

# PEANE GRANT APPLICATION INSTRUCTIONS

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May 1, 2014

Any Kansas public or private not-for-profit or for-profit corporation registered with the Office of the Secretary of State or local units of government may apply for a Prevention of Elder Abuse, Neglect and Exploitation (PEANE) Grant. This is a one year grant. The grant period is from September 1, 2014 through August 31, 2015.

## **To apply for a PEANE Grant of \$5,000.00 or less:**

- Complete the enclosed grant application. An incomplete application packet will not be reviewed.
- Submit the original and 4 copies of your application along with proof of your tax-exempt status to the Kansas Department for Aging and Disability Services, 503 S Kansas, Topeka KS 66603-3404, by 5:00 p.m. on Monday, June 16, 2014.

If your proposal includes a conference, workshop or training and there are registration fees, allow fees to be waived for 5 KDADS staff and 5 Adult Protective Service workers.

## **If your application is selected for funding you must:**

- Sign and return a Notification of Grant Award (NGA) to KDADS Fiscal Services.
- Submit timely notice if the project director changes during the grant period.
- Submit **request(s) to revise** an approved budget, if appropriate, including a/an:
  - Explanation of why the revision is needed and what changes are being made; and
  - Proposed Special Project Budget Summary Page and corresponding Budget Category Itemization Page(s)

The grantee is not authorized to expend grant funds for activities which are not shown on the approved budget and its itemization/cost breakdown. For activities/costs that are clearly itemized in an approved budget, the grantee may revise twenty-five percent (25%) or LESS of the funds, by category, without seeking KDADS approval.

*NOTE: The grantee will receive written notice from KDADS of a decision either approving or denying its request. If approved, a new NGA will be signed and returned to KDADS Fiscal Services. KDADS will not authorize changes to deliverables under this grant if there are 60 days or less remaining in the project period at the time the request is submitted.*

- Submit semi-annual financial reports.
  - 1<sup>st</sup> financial report covers the period September 1, 2014 through February 28, 2015 -- due no later than March 31, 2015
  - 2nd or final financial report covers the period March 1 through August 31, 2015 -- due within 30 days after the end of the grant period.
- Submit a semi-annual project activity report – due no later than March 31, 2015. A final project report is due within 30 days after the end of the grant period.
- Submit a notice to the KDADS PEANE Grant Manager in advance of the dates, time, and locations of all conferences, workshops or training held throughout the state. Requests for federal funds will not be processed until advance notification is received.
- Comply with all applicable state and federal regulations.
- List the U.S. Administration on Aging and the Kansas Department for Aging and Disability Services as a PEANE funding source on all created project brochures or literature.
- Submit a **request to extend** the grant period, if appropriate, no less than 30 days before the end of the grant explaining the:
  - Degree to which the original project has been accomplished;
  - Need for the extension;
  - Work to be accomplished with remaining funds (if an extension is granted), the timeline for this work, and whether it fits within the scope of work defined in the original grant application; and
  - Length of time covered by the requested extension.

*NOTE: The grantee will receive written notice from KDADS of a decision either approving or denying its request.*

- Submit at the end of the grant period a copy of all materials and other information developed as a result of your PEANE grant project to the Kansas Department for Aging and Disability Services.

Contact Tamara Tiemann at 785-296-6445 or 800-432-3535 or [tamara.tiemann@kdads.ks.gov](mailto:tamara.tiemann@kdads.ks.gov) if you need technical assistance or have questions regarding your PEANE grant application.

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**APPLICATION TO  
KANSAS DEPARTMENT FOR AGING AND DISABILITY SERVICES  
SPECIAL PROJECT**

1. Title of Project:	
2. Type of Application:  <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision <input type="checkbox"/> Supplement	
3. Project Director Include: Name, Title, Department, <u>Mailing Address</u> (Street, City, State, Zip Code) and <u>E-mail Address</u> :	4. Type of Organization: (Check One)  <input type="checkbox"/> Public for Profit Agency <input type="checkbox"/> Public Non-Profit Agency <input type="checkbox"/> Private Non-Profit Agency
_____ (Area Code) Phone No.	5. Budget Year: From _____ Through _____
6. Applicant Agency (Name and Address – Street, City, State, Zip Code):	7. Payee (Specify to whom checks should be sent – Name, Title, Address):
8. Name, Title, Address of Official Authorized to Sign for Applicant Agency:	_____ Federal Tax Identification Number
9. Terms and Conditions: It is understood and agreed by the under signed that: (1) funds awarded as a result of this request are to be expended for the purposes set forth herein and in accordance with all applicable laws, regulations, policies and procedures of this State: (2) any changes in the proposal as approved will be submitted in writing by the applicant and upon notification of approval by the State Agency shall be deemed incorporated into and become a part of this agreement; (3) the attached Assurance of Compliance with the Department of Health and Human Services Regulations issued pursuant to Title VI of the Civil Rights Act of 1964 applies to this proposal as approved; and (4) funds awarded by the State Agency may be terminated at any time for violation of any terms and requirements of this agreement.	
10. Signature (Person Named in Item 8):  <div style="display: flex; justify-content: space-around; margin-top: 20px;"> <div style="text-align: center;">             _____              Signature           </div> <div style="text-align: center;">             _____              Date           </div> </div>	

