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Executive Summary

An estimated 267 RSVP volunteers will serve. Some of their activities will include the following: Meal delivery programs and companionship to homebound, older adults, and individuals with disabilities. RSVP volunteers will help prepare and deliver nutritiously balanced meals that promote healthy eating. Friendly Visiting Volunteers will provide companionship and the social connections needed to remain healthy and in their own homes. In addition to visits, they may provide transportation to appointments, help with errands, home projects and yard work.

The Health Education Programs offer people diagnosed with a chronic condition, the opportunity to live the best possible quality of life through self-management. RSVP volunteers will lead programs that include Diabetes Education; Living Well With Chronic Diseases; Bone Builders, an osteoporosis prevention exercise program; and a Peer to Peer Navigator program that matches people newly diagnosed with a chronic condition to someone who has successfully managed that illness for a period of time.

RSVP volunteers at food banks will help provide food to eligible low-income individuals and families who are food insecure as well as provide education to improve their food security and their health. These volunteers will assist by offering SNAP-Ed programs that are specifically designed to help alleviate long-term hunger by teaching the skills necessary to shop effectively on a limited budget and to prepare healthy meals.

Veteran Services help Veterans get signed up for available benefits through the Veterans Administration and to get connected with a program called My health e Vet, a website designed to improve health care for all veterans independent of where they receive care.

The primary focus area of this project is Healthy Futures. At the end of the three-year grant, 450 homebound, and older adults and individuals with disabilities will have received home delivered meals and 150 will have enjoyed a visit or a phone call from a RSVP volunteer. Of those recipients, 480 will report having increased social ties and or perceived social support.

The CNCS federal investment of \$100,390 will be supplemented by \$62,033 of local funds.

Strengthening Communities

* Performance Measures Requirements for RSVP (Measured in Unduplicated Volunteers)
32% of Total Unduplicated Volunteers are in work plans that result in outcomes; 68% of total unduplicated volunteers are serving in the Primary Focus Area of Healthy Futures; Other Focus Areas & Capacity Building include 7% in Veterans and Military Families; and 24% are in community

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priorities.

* Describe the community and demonstrate that the community needs identified in the Primary Focus Area exist in the geographic service area.

MaineGeneral RSVP covers three counties in the state of Maine. Kennebec County is the smallest in terms of square miles with a land area of 868 miles, 25 towns and 4 cities, and the largest population with 121,935 people. The largest county we serve in terms of square miles is Somerset, with a land area of 3,926 square miles, 27 towns, and a population of 50,028 people.

The second largest county we serve in terms of square miles is Franklin, with a land area of 1,697 square miles, 17 towns and the lowest population of 30,746 people.

According to the 2010 U.S. Census, Maine has a total population of 225,821 people over the age of 65, 17% of the total population. In our service area the percentages are: 16.5% in Kennebec County; 17.5% in Somerset County and 17.9% in Franklin County. Maine's median age of 42.2 years is the highest in the US and the proportion of people age 65 and older is second only to Florida's 18.2%.

The poverty rate for Maine's population 65 and older is higher than in the US as a whole. Based on 3 year estimates from the Census American Community survey, the poverty rate in 2008-10 was 10.1%, while nationally it was 9.4%. In our service area the USFA Economic Research Service reports the following overall levels of poverty in 2011: Franklin County was at 17.4%%; Kennebec at 12.8% and Somerset, the highest in Maine, was 18.6%

The challenges for Maine's "older" population include the reality of significant numbers of low income seniors. Social Security is often the only source of income, especially for women living alone. In the three counties we serve, the percentage of women over 65 living alone is more than double that of men in the same age group. Medical expenses are higher and require difficult out-of-pocket expenses of low income seniors. Maine has a shortage of affordable senior housing so aging in place can become a necessity rather than a choice and with that the cost of maintaining their home. Maine State Housing Authority reports that seniors who need housing in Maine often spend two to three years on local housing authority waiting lists before they get a place to live. Because of the rural nature of the state there is a lack of public transit or other transportation options. 90 percent of seniors who don't drive, rely on family and friends to get food, health care and other basic needs. Seniors who lack transportation become vulnerable and socially isolated. The Office on Aging and Disability in its Maine State Plan on Aging October 1, 2012 to September 30, 2016 describes how

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isolation plays a major role for many of Maine's elders and disabled adults. 36% of those surveyed said they sometimes or often felt lonely and isolated. For those respondents using the state funded home care services, half had not participated in any type of social activity outside of their home in the last 30 days. The vast majority of people say getting out more often or having visitors would help ease the sense of isolation.

