the facility.

Part B: Decision to Shelter-in-Place

1. The healthcare facility Incident Command is to make an assessment whether the healthcare facility faces an internal or external hazard or both.
2. If the decision is made to shelter-in-place due to an internal and/or external environmental hazard[4], the healthcare facility Incident Command will notify local authorities by calling 911 (dispatch), if appropriate, and will make an assessment for the need to initiate environmental engineering interventions. The primary decisions are:

a. The decisions on how to protect patients, staff and visitors by movement to a more secure area will be made by healthcare facility Incident Command in collaboration with the response agency Incident Commander or Unified Command, as appropriate.

b. The decisions on how to protect the building will be made by healthcare facility Incident Command, based on the known hazards and their effects on the building and its inhabitants in collaboration with the response agency Incident Commander or Unified Command, as appropriate.

3. The healthcare facility is to initiate a process to secure the building (lockdown).

[4] The healthcare facility is to consider the most likely to occur hazards as identified in the Regional Hazards Vulnerability Analysis. Fire, power outages and floods are the major hazards that healthcare facilities have faced historically.

4. Staff is to be advised to stay within the building and to advise all patients and visitors to stay within the building until further notice.
5. If shelter-in-place is expected to last for more than 24 hours, the healthcare facility Incident Command is to inform all departments that all resources are to be conserved. For example: (the following list is not meant to be inclusive)

a. This is the Incident Command System Branch that puts carries out all activities related to the management of the incident. (Operations)

b. establish a patient management plan, including identifying the current census, the cancellation of elective admissions and procedures, etc.; establish a workforce plan, including a plan to address staff needs for the expected duration of the shelter-inplace (Planning).

c. establish communications and a back-up communications plan with the local

Emergency Management, Fire Department, Law Enforcement, Public Health, EMS,
Human Services and others, as appropriate and the Emergency Operations Center (when activated). The healthcare facility Public Information Officer is to refer all communications through the EOC. (Liaison)
d. provide local Emergency Management with a "situation report", including resources
needed, e.g. the amount of generator fuel available and the duration that this fuel is
expected to last (Logistics).
6. Each department head/critical functions is expected to provide in writing to the Logistics
Chief, within one hour of the activation of healthcare facility Incident Command, the
resources that is has available, the expected duration of these resources and the contingency plan to conserve these resources, should replenishment of supplies be in
jeopardy.
7. Healthcare facility Incident Command is to determine in collaboration with the response
agency Incident Commander or Unified Command, as appropriate, when shelter-in-place
can be terminated and to identify the issues that need to be addressed to return to normal
business operations, including notification of local authorities about the termination of
shelter-in-place.

Part C: Decision to Evacuate

1. In the event of a hazard, which requires a complete or partial evacuation of the facility, if
it is necessary to protect the life and safety of patients, staff and visitors, the healthcare

5 Each healthcare facility is to identify its critical functions that will need to continue the provision of services
during shelter-in-place.

facility Incident Command is to give the order to evacuate in collaboration with the
response agency Incident Commander or Unified Command, as appropriate.
2. If the circumstances are such so that there is no immediate danger to the life and safety of
patients, staff and visitors, healthcare facility Incident Command is first to determine the
availability of transportation resources and destination sites (internal and external) before
giving the order to evacuate. Until the time that these resources are determined, healthcare facility Incident Command shall give the order to shelter-in-place.

3. Once transportation resources and destination sites (internal and external) are identified
healthcare facility Incident Command shall give the order to activate the procedures to
initiate an orderly and timely transfer of patients to the pre-designated destination site(s).
4. The following are the procedures to be followed to evacuate the building or a portion of
the building, when it has been determined that the healthcare facility is unsafe or unable
to deliver adequate patient care[6].
5. When it is determined that evacuation is necessary, healthcare facility Incident Command
will provide directives according to its communications policy, e.g[7]. call the switchboard
and instruct the operator to make an announcement over the PA system. The specific
directive will depend upon the level of evacuation required (Incident Site, Horizontal,
Vertical, or Complete). Healthcare facility Incident Command will determine to which
area(s) (internal or external) the patients are to be moved.
a. If an Incident Site Evacuation is necessary, the directive will state "Incident Site
Evacuation": evacuate from (room number or name of area) to (room number or name of area)
b If a Horizontal Evacuation is necessary, the directive will state "Horizontal Evacuation": evacuate from (area) to (area).
c. If a Vertical Evacuation is necessary, the directive will state "Vertical Evacuation": evacuate from (floor) to (floor).
d. If a Complete Evacuation is necessary, healthcare facility Incident Command will
define the sequence of evacuation and when to begin the movement of patients to the Assembly Area(s) and/or to the Patient Transport Area(s).
5. The following procedures apply to Incident Site, Horizontal and Vertical Evacuation.