## PEANE GRANT PROPOSAL ORGANIZATION

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**DESCRIPTION / PURPOSE** - The purpose of the Programs for Prevention of Elder Abuse, Neglect, and Exploitation (PEANE) is established under Title VII (see Chapter 3, Section 721) of the Older Americans Act, as amended. The grant shall be used to carry out activities to develop and/or strengthen programs for the prevention, detection, assessment, treatment of, intervention in, investigation of, and response to elder abuse, neglect, and exploitation (including financial exploitation).

**PRIORITY** – The state’s priority this funding cycle is a community focus for addressing the prevention of elder abuse, neglect, and exploitation. Applicants this funding cycle must propose activities targeted to seniors and/or their caregivers (with an emphasis on those who live in rural areas) that provide for public education and outreach in one or both of the two priority areas designated by the Commissioner of Aging:

- (1) To identify and prevent elder abuse, neglect, self-neglect and exploitation; and/or
- (2) To promote financial literacy and prevent identity theft and financial exploitation of older individuals.

Such activities may include but are not limited to workshop session(s) at an agency hosted senior expo, information day, or other similar event held on an annual basis – PEANE grant funds may be used to support relevant individual workshop session(s), but not those components of the event which are unrelated to PEANE or do not meet the PURPOSE and PRIORITY outlined above.

**The intent is to award funding for activities targeted to seniors and/or their caregivers and the general public – unlike past PEANE funding cycles, activities exclusively targeted to professional human services staff will not be reviewed or receive further consideration.** NOTE: It is, however, highly recommended that professionals who choose to attend PEANE activities receive a certificate of attendance which includes title(s) and clock hour(s) for each activity session.

**APPROACH** – Applicants this funding cycle must also propose to collaborate with local organizations responsible for programs and services for seniors and their caregivers in communities, including **senior centers, hi-rise apartments, congregate meal sites and other places where seniors and their caregivers gather.**

NOTE: A statewide approach is not expected.

**COST SHARING OR MATCHING** – Matching funds are not required.

With regard to registration for activities funded under a PEANE grant, applicants are:

- (1) Highly encouraged to provide proposed activities to the target population (see above) at no cost (free); and
- (2) Required to provide registration fee-waived slots to such activities for five (5) KDADS and five (5) Kansas Department for Children and Families, Adult Protective Service workers.

**AWARD INFORMATION** – Each applicant may submit only one application. More than one application from the same geographic area may be selected to receive grant funds. Successful applicants will receive a one-year award in an amount which does not exceed \$5,000.

**KEY DATE** – The deadline date for submission of applications is 5:00 p.m. on Monday, June 16, 2014.

**FORMAT** - It is requested that the proposal be arranged in the following format to facilitate the assessment of the application. Be sure to include all of the information requested. Insufficient information will delay review of the application.

The Statement of Application and Project Narrative sections of the application must be **double-spaced on 8 ½” X 11” plain white paper with 1” margins** on both sides, and a **font size of not less than 11**. The Statement of Application and Project Narrative **must not exceed 5 pages**. Label sections with headings in bold print below.

I. **Statement of Application**

Overview – provide a brief overview of the applicant organization, describe the reasons you are interested in developing the program, and describe the Applicant’s experience with other social service and/or health care programs which may establish the applicant’s capacity to operate effectively the proposed program. Include the basis of financial support

II. **Narrative and Supporting Documentation**

- A. **Documentation of Need**—Describe as fully as possible the documented need or potential need for the program in the geographic area (e.g., public health statistics, reports on needed services prepared by other community agencies).
- B. **Community Support**—Show how the applicant agency will coordinate with other programs and agencies in the community or how the program will enhance existing programs or outreach (PEANE Grant funding cannot duplicate previously/currently received funding). Include also any role these organizations have played or will play as part of the development of the program.
- C. **PEANE Project Description/Work Plan (NEW for 2014/15)** – Complete the *fillable form* – this format is not optional. An example of a completed form in the application packet is labeled SAMPLE. The work plan is an overview of what your agency plans to achieve through the proposed project and should include a Program Summary, Program Services Goal(s), Major Objectives and Measurable Outcomes. For each major task, action step or product, the number of events and target population to be reached and the geographic area to be served should be identified, along with Key Staff responsible for completing the task or action and the Timeframe, e.g., start- and end-dates. Include at least one goal for the proposed project and at least two objectives for each goal statement.
- D. **Marketing Strategy** – how program will be marketed to target population
- E. Describe the **monitoring and evaluation system** used to evaluate effectiveness of program.
- F. **Future funding**—Describe plans for obtaining continued operational support for the project following grant expiration or ways that the applicant organization will continue to make prevention of elder abuse, neglect, and exploitation a priority.

