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Executive Summary

This proposal concentrates on the CNCS Primary Focus Area of "Healthy Futures." At least 259 RSVP volunteers will be recruited, supported, and actively serving in rural Grafton and Sullivan Counties, New Hampshire as noted in Opportunity #NH-01 listed in the NOFA for the 2014 RSVP Competition. This application is being submitted by Grafton County Senior Citizens Council, Inc. (GCSCC.) The agency is a 501 (c) 3 established in 1974, "To promote, develop and reinforce programs which support and enhance the health, well-being, self-esteem, dignity and independence of older adults and adults with disabilities." GCSCC is requesting an annual amount of \$90,517 from the Corporation for National and Community Service (CNCS.) This investment will be supplemented by at least a match of 30%; we have budgeted a match of \$64,921 generated through non-federal resources, including local governmental funding, foundation and United Way grants, fundraising, plus in-kind and individual donations. This grant will be used to support a minimum of 259 RSVP volunteers, (based on the \$350 per volunteer formula noted in the 2012 CNCS NOFA for augmentation or new RSVP projects,) by the end of year three. Less than 30% or 78 RSVP volunteers will meet "Community Priorities" as defined by CNCS, through approximately ten -- fifteen stations including the county nursing home, three rural hospitals, a rural police department, the American Red Cross, a circuit court, plus non-impact activities at eight senior centers. At least 70% or 181 RSVP volunteers will directly serve older adults and adults with disabilities to "Age In Place." RSVP volunteers will provide telephone reassurance calls, home delivered meals, rides, companionship, and home repairs to help qualified clients "remain in their homes with the same or improved quality of life for as long as possible" as defined by CNCS in the NOFO. An emphasis will be made to serve more veterans as volunteers and clients. At the end of the three year grant, the anticipated output for "Aging In Place" is that a minimum of 450 qualified clients are served. The anticipated outcome is that at least 225 clients will report having, as defined by CNCS, "increased social ties with or perceived social support from RSVP volunteers offering effective help during times of need." This proposal supports RSVP volunteer service in alignment with the CNCS 2011 - 2015 Strategic Plan. #

Strengthening Communities

This project focuses on a cluster of strategies aligned with CNS Primary Focus Area "Healthy Futures: Aging in Place" as established by the Service to America Act and incorporated into the CNCS Strategic Plan for 2012 -- 2015. These strategies all depend on volunteers to deliver services that are geared to helping meet specific needs of older adults and adults with disabilities to age in place, as identified by

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the Older Americans Act, the National Council on Aging, and locally, the New Hampshire State Plan on Aging 2012 -- 15. The Plan states "Goal 1: Enable seniors to remain in their own homes with high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers." Objective 1 Includes home delivered and community dining, community elder support, transportation, family caregiver supports, and health promotion. For the purposes of this grant, our strategies are: housing services, (maintenance, repairs, and installations, (Chore Corps, (CC;)) companionship, (telephone reassurance (Good Morning (GM;)) plus social integration and health promotion through group activities, (RSVP Bone Builders (BB) exercise classes;)) Home Delivered Meals (HDM); and Transportation (Trans.) These are evidence based approaches - - but the evidence focuses on direct, concrete outcomes - - access to health providers, increase in bone density, nutritional intake, etc. However, more work is being done, for example, by The National Social Life, Health and Aging Project (NSHAP) to study the connections between social support and healthy aging. Previous research on the subject (2009 paper by Erin York Cornwell and Linda J. Waite, published by Oxford University on behalf of the Gerontology Society of America; K. Ollonqvist et al in a 2008 article in the International Journal of Mental Health Promotion, and many others,) has shown definite links between social integration and physical health, and perceived isolation and mental health, as well as a relationship between the two. CNCS has identified transportation, home delivered meals, and companionship as strategies for RSVP to address. // HDM and Trans. are coordinated by our sponsor, Grafton County Senior Citizens Council, Inc. (GCSCC,) through their eight senior centers, plus other providers emerging in currently un-served locales; and an array of service providers in Sullivan County. BB, CC, and GM are run by RSVP throughout our service area. These services are provided by volunteers. In fact, without the volunteers, they would not happen. For the purposes of this CNCS grant, RSVP will measure / report on the CNCS identified outcome: "the number of older adults (age 65+) and adults with disabilities who report having increased social ties / perceived social support - - relationships with other people and / or the belief these people will offer, (or have offered,) effective help during times of need." // Before providing details on the community needs and volunteer service activities, this writer would like to paint an overall picture of our rural service area in the north east, using United States Census 2000 and 2010 data sets, (depending on most recent Census Bureau analysis available.) New Hampshire (NH) is the fifth smallest state, and ninth least populous. The state covers a total of 9,304 square miles; combined, our service area of Grafton (GC) and Sullivan Counties (SC) cover 25% or 2,302 square miles of the state's land mass. GC covers 19% of the state or 1750 square miles of which almost half is White

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Mountain National Forest. SC covers 6% of the state or 552 square miles. // With 221 towns and 13 small cities, NH's population is 1,316,470 people, averaging 147 people per square mile. 38% of NH residents live in non-metro counties compared to 16% nationally living in rural areas, which poses challenges in delivering services. GC's population of 89,118 lives in 38 towns and one small city, averaging 52 people per square mile; Sullivan County's population of 43,742 resides in 15 towns and averages 81 people per square mile. The percentage of people aged 62+ is 15% for NH, 17% for GC, and 18% for SC. The lack of racial or ethnic diversity is illustrated by the fact that 93.9% of NH residents are white. The majority of minorities are young children people living in two small cities - - Manchester and Nashua, and Hanover / Lebanon areas hosting an Ivy League college - - Dartmouth College, and a large medical center plus many technology businesses. In GC, 98.2% of residents are white, with SC being 97% . The state's median income is \$64,664 with 6.6% of elders living in poverty. GC's median income is \$66,701, yet, 7.6 of elders live in poverty. The median income of SC is \$51,678 and 6.7 of elders live in poverty. To broaden the economic perspective: in July 2013 the seasonally adjusted unemployment rate for the country was 7.4%; in NH it was 5.1%; in GC, 4.2%; and in SC 4.4%. By contrast, two locales in GC have widely different rates based on various factors: Haverhill's unemployment rate for this period is 5.1% versus a low of 3.4% for the aforementioned Lebanon / Hanover area. // Our proposed goals for this new grant are 70% or 181 of the volunteers to be engaged in outcomes based activities in "Health Futures: Aging In Place;" with no more that 30% or 78 of the other volunteers involved in "Community Priorities." Following are the descriptions of the five service activities leading to national service measures, with the associated statement of community need and service activity. Afterwards is an explanation of the outputs and outcomes plus the details of how data will be tracked, collected, and managed. // The first service activity to be discussed is Home Delivered Meals (HDM.) The COMMUNITY NEED: States that have invested in their community-based service networks, particularly home-delivered meal programs, have proportionally fewer low-care nursing home residents. (based on 2009 data,) In New Hampshire, if the proportion of people aged 65+ receiving meals was increased by one percent equal to about 564 meals, per day, about eleven people would not be in a nursing home, resulting in an estimated \$1,950 savings in Medicaid reimbursements per day, based on the 2009 Medicaid per diem rate of \$195. For every \$25 a state spends on home delivered meals programs per year for people over aged 65, the population of low-care nursing home residents goes down a percentage point. (Thomas, K. S. and Mor, V. (2012.) The Relationship between Older Americans Act Title III State Expenditures and Prevalence of Low-Care Nursing Home Residents. Health Services Research. doi: 10.1111/1475-

