

**R E Q U E S T   F O R   P R O P O S A L S**  
**Older American Act Title III Sub Grants**  
**NEW-This is a two year funding cycle**

**Elder Services of Berkshire County, Inc. (ESBCI)**  
**Fiscal Years 2022 & 2023 Title III Funds under The Older**  
**Americans Act. Applications are due by 4:00 p.m. on**  
**Wednesday, July 8, 2021**

**General Instructions:**

- Submit completed proposal **via email to [Kphillips@esbci.org](mailto:Kphillips@esbci.org)**
- Use the following checklist to ensure that your application is complete:

<b>ITEM</b>	<b>CHECK OFF</b>
1. Proposal Cover Page	_____
2. Proposal Summary and Work Plan	_____
3. Service Unit Worksheet	_____
4. Donation Opportunity Procedure	_____
5. Budget	_____
6. Budget Narrative	_____
7. Description of Organization for press events	_____

Incomplete grant proposal submissions may remove a proposal from further consideration. If you have ANY questions regarding this proposal, **contact Kathleen Phillips by phone or e-mail.**

**Phone:** 413-499-0524 ext.728  
**E-mail:** [Kphillips@esbci.org](mailto:Kphillips@esbci.org)

**PROPOSAL REVIEWS**

Reviews are based on Sub Grant Proposal Review Criteria which give a quantitative rating to the quality of the proposed project. An interview with the applicant may be requested. Elder Services will notify each applicant, within ten (10) days after the decision of the Board of Directors, that its proposal has been approved or denied. If the applicant believes any denial for funding was made on arbitrary or unsubstantiated grounds, then a request for appeal must be sent via registered mail or delivered in person to the Massachusetts State Unit on Aging, the Executive Office of Elder Affairs, One Ashburton Place, Boston MA 02108 and to Elder Services of Berkshire County, Inc., 877 South St., Suite 4E, Pittsfield, MA 01201 within ten (10) days of adverse notification by Elder Services.

## **RFP INFORMATION**

**Contract Period:** October 1, 2021 to September 30, 2023

***This is a two year contract renewable after the first year once reporting requirements for year one are completed satisfactorily and all programmatic requirements for year one are met and year two updates are submitted as will be requested.***

1. The Area Agency on Aging (AAA) planning service area is Berkshire County, including:

Adams, Alford, Becket, Cheshire, Clarksburg, Dalton, Egremont, Florida, Great Barrington, Hancock, Hinsdale, Lanesboro, Lee, Lenox, Monterey, Mount Washington, New Ashford, New Marlboro, North Adams, Otis, Peru, Pittsfield, Richmond, Sandisfield, Savoy, Sheffield, Stockbridge, Tyringham, Washington, West Stockbridge, Williamstown, and Windsor.

Activities proposed by applicants must cover one or more of the above communities.

2. Proposals are being sought on a competitive basis for a **two year period** beginning **October 1, 2021**. All grants will be subject to availability of funds.

**This application must be sent via email to Kathleen Phillips, [kphillips@esbci.org](mailto:kphillips@esbci.org) by Wednesday, July 8, 2021 by 4:00 p.m.**

An **informational Zoom conference call** for those who are new to the process or who have questions about, Elder Services of Berkshire County's (ESBCI) RFP process will be held on **June 16, 2021 at 10:00am**. Please contact Kathleen Phillips at [kphillips@esbci.org](mailto:kphillips@esbci.org) for the invitation to the Zoom call.

3. If ESBCI is interested in a proposal but cannot fund it completely, partial funding may be awarded. A revised budget and budget narrative will then be required. Update information will be requested for year two funding i.e. updated budget, updated budget narrative and any changes in scope of services to be provided in year two.
4. Title III funds are intended to benefit persons age sixty (60) years and over. Participation is open to all age groups as long as the primary benefit is derived by persons age sixty and over. Applicants should seek to give preference to seniors designated by the Older Americans Act to receive priority in the use of Title III funding, including rural elders, seniors with the greatest economic and social need, racially or ethnically isolated individuals, limited English speaking seniors, frail or disabled individuals and the caregivers of such individuals, and seniors facing cultural or social isolation, including LGBTQ+ individuals.
4. Each grantee must clearly offer participants in Title III funded programs the opportunity to voluntarily contribute to the cost of the activities. The charging of a fee is prohibited. Contributions must remain confidential. However, no person may be denied involvement if he or she chooses not to contribute. All contributions received are to be used to fund the services of the program being funded under this grant. Donations to an organization

providing Sub Grant services are used to offset the cash requests made of ESBCI.

