

LETTER OF INTENT TO APPLY FOR CONTRACT

Under Title III of the Older Americans Act
Fiscal Year July 1, 2025 through June 30, 2026

Summary Sheet

Applicant Agency: Broadwater County Public Health Dept Project Director: Ruby Taylor, LPN
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: rtaylor@broadwatercountymt.gov E-Mail: rtaylor@broadwatercountymt.gov

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: 10-20	Estimated # of unduplicated <i>units</i> of service during project period for each listed service type: 1040
<u>Homemaker</u>	<u>10-20</u>	<u>1040</u>
<u>Respite</u>	<u>1 - 3</u>	<u>100</u>
<u>Skilled Nursing</u>	<u>10</u>	<u>520</u>
<u> </u>	<u> </u>	<u> </u>

Applicant agrees that the project described in this Letter of Intent will be operational July 1, 2025 through June 30, 2026 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 contract is awarded.

Ruby Taylor, LPN

Type or print person authorized to sign

Broadwater County Public Health Nurse

Title

Lindsey Richtmyer

Type or print person authorized to sign

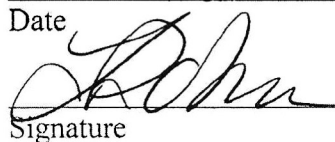
Broadwater County Commission Chair

Title


Signature

2-20-25

Date


Signature

2-20-25

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.

Our Homemaker budget is spent solely on the salary and supplies of our caregiver. This includes the cost of fuel and vehicle maintenance for our county vehicle used for the 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 as well as community committees such as Social Services, family members and concerned citizens. We advertise in the local newspaper, social media and community businesses. We provide other senior services in our office such as foot care, blood pressure checks and the Senior Farmer's Market Nutrition program. Our staff does home visits for vaccinations and foot care, too. Our community is growing at a rapid pace and we have had an increase in referrals.

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.)

The 2024 census data shows that 20% of our county is over the age of 60. Given this information, we are severely under servicing this population. We are not even providing service to 1% of our 60 plus population. Though this number reflects a whole and not those who are most in need of our services, estimating that even a quarter of that percent would benefit from our program, shows room for improvement. We look to serve those who live alone, have limited social interaction and decreased means of travel as well as a low to moderate income and/or are ill or disabled.

We screen all of our applicants carefully for the program and take into consideration each individual, their needs and our ability to serve them adequately. Recently we have been working hard to increase our presence in our community and educate on our available resources. Because of this we have had an increase in applicants and though we have made it work for most, we are to the point that we can no longer take on new clients due to lack of funding.

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

Any extra funding received would be used to expand our services to the needs in our growing community. As stated previously, we are always looking for increased opportunity to serve our county.

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: \$ 23.40 to \$ 23.40.
8. Is this project covered by liability insurance? yes How much? see attached
8. How many years has this project received Title III funds: 46
10. Please provide a **detailed** estimated budget for this Title III service for the fiscal year 2025-2026 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>24,000.00</u>
Supplies:	<u>2,000.00</u>
Raw food/meals:	<u> </u>
Commodities:	<u> </u>
Communications:	<u> </u>
Utilities:	<u> </u>
Repairs/maintenance:	<u> </u>
Travel/training:	<u> </u>
Building space:	<u> </u>
Insurance:	<u> </u>
Equipment:	<u> </u>
Contracted services:	<u> </u>
Audit:	<u> </u>
Other:	<u>3,000.00 admin costs</u>
TOTAL:	\$ <u>29,000.00</u>

Resources:

Area IV Funds:	<u>29,000.00</u>
Project income:	<u> </u>
Other Resources:	<u> </u>
Cash in Lieu:	<u> </u>
Commodities:	<u> </u>
Match:	<u> </u>
Other:	<u> </u>
Other:	<u> </u>
TOTAL:	\$ <u>29,000.00</u>

Application deadline - The electronic application and 2 copies must be received by Rocky before 4 p.m. Friday, March 28, 2025. Applications received after this deadline date will not be considered for funding.

The contractor presentations will be on Zoom again this year.

The date of the Area IV Board Meeting is May 15, 2025 at 9:00am.

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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: **Respite Care**
2. Provide a description of how your program will spend the Title III funding.

The funds are spent entirely on our Respite staff wages. This program is necessary for the well being of the people in our community that care for a family member in the home. In taking time for themselves, they are better able to care for their family member. It is essential that these caregivers have a break from time to time to maintain their mental health as well as running errands.
3. Statement of how your project will coordinate services with other community programs. (Include a description of referral systems.)

We receive information on people that need Respite Care from local physicians and community members. In addition, we are notified from our numerous outreach programs such as our flu clinics, foot care clinics and family members of Homemaker clients. We have advertised in the newspaper and social media and believe there is a growing need for this service.

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 for the family members of persons meeting the same criteria as the Homemaker program. It is a great way to briefly 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 clients and provide awareness of the program within our community.

