

HEALTH SERVICES COMMITTEE
OFFICE FOR THE AGING
January 20, 2026

COMMITTEE MEMBERS: Strainer, Gilligan, Bruno, Maday, Butler, Wild and O'Neill- *Chair of the Board shall serve as an Ex-Officio member when needed in accordance with Section C (4) of the Rules of the Board*

- I. Committee meeting called to order by Chair
- II. Approval of minutes of prior Committee Meeting
- III. Privilege of the floor and public comment
- IV. Action Agenda/New Business Items:
 1. Request: Enter into contract with CWI (Community, Work & Independence, Inc.) to be a Fiscal Intermediary for our consumer directed program under EISEP (Expanded In-Home Services for the Elderly). Rate of \$33/hr, not to exceed \$45,000 for the period of 3/1/26-3/31/27.
Rationale: Our previous contract was with Greater Adirondack Home Aides, but they are no longer in business. This will allow approved clients to direct their own care under the EISEP Program.
 2. Request: Submit MIPPA (Medicare Improvements for Patients and Providers Act) application for 9/1/25-8/31/26 in the amount of \$33,413.00, due January 29, 2026.
Rationale: MIPPA is 100% funded and allows us to provide insurance counseling to clients. Application was received 12/30/2025.
- V. Discussion Items:
- VI. Referrals/Pending Items:
- VII. Privilege of the floor and public comment
- VIII. Motion to adjourn

Attachments:

1. 03 New Contract – CWI (Community, Work & Independence)
2. 05 Apply for Grant – MIPPA (Medicare Improvements for Patients & Providers Act) for 9/1/25-8/31/26

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Office for the Aging

DATE: 12/23/2025

- (a) Is this a Result of a Bid or Request for Proposal? No

- (b) Purpose of Contract: Act as a Fiscal Intermediary for our Consumer Directed program under EISEP (Expanded In-Home Services for the Elderly Program) in Warren and Hamilton County which provides personal care level 1 and personal care level 2 services. PC1 rate of \$33/hour and PC2 rate of \$33/hour, with a not to exceed amount of \$45,000.

- (c) Name of Contractor: Community, Work & Independence, Inc. (CWI)

- (d) Address of Contractor: PO Box 303, 16 Pearl Street, Glens Falls, NY 12804

- (e) Contractor's Contact Person and Telephone Number: Sally Hawley, PH#(518)793-4700, ext. 12155, shawley@cwinc.org

- (f) Has or will the Contract be provided, if so, please attach: Will Be Provided

- (g) Commencement Date of Contract: 3/1/2026

- (h) Termination Date of Contract: 3/31/2027, with annual renewals (normal period will be April 1st - March 31st)

- (i) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount \$33/hour for PC1 & PC2
 - iii) total amount not to exceed \$45,000
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. Monthly

- (j) Where are the Funds for this Contract? List Budget Code, Object Code, Full Title* and Amount: **OR** Capital Project **OR** Capital Reserve Project Number, Title, and Amount: A.6772.470 - Warren County Contracts (\$35,000) and A.6771.470 -

Hamilton County Contracts (\$10,000)

Sample: A.1010 470 Legislative Board – Contract \$xx.xx
Capital Project No. H289.9550 480 – Old Jail Renovations \$xx.xx