5. If an activity requires participants to come to a site for programs and services, the site must be handicapped accessible.
6. Please use only the attached application format and budget forms.
7. All grants that are awarded will be monitored by ESBCI, and the ESBCI Advisory Council as required by the federal and state government, **which includes an annual on-site monitoring visit**. The projects are monitored to ensure the services are proceeding as planned and evaluated to assess their effectiveness. Monthly program and fiscal reports are required by the 10<sup>th</sup> of every month to ensure continuous program self-monitoring and accountability. (See enclosed Appendix A, "Monthly Reporting Requirements for Title III Grants"; and Appendix B, "Monthly Reporting Form – Demographic Characteristics.")

Funded organizations must bring summarized consumer satisfaction results and a list of outreach activities thus far conducted to the annual monitoring visit.

#### **ROLE OF ELDER SERVICES OF BERKSHIRE COUNTY:**

In addition to Sub Grant funding, management and monitoring, the role of ESBCI will be to provide the following as needed:

- Ongoing technical assistance.
- Participation in possible follow-ups/referrals on behalf of program participants.
- ESBCI staff assistance for some funded workshops.
- Promotion of any sub grant activities as requested.

#### **CRITERIA FOR FUNDING DEFINED BY OLDER AMERICANS ACT:**

With regard to Older Americans Act Title III funding, preference is given to groups of seniors considered to have the greatest need, including rural elders, seniors with greatest economic and social need, racially or ethnically isolated individuals, limited English speaking seniors, frail or disabled individuals and the caregivers of such individuals, and seniors facing cultural or social isolation, including LGBTQ+ individuals.

- Cost-efficiency is a consideration, calculated as cost per unit of service.
- The Commonwealth of Massachusetts requires that all grantees must agree to CORI checks (Criminal Offender Record Information), for volunteers and program staff working in Title III federally funded programs.
- Likelihood that Sub Grant funded programs will become self-sustaining over time.

## **SCOPE OF SERVICES for FFY 2021-FFY 2023 Title III Sub Grant Funding:**

- Legal Assistance
- Minor Home Repair
- Heavy Chore
- In-home Mental Health Assessment
- In-home Skilled Nursing Visits not covered by Medicare
- Approved Evidence-based Healthy Aging program:  
Only programs identified as meeting the criteria of the Administration for Community Living will be funded. Please see <https://www.ncoa.org/resources/ebpchart/> for approved programs.
- Caregiver Support, such as education and training, social day care, or respite care to provide temporary relief from the responsibilities of caregiving.
- Transportation
- Support groups/activities for Older Americans Act (OAA) targeted populations

**End of Information Section: The Title III Sub grant Application begins with the Cover Sheet on page 5.**

## COVER SHEET

PROJECT NAME: \_\_\_\_\_

AGENCY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

TITLE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_

Employer Identification Number (EIN) or Non-Profit Tax Exempt Number \_\_\_\_\_

AMOUNT REQUESTED for each year \$\_\_\_\_\_ (annual funding request)

TOTAL AMOUNT REQUESTED (annual request x 2) \$\_\_\_\_\_

TARGETED BERKSHIRE COMMUNITY(S):

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_  
(Signature and title of individual authorized to submit this proposal).

DATE: \_\_\_\_\_

## RFP APPLICATION FOR FY 2021 & FY 2022 TITLE III SUBGRANT FUNDS

### PROPOSAL SUMMARY & WORK PLAN

Please reference the numbers and letters used below to answer each corresponding question. Attach other sheets as necessary to answer questions listed below.

1. a) What do you want to do? – Proposed outcomes  
b) Primary senior population targeted for services
  
2. a) Describe your plan (include specific activities that will take place, staffing and time frames). Define your unit of service, indicate your estimated total cost per unit of service, and estimate numbers of units to be delivered. Also in this section, discuss the staffing pattern of the proposed project. List all staff positions for the proposed project and attach a job description for each position. Include in the job description, position titles and main responsibilities.  
b) Attach an official copy of your agency's license, accreditation or registration (if applicable), including those of staff for each Title III funded position. Please include a copy of your liability insurance certificate.
  
3. Describe methods to be utilized to ensure that recipients of Title III funded services are age eligible (sixty years and older).
  