Chronic Conditions: The OneMaine Community Health Needs Assessment (also known as the CHNA report) produced by the UNE Center for Community and Public Health, reports that 13% of Maine's population of all ages has 3 or more chronic conditions. The National Council on Aging reports that almost three out of four people in Maine 65 and older have multiple chronic conditions (90.7% have one or more and 73.1 have two or more chronic conditions). The statistics for the county populations with 3 or more chronic conditions is: Somerset and Kennebec both have 15% of total population and Franklin County reports 12% of the total population. As the state with the oldest median age and one of the highest rates of disability in the nation, Maine faces a growing number of people who are coping with significant chronic illnesses (Maine Office of Aging and Disability Services).

Diabetes: 24% of people over 65 in Kennebec County, 22% in Somerset County and 16% in Franklin County have been diagnosed with Diabetes (CHNA report). "The disconnect between patient and provider in effecting lifestyle changes that will both assist in disease management and/or prevent diabetes is often cited as a reason behind continued elevated diabetes prevalence and morbidity/complication rates in this population. The association between obesity, dietary choices and lifestyle habits with diabetes has been widely accepted, yet improvements in reducing the proportion of the population with Type II diabetes have not been observed in this study. While prevalence and trends in risk factors help us understand why diabetes prevalence remains high in the different service area, indicating a need for addressing primary prevention issues, secondary prevention also needs to be addressed. Elevated ED and hospital admission rates, and increased mortality rates from complications associated with diabetes prevalence, indicate that patients with diabetes are not managing their conditions effectively." (CHNA)

Food Insecurity: Many Mainers have been hard hit by the recession. Since 2004, there has been a 50% increase in the number of Mainers facing hunger. The USDA estimates that 14.7% of Maine households or approximately 200,000 individuals are food insecure. Maine's food insecurity rate

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overall is 14.7 percent of households, or approximately 200,000 people. Maine ranks 18th in the nation and 2nd in New England in terms of food insecurity. Child food insecurity rate: 23 percent, or nearly 1 in every 4 children, are food insecure (62,800 children). The senior food insecurity rate is 5.46% of seniors with Maine ranking 17th in the nation and first in New England in terms of senior food insecurity. 40% of Maine's food insecure population makes too much to qualify for food stamps and must rely on the charity food assistance network (Source: Feeding America)

* Describe how the service activities in the Primary Focus Area lead to National Performance Measure outputs or outcomes.

The needs we will meet in our communities that are a part of the Healthy Futures Focus area include aging in place, specifically increasing seniors' and disabled peoples' ability to remain in their own homes with the same or improved quality of life for as long as possible; increase household food security for qualifying families; and to improve access to primary preventive health care for communities served by CNCS-supported programs.

1. Increasing seniors' ability to remain in their own homes with the same or improved quality of life for as long as possible. The outcome associated with this output is number of homebound or older adults and individuals with disabilities who reported having increased social ties and/or perceived social support.

Services that will impact this outcome include: Friendly Visiting and Meals on Wheels: These programs provide services for seniors that include providing a nutritious meal and visiting in people's homes. Based on feedback from people who receive these services, there is a growing sense of a caring community which lessens feelings of isolation and strengthens self-worth and connection, improving mental health issues tied to isolation or depression. Friendly visiting, whether it includes a visit or a phone call, often comes from known people or from people who live in their community, a connection to someone outside of the family, creating a different kind of social tie. The friendship and support they receive allows them to maintain their sense of independence and dignity. Meals on Wheels is a way to connect with people and maintain a level of nutrition -- for many of these elderly seniors who are homebound, it provides the only nutritionally balanced meal they get in a day and assists in beneficial nutrition and improved vitality. Because of the rural nature of the counties we serve, for

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some seniors, the person delivering their meal is the only visitor they have in a week.

2. Number of individuals receiving support, services, education and or referrals to alleviate long-term hunger. Services that will impact this outcome include: Food Banks and Pantries:

Increasingly, families and individuals experiencing long-term hunger are turning to local food banks/pantries because they do not have the resources to purchase adequate food for themselves or their families. By providing additional food to eligible low-income individuals and families who are food insecure, food banks help alleviate this need. In addition, providing education, specifically teaching recipients how to use their available resources by food shopping effectively and preparing nutritious, healthy meals on a budget will give them the tools they can use to alleviate long-term hunger. Receiving information on nutrition in the form of fact sheets, brochures, cost effective recipes; referrals to other services available; and classes being offered on more effective food shopping and cooking on a budget are all a natural extension of the services offered by a food bank or pantry.

