REPORT

Delaware Senior Center Funding Formula



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in cooperation with the
Joint Finance Committee
and the
Office of the Controller General

Preface

The following is a report on Delaware's Grant-in-Aid Senior Center Funding Formula. The purpose of this report is threefold:

- 1) To create a document outlining the history of the Institute for Public Administration's cooperative work with the Joint Finance Committee and Controller General's Office on the development and maintenance of the senior center Grant-in-Aid funding formula.
- 2) To serve as a handbook for Joint Finance Committee members, Controller General's Office staff, and Institute for Public Administration staff.
- 3) To outline future issues, changing demographics and other considerations that may affect changes in the funding formula and the environment in which senior centers operate.

The report begins with a brief background on Delaware's Grant-in-Aid program. Section two describes the development of the senior center funding formula and the rationale behind the formula. Section three focuses on the first tier of the funding formula and the changing nature of Delaware's population characteristics and projections. Specifically, how these demographic changes will continue to impact allocations of senior center Grant-in-Aid funds is discussed. Section four explains the second tier of the current funding formula. This section provides a more detailed overview of the criteria used to assess a senior center's programs. Section five provides an overview of the senior center funding formula's implementation process, for example, how service levels are determined and how information is disseminated. Finally, conclusions are summarized in the last section.

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Background: Delaware's Grant-in-Aid Program

Since fiscal year (FY) 1944, the Delaware Grant-in-Aid program has partially funded fire companies, non-profit, and quasi-governmental organizations. Grant-in-Aid is a supplemental source of income for these organizations and the agency must be incorporated for two years prior to receiving state funds. In addition, the agencies need to have a 501C-3 non-profit tax-exempt status from the Internal Revenue Service to receive Grant-in-Aid funding. Generally, Grant-in-Aid funds are allocated to support one or more programs within a recipient organization. These funds may not be used for capital improvements or child daycare.

Grant-in-Aid funds are not included in the state's operating budget. Unlike the operating budget process, the state legislature has controlled both the Grant-in-Aid application and the allocation process, independently of the executive branch. It is important to recognize that Grant-in-Aid allocations are subject to the availability of funds for each fiscal year.

In FY 1984, Grant-in-Aid appropriations to fire companies, non-profit, and quasi-governmental organizations totaled \$8.27 million. Two funding formulas—the municipal street aid funding formula and the volunteer fire company funding formula—were used to distribute 33 percent (\$2.74 million) of the total FY 1984 Grant-in-Aid dollars. Allocations for the remaining categories of Grants-in-Aid were not determined by a specific formula.

In October 1983, however, the members of the Joint Finance Committee voted to contract with the Institute for Public Administration (IPA), College of Human Services, Education and Public Policy (CHEP – formerly the Public Administration Institute and the College of Urban Affairs and Public Policy), University of Delaware, for the purpose of developing a senior center funding formula. This formula was first used in FY 1985, and has been used in subsequent years thereafter. In FY 2001, a revised version of the funding formula distributed \$6.4 million Grantin-Aid funds to Delaware's senior centers.

As will be detailed in the pages that follow, the senior center funding formula allocates Grant-in-Aid dollars through a series of steps involving the state's senior centers, the IPA, the Controller General's Office, and Delaware's Joint Finance Committee.

History of the Funding Formula

In 1983, the Institute for Public Administration (IPA) developed the senior center funding formula with the goal of encouraging centers to better serve Delaware's seniors. The funding formula would avoid service duplication by ensuring the effectiveness and accountability of state Grant-in-Aid dollars. Several resources were used to develop the funding formula. The IPA considered Grant-in-Aid allocations based on elderly population characteristics and growth projections across Delaware. Additionally, the IPA reviewed funding formulas that existed in other states, as well as examined various federal regulations. For example, in 1984, Title III of the Older Americans Act provided funding for social and supportive services, congregate meal programs, and home-delivered meals. Delaware's funding formula is not part of the Older Americans Act, however, Title III was important to guiding the formula's overall development.

The Two-Tiered Formula

A two-tiered formula was considered, and later implemented, as a result of the IPA's research. The purpose of the two-tiered approach was to meet five variables that were established by the Joint Finance Committee as guidelines for designing a funding formula. Those five variables were:

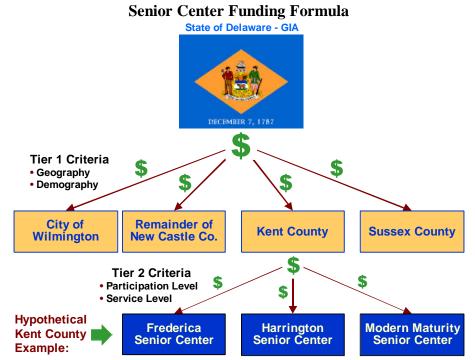
- Geographic location;
- Demography;
- Services and programs provided,
- Number of people served; and
- Need.

Tier one of the funding formula targeted the geographical variable by allocating Grant-in-Aid funds from the state to its four major jurisdictions: the City of Wilmington, the remainder of New Castle County, Kent County, and Sussex County. In addition to the geographic variable, tier one addresses demographic considerations, such as age and income, as well as the need variable, primarily the low-income seniors. The following three demographic variables are associated with tier one:

- 1) Population aged 60 and older;
- 2) Population aged 60 an older with incomes below the poverty level; and
- 3) Population aged 75 and older.

Tier two allocates Grant-in-Aid funds from the four jurisdictions to each of the senior centers located within each jurisdiction. This tier targets both the number of elderly served by a senior center and the types of services or programs offered. Tier two is therefore comprised of two processes: assignment to a participation category and assignment to a service level category. A more detailed description of both the participation and the service level categories are found in section four of this report.

Please see the diagram below for an illustration of how the two-tiered approach allocates state Grant-in-Aid dollars. Three of the seven senior centers from Kent County are used as an example.



Rationale of the Two-Tiered Approach

Targeting the five variables listed previously met the Joint Finance Committee's guidelines for funding formula development. More importantly, in meeting these guidelines, the two-tiered approach:

- Ensures that senior centers within each jurisdiction receive an equitable share of the formula-determined Grant-in-Aid dollars. Those areas with more seniors aged 60 and over, more poor elderly, and more seniors aged 75 and older are allocated more Grant-in-Aid dollars. The equity criterion would not be met if tier one was bypassed and allocations were only based on participation and service levels.
- ➤ Provides senior centers that have previously received smaller Grants-in-Aid with opportunities to receive larger funding. Senior centers receiving smaller Grants-in Aid in the past probably have fewer resources and programs to support and attract a large number of participants. If the formula was based on only one tier (participation and service level) these centers would continue to receive smaller funds. The two-tiered approach helps a senior center support more programs, attract more participants, and thus receive higher levels of Grant-in-Aid support in future years.
- Recognizes that senior centers attempting to improve services and participation have additional program start-up costs (i.e., improving facilities and upgrading transportation systems). To meet these costs, significant funding increases will be required. The two-tiered formula meets this need by providing larger funding increases to these jurisdictions than a formula based only on participation and service levels.

Formula Determined Allocations

Appendix A contains several tables. Table 1 shows the 1984 funding allocations versus the senior population for each of the four geographic jurisdictions. This table gives some indication of how tier one of the funding formula, the demographic and geographic variables, relate to the funding allocations. Table 2 shows the 2001 funding allocations versus the senior population for each of the four geographic jurisdictions. Comparing Table 2 to Table 1 helps show how the relationship between demographics and funding has changed over time. Important to remember though is that percent of the population is only one of the three demographic variables. Table 3 shows how the funding amount has increased over time.

The Role of the Institute for Public Administration (IPA)

The IPA played a central role in the evolution of the Grant-in-Aid senior center funding formula. Through continued research on national funding formula standards and senior center best practices information, the IPA has been able to apply and integrate new levels of the funding formula geared towards the senior center's organizational success. The IPA maintains contact with each of the 48 senior centers to conduct participation counts and to evaluate the services offered by the center. To guarantee equity in the distribution of Grant-in-Aid funds, the IPA periodically reviews the structure of the funding formula design and makes recommendations to the Joint Finance Committee, as needed.

Although the IPA plays an integral role in facilitating the Grant-in-Aid funding formula, the General Assembly's Joint Finance Committee ultimately determines the Grant-in-Aid funding allocations for Delaware's senior centers.

Tier One: Geography and Demography

Section two of this report provided a brief overview of the senior center funding formula's development. This section offers a more detailed description of the formula's first tier in the two-tiered allocation process.

Tier one distributes Grant-in-Aid funds from the State to the four jurisdictions. Tier one is broken down by age and income level of the jurisdiction's elderly population. These variables are weighted in a 45-45-10 ratio: 45 percent of the allocated money is divided among jurisdictions based on its elderly population aged 60 and older; 45 percent is based on the population aged 60 and older with incomes below the poverty level, and 10 percent is based on the jurisdictions population age 75 and older. Three sources, the U.S. Census Bureau, the Delaware Population Consortium, and special estimates of poverty calculated by the Center for Applied Demography and Survey Research, University of Delaware, are used to distribute tier one allocations.