[6] Examples of possible incidents that require evacuation include: fire, bomb threat, major structural damage, threat
of explosion, major power loss, flood, major gas leak, or exposure to a hazardous material.

[7] Throughout this document, the healthcare facility is to make site-specific adaptations, where appropriate. In many
cases, the "e.g." is usually an
indication of where a site
specific procedure may be
necessary.

Appendix 1

Staff Procedures and Operations for Emergencies

I. PURPOSE

This plan sets forth evacuation procedures to be followed in the event of an actual fire, drill, nuclear attack or other emergencies.

II. AUTHORITY

The authority governing the Emergency Disaster Plan is defined in Section 2, paragraph 3 of the District of Columbia Public Emergency Act of 1980 (D.C. Law 3-14).

III. APPLICABILITY

The provisions of this plan are applicable to activities at the Center located at _____.

IV. POLICY

It is the policy of the Center to assure that building Fire Safety and the Evacuation programs are implemented to minimize the danger to life and property.

V. DUTY ASSIGNMENTS AND RESPONSIBILITIES The following assignments and related duties shall be incorporated with the implementation of this plan. (Please below see the attached building floor plan for the center)

A. Fire Warden

The Fire Warden of the OoA is responsible for implementing this plan rendering decisions regarding possible evacuation of District of Columbia Government employees and visitors at center located _____, Washington, D.C. 20002 to include:

1. Ensuring that training is received by the Center Fire Safety Program personnel.
2. Ensuring coordination of the plan.
3. Ensuring that fire and safety inspections are carried out and referring apparent violations to the proper person or authority for corrective action. This inspection is to be conducted twice a month.
4. Ensuring that all employees are knowledgeable of both the elements of this Emergency Evacuation Plan and the basic Fire Prevention Rules.
5. Supervision of all station monitors he/she has designated.
6. Making certain that exit routes are clearly identified and making this known to the regular occupants of this agency.
7. Directing the brisk and orderly flow of personnel during drills or actual emergencies along the prescribed personnel movement routes.
8. Ensuring that a person and an alternate is assigned to each handicapped individual (employee or visitor), during an emergency evacuation or drill.
9. Scheduling and conducting periodic fire evacuation drills and periodically

checking the interior fire alarm system to ensure proper working order. Tests should be made only after proper notification.

10. Ensuring the assignment of key personnel and providing for updates of assignments.

B. Station/Elevator Monitors

Station/Elevator Monitors will serve under the Center Fire Warden.. The duties of the Station/Elevator Monitors are as follows:

To supervise, direct, assist and control (within their designated areas) the movement of all personnel out of the building in case of an emergency evacuation or drill.

1. To ensure that all persons have evacuated their assigned areas, restrooms, elevators, stairways and conference rooms.
2. To pick up all personal property such as pocketbooks and turn them into the Center Fire Wardem.
3. To ensure that assistance is given to any disabled persons.
4. To ensure that all doors are closed.
5. To ensure that notification of the complete evacuation of the Station Monitor's assigned area is given to the Center Fire Warden upon exiting the building.

If applicable

The Station/Elevator Monitor assures that all personnel comply with the fire regulation which read "DO NOT USE ELEVATOR IN CASE OF FIRE OR ELECTRICAL EMERGENCY; USE DESIGNATED EXITS."

C. Supervisors

The responsibilities of the supervisors are to:

1 Assure that each employee is completely familiar with this PLAN, including new personnel upon their assignment.
2. Distribute a copy of the PLAN to each employee and/or have them to sign a master sheet indicating knowledge of the plan.
3. Identify to their staff the Station/Elevator Monitors who are assigned to their respective floors.