III. **Code of Conduct Assurance** – Sign and date

IV. **Assurance of Compliance with the Department of Health and Human Services Regulation Under Title FI of the Civil Rights Act of 1964** – Enter the Name of Applicant at the top, sign and date at the bottom

V. **Special Project Budget Summary Page and Budget Itemization Pages** – Complete required forms following the Budget Category Itemization Instructions provided with this application packet

Review the Checklist for PEANE Applications to ensure a complete application is being submitted by the published deadline

**PEANE Project Description/Work Plan**

**05/01/2014**

<b>Applicant Agency</b>	Click, enter name.			
<b>Federal Funds Requested</b>	Click, enter dollars.			
<b>Title of Project</b>	Click, enter title.			
<b>Program Summary</b>	Click, enter brief statement.			
<b>Major Objectives</b>	<b>Measurable Outcomes</b>		<b>Key Staff &amp; Agency Responsible</b>	<b>Timeframe</b>
	No. of Events (if applicable)	Target Population – Tell who will attend or be reached (if applicable) & estimate no. of target population & geographic area to be served		
<b>Program Services Goal 1</b>	Click, enter goal.			
1. Click, enter objective for Goal 1.	Click, enter number or N/A.	Click, enter who, how many & where.	Click, enter name, title & agency.	Click, enter start/end dates.
2. Click, enter objective for Goal 1.	Click, enter number or N/A.	Click, enter who, how many & where.	Click, enter name, title & agency.	Click, enter start/end dates.
3. Click, enter objective for Goal 1.	Click, enter number or N/A.	Click, enter who, how many & where.	Click, enter name, title & agency.	Click, enter start/end dates.
<b>Program Services Goal 2</b>	Click, enter goal.			
1. Click, enter objective for Goal 2.	Click, enter number or N/A.	Click, enter who, how many & where.	Click, enter name, title & agency.	Click, enter start/end dates.
2. Click, enter objective for Goal 2.	Click, enter number or N/A.	Click, enter who, how many & where.	Click, enter name, title & agency.	Click, enter start/end dates.
3. Click, enter objective for Goal 2.	Click, enter number or N/A.	Click, enter who, how many & where.	Click, enter name, title & agency.	Click, enter start/end dates.
<b>Program Services Goal 3</b>	Click, enter goal.			
1. Click, enter objective for Goal 3.	Click, enter number or N/A.	Click, enter who, how many & where.	Click, enter name, title & agency.	Click, enter start/end dates.
2. Click, enter objective for Goal 3.	Click, enter number or N/A.	Click, enter who, how many & where.	Click, enter name, title & agency.	Click, enter start/end dates.
3. Click, enter objective for Goal 3.	Click, enter number or N/A.	Click, enter who, how many	Click, enter name, title &	Click, enter

**PEANE Project Description/Work Plan**

**05/01/2014**

		& where.	agency.	start/end dates.
<b>Program Services Goal 4</b>	Click, enter goal.			
1. Click, enter objective for Goal 4.	Click, enter number or N/A.	Click, enter who, how many & where.	Click, enter name, title & agency.	Click, enter start/end dates.
2. Click, enter objective for Goal 4.	Click, enter number or N/A.	Click, enter who, how many & where.	Click, enter name, title & agency.	Click, enter start/end dates.
3. Click, enter objective for Goal 4.	Click, enter number or N/A.	Click, enter who, how many & where.	Click, enter name, title & agency.	Click, enter start/end dates.
<b>Program Services Goal 5</b>	Click, enter goal.			
1. Click, enter objective for Goal 5.	Click, enter number or N/A.	Click, enter who, how many & where.	Click, enter name, title & agency.	Click, enter start/end dates.
2. Click, enter objective for Goal 5.	Click, enter number or N/A.	Click, enter who, how many & where.	Click, enter name, title & agency.	Click, enter start/end dates.
3. Click, enter objective for Goal 5.	Click, enter number or N/A.	Click, enter who, how many & where.	Click, enter name, title & agency.	Click, enter start/end dates.
<b>Major Accomplishments Planned</b>	Click here to enter text.			