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6773.12015 The Older Americans Act defines "Home delivered meals are for those unable to physically or financially prepare meals for themselves or to attend congregate meals. Without home delivered meals, elders could quickly fall into a state of self neglect." Note: In Grafton County, the home delivered meals programs have no paid staff available to serve or deliver the meals unless it is an emergency. Neither congregate nor home delivered meals could be provided without the help of volunteers. DATA: The University of New Hampshire Carsey Institute's 2010 Issue Brief #21 "What's for Dinner?" reports that 13% of the state's households were food insecure in 2009. The Household Food Security report of 2006, conducted by the USDA's Economic Research Service cites the national average of for "low" and "very low" food security among elders living alone to be 6%. The National Meals on Wheels Association's report, "Senior Hunger in America" based on data from 2001 -- 2007 shows a rate of insecurity for people over the age of 60 to be 1.5% for North Dakota, and 12.3 for Mississippi as compared to. 3.01 % New Hampshire. Yet, the University of New Hampshire's Carsey Institute has found there are pockets of serious poverty throughout the state. Rural or low density population towns are even more widespread. Over half (53 percent) of the towns in Sullivan county... and 42 percent of the towns in Grafton county are at highest or high risk for food insecurity. HDM SERVICE ACTIVITY and INPUTS: Screened and trained HDM volunteers will get their assignments from the senior center / station staff. Meals are delivered to eligible clients who have had an intake done by the station staff. HDM volunteers often serve in teams with a runner and a driver; many are spouses or friends who intentionally sought out a volunteer opportunity they could perform together. The volunteers use their own vehicles and are eligible to get mileage assistance through the station, for the travel involved in making the deliveries. RSVP assists volunteers with mileage to and from their sites. Volunteers perform their duties according to certain food safety standards, and safety procedures should clients not answer the door. // Transportation is one of the specific needs of older adults and adults with disabilities to age in place, as identified by the Older Americans Act, the National Council on Aging. Locally, the New Hampshire State Plan on Aging 2012 -- 15. Screened and trained volunteers will get their assignments, usually by phone, from the station they serve. They will use their own vehicles to transport clients to the destination according to the stations rules and procedures, with a focus on customer safety and service, maintaining documentation, etc. Mileage assistance will be available through the stations.# The remainder of the Healthy Futures volunteers will serve through the three signature programs our RSVP project runs: Chore Corps (CC,) Good Morning (GM) telephone reassurance, and group activities promoting social integration - - in this case, through exercise - - RSVP Bone Builders (BB.) // The COMMUNITY NEED: Chore Corps services meet needs

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identified in the aforementioned NH Bureau of Elderly and Adult Services (BEAS) State Plan on Aging (2012-2015) as a community based service to assist elders, adults with disabilities, and family caregivers. Furthermore, BEAS contracts with for-profit providers for similar services on an emergency basis, but often contacts us for volunteers for smaller tasks or because of a lack of registered and vetted contractors in our rural locales. As part of the Corporation's new strategic focus, we will be expanding our outreach for this Chore Corps to serve veterans and military families. According to our intakes and annual surveys, people requesting Chore Corps services often do not have financial resources to hire help, do not have family in the area, do not know anyone who can help or are vulnerable to fraud and scams. Requests are for heavy chores, small repairs and home modification projects. Examples include: installing grab bars or railings, fixing broken windows, repairing faucets, installing outdoor lighting, installing smoke detectors, mending broken steps, assembling hand-held showers, seasonal yard cleanup, winterization, and more often, help with packing, moving and unpacking or short term cleaning projects enabling eligible clients living in public housing to meet their annual inspection / avoid eviction. Clients tend to be frail elderly with health complications from diabetes, Chronic Obstructive Pulmonary Disease, emphysema, cancer, auto accidents and other medical issues; younger disabled adults especially with mental health issues or Multiple Sclerosis; older adults who have had to give up driving or who never drove; family caregivers taking care of their older relatives from nearby or at a distance; and veterans who happen to be older adults or adults with disabilities. Note: with the new grant we plan to do more outreach to younger veterans with disabilities through the Veterans Administration facility serving our area; (located right across the Connecticut River, in Vermont.) Chore Corps volunteers also deal with clients with hoarding issues. Sometimes the referral is specifically to address the hoarding, other times the volunteers encounter the situation while responding to a request for a different need. Sometimes the volunteer cannot address the primary request -- one example includes an older couple wanting to winterize their porch but the Chore Corps volunteer could not reach the windows to install plastic because of solid three foot piles and only a tiny path. Another case: a request to move in a hospital bed only to discover there was no room for the bed due to overwhelming clutter. Research shows: An article in the March 2010 Journal of Environmental Health states: "Hoarding is an under-recognized problem that exists in most communities and adversely impacts the health, welfare, and safety of humans, animals, and the environment. The situations are often complex and a full response is likely to be prolonged and require a cross-jurisdictional multi-agency effort." Hoarding can cause a severe fire hazard in the building that is difficult to suppress; it often encourages insects or rodents in the

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neighborhood; can signal neglect of animals or people; can cause building code violations or structural damage; and / or can cause sanitation or odor nuisances from garbage, trash, or animal wastes. Towns often bear the cost for clean-ups because individuals can not. Housing and health are inter-related, with problems in one area often aggravating the other, (Aging in Place: Coordinating Housing and Health Care Provision for America's Growing Elderly Population. K. Lawler. 2001. Joint Center for Housing Studies of Harvard University Neighborhood Reinvestment Corp.)

CC SERVICE ACTIVITY and INPUTS: Screened and oriented volunteers, (these are skilled volunteers who do not need "training" per se in the actual tasks,) will receive their assignments from the RSVP office. The RSVP office does the client intakes over the phone and if appropriate, contacts a CC volunteer with the needed skills in the client's locale. The volunteer will schedule a visit directly with the client and either perform the task at that time, (they provide their own tools if the client does not have them,) assess it and either let the RSVP office know that it is beyond the skills or interest, or beyond the scope of the program; or work with the client to develop and estimate of materials and purchase said materials. RSVP currently has a small grant from the New Hampshire Bishop's Fund of \$2,500 to assist needy clients with materials. We will be applying for a Home Depot grant - -the criteria is projects helping veterans. The RSVP office works with the client to get documentation of need - - a copy of their fuel assistance award, etc. The volunteers often work in teams on larger projects to improve manpower, share tools or mentor one another in techniques. // Note: Companionship will incorporate two volunteer activities - - Good Morning and RSVP Bone Builders - -into one work plan, but are discussed separately here for clarity.

THE COMMUNITY NEED regarding Good Morning Telephone Reassurance: Elders living alone are more vulnerable to severe injuries and death due to falls and other problems, including isolation. Data: Eleven percent of elders aged 65+ in New Hampshire, with 28% elders aged 65+ in Grafton County, NH live alone. Social isolation is a risk factor among older adults, especially women. Isolation often contributes to problem behaviors, issues with alcohol, depression, poor health and increased use of health services, abuse or neglect by others, or self-neglect and may even accelerate the aging process, (Interventions to reduce social isolation amongst older people. R. Findaly. Aging & Society. 2003.) "Three elements' identified as basic to diminishing feelings of loneliness: opportunities to compare their own pasts with other people's; sense of control over some aspect of their environment; and someone to confide in," (Chronic Illness: Impact & Intervention. Chapter 5 Social Isolation. Luskin and Nicholson. 2006)

GM SERVICE ACTIVITY and INPUTS: Screened and trained volunteers will make phone calls to eligible clients who have been enrolled by RSVP staff or a lead volunteer. Volunteers serve from home, making calls according to the schedule

