

NEBRASKA

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DEPT. OF HEALTH AND HUMAN SERVICES



Pete Ricketts, Governor

Nebraska Senior Volunteer Program Grantee Application

DATE: 10/14/2022

TO: Public agencies and private non-profit organizations that have the capacity to accept and to administer the Nebraska Senior Volunteer Program.

FROM: Cynthia Brammeier, Administrator
State Unit on Aging, Division of Medicaid & Long-Term Care

BY: Ben Stromberg, Program Manager
Gene Hogan, Fiscal Program Manager

SUBJECT: Nebraska Senior Volunteer Program Grantee Application

CONTENT: The Nebraska State Unit on Aging is requesting a Grantee Application for the Senior Volunteer Program for FY 2024. Grant applicants whose proposals provide the best potential for serving the purpose of this program may be awarded available funds. Applications are due 11/30/2022. The Grantee Application should include a response to the following questions:

Part I Applicant Information

Organization Name: Aging Office of Western Nebraska	Date of Application: 11/30/2022
Name – Contact Person: Cheryl Brunz and Scott Stockwell	Phone Number: 308-635-0851
Address (Street, City, State, Zip): 1517 Broadway, STE 122, Scottsbluff, NE 69361	
Email Address: Cheryl.brunz@aown.org or scott.stockwell@aown.org	
Signature – Authorized Representative <i>Cheryl Brunz Scott Stockwell</i>	Date Signed: 11/30/2022

Attach the following to the completed application form:

- A. Authorized organizational representative approval SVP application.
- B. Letters of support (optional).
- C. Provide an organizational chart for the existing SVP program or a proposed organization chart for a newly proposed program with position titles and staff names (if staff names are available).
- D. Other attachments (optional).

Part II – Executive Summary, 1 page (10 Points)

Provide your response to the State Unit on Aging Request for Information in this portion which has addressed the following: SEE ATTACHED

- A. Planned service area,
- B. Organizational structure,
- C. Office location(s),
- D. The approach to providing SVP services, and
- E. Any significant challenges faced by the proposed SVP.

Part III – Project Proposal, 5 pages (60 Points)

Address the following in the space provided below:

1. Name a designated project director who is directly responsible to the sponsor for the management of the project.
Currently Temporarily operated by Scott Stockwell as we fill a vacant position, we have at which point the responsibilities will be transferred to the new person. The SVP Director is to be determined.

2. List the Units of Service Composite (**volunteer hours**): 10,000 volunteer hours
07/01/23 – 06/30/24 (Projected)
3. Describe how recruitment, assignment, supervision, and support of the senior volunteers will be provided. What efforts will be made to recruit and assign persons from minority groups, people with disabilities, and hard-to-reach individuals?
Word of mouth communications by the coordinators at each location to find volunteers.
Supervision by the SVP Director working to find coordinators at each location. Providing funding for each location and regular training and support to both the coordinators and volunteers. Local coordinators will communication by word of mouth to minority groups, people with disabilities and hard to reach individual.
4. Describe the assignments and activities volunteers will be involved in.
Volunteers will be involved with personal visits with seniors, providing transportation for seniors, Making regular well check phone calls, Shopping for seniors, advocacy for seniors, and other services as requested by the senior.
5. What financial and in-kind support will be provided to fulfill the project's local share commitment (equal to or greater than 10% of the grant amount)?
The local match is done using County fund for the SVP Director Expenses.
6. Outline how the senior volunteers will be provided with not less than the minimum accident, personal liability, and excess auto liability insurance.
SEE ATTACHED – copy of Insurance.
7. Please describe how you will provide the background checks on senior volunteers as required by SUA-22-PI-06 and attached to this application.

The Aging Office of Western Nebraska will conduct background checks on all potentially hired employees and for volunteers who have direct in-home contact with an elder service recipient. All annual background checks will be conducted on all currently employed agency staff and for volunteers who have direct in-home contact with an elder service recipient. Background checks will include the following registries utilized by relevant programs:

- Sex Offender Registry maintained by the Nebraska State Patrol.
- Nebraska Child Abuse and Neglect Central Registry.
- Nebraska Adult Abuse and Neglect Central Registry.
- Nebraska Department of Health and Human Services on-line License Information System Search for all licensed professionals.
- Criminal Background checks to ensure there is no history or verifiable information regarding charges or convictions for misdemeanors or felony actions which may endanger the health and safety of any older adult.
- DHHS Office of Inspector General.
- E-Verify.

The initial background checks for potentially hired employees and for volunteers, who will have direct in-home contact with elder service recipients, will be completed prior to hiring or having contact with recipients of service.