D. Building Entrance

The building engineers, who have complete familiarity and access to all parts of the building, should be available to escort the Police or Fire Department as deemed necessary.

The building engineer will assist the Fire Warden in testing interior fire alarm systems, valves, and water pressure to assure proper working order.

FIRE EVACUATION PROCEDURES

A. Upon Discovering a Fire

1. When a fire is detected, alert personnel who may be immediately endangered and proceed to pull the nearest internal fire alarm to alert others in the building. Fire alarms are indicated on Attachment A. Fire extinguishers (for non-electrical and electrical fire) are also indicated. To prevent spreading of the fire, close doors to room(s) where the fire is detected.
2. Dial 727-6161 giving the name and street address of the building, floor location and the fire's extent, if known. This call is necessary because the internal alarm system does not automatically notify the D.C. Fire Department. If the phones are out, go to the fire alarm systems designated within the location of the building. The nearest Fire Department is located at 6th and E Street.

   NOTE: DIALING THE NUMBERS 727-6161 ON GOVERNMENT PHONES NECESSITATES DIALING "9" BEFORE THE MAIN NUMBER.

   a. Employee should contact or have a nearby person contact the Fire Warden and give the location of the fire.
   b. Fire Warden will warn persons in the immediate vicinity to evacuate the affected area(s). Fire Warden may decide to evacuate the floor or building.
   c. Fire Warden, if the fire is small and manageable, will use the nearest extinguisher to fight the fire. The fire extinguisher on the 9th Floor is located inside the exit doors.
   d. These fire extinguishers will extinguish:
      Type Fires – wood, paper, cloth, carpet, plastic, etc.

B. Upon Hearing the Fire Alarm

Employees are advised to take the following action when the fire alarm is sounded or it the order to evacuate is given:

1. If possible, they should take their personal belongings (purses and wraps) and isolate the fire area by closing the doors (DO NOT LOCK).
2. Obey the instructions of the Fire Warden and Station/Elevator Monitors. They are delegated to take charge immediately upon the sounding of the fire alarm system.
3. Immediately evacuate the building or report to assigned stations.

When there is an emergency evacuation from building . all staff must report to the designated meeting place located at_____.

4. WARNING: Elevators are NOT to be used for evacuation. It is the experience of the D.C. Fire Department that elevators are not reliable for emergency evacuation because of possible power failure. Elevators also contribute to the spread of fire because the openings in the elevator shaft can carry a draft of air from one floor to another.

5. Walk to closest exit door and line up near the exit stairway and proceed down the stairway in an orderly manner as directed by the Fire Warden and Floor monitors. WALK; DO NOT RUN, at a steady pace.

    a. A fall might spell disaster for you and those who follow.

6. After evacuation, move away from the building. Do not leave the area; await further instructions.
7. Keep all entrances clear for use by the Police, Fire Department and Fire apparatus.

9.. **BOMB** THREAT PROCEDURES

A. Definition: A bomb as referred to herein be an explosive or incendiary apparatus which, if detonated or otherwise triggered, may cause death, injury, destruction, fire or panic.

B. A bomb threat call may be received at any time. Persons receiving a call about a bomb threat should attempt to get as much information as possible about the caller, e.g., voice idiosyncrasies, group affiliation, etc. Listen for voices in the background or for other clues which might indicate the caller's identification and location. Employees receiving such a call should remain calm and try by every available means to keep the caller on the telephone to obtain the following information:

- Where the device is planted or will be planted.
- When the device is scheduled to detonate.
- What type of device it is, and
- Ask for name, address and reason for planting the bomb.

NOTE: When a call is received, do not trust your memory; USE WRITTEN NOTES ONLY of the exact language used, the caller's sex, accent, temperament, background noises, and the exact time of the call.

C. During the normal business hours, the person receiving the bomb threat should immediately contact the OoA Fire Warden or in his/her absence, the OoA Deputy Fire Warden to communicate all details of the call.

D. The OoA Fire Warden or the Deputy Fire Warden will notify the Metropolitan Police Department, 911.

E. To avoid panic, all employees are cautioned to give any information they may receive ONLY to the OoA Fire Warden or to the OoA deputy Fire Warden. DO NOT TOUCH any packages that are found.

