Application for CAPCOG Older Americans Act Grants for Fiscal Years 2026 – 2030

# General Organization Information

Organization Name:

Organization Type:

Not-for-profit corporation organized under Chapter 22 of the Texas Business Organizations Code

Transit district authorized under Chapter 458 of the Texas Transportation Code

General-purpose local government or other political subdivision

Name of Authorizing Official:

Title of Authorizing Official:

Mailing Address:

City: State: ZIP:

Authorizing Official Phone Number:

Authorizing Official E-mail:

Signature of authorizing official: Date:

Name of Applicant Point of Contact:

Title of Applicant Point of Contact:

Point of Contact Official Phone Number:

Point of Contact Official E-mail:

Services Your Organization is Requesting Funding For (check all that apply):

Congregate Meals

Home-Delivered Meals

Senior Center Operations

Transportation Demand Response

# General Narrative

## Mission

What is your organization’s mission?

## History

When did your organization start providing services?

## Programs

What services does your organization provide?

## Staffing

List the key staff that would be managing this grant if awarded and describe their roles as it applies to service(s) being requested for funding, and otherwise describe the organization’s staffing levels and capacity. Please attach resumes for key staff that will be involved in the grant.

## Performance Management

How does your organization measures performance and customer satisfaction for your services?

## Targeting

How will your agency target older persons who have greatest economic need, greatest social need, speak primary languages other than English, have Alzheimer’s or related dementias, and/or are at risk of premature institutionalization?

## Outreach

What are your agency’s strategies for notifying older adults of services and increasing program participation? Specify organizations with which you will partner.

## Experience Managing Grants

Describe your organization’s experience managing state or federal grants. If your organization does not have such experience, describe what experience your organization does have that has prepared you for managing this grant. Organizations that did not receive grant funding from CAPCOG in FY 2024 and 2025 must provide at least five professional references and a copy of their most recent audit.

## Subcontracting

Does your agency propose delegating any aspect of service delivery (e.g., meal preparation, if bidding on nutrition services) to another entity? If so, what responsibilities will be delegated and to what entity, if known? Was or will the entity be selected through a competitive procurement process? If so, describe when and how the entity was selected or will be selected and the timeframe for selection.

## Conflicts of Interest

Are there any potential conflicts of interest with CAPCOG’s award of a subrecipient grant to your organization? This would include a relationship to any current or former CAPCOG staff member, CAPCOG Aging Advisory Council (AAC) member, or Executive Committee member. member, Aging Advisory Committee (AAC) member. List the name of the person and nature of conflict for each potential conflict.

# Application for Congregate Meal Funding

## Service Area

Indicate on the table below what your proposed service area is for providing congregate meal services in FY 2026 – 2030.

Table ‑. Proposed Congregate Meal Service Area for FYs 2026-2030

|  |  |  |
| --- | --- | --- |
| County | All or part of county (describe) | Currently Serving? (yes or no) |
| Bastrop |  |  |
| Blanco |  |  |
| Burnet |  |  |
| Caldwell |  |  |
| Fayette |  |  |
| Hays |  |  |
| Lee |  |  |
| Llano |  |  |
| Travis |  |  |
| Williamson |  |  |
| Counties outside of CAPCOG |  |  |

## Sites

Indicate on the table below what your proposed congregate meal sites for FY 2026 – 2030 are and whether they are sites at which you are currently providing congregate meal services or proposed new sites.

Table ‑. Congregate Meal Sites

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Facility Name | Facility Owner | Facility Address | County | Existing or New |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

## Congregate Meal Clients Served in FY 2024 and FY 2025

Indicate on the table below what the number of unique older individuals (age 60+) that your organization has served congregate meals to in the CAPCOG region in fiscal year 2024 (10/1/2023 – 9/30/2024) and how many you project for FY 2025 (10/1/2024 – 9/30/2025). Also indicate the average number of meals per week per person each year.

FY 2024 Clients: FY 2024 Avg. Meals Per Person Per Week:

FY 2025 Clients: FY 2025 Avg. Meals Per Person Per Week:

## Other Funding Sources

Indicate on the table below financial resources received from sources other than CAPCOG used to support congregate meal services in FY 2024 and projected for FY 2025 – 2030. Private donations from clients should be listed as program income; private donations from other individuals should be listed as individual donations. If receiving funding from organizations, please list each organization.

Table ‑. Other Financial Resources for Congregate Meals

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Organization Name or Funding Source Description | FY 2024 | FY 2025 | FY 2026 | FY 2027 | FY 2028 |
| Program Income |  |  |  |  |  |
| [Individually List Counties] |  |  |  |  |  |
| [Individually List Cities] |  |  |  |  |  |
| [Individually List Other Entities (i.e. United Way/TDA) |  |  |  |  |  |
| Other Sources of Funding |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| SUBTOTAL |  |  |  |  |  |

## Cash Reserves and Cash Flow

How much restricted and unrestricted cash on hand did your organization have available as of March 31, 2025, available for use on congregate meal services? Do you have a line of credit available that can be used to cover the cost of congregate meal services in the event of a disruption in funding awarded from this grant?