3. Improve access to primary preventive health care for communities served by CNCS-supported programs. Services that will impact this outcome include health education programs.

Increasingly, people are becoming more aware of the need to be proactive about their health by taking better care of themselves, through diet, self-care, and exercise. Physicians are encouraging their patients to get support and education beyond the doctor's office. Some barriers, especially for seniors, include the cost and availability of educational opportunities or exercise programs/facilities. By providing free education through evidence-based programs on a regular basis in community settings in a variety of locations that include rural areas, RSVP offers people those opportunities. The programs include: Diabetes Education Classes; Living Well, a disease self-management program; a Peer to Peer Navigators program that offers newly diagnosed patients the support and encouragement of someone living successfully with the same or similar chronic disease; and Bone Builders, and osteoporosis prevention exercise program.

* Your plan and infrastructure to support data collection and ensure National Performance Measure outcomes and outputs are measured, collected, and managed.

For our outcome data collection for friendly visits and Meals on Wheels, we will be administering an abbreviated version of the Senior Companion Program Independent Living Performance Measure

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Survey in collaboration with our partner programs (Spectrum Generations, Seniors Plus, the S.E.A.R.C.H. program, and the Franklin County Seniors group). Every six months we will administer the survey in one of two ways: Using trained independent RSVP volunteers, a phone survey will be conducted; answers will be recorded on a paper copy of the survey and submitted to the RSVP office where the responses will be tabulated on a spread sheet developed and maintained by the RSVP coordinator. The second is to have the Meals on Wheels driver and friendly visitor deliver the survey to the recipient along with a self-addressed envelope for return purposes.

Collecting Outputs: Food Bank staff will keep a separate RSVP log of the new unduplicated clients they serve and send it in with their monthly time sheets. Due to privacy issues, pseudonyms will be used and the form will be signed by the station supervisor. We will collect numbers of people attending health education programs through attendance sheets collected at the end of each program or grocery store tour.

Veterans - Logs listing the names, or a pseudonym, who receive information and support with the process of applying for benefits will be maintained by the RSVP volunteers doing the outreach. A similar but separate log for veterans who are registered and authenticated for the Health e Vet website will be maintained by the RSVP volunteers. Both of these logs will be submitted to the RSVP office at the end of each outreach event.

For health education classes, an attendance sheet will be submitted to the RSVP office at the end of each program, (Diabetes, Living Well), monthly attendance sheets for the Bone Builders program are collected every month, a monthly activity log will be submitted for the Peer to Peer Navigator program.

We will maintain spreadsheets of the information. Linda Rood, RSVP coordinator will be responsible for keeping data updated. Ruth St. Amand will report through e-grants twice a year.

* Describe any activity in service to veterans and/or military families as part of service in the Primary Focus Area, Other Focus Areas or Capacity Building.

RSVP volunteers, trained in both the registration and authentication of the My Health e Vet website program will conduct outreach sessions in community locations frequented by veterans and easily

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assessable for those living in rural areas. This would include Veteran Service Organizations, libraries, senior centers, food banks, just to mention a few. Volunteers will have access to a computer (there are three available for volunteer use) that will have the ability to connect using cell towers rather than WiFi to widen the outreach to those areas that do not offer locations with computers and WiFi connection. The mission of My Health e Vet is to improve Veteran's health care, independent of where it is received by providing one-stop, online access to manage their health, make informed health decisions, and record and store key health and military information. Though this resource has gained popularity recently, it is not utilized by a majority of Veterans, especially those in rural areas due to lack of familiarity with the benefit as well as the need for registration and authentication to access the website

RSVP volunteers, trained by both the Veterans Administration and a master trainer from the Veterans of Foreign Wars (VFW), will help veterans become familiar with the benefits available to them and when appropriate, with the paperwork involved in signing up for those benefits. They will participate in outreach sessions in collaboration with the VA, the VFW, as well as in conjunction with the website trainings mentioned above.

Recruitment and Development

*Plan and Infrastructure to create high-quality volunteer assignments with opportunities such as sharing their experiences, abilities and skills in service.

The RSVP program at MaineGeneral Community Care emphasizes careful recruitment and placement. We conduct an interview to determine expertise, experience, and interests followed by a chance to share the opportunities available. We encourage volunteers to think outside the box and recognize the possibility of choosing assignments in which they can learn new skills. Once an interest has been determined, RSVP staff personally introduces the volunteer to staff at the potential station and helps facilitate their first meeting, if feasible. The final decision is the volunteers, which builds ownership and choice.