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developed by the RSVP staff or lead volunteer. In one locale the schedule is rotated among a group of volunteers. Another volunteer with the ability to make toll calls at no charge makes calls to additional clients. Originally, calls were made in the morning but we have adapted to the needs of clients since we have had some requests for evening calls from family caregivers. One was a gentleman who worked second shift and wanted someone to check in with his bedbound wife. Another was a husband caring for his wife with dementia. He wanted someone to make sure he'd made it through the day and hadn't fallen himself - -since she would not have been able to respond. Volunteers follow a written procedure if a client does not answer after three calls within 30 minutes. The volunteer calls the client's first or second contact listed, and then the local police for a well-being check if needed. // The COMMUNITY NEED addressing social integration through group activities focused on discussion and exercise, currently through RSVP Bone Builders (BB.) Note that participants have expressed interest in having other kinds of classes - - such as Tai Chi. With the new grant, we will be able to explore such offerings that rely on trained volunteer layleaders. These type of classes may center on exercise but also have the important function of bringing together older adults on a regularly scheduled and ongoing basis, at no cost to them, to meet around a shared interest: in the case - - maintaining or increasing their bone density, balance, information, and confidence in order to decrease falls and fractures. Rationale: Over the eight years RSVP has run this program through Grafton and Sullivan Counties, participants mention time and again - - in response to the open ended question in our annual client survey: "What do you like most about the class?" - - "making new friends," "camaraderie," "socializing," "the group," "doing something good for my health while having fun," "the support of the class leader," etc. Additionally, falls and fractures reduce elders' quality of life, and result in billions of dollars of health care expenditures. Data: According to the National Osteoporosis Foundation "Bone Health and Osteoporosis" report by the Surgeon General, 2004 plus other statistics on their website: approximately 58% of New Hampshire adults, (including 100,500 in Congressional District 2 - which includes our two counties,) over 50 years of age have osteoporosis or low bone mass. One in three women over the age of 65, and one in two over the age of 75, will fracture her hip during her lifetime. Osteoporosis is the main cause of all fractures in older adults and can be prevented and improved through adequate and appropriate weight-bearing exercise. The Centers for Disease Control and Prevention (CDC) report: Complications associated with hip fractures result in about 300,000 hospitalizations, and 50,000 deaths a year in the U.S. 20% of individuals with a hip fracture end up in a nursing home within the first year. The annual cost of treating the disease, including extended nursing home care in advanced cases, is estimated at \$18 billion. In 2007, the CDC reports

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81% of fall deaths were among people aged 65 and older.// Fear of injury and falling often contributes to elders, and especially people with osteoporosis becoming inactive or homebound, resulting in isolation from friends and family, a loss of independence, and increased morbidity, (British Medical Journal and (Roybal Center for Late Life Function at Boston University. In our counties, the State reimburses the county nursing homes an average of \$6,000 per month for Medicaid clients. Even if 1% of the (375) participants who attend at least x times per year, are prevented from breaking a bone requiring one money of nursing home care, there is a cost savings of approximately \$22,500. All 14 of our RSVP Bone Builders sites are donated, (two town halls, one church, one fire department, one senior housing complex, one community center, six of our sponsor's senior centers, plus an independent senior center, and most recently, a hospital. BB SERVICE ACTIVITES and INPUTS: Screened and trained volunteers use a structured, professionally designed curriculum and co-lead classes twice a week. Class space is at sites such as fire departments, churches, senior centers, town halls, etc. which donate the space in-kind. Class sites have been developed by RSVP in collaboration with host site, (with whom we sign a Memorandum of Understanding,) and other community partners. RSVP provides the weights which are often donated by local groups such as the Lions or churches, or funded with grants. Volunteer class leaders also have the opportunity to attend annual refreshers. // How outputs and outcomes measured? / collected? / managed? All our Healthy Futures: Aging in Place outputs and outcomes will be measured, collected, and managed as follows based on our current systems and improvements to be made with this grant: a) stations collect client data that tracks unduplicated clients and their contact information, ages, dates and units of service using logs. This information is shared with RSVP - - either as data already analyzed, or data sets requested by RSVP and processed by the station using specific queries, or in the case of the case of RSVP's signature programs - -BB, CC, and GM - - raw data from the logs, entered into our sponsor's custom designed ACCESS client and volunteer databases. RSVP staff design queries to generate data sets for reports for CNCS, the United Way, Grafton County, and other funders. For the purpose of this grant, the output we will be measuring is "the number of older adults, (defined by CNCS as aged 65+, though the Older Americans Act defines it as age 60,) receiving the "minimum dosage" of volunteer services as defined in this narrative and the related work plans. This writer could find no research to guide us on developing a "minimum dosage," as required by CNCS; therefore, we have developed our own. HDM: 30 meals. Trans. Five rides - - one person might have rides for grocery shopping twice a month or dialysis for six visits while family are on vacation. Yet, both people may feel an increase in social support. CC: one visit. (That's all it took to move a homeless veteran from transitional housing

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to a new apartment and he sure appreciated it! Emptying someone's garbage 52 times a year makes a different sort of impact. Yet again, both people may feel an increase in social support. For GM: one month of calls. For exercise classes: an average of twice a week over twelve weeks - - the minimum for someone to increase balance. FYI: Some funders require us to report on "units of service." These units are defined as follows: HDM: number of meals. Trans: number of rides. CC: number of visits required to complete the task. GM: number of calls. BB: number of times a participant attends class. Annually we send confidential surveys to clients, with a self addressed stamped envelope. The surveys are used to collect information regarding customer service as well as self reporting regarding various outcomes. Traditionally, in keeping with the national Meals on Wheels Association, the National Council on Aging, and the NH State Coalition of Senior Services, our sponsor's HDM program measures the daily nutritional intake of the client on the days they got services. Traditionally, the trans. surveys ask clients if the rides helped them to maintain or increase their access community services, (doctor appointments, grocery shopping, etc.) Since 2005 when our RSVP project began running Chore Corps, Good Morning, and RSVP Bone Builders, we have tracked and measured and reported the following as outcomes in our RSVP grant, using the aforementioned annual surveys and client self-reporting: Chore Corps, using a one to five rating, (from low to high,) "The Chore Corps volunteers help me maintain my independence." Good Morning volunteers help me maintain my independence." For RSVP Bone Builders we ask, "In the last year, have you had a fall or fracture?" Our outcomes were based on the percentage of respondents answering CC and GM in the affirmative, and BB in the negative. We also ask many other questions including whether the client has learned of new services? Saved money? Felt an improvement in their balance? Wellbeing? With the new grant, we will be working with colleagues from other RSVPs to develop a survey tool, with input from professionals as well as using CNCS developed resources. We will be measuring the outcome CNCS has identified: "the number of clients who report having increased social ties / perceived social support - - relationships with other people and / or the belief these people will offer, (or have offered,) effective help during times of need." // VETERANS: For the purposes of this grant, we will be more deliberate in designing our processes and forms to better track the numbers of older veterans and those with disabilities who we serve as clients meeting the definitions of clients for "Aging in Place. We will also be doing more outreach for our signature programs - -CC and GM in particular - - to reach veterans who need help making repairs, maintaining their home, etc. and those who would like a GM call from a volunteer because s/he is homebound, has limited mobility in the community, or are otherwise isolated. RSVP staff and volunteers will be reaching out more deliberately to CC and GM clients who

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are veterans, as well as BB participants who may have veterans in their families, to see if folks are interested in the other Aging in Place services provided by RSVP volunteers. #