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: \$ 23.40 to \$ 23.40.
8. Is this project covered by liability insurance? yes How much? see attached
8. How many years has this project received Title III funds: seven
10. Please provide a **detailed** estimated budget for this Title III service for the fiscal year 2025-2026 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>1,333.00</u>
Supplies:	<u></u>
Raw food/meals:	<u></u>
Commodities:	<u></u>
Communications:	<u></u>
Utilities:	<u></u>
Repairs/maintenance:	<u></u>
Travel/training:	<u></u>
Building space:	<u></u>
Insurance:	<u></u>
Equipment:	<u></u>
Contracted services:	<u></u>
Audit:	<u></u>
Other:	<u></u>
TOTAL:	\$ <u>1,333.00</u>

Resources:

Area IV Funds:	<u>1,000.00</u>
Project income:	<u></u>
Other Resources:	<u></u>
Cash in Lieu:	<u></u>
Commodities:	<u></u>
Match:	<u>333.00</u>
Other:	<u></u>
Other:	<u></u>
TOTAL:	\$ <u>1,333.00</u>

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(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 funds received for our Skilled Nursing program are spent entirely on staff wages and mileage reimbursement.
3. Statement of how your project will coordinate services with other community programs. (Include a description of referral systems.)
We continue to coordinate services with our local physicians and hospital clinics, community outreach programs and family members. We have two hospital clinics in our community and the physicians and staff communicate with our staff with the needs of their clients.

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 20% of the population over 60 years of age. Many of these people remain in their homes. Once we receive a referral, we determine whether they qualify and we review each applicant's medical needs to make sure that our nurses stay within the scope of practice for the program. Our staff determines if the applicant need any of our other services, such as Homemaker and/or Respite Care.

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

Any and all additional funding will be used to add awaiting applicants to the program. Our community is growing and aging, therefore, the need for this program increases as well. We continue to advertise and educate the public. We hope to fill the gap between hospital stays and paid Medicare Home Health Services for those folks not hospitalized but have a skilled nursing need in the home.

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: \$ 33.00 to \$ 33.00.
8. Is this project covered by liability insurance? yes How much? see attached.
8. How many years has this project received Title III funds: five
10. Please provide a **detailed** estimated budget for this Title III service for the fiscal year 2025-2026 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>7,000.00</u>
Supplies:	<u>1,000.00</u>
Raw food/meals:	<u> </u>
Commodities:	<u> </u>
Communications:	<u> </u>
Utilities:	<u> </u>
Repairs/maintenance:	<u> </u>
Travel/training:	<u>1,000.00</u>
Building space:	<u> </u>
Insurance:	<u> </u>
Equipment:	<u> </u>
Contracted services:	<u> </u>
Audit:	<u> </u>
Other:	<u> </u>
TOTAL:	\$ <u>9,000.00</u>

Resources:

Area IV Funds:	<u>9,000.00</u>
Project income:	<u> </u>
Other Resources:	<u> </u>
Cash in Lieu:	<u> </u>
Commodities:	<u> </u>
Match:	<u> </u>
Other:	<u> </u>
Other:	<u> </u>
TOTAL:	\$ <u>9,000.00</u>

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COUNTY COMMISSIONERS

DEBI RANDOLPH, DARREL FOLKVORD, LINDSEY RICHTMYER

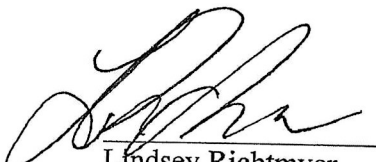
Broadwater County Courthouse • 515 Broadway, Townsend, MT 59644
broadwatercountymt.com • 406.266.9200 • FAX: 406.266.4502

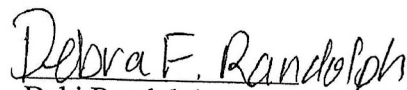
February 18, 2025

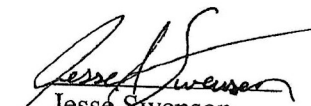
To whom it may concern,

The Homemaker, Skilled Nursing, and Respite programs are vital to the elderly and physically-limited population in Broadwater County. By providing services to assist with laundry, grocery shopping, light housekeeping, and home health care, these programs prolong the ability of these residents to live independently. The help provided is invaluable to those throughout our community needing this assistance, and is carried out by a committed team of healthcare professionals invested in our community. This crucial, grant-based program makes it possible to provide services to residents who may not otherwise afford such care. The county commissioners strongly support these programs and the remarkable team implementing them here.

Warm regards,


Lindsey Richtmyer
Chair


Debi Randolph
Vice Chair


Jesse Swenson
Commissioner



Family Medical Clinic

Nicholas M. Campbell, MD

220 Broadway
Townsend, MT 59644
phone: (406)266-5204 fax: (406)266-4428

February 24, 2025

To Whom It May Concern:

The Broadwater County Homemaker Program provides necessary services to the county's senior population.

These services enable the elderly to remain in their homes and live independently.

Many do not have anyone close by to assist them with weekly chores such as cleaning, vacuuming, and shopping. Some need stand-by assistance with their personal care due to chronic conditions.

Because of their low, fixed income status, many clients on this program are unable to pay for outside help.

The Homemaker Program enables these elderly to be monitored on a regular basis for changes in their health status as well as providing socialization to those alone or homebound.

This program is a vital part of Broadwater County's public health services, and I strongly support it.

Sincerely,



110 North Oak St.
Townsend, Montana 59644

March 18, 2025

To whom it may concern,

The homemaker program is an essential service for the elderly population in Broadwater County. By offering assistance with laundry, grocery shopping, and light housekeeping, this program supports the elderly in maintaining their independence. Funded through grants, the homemaker program provides these services to residents who may not be able to afford them otherwise. This program is crucial for the aging community, and it has my firm support.

Sincerely,

A handwritten signature in black ink, appearing to read "Justin M. Tiffany". The signature is stylized with a large, prominent "J" and "T".

Justin M. Tiffany

CEO

Billings Clinic Broadwater