Once a volunteer has accepted a position, we make every effort to ensure a high quality experience by providing a Volunteer Role Description for the position, assuring clear expectations; and ensuring excellence in orientation, training, and proper supervision, as well as making sure the volunteers are recognized by their station. The passing of the 2009 Serve American Act and the subsequent

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alignment of the CNCS Strategic Plan has created a more focused and intentional direction for how we identify and meet needs in our communities. The National Focus Areas allow us to concentrate our energies and efforts to more powerfully impact our communities in specific areas of need.

Volunteers, specifically of the Baby Boomer generation want to put their time and effort where it's needed and have a sense of accomplishment. By offering opportunities within the primary focus areas that meet the needs of our communities most vulnerable and needy, we offer people 55 and older the opportunity to do just that. In preparing our plan for this grant we have simultaneously prepared the needed infrastructure to build and strengthen each program. Our streamlined programs work in a coordinated way. We plan to offer introductory training in services that will support the Healthy Futures goal through mini programs within the Community Priorities volunteer efforts to transition volunteers to the possibilities.

We collect surveys and needs assessments from community organizations as they become available; stay attuned to community needs through local news stories; and are active in United Ways and Area Agencies on Aging. We recruit stations that can demonstrate specific strategies for meeting the needs in our focus areas and have developed clear volunteer opportunity role descriptions that tie the work the volunteer does directly to the results they are striving towards and have a clear plan for the training of volunteers that will ensure a quality experience.

It is through the community priority measures, meeting local community needs, that we will offer opportunities to develop programs that complement and expand our efforts in the six CNCS focus areas. An example of this is the need for financial literacy education for low-income individuals as a means to improve the quality of their lives. Over the three years of this grant, we look forward to developing programs that will educate in financial security and literacy. We will collaborate with libraries and other locations and partners to offer these opportunities.

*Plan and infrastructure to ensure RSVP volunteers receive training needed to be highly effective in addressing identified community need(s) in both the Primary Focus Area and in Other Focus Areas or Capacity Building.

Many of the opportunities offered through the primary focus areas are evidence based programs, giving the volunteer the opportunity to learn and acquire new skills while they make a difference in

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their communities. This is especially true of our evidence based health education programs such as the SNAP Ed programs: Cooking Matters and Grocery tours. These have a very formal training component that volunteers have to complete in order to lead or assist in the programs. *The Diabetes Education Class and Living Well have a two-day training component and the Peer to Peer Navigator program has a half day training as well. All the trainings offer education and develop professional skills.

The RSVP stations that offer Meals on Wheels and Friendly Visitor programs have been offering these programs for decades. Spectrum Generations and Seniors Plus are the Area Agencies on Aging in the counties we serve and have well developed and proven orientations and trainings that cover communication skills, personal safety as well as home safety for the clients. Volunteers are made aware of resources in the community available to clients and are encouraged to make the agencies aware of specific needs that need to be addressed for the client. S.E.A.R.C.H. (Seek Elderly Alone, Renew Courage & Hope) is a program of Catholic Charities and has had this program in other Maine Counties for the past 30 years and will be bringing this success to Kennebec and Somerset Counties in the fall of 2013.

In the case of our veterans programs, special training will be given to volunteers including the Health e Vet, a web-based system that allows participating VA patients and VA Health Care teams to communicate, and for the outreach program, training on the benefits offered by the VA to veterans and military families.

We ensure that all volunteers have a detailed and specific Volunteer Role Description from their chosen station that clearly outlines the expectations, skills, and tools needed to accomplish the activity the volunteer will perform. In addition, MaineGeneral RSVP provides a less detailed Volunteer Role Description, to be signed by the volunteer, that includes a statement that they did receive the training necessary and are confident they have the skills needed to successfully perform the volunteer opportunity.

*The demographics of the community served and plans to recruit a volunteer pool reflective of the community served.

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- 2011 estimated census data: Of the three counties we serve, Kennebec is the smallest in terms of square miles with a land area of 868 square miles, 25 towns and 4 cities, and the largest in population with 121,935 people. 97% of the population is white and the remaining 3% is predominately Hispanic or Latino origin and Asian. Kennebec County has a 15.5% population of adults 65 years and older. The veteran population is 13,234 (10.8%). 2010 census data: 12.2% of the population lives below poverty level and the median household income is \$46,904 According to the Maine Department of Labor - July 2013 data, Kennebec County has an unadjusted unemployment rate of 6.3% compared to Maine's rate of 6.9% for the same time period.

