

LETTER OF INTENT TO APPLY FOR PROJECT GRANT  
Under Title III of the Older Americans Act  
Fiscal Year July 1, 2021 through June 30, 2022

Summary Sheet

Applicant Agency: Broadwater County Public Health Dept. Project Director: Teresa Monson, RN  
Mailing Address: 124 N. Cedar Street Street Address: 124 N. Cedar Street  
City, State, Zip: Townsend, MT 59644 City, State, Zip: Townsend, MT 59644  
E-Mail: tmonson@co.broadwater.mt.us E-Mail: tmonson@co.broadwater.mt.us


Type of Organization:  
 City     County     Private Non-Profit     Other (specify): \_\_\_\_\_

Geographic area to be served: \_\_\_\_\_

List services to be provided:	Estimated # of unduplicated <i>persons</i> to be served during project period for each service type:	Estimated # of unduplicated <i>units</i> of service during project period for each listed service type:
<u>Homemaker</u>	<u>20 - 25</u>	<u>2000</u>
<u>Respite</u>	<u>2</u>	<u>75</u>
<u>Skilled Nursing</u>	<u>10</u>	<u>180</u>
_____	_____	_____

Applicant agrees that the project described in this Letter of Intent will be operational July 1, 2021 through June 30, 2022 and certifies that to the best of my knowledge and belief, the information in this application is true and correct and the attached conditions will be complied with if the grant is awarded.

Teresa Monson, RN  
Type or print person authorized to sign  
Broadwater County Public Health Nurse  
Title

  
Signature  
2/19/2021  
Date

Mike Delger  
Type or print person authorized to sign  
Broadwater County Commission Chairperson  
Title

\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Date

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**Project Description Sheet**

(Please fill out a *Project Description Sheet* for each service provided.  
Attach additional pages if necessary to complete the following questions.)

1. Service or Project name: **Homemaker**

2. Provide a description of how your program will spend the Title III funding.

Each year our entire Homemaker budget is spent on salaries and limited travel expenses. In spite of generous funding from our commissioners, we completely exhaust all of the funding we have for this program every year. Most of our administrative work and training is compensated by the public health department. Our staff was under paid for many years. Giving cost of living increases to the staff means less services for our Seniors. The more people we put on services, the less services people receive. An example of that would be laundry. Normally we would schedule 1.5 hours for laundry and multi-tasking other homemaking chores per week. If laundry consists of bedding and clothing that week and the laundromat is not on site, it is impossible to do in one hour. Some services have to be cut in order to add others to the program. Until recently we only had one employee doing the homemaker duties. Our goal this year was to increase services to our seniors which meant hiring another staff member to help do the work. Our staff is part-time because we cannot support the full-time benefits for these employees. We are continually trying to find funding and grants to help with the Homemaker program.

3. Statement of how your project will coordinate services with other community programs. (Include a description of referral systems.)

We receive referrals from local physicians, local providers, word of mouth and committees such as Social Services. We advertise in the newspaper and hang flyers out in the community and businesses. We provide other senior services in house and out of our Health Department such as our foot clinics, blood pressure clinics, dental services and the Farmer's Market voucher program. Our staff does home visits for vaccinations and foot care as well. Our nursing staff is involved in many community committees and organizations in which we promote all of our services. We generally have a waiting list for our homemaker program and have had an increase in referrals in the past 4-6 months.

4. Statement of how your project will fulfill the mission of the Older Americans Act. (Include a description of criteria for selection of clients, outreach and targeting activities and how the project fulfills the objectives of the Older Americans Act.)

23.7% of the population in Broadwater County is over 65 years old. We strive to provide services to the most vulnerable population who live alone, most without transportation, have low to moderate income and are ill or disabled. We screen all of our referrals carefully for the program. At times, unfortunately, we have to wait until someone is placed in a facility or passes away before we can put another person on the program.

5. If extra funding was available, what would you do to increase services and how would you plan to spend the money?

We have many Seniors that are waiting and are appropriate for services the Homemaker Programs offers. Also, we have many clients already on our program that are barely getting enough services to get by. We have the desire to provide the care our Seniors need according to the Older Americans Act, however, we just don't have the funding.

The Older Americans Act requirements state that aging providers are supposed to "target resources from all appropriate sources to meet the needs of older persons with the greatest economic or social need, with particular attention to low income, low income minority, those residing in rural areas, and elders who are disabled and frail. Providers are also required to ensure access to service based on certain economic, demographic and geographic factors."

