



Franklin County Area Agency on Aging

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Commissioners
David S. Keller, Chairman
Robert L. Thomas
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The Franklin County Area Agency on Aging Caregiver Support Program Grants

The Franklin County Area Agency on Aging (FCAAA) is requesting applications from local human services agencies which can provide Caregiver Support and/or Grandparent Support groups in the Greencastle, Mercersburg, and Waynesboro areas, or innovative programming to support caregivers to start in early 2017.

The FCAAA administers the Pennsylvania Caregiver Support Program, which is designed to provide financial, educational and emotional support to caregivers age 60 and older caring for functionally dependent and cognitively impaired adult relatives. Grandparents and Great-grandparents who are the primary caregivers for grandchildren may also be served under this program.

Local agencies serving Franklin County consumers will be considered for one-time grants, up to \$6000 to be paid across the entire grant. Proposals must meet the guidelines set forth in this application. Agencies may submit a grant for one or both geographical locations for groups, and may choose to either serve Caregivers in general or specifically Grandparent caregivers. **(Please note that FCAAA Senior Activity Centers may be utilized as a physical location for meetings, at no charge. Center managers must be contacted for scheduling purposes.)**

Grant funds must be expended by June 30, 2017, and although there is no guarantee of future funding past this date, efforts will be made to continue to fund successful groups. A final invoice and grant report detailing the expenditure of funds and the resultant outcomes outlined in the application, will be due on July 10, 2017. A completed application includes all of the following:

- A completed "Franklin County Area Agency on Aging Grant Application
- A Cost Proposal Sheet
- Most Recent Audit (if no audit, must provide an annual Financial Statement)
- A Completed W-9 Form.

Awardee(s) of this **Federal** grant are considered subrecipients and will fall under guidance and regulations of the Code of Federal Regulations (CFR) Part 200 under grant CFDA 93.052 (Code of Federal Domestic Assistance).

To apply, please submit one (1) electronic copy of the completed application by 4:30pm, Friday November 30, 2016 to Beth Radcliffe, FCAAA OPTIONS and Caregiver Program Supervisor: baradcliffe@franklincountypa.gov

FRANKLIN COUNTY AREA AGENCY ON AGING GRANT APPLICATION

Narrative (a maximum of 500 words for each numbered section)

I. Background & Qualifications

- a) Provide the background of your organization or agency, including its funding and affiliations, and its experience serving this type of consumer. Describe the key personnel including training and background and resources that would be used in this project.
- b) Please provide the name, title, and contact information of an individual authorized to represent your organization in discussing the proposed project.

II. Project Description

- a) Please describe the details of how you would structure your support groups or new program, including the population you would serve, the chosen location of your groups (both geographic and a physical location), and if you are starting a new program or expanding your existing program.
- b) Please describe conditions, problems, and/or needs of the Franklin County citizens you propose to serve, and the reason you believe your proposal will meet these needs.
- c) Also describe your plan for marketing this new program, and your assurance that the outlined timeframes can be met.

III. Evaluation

- a) Outline your goals for your support group(s) or program.
- b) Please tell us about any community volunteers and/or partner organizations who will participate in your project.
- c) Outline how you will measure the project's success in meeting your goals.

Please complete and submit the Cost Proposal Sheet

COST PROPOSAL SHEET

If needed, use an additional page to fully explain budget items. Personnel costs must include number of hours estimated and hourly rate. Use additional budget lines if needed.

Provider Name: _____

Budget breakdown:

Expense Category (e.g., wages, administrative costs, program costs, etc.)	Details of expenditures (e.g., \$24/hr. for 16 hrs., etc.)	FCAAA Request	Total Project Cost
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
Total Budget		\$	\$

In-Kind/Matching funds being offered by Provider <i>(Not required.)</i>	Estimated Value
	\$
	\$

Agency Contact Name:

Address:

Email address: _____

Name and signature of authorized individual submitting costs:

Name: _____

Title: _____

Signature: _____

Date: _____

<i>For FCAAA Use Only</i>	Date:
Approved: Y or N	Initials:

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number	
or	
Employer identification number	

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.