



## **FY2024 Grant Application Adult Protective Services Targeted Outreach**

### **OVERVIEW AND SERVICE DESIGN**

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#### **Award Information**

**Service:** Adult Protective Services Targeted Outreach

**Award Period:** Through September 30, 2024

**Area:** DuPage, Grundy, Kane, Kankakee, Kendall, McHenry, Lake, and Will counties

**Funding Amount:** Up to \$2,000

**Funding Source:** American Rescue Plan Act

**Federal Awarding Agency:** Health & Human Services

#### **Submission Information**

**Application Period:** Applications will be accepted ongoing, beginning August 21, 2023 through August 30, 2024. Grant applications received after the deadline will not be considered. Applications should be submitted at least **2 weeks** prior to the desired start date for your project.

**How to Apply** - If your department or group wishes to apply for a grant, complete the application form and email it to [RFPs@ageguide.org](mailto:RFPs@ageguide.org) before August 30, 2024.

**Technical Assistance:** Technical assistance is provided throughout the application process. Send all questions to [RFPs@ageguide.org](mailto:RFPs@ageguide.org).

If for any reason you decide not to apply for this grant, that will not affect your eligibility for any future grants that may be offered.

#### **Service Overview**

The COVID-19 Pandemic has demonstrated the critical importance of working collaboratively with community partners and stakeholders. Improving training and collaboration on the unique nature of Adult Protective Services (APS) with these agencies and councils should improve the lives of those directly and indirectly impacted by APS.



## **FY2024 Grant Application**

### **Adult Protective Services Targeted Outreach**

Illinois Department on Aging has identified significant discrepancies in reporting of abuse, neglect, and exploitation within minority communities.

Illinois Department of Aging (IDoA) through efforts of the Area Agencies on Aging (AAA) is proposing to engage minority led and/or minority serving organizations to engage Limited English Speaking and underserved older adults and adults with disabilities. Applicants will serve as community liaison to assist in education of Adult Protective Services, increasing program awareness and reporting. Applicants of this grant would act as a liaison for an older adult alleged victims and/or family members of an alleged victim reporting abuse, neglect or exploitation.

#### **Funding Opportunity Objective:**

Recipients of this award will be tasked with developing creative strategies to increase reporting within minority communities. Increase reporting within minority and underreporting communities.

#### **Reporting Due Dates**

1. April 5, 2024  
Reporting Period: start of the grant through March 31, 2024
2. October 5, 2024 (final grant report)  
Reporting Period: April 1, 2024 to September 30, 2024

#### **Eligible Applicants**

Nonprofit organizations serving older adults (age 60+) and or adults with disabilities who are Limited English Speaking, minority, and or LGBTQIA+. Current designated Adult Protective Services Provider Agencies are ineligible for this funding.



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### **Period of Performance**

Because applications are accepted on a rolling basis, the award will begin upon AgeGuide approval of your application, and will end 9/30/2024.

### **Performance & Reporting Measures**

The Performance Measures are:

1. Outreach activities performed to engage minority/underreporting communities.
2. Include number of meetings, number of participants, promotional materials distributed, dates of meetings held, etc.
3. Methods utilized to distribute promotional materials.
4. Barriers addressed, and methods utilized to address.



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**APPLICATION: ORGANIZATION & PROJECT INFORMATION**

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**APPLICANT INFORMATION**

Organization Legal Name:

Unique Entity Identifier (UEI):

Address:

County:

Main Phone:

Program Site Address (if different from above)

Operating Hours:

Website:

Facebook page/Twitter/Other Social Media:

**KEY CONTACTS**

Authorized Official (authorized to sign grant documents)

Authorized Official Name:

Authorized Official Email:

Authorized Office Phone:

Fiscal Contact (directly responsible for overseeing funding for this grant)

Fiscal Contact Name:

Fiscal Contact Email:

Fiscal Contact Phone:

Program Contact (main contact for program concerns)

Program Contact Name:

Program Contact Email:



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Program Contact Phone:

**GRANT REQUEST DETAILS:**

Requested Funding Amount:

Proposed Project Start Date:

Proposed Project End Date:



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**APPLICATION: NARRATIVE**

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In a clear and concise narrative, respond to each of the following questions. **Failure to provide all or part of the information requested may be grounds for disqualifying an application.**

**Service Design and Delivery**

A) In a few short sentences, describe what funding will be used for.

B) When do you anticipate or when will funding be needed? (Examples: the month or date range you are planning for)

C) Please provide a timeline of how you will plan and implement your request (Add additional lines as needed)

No.	Activity	Duration
1:	Ex. Outreach activities planned to increase awareness of abuse, neglect and exploitation	6 months
2:		
3:		



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4.		
5.		

**Outreach and Coordination within the Community**

D) Describe how your organization/department/group has coordinated with other service providers and community partners to address the increased needs of low income, minority, persons with disabilities, and limited English-speaking individuals.

E) What are your plans for future coordination with other service providers and community partners in FY24? Include specific outreach events, media etc. that you plan to do during the grant cycle.



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**Budget**

Provide a breakdown of expenses expected for this grant.

<u>Expense Category</u>	<u>Cost</u>
<u><b>TOTAL COST</b></u>	





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**AUTHORIZATION**

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By signing this document, I assure that my organization will complete the work as outlined.	
<b>Signature of Authorized Official</b>	
<b>Name of Authorized Official</b>	
<b>Date</b>	

I certify that the statements herein are true, complete, and accurate to the best of my knowledge. I agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil or administrative penalties. (U.S. Code, Title 18, Section 1001)