**REQUEST to UTILIZE OAA TITLE IIIB funds for**

**PROGRAM COORDINATION and DEVELOPMENT**

**DURING THE 2021– 2023 BIENNIAL PERIOD**

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| --- | --- |
| SUA use only | Approved  Y  N Date:       SUA Initials: |

|  |  |  |
| --- | --- | --- |
| Date: | AAA: | |
| Contact Name: | | Tele: |
| Email: | | Contract # |

Submit to State Unit on Aging @ [sua.email@dhsoha.state.or.us](mailto:sua.email@dhsoha.state.or.us)

Coordination & Development: § 1321.17 45 CFR Ch. XIII (10–1–20 Edition): *(14)(i) The State agency will not fund program development and coordinated activities as a cost of supportive services for the administration of area plans until it has first spent 10 percent of the total of its combined allotments under Title III on the administration of area plans; (ii) State and area agencies on aging will, consistent with budgeting cycles (annually, biannually, or otherwise), submit the details of proposals to pay for program development and coordination as a cost of supportive services, to the general public for review and comment; and (iii) The State agency certifies that any such expenditure by an area agency will have a direct and positive impact on the enhancement of services for older persons in the planning and service area.*

1. Estimated **Biennial** Amount: Click here to enter text.
2. **Planned activities** to be supported by above amount: Click here to enter text.
3. Estimated amount **used for salary/OPE**: Click here to enter text.

d) **How will** **your agency be able to demonstrate\*** that using the funds for this purpose **resulted in a direct and positive impact on the enhancement of services**? Click here to enter text.

**\***Note: At the conclusion of the biennium, (**due September 30th** of that year), a summary of the actual activities and explanation of how the AAA concurred that use of these funds had a direct and positive impact to enhance services to Older Oregonians is to be submitted to [sua.email@dhsoha.state.or.us](mailto:sua.email@dhsoha.state.or.us).

1. **Have constituents** in your Planning and Service Area had opportunity to review and comment on this proposal? Y N

If no, why not? Click here to enter text.

If yes, what comments were provided to your agency? Click here to enter text.