

RESOLUTION AUTHORIZING THE FILING OF A RENEWAL GRANT APPLICATION TO THE DIRECTION HOME OF EASTERN OHIO, INC. FOR FUNDING FOR THE ASHTABULA COUNTY TRANSPORTATION SYSTEM (ACTS)

WHEREAS, Patrick Arcaro, Director of Ashtabula County Job & Family Services, on behalf of the Ashtabula County Transportation System, has prepared a renewal application to the Direction Home of Eastern Ohio, Inc. for Federal Title III-B funds in the amount of \$37,472.00, with a local match of \$5,621.00 for a total of \$43,093.00; and

WHEREAS, the funds will be used to transport Ashtabula County residents age 60 and older to congregate meal sites, medical offices, pharmacies, grocery stores, senior centers and/or government agencies on both the ACTS Demand Response and Deviated Fixed Route services.

WHEREAS, the application has been reviewed and it is found that such a grant would be desirable and is necessary; now

THEREFORE, BE IT RESOLVED, By the Board of Commissioners of Ashtabula County, Ohio that an application be made to the Direction Home of Eastern Ohio, Inc. in accordance with a copy of said application on file in this office.

**ASHTABULA COUNTY COMMISSIONERS
CERTIFICATION PAGE**

Resolution No. 2024-467

October 08, 2024

RESOLUTION AUTHORIZING THE FILING OF A RENEWAL GRANT APPLICATION TO THE DIRECTION HOME OF EASTERN OHIO, INC. FOR FUNDING FOR THE ASHTABULA COUNTY TRANSPORTATION SYSTEM (ACTS)

Upon the motion of Casey R. Kozlowski, seconded by J.P. Ducro IV.

VOTE:

Kathryn L. Whittington
J.P. Ducro IV
Casey R. Kozlowski

Aye
Aye
Aye

CERTIFICATE OF CLERK

IT IS HEREBY CERTIFIED that the foregoing is a true and correct transcript of a resolution acted upon and duly passed by the Board of County Commissioners of Ashtabula County, Ohio, on the date noted above.



Lisa Hawkins, Clerk of the Board
Board of County Commissioners
Ashtabula County, Ohio



Application for Social Service Funding Renewal Fiscal Year 2025

Summary Complete only once regardless of number of services proposed.

Organization: Ashtabula County Transportation System (ACTS)

Federal Tax ID # 34-6000128

Address: 2924 Donahoe Drive Ashtabula, Ohio 44004

County: Ashtabula

Phone #: 440-994-2065 Fax #: 440-998-4253

Contact Person: Julie Carlo Email: Julie.Carlo@jfs.ohio.gov

Wellsky Contact Person: Julie Carlo Email: Julie.Carlo@jfs.ohio.gov

Previously Funded Grant Revision

Instructions for Application:

***New- Attach W-9 to application**

****New- If the Organization received more than \$750,000 in federal awards, provide a copy of your most recent financial statement audit report performed under government auditing standards.**

Complete summary, terms and conditions and sections I only once.

Complete sections II-III for each separate service requested.

***Renewal Application must be received by: October 15, 2024
Email to Jody Deflin, Direction Home of Eastern Ohio, Inc.
jdeflin@dheo.org
Fiscal Year Start date: January 1, 2025 to December 31, 2025.***

Terms and Conditions

It is understood and agreed upon by the undersigned authorized individual that: Funds granted as a result of this request are to be expended for the purposes set forth and in accordance with all applicable laws, regulations, polices, and procedures of this State and the Administration on Aging of the U.S. Department of Health and Human services. Any proposed changes in the proposal as approved will be submitted in writing by the applicant and upon notification of approval by Direction Home of Eastern Ohio shall be deemed incorporated into and become a part of this agreement. This request for proposal is being issued based on the presumed availability of funds from the State and/or Federal Governments. Direction Home of Eastern Ohio, Inc. will not be liable should funds be eliminated or reduced. Completion of a proposal does not imply that DHEO will fund a proposal. Proposals are subject to review by representatives of the Board and Staff of DHEO. At its sole discretion, DHEO may negotiate the unit price, or any other factors, including, but not limited to, the total funds, the composition of those funds, and the amount and type of match, prior to determining to enter a contract based on a proposal. The sub grantee hereby agrees that it will comply with all Ohio Department of Aging Service Standards. Failure to comply may result in termination of contract. Applicants should read and understand the conditions of contracting in the instruction booklet. Applicants will be required to comply with all applicable service specifications and conditions of contracting should a contract be awarded. Failure to comply may result in termination of contract. Service providers shall understand, agree and comply with the following applicable laws and rules:

1. American's with Disabilities Act of 1990
2. Occupational Safety and Health Act of 1970
3. Equal Employment Opportunity Act
4. Clean Air Act, as amended, 42USC AA 7401 et seq. If contract exceeds \$100,000
5. Certify that no funds appropriated by the contract will be used for lobbying ads described in 31 USC 1352.
6. Provider certifies that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
7. Declaration Regarding Material Assistance/ Non-Assistance to a Terrorist Organization (ORC 2909.33)
8. Ohio Revised Code- All laws and regulations pertaining to the services provided.