*as listed in budget and LOGOS

RESOLUTION REQUEST FORM NO. 5

Request to Apply for a Grant Application and Grant Agreement

DEPARTMENT NAME: Warren/Hamilton Counties Office for the Aging

DATE: 12/30/2025

- (a) Purpose of Grant: **MIPPA (Medicare Improvements for Patients and Providers Act)**
- (b) Name of Grantor: **NYSOFA (New York State Office for the Aging)**
- (c) Address of Contractor: **Two Empire State Plaza, 4th Floor, Albany, NY 12223-1251**
- (d) Grantor's Contact Person and Telephone Number:
- (e) Has or Will the Grant Application or Grant Agreement be provided, if so, Please Attach? **Attached**
- (f) Effective Date of Grant: **9/1/2025**
- (g) Termination Date of Grant: **8/31/2026**
- (h) Total Dollar Amount Involved (not to exceed): **\$33,413**
- (i) Deadline to Submit Grant Application and/or Grant Agreement: **1/29/2026(released 12/30/2054)**
- (j) Is a Budget amendment required? **NO** If yes, also complete and submit Form No. 7.
- (k) Are the funds to go into a Capital Project or Capital Reserve Project? **N/A** If yes, also complete and submit Form No. 8 or Form No. 9, as applicable.
- (i) Is a Local Share Required? **NO** If Yes, Where are the Funds? List Budget Code, Object Code, Full Title* and Amount **OR** Capital Project **OR** Capital Reserve Project Number and Title and Amount:

**Sample: A.1010 470 Legislative Board – Contract \$xx.xx
Capital Project No. H289.9550 480 – Old Jail Renovations \$xx.xx**

*as listed in budget and LOGOS

**2025-2026
Medicare Improvements for Patients and Providers Act (MIPPA) Application
Signature Page**

AAA Information

County: Warren/Hamilton Director: Deanna Park

Street Address: 1340 State Route 9

City/State: Lake George, NY Zip Code: 12845

**State Health Insurance Assistance Program (SHIP) / Health Insurance Information
Counseling and Assistance Program (HIICAP) Coordinator Information:**

HIICAP Coordinator: Hanna Hall

Phone: 518-824-6654 Email address: hallh@warrencountyny.gov

Mailing Address (if different from AAA) Street

City/State: Zip Code:

Aging and Disability Resource Center (ADRC) / NY Connects Coordinator Information:

NY Connects Coordinator: Deanna Park

Phone: 518-824-8820 Email address: parkd@warrencountyny.gov

Mailing Address (if different from AAA) Street

City/State: Zip Code:

Funding / Terms and Conditions

MIPPA Funding Amount Requested: \$33,413.00

TERMS AND CONDITIONS: The undersigned agrees with respect to any funds received under this grant to comply with all applicable federal, state, and local laws, Program Instructions, regulations, and standards, and that the project will be administered in accordance with the programmatic and fiscal provisions as described in the approved application. The person authorized to enter into an Agreement with the New York State Office for the Aging must sign below.

Print Name: Kevin Geraghty Title: Chair, Warren County Board of Supervisors

Signature: Date:

Please complete the application for MIPPA funding signature page, budget, and if applicable, contractor budget, and submit them electronically to MIPPA@aging.ny.gov. If unable to send these documents electronically, they may be mailed to NYSOFA via U.S. Postal Service. Refer to Program Instruction.

Grant funded by the Administration for Community Living (ACL), U.S. Department of Health and Human Services (HHS)

NEW YORK STATE OFFICE FOR THE AGING

2 Empire State Plaza, Albany, NY 12223-1251

Kathy Hochul, Governor

An Equal Opportunity Employer

Greg Olsen, Acting Director

PROGRAM INSTRUCTION	25-PI-12
	Supersedes 24-PI-13
	Expiration Date

DATE: December 22, 2025

TO: Area Agency on Aging (AAA) Directors
NY Connects Coordinators
Health Insurance Information Assistance and Counseling Program
(HIICAP) Coordinators

**SUBJECT: Medicare Improvements for Patients and Providers Act (MIPPA)
Grant Funding and Activities**

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ACTION REQUESTED: AAAs must complete and sign the Medicare Improvements for Patients and Providers Act (MIPPA) Signature Page (Attachment A), Budget (Attachment B), and if applicable, Contractor Budget (Attachment C) for the September 1, 2025 - August 31, 2026 program year and send them electronically to New York State Office for the Aging (NYSOFA) at MIPPA@aging.ny.gov. If the AAA is unable to send these documents electronically, they may be sent to NYSOFA via U.S. Postal Service.