Recruitment and Development

Our project focuses on recruiting, placing and supporting volunteers meeting needs under the Corporation for National and Community Service's (CNCS,) Primary Focus Area of Healthy Futures / Aging in Place.. The four service activities are: companionship, food delivery, housing services, and transportation. Food delivery / Home Delivered Meals (HDM) and transportation (Trans.) are provided through stations that are senior centers run by our sponsor, and various stations in Sullivan County, (where service provision is more fractured.) Companionship and housing services are provided through three "signature programs" run by our RSVP: RSVP Bone Builders (BB;) Chore Corps (CC;) and Good Morning (GM) telephone reassurance. All of these services are provided for no fee, to adults aged 60 and over or adults with disabilities, in accordance with Older Americans Act rules. // All our Aging in Place volunteer service activities have aspects in common making them HIGH QUALITY VOLUNTEER ASSIGNMENTS: a) They are based on community needs identified by CNCS, as well as the State of New Hampshire, the United Way, and other grantors' assessments. b) They are replicated from other long standing local, regional or national evidence based models that have benefited from continuous improvement over time. c) The volunteers have positive opportunities to share their experience, abilities, and skills. Real examples include: a GM volunteer (MC) who used to be very active but is now homebound because of Multiple Sclerosis is still able to SHARE her ABILITIES as a self directed volunteer serving from home. She has said volunteering helps her to still feel useful. We have three BB leaders (CB, KR, WD,) retired exercise instructors who owned their own fitness businesses, and a retired physical education instructor (KK,) now SHARING their EXPERIENCE and SKILLS. Three more leaders (PG, RH, GS,) are retired nurses plus a retired nutritionist (BR,) all sharing their knowledge with clients through the discussion portion of the class. One of our Master Trainers (DS) is an owner / operator of an assisted living facility; professionally trained in gerontology, she is lending many of her skills. Three CC volunteers are retired contractors / builders (VB, RE, KH,) using their skills to assess potential projects, draw up plans and write estimates for materials, and mentor other CC volunteers. Five CC volunteers are VETERANS (MC, DM, AO, MR, KS,) who go the extra mile to serve fellow veterans, according to client feedback. In addition to addressing social connectedness and isolation to improve physical and mental health, these activities also help IMPROVE COMMUNITIES by helping elders and adults with disabilities remain in their own towns, homes, and networks, as well as continue to be part of their local economy. GM telephone

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reassurance addresses a measure of safety with the daily check in, even for clients who have "Lifeline" or other devices they wear and press for emergency assistance. Past examples include: two 90+ year old twin sisters renting a condo: when the furnace quit, the condo manager told them to turn the stove on - - this on a sub-zero January day; the volunteers got a space heater, and staff spurred the condo staff to get the furnace repaired quickly. A lady whose knees locked and she was on the toilet for 14 hours straight until the Good Morning volunteer followed the procedures for when clients don't answer, and the lady's first emergency contact found her and called 911. According to our client surveys, CC volunteers increase people's perception that they have help when needed. Making repairs and installations as well as performing occasional chores that will help keep older adults and adults with disabilities safer in their own homes, CC volunteers do such tasks include: installing air conditioners to prevent heat stroke; repairing ramp railings and decks to assure folks have a safe exit, as well as a means to access the community; winterizing homes for maximum fuel efficiency and savings. HDM volunteers help decrease social isolation and improve clients' nutritional intake - - often 75 -- 100% of their daily intake per the client surveys. The volunteers also provide a safety check since many of the clients live alone and may not see anyone else for days at a time. BB exercise classes not only help increase bone density and balance with the goal of decreasing falls and fractures, but also provide free, regular scheduled opportunities and space for social integration through people coming together around a common issue. // In helping others to age in place there are many opportunities for VOLUNTEERS IMPROVE THEMSELVES THROUGH VOLUNTEERING through coordination and leadership roles, (as well as our recognition and retention activities described later in this narrative.) We have a GM volunteer who communicates with and coordinates the other volunteers' schedules. Two BB leaders we trained in collaboration with an RSVP in Vermont, now serve as Master Trainers. Some experienced carpenters team up with less skilled CC volunteers. One transportation volunteer at a senior center has a lot of responsibility, scheduling rides with clients and dispatching the volunteer drivers. Through our signature programs, (BB, CC, and GM,) volunteers also have opportunities to participate in volunteer meetings to give feedback and input, reflection, recognition; plus enhancing their own lives. RSVP also shares the outcomes based work plans, results, and annual surveys with the volunteers. With the new grant we plan to include volunteers in program evaluation and continuous improvement regarding serving volunteers and clients, as well as recommending and providing in-service training. RSVP volunteers also improve their own lives in other ways. All of our GM volunteers have limited mobility because of driving issues, (can't afford a car, or can no longer drive,) or a more or less homebound because of health issues, (Multiple Schlerosis, diabetic neuropathy, etc. ;) therefore,

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their service activities -- the calls to clients plus their phone contact with their fellow GM volunteers and RSVP staff also goes toward increasing their own networks and decreasing their own isolation. CC volunteers expand their networks often serving in teams, plus they continue to use their skills. According to research quoted in Richard Russell's 2004 article in *The Journal of Men's Studies*, "Social Networks Among Elderly Men Caregivers," retired men continue to value the types of social roles they had at work, and depending on the type of work they did, find activities that accomplish visible, concrete results. HDM volunteers often serve in teams, many times spouses or friends, providing them an opportunity to build on their own personal relationships through service. BB volunteers benefit from the exercises they lead as much as the clients do; plus they also benefit from social integration and the information / education discussions they conduct / facilitate for the group. Transportation volunteers have told us that helping others in poor health or other challenging circumstances helps them get their mind off their own troubles. // TO BE HIGHLY EFFECTIVE IN ADDRESSING COMMUNITY NEEDS, d) All outcomes based volunteers are i) interviewed, ii) enrolled, iii) placed, iv) screened, v) oriented and vi) trained, then vi) supervised and supported, vii) recognized and retained on an ongoing basis to build their rapport with staff, encourage good risk management behaviors, build their identification with the RSVP, and to increase retention. i) RSVP staff interview each prospective volunteer individually, spending 1 ½ to two hours in person discussing the individual's skills, schedule, interests, transportation, and motivations in an attempt to make the very best match possible for the volunteer and the station. Because we cover over 2,302 square miles, staff travel to the volunteer's community in our two county service area. ii) All enrollments are done in person. No enrollments are done by mail; iii) Afterward, before referring / placing the volunteer, RSVP staff research all possible matches relevant to the volunteer, and work with the person to choose the best fit for her / himself and the station. We avoid placing volunteers into assignments "because staff needs the help." We place volunteers in activities through eligible stations with which we have current Memoranda of Understanding - - not-for-profits, municipalities, proprietary healthcare organizations, and our own 'signature" programs (BB, CC, GM,) all in accordance with the RSVP Operations Handbook. The focus is always on making the best fit for the volunteer and the station. If the volunteer is not a good fit for our CNCS outcomes based or community priority work plans, we will not enroll them but will give them suggestions of other possibilities they can pursue on their own. iv) We require volunteers serving through our "signature programs," (Chore Corps, Good Morning, and RSVP Bone Builders,) to be screened by having a criminal record check through the State Police Department, as well as a background check through the state's elder abuse and sex offender registries,

