



New Mexico Aging & Long-Term Services Department

Fiscal Year 2025 Senior Services Expansion Initiative

Submit all applications ELECTRONICALLY to
AGINGSERVICESGRANT@state.nm.us

IMPORTANT DATES:

- April 1, 2024 Application Opens
- April 22nd and 29th, 2024 Expansion Initiative Information Webinar
- May 31, 2024 Application Closes

INTRODUCTION

This Application is open to the following entities:

- City of Albuquerque/Bernalillo County Area Agency on Aging
- Non-Metro Area Agency on Aging
- Navajo Nation Division of Aging and Long Term Support
- Indian Area Agency on Aging Providers

PURPOSE

The purpose of the Senior Services Expansion Initiative is to increase the number of Case Management, Transportation and Community Activity Services offered by Area Agency on Aging providers in a PSA or geographical area and to increase the number of customers served and units of services in a geographical area for Fiscal Year 2025.

The Aging & Long-Term Services Department (ALTSD) believes that a strong Area Agency on Aging provider network is essential to the health of older adults in New Mexico. The goal of this initiative is to strengthen the Area Agency on Aging provider network and capacity.

AWARDS

The Senior Services Expansion Initiative will review applications for the following:

Transportation

Awards up to \$75,000 per provider to provide a net increase in the number of consumers served and round-trip transportation provided. Applicants may propose adding new transportation services in a PSA or geographic area or expanding transportation services in a PSA or geographic area with inadequate capacity. Applicants may propose adding the service directly or subcontracting the service to a qualified vendor.

Case Management

Awards up to \$75,000 per provider to provide a net increase in the number of consumers served and units of case management services provided in a PSA or geographic area. Applicants may propose adding case management services in a PSA or geographic area with inadequate capacity. Applicants may propose adding the service directly or subcontracting the service to a qualified vendor.

Community Activities

Awards up to \$20,000 per provider to provide a net increase in the number of consumers served and units of community activity services provided in a PSA or geographic area. Applicants may propose adding case management services in a PSA or geographic area with inadequate capacity. Applicants may propose adding the service directly or subcontracting the service to a qualified vendor.

Area Agencies on Aging and Indian Area Agency on Aging Providers are encouraged to apply for multiple service expansions if applicable.

FUNDING

Eligible applicants funded through this initiative will be allocated based on including, but not limited to the priorities of ALTSD, merits of the Plan submitted, available funding and applicant's historic compliance with ALTSD reporting requirements including completeness, accuracy, and timeliness of reports required by the Older Americans Act (OAA).

Senior Services Expansion Initiative Awards will be processed through standard mechanisms established by ALTSD. The FY25 Senior Services Expansion Initiative will be awarded pending ALTSD budget approval.

APPLICATION INSTRUCTIONS

City of Albuquerque/Bernalillo County Area Agency on Aging, Non-Metro Area Agency on Aging and Navajo Nation Division of Aging and Long Term Care Support will submit one application for each PSA or geographical location that they are requesting to add or increase services in. For each application, requested services, providers and amounts will be listed in application areas.

Indian Area Agency on Aging providers will submit one application per provider for all services and geographical locations. For each application, requested services, providers and amounts will be listed in application areas.

Required application attachments:

- Detailed budget with a cost build up.
- If applicable, subcontractor qualifications including business name, relevant experience, evidence of quality of service such as consumer satisfaction or other outcomes, current business license # and tax id #.
- Explanation of potential barriers to achieving a successful implementation for the services for which you are applying.
- Narrative explanation and policies or procedures regarding how the applicant will monitor the quality of service and performance.

PRIORITY FUNDING CRITERIA

Allocations will be scored and ranked according to the following criteria:

- 1) **PSA:** Priority given to PSA 3-6
- 2) **Estimated number of new consumers to be served**
- 3) **Date Services will begin:** Priority given to the FY 25 July – December period.
- 4) **Information provided in the requested detailed budget and cost build up, subcontractor and potential barriers information.**
- 5) **Applications will be reviewed as they are submitted.**

ALLOWABLE EXPENSE

Please see Senior Services Expansion Initiative Allowable Expense resource.

RETURN TO APPLICANT

Each applicant will be allowed on Return to Applicant (RTA) for the purposes of completing incomplete information or for submitting requested information not included in the original application submission.

All RTAs must be responded to in 3 business days with the requested information. Any application that has been issued an RTA that is not received by ALTSD within the following three business days after the business day the RTA was issued will be considered withdrawn.