**PEANE Project Description/Work Plan**

**05/01/2014**

<b>Applicant Agency</b>	Down Town Public Library				
<b>Federal Funds Requested</b>	\$410				
<b>Title of Project</b>	Elder Abuse Prevention Resources and Awareness				
<b>Program Summary</b>	The library will buy materials on preventing, detecting and intervening in elder abuse and financial exploitation and collaborate with the local Senior Center to host two programs promoting the free availability of these materials to the elderly and their caregivers in the community.				
<b>Major Objectives</b>		<b>Measurable Outcomes</b>		<b>Key Staff &amp; Agency Responsible</b>	<b>Timeframe</b>
		No. of Events (if applicable)	Target Population – Tell who will attend or be reached (if applicable) & estimate no. of target population & geographic area to be served		
<b>Program Services Goal 1</b>	Establish an ANE resource collection at the Down Town Public Library				
1. Purchase eight books and two DVDs, published past 10 years; on receipt, add to inventory and plan 10 year retention; also set up special display at library	N/A	N/A	Mary Jones, Library Director	Sept to Nov 2014	
2. Announce new materials are available for patron check-out and circulation, e.g., media release, library website, Kansas Interlibrary Loan Program	N/A	Est. 450 – Community at Large reached. Geographic Area - Down Co.	Mary Jones, Library Director Tom Clark, Library Assistant	Jan 2015	
3. Evaluate outreach and awareness based on number of check-outs of each resource	N/A	Est. 25 – Elders & Families access and check-out new materials. Geographic Area - Down Co.	Mary Jones, Library Director	Jan to Aug 2015	
<b>Program Services Goal 2</b>	Introduce the new materials to the community and identify any future programming ideas that arise as a result				
1. Invite keynote speaker (*) for each of two one-hour programs	N/A	N/A	Mary Jones, Library Director *TBD, Kansas AG Office staff *TBD, Susan B. Allen Memorial Hospital staff	Mar 2015	
2. Provide one-hour program at both the library and senior center	2	Est. 25 – Elders & Families attending. Geographic Area - Down Co.	Mary Jones, Library Director Nancy Miller, Senior Center Director	Jun to Jul 2015	
3. Evaluate outreach and awareness based on attendance at each event	N/A	Est. 25 – Elders & Families completing evaluation. Geographic Area - Down Co.	Mary Jones, Library Director	Aug 2014	



**PEANE Project Description/Work Plan**

**05/01/2014**

<b>Program Services Goal 3</b>		<a href="#">N/A</a>			
1.	Click, enter objective for Goal 3.	Click, enter number or N/A.	Click, enter who, how many & where.	Click, enter name, title & agency.	Click, enter start/end dates.
2.	Click, enter objective for Goal 3.	Click, enter number or N/A.	Click, enter who, how many & where.	Click, enter name, title & agency.	Click, enter start/end dates.
3.	Click, enter objective for Goal 3.	Click, enter number or N/A.	Click, enter who, how many & where.	Click, enter name, title & agency.	Click, enter start/end dates.
<b>Program Services Goal 4</b>		<a href="#">N/A</a>			
1.	Click, enter objective for Goal 4.	Click, enter number or N/A.	Click, enter who, how many & where.	Click, enter name, title & agency.	Click, enter start/end dates.
2.	Click, enter objective for Goal 4.	Click, enter number or N/A.	Click, enter who, how many & where.	Click, enter name, title & agency.	Click, enter start/end dates.
3.	Click, enter objective for Goal 4.	Click, enter number or N/A.	Click, enter who, how many & where.	Click, enter name, title & agency.	Click, enter start/end dates.
<b>Program Services Goal 5</b>		<a href="#">N/A</a>			
1.	Click, enter objective for Goal 5.	Click, enter number or N/A.	Click, enter who, how many & where.	Click, enter name, title & agency.	Click, enter start/end dates.
2.	Click, enter objective for Goal 5.	Click, enter number or N/A.	Click, enter who, how many & where.	Click, enter name, title & agency.	Click, enter start/end dates.
3.	Click, enter objective for Goal 5.	Click, enter number or N/A.	Click, enter who, how many & where.	Click, enter name, title & agency.	Click, enter start/end dates.
<b>Major Accomplishments Planned</b>		<a href="#">Raise awareness of the problem of ANE, educate the community about this issue and provide resources for both prevention and aid.</a>			

## CODE OF CONDUCT ASSURANCE

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The recipient of this award shall develop and maintain a written code or standards of conduct which shall govern the performance of its officers, employees, or agents engaged in awarding and expending federal grant funds. Include the following:

- (1) The recipient agency's officers, employees or agents shall neither solicit nor accept gratuities, favors, or anything of monetary value from subcontractors or potential subcontractors.
- (2) All persons on the policy-making board and all employees in top management will file conflict of interest statements which will set forth any organizational, financial, or familial relationship with actual or potential providers of services under funds from the Older Americans Act.
- (3) Persons serving on advisory councils who are also staff or board members of projects being considered by the advisory council will be expected to remain silent in any presentation of those projects and refrain from voting on such projects.
- (4) Such standard or code shall provide for appropriate penalties, sanctions, or other disciplinary actions to be applied for violations of such standards either by the officers, employees, or agents of the recipient agency or by subcontractors or their agents.