4. Explain how the proposed project will coordinate with other programs and services for seniors in the service area, (examples: Elder Services, Councils on Aging and other community services.)
  
5. What strengths and/or past experience will enable you to succeed in this activity? What (if any) obstacles do you anticipate?
  
6. How will you offer participants the opportunity to make voluntary contributions and how will you maintain confidentiality when you receive these contributions? (See attached "Donation Opportunity Procedure/Notice" on page 9 for more information about this section).
  
7. Provide a specific plan for targeting outreach and service to rural elders, seniors with the greatest economic and social need, racially or ethnically isolated individuals, limited English speaking seniors, frail or disabled individuals and the caregivers of such

individuals, and/or seniors facing cultural or social isolation including LGBTQ+ individuals.

8. For the previous question, what methods will you use to evaluate whether or not you have succeeded in targeting those populations?
9. Complete the one year Budget form on page 10 based on year one of your funding request. The total budget should include the requested Title III funding **plus** a minimum 15% cash or in-kind match or combination thereof. **Cash match** is funding your organization will provide to carry out the project. **In-kind match** can encompass overhead expenses such as facility rent or utilities, and can even be provided by a third party, such as a municipal fund. Match cannot consist of Federal funds. In general, funding covers the actual costs of providing a direct service, rather than being used for administration and overhead, which are ordinarily considered as part of an organization's matching funds. **The in-kind match must be composed of non-federal dollars.**
10. Should partial funding be awarded, a revised Budget and Budget Narrative will be required. Whatever the percentage of match in your budget, you will be expected to show that percentage in the match columns of each monthly budget update.
11. In your Budget Narrative (page 11) please submit a detailed budget justification that includes all costs reflected on the proposal's budget page, with specific information as to how those costs were computed; i.e., salaries should include hourly wage, number of hours per week and number of weeks. Budget narrative should define the sources of funding for each item, i.e. federal or local, which make up the 100% budget figure. Specific information on fringe benefits and travel reimbursement rates should be included. (The budget period for federally funded programs is from October 1st to September 30th.)
12. Using the Service Unit Worksheet on the next page, estimate the number of service units you anticipate providing in year one of your proposal if funded in full. An amended number of units will be requested if partial funding is awarded. Complete the worksheet, including computations at the bottom of the page.

## SERVICE UNIT WORKSHEET

### 1. Projected Service Statistics:

Identify the types of **services** to be provided by the program and the **estimated number of service units of each to be delivered during FFY 2021 (October 1<sup>st</sup>, 2021 to September 30<sup>th</sup>, 2022)**. Service Units funded by Title III should directly address the AAA funding priorities/scope of services noted on page 6, and fall into one of these categories. (For year two funding updated units of services will be requested prior to FY 2023)

#### SERVICES:

Legal Assistance \_\_\_\_\_hours

Minor Home Repair \_\_\_\_\_jobs

Heavy Chore \_\_\_\_\_15 minute increments

In-home Mental Health Assessment \_\_\_\_\_assessments

In-home Skilled Nursing Visits not covered by Medicare \_\_\_\_\_visits

Approved Evidence-Based Healthy Aging Programs: See link on page 6.

Name of Program \_\_\_\_\_ sessions

Caregiver Education and Training \_\_\_\_\_sessions

Respite for Caregivers \_\_\_\_\_# of caregivers  
who cannot leave their loved ones at home alone \_\_\_\_\_hours

Transportation \_\_\_\_\_ Number of one way trips

Support sessions/ advocacy activities \_\_\_\_\_# of individuals  
\_\_\_\_\_# of activities

**Estimated total number of service units you plan to provide:** \_\_\_\_\_

We estimate we will serve \_\_\_\_\_seniors in FFY 2022 with Title III funding

**Total Cost per Service Unit:** 100% Program Budget divided by # of service units=\$ \_\_\_\_\_

**Title III Cost per Service Unit:** Title III Sub Grant Funding requested divided by # of service units= \$ \_\_\_\_\_



### **DONATION OPPORTUNITY PROCEDURE:**

Title III of the Older Americans Act regulations states that participants in Title III funded programs/projects must be provided the opportunity to make a voluntary, confidential contribution to the cost of the program or service. Donations received are for the project for which you are funded. No senior may be denied services if he/she chooses not to make a donation.