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plus three telephone references, because the volunteers are working with vulnerable populations, without direct on-site supervision. Now all our volunteers have a Department of Motor Vehicle record check as part of good risk management in regards to "mission creep" because sometimes volunteers un / officially expand their activities and transport clients. v) All Aging in Place volunteers work both autonomously in the community, and are part of a larger team. As part of their orientation - - one-to-one two hour program orientation with RSVP or station staff - - the volunteers review and sign service descriptions and confidentiality statements, in order to clarify everyone's expectations and as part of good risk management. They also review program procedures, agency policies regarding gifts, confidentiality, reporting of abuse and neglect, etc. Real life situations, strategies, and lessons learned are also discussed. For example, what to do if clients insist on repeatedly calling CC volunteers directly at their home, rather than calling our office; what if a GM client asks the volunteer to take them to the doctor; what if BB client asks a volunteer to borrow money while the car; what if a HDM client does not answer the door; or what if a chemo patient vomit while being transported by a volunteer; etc. vi) Training incorporates shadowing, peer-to-peer teams, as well as formal workshops. Because CC volunteers often encounter hoarding situations, we provide dedicated CC volunteers the option to attend a full-day workshop on this public health and mental health issue, provided by the University of New Hampshire's Institute on Disability. We pay mileage and the workshop fee, (\$45.) To date, three volunteers have chosen to attend, and gained a better understanding of the issue. BB volunteers are required to attend a six-hour training prior to leading classes. The training focuses on utilizing the professionally designed, evidence based curriculum, as well as agency policies and program procedures. On February 19, 2013, we held a training in Littleton for seven new class leader volunteers. This training was lead by one of our Master Trainer volunteers, which is significant because of the opportunity for leadership, and because having a lead volunteer saves money - - we used to have to pay for RSVP staff come from Vermont to conduct our training. On April 3, 2012 we hosted a joint RSVP Bone Builders training for 18 of our project's new volunteer class leaders, plus 12 new volunteer class leaders from RSVP projects serving Hillsborough, Carroll, and Coos counties, New Hampshire. In 2012, we also had two refreshers for the leaders. One for five leaders at a new site, and one for 14 of our northern leaders. We have budgeted to offer enrolled HDM and transportation volunteers a scholarship to attend the AARP Driver Safety classes. vii) Volunteers are provided ongoing support from station staff and RSVP coordinators via phone, email, face-to-face contact plus meetings that include staff and peers. // PLANS TO RECRUIT A VOLUNTEER POOL REFLECTIVE OF THE DEMOGRAPHICS OF THE COMMUNITIES SERVED: Recruitment runs the gamut,

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including word-of-mouth by satisfied volunteers, press releases, public presentations to groups, (churches, fraternal and veterans organizations, retiree associations, etc.) plus online strategies on our own web site, the state commission website, and others. Note: our sponsor has not yet approved policies regarding the use of social media, therefore we are not yet using Facebook, YouTube, etc. If we attract people under the RSVP target of age 55, we give them tips and refer them to agencies without enrolling them. Currently, a total of 55 or 21% of our active volunteers are "Boomers," (born between the 1946 and 1958,) including one GM, 11 CC, 16 BB, and 12 home delivered meals volunteers, plus x transportation volunteers. If one were to solely look for a critical mass of diversity by race or ethnic groups in our program, one would find it lacking. One factor is that the comparatively small numbers (approximately 3%) of people of color in our area are mostly college students at Dartmouth College and Plymouth State University. We are successful in involving individual volunteers (3%) with mental retardation, dementia, stroke, mental illness, and Multiple Sclerosis. We are also successful in involving men - - 74% of our Chore Corps volunteers are male, (Census data shows an average of 70 men to 100 women over age 65.) In addition to our usual recruiting strategies, we plan to work with HIV / AIDS and LGBT organizations in our area to not only volunteer recruitment but client outreach. We already work the Veterans Administration facility in White River Junction, Vermont regarding client outreach and volunteer recruitment since they also serve veterans living in our service area in New Hampshire. Additionally, this past year we have increased presentations to and working with veterans organizations such as the American Legion and VFW, doing client outreach and volunteer recruitment. In one locale, we have a working relationship with Pathways in the Upper Valley, which serves people with mental retardation. The clients and their community integration staff work in teams and are often paired with other senior volunteers. We plan to expand our work with them in Sullivan County. With this new grant we plan to develop working relationships with White Mountain Mental Health, and Lakes Region Community Services to reach more clients and volunteers with different abilities. // Our efforts regarding volunteer

RECOGNITION AND RETENTION include: We endeavor to maintain a culture of positive customer service - - focusing on the personal relationships between staff and volunteers. Contact is in-person, by telephone and email follow-up. Day to day recognition includes small things: verbal acknowledgements - - simple Thank Yous, remembering / addressing people by name, calling and asking how their volunteering is going, sending birthday cards, and inviting folks to write an 'In Their Own Voice' article for our newsletter and website. In 2013 all RSVP Bone Builders projects in NH were recognized with the Governor's Council on Health & Fitness Award. We also successfully

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nominate volunteers for local, statewide, and national awards: 2011 Vaughan Award for Grafton County, (Dan Fleetham, a retired judge who, at the age of 99, still volunteers as a home-delivered meals driver after 30+ years of service, using his own vehicle to cover a rural dirt road route.) 2009 Vaughan Award for Grafton County, (Bertha Farnham, congregate meals and RSVP Bone Builders.) The 2005 Spirit of New Hampshire award (Jo Tansy, an RSVP /home delivered meals volunteer for 30 years and RSVP Bone Builders leader.) In 2003, the first CNCS National Community Spirit Award, (Flo Taylor, a Thresholds volunteer.) A Daily Points of Light award in 2000 (Thresholds and Decisions jail volunteers.) Mileage assistance is currently available only to RSVP volunteers involved in activities outlined in the outcomes based work-plans we report on to CNCS. We have budgeted based on 40 cents per mile. Last year, we assisted 28 RSVP volunteers to travel 15,265 miles to and from their assignments for home delivered meals, BB, CC, and GM volunteers. We have never had a cap on the amount or miles though we only send checks out after they reach \$20 or three months, whichever comes last. Our program has prioritized recognition funds and efforts exclusively on our signature program volunteers over the past five years through the gatherings and trainings. Since most of our GM telephone reassurance volunteers are homebound themselves, (because of health issues such as MS, as well as transportation,) their "refresher" involves a home visit by RSVP staff, who reviews procedures, challenges, and brings a \$10 gift card, potted plant or other recognition gift. CC volunteers are given an opportunity to come together at least once a year for training, networking, recognition and a shared meal. In 2013, Lyme Fire Chief Michael Hinsley spoke to 11 CC volunteers about keeping themselves safe while on assignments in the community, including recognizing signs of clandestine meth labs, (50% - - five of the ten - - illegal drug labs seized in New Hampshire between 2005 and 2012 were in our service area; Footnote #1) and the fire safety issues about smoking and oxygen therapy, (re: being around clients on oxygen who also smoke. The Centers for Disease Control (CDC,) estimates that there are one million Americans on long-term oxygen therapy covered by Medicare. A CDC survey of four states, covering the years between 2000 and 2007 accounted for 37 single fatalities resulting from this lethal combination. Footnote #2) In 2012, we arranged for Home Depot (HD) to host a CC volunteer gathering. Ten fellows attended a workshop on new weatherization products that could help clients, with each receiving an orange five gallon "Homee Bucket" filled with caulking, weather stripping, window plastic, and a HD hat, all donated by the company. Other guests have included staff from the state's Bureau of Elderly and Adult Services on the topic of elder rights and reporting suspected abuse, neglect or exploitation; Lebanon's Assistant Fire Chief discussing purchasing and installing smoke and carbon detectors; West Central Services mental health

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practitioner presenting on hoarding. Fourteen BB volunteers attended the July 25, 2012 refresher including training, recognition, a shared meal, an opportunity to share challenges and best practices, plus giving RSVP staff input and feedback, and networking. // RETENTION: Analysis of the retention, turnover, and replacement of volunteers in our "signature programs" (BB, CC, GM,) is as follows: Good Morning: Retention (Rn): 7/2010 -- 6/2011: 70%. Turnover (T): 30%. Replacement (Rt): (not tracked.) / 7/2011 -- 6/2012: (Rn): 86%. (T): 14%. (Rt): (not tracked.) / 7/12 -- 6/13: (Rn): n/a. (T): n/a. (R): 0. Chore Corps: 7/2010 -- 6/2011: (Rn): 78%. (T): 22%. (Rn): (not tracked.) / 7/2011 -- 6/2012: (Rn): 100%. (T): 0. (R): 3%. / 7/2012 -- 6/2013: (Rn): n/a. (T): n/a. (Rt): 0. / RSVP Bone Builders: 7/2010 -- 6/2011: (Rn): 91%. (T): 10%. (R): (not tracked.) / 7/2011 -- 6/2012: (Rn) 85%. (T): 15%. (Rt): 27%. / 2012 -- 2013: (Rn): n/a. (T): n/a. (Rt): 31%.