BACKGROUND: Since 2008, MIPPA funding has helped more than one-million low-income Medicare beneficiaries learn about programs that can help lower their health care and prescription drug costs and make them more affordable. The Administration for Community Living (ACL) coordinates outreach between grantees who receive MIPPA funding, the Centers for Medicare and Medicaid Services, and the aging network to ensure local service providers have access to materials and resources needed to assist Medicare beneficiaries, their families, and caregivers.

PURPOSE: The purpose of this Program Instruction (PI) is to ensure that local AAAs, HIICAP, and NY Connects programs are utilizing MIPPA funding to provide outreach

and assistance to eligible Medicare beneficiaries, especially those who are low-income with limited resources, residents of rural areas, members of American Indian, Alaskan Native, and Native Hawaiian communities, individuals with disabilities under the age of 65, and individuals who speak English as a second language. This funding may also be used to educate eligible Medicare beneficiaries and assist them with enrollment into Medicare programs such as the Medicare Low-Income Subsidy (LIS)/Extra Help Program, Medicare Savings Program (MSP), Medicare Prescription Drug Coverage (Part D) and Medicare Preventive Services.

ACL administers MIPPA grant funding in three Priority Areas:

Priority Area 1

- Grants to state agencies that administer the State Health Insurance Program (SHIP), referred to as HIICAP in New York State, to provide outreach to eligible Medicare beneficiaries regarding their preventive, wellness, and limited income benefits; application assistance to individuals who may be eligible for LIS/Extra Help or MSPs; and outreach activities aimed at preventing diseases and promoting wellness.

Priority Area 2

- Grants to state agencies for AAA programs to provide enhanced outreach to eligible Medicare beneficiaries regarding their preventive wellness, and low income benefits; application assistance to individuals who may be eligible for LIS/Extra Help or MSPs; and outreach activities aimed at preventing disease and promoting wellness.

Priority Area 3

- Grants to state agencies that are established Aging and Disability Resource Centers (ADRC), referred to as NY Connects in New York State, to provide outreach regarding Medicare Part D benefits related to LIS/Extra Help and MSPs, and conduct outreach activities aimed at preventing disease and promoting wellness. Only AAAs that administered NY Connects prior to September 30, 2014, are eligible to apply for this portion of the MIPPA funding for this grant period.

USE OF MIPPA FUNDS: MIPPA funding under this application must be used as described in this PI and in accordance with the MIPPA Standard Assurances (Attachment D and Attachment E) and the goals, key tasks and outcomes identified in the MIPPA Workplan (Attachment F).

MIPPA funding for the 2024-2025 program year **may not** be used for any of the following:

- Regular planned activities that are required under the HIICAP and NY Connects programs.

- To match any other federal funds.
- To provide services, equipment, or supports that are the legal responsibility of another party under federal, state, and/or civil rights laws (e.g., vocational rehabilitation or education services). Legal responsibilities include, but are not limited to, modifications of a workplace or other reasonable accommodations that are the obligation of the employer or other party.
- To provide infrastructure for which federal matching funds are claimed.
- To supplant existing state, local, or private funding of infrastructure or services (e.g., staff salaries).
- To purchase data processing software or hardware in excess of the software and personal computers required for staff devoted to the grant.
- To purchase promotional items and memorabilia, including gifts and souvenirs.
- To provide food, snacks, or refreshments at outreach events or any other public event.

BUDGET DIRECTION: The amount of MIPPA funds allocated to each county is detailed in the MIPPA Allocation Schedule (Attachment G).

BUDGET DIRECTION ON PERSONNEL:

Staff working in multiple Priority Areas: If the same staff person is assigned to multiple priority areas, you must describe the staff person's duties, roles, contributions specific to **each** funding stream in the narrative justification on the supporting budget schedule. These duties must be above and beyond those already supported with other existing funding. For example, if you are charging a NY Connects Coordinator to the HIICAP budget, you must describe how that person is contributing to allowable HIICAP MIPPA activities (e.g., providing education and training on Medicare preventive and wellness services). Similarly, if you are charging a HIICAP Coordinator to the NY Connects budget, you must describe how that person is supporting allowable NY Connects MIPPA activities (e.g., providing education and training to NY Connects staff on LIS/Extra Help and MSP).

