



**SUA-20-PI-47**

**Program Instruction**

**2/24/2020**

To: Subrecipients of the State Unit on Aging

From: Cynthia Brammeier, Administrator  
and State Unit on Aging Team

Subject: FY2021 Senior Volunteer Program Application and Instructions

SFY2021 applications and budgets are due by May 1, 2020.

The instructions for the Senior Volunteer Program are enclosed. Word and excel templates will be published on the website. Word and Excel files are required for most items, please use pdfs sparingly. Please contact the State Unit on Aging by April 15, 2020 if you will be unable to meet this date. An approved plan update and FY2021 budget is required prior to subaward issuance and payment processing in FY 2021.

Resources:

State governance:

- ✓ State Statutes: Senior Volunteer Program: 81-2273 – 81-2283
- ✓ Nebraska Administrative Code, Title 15 NAC 1; NAC 2; NAC 3; (NAC 4 is out of date with statute)
  - Note: Title 15 changes had a hearing in August, 2019. A revised set of regulations is expected in 2020.
- ✓ Nebraska Aging Services Taxonomy

If you have questions, please email Madhavi Bhadbhade at [madhavi.bhadbhade@nebraska.gov](mailto:madhavi.bhadbhade@nebraska.gov).

Attachments: SVP Annual Plan Instructions  
SVP Budget Narrative  
SVP Application  
SVP Reservation Table

*This guidance document is advisory in nature but is binding on an agency until amended by such agency. A guidance document does not include internal procedural documents that only affect the internal operations of the agency and does not impose additional requirements or penalties on regulated parties or include confidential information or rules and regulations made in accordance with the Administrative Procedure Act. If you believe that this guidance document imposes additional requirements or penalties on regulated parties, you may request a review of the document.*

The Nebraska State Unit on Aging is requesting an Annual Plan & Budget for the Senior Volunteer Program for FY 2021. The Annual Plan should include response to the following questions:

1. Designated project director who is directly responsible to the sponsor for the management of the project.
2. List the Units of Service Composite (**volunteer hours**):  
  
07/01/19 – 12/31/19 (Actual)  
01/01/20 – 06/30/20 (Projected)  
07/01/19 – 06/30/20 (Combined)  
07/01/20 – 06/30/21 (Projected)
3. Describe how recruitment, assignment, supervision, and support of the senior volunteers is provided. What efforts are being made to recruit and assign persons from minority groups, people with disabilities, and hard-to-reach individuals?
4. What financial and in-kind support is provided to fulfill the project's local share commitment (equal to or greater than 10% of the grant amount)?
5. Outline how the senior volunteers are provided with not less than the minimum accident, personal liability, and excess auto liability insurance. Submit a Certificate of Insurance with this application.
6. Outline the background checks on senior volunteers being conducted currently.
7. Describe the types of appropriate recognition of the senior volunteers and their activities.
8. Provide personnel practices and service policies for senior volunteers, including grievance and appeal procedures for both volunteers and project staff.
9. Provide information on how project records are maintained in accordance with generally accepted accounting principles and provide for accurate and timely preparation and submission of reports required by the State Unit on Aging.
10. Describe how necessary training is provided prior to the start of service and quarterly training thereafter.
11. Describe the arrangement of direct benefits (transportation, meals, physical examination and insurance) provided to volunteers.
12. Provide assurance that appropriate liability insurance is maintained for owned, non-owned, or hired vehicles used in the project.
13. What is the realistic transportation plan for the project based on the lowest cost transportation modes?
14. How is an annual appraisal of the volunteers' performance and annual review of volunteers' driver's record and liability insurance conducted?

A Service Narrative(s), Budget Form and Budget Narrative must be submitted along with this annual plan.

## NEBRASKA SENIOR VOLUNTEER PROGRAM APPLICATION FOR FUNDING

Applicant	
Address	
City	
Contact Person	

ZIP Code

### Budget

	Grant	Local Cash	Local In-Kind
Administration	\$0.00	\$0.00	\$0.00
Personnel			
Travel			
Insurance			
Office Costs			
Other (list & breakout)			
Volunteer Costs	\$0.00	\$0.00	\$0.00
Travel			
Meals			
Physical Exams			
Other (list & breakout)			
<b>Total Cost</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

Please attach a Budget Justification describing the costs in each category.

Service Area

Special Emphasis (optional)

**Category: Personnel**

**Category: Travel**

**Category: Printing and Supplies**

**Category: Equipment**

**Category: Building Space**

**Category: Communications & Utilities**

**Category: Other**

Total grant funds requested:	\$
Match amount:	\$

**SENIOR VOLUNTEER PROGRAM FY 2021 RESERVATION TABLE**  
**July 1, 2020 to June 30, 2021**

	<b>AOWN</b>	<b>BRAAA</b>	<b>NEIGHBOR- TO-NEIGHBOR</b>	<b>MID NE CAP</b>	<b>SR. CITIZEN INDUSTRIES</b>
Personnel					
Travel					
Printing & Supplies					
Equipment					
Building Space					
Communication & Utilities					
Other					
Contractual Services					
In-Kind Match					
<b>RESERVATION</b>	<b>\$25,500</b>	<b>\$25,000</b>	<b>\$25,000</b>	<b>\$25,000</b>	<b>\$17,500</b>
<b>TOTAL</b>					