6. Please provide letters of support from other local community-based and/or institutional programs, agencies or organizations involved with older adults.
7. List wage range of all employees funded in full or in part by this contract: \$ 16.50 to \$ 19.00.
8. Is this project covered by liability insurance? yes How much? see attached
8. How many years has this project received Title III funds: 41
10. Please provide a **detailed** estimated budget for this Title III service for the fiscal year 2021-2022 as follows (list appropriate estimated resources):

**PLEASE FILL IN THE FORM BELOW, YOU MAY SUBMIT ADDITIONAL SUPPORTING DOCUMENTATION IF NECESSARY.**  
 (Your expenses should equal your resources)

**Expenses:**

Personnel and fringe: 38,500

Supplies: \_\_\_\_\_

Raw food/meals: \_\_\_\_\_

Commodities: \_\_\_\_\_

Communications: \_\_\_\_\_

Utilities: \_\_\_\_\_

Repairs/maintenance: \_\_\_\_\_

Travel/training: 1,000

Building space: \_\_\_\_\_

Insurance: \_\_\_\_\_

Equipment: \_\_\_\_\_

Contracted services: \_\_\_\_\_

Audit: \_\_\_\_\_

Other: \_\_\_\_\_

**TOTAL:** \$ 39,500

**Resources:**

Area IV Funds: 33,500

Project income: \_\_\_\_\_

Other Resources: \_\_\_\_\_

Cash in Lieu: \_\_\_\_\_

Commodities: \_\_\_\_\_

Match: \_\_\_\_\_

Other: 6,000

Other: \_\_\_\_\_

**TOTAL:** \$ 39,500

**Application deadline - The electronic application and 5 copies must be received by Rocky before 4 p.m. Friday, March 19, 2021. Applications received after this deadline date will not be considered for funding.**

**Due to the COVID-19 Pandemic, the structure of the contractor's presentations is still to be determined. The date of the Area IV Board Meeting is May 13, 2021.**



4. Statement of how your project will fulfill the mission of the Older Americans Act. (Include a description of criteria for selection of clients, outreach and targeting activities and how the project fulfills the objectives of the Older Americans Act.)

Respite Care is provided to the family members of persons meeting the same criteria as the Homemaker programs. It is a great way to relieve them of their duties so that they may have time for themselves and time to handle their own needs.

5. If extra funding was available, what would you do to increase services and how would you plan to spend the money?

Additional funding would support our current clientele and provide awareness of the program within our community. We seem to have less requests and referrals for respite care than we do for the homemaker program. In spite of advertising and community education, we don't see that much interest in respite care. We would like to continue to move forward with the respite program but we don't believe we will need extra funds for this program this year

The Older Americans Act requirements state that aging providers are supposed to "target resources from all appropriate sources to meet the needs of older persons with the greatest economic or social need, with particular attention to low income, low income minority, those residing in rural areas, and elders who are disabled and frail. Providers are also required to ensure access to service based on certain economic, demographic and geographic factors."

6. Please provide letters of support from other local community-based and/or institutional programs, agencies or organizations involved with older adults.
7. List wage range of all employees funded in full or in part by this contract: \$ 16.50 to \$ 19.00.
8. Is this project covered by liability insurance? yes How much? see attached
8. How many years has this project received Title III funds: three
10. Please provide a **detailed** estimated budget for this Title III service for the fiscal year 2021-2022 as follows (list appropriate estimated resources):

**PLEASE FILL IN THE FORM BELOW, YOU MAY SUBMIT ADDITIONAL SUPPORTING DOCUMENTATION IF NECESSARY.**  
**(Your expenses should equal your resources)**

**Expenses:**

Personnel and fringe:	<u>1200</u>
Supplies:	_____
Raw food/meals:	_____
Commodities:	_____
Communications:	_____
Utilities:	_____
Repairs/maintenance:	_____
Travel/training:	<u>200</u>
Building space:	_____
Insurance:	_____
Equipment:	_____
Contracted services:	_____
Audit:	_____
Other:	_____
<b>TOTAL:</b>	<b>\$ <u>1400</u></b>

**Resources:**

Area IV Funds:	<u>1050</u>
Project income:	_____
Other Resources:	_____
Cash in Lieu:	_____
Commodities:	_____
Match:	<u>350</u>
Other:	_____
Other:	_____
<b>TOTAL:</b>	<b>\$ <u>1400</u></b>

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**Project Description Sheet**

(Please fill out a *Project Description Sheet* for each service provided.  
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1. Service or Project name: **Skilled Nursing**

2. Provide a description of how your program will spend the Title III funding.

The skilled nursing program is new to our health department and has taken off very quickly. The money from the grant will mainly be spent on nursing salaries to provide skilled nursing services. We have budgeted some dollars for expenses and travel.

