

LETTER OF INTENT TO APPLY FOR CONTRACT

Under Title III of the Older Americans Act  
Fiscal Year July 1, 2026 through June 30, 2027

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:	Estimated # of unduplicated <i>units</i> of service during project period for each listed service type:
<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>
_____	_____	_____

Applicant agrees that the project described in this Letter of Intent will be operational July 1, 2026 through June 30, 2027 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

Debra Randolph

Type or print person authorized to sign  
Broadwater County Commission Chair  
Title

Ruby Taylor LPN  
Signature

03-03-26  
Date

Debra F Randolph  
Signature

2-25-26  
Date

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Under Title III of the Older Americans Act  
Fiscal Year July 1, 2026 through June 30, 2027

**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 on the salary and supplies for our caregiver as well as 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, 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.)

Recently we have been working to educate the community about our available resources. Because of this we have had an increase in applicants and referrals. 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. 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.

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 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: \$ 23.46 to \$ 23.46.
8. Is this project covered by liability insurance? yes How much? see attached
8. How many years has this project received Title III funds: 47
10. Please provide a **detailed** estimated budget for this Title III service for the fiscal year 2026-2027 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>
<b>TOTAL:</b>	<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>
<b>TOTAL:</b>	<u>\$ 29,000.00</u>

**Application deadline - The electronic application and 2 copies must be received by Rocky before 4 p.m. Friday, March 27, 2026. 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 21, 2026 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: \$ 23.46 to \$ 23.46.
8. Is this project covered by liability insurance? yes How much? see attached
8. How many years has this project received Title III funds: eight
10. Please provide a **detailed** estimated budget for this Title III service for the fiscal year 2026-2027 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:	_____
Raw food/meals:	_____
Commodities:	_____
Communications:	_____
Utilities:	_____
Repairs/maintenance:	_____
Travel/training:	_____
Building space:	_____
Insurance:	_____
Equipment:	_____
Contracted services:	_____
Audit:	_____
Other:	_____
<b>TOTAL:</b>	<b>\$ <u>1,333.00</u></b>

**Resources:**

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

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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.)

Our Skilled Nursing program is primarily built on referrals from local physicians seeking care for their elderly patients. Generally, the patient lives alone with no transportation, has a limited income and one or more disabilities. Our staff determines if the applicant needs 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 additional funding will be used to add more 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: \$ 33.82 to \$ 33.82.
8. Is this project covered by liability insurance? yes How much? see attached
8. How many years has this project received Title III funds: six
10. Please provide a **detailed** estimated budget for this Title III service for the fiscal year 2026-2027 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:	_____
Commodities:	_____
Communications:	_____
Utilities:	_____
Repairs/maintenance:	_____
Travel/training:	<u>1,000.00</u>
Building space:	_____
Insurance:	_____
Equipment:	_____
Contracted services:	_____
Audit:	_____
Other:	_____
<b>TOTAL:</b>	<b>\$ <u>9,000.00</u></b>

**Resources:**

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

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## COUNTY COMMISSIONERS

DEBI RANDOLPH, LINDSEY RICHTMYER, JESSE SWENSON

Broadwater County Courthouse • 515 Broadway, Townsend, MT 59644 • [broadwatercountymt.com](http://broadwatercountymt.com)  
406.266.9200 • FAX: 406.266.4502 • [commissioners@co.broadwater.mt.us](mailto:commissioners@co.broadwater.mt.us)

February 25, 2026

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. Broadwater County Commissioners strongly support these programs and the remarkable team implementing them here.

Warm regards,

Debi Randolph  
Chair

Lindsey Richtmyer  
Commissioner

Jesse Swenson  
Vice Chair



Family Medical Clinic

Nicholas M. Campbell, MD

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

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.

Th 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 3, 2026

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 blue ink, appearing to read "Justin M. Tiffany", with a stylized flourish at the end.

Justin M. Tiffany

CEO

Billings Clinic Broadwater