Support/contributions from staff other than program coordinators: If you are charging administrative, technical, or other appropriate staff to support MIPPA activities (in any of the three Priority Areas), you must describe the staff person's role(s) specific to the goals, objectives, and key tasks of this grant. For example, if you are charging a portion of a staff person's salary for administrative support, you must describe the duties related to MIPPA activities (e.g., providing MIPPA data entry into the SHIP Tracking and Reporting System (STARS), assembling mass mailings for MIPPA outreach targets, scheduling MIPPA meetings with HIICAP and NY Connects staff, etc.).

Line-Item Contracts: If HIICAP, AAA, or NY Connects is utilizing a line-item contractor to perform MIPPA grant deliverables at or above 25 percent (25%) of the respective Priority Area funding, a Contractor Budget (Attachment C) must be completed as part of the AAA application.

Other Support: Please include all staff who are contributing to MIPPA activities including those whose salary is not charged to this funding in the HIICAP, AAA, or NY Connects budgets, as appropriate. Complete all sections of the personnel form including the “% of time” and “amount chargeable to the program.” If not charging any portion of salary to the funding stream, enter a “0.”

RESPONSE DUE DATE: Please send PDF versions of the signed MIPPA Signature Page (Attachment A), completed Budget (Attachment B), and if applicable, the completed Contractor Budget (Attachment C) to NYSOFA at MIPPA@aging.ny.gov no later than January 26, 2026. If you are unable to submit these documents electronically, please send them to NYSOFA via U.S. Postal Service to the following address:

New York State Office for the Aging
Division of Policy, Planning, Program and Outcomes
2 Empire State Plaza, 4th floor
Albany, NY 12223

PROGRAMS AFFECTED:

<input type="checkbox"/> Title III-B	<input type="checkbox"/> Title III-C-1	<input type="checkbox"/> Title III-C-2		
<input type="checkbox"/> Title III-D	<input type="checkbox"/> Title III-E	<input type="checkbox"/> CSE	<input type="checkbox"/> WIN	<input type="checkbox"/> Energy
<input type="checkbox"/> EISEP	<input type="checkbox"/> NSIP	<input type="checkbox"/> Title V	<input checked="" type="checkbox"/> HIICAP	<input type="checkbox"/> LTCOP

Other: NY Connects

CONTACT PERSON:
Heather Leddick

TELEPHONE:
518-474-2401

New York State Office for the Aging
Medicare Improvements for Patients and Providers Act
Final Allocation Schedule - September 1, 2025 to August 31, 2026