Delaware's Senior Centers

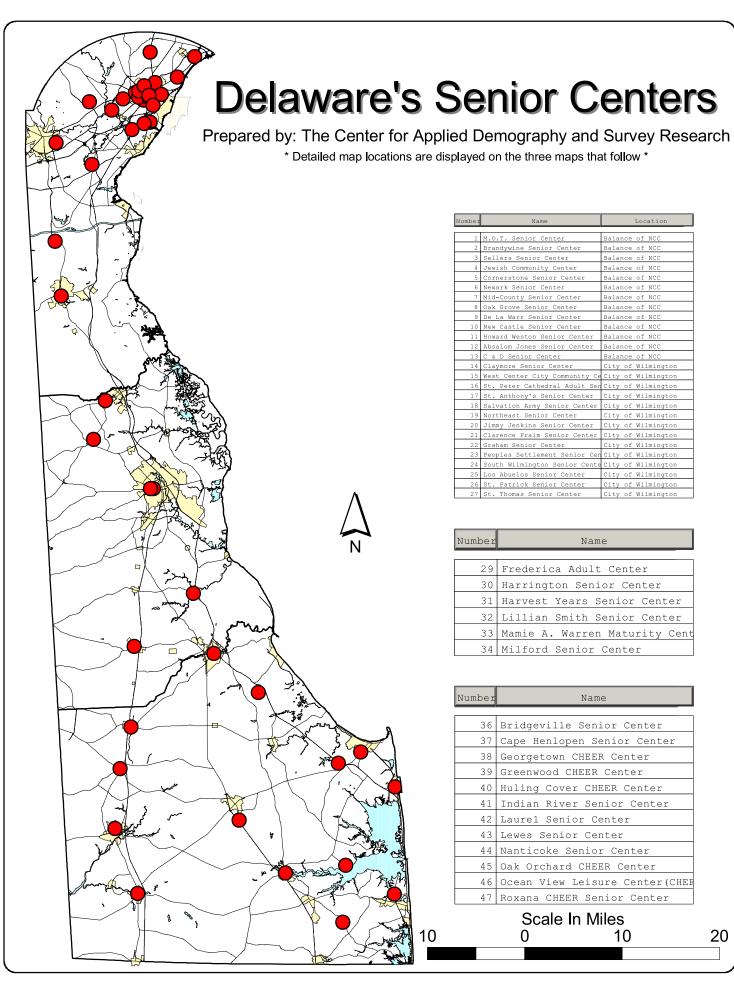
Currently, there are 48 senior centers located in Delaware's four jurisdictions. All 48 senior centers are partially funded by Delaware General Assembly's Joint Finance Committee's Grant-in-Aid funding formula. Table 4 lists the number of senior centers located within each jurisdiction.

Table 4. Number of Senior Centers by Jurisdiction

JURISDICTION	CENTERS
City of Wilmington	15
Remainder of New Castle County	13
Kent County	7
Sussex County*	13
Total for all Jurisdictions	48

^{*}Please note that in FY2000, there were 14 centers in Sussex County. One center closed down in 2000.

Provided on the next several pages are maps illustrating senior center locations among the four jurisdictions.

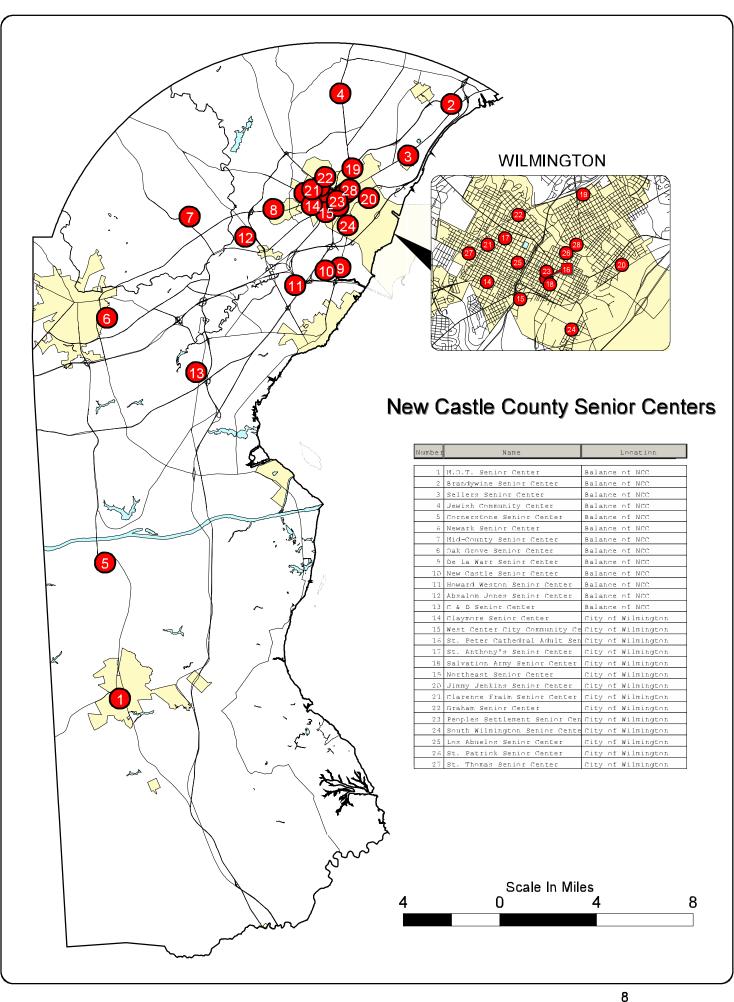


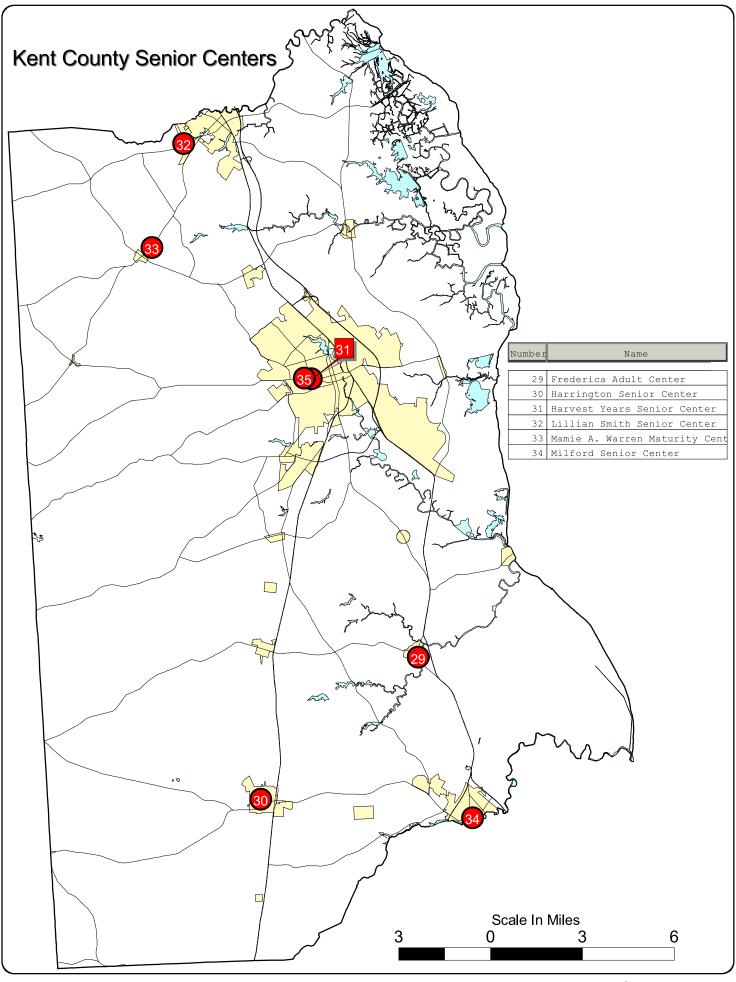
Number	Name	Location
	M.O.T. Senior Center	Balance of NCC
	Brandywine Senior Center	Balance of NCC
		Balance of NCC
4		Balance of NCC
	Cornerstone Senior Center	Balance of NCC
	Newark Senior Center	Balance of NCC
	Mid-County Senior Center	Balance of NCC
	Oak Grove Senior Center	Balance of NCC
	De La Warr Senior Center	Balance of NCC
	New Castle Senior Center	Balance of NCC
	Howard Weston Senior Center	Balance of NCC
_	Absalom Jones Senior Center	Balance of NCC
	C & D Senior Center	Balance of NCC
		City of Wilmington
	West Center City Community Ce	
	St. Peter Cathedral Adult Sen	
17	St. Anthony's Senior Center	City of Wilmington
	Salvation Army Senior Center	
19	Northeast Senior Center	City of Wilmington
20	Jimmy Jenkins Senior Center	City of Wilmington
21	Clarence Fraim Senior Center	City of Wilmington
22	Graham Senior Center	City of Wilmington
23	Peoples Settlement Senior Cen	City of Wilmington
24	South Wilmington Senior Cente	City of Wilmington
25	Los Abuelos Senior Center	City of Wilmington
26	St. Patrick Senior Center	City of Wilmington
27	St. Thomas Senior Center	City of Wilmington