J.P. Ducro IV
Print Name

Vice President
Print Title

J.P. Ducro IV
J.P. Ducro IV
Print Name

Commissioner
Print Title

Kathryn Whittington
Print Name

President
Print Title

[Signature]
Authorized Signature

10-8-24
Date

[Signature]
Authorized Signature

10-8-24
Date

[Signature]
Authorized signature Casey Kozlowski
Commissioner

10-8-24
Date

Section I. Budget *Complete only once regardless of number of services proposed.*

TOTAL COMPUTATION OF REVENUE

<u>Source of Revenue</u>	Contract Cash	In-Kind	Total
1. DHEO funds	\$37,472.00		\$37,472.00
2. Local In Kind			
3. Local Cash	\$5,621.00		\$5,621.00
4. Program Income			
5. Cost Share			
6. Other Resources (please list)			
7.			
8.			
9. TOTAL	\$43,093.00		\$43,093.00

LOCAL MATCH RATIO

Source of Funds	\$ Amount	Percentage
DHEO Funds	\$37,472.00	85 %
Local Cash	\$5,621.00	15 %
Local In-kind	\$0	%
TOTAL	\$43,093.00	100 %

Local Match Required

Source of Revenue for Local Cash	Amount
	\$5,621.00
	\$
	\$
Total Cash Match	\$5,621.00

Source of Revenue for Local In Kind Match	Amount
	\$
	\$
	\$
Total In Kind Match	\$

Total Match Contribution (Cash + In Kind)	\$5,621.00
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Other Resources Revenue
(Senior Aides, Business, Foundations, etc.)

	\$
	\$
	\$
Total Other Resources	\$

Total Budget

	DHEO Funds	Local In Kind	Local Cash	Cost Share	Program Income	Other	Total
Personnel							
Fringes							
Equipment							
Travel							
Supplies							
Rent							
Utilities							
Audit							
Insurance							
Other							
Total	\$37,472.00		\$5,621.00				\$43,093.00

A. In the following space, give a budget narrative. (How do you plan on spending the funds?)

The total budget includes all facility, staffing, equipment, administrative, and training costs including record documentation time. A unit of service is a one-way trip. Funds received from DHEO will be used to transport seniors age 60 and older to the congregate meal sites, medical offices, grocery stores and senior centers. ACTS will provide these services to eligible residents in the cities of Ashtabula, Geneva and Conneaut and surrounding townships including Geneva, Saybrook, Ashtabula, Plymouth, Kingsville, Sheffield and Monroe.

B. Has there been any budget issues have occurred this past year that may impede your ability to serve clients appropriately?

No, there has not been any budget issues in the past year. We will use every dollar we are awarded in 2025.

Section III. Service Goals/Targeting Complete for each service requested.

A. Complete chart to indicate planned service goals.

Planned Annual Units of Service

Service Category (ex. Personal Care)	Unit of Service (ex. Hours)	Number of Units	AAA Cost per Unit (Reimbursement Rate)
Transportation	One-way trips	4,182	\$8.96

Planned Total Clients

Unduplicated Clients	Low Income	Minority	Low income Minority	Age 75+	Disabled Handicapped	Rural	Female	Living Alone
38	11	5	2	18	15	8	33	21

B. How did you calculate the number of units of service?

The number of units of service was calculated by taking the 2024 funding amount of \$ 37,472.00 and dividing it by the \$8.96 per unit cost.

C Has there been any changes in your unit rate from FY 2024? If yes, please explain.

No, the unit rate is remaining the same.

D. Has there been any program changes regarding this service? If yes, please explain.

No, there has not been any program changes.

E. How do you plan to prioritize clients who may have to be placed on waitlist due to funding reductions? How do you select individuals off your waiting list?

ACTS currently does not have a waiting list. If we did have a waiting list, I would select individuals requesting medical transportation first, then meal sites, shopping, etc.