<u>COUNTY</u>	<u>SHIP⁽¹⁾</u>	<u>AAA⁽¹⁾</u>	<u>ADRC</u>	<u>Total Allocation</u>
ALBANY	\$ 16,457	\$ 13,253	\$ 3,625	\$ 33,335
ALLEGANY	9,013	7,259	2,525	18,797
BROOME	14,459	11,644	3,462	29,565
CATTARAUGUS	9,531	7,675	2,810	20,016
CAYUGA	9,623	7,750	2,607	19,980
CHAUTAUQUA	12,197	9,823	3,340	25,360
CHEMUNG	10,000	8,053	2,647	20,700
CHENANGO	9,013	7,259	2,566	18,838
CLINTON	9,289	7,481	2,607	19,377
COLUMBIA	9,054	7,291	2,566	18,911
CORTLAND	9,013	7,259	2,525	18,797
DELAWARE	9,013	7,259	2,566	18,838
DUTCHESS	14,636	11,787	3,503	29,926
ERIE	43,780	35,254	10,263	89,297
ESSEX	9,013	7,259	2,525	18,797
FRANKLIN	9,013	7,259	2,973	19,245
FULTON	9,013	7,259	2,566	18,838
GENESEE	9,013	7,259	2,566	18,838
GREENE	9,013	7,259	2,566	18,838
HERKIMER	9,494	7,647	2,566	19,707
JEFFERSON	9,971	8,030	2,647	20,648
LEWIS	9,013	7,259	2,484	18,756
LIVINGSTON	9,013	7,259	2,566	18,838
MADISON	9,013	7,259	2,566	18,838
MONROE	29,564	23,807	9,490	62,861
MONTGOMERY	9,013	7,259	2,566	18,838
NASSAU	43,451	34,989	10,345	88,785
NIAGARA	14,750	11,878	3,503	30,131
ONEIDA	16,030	12,909	3,543	32,482
ONONDAGA	21,847	17,594	9,001	48,442
ONTARIO	9,722	7,830	2,607	20,159
ORANGE	15,583	12,548	3,706	31,837
ORLEANS	9,013	7,259	2,525	18,797
OSWEGO	10,391	8,369	- ⁽³⁾	18,760
OTSEGO	9,013	7,259	2,566	18,838
PUTNAM	9,013	7,259	2,607	18,879
RENSSELAER	11,444	9,216	- ⁽³⁾	20,660
ROCKLAND	15,021	12,096	- ⁽³⁾	27,117
ST. LAWRENCE	10,661	8,585	3,299	22,545
SARATOGA	11,977	9,645	3,380	25,002
SCHENECTADY	12,062	9,714	3,340	25,116
SCHOHARIE	9,013	7,259	2,525	18,797
SCHUYLER	9,013	7,259	2,484	18,756
SENECA	-	-	- ⁽³⁾	-
STEUBEN	10,320	8,311	2,647	21,278
SUFFOLK	39,675	31,948	10,547	82,170
SULLIVAN	9,715	7,824	2,607	20,146
TIOGA	9,013	7,259	2,525	18,797
TOMPKINS	9,013	7,259	2,566	18,838
ULSTER	12,660	10,195	3,421	26,276
WARREN/HAMILTON	15,733	12,670	5,010	33,413
WASHINGTON	9,013	7,259	2,566	18,838
WAYNE	9,595	7,727	2,607	19,929
WESTCHESTER	31,113	25,054	9,815	65,982
WYOMING	9,013	7,259	2,525	18,797
YATES	9,013	7,259	2,484	18,756
NYC	347,497	279,805	- ⁽³⁾	627,302
SENECA NATION	-	-	- ⁽³⁾	-
ST. REGIS	4,506	3,630	1,425	9,561
TOTAL	\$ 1,079,107	\$868,989	\$191,869	\$2,139,965

Footnotes:

(1) As in the previous MIPPA grant, all counties have been designated for rural outreach except: NYC, Westchester, Nassau and Suffolk Counties. One third of the funding is designated for Rural outreach counties only.

(2) The ADRC responsible for Hamilton and Warren Counties is a multi-county model and is administered through Warren County. Hamilton County's allocation is combined with Warren County and the sum is shown as awarded to Warren County.

(3) No functioning ADRC in this County prior to September 30, 2014, therefore, there is no ADRC award.

**MEDICARE IMPROVEMENTS FOR
PATIENTS AND PROVIDERS PROGRAM (MIPPA)
AAA Budget**

AAA: Warren/Hamilton Counties Office for the Aging

25-PI-12

Program Period: 9/1/2025 - 8/31/2026

	Budget Category	Total Amount	SHIP Amount	AAA Amount	ADRC Amount
1	Personnel	\$ 23,252.00	\$ 11,271.00	\$ 8,276.00	\$ 3,705.00
2	Fringe Benefits	\$ 5,813.00	\$ 2,818.00	\$ 2,069.00	\$ 926.00
3	Equipment	\$ -	\$ -	\$ -	\$ -
4	Travel	\$ -	\$ -	\$ -	\$ -
5	Maintenance and Operations	\$ 2,348.00	\$ 704.00	\$ 1,525.00	\$ 119.00
6	Other Expenses	\$ -	\$ -	\$ -	\$ -
7	Contracts and/or Consultants	\$ 2,000.00	\$ 940.00	\$ 800.00	\$ 260.00
8	Total Budget (Sum of Lines 1-7)	\$ 33,413.00	\$ 15,733.00	\$ 12,670.00	\$ 5,010.00
9	Program Income	\$ -	\$ -	\$ -	\$ -
10	Net Total Budget (Line 8 minus 9)	\$ 33,413.00	\$ 15,733.00	\$ 12,670.00	\$ 5,010.00
11	Federal Funds Requested	\$ 33,413.00	\$ 15,733.00	\$ 12,670.00	\$ 5,010.00
12	Local Funds (Line 10 minus 11)	\$ -	\$ -	\$ -	\$ -