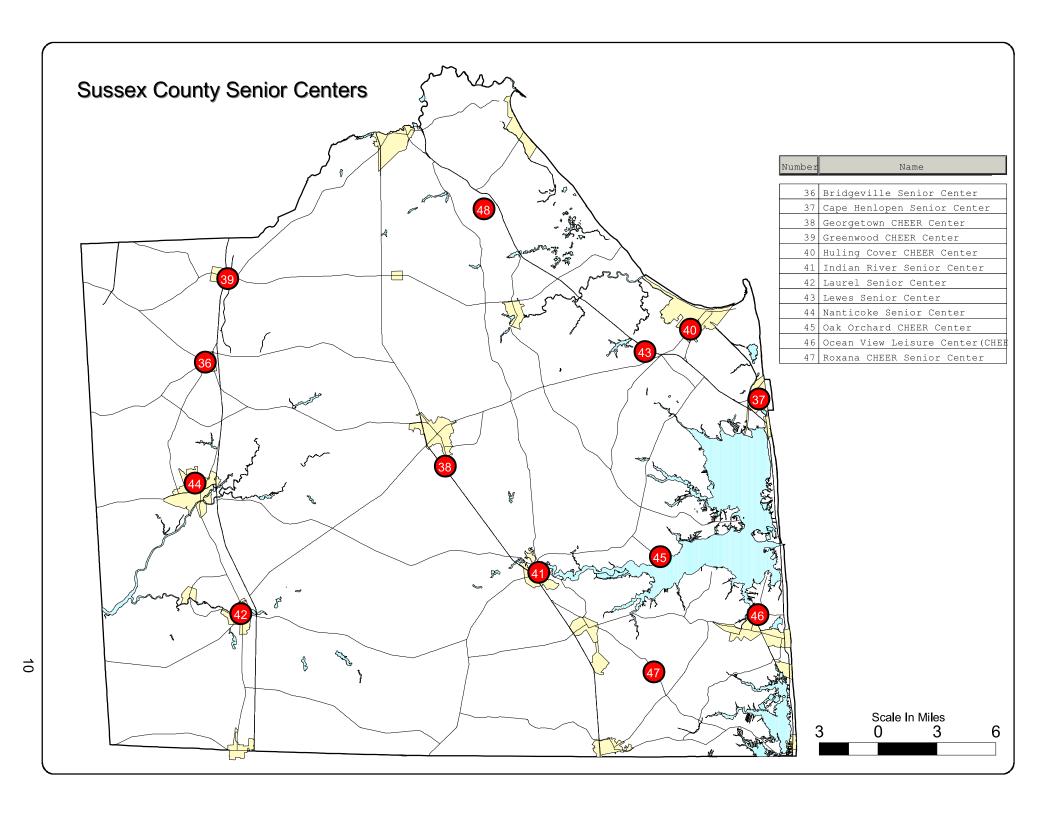
Number	Name
29	Frederica Adult Center
30	Harrington Senior Center
31	Harvest Years Senior Center
32	Lillian Smith Senior Center
33	Mamie A. Warren Maturity Cent
34	Milford Senior Center

Number	Name
36	Bridgeville Senior Center
37	Cape Henlopen Senior Center
38	Georgetown CHEER Center
39	Greenwood CHEER Center
40	Huling Cover CHEER Center
41	Indian River Senior Center
42	Laurel Senior Center
43	Lewes Senior Center
4 4	Nanticoke Senior Center
45	Oak Orchard CHEER Center
46	Ocean View Leisure Center(CHE
47	Roxana CHEER Senior Center

Scale In Miles







Elderly Population Demographics

With the onset of the 21st Century, continued trends toward lower fertility rates and extended life expectancy have elevated the importance of understanding the dynamics associated with a country's changing age structure. While America's elderly population is now growing at a moderate pace, in the very near future, that growth will become increasingly rapid¹. Statewide aging changes and expectations will mirror many of these national trends.

Data from the 1990 U.S. Census Bureau and from the Delaware Population Consortium shows that Delaware's elderly population growth has increased moderately since 1980, with the exception of the City of Wilmington. The 1980 elderly population projections showed Wilmington's population declining 7 percent by 1990. The projection was accurate when compared to actual data available in 1990. Wilmington's 60 and older population decreased by 5 percent. The decrease may be explained by a variety of factors, among them the migration of senior citizens out of city limits to more rural areas of Delaware.

The remainder of New Castle County experienced a 3 percent increase in the 60 and older population. However, the 75 and older population increased by 5 percent. The increase in this segment follows a similar national trend. The Census Bureau defines those 75 and older as the "oldest old". They have been and will continue to be the most rapidly growing elderly age group over the next 40 years, thanks to the baby boom generation reaching their oldest ages. The increase in New Castle County's "oldest old" population is not surprising considering this is where most of Delaware's aging population currently resides. The migration of Wilmington's senior citizens to other areas in New Castle County may also be an explanatory factor. Percentages for both Kent and Sussex Counties remained the same or increased little since 1980.

Table 5 below summarizes the changing demographics of Delaware's elderly population. The percentages indicate the proportion of the State's population residing in each jurisdiction. Please note that data from the 2000 Census for Delaware's elderly population, by age group, will not be available until summer 2001.

Table 5. Elderly Population Distribution as a Percentage of Delaware's Total Population Age 60+ and Age 75+: 1980 and 1990

	Population Age 60+		Population Age 75+	
	1980	1990	1980	1990
City of	17%	12%	21%	16%
Wilmington Remainder of	47%	50%	42%	47%
New Castle County	1.40/	1.40/	150/	150/
Kent County Sussex County	14% 22%	14% 23%	15% 22%	15% 22%

Source: US Census Bureau, American FactFinder, 1990 General Population and Housing Characteristics.

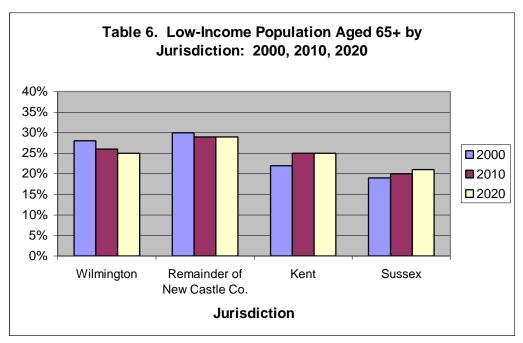
¹ Aging in the Americas, U.S. Census Bureau, 1999.

Low-Income Elderly Population

The overall economic position of persons aged 65 and older has improved in recent decades. Poverty among the elderly has become less prevalent due to various socio-economic factors². Among them are increased participation rates in the labor force by men age 55 and over, increased number of women with their own retirement income, overall increases in elderly median income, and greater educational attainment³.

Despite these positive changes, income disparities exist among various elderly subgroups. For instance, those 75 and older generally have lower incomes than those aged 65-74. Race and gender also create income disparities among the elderly population. Elderly women and the elderly Black and Hispanic population are more likely to experience increased poverty rates than elderly White males⁴.

In Delaware, changes to the low-income elderly population have been and will continue to be minor. By 2020, the City of Wilmington's low-income elderly population will decrease by 3 percent. Net migration of the senior population is just one factor explaining Wilmington's declining population. The remainder of New Castle County will experience a 1 percent decrease over the next twenty years. Kent County's low-income elderly population will increase by 3 percent, while Sussex County will experience 2 percent increase by 2020. See the chart below for the low-income population aged 65 and older, by jurisdiction.



Source: Delaware Population Consortium, July 2000

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² Sixty-Five Plus in the United States, U.S. Census Bureau, May 1995.

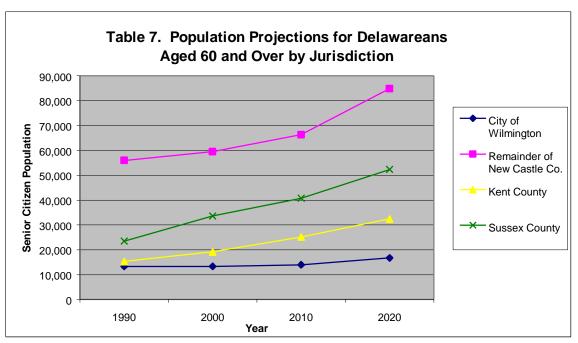
³ The Older Population in the United States, U.S. Census Bureau, March 1999.

⁴ Ibid.

Population Projections

According to the Census Bureau, nationally, the elderly population will reach 50 million by 2020 with most growth occurring between 2010 and 2030⁵. Delaware will follow a similar pattern. The Delaware Population Consortium has projected growth for the elderly population age 60 and older. Between 2000-2020, the elderly population for the State will grow 68 percent (based on changes from the base year 1990).