#1: (Statistical charts.) www.homefacts.com/methlabs/New-Hampshire.html

#2: Maine Department of Public Health study quoted in "NH Fire Officials Warn: Oxygen Mishaps on the Rise," Paula Tracy. Union Leader, (9/16/2013,) notes two such fires in New Hampshire public housing during 2008. #

Program Management

WE DEVELOP AND OVERSEE VOLUNTEER STATIONS TO ENSURE COMPLIANCE WITH RSVP REGULATIONS. CONTEXT: With the announcement of the Serve America Act in 2009, and the new requirement for RSVP Competition, plus our sponsor's update of its own strategic plan, our RSVP has narrowed its focus primarily to volunteer activities in alignment with CNCS's Primary Focus Area of Healthy Futures: Aging in Place, which are also a mission fit with our sponsor. Additionally, our efforts center on activities that wouldn't happen without us. That is to say, our signature programs since 2005: Chore Corps, Good Morning, and RSVP Bone Builders. We will also focus more on recruiting volunteer medical drivers, including veterans, to assign to local senior centers and other service providers, as well as recruiting and supporting more home delivered meals volunteers to serve through eight senior centers. These services rely heavily on RSVP volunteers, as well as staff coordination, to help elders and adults with disabilities stay independent in their communities for as long as possible. To MANAGE VOLUNTEER STATIONS TO ASSURE COMPLIANCE with RSVP regulations, we conduct all of our MEMORANDA OF UNDERSTANDING (MOU) in person. They are updated every three years or sooner if there is a change in the RSVP contact or the station contact. If we are awarded the grant in February, we will update all of our MOUs in order to explain the "new RSVP" and among other things, discuss and clarify our new expectations and remind them of old expectations that may have fallen by the wayside

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- - handicapped accessibility and safety issues, for example. We will also be more deliberate about assuring compliance with RSVP regulations through the MOU process and in making quarterly visits observing the volunteers as well as meeting with their supervisor. Additionally, we will be more diligent about discussing prohibited activities with volunteers during their initial interview so that we do not enroll folks who are not a good fit with these restrictions. With our signature programs, we already review compliance issues that relate to volunteers - - the activities they can and can't do - - including religious proselytizing, lobbying and other political activities - - during their official RSVP assignments. We will be updating the volunteer service descriptions they sign, to include this issue, and encourage our stations to do so as well or at least cover during volunteers' orientation, as we do. Currently, we communicate with our volunteer stations through site visits, phone and email contact, plus similar follow-up with volunteers. We will also work with our Advisory group to identify and implement new strategies in station management. For the past two years, we have not developed any new stations. We will only do so with stations that will allow us to expand volunteer opportunities that provide services aligned with our work plans in the Primary Focus Area of Healthy Futures: Aging in Place. Because we have been positioning our volunteer activities for RSVP Competition since 2009, we will only need to "GRADUATE" the knitters and quilters, and four miscellaneous volunteers. The knitters, because: they will most likely continue their activities without us; and partly because their prodigious hours skew our cost per volunteer hour. This action should also result in more efficiency since our staff will not be coordinating the monthly meetings, or insuring the volunteers. Currently, the RSVP coordinators are identifying other knitting and sewing groups to see what options there might be. Should this grant be awarded to our project in February, we will use the rest of our current grant cycle to present options to the volunteers and work with them to make sure people in need still get the clothing and blankets they need. Besides the RSVP Needleworkers, we will be "graduating" volunteers at four stations which only have one volunteer placed; two are proprietary healthcare organizations with volunteers doing direct service, the other two are not-for-profits. We will continue to offer a variety of volunteer opportunities for through activities in the "Community Priorities" work plan. Volunteers will have the options to serve primarily in three rural hospitals and senior centers, (doing administrative support as well as direct service with clients;) a rural police department, (which collaborates with us to run "Home Patrol - - volunteers serve in teams augmenting police department services by checking on vacant homes;) and a circuit court, (volunteers are engaged in guardianship monitoring.) If the volunteer is not a good fit for these activities or those under Aging in Place, we have been referring them elsewhere without enrolling them in our project. OUR ORGANIZATION

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TRACK RECORD REGARDING "AGING IN PLACE is illustrated through several points. While longevity should never be the only fact to build a case, it is relevant. Our RVP project was one of the original eleven pilot projects in 1971; North Country RSVP was the only rural project. Today, our RSVP covers all of Grafton plus Sullivan County. Home delivered meals and transportation provided by volunteers have been longstanding activities through RSVP. We have been running our signature programs since 2005. We inherited Chore Corps and Good Morning from our sponsor. At the time, the volunteers were only serving five towns. RSVP has expanded to have volunteers offering these services throughout our two county service area. We initiated RSVP Bone Builders in our project, with mentoring and assistance from the RSVP serving Rutland and Addison Counties in Vermont. In turn, we have supported three of our fellow RSVP directors in New Hampshire to start RSVP Bone Builders. Since the Government Performance Results Act (GPRA) of 1994, when CNCS initiated "Programming for Impact" (PFI,) our project has developed and used work plans not only to apply CNCS, but also for other grants. We use the work plans as intended - - to identify what we will do, how and why, plus inform us on successes, challenges, and opportunities for continuous improvement. Since 2007 we have annually surveyed RSVP Bone Builders, Good Morning, and Chore Corps participants using a confidential, written survey mailed to clients. The surveys are focused not only on customer service issues, but also gathering statistical and anecdotal information used to improve our services and demonstrate the impact on clients and thereby, communities. Last year's OUTPUTS, and OUTCOMES / SURVEY RESULTS: RSVP Bone Builders: 482 people attended classes a total of 17,109 times! 46% of the 150 survey were turned in. 18% of respondents reported falling but only one / 1% broke a bone - - her toe! Good Morning: 15 people received 3,493 calls. 15 surveys were sent, with seven responses. 71% of the respondents reported that the volunteers helped them feel more secure in their own home. Chore Corps: 73 people had 232 visits to accomplish the various requests / assignments. 73 surveys were sent with 31 or 42% returned. 93% of respondents reports that the volunteers helped them maintain their independence. If awarded the RSVP Competition grant in February 2014, we will proceed to survey all volunteers and all remaining stations, using instruments adapted from the Corporation's "Knowledge Network" and replicated from successful projects run by our peers. The surveys will not only seek feedback on the support received by RSVP, but also solicit ideas on how to recruit new volunteers and do outreach to potential clients - - including veterans, in both cases - - to improve our alignment with our chosen National Performance Measure: Aging in Place. When enrolling RSVP volunteers, our initial conversation before even making an appointment, includes information about RSVP's focus of mobilizing volunteers aged 55