8. Provide sample personnel practices and service policies for senior volunteers, including grievance and appeal procedures for volunteers.
SEE ATTACHED AOWN handbook offers the grievance policy.
9. Provide information on how project records will be 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.
Coordinators of each site are required to submit the monthly reporting to the SVP Director no later than the 5th of the month. The SVP Director reviews the monthly report and maintains a file for each site and their monthly records. Copies of the monthly report are submitted for approval and payment to the Executive Director and the Accounting office for payment to the SVP site. Annual reviews and evaluations are completed and filed according to the SVP Site.
10. Describe how necessary training will be provided prior to the volunteers at the start of service and quarterly training thereafter.
Each of the Coordinators at each location will match a frail elderly with a volunteer. The training will consist of: What is elder abuse, How to help a frail elderly, providing a safe environment for both, transportation, eating while being a volunteer, etc. The quarterly training information is sent to the coordinators at each site, and it is distributed to all the volunteers at the site.
11. Describe the arrangement of direct benefits (transportation, meals, physical examination and insurance) provided to volunteers.
Meals and transportation are offered to be paid for by AOWN. The elderly frail person is wanting to pay for the meal when a volunteer drives them to an appointment, shopping, etc. The volunteer is told that the volunteer can be reimbursed for the mileage and all of the volunteers currently say it is just part of being a volunteer. Physicals are done in the small communities by Physicians, Physicians Assistants, RN's, or LPN's that want to help and are usually people that attend the Senior Center locations as a volunteer. Again AOWN offers to pay for the physicals and are told that we are volunteering our time. Liability and vehicle insurance are provided by AOWN. Physical exams are provided are provided by AOWN. Transportation and Meals for the SVP Director is provided by AOWN. Transportation for volunteers is provided by the volunteer.
12. Provide assurance that appropriate liability insurance is maintained for owned, non-owned, or hired vehicles used in the project.
AOWN carries a separate insurance policy for volunteer liability insurance and for vehicle for the SVP Program.
13. What will the transportation plan for the project be based on the lowest cost transportation modes?
The transportation is provided by the volunteer strictly as a volunteer. The coordinators always ask the volunteer if they would like to be reimbursed for their mileage and no is said to the question.

14. How will an annual appraisal of the volunteers' performance and annual review of volunteers' driver's record and liability insurance conducted?

The Director goes to each of the locations to do an annual review and goes through each file. An annual evaluation of the coordinator is completed at that time.

Part IV – SVP Budget (30 Points)

The Budget Form and Budget Narrative must be submitted with this application. See the attached documents as described below:

- Budget Form SEE ATTACHED
- Budget Narrative SEE ATTACHED

Please respond to all questions and submit responses and requested documents via email to: DHHS.Aging@nebraska.gov by 11/30/2022.

Name of Applicant/Agency: _____ Aging Office of Western Nebraska _____
The Nebraska State Unit on Aging is requesting an Annual Plan & Budget for the Senior Volunteer Program for FY 2025. 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. **Steve Trickler with Kelly Davis Supervisor**
2. List the Units of Service Composite (**volunteer hours**):

07/01/23 – 12/31/23 (Actual) **5290.35**
01/01/24 – 06/30/24 (Projected) **5000**
07/01/23 – 06/30/24 (Combined) **10290.35**
07/01/24 – 06/30/25 (Projected) **10300**
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? **Same as last year**
4. Describe the assignments and activities volunteers are generally involved in. **Same as last year**
5. 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)? **We use local \$ for our 10%**
6. 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. **See attached**
7. Outline the background checks on senior volunteers being conducted currently. (include background checks required in Program Instruction SUA-22-PI-06). **Same as last year**
8. Describe the types of appropriate recognition of the senior volunteers and their activities. **Same as last year**
9. Provide personnel practices and service policies for senior volunteers, including grievance and appeal procedures for volunteers. **Same as last year**
10. 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. **Same as last year**
11. Describe how necessary training is provided prior to the volunteers at the start of service and quarterly training thereafter. **Same as last year**
12. Describe the arrangement of direct benefits (transportation, meals, physical examination and insurance) provided to volunteers. **Same as last year**
13. Provide assurance that appropriate liability insurance is maintained for owned, non-owned, or hired vehicles used in the project. **Same as last year**
14. What is the realistic transportation plan for the project based on the lowest cost transportation modes? **Same as last year**
15. How is an annual appraisal of the volunteers' performance and annual review of volunteers' driver's record and liability insurance conducted? **Same as last year**

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

Category: Personnel-\$3,330 will be for Coordinator's time covered doing paperwork for the SVP. It also includes benefits-health insurance, FICA, retirement, etc.

