

AAA LETTER OF INTENT FORM Required

Agency Name:

Street Address:

Mailing Address (if different):

Executive Officer:

Agency Certification Statement: I certify that I have legal authority to commit this agency to a contractual agreement. I have reviewed the sample contracts and am aware of the requirements contained therein. I certify that the agency is capable of and willing to meet all the required provisions of the Older Americans Act, the Older Californians Act, and any and all related requirements of contracting with the Seniors Council of Santa Cruz & San Benito Counties

Name & Title (typed):

Signature:

Date:

Service(s) Applying For:

Check Box if Applying	<u>Santa Cruz County Services:</u>	Available Funds	Amount Proposed
	<u>Title IIIB Supportive Services</u>		
<input type="checkbox"/>	Mealsite Transportation	\$20,000	<input type="checkbox"/>
<input type="checkbox"/>	Peer Counseling	\$7,500	<input type="checkbox"/>
<input type="checkbox"/>	Visiting	\$7,500	<input type="checkbox"/>
<input type="checkbox"/>	Case Management	\$23,500	<input type="checkbox"/>
<input type="checkbox"/>	Information & Assistance	\$77,500	<input type="checkbox"/>
<input type="checkbox"/>	Residential Repairs/Modification	\$25,000	<input type="checkbox"/>
	<u>Title IIIC-1 Congregate Dining & Title IIIC- 2 Home Delivered Meals (one contract)</u>	\$937,000	<input type="checkbox"/>
<input type="checkbox"/>	<u>Title IIIE Family Caregiver Support (total)</u>	\$101,000	<input type="checkbox"/>
	<i>Family Caregiver sub-categories & amounts</i>		
<input type="checkbox"/>	• Caregiver I&A- distinct from IIIB I&A		<input type="checkbox"/>
<input type="checkbox"/>	• Caregiver Public Information		<input type="checkbox"/>
<input type="checkbox"/>	• Caregiver Community Information		<input type="checkbox"/>
<input type="checkbox"/>	• Caregiver Assessment		<input type="checkbox"/>
<input type="checkbox"/>	• Caregiver Respite		<input type="checkbox"/>
<input type="checkbox"/>	• Caregiver Training		<input type="checkbox"/>
<input type="checkbox"/>	• Caregiver Case Management .		<input type="checkbox"/>
<input type="checkbox"/>	• Supplemental Services including respite registry, assistive devices, modifications		<input type="checkbox"/>

**Check Box
if Applying**

San Benito County Services:

**Amount
Proposed**

Title IIIB Supportive Services

<input type="checkbox"/>	Case Management	\$5,000	<input type="checkbox"/>
<input type="checkbox"/>	Information & Assistance	\$20,000	<input type="checkbox"/>
<input type="checkbox"/>	Mealsite Transportation	\$23,000	<input type="checkbox"/>

Title IIIC-1 Congregate Dining & Title IIIC- 2

<input type="checkbox"/>	<u>Home Delivered Meals (one contract)</u>	\$319,000	<input type="checkbox"/>
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Title IIIE Family Caregiver Support (Total)

<input type="checkbox"/>		\$34,000	<input type="checkbox"/>
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Family Caregiver sub-categories & amounts

<input type="checkbox"/>	<ul style="list-style-type: none">Caregiver I&A- distinct from IIIB I&A		<input type="checkbox"/>
<input type="checkbox"/>	<ul style="list-style-type: none">Caregiver Public Information		<input type="checkbox"/>
<input type="checkbox"/>	<ul style="list-style-type: none">Caregiver Community Information		<input type="checkbox"/>
<input type="checkbox"/>	<ul style="list-style-type: none">Caregiver Assessment		<input type="checkbox"/>
<input type="checkbox"/>	<ul style="list-style-type: none">Caregiver Respite		<input type="checkbox"/>
<input type="checkbox"/>	<ul style="list-style-type: none">Caregiver Training		<input type="checkbox"/>
<input type="checkbox"/>	<ul style="list-style-type: none">Caregiver Case Management		<input type="checkbox"/>
<input type="checkbox"/>	<ul style="list-style-type: none">Supplemental Services including respite registry, assistive devices, modifications		<input type="checkbox"/>

Services in both Santa Cruz & San Benito Counties:

<input type="checkbox"/>	<u>Title IIIB & VIIA Ombudsman Services</u>	\$177,000	<input type="checkbox"/>
<input type="checkbox"/>	<u>Title IIIB Legal Assistance</u>	\$92,000	<input type="checkbox"/>
<input type="checkbox"/>	<u>HICAP (Health Insurance Counseling & Advocacy Program)</u>	\$293,000	<input type="checkbox"/>