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and better. Our form also includes birth date for this reason along with data tracking reasons - - to eliminate confusion between multiple Jane and John Smiths, so to speak. We also check IDs on all volunteers we enroll, for the purposes of background checks. Compliance with RSVP federal regulations as outlined in the RSPV Operations Handbook as well as the Office of Management & Budget (OMB,) is assured through various processes and systems: Our sponsor's Board of Directors' Program Planning and Evaluation Committee; our Community Advisory Group, in addition to oversight by the RSVP Program Director who also reviews these points with staff at staff meetings, as well as throughout the year if issues arise. Our program director also works closely with peers in our state, and throughout the north east to identify and solve issues around compliance, plus programming, volunteer Our longevity has also given us hands on experience: with the advent of CNCS's Programming for Impact measures in 1994, the RSVP program director was involved with working with our computer consultant to update our custom made ACCESS database. The consultant knows the software, the director knows the data; consequently, the director has been trained in creating queries to get specific results, and how to identify new types of data tracking needed and work with the consultant to tweak the database. (Note: unlike many RSVPs, we do not nor have ever used Volunteer Reporter, because our ACCESS database has always been integrated with our sponsor's database.) Staff, and sometimes volunteers, enter the data from the paper originals of volunteer enrollments, MOUs, volunteer hours, volunteer mileage requests, RSVP Bone Builders attendance, Chore Corps client intakes and logs, and Good Morning logs. All the aforementioned originals are kept in locked file cabinets. The RSVP project director and staff use the database to gather data for a variety of grant proposals and reports, including Grafton County and the United Way. We also make conscientious efforts to collect anecdotal information directly from volunteers, agency staff, and community participants in order to "tell the rest of the story" to our sponsor's board and our Community Advisory group, as well as to the public and potential clients and volunteers through our web-site and newsletter, press releases, and presentations to various groups. #

Organizational Capability

GRAFTON COUNTY SENIOR CITIZENS COUNCIL, INC. (GCSCC) has sponsored RSVP since 1988. For 40 years, GCSCC, a 501 (c) 3, has promoted, developed, reinforced and provided programs which support and enhance the health, well-being, self-esteem, dignity and independence of older adults plus adults with disabilities throughout the county. GCSCC offers educational forums, congregate and home delivered meals, transportation, outreach workers, computer labs, ServiceLink, and more. Last year GCSCC served 8,000+ individuals in 38 towns and one city in a county covering

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19% of the state or 1750 square miles. The 2010 Census determined that with a population of 89,118 - 17% of Grafton County residents are aged 62 +, and 7.6% live in poverty. Last year, the agency served almost half of all older county residents, from eight senior center locations and RSVP. These services are provided in accordance with Older Americans Act rules; there are fees charged, including no membership fees. Over \$3,728,000 was expended to administer and provide these services. Funding is provided by a variety of sources including \$1,215,134 in Title III B, Title III C, and Title XX federal grants passed through the New Hampshire Department of Health and Human Services. GCSCC manages funds including \$110,119 in bequests; \$34,429 in United Way grants; \$40,687 raised through senior center activities; \$279,781 in participant donations; and \$348,380 in local government support. A sampling of GCSCC's contractual commitments: Corporation for National & Community Service (CNCS); NH Department of Transportation; North Country Council; 39 Towns; and three hospitals. All grants and contracts are assigned Fund, Grant and Program account numbers in the GCSCC general ledger as follows: a) Account: general ledger account; b) Program: class; c) Location: class; and d.) Grantor: customer. There have been no audit findings in over ten years. To meet the required Federal Match of at least 30%, RSVP secures additional resources such as foundation grants and in-kind support. Periodically, we conduct a raffle of items made and donated by RSVP volunteers, as well as gift card donations, plus donations of event tickets, and services by local business; we net an average of \$1,000. We currently work with local churches, town halls, and other groups / places for in-kind donations of class space for 14 RSVP Bone Builders sites. This year the in-kind value, documented on the Memoranda of Understanding, totals: \$41,720. In 2012, cash donations to support RSVP totaled: \$6,500. An example of recent successful grant applications to support RSVP: 2013 - 14: NH Catholic Bishop's Fund: We requested \$5,645 for volunteer support and to purchase materials for needy CC clients to purchase materials. We were awarded \$2,500. 2012 - 13 The Cogswell Benevolent Trust awarded us the full amount requested - - \$ 8,196 - - to support our three signature programs: Chore Corps, Good Morning, and RSVP Bone Builders specifically to do outreach, recruitment, and training of volunteers. 2010/ 11: A donation of \$2,000 for our Good Morning! telephone reassurance program was made by Team Alzheimer's following their initial unsolicited donation of \$1,000 in 2009. An advised fund within the NH Charitable Foundation - Upper Valley Region, The Tasker Covered Bridges Fund, favorably responded to the program director's grant proposal, awarding the amount requested, \$920 to support the RSVP Bone Builders classes in Sullivan County. Annually, with major assistance from our sponsor, we apply for funding from: Grafton County: \$8,600 requested. Town of Lebanon: requested \$3,819. Note: New Hampshire

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Bureau of Elderly and Adult Services: zeroed out all the RSVPs for 2012; in 2011, we were funded half of our usual amount, receiving \$8,817; the year before we received \$17,634 as we had for over ten years. The Granite United Way funded us for 2013/14 in the following amounts: \$4,613 for RSVP Bone Builders, and \$2,625 for Chore Corps. GCSCC FISCAL MANAGEMENT SYSTEMS maintains its accounting records on the accrual basis in a manner conforming to generally accepted accounting principles. The annual, independent audit is conducted by Rowley & Associates, P.C. Payroll services are contracted through Checkmate. Ledyard Bank provides Investment Services. The agency has a financial management handbook based on Board approved policies, which are reviewed biannually. Checks and balances are inherent in the sponsor's fiscal management systems. Purchase orders, banking, payroll administration, benefits management, accounts payable and receivable are managed through the sponsor's bookkeeping office using QuickBooks software. All articles, tangible goods donated or loaned to a GCSCC location or program must be confirmed in writing on an In-Kind receipt; the donor is solely responsible for assigning a value to the donation. As a deterrent to fraud, the agency enforces the Board policy that all bookkeeping staff take five consecutive days off, twice a year so that other bookkeeping staff manage the finances. The RSVP program director submits purchase orders to bookkeeping which generates checks and maintains documentation, then checks are signed by two authorized members of the Board of Directors on a weekly basis. Donations to RSVP are logged by RSVP staff, and deposited by GCSCC bookkeeping staff. The Board of Directors review financials; the RSVP program director receives financials monthly and reviews them with RSVP staff at monthly meetings. The RSVP program director does the CNCS grant draw-downs, and submits Federal Financial Reports (FFRs) in the DHHS Payment Management System, with help from the head bookkeeper in preparing this report as well as the FFR for CNCS in EGrants. The associate director reviews and submits the CNCS grant applications, program reports, and Federal Financial Reports in Egrants. OUR SPONSOR'S TRACK RECORD IN SUCCESSFULLY MANAGING VOLUNTEER PROGRAMS has managed its own corps of volunteers since 1972. Students, adults, and older people, including RSVP volunteers, serve through eight senior centers in Grafton County, New Hampshire. The agency could not provide the level of services without the 10:1 ratio of volunteers to employees. Volunteers help with meal preparation, congregate and home delivered meals, medical transportation, activities, and serve on local site councils and the board of directors. Services to over 8,000 elders last year could not be provided without volunteers. GCSCC quantifies client related outcomes using annual anonymous mail surveys of clients; results are provided as part of the annual grant reporting process to the state's Bureau of Elderly and Adult Services, the United Way, the