- 2011 estimated census data: The largest county we serve in terms of square miles is Somerset, with a land area of 3,926.5 square miles, 27 towns, and a population of 50,028 people. 97.1 of the population is white and the remaining 2.9 percent is split fairly evenly among Black, American Indian and Alaska natives, Asian, and Hispanic or Latino origin. Somerset County has 16.9% population of adults 65 years and older. The veteran population is 5,628 (10.8%). 2010 census data: 18.5% of the population lives below poverty level and the median household income is \$37,875. According to the Maine Department of Labor, July 2013 data, Somerset County has an unadjusted unemployment rate of 8.9% compared to Maine's rate of 6.9% for the same time period.

- 2011 estimated census data: The second largest county we serve in terms of square miles is Franklin, with a land area of 1,697.81 square miles, 17 towns, and the lowest population of 30,746 people. 97.5% of the population is white, with the remaining 2.5% split fairly evenly among Black, American, Indian and Alaska natives, Asian, and Hispanic or Latino origin. Franklin has a 17.2% population of adults 65 years and older. The veteran population for Franklin County is 3,147 (10.2%). 2010 census data: 16.8% of the population lives below poverty level and the median household income is \$40,502. According to the Maine Department of Labor, July 2013 data, Franklin County has an unadjusted unemployment rate of 9.0% compared to Maine's rate of 6.9% for the same time period.

To summarize, these 3 counties, though very diverse in terms of square mileage and population, share many similarities including gender, at 51% women for all 3 counties. However, as you might predict from these statistics, Kennebec County is the least rural of the 3 counties, enjoys many amenities including a public transportation system. Somerset and Franklin are more rural in nature, public transportation is spotty at best, and - a higher percentage of their population is living below poverty

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and unemployment rates are high.

Even though 97% of the population in each of our three counties is white, we make every effort to diversify our volunteer base by race or ethnic groups by placing marketing material in locations that attract people of different races and ethnic groups such as colleges and places of business. In an effort to attract a more diverse population, RSVP makes contacts with groups representing people living on low incomes to inform them of opportunities available through RSVP. One example is through food banks. Many of the RSVP volunteers at local food banks are also recipients of the program. People who serve at the food banks can be trained themselves for the expanded programs in healthy eating as support for "Cooking Matters"; and as volunteers for the grocery shopping tours.

It may be worth noting that because of the large percentage of seniors in our population we have successfully recruited volunteers with a wide variety of backgrounds for our program. The program is very actively recruiting veterans who work in the two veteran programs that we offer. We recruit at Veteran Service Organizations and VAMC (Veterans Administration Medical Center) where many of the older veterans have an interest in serving

All RSVP stations sign an MOU that includes the following: Accessibility and Reasonable Accommodation: the Volunteer Station will ensure that the facilities, programs and activities to which RSVP volunteers are assigned are accessible to persons with disabilities and/or provide reasonable accommodation to allow persons with disabilities to participate in programs and activities.

*Our plan and infrastructure to retain and recognize the RSVP volunteers

Recognition and retention of volunteers is accomplished through good customer service and strong personal relationships. Our coordinator develops a relationship with every volunteer that she recruits by making calls, sending notes and e-mails, remembering their names and making certain they know they are a recognized member of RSVP and that what they do is important. We provide annual recognition, usually a luncheon that draws approximately 50% of our volunteers. However, in recent years, we have sent checks in an attempt to recognize every active volunteer that served in their

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communities through RSVP. This has been received well.

Mileage assistance is available to volunteers at a rate of \$0.42 a mile and a cap of \$25 per month. This includes bus and taxi fare if the volunteer cannot drive and public transportation is available. Training and technical assistance to: volunteers, station supervisors, and community participation groups is available. We work with station supervisors to be sure they understand RSVP's new Performance Measures Requirements, and the expectations about surveys and reporting. We ensure that volunteers receive training and orientation for their volunteer position including trainings for our focus area programs. One example of a training provided to volunteers at their service sites would be specific computer program training.

Program Management

*Your plan and infrastructure to ensure management of volunteer stations in compliance with RSVP program regulations such as preventing or identifying prohibited activities.

Management of the volunteer stations is supported by the close working relationships between the RSVP program, the volunteers, and the partner stations. Built in checks and balances are insured through the following planning and evaluation procedures:

1. The Memorandum of Understanding (MOU) which each partner agency agrees to Terms and Conditions for all parties and outlining the responsibilities of all agencies and the specific responsibilities of the RSVP program and the Volunteer Station. It gives the name and contact information for the RSVP Coordinator, Linda Rood as well as the Station Supervisor/s and their contact information. The document is signed by the Station Supervisor, RSVP Coordinator and the RSVP Director. It also provides guidance for: Separation from Volunteer Service, Grievance policy, In-Home Assignments, Inappropriate Activities, Displacement of Employees, Accessibility and Reasonable Accommodation, Prohibition of Discrimination, Background checks, Change of Station Supervisor, Attestation of the complete Terms and Conditions and the Effective Date.
2. There is a site visit by the RSVP Coordinator at least yearly.
3. A Safety Checklist for Volunteer Stations is required for all volunteer stations to assess the safety of their volunteers annually and is signed by the person completing the evaluation and the RSVP

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Director.