By 2020, the City of Wilmington's 60 and older population will grow to 16,740 which is a 26 percent increase from 1990. The remainder of New Castle County's elderly population is projected to be 84,881 by 2020, which is a 52 percent increase from 1990. Projections for Kent and Sussex County by 2020 are 32,448 (104 percent increase) and 52,314 (102 percent increase) respectively. Growth rates among all counties will be lowest between 2000-2005. Thereafter, the elderly population will increase more rapidly, with Kent and Sussex Counties experiencing the highest percentage increase in the 60 and older population. Evidence of a future demographic transition among the 60 and older population within Delaware's four jurisdictions is demonstrated by the graph below.



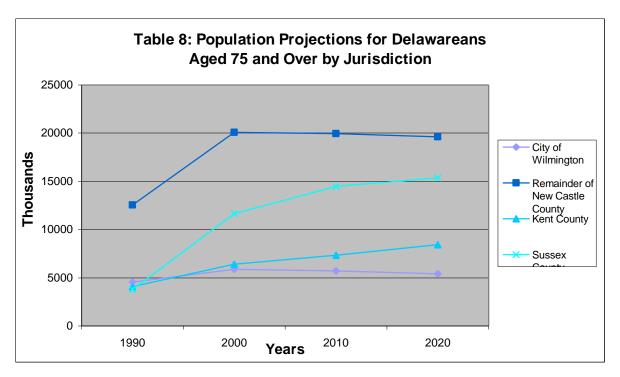
Source: Delaware Population Consortium, Population Projections, Version 2000

Delaware's 75 and older population is projected to increase 57 percent from 1990-2020. By jurisdiction, the City of Wilmington's 75 and older population is projected to be 5,432 (a 12.5 percent growth rate), while New Castle County can expect a growth increase to 19,599 senior citizens (a 34 percent increase). By 2020, Kent and Sussex Counties' projected 75 and older population is projected to be 8,435 (a 79 percent increase) and 15,379 (a 121 percent increase) respectively. Similar to the 60 and older population projections, both Kent and Sussex Counties will have the greatest percentage increase in their 75 and older population. However, the

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⁵ Current Population Report, Frank Hobbs, 1999.

majority of the 75 and older population will reside in New Castle County. Please see the graph below for more detail.



Source: Delaware Population Consortium, Population Projections, Version 2000.

Policy Implications

The growing elderly population is placing demands on the public health system and on medical and social services⁶. Long-term care, quality of life for the elderly, institutionalization, and pension reform will continue to top the list of issues receiving increased attention by policymakers and the general public. This provides organizations serving the elderly with an opportunity to help meet the demands created by the changing age structure. Delaware's senior centers are one group of organizations that will positively impact the state's senior citizen population.

Of course, the changing elderly demographics within each political jurisdiction discussed throughout this section will affect the Grant-in-Aid funding formula for senior centers. Part of the funding formula allocation is dependant upon the population distribution within a given jurisdiction. Changes to the demographics within one area could mean significant increases or decreases in funds allocated to that area's senior centers. This may cause a future need to revisit the theory and structure of the senior center funding formula. However, understanding the dynamics of the current elderly population and, more importantly, being aware of future changes are first steps toward addressing concerns of how Delaware's senior centers can effectively meet the demands of a growing aging population. Most importantly, the current Grant-in-Aid funding formula ensures that the needs of Delaware's seniors are being met.

⁶ Healthy Aging: Preventing Disease and Improving Quality of Life Among Older Americans, Centers for Disease Control and Prevention, 2000.

Tier Two: Participation and Service Levels

Section two of this report provided a brief overview of the senior center funding formula's development. This section offers a more detailed description of the formula's second tier in the two-tiered allocation process. Tier two is comprised of participation and service levels. These variables are weighted in a 60-40 ratio, i.e. participation accounts for 60 percent of the tier two formula, while the service level accounts for 40 percent.

Participation Criteria

Participation data is obtained from three forms that are sent by the IPA to senior centers during the Grant-in-Aid process (see Section 5 on Implementation) and from site visits. IPA staff adjusts raw participation data to account for the number of days per week each center is open. Average daily attendance (ADA) is adjusted according to the following formula:

Senior centers open five days per week will have an ADA equal the unadjusted ADA; centers open less than five days per week will have an ADA less than the adjusted ADA; and for centers open more than five days per week, adjusted ADA will be greater than the unadjusted ADA.

The adjusted ADA data is then used to assign a senior center to one of eight participation categories. The categories are comprised of participation *ranges* rather than exact participation counts. This method discourages disputes by allowing for differentiation among Delaware's various sized senior centers. With participation ranges, there is little financial incentive to question a senior center's ADA (e.g., 123 count rather than 120). The eight participation groupings are the following:

- 0-49 adjusted ADA
- 50-99 adjusted ADA
- 100-149 adjusted ADA
- 150-199 adjusted ADA
- 200-249 adjusted ADA
- 250-299 adjusted ADA
- 300-349 adjusted ADA
- 350-399 adjusted ADA

The midpoints of each of the eight participation categories are used to calculate the participation portion of the senior centers' Grant-in-Aid allocations. Participation range midpoints are summed for all senior centers residing in each jurisdiction. Once the midpoints were summed, they were divided by the jurisdictions subtotal and were then multiplied by each center's dollar allocation.

Service Levels

Information used to classify a senior center's service level is obtained from survey data, financial statements, and site visits conducted by the Institute for Public Administration. Service level groupings are used to categorize a state's senior centers in addition to assignment of a

participation level. Currently, there are nine factors that are used to determine a center's service level. In 1984, there were only four factors used to determined service levels.

The factors were transportation, nutrition, social/recreational activities, and a composite grouping called "other". By using the four original service level factors, senior centers were assigned to service levels one through four. For example, if a senior center provides only transportation and no other services or programs that center's service level rating would be a one. If a senior center provides transportation and congregate meals, the senior center would be rated as a service level two. Table 8 below contains the four original factors and shows how they relate to the 1984 service level assignments.

1984 Factors 1984 Service Levels 2 3 4 1 **Transportation** X X X X Nutrition X X X Social/Recreational X X X Other

Table 9. 1984 Factors and Service Levels

Tier two was revised in the fall of 1999 as a result of written survey responses from all senior centers, site visits to all senior centers, and several meetings with an eight-member advisory committee, made up of senior center directors who were selected to achieve balance by jurisdiction and center size. The revisions introduced a new service level rating scale. The reasons for developing the additional service levels were twofold. First, by using the four original service levels described above, 35 of the then 49 senior centers were classified as a service level four and nine of the 49 senior centers were considered a service level 3. Since nearly 90 percent of the centers were at the top end of the service level distribution, there was a need to further differentiate between progressive and average senior centers. This led to the second reason for developing additional service levels, which was to provide an incentive for senior center progress and expansion of senior center programs, which better serve Delaware's seniors.

The Joint Finance Committee decided to smooth the transition from 1984 service levels to 2001 service levels by not lowering any center's service level assignment. Therefore, two service levels were added by clarifying previously defined factors, which added six new factors. The six new factors help determine a senior center's service level if they have at least reached service level three. The six new factors are listed below and a more detailed description of these factors can be found in the chart in Appendix B.

- Adult Day Care
- Fitness Center
- A Pool or Transportation to a Local Pool
- Outreach, Reference or Economic Security Services
- Computer and/or Language Classes
- Support Groups or Intergenerational Programs

The new 2001 service levels start with the same definitions used for service levels one through three ($SL\ 1-SL\ 3$) under the original 1984 hierarchy. The new factors modify the old service level four ($SL\ 4$) and create two new service levels, $SL\ 5$ and $SL\ 6$.

Expansion of the factors, therefore, has been built around service levels four through six (SL 4, SL 5, and SL 6).

Service level four can be achieved if a center possesses one or two of the services outlined above.

Service level five can be achieved if a center possesses three or four of these services. For instance, if a center provides congregate meals, transportation, social/recreational activities, computer classes, outreach services and adult day care, the center would be classified as SL 5.

Service level six requires that five or six of these outlined services be offered by the senior center.

The table below contains all nine of the factors and shows how they are related to the service level assignments. This table is for demonstration only. Several different scenarios could exist.

2001 Service Levels 2001 Factors 1 2 3 4 5 6 X X X X X X **Transportation** Nutrition X X X X X **Social/Recreational** X X X X **Adult Day Care** X **Fitness Center** X X Pool or transportation to a pool **Outreach, Reference or Economic** X X **Security Services Educational Enrichment** X (Including Computer and/or Language Classes) **Support Groups or Intergenerational** X X X **Programs**

Table 10. 2001 Factors and Service Levels

Important to note is that a senior center is given credit for having a program or service only if expenditures for that program account for at least five percent of the senior center's operating budget. A senior center could offer any combination of the last six factors to reach service levels four through six. This table only shows a few examples.

Each service level is assigned a service-level weight based on a cost analysis of all senior centers receiving Grant-in-Aid funding. For each center, an average expenditure was calculated for all 48 centers based on center service level groupings and program cost analysis.