Note: The total budget amount on the Budget Summary must equal the total budget amount on the last page.

* The inclusion of local funding provided in support of this program is optional.

**MIPPA
AAA Supporting Budget Schedule**

AAA: Warren/Hamilton Counties Office for the Aging

1. Personnel - AAA salaries are listed here.		Annual Salary*	Total Hours worked per week	Time Per Priority Area			Amount Charged to Priority Area			Narrative Justification: For each position, provide a brief summary of duties related to MIPPA: *If charging the NYConnects Coordinator to SHIP and/or AAA funding, please indicate what MIPPA responsibility the NYConnects Coordinator will perform for (or on behalf of) SHIP and/or AAA staff. *If charging the SHIP and/or AAA staff to NYConnects, please indicate what MIPPA responsibility the SHIP and/or AAA staff will perform for (or on behalf of) NY Connects staff. *Include specificity and relevance to MIPPA activities for all staff charged to this grant (i.e., administrative support, IT, managerial, etc.). *Include all staff contributing to MIPPA even if salary is paid with other funds.
Name, (T)itle, (L)ocation	Priority Areas			Hours worked per priority area per week	% of Time	Priority 1 SHIP	Priority 2 AAA	Priority 3 ADRC		
1 N Johanna Hall T Specialist Aging Services L OFA	40	\$ 63,051.00	6.8 4.9 2	17.00% 12.25% 5.00%	\$ 10,719.00	\$ 7,724.00	\$ 3,153.00	Hanna has responsibilities that fall under the SHIP, AAA and ADRC Programs. The MIPPA activities she conducts in her role are: follows up to enroll those referred by NY Connects & others, who may be Catherine has responsibilities that fall under the SHIP, AAA and ADRC Programs. The MIPPA activities she conducts in her role are...follows up to enroll those referred by NY Connects & others, who are...follows up to complete MIPPA application annually, processing invoices from vendors, submitting claims for reimbursement to NYSOFA. Responsible for processing invoices from vendors.		
2 N Catherine Bearor T Specialist Aging Services L OFA	40	\$ 63,051.00	.35 .35 .35	0.88% 0.88% 0.88%	\$ 552.00	\$ 552.00	\$ 552.00	Responsible for processing invoices from vendors.		
3 N Deanna Park T Director L OFA	40	NA	NA	40	\$ -	\$ -	\$ -	Assesses clients for need for follow up with Hanna and Cathy.		
4 N Jeffrey Haines T Fiscal Coordinator L OFA	40	NA	NA	40	\$ -	\$ -	\$ -	Assesses clients for need for follow up with Hanna and Cathy.		
5 N Cynthia Cabana T Services Assistant L OFA	20	NA	NA	20	\$ -	\$ -	\$ -	Assesses clients for need for follow up with Hanna and Cathy.		
6 N Cynthia Coulter T Services Assistant L OFA	40	NA	NA	40	\$ -	\$ -	\$ -	Assesses clients for need for follow up with Hanna and Cathy.		
7 N Stephanie Belden T Services Assistant L OFA	40	NA	NA	40	\$ -	\$ -	\$ -	Assesses clients for need for follow up with Hanna and Cathy.		
8 N Lisa Pratt T Services Assistant L OFA	40	NA	NA	40	\$ -	\$ -	\$ -	Assesses clients for need for follow up with Hanna and Cathy.		
TOTAL Program Personnel:					\$ 23,252.00	\$ 11,271.00	\$ 8,276.00	\$ 3,705.00		

*Note: If employee is paid a salary, then list the annual salary. If employee is not paid a salary, calculate an annual amount by multiplying the pay rate times the average number of total hours worked per week times 52 weeks.