4. The Volunteer Station sends a copy of the orientation and training provided to the volunteer to the RSVP Coordinator. The Coordinator has a yearly check-in with the volunteer to review their role status and the volunteer's satisfaction as well as satisfaction with the service role..

*Your plan and infrastructure to develop and/or oversee volunteer stations to ensure that volunteers are performing their assigned service activities.

MaineGeneral RSVP ensures that volunteers are performing at full potential through infrastructure to support that. For example:

1. The Role Description that is provided by the station to the volunteer contains duties, qualifications and the expected activities and is a guide for the volunteer and the placement agency. The RSVP program has a separate Role Description that is more generic. The statement contains information about orientation and training.

2. There is a quarterly check-in with volunteers about placements.

3. The volunteer's supervisor is encouraged to contact RSVP if they have concerns they would like to discuss.

* Your plan and infrastructure to meet changing community needs to include minimizing disruption to current volunteers as applicable and/or graduating stations as necessary.

The planning to minimize disruption to current volunteers and a review for graduating stations has begun during the current year's closing months. This is aimed to give the time for volunteers to understand changes and assess their desire to move to a new program as well as to help MaineGeneral RSVP plan for successful training for transitions of volunteers and agencies.

1. Some community impact opportunities are being phased out as some volunteers have decided to "retire".

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2. A number of stations will be "graduated" before the new grant year as well.

3. The programs that will move forward will have an opportunity to learn new skills in supporting financial literacy, MaineGeneral Prevention Center volunteers in community health positions, and the Healthy Maine Partnerships, many of whom will have grant funding to do important community needs assessment through focus groups in the coming year.

*Your organization's track record in the Primary Focus Area, to include, if applicable, measuring performance in the Primary Focus Area.

MaineGeneral RSVP has had decades of success in many ongoing programs that now will be strengthened as part of the Healthy Living Priority Focus Area. These include:

1. Meals on Wheels has had successful outcomes for decades and our hope is to work with the agency to support meals which support health and the needs of those served beyond sustaining calories.

2. Food Bank support has also been sustainable for decades. The changes in the next year will benefit recipients and volunteers alike to understand Healthy Eating, shopping wisely and economically.

3. Bone Builders has been an active program for about eight years. Osteoporosis is high in our region and the support of the Bone Builders volunteers has had success. There is room to grow as well given the health education programs that are available through the Living Well series to support those with chronic conditions including diabetes.

4. MaineGeneral RSVP has had a Friendly Visitor program in nursing homes since the beginning of the program. The new Friendly Visiting program will support aging in place, providing companionship and easing isolation for homebound, older people and people with disabilities companionship.

* Your plan and infrastructure to ensure the project is in compliance with the RSVP federal regulations to include establishing an RSVP Advisory Council, ensuring RSVP volunteers are placed in stations that have signed the required MOU, and ensuring all volunteers are eligible to serve in RSVP.

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MaineGeneral RSVP is strong in structure and spirit as evidenced by:

1. It has a strong Advisory Council with a key core group and new applicants interested in taking part as older members leave the Board.
2. An MOU that meets all federal requirements and has proven its effectiveness over decades is in place assuring compliance by all parties.
3. The enrollment form signature documents has been tested and found useful over many years.
4. The RSVP staff continues to actively participate in trainings, including CNCS National and Cluster Conferences, State Conferences; Senior Service Corp of Maine, as well as at a local level and in professional development learning opportunities offered by our Sponsor. The ongoing auditing and monitoring process of the stations has a history of finding problems and their remedies quickly.

Organizational Capability

*Your plan and infrastructure to provide sound programmatic and fiscal oversight (both financial and in-kind) and day-to-day operational support to ensure compliance with RSVP program requirements (statutes, regulations, and applicable OMB circulars) and to ensure accountability and efficient and effective use of available resources.

Fiscal Management and reporting systems of the funds of the RSVP program is described below in a comprehensive review of the MaineGeneral Health finance policies and procedures, especially as they relate to grant funds.

