

Seniors Council/Area Agency on Aging of Santa Cruz & San Benito Counties

AAA LETTER OF INTENT FORM

Required

Agency Name:
Street Address:
Mailing Address (if different):
E-mail contact(s)

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

Santa Cruz County Services:

Fill out highlighted boxes where applicable

<u>Title IIIB Supportive Services</u>		Available Funds	Proposed
<input type="checkbox"/>	Mealsite Transportation	\$20,000	<input type="checkbox"/>
<input type="checkbox"/>	Case Management	\$27,250	<input type="checkbox"/>
<input type="checkbox"/>	<u>Information & Assistance</u> - Comprehensive & Countywide, including managing 1-800-510-2020 I & A phone line	\$77,500	<input type="checkbox"/>

<u>Senior Nutrition Programs</u>		\$1,030,000 Total	
<input type="checkbox"/>	<u>Congregate Dining</u>	Available: \$360,000	
	Location of Site or Sites (List)	Number of Days per Week	Proposed Cost of site
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>	<u>Home-Delivered Meals (County-wide)</u>	Available: \$670,000	
		Proposed:	<input type="checkbox"/>

<u>Title IIIE Family Caregiver Support (total)</u>		\$115,000	Proposed
<input type="checkbox"/>	<i>Must include all sub-categories</i>		<input type="checkbox"/>
<input type="checkbox"/>	Caregiver Access*		<input type="checkbox"/>
<input type="checkbox"/>	Caregiver Information Services*		<input type="checkbox"/>
<input type="checkbox"/>	Caregiver Support Services*		<input type="checkbox"/>
<input type="checkbox"/>	Caregiver Respite*		<input type="checkbox"/>
<input type="checkbox"/>	Caregiver Supplemental Services*		<input type="checkbox"/>
	* see attachment for subcategories		

Check Box if
Applying

San Benito County Services:

Fill out highlighted boxes where
applicable

<u>Title IIIB Supportive Services</u>		Available Funds	Proposed
<input type="checkbox"/>	Mealsite Transportation	\$23,000	<input type="checkbox"/>

<u>Senior Nutrition Programs</u>		\$337,000 Total	
<u>Congregate Dining</u>		Available: \$118,000	
Location of Site or Sites (List)		Number of Days per Week	Proposed Cost of site
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<u>Home-Delivered Meals (County-wide)</u>		Available: \$219,000	
		Proposed:	<input type="checkbox"/>

<u>Title IIIE Family Caregiver Support (total)</u>		\$38,000	Proposed
<input type="checkbox"/>	<i>Must include all sub-categories</i>		<input type="checkbox"/>
<input type="checkbox"/>	Caregiver Access*		<input type="checkbox"/>
<input type="checkbox"/>	Caregiver Information Services*		<input type="checkbox"/>
<input type="checkbox"/>	Caregiver Support Services*		<input type="checkbox"/>
<input type="checkbox"/>	Caregiver Respite*		<input type="checkbox"/>
<input type="checkbox"/>	Caregiver Supplemental Services*		<input type="checkbox"/>
* see attachment for subcategories			

Services in both Santa Cruz & San Benito Counties:

			Proposed
	<u>Title IIIB</u> Legal Assistance	\$92,000	
	<u>HICAP</u> (Health Insurance Counseling & Advocacy Program)	\$293,000	