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Board's Program Planning and Evaluation Committee, and the RSVP Advisory Council, as well as used for continuous improvement. ADEQUATE FACILITIES for RSVP: Our main office is in our sponsor's administrative building in Lebanon, built in 2000. One part-time coordinator, who serves our northern most area, works from home. Coordinators also have available the resources, (fax, computers, phones,) at seven additional senior centers when staff are in the field in Grafton County. Currently our two office based staff have high speed internet access through computers running Windows XP and Windows 7, and are part of our sponsor's wide area network. Files are backed up daily with weekly backups kept off site. PERSONNEL MANAGEMENT SUPPORT is provided by the GCSCC management team, and a board sub-committee which includes several human resource professionals. GCSCC staff are currently reimbursed for travel at 40 cents per mile; the board sets the rate. All sponsor staff are expected to help evacuate the senior centers and main office during emergencies, and to serve a term on the sponsor's safety committee; otherwise, RSVP staff focus strictly on RSVP duties. For training the RSVP program director has attended the National Conference on Volunteerism six times since 1997, but not in the last two years, given state and federal funding cuts. RSVP coordinators attend the New Hampshire the Governor's Conference on Volunteerism every other year, as well as relevant local workshops. RSVP staff attend the Tri-State Conferences when they are held. We avail ourselves of the Corporation's technical assistance providers, National Service Knowledge Network, other online resources, and books. All staff attend the agency's Safety Day and Employee Recognition Day, occurring in alternate years. POLICIES are set by the board. New GCSCC and RSVP employees receive and sign off on the personnel handbook when hired, with all employees receiving and signing off on updates. KEY STAFF: ROBERT BERNER, GCSCC EXECUTIVE DIRECTOR since 2003 and Director of Marketing and Development for the agency from 1999 - 2003. She has presented at the Aging in America conference (2010, 2011.) Recently, Berner was a faculty member for the Institute of Lifelong Education at Dartmouth College (ILEAD) on the topic of aging. She is a gubernatorial appointee to the State Coordinating Council on Community Transportation; serves on the Board of Directors of the senior living campus Kendal at Hanover; and was appointed by the Commissioner of Health and Human Services to the Stakeholder Council on Long-Term Care. Berner has a Masters Degree in American Studies from the University of Minnesota. Previous professional positions include: Director of Fund Development and Public Relations, Middle Mississippi Girl Scout Council; Director of Communications, Mississippi Forestry Association; executive director Ohio Presenters Network (performing arts;) staffer for public programs, Minnesota Council on Foundations; and Director of Public Relations, Minneapolis

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Federation for Jewish Service. DANA MICHALOVIC, GCSCC ASSOCIATE DIRECTOR. Michalovic joined GCSCC in 1993 and has served as an outreach worker, the director of Mascoma and Upper Valley Senior Centers, The ServiceLink ADRC program director, through which she manages the State Health Insurance Program, and as the Associate Director of GCSCC. She has a background of working with elders in a community setting, as well as recruiting, training and supervising volunteers. Currently she is supervising RSVP, ServiceLink and four senior center program coordinators.

Michalovic's education is as follows: Bates College 1979, B.A. Psychology; Franklin Pierce College 2005 M.B.A in Leadership; Boston University's Institute for Geriatric Social Work, Certificate in Aging 2011; Certified Information and Referral Specialist- Aging. BETSEY CHENEY, FINANCE

DIRECTOR has been with GCSCC since 2009. She has a BS in Business Administration with a concentration in Accounting. She has eight years previous experience in accounting, plus fifteen years as a payroll manager, accounts receivable, plus reconciling Medicaid remittance advice for all Vermont Medicaid transportation brokers. ALL THREE RSVP STAFF engage in recruiting, enrolling, screening, orienting, training, and supporting volunteers; negotiating and monitoring Memoranda of Understanding and supporting stations; plus doing client outreach for our Signature Programs. RSVP specific training has been primarily through peer-to-peer mentoring on the job, and through the New Hampshire Governor's Conference on Volunteering. In 2013 all three staff attended the Massachusetts Conference on Service and Volunteering. TERESA VOLTA, RSVP PROGRAM DIRECTOR since 1999, started as a Coordinator in 1994. Currently, she facilitates program development, writes grants, plus manages and reports on grant activities - - creating queries to collect and analyze data using our professionally custom designed ACCESS Database. supervises and supports the RSVP Coordinators; and covers Sullivan County in a Coordinator's role. As Director, Volta has successfully written and managed 12+ grants to private foundations for \$30,852+ to support volunteers' activities through RSVP Bone Builders, Chore Corps, Good Morning, as well as medical transportation, an after school program. These grants have funded training and mileage assistance for volunteers; client outreach and volunteer recruitment and screening; plus materials for Chore Corps clients in need. In January 2011 she presented two workshops on managing volunteers, at the Northern New England Recreation and Parks annual conference. Volta has presented on Thresholds & Decisions at the Senior Corps Conference in Baltimore, Maryland and the CNCS Tri-State Conference at Bretton Woods. She has attended the National Conference on Volunteerism in Atlanta, Philadelphia, Kansas City, Utah, Maryland, and New Orleans. She earned a BA in Literature from Antioch College. Volta has eight years experience managing a group home for adults with developmental disabilities, two years as case

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manager, and ten years of providing respite, all through the same agency. BERNADETTE ROSE, RSVP COORDINATOR since 2005, currently works 32 hours per week based from the Lebanon office. She covers the Upper Valley area in addition to coordinating Chore Corps and Good Morning, plus co-coordinating RSVP Bone Builders with Volta. She is responsible for doing data entry into our ACCESS database, including: volunteer enrollments, Memoranda of Understanding, volunteer hours, and client statistics for our signature programs. She attended training at the National Conference on Volunteerism in Philadelphia. SUSAN ROSSLEY, RSVP COORDINATOR since 2006, covers the Haverhill, Littleton and Plymouth areas. Rossley works from home in Thornton, spending most of her time in the field. Rossley initially began working 20 hours per week, has weathered budget cuts, and currently work 10 hours per week. With over 30 years in the restaurant industry plus as a "Step-on-Guide" for bus tour companies, Rossley brings people skills that are vital to developing a rapport with volunteers, station representatives, and other stakeholders. #

Other

RSVP IN-KIND VALUE FOR DONATED RSVP BONE BUILDERS CLASS SPACE: Based on 40 weeks, determined by site / on the MOU, as of 2012: Bethlehem / Durrell Church. (2 x wk.) TBD. Bristol / Senior Center. (2 x wk.) TBD. Canaan / Senior Center. (2 x wk.) \$40 per day. \$3,200 annually. Charlestown / Senior Center. (2 x wk.) \$25 per day. \$2,000 annually. Claremont / Community Center. (2 x wk.) \$20 per day. \$1,600 annually. Cornish / Town Hall. (2 x wk.) \$15 hourly. \$960 annually. Haverhill / Senior Center. (3 x wk.) \$50 per day. \$6,000 annually. Lincoln / Senior Housing. (2 x wk.) \$50 per day. \$4,000 annually. Littleton / Senior Center. (6 x wk.) \$90 per week. \$3,600 annually. Littleton / Hospital. (2 x wk.) \$77 per day. \$5,760 annually. Monroe / Town Hall. (2 x wk.) TBD. Oford / Church. (1 x wk.) \$15 per week. \$600 annually. Plainfield / Fire Department. (3 x per week.) \$50 per day. \$6,000 annually. Plymouth / Senior Center. (4 x wk.) \$50 per hour. \$8,000 annually. GRAND TOTAL of in-kind value of donated class space: \$41,720. #

PNS Amendment (if applicable)

N/A.