SL 1 = Weight of 1.0	SL 2 = Weight of 1.6	SL 3 = Weight of 2.3
SL 4 = Weight of 3.5	SL 5 = Weight of 4.3	SL 6 = Weight of 5.0

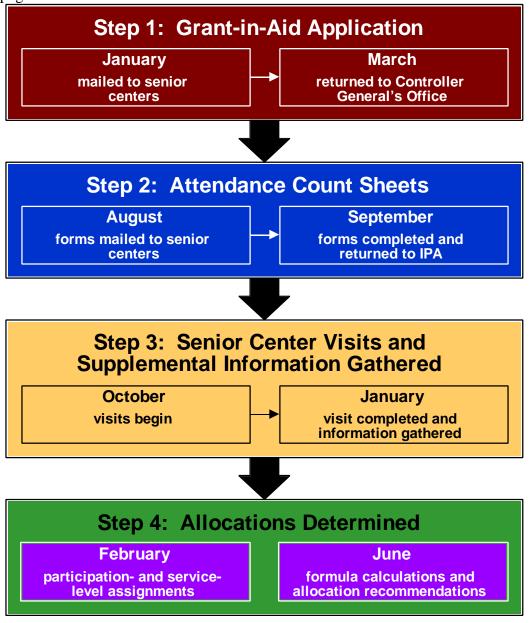
Current Allocations

These revised service levels have increased allocated senior center Grant-in-Aid funding to \$6.5 million. Table 3 in Appendix A shows how the amount of appropriations has increased each year since FY1984.

Implementation

Calculating tier one allocations, from the state to each of the four jurisdictions, is based on data from the U.S. Census, the Delaware Population Consortium, and the Center for Applied Demography and Survey Research. The funding formula requires that an implementation process exist to place each of Delaware's senior centers into both participant and service level categories. This placement occurs through a cooperative effort among the Controller General's Office and the IPA. The cooperative process involves four steps, which are respectively: completion of the Grant-in-Aid application, completion of participation count sheets, receiving a visit by an IPA team, and determination of the Grant-in-Aid allocations.

The chart below highlights the implementation process. Each step is explained in further detail on the pages that follow.



A senior center requesting Grant-in-Aid funding is required to complete the Grant-in-Aid application every year and, if applicable, is included in the allocation determinations for that fiscal year. However, a senior center will only complete the entire four-step process every other year.

Beginning in calendar year 2001, only half of the senior centers in the state will go through steps 1-4 (Group A). Those centers that do not go through the four-step process in 2001 will go through the entire four-step process in 2002 (Group B). See Table 10 below for scheduling.

 Group A
 Group B

 2001
 2002

 2003
 2004

 2005
 2006

 2007
 2008

 2009
 2010

Table 11. New Visitation Schedule

Step One

The Grant-in-Aid application is sent to senior centers by January 1st and is to be returned to the Controller General's Office by March 1st. Staff at the Controller General's Office review the first two sections, the Board of Directors and Officer Information Worksheet and the Audit Information and Staff Salary Worksheet, of the application. The third section, Program Planning, is utilized by IPA staff as one aid in determining each center's service level. The final section serves as the senior center's agreement to meet all requirements needed to receive Grantin-Aid. For a copy of the Grant-in-Aid application, see Appendix C.

Step Two

Participation count information is sent to senior centers during the month of August. Three forms determine participation count information. Form A asks senior centers to provide background information, including their hours of operation, holidays when the center closes, and days when it would not be convenient for interviewers to visit the center. Forms B and C are each weeklong on-site participation count sheets where center staff record participation. There is two weeks in between each of the weeklong on-site participation counts.

Site visits generally begin once participation count information is collected. Participation count sheets are utilized during site visit interviews to determine a participation level for each senior center. For a copy of the participation count information, see Appendix D.

Step Three

Each senior center is visited at least once by professional interviewers from the IPA. Visits occur between mid-October through the end of January. The purpose of the visit(s) is twofold. First, participation counts are verified and each center is assigned to a participation level (range of one to eight). Second, interviewers will ask directors questions about programming. Information given on Grant-in-Aid applications is used as the basis for the program questioning. Any supplemental information that is submitted with the returned Grant-in-Aid application may

be used. If more supplemental information is required to verify any program, the center may be contacted after the initial visit is completed. After all visits are completed and the necessary information has been gathered, senior centers are assigned a service level (range of one to six). For visit protocol information, see Appendix E.

Step Four

Once steps two and three are completed, the IPA begins to compute the formula by utilizing the most recent population demographics. As noted throughout this report, population demographics determine a recommended allocation of money from the state to each of the four jurisdictions. The IPA then utilizes the assigned participation levels and the assigned service levels to determine recommended allocations to each senior center within each jurisdiction.

In the year that a center does not undergo steps two and three, the participation and service level from the previous year is used in the formula calculations. Once this formula is computed, the recommended allocation information is presented to the Joint Finance Committee, who determines the amount of Grant-in-Aid funding that each senior center receives.

Factors Affecting Funding

When reviewing the implementation process, it is important to understand which factors could increase and which factors could decrease a center's funding. Those factors are listed below.

Examples of Factors that Increase a Center's Funding (holding everything else constant)

- Additional funding applied to the GIA formula.
- Increase in your region's senior population relative to the other 3 regions.
- Increase in your center's average daily attendance into a higher attendance category.
- Increase in your center's services to a higher service-level category.
- Coordination of services with other centers.
- Fewer centers funded in your region.

Examples of Factors that Decrease a Center's Funding (holding everything else constant)

- Fewer new funds applied to the GIA formula.
- Decreases in your region's senior population, or decreases in your either your center's average daily attendance or service level.
- Larger increases in the senior population of the other 3 regions.
- Increase in the average daily attendance or service level of other centers in your region.
- More centers funded in your region.

Conclusion

The future of senior centers is changing, not just in Delaware but also across the United States. This is a fact that is ever so clear to many. The reason is partly that national and state demographics are changing and partly that the way we define what a senior center is has changed. Defining what a senior center is will be an evolving process.

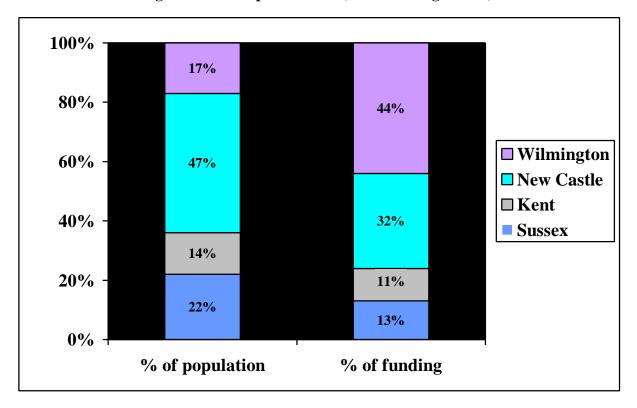
The United States elderly population growth is poised to accelerate, as is also the case in Delaware. In Delaware, 13% of the population is aged 65 years and over. Delaware's surrounding states have significant elderly populations. Pennsylvania is the second oldest state after Florida, with more than 16% of its population in the elderly cohort. Between 1995 and 2020, the percent of oldest-old, those aged 85 and older, is projected to increase by 78.1% in the United States and between 75% and 100% in Delaware. The reasons for this unprecedented growth are many, including lower mortality rates, longer life expectancy, and the aging of the baby boom generation. What does this mean for Delaware's senior centers?

Delaware's senior centers will have to market to a new kind of senior, one that is more active or one that may have retired at an earlier age than the typical age of 65. A senior center's population will be more diverse, and so must a center's services. Centers will have to offer numerous services to reach not only the frail elderly, but also the younger, active senior. Centers will have to be creative in the way that they plan for such services. Centers will have to consider different avenues, including partnering with other centers, community organizations, businesses, and colleges.

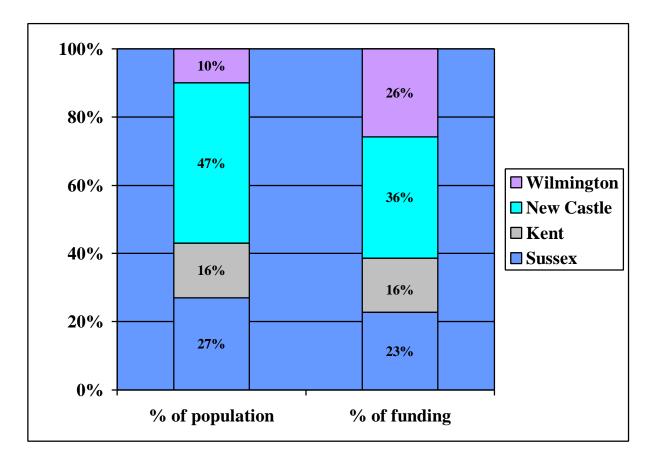
Despite the national and local changes to which senior centers must adjust, Delaware's senior centers have a unique advantage. They receive formula determined Grant-in-Aid funding from the state's Joint Finance Committee. The funding process, as has been described in this report, strives to be both equitable and rewarding to Delaware's senior centers. However, just as the future of senior centers is changing, the development of the formula is also an evolving process. As demographics change and senior center programming changes, so must the formula. As time progresses, the formula becomes better defined and thus empowers Delaware's senior centers to optimally serve Delaware's senior citizens.