Category: Travel-\$50 for Coordinator to travel to the different locations to visit the SVP. Includes gas for vehicle and Wear & Tear on vehicle

Category: Printing and Supplies--\$50 for printing off educational information

Category: Equipment-\$0

Category: Building Space-\$0

Category: Communications & Utilities-\$300 to pay phone, internet and part of expenses used for program.

Category: Other-\$1100 to pay for insurance, background checks, and auditor expenses.

Category: Contractual-\$25,797 to pay for a portion of the utilities at the Senior Center, payroll, and IT

Total grant funds requested: _\$25,000_____

Match amount: ___\$5,627_____

SFY 2025 BUDGET - CASA Only

FY 2025

Aggr [Taxonomy #, Service, Unit Measure]	OTHER SERVICES				ADRC SERVICES			
	20. Care Management (1 hour)	SENIOR VOLUNTEER PROGRAM	Area Plan Admin	OTHER SERVICES TOTAL	40. Info & Referral (1 contact)	41. Options Counseling (1 hour)	ADRC TOTAL	TOTAL
COST CATEGORIES								
1. Personnel	\$276,817	\$3,330		\$280,147	\$27,699	\$36,255	\$63,954	\$344,101
2. Travel	\$3,685	\$50		\$3,735	\$240	\$100	\$340	\$4,075
3. Print & Supp.	\$3,500	\$50		\$3,550	\$400	\$500	\$900	\$4,450
4. Equipment	\$0	\$0		\$0	\$0	\$0	\$0	\$0
5. Build Space	\$5,188	\$0		\$5,188	\$766	\$663	\$1,429	\$6,617
6. Comm. & Utilit.	\$8,400	\$300		\$8,700	\$1,091	\$983	\$2,074	\$10,774
7. Other	\$10,200	\$1,100		\$11,300	\$1,650	\$1,400	\$3,050	\$14,350
8a. Raw Food	\$0	\$0		\$0	\$0	\$0	\$0	\$0
8b. Contractual	\$12,200	\$25,797		\$37,997	\$2,100	\$1,800	\$3,900	\$41,897
9. GROSS COST	\$319,990	\$30,627	\$0	\$350,617	\$33,946	\$41,701	\$75,647	\$426,264
NON-MATCHING								
10. Other Funding				\$0			\$0	\$0
11. Title XX/Medicaid				\$0			\$0	\$0
12a. Income Cont./Fees				\$0			\$0	\$0
12b. TOTAL NON-MATCH	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
13. ACTUAL COST	\$319,990	\$30,627	\$0	\$350,617	\$33,946	\$41,701	\$75,647	\$426,264
MATCH								
14a. Local Public (Cash)	\$4,101			\$4,101			\$0	\$4,101
14b. Local Public (In-Kind)				\$0			\$0	\$0
15a. Local Other (In-Kind)				\$0			\$0	\$0
15b. Local Other-Cash				\$0			\$0	\$0
16a. TOTAL LOCAL MATCH	\$4,101	\$0	\$0	\$4,101	\$0	\$0	\$0	\$4,101
16b. Cost Less Match	\$315,889	\$30,627	\$0	\$346,516	\$33,946	\$41,701	\$75,647	\$422,163
FUNDING								
17a. CASA	\$7,322	\$25,000		\$32,322		\$10,707	\$10,707	\$43,029
17b. CASA ADRC				\$0	\$33,639	\$29,221	\$62,860	\$62,860
17c. MAC Return	\$149,326			\$149,326	\$307	\$1,773	\$2,080	\$151,406
18a. Federal Funding				\$0			\$0	\$0
18b. Federal Carryover - FY22				\$0			\$0	\$0
18b. Federal Carryover - FY23				\$0			\$0	\$0
18c. NSIP				\$0			\$0	\$0
18d. CARES Act				\$0			\$0	\$0
18e. HDC5				\$0			\$0	\$0
18f. VAC5				\$0			\$0	\$0
18g. ARP Act				\$0			\$0	\$0
19. Care Management	\$159,241			\$159,241			\$0	\$159,241
19b. TOTAL SUA COST	\$315,889	\$25,000	\$0	\$340,889	\$33,946	\$41,701	\$75,647	\$416,536
21. CM Client Responsibility								

Projected Units	3,770.00				1,140.00	1,400.00		
Gross Cost (9) Per Unit	\$ 84.88				\$ 29.78	\$ 29.79		
Match (16b) Per Unit	\$ 1.09				\$ -	\$ -		
Total SUA (19b) Per Unit					\$ 29.78	\$ 29.79		
CM (19) Per Unit	\$ 42.24							

CHECK (this should be -0-) (\$0) \$0
 Have Service Units? Need a budget. OK OK

[Return to Units of Service](#)
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