Anticipated donations are to be shown in column D on the Budget page as “Generated Income” and should be reflected in your Budget Narrative. Please choose one or more of the following methods to offer participants the opportunity to donate to the project:

- \_\_\_\_\_ Donation envelope given to all clients
- \_\_\_\_\_ Letter mailed to client offering the opportunity to make a donation
- \_\_\_\_\_ Verbal request for donation
- \_\_\_\_\_ Other (please explain your plan)

### **REQUIRED STATEMENT OF FUNDING SOURCE:**

Any printed material, including donation letters, press releases, brochures, web sites or other publications describing a program funded in whole or in part by Title III, must display the statement to the following effect:

***“This (program/project/service) is funded in whole or in part by a grant from Elder Services of Berkshire County, Inc. and the Executive Office of Elder Affairs.”***

**SAMPLE BUDGET: USE YOUR OWN LINE ITEMS**  
**Organization Name: \_\_\_\_\_**

**FY 2022 SUBGRANT BUDGET**

	A	B	C	D	E
COST CATEGORY	TOTAL PROGRAM BUDGET	CASH MATCH *	IN-KIND MATCH ** *	GENERATED INCOME (Anticipated Donations)	TITLE III REQUEST
WAGES & BENEFITS					
ADVERTISING					
MATERIALS					
ADMINISTRATION & GENERAL COSTS		Usually, this is match	Usually, this is match		
OTHER, PLEASE LIST:					
TOTALS					

Total of Columns B+C+D+E must equal Column A  
 Total of Column E must equal amount requested on Cover Page.

\*All proposed budgets must include a minimum 15% match (cash and/or in-kind) by the organization requesting funding. Administration and General costs are normally listed as part of an organization’s match, and not funded by the Sub grant.

\*\*If In-Kind Match is used, list sources on a separate sheet.

## **BUDGET NARRATIVE**

Please submit a detailed budget justification that includes all costs reflected on the budget page, with specific information as to how those costs were computed; i.e., salaries should include hourly wage, number of hours per week and number of weeks. Budget Narrative should define sources of funding for each item, i.e. federal or local, which make up the 100% budget figure. Specific information on fringe benefits, and travel reimbursement rates should be included. (The budget period for federally funded programs is from October 1st to September 30th.)

After completion of year one (FYY-2022) you will be requested to update your budget and a short summary of any significant changes from year one to year two budget.

It will also be requested after year one to provide a brief paragraph summary highlighting the significant outcomes achieved and any change in proposed activities for year two.

**This completes the application form. Please review attached Appendices.**

## Appendix A

### MONTHLY REPORTING REQUIREMENTS FOR TITLE III OAA GRANTS/CONTRACTS.

#### 1. PROGRAM REPORTING

Area Agencies on Aging (AAA), such as Elder Services of Berkshire County, Inc. (**ESBCI**), require **monthly** program reports for all Title III Older Americans Act funded programs. The monthly program report must include a report of activities as they relate to the goals and objectives stated in the original proposal. This should include the number of seniors age 60+ served, and units of service for each type of activity. For example, if the proposal states that 12 support group meetings will be held, the report would include the number of meetings conducted that month, the number of people who attended, and the number of units.

A sample Monthly Program Report, which contains demographic information, is included as Appendix B1. If the participants will be primarily caregivers, an additional report, "Title III E, Summary Characteristics of Caregivers serving Elderly Individuals," must also be submitted monthly. (See Appendix B2.) The AAA compiles the information obtained from the program reports and sends it to the state and federal governments. If providing Legal Services a separate report will be provided.

Report only on "services provided and elders served" for seniors residing within Berkshire County.

In order to request a cash disbursement, there must be units of service on that month's report. **Activities such as program coordination, curriculum development, or volunteer recruitment should not be billed for until elders have actually been served.** If the grant normally has monthly activity, and there was no grant activity during a given month of the grant year the AAA Planner (Kathleen Phillips) must be notified by the 10th of the following month through a brief e-mail.

#### 2. MONTHLY FISCAL REPORTING AND CASH REQUEST FORM

Funds are disbursed in response to the "Cash Request" and "Budget Update" forms, submitted monthly, which reflect actual expenditures made during the previous month. The Area Agency on Aging requires that specific backup documentation be maintained by the Sub grantee with regard to all grant-related expenditures. The documentation, which should be made available to ESBCI upon request, should include:

1. Copies of applicable invoices with the date paid.
2. For programs with personnel costs, copies of the payroll ledger sheets listing position, name, gross payroll, deductions, net payroll and period covered. The report should detail the amount of its employees' time that is grant-related and volunteer time sheets.
3. Travel vouchers to support travel costs.
4. Backup detail for the value of In-Kind contributions i.e. office space.