Appendix ATables 1 – 3

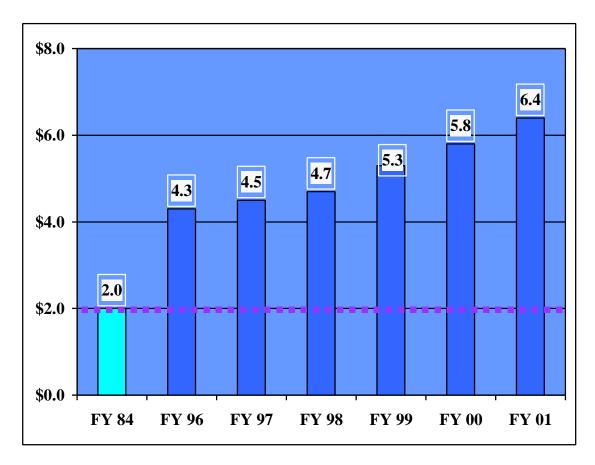
Table 1. GIA Funding vs. Senior Population FY (1984 Funding Levels)











Appendix BCriteria Chart

FACTORS	1. Adult Day Care	2. Fitness Center
DESCRIPTION OF FACTOR	An adult day care center provides health, social, and related support services for functionally impaired adults. Such a center should be a stand-alone facility, meaning that there is a separate room or space designated to this purpose, which could stand alone if required.	A fitness center provides exercise equipment, space for fitness classes, and/or the support staff needed to assist participants with the safe use of equipment and/or development of a safe fitness program. The fitness center should be a stand-alone facility, meaning that there is a separate room or space designated for the purpose of exercising, which could stand alone if required.
PREFEREABLE REQUISTES	 ✓ Annual license from Delaware Department of Health and Social Services ✓ Compliance with all State of Delaware Regulations for Adult Day Care Centers ✓ Admission policies and agreements ✓ Staff resumes 	 ✓ Sample fitness plan ✓ Written safety rules ✓ Schedule of fitness classes or training sessions
FREQUENCY	Adult Day Care Centers should be available during regularly scheduled senior center hours.	Fitness centers should be open during the hours of operation of the senior center. Physical fitness trainer/staff should be there a minimum of five hours a week. This time commitment will vary with the number of senior participants in the program
STAFFING AND CERTIFICATION	Minimum of 2 paid adult day care staff on duty when participants are present. These people are usually registered nurses or certified nursing assistants. An activities coordinator should also be on staff. Staff to patient ratio = 1:8	Certified fitness instructor on staff, or sufficient access to a certified instructor (at least five hours per week). Can be paid or volunteer.
EXAMPLES	Monitored activities such as "News & Views", exercise, reminiscing, and/or arts and crafts.	Fit-for-Life: Exercise program, which provides strength training and cardiovascular exercise, located in Graham Senior Center and designed for men and women age 55 and older. Fit-n-Fun: Sponsored by the Sussex County CHEER network, Fit-n-Fun offers professional equipment and certified fitness instructors. All CHEER senior center sites provide transportation to the CHEER Multi-Purpose Community Center housing the Fit-n-Fun facility.

FACTORS	3. Pool or Transportation to a Local Pool	4. Outreach, Reference, or Economic Security Services
DESCRIPTION OF FACTORS	Providing access to a pool offers several benefits to senior participants, including physical fitness activity, relaxation activities, and rehabilitation for certain physical ailments associated with aging.	Such support services are those that encourage senior center participants to become more self-sufficient or that assist participants by enhancing their quality of living.
PREFEREABLE REQUISTES	 ✓ Schedule of pool hours and/or classes offered ✓ Demonstrated transportation means ✓ Contract/method of cooperation with local pool 	 ✓ Schedule of services offered. ✓ Pamphlets or descriptive brochures
FREQUENCY	On-site pool should be open at least one day per week or transportation should be provided at least one day per week.	Service should be available to participants at least one to two times per week for 30 weeks or more per year. Services can be provided by phone, appointment, or drop-in.
STAFFING AND CERTIFICATION	Certified lifeguard must be present during hours of operation. Certified fitness instructor on staff or access to one for classes. Can be paid or volunteer.	Paid staff other than the Director or Assistant Director of the center.
EXAMPLES	Pool activities may include arthritis aquatic program, deep- water exercise class, and/or free swim time.	Outreach: Providing information on housing, transportation, medical insurance, or medical needs. Reference: Efforts that may include referrals to home repair programs for low-income elderly or referrals for legal services. Economic: Services such as tax
		assistance or employment services.

FACTORS	5. Educational Enrichment (Including Computer and/or Language Classes)	6. Support Groups or Intergenerational Programs
DESCRIPTION OF FACTORS	Computer and language classes are offered to provide senior center participants with educational enrichment. Senior centers must offer either one or the other type of class to receive credit for this criteria. (Centers will not receive extra credit for offering both.)	Support groups and/or intergenerational programs are those that are designed to promote the mental, spiritual, and emotional health of senior center participants. Support groups must be groups other than Diabetes or Alzheimer's. Centers should demonstrate efforts to be creative in involving and supporting the elderly community.
PREFEREABLE REQUISTES	 ✓ Schedule of classes offered. ✓ Descriptive program or educational plans 	 ✓ Schedule of support groups or intergenerational programs offered. ✓ Program plans or other descriptive evidence of support group topics, such as a handbook.
FREQUENCY	Minimum of 12, 1-hour long, computer or language classes per year.	Minimum of 1 support program or intergenerational program offered once a month.
STAFFING AND CERTIFICATION	Paid staff or volunteer with educational background and/or life experience in computer technology or fluency in a specific language	Paid staff or volunteer with the educational or job experience needed to support the emotional health of individuals.
EXAMPLES	Computer classes: Internet, e-mail, word processing programs, specialized programs Language classes: Foreign language or English as a Second Language	Support Groups: Family, reminiscence, alcohol and drug abuse, caregiver support Intergenerational Programs: read-aloud programs with children, carnivals, computer mentoring with high school students.

Appendix C

Grant-in-Aid Application

State of Delaware Senior Center Grant-in-Aid Application 2001

Office of the Controller General

Senior Center Name:	
Date of Incorporation:	
Federal Employer ID number:	
Name of respondent:	
Title:	
Address:	
Douting tologhous	
Daytime telephone:	
Fax number:	
E-mail address:	

Please return application no later than March 1, 2001 to:

Office of the Controller General P.O. Box 1401 Dover, Delaware 19903 D580A

The application is also available on our website at the following address:

http://www.legis.state.de.us/GIA
The password is: fifty

If you have questions about how to complete this form, please contact Lori Christiansen, Grant in Aid Coordinator, at 302-744-4200.

State of Delaware Senior Center Grant-in-Aid-Application 2001

<u>Instructions</u>. Attached is the 2001 Senior Center Grant-in-Aid Application. To receive Grant-in-Aid funding, a senior center must complete all sections of the application and return it to the Office of the Controller General by no later than **March 1, 2001**. The application consists of the following four sections:

Board of Director's and Officer Information Worksheet		
Audit Information and Staff Salary Worksheet		
2A: Audit Information		
2B: Staff Salary Worksheet		
Program Planning		
3A: Narrative Section		
 3B: Program Planning Questionnaire (Parts 3B-1 		
and 3B-2)		
Senior Center Agreement		

Please remember that all sections of the application must be completed. If you have questions about how to complete any of the sections of the Grant-in-Aid application, please contact Lori Christiansen at 302-744-4200.

Section 1: Board of Directors and Officer Information Worksheet For				
(Name of Senior Center) Board of Directors. Please list in the following spaces, the names of individuals comprising the senior center's Board of Directors.				
3.	4.			
5.	6.			
7.	8.			
9.	10.			
Names of Officers. Please identify	in the space below the names of the senior center officers.			
1.	2.			
3.	4.			
5.	6.			
7.	8.			

Section 2: Audi	t Information and Staff Salary Worksheet
For _	
	(Name of Senior Center)

2A. Audit Information

Please include a copy of your agency's latest audit completed by either a Certified Public Accountant or a Public Accountant. A revenue and disbursement schedule for your agency must also accompany your application.

2B. Staff Salary Worksheet

POSTION	NUMBER OF	FULL TIME	LAST YR	CURRENT	PROPOSED
TITLE	POSITIONS	EQUIVALENT	SALARY	SALARY	SALARY
		Full Time 1.0			
		Half Time 0.5			
		Quarter Time 0.25			
				_	
TOTALS					

What i	percentage of	vour agenc	's total budget is compromised of salaries?	

Section 3: Program Planning

For
(Name of Senior Center)
3A. Narrative Section
The narrative of your Grant-in-Aid request should reflect your agency's planning efforts. In the space provided please answer the following questions. If you need additional space, please feel free to include your answers on a separate sheet of paper.
1. Describe any major accomplishments your center has achieved over the past 2-3 years.
2. Briefly explain any external factors that affected your center's daily operations.
3. Describe your center's plan for the next 2-3 years.

3B. Program Planning Questionnaire

Included in this section are the following pages:

- Questionnaire Instructions
- 3B-1. Questionnaire Charts
- 3B-2. Supplemental Questions to 3B-1

Questionnaire Instructions

To learn more about programs offered at Delaware's senior centers and to insure more equitable funding, the Office of the Controller General has combined the **Senior Center Grant-in-Aid** application with the survey previously conducted by the University of Delaware's Institute for Public Administration.

