



**MYSTIC VALLEY ELDER SERVICES (MVES)
APPLICATION FOR FEDERAL FISCAL YEAR 2026 TITLE III
FUNDS
UNDER THE OLDER AMERICANS ACT (OAA)**

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Partnering with older adults, people with disabilities, and caregivers residing in Chelsea, Everett, Malden, Medford, Melrose, North Reading, Reading, Revere, Stoneham, Wakefield, and Winthrop.

Proposal Cover Page

Name of Proposed Program:

Applicant Agency:

Address:

Contact Person:

Title:

Phone:

Email Address:

Amount Requested: \$

Communities to be Served:

Estimated Number of Individuals
To be Served in FFY26

Type of Proposal

(Please refer to Program Priorities in the RFP and check all that apply)

- ☐ Health Promotion Program
- ☐ Support Services Program
- ☐ Family Caregiver Services
- ☐ Social Engagement Program
- ☐ Housing Resources Assistance

Proposal

Applicant Organization Description (maximum of 2000 characters)

Please describe your organization's:

- Mission
- Current programs and activities
- Example of how your organization does or would aim to provide services and programs targeted to older adults and/or their caregivers.

Proposed Program Description (maximum of 2000 characters)

- What are you proposing to do?
- Who will be served?
- What are the MVES priorities to be addressed by this program?
- How will this benefit older adults with the greatest social and economic needs?
- Cite 3 key accomplishments to document that your organization has the necessary expertise to successfully implement the specific proposed program.

Proposed Program Management (maximum of 1750 characters)

Describe your organization's ability to deliver and sustain high quality, cost-effective services. Describe the organization's:

- General management competence
- Project staffing patterns, listing all staff positions for the proposed project with the number of hours worked per week and proposed salary for each. (Job descriptions for all positions and resumes for the position holders are to be included in Attachment C).
- Ability to comply with all reporting requirements.

Proposed Program Outputs, Outcomes and Evaluation

(maximum of 1750 characters)

- Describe your anticipated program outputs and outcomes. For example, how many people do you anticipate serving and what benefit will they receive.
- Describe how you will measure program effectiveness and participation satisfaction. Attach a copy of your survey tool if you plan on surveying participants. (Attachment D).

Preference to Diverse and Underserved Populations

(maximum of 1750 characters)

Describe your top 3 strategies for how you will outreach and provide services to older adults and caregivers who have the greatest social and economic needs such as low-income individuals, people of color, LGBTQ individuals, and people with limited English proficiency that are inclusive, equitable, and accessible for all including individuals with disabilities.

Age Verification Method (maximum of 1200 characters)

Describe methods here **OR** attach existing documented procedure (Attachment E) to be utilized to ensure that recipients of Title III-funded services are age eligible (60 years of age and older or 55 and older for caregivers).

Voluntary Contribution Policy (maximum of 1200 characters)

Describe here how service recipients will be told of the option to make a voluntary contribution to the program and your policy and procedure for collecting, processing, and recording voluntary contributions **OR** attach existing documented procedures (Attachment F).

Proposal Attachments

Attachment A – Project budget

The total budget should include the requested Title III funding plus the minimum in-kind/cash match. Client contributions cannot be used for the non-federal match. Title III regulations require a non-Federal match of either 15%, or 25% for Caregiver programs. Federal funding must not pay for more than either 85% or 75% (Title III-E Caregiver) of the project's total costs, which means that the applicant must cover at least 15% or 25% of the total cost. The match requirements are calculated on the total program costs (divide the Title III grant amount by .85 or .75, and multiply the quotient by either .15 or .25, whichever is applicable). *For example: The applicant is seeking a \$10,000 grant and the non-Federal match is 15%. The minimum required match should be \$1,765. ($10,000/0.85 = 11,765 \times 0.15 = 1,765$).*

Title III BUDGET FORM

Cost Categories	Federal Title III Funds	Non- Federal In-Kind Match	TOTAL BUDGET
Personnel			
	\$	\$	\$
	\$	\$	\$
<i>Additional staff as needed</i>	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Fringe	\$	\$	\$
Non-Personnel/Support Costs	\$	\$	\$
Program Supplies	\$	\$	\$
Travel	\$	\$	\$
Rent/Utilities	\$	\$	\$
Communications (phone/postage)	\$	\$	\$
<i>Additional line items as needed:</i>	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
TOTAL BUDGET	\$	\$	\$

Attachment B – Budget Narrative and Justification

Explain each budget line item: what specific expenses comprise each line and how the costs were computed; i.e., salaries should include hourly wage, number of hours per week, and number of weeks. Include specific information about fringe and travel reimbursement rate. Budget justification should define sources of funding for 100% of the total budget.

Attachment C-Job Descriptions and Resumes’ for Key Personnel

Attach copies of job descriptions and résumés for staff that will be performing duties outlined in the proposal.

Attachment D-Evaluation Tool (if applicable)

Attach a copy of any surveys and evaluation tools your agency will use to track progress on proposed program outputs, outcomes, and overall program effectiveness and participation satisfaction.

Attachment E-Age Verification Method (if not described in narrative)

Describe methods to be utilized to ensure that recipients of Title III-funded services are age eligible (age 60 years of age and older or age 55 and older for caregivers).

Attachment F – Voluntary Contribution Option Notice and Procedure (if not described in narrative)

Describe how service recipients will be told of the option to make a voluntary contribution to the program, whether by a letter or through an explanation contained in a program brochure, etc. (Please attach a sample letter and/or brochure, if available). Provide a copy of a written policy and procedure for collecting, processing, and recording voluntary contributions to the program.

Attachment G – Audited Financial Statement

Include a copy of your agency’s most recent audited financial statements

Attachment H – Agency’s License, Accreditation or Registration

Attach an official copy of your agency’s license, accreditation, or registration (if applicable) including those of staff for each Title III-funded position.

Attachment I– Evidence of Liability Insurance

Attach evidence of liability insurance.

Attachment J- Evacuation/Disaster Plan

Attach a copy of the evacuation/disaster plan(s) for the location(s) where the proposed program will be conducted.

Proposal Checklist

- ☐ Proposal Cover Page
- ☐ Completed Proposal Narrative
- ☐ Attachment A: Project Budget
- ☐ Attachment B: Budget Narrative and Justification
- ☐ Attachment C: Job Descriptions and Résumés for Key Personnel
- ☐ Attachment D: Evaluation Tool (if applicable)
- ☐ Attachment E: Age Verification Method (if not described in narrative)
- ☐ Attachment F: Voluntary Contribution Notice Procedure (if not described in narrative)
- ☐ Attachment G: Audited Financial Statement
- ☐ Attachment H: Agency's License, Accreditation or Registration
- ☐ Attachment I: Evidence of Liability Insurance
- ☐ Attachment J: Evacuation/Disaster Plan