3. Statement of how your project will coordinate services with other community programs. (Include a description of referral systems.)

When we received the grant money a few months ago, we immediately reached out to our local providers, the Broadwater Hospital and wellness center and put a large article in the paper. This grant money has been something the health department has had a need for quite some time. Unfortunately, we did not have the funds and the staff to proceed with this type of care. We spread the word through all of our community partners through committee meetings, the foot care clinic here at the health department and the Senior citizen center. We met with the local providers to explain what type of nursing we are able to do on this program. We also called St. Peter's Medical Group Case management team and let them know that not only did we have homemaker and respite but now we have skilled nursing services. In the short period of time we have had the funding we have had a great response. I expect the project will continue to grow.

4. Statement of how your project will fulfill the mission of the Older Americans Act. (Include a description of criteria for selection of clients, outreach and targeting activities and how the project fulfills the objectives of the Older Americans Act.)

Statistics show that Broadwater County has an estimated 23.7 % of the population over 65 years of age. Many of these people remain in their homes. Once we get a referral, we determine whether they are over 60 years old and or disabled. We screen each referral for medical needs making sure that we stay within the scope of practice for home nursing visits. Once that is established we screen for income level, low income minority status, social needs, and caregiver status. We also determine whether the client may need any of our other services such as respite and homemaker. We also ask questions about transportation, meals and things of that nature to get a picture of what needs we can help provide or what supportive services we can make referrals to like meals on wheels and programs of that nature. We want to help provide the best possible care by evaluating their physical and mental health needs, disease prevention, health promotion and chronic disease management. Our goal is to keep them healthy and safe in their homes as long as possible.

5. If extra funding was available, what would you do to increase services and how would you plan to spend the money?

At this point it is hard to determine a budget for this program for next year. The funding will be spent in the same manner as is budgeted for at the current time which is for salaries for the nurses, expenses, travel/mileage, advertising and training. We have only been doing the skilled nursing for a little over a month. In that time, we have had a great response from the providers and community partners. I expect we will continue to see an increase in the need for this service. We will continue to advertise and educate the public on the program. We hope to fill the gap between hospital stays and paid Medicare Home Health services. For those folks who are not hospitalized but have a skilled nursing need in the home which Medicare does not pay for.

The Older Americans Act requirements state that aging providers are supposed to “target resources from all appropriate sources to meet the needs of older persons with the greatest economic or social need, with particular attention to low income, low income minority, those residing in rural areas, and elders who are disabled and frail. Providers are also required to ensure access to service based on certain economic, demographic and geographic factors.”

6. Please provide letters of support from other local community-based and/or institutional programs, agencies or organizations involved with older adults.
7. List wage range of all employees funded in full or in part by this contract: \$ 22.32 to \$ 28.12.
8. Is this project covered by liability insurance? yes How much? see attached
8. How many years has this project received Title III funds: one
10. Please provide a **detailed** estimated budget for this Title III service for the fiscal year 2021-2022 as follows (list appropriate estimated resources):

**PLEASE FILL IN THE FORM BELOW, YOU MAY SUBMIT ADDITIONAL SUPPORTING DOCUMENTATION IF NECESSARY.**  
 (Your expenses should equal your resources)

**Expenses:**

**Resources:**

Personnel and fringe:	<u>5282</u>
Supplies:	<u>200</u>
Raw food/meals:	<u>          </u>
Commodities:	<u>          </u>
Communications:	<u>75</u>
Utilities:	<u>          </u>
Repairs/maintenance:	<u>          </u>
Travel/training:	<u>325</u>
Building space:	<u>          </u>
Insurance:	<u>          </u>
Equipment:	<u>          </u>
Contracted services:	<u>          </u>
Audit:	<u>          </u>
Other:	<u>          </u>
<b>TOTAL:</b>	<b>\$ <u>5882</u></b>

Area IV Funds:	<u>5000</u>
Project income:	<u>          </u>
Other Resources:	<u>          </u>
Cash in Lieu:	<u>          </u>
Commodities:	<u>          </u>
Match:	<u>882</u>
Other:	<u>          </u>
Other:	<u>          </u>
<b>TOTAL:</b>	<b>\$ <u>5882</u></b>

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