Please be aware that a professional interviewer from the University of Delaware will visit each center every other year beginning the fall of 2001. The purpose of this visit will be to verify the information reported on this questionnaire as well as to gain additional insight into the types of activities and services offered.

To receive Grant-in-Aid funding, all senior centers are required to complete the attached questionnaire and return to the Office of the Controller General, P.O. Box 1401, Dover, DE 19903 by no later than **March 1, 2001.** Also, include any available **supporting documentation** such as activity rosters, sign-in sheets, management information reports, budgets, or newsletters, etc. This important information will be shared with the University of Delaware Institute for Public Administration for calculating grant awards.

The questionnaire is divided into two parts. **3B-1** is comprised of charts grouped into seven separate categories. These categories describe activities and services that your senior center might offer. This list is not inclusive, but has been carefully put together to better distinguish the service levels of each senior center, as well as to create a brief, but valuable survey. **3B-2** is a supplemental questionnaire to **3B-1**.

To complete 3B-1 of the questionnaire please carefully review the following:

Column 1: "Offered". The questionnaire lists activities and services in Column 2 that might be offered by your center. Place an "**X**" to the left of each service or activity offered by *your* senior center during the past calendar year.

Column 2: Activity or Service. List of services your senior center might offer.

Column 3: Frequency. Indicate how often each activity and service in Column 2 is offered at your center. Please use the following Frequency Letter Codes:

<u>Frequency Letter Codes</u> (Select the category that comes closest to describing the frequency.)

- A 3 or more times per week for 30 or more weeks of the year
- **B** 1-2 times per week for 30 or more weeks of the year
- C 1-3 times per month for 7 or more months of the year
- **D** 1-3 times per month for 6 or fewer months of the year OR on a seasonal basis (e.g., flu shots)
- E Other. If you answer E, use either the space provided below the charts or the "Notes" Column to explain the frequency (e.g., 3 times per week for 16 weeks of the year).

Column 4: Average Daily Attendance. Indicate the average daily number of program participants for the activity found in Column 2. If your center does not record this information, please estimate the typical number of participants for each program.

Column 5: Staffing. Indicate the staff source for each activity and service listed in Column 2. Only include staff or volunteers who have a significant and direct role in providing the activity or service. Please use the following Staff Letter Codes:

<u>Staffing Letter Codes</u> (Note: you can enter more than one code for particular activity or service.)

- **PS** Own paid staff (paid staff from your senior center)
- **OA** Other agency staff (paid staff from an outside agency)
- V Volunteer

Column 6: Staff Certification. Place an "X" in Column 6, indicating whether the staff member for each activity has professional certification such as, licensure, certification, professional-level education or experience in these program areas. Use the additional space at the bottom of each page to explain the certification. **Please Note:** Many programs <u>do not</u> require staff to be certified.

3B-2. Please complete the "Additional Questions" section of the survey. Answer **all** questions in this final section. If you do not have the detailed information necessary to provide an exact answer, then respond based on your best estimate. To help with later analysis write "estimated" next to any estimated responses.

Thank you for taking the time to complete this survey.

Physical Fitness Programs

Frequency Letter Codes (Column 3) Select the category that comes closest to describing the frequency.

- A 3 or more times per week for 30 or more weeks of the year
- 1-2 times per week for 30 or more weeks of the year
- C 1-3 times per month for 7 or more months of the year
- **D** 1-3 times per month for 6 or fewer months of the year OR on a seasonal basis (e.g., flu shots)
- E Other. If you answer E, use the space below to explain the frequency (e.g., 3 times per week for 16 weeks of the year).

(Column 1) Offered? (X=yes)	(Column 2) Activity or Service	(Column 3) Frequency	(Column 4) Estimated Average Daily Attendance	(Column 5) Staffing PS Own paid staff OA Other outside agency staff V Volunteer	(Column 6) Staff Certification (X=yes)
	1. Aerobics				
	2. Water aerobics				
	3. Walking				
	4. Line Dancing				
	5. Ballroom Dancing				
	6. Square Dancing				
	7. Modified exercise & weight training				
	8. Organized Athletics (e.g. bowling)				
	9. Other (Specify)				
	10. Other				
	11. Other				
	12. Other				

In either Column 6 or the space provided below, please feel free to describe the <u>staffing</u> <u>certifications</u> or write any additional comments you may have for **Physical Fitness** activities or services.

Name of Senior Center	
-----------------------	--

Economic Security & Employment Programs

Frequency Letter Codes (Column 3) Select the category that comes closest to describing the frequency.

- A 3 or more times per week for 30 or more weeks of the year
- **B** 1-2 times per week for 30 or more weeks of the year
- C 1-3 times per month for 7 or more months of the year
- **D** 1-3 times per month for 6 or fewer months of the year OR on a seasonal basis (e.g., flu shots)
- E Other. If you answer E, use the space below to explain the frequency (e.g., 3 times per week for 16 weeks of the year).

(Column 1) Offered? (X=yes)		(Column 3) Frequency	(Column 4) Estimated Average Daily Attendance	(Column 5) Staffing PS Own paid staff OA Other outside agency staff V Volunteer	(Column 6) Staff Certification (X=yes)
	Employment services and/or Income supplement				
	2. Income tax counseling				
	3. Legal counseling				
	Financial Planning Services				
	5. Notary				
	Income supplement				
	7. Discount services				
	8. Other (Specify)				
	9. Other				
	10. Other				
	11. Other				

In either Column 6 or the space provided below, please feel free to describe the <u>staffing</u> <u>certifications</u> or write any additional comments you may have for **Economic Security & Employment** activities or services.

Name of Senior Center	

Health Programs

<u>Frequency Letter Codes</u> (Column 3) Select the category that comes closest to describing the frequency.

- A 3 or more times per week for 30 or more weeks of the year
- **B** 1-2 times per week for 30 or more weeks of the year
- C 1-3 times per month for 7 or more months of the year
- **D** 1-3 times per month for 6 or fewer months of the year OR on a seasonal basis (e.g., flu shots)
- E Other. If you answer E, use the space below to explain the frequency (e.g., 3 times per week for 16 weeks of the year).

(Column 1) Offered? (X=yes)	(Column 2) Activity or Service	(Column 3) Frequency	(Column 4) Estimated Average Daily Attendance	(Column 5) Staffing PS Own paid staff OA Other outside agency staff V Volunteer	(Column 6) Staff Certification (X=yes)
	1. Adult day care			Volunteer	
	2. Physical therapy				
	3. Therapy (e.g. speech, water or other therapy)				
	4. Nutrition counseling				
	5. Health counseling				
	6. Health monitoring				
	7. Dental care				
	8. Personal care				
	Health talks/lectures				
	10. Medication management				
	11. Flu Shots				
	12. Health screening				
	13. Other (Specify)				
	14. Other				
	15. Other				
	16. Other				

In either Column 6 or the space provided below, please feel free to describe the <u>staffing</u> <u>certifications</u> or write any additional comments you may have for **Health** activities or services.

Name of Senior Center	
-----------------------	--

Counseling & Support Services Programs

Frequency Letter Codes (Column 3) Select the category that comes closest to describing the frequency.

- A 3 or more times per week for 30 or more weeks of the year
- **B** 1-2 times per week for 30 or more weeks of the year
- C 1-3 times per month for 7 or more months of the year
- **D** 1-3 times per month for 6 or fewer months of the year OR on a seasonal basis (e.g., flu shots)
- E Other. If you answer E, use the space below to explain the frequency (e.g., 3 times per week for 16 weeks of the year).

(Column 1) Offered? (X=yes)	(Column 2) Activity or Service	(Column 3) Frequency	(Column 4) Estimated Average Daily Attendance	(Column 5) Staffing PS Own paid staff OA Other agency staff V Volunteer	(Column 6) Staff Certification (X=yes)
	1. Support groups (e.g., Alzheimer's)				
	2. Mental health Evaluation and Counseling				
	3. Alcohol and substance abuse counseling				
	4. Family support groups				
	5. Information and Referral				
	6. Respite Care				
	7. Crisis and emergency assistance				
	8. Prescription pick-up				
	9. Other (Specify)				
	10. Other				
	11. Other				
	12. Other				

In either Column 6 or the space provided below, please feel free to describe the <u>staffing</u> <u>certifications</u> or write any additional comments you may have for **Counseling and Support Services** activities or services.

Educational Programs

<u>Frequency Letter Codes</u> (Column 3) Select the category that comes closest to describing the frequency.

- A 3 or more times per week for 30 or more weeks of the year
- **B** 1-2 times per week for 30 or more weeks of the year
- C 1-3 times per month for 7 or more months of the year
- **D** 1-3 times per month for 6 or fewer months of the year OR on a seasonal basis (e.g., flu shots)
- E Other. If you answer E, use the space below to explain the frequency (e.g., 3 times per week for 16 weeks of the year).