All funds awarded under this program will be accounted for separately and distinctly from other sources of revenue/funding. The financial and budgeting systems used by MGMC Community Care are centralized and operated by its parent entity, MaineGeneral Health (MGH). With up-to-date financial systems software, MGH is able to isolate and report on all revenue and expense activity resulting from a specified department or grant. In addition, earned revenue on each grant is offset within a unique receivable account which provides safeguards to insure federal fund drawdowns do not exceed allowable expenditures.

The applicant has written accounting policies and procedures. In evidence of the department's

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strength in finance and grant management we offer the following list of policies that are in place to support grant financial management:

AC - 11 Formal Review of Financial and Statistical Information

AC - 12 Certification of Quarterly Financial Statements

GR - 1 Property management standards for equipment acquired with Federal or State funds and federally-owned and state-owned equipment to insure compliance with Federal Circular A-110

GR - 2 Federal Suspension and Debarment Standards

GR - 3 Monitoring and Maintaining Compliance with Grant Report Deadlines to establish procedures to track and monitor compliance with grant due dates to ensure that all reports are timely submitted.

GR - 4 Tracking of Interest Earned in Accordance with A-110

GR - 5 Submission of Grant Budget Revisions

GR - 6 Effort Reporting Policy for Grant Purposes

GR - 7 Procurement policy and standards relating to Federal or State funds to ensure compliance with Federal Circular A-110....

GR - 8 Documentation and Reconciliation of Gift Cards for Grant Purposes

GR - 9 Cost Policy Statement to establish guidance for charging individual cost elements to grants and contracts

The applicant's financial management system is able to track actual expenditures and outlays with budgeted amounts for each grant or sub grant. In our budgeting system, we first specify a unique department to capture each grant's revenues and expenses. This departmental accounting system allows for budgets to be set up against each of the grant's revenue and expense accounts. Actual outlays against accrued costs are readily determinable through payment postings to our Payroll and Accounts Payable Systems.

Procedures are in place for minimizing the time elapsing between transfer of funds from the United States Treasury and disbursement for project activities. With all our federal grants, we only drawdown federal funds to reimburse disbursements that have already been made. MGH will not drawdown funds on federal grants until at least 45 days after the accrued expense has been posted. Our average period from AP expense posting to actual payment averages less than 21 days and the average period from payroll expense accrual to payment issuance is less than 10 days.

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The individual primarily responsible for fiscal and administrative oversight of grant awards is familiar with the applicable grants management rules, principles, and regulations. Mark A. Bard, Grant/Government Financial Manager, will be responsible for accurate and timely financial reporting, OMB circular and regulatory compliance, and funding drawdowns on this grant. Mark has an MBA degree and has been a CPA for more than 30 years. Mark has over 17 years of experience performing grant financial management work.

*Clearly defined staff positions, identification of current staff assigned to the project and how these positions will ensure the accomplishment of the program objectives.

Nona O. Boyink is the Senior Vice President for MaineGeneral Health and President for MaineGeneral Community Care, and MaineGeneral Rehab and Long Term Care & MaineGeneral Retirement Community. She has worked for MaineGeneral Community Care (formerly HealthReach Network and prior to that Kennebec Valley Regional Health Agency) since January 1979. She has a BA in Sociology from Wellesley College and a M.Ed. from University of South Carolina. She has recently served as Campaign Co-Chair for United Way of Kennebec Valley, and serves on numerous other professional organizations and boards. Nona provides direct supervision to the RSVP project and program director.

Michael Koziol, CPA, FHFMA, has been the Senior Vice President and Chief Financial Officer of MaineGeneral Health (MGH) since August 2008. He served as Vice President and Chief Financial Officer for South County Hospital HealthCare System in Rhode Island from 2003 to 2007 and Chief Financial Officer for Massachusetts Eye and Ear Associates, Inc. of Boston from 1995 to 2003. Michael holds a Master of Business Administration degree from the University of Illinois and a BS in Accounting and Business Administration from Illinois State University. He is a Certified Public Accountant and a Fellow of the Healthcare Financial Management Association.

Lisa Miller, MPH, currently serves as Chair of the Board of Directors. She serves part-time as the Senior Program Officer of the Bingham Program, a charitable endowment based at the Tufts Medical Center in Boston. She currently manages a diverse array of projects addressing access to health care,

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healthy community coalition development, public health policy, mental health, school health, and health professions training. Lisa also served six years as an elected Representative in the 122nd Maine House of Representatives, serving a district of five small rural towns. She currently chairs the MaineGeneral Community Care Board of Directors and is a former Vice President of the Maine Health Access Foundation; is a past president of the Maine Public Health Association and was the founding Chairperson of the Maine Center for Economic Policy. Lisa has a Master's in Public Health from the University of Michigan and a BA in Human Biology from Stanford University.

