

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: Meagher County Health Department Project Director: Eva Kerr, RN  
Mailing Address: PO BOX 309 Street Address: 16 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: \_\_\_\_\_

List services to be provided:	Estimated # of unduplicated <i>persons</i> to be served during project period for each service type: <small>12-15</small>	Estimated # of unduplicated <i>units</i> of service during project period for each listed service type: <small>60-72</small>
<u>Homemaker, visiting</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, 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.

Eva Kerr  
Type or print person authorized to sign  
Public Health Director  
Title

EKerr  
Signature  
2/2/26  
Date

Ben Hurwitz  
Type or print person authorized to sign  
County Commmissioner  
Title

Ben Hurwitz  
Signature  
2/2/26  
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 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 with in 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 meeting. 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 areas 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: 7 \_\_\_\_\_
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>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:	_____
<b>TOTAL:</b>	<b>\$ <u>10437.50</u></b>

**Resources:**

Area IV Funds:	<u>8350</u>
Project income:	_____
Other Resources:	_____
Cash in Lieu:	_____
Commodities:	_____
Match:	<u>2087.50</u>
Other:	_____
Other:	_____
<b>TOTAL:</b>	<b>\$ <u>10437.50</u></b>

**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.**



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 without 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 service more individuals or give current individuals a little more time as needed. Expand the areas 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.”

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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: 9
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: 16,000  
 Supplies: 200.00  
 Raw food/meals: \_\_\_\_\_  
 Commodities: \_\_\_\_\_  
 Communications: \_\_\_\_\_  
 Utilities: \_\_\_\_\_  
 Repairs/maintenance: \_\_\_\_\_  
 Travel/training: 250.00  
 Building space: \_\_\_\_\_  
 Insurance: \_\_\_\_\_  
 Equipment: \_\_\_\_\_  
 Contracted services: \_\_\_\_\_  
 Audit: \_\_\_\_\_  
 Other: \_\_\_\_\_  
**TOTAL:** \$ 16,450

**Resources:**

Area IV Funds: 16,450  
 Project income: \_\_\_\_\_  
 Other Resources: \_\_\_\_\_  
 Cash in Lieu: \_\_\_\_\_  
 Commodities: \_\_\_\_\_  
 Match: 16,450  
 Other: \_\_\_\_\_  
 Other: \_\_\_\_\_  
**TOTAL:** \$ 16,450

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2/20/2026

John Gorton  
Rocky's Agency on Aging  
PO Box 1717  
Helena, MT 59624



**Re: Support Letter for Homemaker Program Funding**

Dear John and Area IV,

I am writing to emphasize the importance of sustaining support for the Homemakers Program in White Sulphur Springs. This program is one of the most essential tools we have for helping older adults remain safely and comfortably in their own homes.

Sometimes the only barrier a person faces to staying at home is the need for assistance with light housekeeping, meal preparation, shopping, laundry, or other basic household tasks. Montana's Homemaker Services were created specifically for this purpose—to help seniors and individuals with disabilities maintain their homes and live independently for as long as possible. These services do not include personal care tasks such as bathing or dressing; instead, they provide up to two hours per month of practical, hands-on support that keeps a household functioning and a senior thriving.

In Meagher County, these services are not just helpful, they are vital. Eva Kerr, through Meagher County Health, works closely with the Meagher County Senior Center, Adult Protective Services, the Meagher County Nutrition Coalition, and many other partners. Because of these strong relationships, she is often the first to identify elderly residents who are beginning to struggle at home. Many of the individuals she serves are also participants in our meal programs, so I see firsthand how essential her work is in keeping our seniors healthy, stable, and independent.

For all these reasons, I strongly recommend continued funding for the Homemakers Program. It is a lifeline for many of our residents and a cornerstone of Meagher County's commitment to supporting seniors with dignity and compassion. Thank you for your support of this wonderful program.

Sincerely,

Beth Hunt, Executive Director  
Meagher County Senior Center  
PO Box 682  
White Sulphur Springs, MT 59645