The line items in the monthly financial reports must parallel the line items of the original budget in the grant proposal. The percentage of Cash and In-kind Match as set forth in the final budget of an approved Sub Grant proposal must carry over into the Monthly Budget Updates. **For instance, if an organization states that they will have a 15% match, each Monthly Budget Update should show a 15% match.**

Requests for changes in line item expenditures must be submitted in writing to ESBCI. If fiscal reports are incorrect, we may return them for corrections. ESBCI's Title III Planner (Kathleen Phillips) and fiscal staff are available to provide technical assistance; please call 499-0524 when you have questions.

**Summary:** Grantees must send, **by the 10th of every month documentation**, reflecting program activity of the previous month, to Kathleen Phillips, Planning & Development Supervisor: Elder Services of Berkshire County, Inc., 877 South St., Suite 4E, Pittsfield, MA 01201 or email Kathleen at [Kphillips@esbci.org](mailto:Kphillips@esbci.org). You will be out of compliance if you submit them later than the 10th of that month.

All forms must be submitted even if there has been no activity or persons served in the previous month. The monthly report includes:

1. Cash Request Form
2. Budget Update Form (the request justification form)
3. Monthly Program Report (B-1)
4. If program primarily serves caregivers, a "Summary Characteristics of Caregivers Serving Elderly Individuals" form (B-2) must also be submitted.

Electronic copies of all required forms will be sent to grantees who receive funding as part of the contract.

## Appendix B-1

### SAMPLE MONTHLY REPORTING FORM – DEMOGRAPHIC CHARACTERISTICS

NAME OF PROJECT \_\_\_\_\_

MONTH AND YEAR \_\_\_\_\_

	<b>CURRENT MONTH</b>	<b>YEAR-TO- DATE (from 10/1/21)</b>
1. Enter total number of unduplicated persons aged 60 years or over (or caregivers) served this month who are <b>new</b> to the program.	_____	_____
2. Of the total population served, how many were: (Figures entered may be duplicative counts.)		
a. American Indian/Alaskan Native	_____	_____
b. Asian/Pacific Islander	_____	_____
c. African American	_____	_____
d. Hispanic	_____	_____
e. Frail/Disabled (persons aged 60+ having a physical or mental disability that restricts The ability of the individual to live independently).	_____	_____
f. Residents of Rural Areas. (See list of towns, Appendix C.)	_____	_____
g. Low-income non-minority (persons with an annual income at or below the Federally established poverty level.)	_____	_____
h. Low-income Minority (persons who are either American Indian/ Alaskan Native, Asian/Pacific Islander, Black not of Hispanic origin, or Hispanic, within annual income at or below the Federally established poverty level).	_____	_____
3. Number of Service Units Provided:	_____	_____
4. Number of unduplicated persons served	_____	_____

## APPENDIX B-2

### TITLE III E Summary Characteristics of Caregivers Serving Senior Individuals

Sub grantee: \_\_\_\_\_

Month: \_\_\_\_\_

Name of Project: \_\_\_\_\_

Caregiver Characteristics	Total Year to Date Caregivers	# Caregivers Current	Age of the Caregiver			
			Under 60	Age 60-74	Age 75-84	Age 85+
Total Caregivers						
Caregivers with Age Data						
Age missing						
Female						
Male						
Gender Missing						
Rural						
Rural Missing						
Caregivers by Ethnicity						
Hispanic or Latino						
Not Hispanic or Latino						
Ethnicity Missing						
Caregivers by Race or Ethnicity						
White (Alone) - Non-Hispanic						
Total Minorities						
White (Alone) - Hispanic						
American Indian/Alaska Native (Alone)						
Asian (Alone)						
Black or African American (Alone)						
Native Hawaiian or Other Pacific Islander (Alone)						
Persons Reporting Some Other Race						
Persons Reporting Two or More Races						
Race Missing						
Caregiver by Relationship						
Husband						
Wife						
Son/Son-in-law						
Daughter/Daughter-in-Law						
Other Relative						
Non-Relative						
Relationship Missing						
Number of Phone Calls						
Units of Service						

**Appendix C - Berkshire County Towns Considered Rural:** (Less than a hundred persons per square mile)

Alford  
Becket  
Egremont  
Florida  
Hancock  
Hinsdale  
Monterey  
Mount Washington  
New Ashford  
New Marlborough  
Otis  
Peru  
Richmond  
Sandisfield  
Savoy  
Sheffield  
Stockbridge  
Tyringham  
Washington  
West Stockbridge  
Windsor

Please refer to this list when filling out the Monthly Program Update and, if applicable, the Summary Characteristics of Caregivers Serving Elderly Individuals.