(Original signature and title of official authorized by grantee to sign on its behalf.)

SIGNED: \_\_\_\_\_

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

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

(NOTE: Above is not the code but merely assures that such a code will be adopted.)

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ASSURANCE OF COMPLIANCE WITH THE DEPARTMENT OF  
HEALTH AND HUMAN SERVICES REGULATION UNDER  
TITLE VI OF THE CIVIL RIGHTS ACT OF 1964

\_\_\_\_\_ (hereinafter called the "Applicant")  
Name of Applicant (type or print)

HEREBY AGREES THAT it will comply with Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Kansas Department for Aging and Disability Services (hereinafter called the "Grantor"), a recipient of federal financial assistance from the Department of Health and Human Services (HHS); and HEREBY GIVES ASSURANCE THAT it will immediately take any measures necessary to effectuate this agreement.

If any real property or structure thereon is provided or improved with the aid of federal financial assistance extended to the Applicant by the Grantor, this Assurance shall obligate the Applicant, or in the case of any transfer for such property, any transferee, for the period during which the real property or structure is used for a purpose for which the federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this Assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. In all other cases, this Assurance shall obligate the Applicant for the period during which the federal financial assistance is extended to it by the Grantor.

THIS ASSURANCE is given in consideration of and for the purpose of obtaining any and all federal grants, loans, contracts, property, discounts or other federal financial assistance extended after the date hereof to the Applicant by the Grantor, including installment payments after such date on account of applications for federal financial assistance which were approved before such date. The applicant recognizes and agrees that such federal financial assistance will be extended in reliance on the representations and agreements made in this Assurance, and that the Grantor or the United States, or both, shall have the right to seek judicial enforcement of this Assurance. This Assurance is binding on the Applicant, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this Assurance on behalf of the Applicant.

\_\_\_\_\_  
Signature of Authorized Official  
of the Grantee Organization

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

NOTE: This form must be completed by applicants for federal financial assistance from the Kansas Department for Aging and Disability Services.

# Special Project Budget Summary Page

(Total Expenditures must equal Total Resources)

## Budget Categories

1. Personnel	
2. Consumable Supplies	
3. Personnel Travel	
4. Contractual	
5. Training	
6. Capital Equipment	
7. Supplies	
8. Other	
<b>Total Expenditures</b>	

Original	
Revised	

## Resource Categories

### Non-Match

1. Other Resources	
2. Program Income	

### Match

3. Third Party In-Kind	
4. Other Resources	

### Award

5. State Funds	
6. Federal Funds	

<b>Total Resources</b>	
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All cost categories containing a proposed cost must be itemized and attached to the project application. The itemization must include a breakdown of how the cost was determined and the source of the funds which will be used to pay for the cost.

Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Budget Category Itemization

(Duplicate as necessary)

All cost categories which contain a proposed budget must be itemized and attached to the project application. You must show the methodology used in establishing the cost.

Budget Category: \_\_\_\_\_ Total Amount: \$ \_\_\_\_\_

Cost breakdown:

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Budget Category: \_\_\_\_\_ Category budget: \$ \_\_\_\_\_

Cost breakdown:

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## **Budget Category Itemization Instructions**

**Budget Category** - List the category from the budget summary page.

**Category Budget** - Show the amount of funds designated for the budget category.

**Cost breakdown** - Show the methodology used in establishing the cost. Following are examples for various categories.

**Personnel (based on using a percentage of time on the project)** – Add the employee’s total salary earned during the course of the grant period to include the fringe benefits associated with the salary. Multiply the sum of the salary and fringe benefits by the percentage of time to be spent on the project by the employee. The product of this calculation is the personnel cost for the employee.

**Personnel (based on hours anticipated to be spent on the project)** – Add the hourly rate earned by the employee during the course of the grant period to include the fringe benefits associated with the salary. Multiply the sum of the salary and fringe benefits by the number of hours that the employee will spend on the project. The product of this calculation is the personnel cost for the employee.

**Consumable Supplies** – Supplies purchased for, and depleted during, the completion of the project. Purchases should be charged at their actual prices after deducting all cash discounts, trade discounts, rebates, and allowances received. Withdrawals from general stores or stockrooms should be charged at cost under any recognized method of pricing, consistently applied. Incoming freight charges are a proper part of materials and supply costs.

**Personnel Travel** – Costs for transportation, lodging, subsistence, and related items incurred by personnel, identified above, traveling on official business of the project are allowable. The State of Kansas Employee Travel Expense Reimbursement Handbook will be used to determine allowable costs.