Ruth Saint Amand has been the RSVP Program Director since 1997. She writes and manages grants, supervises and supports the RSVP field coordinator, develops and supports signature programs, and as of July, 2011 shares responsibility of office duties. As Director, Saint Amand has successfully written PNS grants, yearly United Way grant proposals and several community grants to support specific community needs, such as winterization of homes. She has presented workshops on the development of intergenerational programs and on Thresholds and Decisions, specifically to law enforcement agencies. Saint Amand earned a BS in Management and Accounting from Thomas College and the University of Maine and joined RSVP after a 24 year career in accounting.

Linda Rood, RSVP Coordinator, covers the recruitment and support of volunteers and stations in the three Counties we serve. As of July, 2011 she shares the responsibility of office duties that include data entry of MOU's, volunteer hours, and mileage requests, and filing. Rood joined RSVP in August of 2009. She has a BS in Recreation from St. Cloud State University and Long Term Care Administration Degree from Kansas City Community College. She brings years of experience and expertise from a number of areas: educational, legal, and health care.

Mark Bard, Senior Financial Analyst, Grants, does financial reports for the various grant monies that RSVP receives. Every year in March, our sponsor develops the budget for the organization that includes fixed costs for all programs. Armed with that information, the director prepares a budget with input from RSVP staff and the advisory council and a plan is then developed for securing the revenues necessary to support the budget.

* Demonstrates organizational capacity to:

o Develop and implement internal policies and operating procedures to provide governance and

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manage risk, such as accounting, personnel management, and purchasing.

Details of grant management and accounting are detailed in the first section of this Grant Management section. Key personnel and purchasing management policies are listed below: Key Human Resources Policies at MaineGeneral Health include the following: Position Classifications, Recruitment and Job Posting, Telecommuting Work Requirements, Workers' Compensation Management, General Conditions of Employment (includes ADA, Appearance/Dress Guidelines and Hygiene, Attendance and Punctuality, Confidentiality of Privileged Information, EEO, Hours of Work, Identification, Licensure and Registration, Property Removal, Smoking, Solicitation and Distribution, and Supervisor/Subordinate Relationships); Leaves of Absence, Assessment, Maintenance and Improvement of Competence and Performance; Employee Discipline and Grievance, Employment Separation, Fraud & Abuse Compliance, Personnel Records, Exclusion from Patient Care, Utilization of Contracted and Agency Employees, Immunization Requirements, Management Functions, Reduction in Force, Mandatory Education and Training, among others that would not directly apply.

Purchasing policies include: Acquisition of Non-Capital, Services and Equipment; Petty Cash Policy; separate Conflict of Interest policies for Board Members, Employees and Disclosure policy; Procurement Policy and Standards Relating to Federal or State Funds; and Effort Reporting Policy for Grant Purposes among others.

oManage capital assets such as facilities, equipment, and supplies.

The applicant has effective internal controls in place to adequately safeguard grant assets and to ensure that they are used solely for authorized purposes. MGH's and MGMC's fixed asset system provides for a detailed and unique record for each fixed asset item owned. The safeguarding information contained on each record includes a unique field to identify the grant funding used to make the purchase (if applicable), the custodial department responsible for its safekeeping and the asset's physical location. A physical inventory of all fixed assets occurs annually.

The applicant does have a documented records retention policy. Information Management Policy IM5 states the purpose to: "establish a policy for maintaining required records, reports, and statistical information. MaineGeneral Health is required to maintain certain medical, financial, legal, and

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operational records. Each department has specific record retention requirements determined by state, federal, accrediting agency, and department standards." Finance requirements are all from 5 -- 10 years and several are permanent.

*Demonstrates organizational infrastructure in the areas of robust financial management capacity and systems and past experience in managing federal grants.

The infrastructure described above in this section demonstrates the depth and reach of the organization's capability in financial infrastructure and management. In summary, RSVP receives management and support through direct supervision from the Human Resource and Administration and Finance divisions. All financial functions, including payroll, accounts payable and receivable, and grant accounting are done by MaineGeneral Community Care's competent financial staff. Checks and balances are inherent in all financial functions. Mark Bard, Senior Financial Analyst -- Grants, does requests and financial reports for the various grant monies that RSVP receives as well as for all MaineGeneral Health (MGH) Grant based programs. Mark has been with MGH for the past 17 years and has a degree in accounting. All fiscal management systems include an annual independent audit conducted by PricewaterhouseCoopers LLP of Boston Massachusetts.

Other

N/A

PNS Amendment (if applicable)

N/A