F. A Initial Bomb Threat Report should be filled out at the earliest convenience by the person who received the call.

G. If a suspicious-looking object is found, the finder performs the following actions.

- Notify the OoA Fire Warden or Assistant.
- **DO NOT REMOVE OR DISTURB THE SUSPICIOUS LOOKING OBJECT.**

If a suspicious package is found, the investigator (from the Metropolitan Police Department) will contact the Director of Personnel. The D.C. OoA will be evacuated ONLY when ordered by the Director of Personnel or in his/her absence, the City Administrator. (Mayor's Order 83-179, July 6, 1983).

3. Employees will use the rear stairwell and/or elevators and proceed down stairs and out the side towards K Street and proceed to the designated staging area located at _____.

4. .

5. Visitors located in the Wellness Center Rooms on the First Level will use the stairwell exit nearest the elevator, precede downstairs and out front entrance of building and proceed to the staging area.

6. Visitors/Clients that are in the Lobby Area during an emergency evacuation will follow the above procedures.

7. All office on Aging employees will assemble at _____where they will remain until further instructions are given.

8. Any employee who does not return within 15 minutes after the evacuation order has been given will be placed in an Absent Without Leave (AWOL) status until he/she returns.

10.. EXPLOSIONS

In the event of an explosion in the building, such as those caused by leaking gas or a faulty boiler, staff should perform the following actions:

1. Employees are advised to take cover under tables, desks or other such objects, which will give protection against flying glass or debris.

2. Employees should contact or have a nearby person contact fire warden or agency designated official and give location of explosion.

3. After the effects of an explosion have subsided, employees will evacuate the building in the same manner as for a fire.

4. Do not use elevators unless the fire warden says it is clear to do so and then only handicapped persons are to use elevators.

ENEMY ATTACK

Civil defense signals warning of an enemy attack are sounded by sirens operated by authorities in the Metropolitan area.

1. Alert Signal

This is a steady blast or tone for three to five minutes signifying that essential emergency information will be broadcast.

a. If evacuation is necessary, employees should evacuate according to directions of the Fire Warden.

b. Employees should take personal possessions when leaving workstation. Emergency Disaster Plan

2. Attack Warning Signal

This is a wavering tone or a series of short blasts for three to five minutes; it signifies that actual attack against this country has been detected.

A. Employees perform the following actions:

1. When so detected, proceed to the fallout shelter. In this building, the lower level is designated the fallout shelter.

2. Remain in shelter until other action is directed by fire warden.

3. Leave cover only when directed to do so by the Fire Warden.

4. Attempt to get to lower level of basement building and away from the windows.

11.. NUCLEAR ATTACK

1. Definition

All nuclear explosions cause light, heat, blast and initial nuclear radiation, which occur immediately.

Explosions that are close to the ground would create large quantities of dangerous radioactive fallout particles, most of which would fall to earth during the first 24 hours. Explosions high in the air would create smaller radioactive particles, which would not have any real effect on humans until many months or years later, if at all.

2. Protections

People in all areas of heavy destruction would need protection from various combinations of blast, initial radiation, heat, fire and radioactive fallout. Employees on duty would go immediately to the lower level of basement building and away from windows

I. SECTION I- FIRE PREVENTION RULES

The following fire prevention rules MUST be observed by all employees carrying out their normal tour-of-duty:

1. Keep stairwell doors closed at all times to minimize spreading of fire from the "chimney" effect.

2. Keep room and corridor doors closed in case of fire: they provide a temporary barrier against spread of fire.

3. Do not store equipment or materials in corridors. Corridor storage presents an escape hazard.

4. Use approved safety cans for storage or combustible liquids.

5. Do not plug in an excessive quantity of electrical equipment. Continuous loading of electrical lines causes insulation to become crisp and fall away from the wire. The hot wiring can readily ignite the wall partition or other structures, which it may connect.