**Contractual** – A promise or set of promises, for breach of which the law gives a remedy, or the performance of which the law in some way recognizes as a duty. Examples of a contractual relationship: Guest speakers, location rentals, services required to fulfill the objectives of the project and are not directly provided by the grantee, but are provided through an agreement with a third party. Include details of the contractor’s obligation and the consideration to be given for meeting those obligations.

**Training** – The cost of training provided for employee development is allowable. Examples include software training necessary to fulfill the project.

**Capital Equipment** – Purchase of equipment with an acquisition cost in excess of \$5,000 and with a useful life of one or more years.

**Supplies** – Item of equipment with an acquisition cost of less than \$5,000.

**Other Costs** – Cost necessary to fulfill the objectives of the project and are not applicable to the budget categories specified above.

**Third Party In-Kind** – Kansas Department for Aging and Disability Services Information Memorandum #93-2 has been adopted to define Third Party In-Kind Contributions for the special project grants. In summary, “Third Party In-Kind contributions must meet the following criteria: (1) Necessary for the proper and efficient accomplishment of program activities. (2) Allowable cost if the grantee, subgrantee or contractor would have been required to pay for them. (3) Provided by a party other than the grantee and/or subgrantee.”

## CHECKLIST for PEANE APPLICATIONS

May 2014

Please review all information listed below before submitting your PEANE Grant Application to the Kansas Department for Aging and Disability Services (KDADS).

- Complete the enclosed grant application.
- Grant application deadline – June 16, 2014.
- Grant period – September 1, 2014, - August 31, 2015.
- Application should include a project proposal to address the prevention of elder abuse, neglect, exploitation (including financial abuse). Application must propose activities targeted to seniors and/or their caregivers (with emphasis on those who live in rural areas) that provide for public education and outreach in one or both of the two priority areas designated by the Commissioner of Aging:
  - (1) to identify and prevent elder abuse, neglect, self-neglect and exploitation; and/or
  - (2) to promote financial literacy and prevent identity theft and financial exploitation of older individuals.
- Applications must also propose to collaborate with local organizations responsible for programs and services for seniors and their caregivers in communities, including senior centers, hi-rise apartments, congregate meal sites and other places where seniors and their caregivers gather.
- The selected applicant may not sub-grant to other agencies.
- Submit the completed original application and 4 copies (include proof of your tax exempt status) to the Kansas Department for Aging and Disability Services, 503 S. Kansas, Topeka, KS 66603-3404.
- When conferences, workshops or trainings are held and there is a registration fee, allow fees to be waived for 5 KDADS staff and 5 Adult Protective Service workers.

If your application is selected you:

- Will receive \$5,000 or less to conduct education or training through the state.
- Will receive a Notification of Grant Award (NGA) which must be signed and returned to KDADS Fiscal Services before funds can be disbursed. A sample copy of the NGA is included in the application packet for review.
- Must notify the KDADS PEANE Grant Manager in advance of the dates, time, and locations of all conferences, workshops or training held throughout the state. Requests for federal funds will not be processed until advance notification is received.
- Must submit a semi-annual financial report.
- Must submit a semi-annual project activity/accomplishment report (one page or more)
- All created project literature must credit the Kansas Department for Aging and Disability Services as a funding source. Use this credit line on all printed materials:

**“This project was supported by a grant under the Older Americans Act from the U.S. Administration on Aging, Administration for Community Living, Department of Health and Human Services in partnership with the Kansas Department for Aging and Disability Services.”**

- A copy of all materials and/or other information developed as a result of the project must be submitted to KDADS by the end of the grant period.
- Applicants must comply with all state and federal regulations.

Contact Tamara Tiemann – 785-296-6445 or 800-432-3535 or [tamara.tiemann@kdads.ks.gov](mailto:tamara.tiemann@kdads.ks.gov), if you have questions regarding the PEANE Grant Application.



# Kansas Department for Aging and Disability Services

## Notification of Grant Award - PEANE Projects

Name and Address of Grantee:
FEIN =
Vendor =

Grant Number:	14-01-
Grant Action:	
New or continuation	<input checked="" type="checkbox"/>
Revision of previous NGA	<input type="checkbox"/>
Increase of previous NGA	<input type="checkbox"/>
Decrease of previous NGA	<input type="checkbox"/>
Termination of Grant	<input type="checkbox"/>

Grant Amount:	
Grant Period:	9/1/2014 to 8/31/2015
FY for funds	2014
Funding Source:	Federal Title VII

### Computation of Grant

**Cost Categories**

- 1 Personnel \_\_\_\_\_
- 2 Consumable Supplies \_\_\_\_\_
- 3 Travel \_\_\_\_\_
- 4 Contractual \_\_\_\_\_
- 5 Training \_\_\_\_\_
- 6 Supplies \_\_\_\_\_
- 7 Other Costs \_\_\_\_\_
- 8 Total Costs** \_\_\_\_\_