Fund balance restricted specifically for congregate meals:

Fund balance otherwise restricted available for congregate meals:

Unrestricted fund balance:

Credit line:

## Quality Assessment and Improvement

How does your organization assess the quality of its congregate meal program?

What step is your organization taking to enhance the quality of the program?

What is your policy on customer complaints and how does your organization address them?

Application for Home-Delivered Meal Funding

## Service Area

Indicate on the table below what your proposed service area is for providing home-delivered meal services in FYs 2026 – 2030.

Table ‑. Proposed Home-Delivered Meal Service Area for FYs 2026-2030

| County | All or part of county (describe) | Currently Serving? (yes or no) |
| --- | --- | --- |
| Bastrop |  |  |
| Blanco |  |  |
| Burnet |  |  |
| Caldwell |  |  |
| Fayette |  |  |
| Hays |  |  |
| Lee |  |  |
| Llano |  |  |
| Travis |  |  |
| Williamson |  |  |
| Counties outside of CAPCOG |  |  |

## Home-Delivered Meal Clients Served in FY 2024 and FY 2025

Indicate on the table below what the number of unique older individuals (age 60+) that your organization has served home-delivered meals to in the CAPCOG region in fiscal year 2024 (10/1/2023 – 9/30/2024) and how many you project for FY 2025 (10/1/2024 – 9/30/2025). Also indicate the average number of meals per week per person each year.

FY 2024 Clients: FY 2024 Avg. Meals Per Person Per Week:

FY 2025 Clients: FY 2025 Avg. Meals Per Person Per Week:

## Wait Lists

Indicate whether your organization has waitlists for home-delivered meal services, either by virtue of individuals who have requested home-delivered meal services and have not received an intake yet, or who have received an intake but have not started receiving services. Indicate how many people are waiting for services in each category and what the average length of time they have been waiting. Describe your process for managing wait lists.

## Other Funding Sources

Indicate on the table below financial resources received from sources other than CAPCOG used to support home-delivered meal services in FY 2024 and projected for FY 2025 – 2030. Private donations from clients should be listed as program income; private donations from other individuals should be listed as individual donations. If receiving funding from organizations, please list each organization. Include Title XX funding if your organization is receiving Title XX funding from the Texas Health and Human Services Commission (HHSC) and Texas Department of Agriculture (TDA) funding for meals not paid for with Title III funds.

Table ‑. Other Financial Resources for Home-Delivered Meals

| Organization Name or Funding Source Description | FY 2024 | FY 2025 | FY 2026 | FY 2027 | FY 2028 |
| --- | --- | --- | --- | --- | --- |
| Program Income |  |  |  |  |  |
| [Individually List Counties] |  |  |  |  |  |
| [Individually List Cities] |  |  |  |  |  |
| Texas Department of Agriculture |  |  |  |  |  |
| HHSC Title XX |  |  |  |  |  |
| [Individually List Other Individual Entities] |  |  |  |  |  |
| Other Funding Sources |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| SUBTOTAL |  |  |  |  |  |

## Cash Reserves and Cash Flow

How much restricted and unrestricted cash on hand did your organization have available as of March 31, 2025, available for use on home-delivered meal services? Do you have a line of credit available that can be used to cover the cost of congregate meal services in the event of a disruption in funding awarded from this grant?

Fund balance restricted specifically for congregate meals:

Fund balance otherwise restricted available for congregate meals:

Unrestricted fund balance:

Credit line:

## Quality Assessment and Improvement

How does your organization assess the quality of its home-delivered meal program?

What step is your organization taking to improve the quality of the program.

What is your policy on customer complaints and how does your organization address them?

# Application for Demand Response Transportation Funding

## Service Area

Indicate on the table below what your proposed service area is for demand response transportation services in FYs 2026 – 2030.

Table ‑. Proposed Demand Response Transportation Service Area for FYs 2026-2030

| County | All or part of county (describe) | Currently Serving? (yes or no) |
| --- | --- | --- |
| Bastrop |  |  |
| Blanco |  |  |
| Burnet |  |  |
| Caldwell |  |  |
| Fayette |  |  |
| Hays |  |  |
| Lee |  |  |
| Llano |  |  |
| Travis |  |  |
| Williamson |  |  |
| Counties outside of CAPCOG |  |  |

## Demand Response Transportation Clients Served in FY 2024 and FY 2025

Indicate on the table below what the number of unique older individuals (age 60+) that your organization has provided demand response transportation to in the CAPCOG region in fiscal year 2024 (10/1/2023 – 9/30/2024) and how many you project for FY 2025 (10/1/2024 – 9/30/2025). Also indicate the average number of trips per week per person each year. Add number of trips provided in total in fiscal year 2024 by county served and number of trips proposed by county.