(Column 1) Offered? (X=yes)	(Column 2) Activity or Service	(Column 3) Frequency	(Column 4) Estimated Average Daily Attendance	(Column 5) Staffing PS Own paid staff OA Other outside agency staff V Volunteer	(Column 6) Staff Certification (X=yes)
	Nutrition education				
	2. Current events				
	3. Discussion Groups				
	4. Home appliance repair				
	5. Woodworking/Shop				
	6. Gardening				
	7. Photography				
	8. Languages				
	9. Computer classes				
	10. Calligraphy				
	11. Driving Course				
	12. Consumer information classes				
	13. Other (Specify)				
	14. Other				
	15. Other				
	16. Other				

In either Column 6 or the space provided below, please feel free to describe the <u>staffing</u> <u>certifications</u> or write any additional comments you may have for **Educational** activities or services.

Name of Senior Center	
-----------------------	--

Transportation Programs

<u>Frequency Letter Codes</u> (Column 3) Select the category that comes closest to describing the frequency.

- A 3 or more times per week for 30 or more weeks of the year
 - 1-2 times per week for 30 or more weeks of the year
- C 1-3 times per month for 7 or more months of the year
- **D** 1-3 times per month for 6 or fewer months of the year OR on a seasonal basis (e.g., flu shots)
- E Other. If you answer E, use the "Notes" Column to explain the frequency (e.g., 3 times per week for 16 weeks of the year).

(Column 1) Offered? (X=yes)	(Column 2) Activity or Service	(Column 3) Frequency	(Column 4) Estimated Average Daily Attendance	(Column 5) Staffing PS Own paid staff OA Other outside agency staff V Volunteer	(Column 6) Notes
	To and from center				
	2. Shopping trips				
	3. Medical appointments				
	4. Recreational and cultural trips				
	5. Other (Specify)				
	6. Other				
	7. Other				
	8. Other				

Note: It is <u>not necessary</u> to discuss the staffing certifications for either the **Transportation or Nutrition categories.

Nutrition Programs

Frequency Letter Codes (Column 3) Select the category that comes closest to describing the frequency.

- A 3 or more times per week for 30 or more weeks of the year
- **B** 1-2 times per week for 30 or more weeks of the year
- C 1-3 times per month for 7 or more months of the year
- **D** 1-3 times per month for 6 or fewer months of the year OR on a seasonal basis (e.g., flu shots)
- E Other. If you answer E, use the "Notes" column to explain the frequency (e.g., 3 times per week for 16 weeks of the year).

(Column 1) Offered? (X=yes)	(Column 2) Activity or Service	(Column 3) Frequency	(Column 4) Estimated Average Daily Attendance	(Column 5) Staffing PS Own paid staff OA Other outside agency staff V Volunteer	(Column 6) Notes
	Breakfast (Congregate)				
	2. Lunch (Congregate)				
	3. Dinner (Congregate)				
	4. Weekend (Congregate)				
	5. Snacks				
	6. Meals on Wheels				
	7. Other (Specify)				
	8. Other				
	9. Other				
	10. Other				

Note: It is <u>not necessary</u> to discuss the staffing certifications for either the **Transportation or Nutrition categories.

3B-2. Supplemental Program Questionnaire

Additional Questions:

Are there any services or activities provided at your center that are not listed in the questionnaire? If so, please list them below and indicate their frequency.
Please estimate the percent of the participants at your center who are in the following age groups:
% 50-54
% 55-64
% 65-74
% 75-84
% 85 and over
What is your center's average daily participant attendance?
#
What is the total size (square feet) of your facility?
square feet
How many educational classes does your center offer in a typical week?
#
How many physical fitness classes does your center offer in a typical week?
#
How many different support groups does your center offer in a typical month?
#

9.	What significant changes in the composition (e.g., income level or age) of participants and the number of participants at your center has been visible over the past 2-3 years?
10.	What changes have occurred in the number or type of services and activities offered at your center over the past 2-3 years?
11.	Please briefly describe the educational and releva nt work experience of the Director and Assistant Director representing your center.

Section 4: Senior Center Agreement

<u>A(</u>	ENCY:
Τŀ	E AGREES:
	(Name of Senior Center)
1.	To submit funding requests on the forms provided at the times designated and to participate in the allocations review process.
2.	To provide an annual certified audit and other financial statements, service figures and reports or audits as required by the State of Delaware.
3.	To cooperate with other organizations, both voluntary and public, in responding to the needs of the community and in promoting high standards of efficiency and effectiveness.
4.	To submit quarterly financial reports and/or the required annual report within the specified time periods.
5.	To submit accurate information with this application. NOTE: Any misstatement of facts may forfeit any remaining balance of grants due and/or future grants.
6.	That this agency meets the criteria established (see I-2) and uses any Grant-in-Aid appropriated by the
	General Assembly in accordance with those provisions and any additional restrictions that may be set forth in
	the Grant-in-Aid legislation.
Th	s agreement has been read and approved at the meeting of the governing body of this agency.
10	; :
	(Date)
A(ENCY:
В	7:
	(President or Chairman)
	(Executive Director)

Please return this signed agreement with the Grant-in-Aid Application by no later than March 1, 2001 to:

Office of the Controller Attn: Lori Christiansen P.O. Box 1401 Dover, Delaware 19903 D580A

DATE:

Appendix D
Participation Count Sheets

FORM A (submit by September 7th) Senior Center Background Information

Prepared by:		
Title:		
Telephone number:		
· E-mail address:		
Senior Center addres	S:	
	please indicate the hours you	•
Monday	Are You Open? (Yes/No)	What Hours?
<u>Monday</u> Tuesday		
Wednesday		_
TTOUITOUUY		
Thursday Friday		
Thursday		
Thursday Friday		

3.	Please list the dates of any weekdays from October 1 through January 31 when it would not be convenient for an interviewer to visit your senior center.				

Please fax or mail this form by (September 3rd) to: Eric Jacobson Fax # (302) 831-3488

E-mail: ericj@udel.edu

Or send to:
Eric Jacobson
College of Human Resources, Education & Public Policy (CHEP)
University of Delaware
180 Graham Hall
Newark, DE 19716

FORM B (submit by September 19) Attendance Counts for September 10th – September 14th, 2001

In the table below, please record the **on-site** attendance at the specific times. Three counts should be made each day your center is open. Do not include staff, non-seniors, or one-time visitors to your center.

Senior Center:							
On-site Attendance	Saturday	Sunday	Monday	Tuesday	Wednesday 	Thursday	Friday
Counts on:	(Date)	(Date)	(Date)	(Date)	(Date)	(Date)	(Date)
10:30 a.m.							
12:00 p.m.							
1:30 p.m.							
Prepared by:							
Title:							
Telephone nui	mber:						
Fax number:							
E-mail address	s:						
Address:							

Please fax or mail this form by (September 14th) to:

Eric Jacobson

Fax # (302) 831-3488 E-mail: <u>ericj@udel.edu</u>

Or send to:
Eric Jacobson
College of Human Resources, Education & Public Policy (CHEP)
University of Delaware
180 Graham Hall
Newark, DE 19716

FORM C (submit by October 10 th) Attendance Counts for October 1st – October 5th, 2001

In the table below, please record the **on-site** attendance at the specific times. Three counts should be made each day your center is open. Do not include staff, non-seniors, or one time visitors to your center.

Senior Center	:						
On-site Attendance Counts on:	Saturday ————————(Date)	Sunday (Date)	Monday —— (Date)	Tuesday (Date)	Wednesday (Date)	Thursday ——— (Date)	Friday (Date)
10:30 a.m.							
12:00 p.m.							
1:30 p.m.							
Prepared by: Title:							
Telephone nu	mber:						
Fax number:							
E-mail addres	s:						
Address:							

Please fax or mail this form by (October 5^{th}) to:

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Appendix E	
Senior Center Visit Protocol	

CONTACT INFORMATION

Name of Center:		Phone:
Contact Person:		Directions:
Address:		
Date of Tour:	Time:	
Date of Tour.		
Completed (yes or no):	With:	

PARTICIPATION COUNT INFORMATION

# of Participants Counted on Day of Visit	Comparable to Center's Own Counts?	Participant Level Assignment

PROGRAM INFORMATION

Criteria 1 - 3	Evidence	Check if credit is given for this program
Transportation		
Nutrition		
Social/Recreational		

If the center has all three criteria, continue to Criteria 4 - 9.

PROGRAM INFORMATION

Criteria 4 - 9	Frequency	Staffing	Evidence
Adult Day Care			
Description:			
Fitness Center			
Description:			
Documption.			
Pool or transportation to a			
pool			
Description:			
Outreach, Reference or			
Economic Security Services Description:			
Description.			
Educational Enrichment			
(Including Computer and/or			
Language Classes)			
Description:			
Support Groups or			
Intergenerational Programs Description:			
Docomption.			

OTHER QUESTIONS

<u> </u>	TIEN QUEUTIONU
1. 1	Are there any other programs your center offers that you would like to tell us about?
	Describe any major accomplishments your center has achieved over the past 2-3 years.
	Briefly explain any external factors that affected your center's daily operations
	Can you describe 2 to 3 goals that your center would like to reach over the next few years?
5.	
6.	

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