**Less Non-Match Funds:**

- 9 Other Resources \_\_\_\_\_
- 10 Program Income \_\_\_\_\_
- 11 Net Cost** \_\_\_\_\_

**Less Match Funds:**

- 12 Third Party In-Kind \_\_\_\_\_
- 13 Other Resources \_\_\_\_\_
- 14 Program Income \_\_\_\_\_
- 15 State Funds \_\_\_\_\_
- 16 Federal Funds \_\_\_\_\_
- 17 Total State & Federal Share of Net Cost - Grant Award Amount \_\_\_\_\_

Authorizing State Official:

Shawn Sullivan

Name

Secretary, Kansas Department for Aging and Disability Services

Title

Signature

Date

Authorized Official for Grantee:

Name

Title

Signature

Date

## Kansas Department for Aging and Disability Services Notification of Grant Award - PEANE Projects

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In addition to the conditions contained in the agreement, the application form and/or the request for proposal, the Grantee agrees the conditions checked below apply to this grant:

1. ( X ) Unless revised, the grant fund amounts on Lines 15 and 16 or 17, will constitute a ceiling for state and federal participation in the approved cost.
2. ( X ) The federal share of a project cost is earned only when the cost is accrued and the non-federal share of the cost has been contributed. Receipt of federal funds (either through advance or reimbursement) does not constitute earning of these funds. State share of a project cost is earned only when cost is accrued and is only a percentage share of total project cost. Receipt of state funds does not constitute earning of those funds.
3. ( ) If the total state and federal share of net cost (line 17) is less than the amount shown for net cost (line 11); the third party in-kind, other resources and program income will meet 00.00 percent, the state share will meet 00.00 percent and the federal share will meet 00.00 percent of the net cost for the project year of this grant.
4. ( X ) Federal funds are contingent upon the Kansas Department for Aging and Disability Services receiving obligational authority from the Federal Government. State funds are contingent upon Kansas Department for Aging and Disability Services receiving obligational authority through the State Budget process.
5. ( X ) To expend the funds under the conditions or terms of the grant or subgrant on which this Notification of Grant Award is based.
6. ( X ) To maintain records and submit reports containing such information and at such times as may be required by the Kansas Department for Aging and Disability Services.
7. ( X ) All publicity releases and materials published in connection with the project shall conspicuously acknowledge support of the Kansas Department for Aging and Disability Services.
8. ( X ) Prior approval will be obtained from Kansas Department for Aging and Disability Services to subcontract with an organization other than a not-for-profit entity.
9. ( X ) To comply with DA-146a (rev. 6-12) which is attached to and incorporated herein.
- 10 ( X ) Submit to the PEANE Grant Coordinator prior notification of all dates, times and locations of all PEANE sponsored events. Requests for federal funds will not be processed until advance notification is received.
- 11 ( X ) Financial Status Report period ending dates are February 2015 and August 2015.
- 12 ( X ) Budget revisions are to be received 60 days prior to end of grant period.
- 13 ( X ) If the grant funds cannot be expended by the end of the grant award period, one of the following needs to take place:
  1. Return grant funds not expended to KDADS.
  2. Notify KDADS 30 days prior to the end of the award period, and submit an Application (KDOA SS-018) requesting "Continuation" of grant project.

### CONTRACTUAL PROVISIONS ATTACHMENT

Important: This form contains mandatory contract provisions and must be attached to or incorporated in all copies of any contractual agreement. If it is attached to the vendor/contractor's standard contract form, then that form must be altered to contain the following provision:

"The Provisions found in Contractual Provisions Attachment (Form DA-146a, Rev. 06-12), which is attached hereto, are hereby incorporated in this contract and made a part thereof."

The parties agree that the following provisions are hereby incorporated into the contract to which it is attached and made a part thereof, said contract being the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