IMPLEMENTATION

After implementation and beginning the first month that services are delivered, the applicant will submit reports in the required format, methodology and frequency specified by ALTSD. No later than thirty (30) days after the end of FY25, the applicant will be expected to submit to ALTSD a final summary related to the success of its activities supported by the Senior Services Expansion Initiative.

MANDATORY CONDITIONS

All successful applicants who receive an award shall assure ALTSD:

- 1) A working vehicle to provide transportation at the time of application submission.
- 2) Awareness and adherence of existing ALTSD administrative, contractual, oversight and reporting requirements.
- 3) Requirement to collect, respond to and report at the direction of ALTSD any requests related to the Senior Services Expansion Initiative Award.

QUESTIONS ABOUT THE APPLICATION PROCESS

All questions must be submitted via email to Jennifer Roth-Jones, at Jennifer.Jones@altsd.nm.gov. Additional information can be found on the ALTSD website at <https://aging.nm.gov/altsd-funding-opportunities>.

ALTSD will **not** accept hard copy submissions at this time.

Applications **must** be submitted electronically to AGINGSERVICESGRANT@state.nm.us **No later than 5:00 pm on May 31, 2024.**

Late and Incomplete submissions will not be accepted.

COVER PAGE – Senior Services Expansion Initiative FY25

<p align="center">Name of Area Agency on Aging OR Indian Area on Aging Provider Applicant:</p>	
<p>Applicant Business Address:</p>	
<p>Applicant Contact Person:</p>	
<p>Role of Contact Person:</p>	
<p>Email address for Contact:</p>	
<p>Telephone for Contact:</p>	
<p align="center">PSA to which the Expansion Initiative Application Applies:</p> <p><i>City of Albuquerque/Bernalillo County PSA 1 Non-Metro PSA 2-4 Indian Area Agency on Aging PSA 5 New Mexico Portion of Navajo Nation Division of Aging and Long Term Support PSA6</i></p>	
<p>Services for which the Expansion Initiative is being requested:</p> <p><i>If the application is requesting services for multiple providers in the same PSA, detail per line the provider and requested service.</i></p>	<p>Example: JJ Direct Connection – Case Management, Transportation Southwest Person First – Transportation, Community Activities</p>
<p>The dollar amount of the Expansion Initiative being requested:</p> <p><i>If the application is requesting services for multiple providers in the same PSA, detail per line the provider, requested service, dollar amount.</i></p>	<p>Example: JJ Direct Connection – Case Management, \$75,000 Transportation, \$50,000 Southwest Person First – Transportation \$75,000 Community Activities \$15,000</p>

SENIOR SERVICE EXPANSION INITIATIVE NARRATIVE

1	<p>Describe how the Senior Services Expansion Implementation award will be used for the implementation of new services or expansion of services in an existing area. Include details on the service area. If additional space is needed attach a page to the application.</p> <p><i>If the application is requesting services for multiple providers in the same PSA, detail per line the provider, requested services and type of implementation: new service or expansion of services in an existing area.</i></p> <p>Example: JJ Direct Connection –Case Management, Expansion of services in Lea County Transportation, New service in Lea County</p>
2	<p>The estimated number of new consumers to be served through the award.</p> <p>If the application is requesting services for multiple providers in the same PSA, detail per line the provider, estimated number of new consumers to be served.</p>
3	<p>The estimated number of additional case management units to be provided through the grant over a twelve-month period or as proposed. Include range of dates in month/day/year format.</p>
4	<p>The estimated number of additional transportation units to be provided through the grant over a twelve-month period or as proposed. Include range of dates in month/day/year format.</p>
5	<p>The estimated number of additional community activity units to be provided through the grant over a twelve-month period or as proposed. Include range of dates in month/day/year format.</p>

6	The estimated effective date upon which services will begin if an award is given.
7	Does the applicant intend to provide the services directly or through subcontracted vendors. Please note directly through full-time equivalent employee (s), Directly through part-time equivalent employee (s), Directly through volunteer or equivalent, unpaid position or indirectly through a contracted vendor.
8	<p>Attestation:</p> <p>I, NAME, Title, certify that all required application attachments have been included with the application submission.</p>
9	I, NAME, Title, confirm the operational and performance expectations of the Grant.
Other	Please add any additional comments:

I certify that, if awarded, _____
(Name of Organization)

will comply with the stated regulations, principles, and assurances.

Name and title of authorized representative

Phone

Email

Electronic Signature of authorized representative

Date