

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: Meagher County Health Department Project Director: Eva Kerr, RN
Mailing Address: PO BOX 309 Street Address: 15 West Main Street
City, State, Zip: White Sulphur Springs, MT 59645 City, State, Zip: White Sulphur Springs, MT 59645
E-Mail: ekerr@meagherco.net E-Mail: ekerr@meagherco.net

Type of Organization:

☐ City ☒ County ☐ Private Non-Profit ☐ Other (specify): _____

Geographic area to be served: City of White Sulphur Springs

List services to be provided:

Homemaker, visiting

Respite

Estimated # of unduplicated *persons*
to be served during project period for
each service type:
12-15

2-6

Estimated # of unduplicated *units* of
service during project period for each
listed service type:
60-72

20-40

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.

Ben Hurwitz
Type or print person authorized to sign

County Commission Chairman
Title

Eva Kerr
Type or print person authorized to sign

E Kerr Public Health
Title Director

Ben Hurwitz
Signature

2-11-25
Date

E Kerr RN
Signature

2-11-25
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: **Meagher County Respite Program**
2. Provide a description of how your program will spend the Title III funding.

Provide respite care to those who meet the guidelines of lower income and are the primary caregivers of a person needing full time care. Meagher County Respite program would spend the grant on our respite caregivers wages and mileage. Part of the match includes RN wages who oversees the program and handles the reporting.
3. Statement of how your project will coordinate services with other community programs. (Include a description of referral systems.)

Coordinate with referrals from the community center, local hospital and clinic. Post program information on Facebook.

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.)

We provide respite care services to all lower income people within our city limits, that meet the requirements for respite care as funding allows. Information is posted at the community center, hospital, clinic and county health office. Discussed at quarterly adult protective team meetings. Services are provided to keep our elderly in their homes and provide a break for primary caregivers.

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

Expand the program to service more individuals or give current individuals a little more time as needed. Expand the area of our service to a larger radius. We do not have any home health care in our community at present time, so our clients are dependent on us for some basic cares and a break for the primary caregivers.

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: \$ 18.00-32.00 to \$ _____.
8. Is this project covered by liability insurance? 1,000,000 How much? 3,000,000
8. How many years has this project received Title III funds: 6
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>10,087.50</u>
Supplies:	<u>100.00</u>
Raw food/meals:	_____
Commodities:	_____
Communications:	_____
Utilities:	_____
Repairs/maintenance:	_____
Travel/training:	<u>250.00</u>
Building space:	_____
Insurance:	_____
Equipment:	_____
Contracted services:	_____
Audit:	_____
Other:	_____
TOTAL:	\$ <u>\$10,437.50</u>

Resources:

Area IV Funds:	<u>8350</u>
Project income:	_____
Other Resources:	_____
Cash in Lieu:	_____
Commodities:	_____
Match:	<u>2087.50</u>
Other:	_____
Other:	_____
TOTAL:	\$ <u>10437.50</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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List services to be provided:	Estimated # of unduplicated <i>persons</i> to be served during project period for each service type: 12-15	Estimated # of unduplicated <i>units</i> of service during project period for each listed service type: 60-72
<u>Homemaker, visiting</u>	<u>2-6</u>	<u>20-40</u>
<u>Respite</u>	<u>2-6</u>	<u>20-40</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.

Ben Hurwitz
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County Commission Chairman
Title

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Type or print person authorized to sign
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Project Description Sheet

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1. Service or Project name: **Meagher County Homemaker Program**
2. Provide a description of how your program will spend the Title III funding.

Help lower income people over the age of 60 in our community with light housekeeping in their homes, visiting and running errands. Meagher County Homemakers program spends the grant on our homemakers wages and if needed mileage only.
3. Statement of how your project will coordinate services with other community programs. (Include a description of referral systems.)

Coordinate with referrals from the community center, local hospital and clinic. Post program information on Facebook.

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.)

We provide light housekeeping, visiting and running errand services to all lower income people over the age of 60 within our city limits that qualify. Information is posted at the Community Center, Hospital, Clinic and county Health Office. Discussed at Adult Protective Team meetings. Services are provided to help keep our older population in their homes maintaining an independent lifestyle for 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?

Expand the program to serve more individuals or give current individuals a little more time as needed. Expand the area we serve to a larger radius.

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.”

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8. How many years has this project received Title III funds: 8
10. Please provide a **detailed** estimated budget for this Title III service for the fiscal year 2025-2026 as follows (list appropriate estimated resources):

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(Your expenses should equal your resources)

Expenses:

Personnel and fringe:	<u>16,000</u>
Supplies:	<u>200.00</u>
Raw food/meals:	_____
Commodities:	_____
Communications:	_____
Utilities:	_____
Repairs/maintenance:	_____
Travel/training:	<u>250.00</u>
Building space:	_____
Insurance:	_____
Equipment:	_____
Contracted services:	_____
Audit:	_____
Other:	_____
TOTAL:	\$ <u>\$16,450</u>

Resources:

Area IV Funds:	<u>16,450</u>
Project income:	_____
Other Resources:	_____
Cash in Lieu:	_____
Commodities:	_____
Match:	_____
Other:	_____
Other:	_____
TOTAL:	\$ <u>16,450</u>

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