- 1. Terms Herein Controlling Provisions:** It is expressly agreed that the terms of each and every provision in this attachment shall prevail and control over the terms of any other conflicting provision in any other document relating to and a part of the contract in which this attachment is incorporated. Any terms that conflict or could be interpreted to conflict with this attachment are nullified.
- 2. Kansas Law and Venue:** This contract shall be subject to, governed by, and construed according to the laws of the State of Kansas, and jurisdiction and venue of any suit in connection with this contract shall reside only in courts located in the State of Kansas.
- 3. Termination Due To Lack Of Funding Appropriation:** If, in the judgment of the Director of Accounts and Reports, Department of Administration, sufficient funds are not appropriated to continue the function performed in this agreement and for the payment of the charges-hereunder, State may terminate this agreement at the end of its current fiscal year. State agrees to give written notice of termination to contractor at least 30 days prior to the end of its current fiscal year, and shall give such notice for a greater period prior to the end of such fiscal year as may be provided in this contract, except that such notice shall not be required prior to 90 days before the end of such fiscal year. Contractor shall have the right, at the end of such fiscal year, to take possession of any equipment provided State under the contract. State will pay to the contractor all regular contractual payments incurred through the end of such fiscal year, plus contractual charges incidental to the return of any such equipment. Upon termination of the agreement by State, title to any such equipment shall revert to contractor at the end of the State's current fiscal year. The termination of the contract pursuant to this paragraph shall not cause any penalty to be charged to the agency or the contractor.
- 4. Disclaimer Of Liability:** No provision of this contract will be given effect that attempts to require the State of Kansas or its agencies to defend, hold harmless, or indemnify any contractor or third party for any acts or omissions. The liability of the State of Kansas is defined under the Kansas Tort Claims Act (K.S.A. 75-6101 et seq.).
- 5. Anti-Discrimination Clause:** The contractor agrees: (a) to comply with the Kansas Act Against Discrimination (K.S.A. 44-1001 et seq.) and the Kansas Age Discrimination in Employment Act (K.S.A. 44-1111 et seq.) and the applicable provisions of the Americans With Disabilities Act (42 U.S.C. 12101 et seq.) (ADA) and to not discriminate against any person because of race, religion, color, sex, disability, national origin or ancestry, or age in the admission or access to, or treatment or employment in, its programs or activities; (b) to include in all solicitations or advertisements for employees, the phrase "equal opportunity employer"; (c) to comply with the reporting requirements set out at K.S.A. 44-1031 and K.S.A. 44-1116; (d) to include those provisions in every subcontract or purchase order so that they are binding upon such subcontractor or vendor; (e) that a failure to comply with the reporting requirements of (c) above or if the contractor is found guilty of any violation of such acts by the Kansas Human Rights Commission, such violation shall constitute a breach of contract and the contract may be cancelled, terminated or suspended, in whole or in part, by the contracting state agency or the Kansas Department of Administration; (f) if it is determined that the contractor has violated applicable provisions of ADA, such violation shall constitute a breach of contract and the contract may be cancelled, terminated or suspended, in whole or in part, by the contracting state agency or the Kansas Department of Administration.

Contractor agrees to comply with all applicable state and federal anti-discrimination laws.

The provisions of this paragraph number 5 (with the exception of those provisions relating to the ADA) are not applicable to a contractor who employs fewer than four employees during the term of such contract or whose contracts with the contracting State agency cumulatively total \$5,000 or less during the fiscal year of such agency.

- 6. Acceptance Of Contract:** This contract shall not be considered accepted, approved or otherwise effective until the statutorily required approvals and certifications have been given.
- 7. Arbitration, Damages, Warranties:** Notwithstanding any language to the contrary, no interpretation of this contract shall find that the State or its agencies have agreed to binding arbitration, or the payment of damages or penalties. Further, the State of Kansas and its agencies do not agree to pay attorney fees, costs, or late payment charges beyond those available under the Kansas Prompt Payment Act (K.S.A. 75-6403), and no provision will be given effect that attempts to exclude, modify, disclaim or otherwise attempt to limit any damages available to the State of Kansas or its agencies at law, including but not limited to the implied warranties of merchantability and fitness for a particular purpose.
- 8. Representative's Authority To Contract:** By signing this contract, the representative of the contractor thereby represents that such person is duly authorized by the contractor to execute this contract on behalf of the contractor and that the contractor agrees to be bound by the provisions thereof.
- 9. Responsibility For Taxes:** The State of Kansas and its agencies shall not be responsible for, nor indemnify a contractor for, any federal, state or local taxes which may be imposed or levied upon the subject matter of this contract.
- 10. Insurance:** The State of Kansas and its agencies shall not be required to purchase any insurance against loss or damage to property or any other subject matter relating to this contract, nor shall this contract require them to establish a "self-insurance" fund to protect against any such loss or damage. Subject to the provisions of the Kansas Tort Claims Act (K.S.A. 75-6101 et seq.), the contractor shall bear the risk of any loss or damage to any property in which the contractor holds title.
- 11. Information:** No provision of this contract shall be construed as limiting the Legislative Division of Post Audit from having access to information pursuant to K.S.A. 46-1101 et seq.
- 12. The Eleventh Amendment:** "The Eleventh Amendment is an inherent and incumbent protection with the State of Kansas and need not be reserved, but prudence requires the State to reiterate that nothing related to this contract shall be deemed a waiver of the Eleventh Amendment."
- 13. Campaign Contributions / Lobbying:** Funds provided through a grant award or contract shall not be given or received in exchange for the making of a campaign contribution. No part of the funds provided through this contract shall be used to influence or attempt to influence an officer or employee of any State of Kansas agency or a member of the Legislature regarding any pending legislation or the awarding, extension, continuation, renewal, amendment or modification of any government contract, grant, loan, or cooperative agreement.