June 8, 2021

Dear Interested Community Member,

Elder Services of Berkshire County, Inc. announces the availability of funds through Title III of the Older Americans Act (OAA), and requests proposals for a **TWO year grant cycle** spanning Federal Fiscal Years 2021 and 2022 (October 1, 2021 - September 30, 2023).

The Request for Proposal (RFP) process is open to nonprofit organizations and private for-profit organizations and businesses. Sub grant proposals must support the goals of the OAA by providing direct services to Berkshire County residents, age 60 years and older. The Older Americans Act identifies groups of seniors who should receive priority in the use of Title III funding, including rural elders, seniors with the greatest economic and social need, racially or ethnically isolated individuals, limited English speaking seniors, frail or disabled individuals and the caregivers of such individuals, and elders facing cultural or social isolation, including LGBTQ+ individuals.

The following are considered prioritized services for purposes of this grants:

Legal Assistance, Minor Home Repair, Heavy Chore, In-home Mental Health Assessment, Transportation, In-home Skilled Nursing Visits not covered by Medicare, approved evidence-based Healthy Aging programs such as fall prevention, Caregiver Support, such as education and training, respite services to provide temporary relief from the responsibilities of caregiving.

All grants are subject to the availability of funding. Monthly Sub grant reporting is required. Funding is allocated monthly on a cash reimbursement basis.

Interested individuals and organizations that serve seniors, are encouraged to apply. Proposals may be submitted by a single organizational entity, or may be collaborative ventures.

**PLEASE NOTE:** If you are new to the Sub grant Process, you are encourage submit a **Letter of Intent** by **4:00 pm June 23, 2021**. Letters of Intent will be reviewed, and if selected, organizations will be invited to submit the Full RFP. The format for the full RFP can be found on the ESBCI website [www.esbci.org](http://www.esbci.org)  
**See below for outline for Letter of Intent**

An **informational Zoom conference call** for those who are new to, or who have questions about, Elder Services' RFP process will be held on **Wednesday, June 16 at 10:00am**. Contact Kathleen Phillips for a Zoom invitation for this call.

For further information, call ESBCI Title III Planner, Kathleen Phillips at 413-499-

052 ext. 729, or send an email to [kphillips@esbci.org](mailto:kphillips@esbci.org).

**If invited to submit, applications must be emailed to Kathleen Phillips at Elder Services ([kphillips@esbci.org](mailto:kphillips@esbci.org)) by 4:00 p.m. Thursday, July 8, 2021**

Sincerely,  
Kathleen Phillips, Planning & Development Supervisor

ELDER SERVICES OF BERKSHIRE COUNTY, Inc.  
OLDER AMERICAN ACT TITLE III  
2021/2023 TITLE III SUBGRANT REQUEST FOR PROPOSAL (RFP)

**LETTER OF INTENT**

All applicants who are not currently funded and are **new to the Title III Subgrant process** are highly encouraged to submit a Letter of Intent by 4:00pm on Wednesday, June 23, 2021. Letters of Intent will be reviewed and organizations will be invited to submit the full RFP. The Letter of Intent should be **no more than 2-3 pages** and address the following:

1. Name of organization, address and phone number, email address name of contact person and contact's position, email address and phone number.
2. Which of the Subgrant priorities does your program/activity address?
3. Amount of your request.
4. Purpose of your proposed program or service. Please provide a basic outline of what you plan to offer, when and to whom.
5. Total amount of funding, including other sources required to run the proposed program. (List other funding sources)
6. What towns in Berkshire County will this program serve?
7. How do you plan to reach Older American Act (OAA)/Title III target populations\*  
\* OAA identifies groups of seniors who should receive priority in the use of Title III funding including elders living in rural areas, seniors with the greatest economic and social needs, racially or ethnically isolated individuals, limited English speaking seniors, frail or disabled individuals and the caregivers of such individuals and seniors facing cultural or social isolation including LGBTQ+ individuals