6. Maintain good housekeeping in all areas of the building as this one of the most effective means of preventing fire.

7. Unauthorized and uninspected installation and operation of coffee makers and similar items should be avoided.

II. SECTION 2 — PERSONNEL

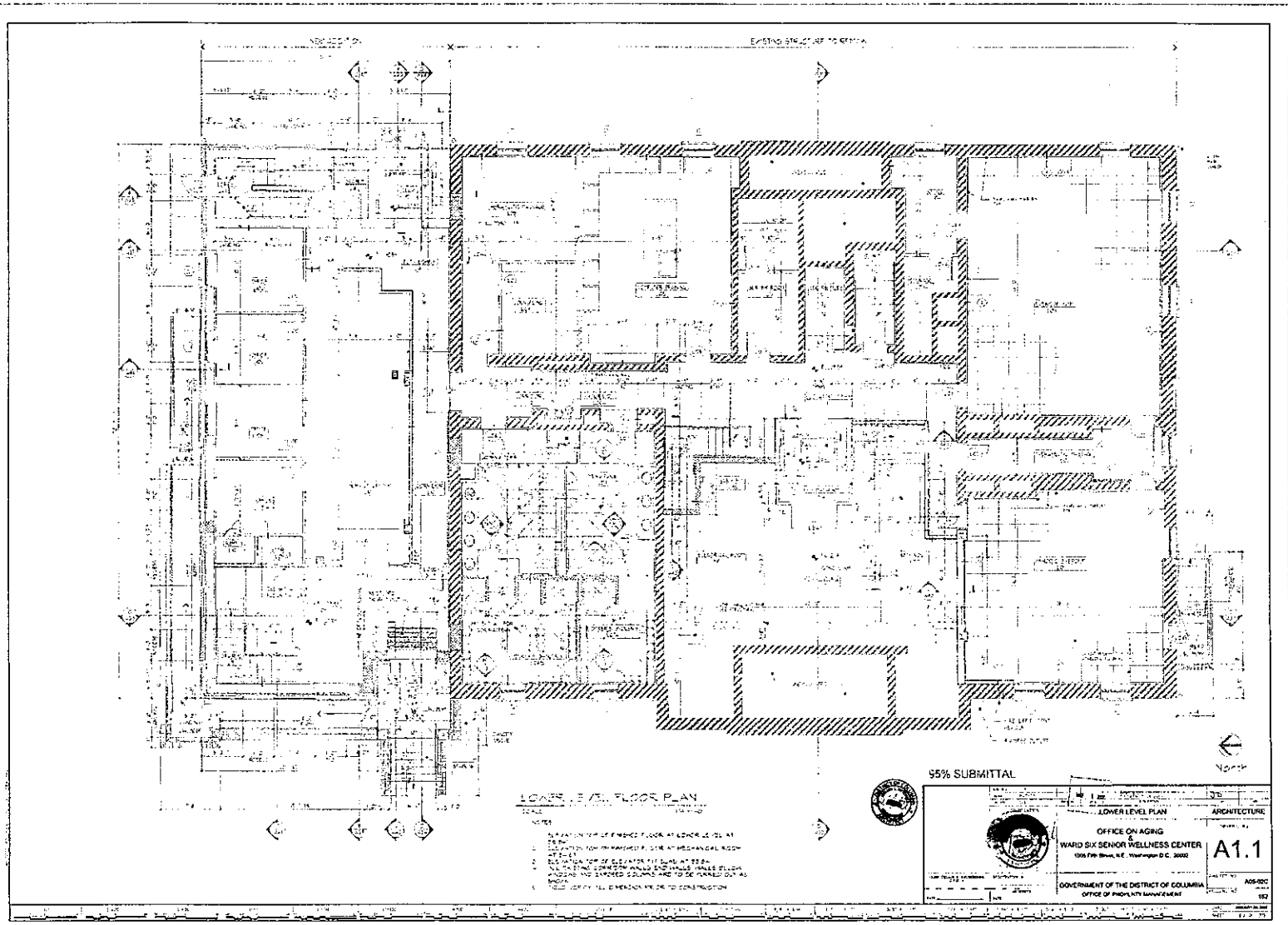
Fire/Emergency Disaster Warden(® Agency)_____

Assistant Fire/Emergency Disaster Warden (Section):

Fire/Emergency Station Monitor (Section :

Fire/Emergency Station Monitor (Section):

Appendix A: Center Floor Plan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