2. Fringe Benefits- Fringe Benefits should be directly proportional to that portion of personnel costs that are program related. Provide a clear justification if the expenses are not proportionally allocated.	
Fringe Benefit Rate %:	25.00%
TOTAL Fringe Benefits:	\$ 5,813.00
TOTAL Fringe Benefits:	\$ 2,818.00
TOTAL Fringe Benefits:	\$ 2,069.00
TOTAL Fringe Benefits:	\$ 926.00

MIPPA
AAA Supporting Budget Schedule

AAA: Warren/Hamilton Counties Office for the Aging

3. Equipment:

- List all equipment items whether purchased or leased.
- Provide a detailed description for all equipment with a unit cost of \$1,000 or more.
- Equipment with a unit cost of less than \$1,000 should be listed individually under Miscellaneous Equipment in the Maintenance & Operations budget section.

Item and Description	Quantity	Unit Purchase Price	Percent Charged to Program	Amount Charged to Program	Charged to SHIP	Charged to AAA	Charged to ADRC
TOTAL Equipment:				\$ -	\$ -	\$ -	\$ -

4. Travel:

- List travel costs.
- Outline reason for travel and indicate the number of staff traveling.(e.g., staff to training, field interviews, advisory group meeting, etc.)
- Show the basis of computation (e.g., two people to 3-day training at \$X airfare, \$X lodging, \$X food).
- In the "Reasons for Travel" section please mention the priority area(s) involved.

	Amount Charged to Program	Charged to SHIP	Charged to AAA	Charged to ADRC
Mileage: _____ miles@ _____				
Parking & Tolls				
Public Transportation:				
Rental Vehicles (specify destination): _____				
Other Travel Costs (Specify): _____				

Reasons for Travel:

TOTAL Travel: \$ - \$ - \$ - \$ -

5. Maintenance & Operations:

- In the space provided, detail each expense.
- For equipment with a unit cost of less than \$1,000, list the items and the total for these items under Miscellaneous Equipment.

	Amount Charged to Program	Charged to SHIP	Charged to AAA	Charged to ADRC												
Equipment Maintenance and Repair:																
Postage mailing applications, documentation for clients	\$ 198.00	\$ 85.00	\$ 93.00	\$ 20.00												
Printing & Photocopying: copying applications, documentation for clients	\$ 100.00	\$ 45.00	\$ 40.00	\$ 15.00												
Rent:																
<table border="1" style="display: inline-table; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Monthly Rent</th> <th style="width: 15%;">% Charge to Program</th> <th style="width: 15%;">No. of Months</th> </tr> </thead> <tbody> <tr> <td>Costs: _____</td> <td> </td> <td> </td> </tr> <tr> <td>Location: _____</td> <td> </td> <td> </td> </tr> <tr> <td>Owner: _____</td> <td> </td> <td> </td> </tr> </tbody> </table>	Monthly Rent	% Charge to Program	No. of Months	Costs: _____			Location: _____			Owner: _____						
Monthly Rent	% Charge to Program	No. of Months														
Costs: _____																
Location: _____																
Owner: _____																
Supplies: pens, paper, ink, etc.	\$ 300.00	\$ 175.00	\$ 100.00	\$ 25.00												
Telephone: percentage of phone expenses	\$ 250.00	\$ 105.00	\$ 125.00	\$ 20.00												
Utilities:																
Miscellaneous Equipment (List Items):	\$ 1,500.00	\$ 294.00	\$ 1,167.00	\$ 39.00												

Data/Internet Fees (percentage of data/internet fees, new computer user fee in '26)

TOTAL M&O: \$ 2,348.00 \$ 704.00 \$ 1,525.00 \$ 119.00