FY 2024 Clients: FY 2024 Avg. Trips Per Person Per Week:

FY 2025 Clients: FY 2025 Avg. Trips Per Person Per Week:

| County | # of trips provided in FY2024 | # of trips proposed or expected in FY2026 | # of trips proposed or expected in FY2027 |
| --- | --- | --- | --- |
| Bastrop |  |  |  |
| Blanco |  |  |  |
| Burnet |  |  |  |
| Caldwell |  |  |  |
| Fayette |  |  |  |
| Hays |  |  |  |
| Lee |  |  |  |
| Llano |  |  |  |
| Travis |  |  |  |
| Williamson |  |  |  |
| Counties outside of CAPCOG |  |  |  |

## Other Funding Sources

Indicate on the table below financial resources received from sources other than CAPCOG used to support demand response transportation services in FY 2024 and projected for FY 2025 – 2030. Private donations from clients should be listed as program income; private donations from other individuals should be listed as individual donations. If receiving funding from organizations, please list each organization and the amounts received or expected. List any Federal Transit Authority (FTA) 5310, 5311, or 5307 funding separately.

Table ‑. Other Financial Resources for Demand Response Transportation

| Organization Name or Funding Source Description | FY 2024 | FY 2025 | FY 2026 | FY 2027 | FY 2028 |
| --- | --- | --- | --- | --- | --- |
| Non-Participant Fare Revenue |  |  |  |  |  |
| Program Income |  |  |  |  |  |
| FTA 5310 Funding |  |  |  |  |  |
| FTA 5311 Funding |  |  |  |  |  |
| FTA 5307 Funding |  |  |  |  |  |
| [Individually List Counties] |  |  |  |  |  |
| [Individually List Cities] |  |  |  |  |  |
| [Individually List Other Individual Entities] |  |  |  |  |  |
| Other Funding Sources |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| SUBTOTAL |  |  |  |  |  |

If your organization does not receive FTA 5310 funding for this service, please explain why not:

## Cash Reserves and Cash Flow

How much restricted and unrestricted cash on hand did your organization have available as of March 31, 2025, available for use on home-delivered meal services? Do you have a line of credit available that can be used to cover the cost of congregate meal services in the event of a disruption in funding awarded from this grant?

Fund balance restricted specifically for congregate meals:

Fund balance otherwise restricted available for congregate meals:

Unrestricted fund balance:

Credit line:

## Quality Assessment and Improvement

How does your organization assess the quality of its congregate meal program?

What step is your organization taking to improve the quality of the program.

What is your policy on customer complaints and how does your organization address them?

# Application for Senior Center Operations Funding

## Senior Centers

Indicate on the table below senior centers your organization operates within the CAPCOG region.

Table ‑. Senior Center Locations

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Facility Name | Facility Owner | Facility Address | County | # of 60+ served 2024 | # of 60+ served 2025 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

## Clients Served in FY 2024 and FY 2025

Indicate on the table below what the number of unique older individuals (age 60+) that your organization’s senior center has served in the CAPCOG region in fiscal year 2024 (10/1/2023 – 9/30/2024) and how many you project for FY 2025 (10/1/2024 – 9/30/2025).

FY 2024 Clients:

FY 2025 Clients:

## Other Funding Sources

Indicate on the table below financial resources received from sources other than CAPCOG used to support senior center operations in FY 2024 and projected for FY 2025 – 2030. Private donations from clients should be listed as program income; private donations from other individuals should be listed as individual donations. If receiving funding from organizations, please list each organization.

Table ‑. Other Financial Resources for Congregate Meals

| Organization Name or Funding Source Description | FY 2024 | FY 2025 | FY 2026 | FY 2027 | FY 2028 | FY 2029 | FY 2030 |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Program Income |  |  |  |  |  |  |  |
| Individual Donations |  |  |  |  |  |  |  |
| [Individually List Counties] |  |  |  |  |  |  |  |
| [Individually List Cities] |  |  |  |  |  |  |  |
| [Individually List Other Individual Entities] |  |  |  |  |  |  |  |
| Other Funding Sources |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| SUBTOTAL |  |  |  |  |  |  |  |

## Cash Reserves and Cash Flow

How much restricted and unrestricted cash on hand did your organization have available as of March 31, 2025, available for use on senior center operations? Do you have a line of credit available that can be used to cover the cost of congregate meal services in the event of a disruption in funding awarded from this grant?

Fund balance restricted specifically for congregate meals:

Fund balance otherwise restricted available for congregate meals:

Unrestricted fund balance:

Credit line:

## Quality Assessment and Improvement

How does your organization assess the quality of its congregate meal program?

What step is your organization taking to enhance the quality of the program?

What is your policy on customer complaints and how does your organization address them?