INVITATION TO SUBMIT PROPOSALS
FOR THE PROVISION OF
FAMILY CAREGIVER SUPPORT SERVICES FOR THE ELDERLY

WESTCHESTER COUNTY
DEPARTMENT OF SENIOR PROGRAMS AND SERVICES

9 South First Avenue, 10th Floor
Mount Vernon, New York 10550

PROPOSAL DUE DATE: February 13, 2017

Interested parties may obtain the complete Request for Proposals (“RFP”), including application, from the Westchester County website for Requests for Proposals at www.westchestergov.com/rfp.

Please send an original and two (2) copies of your proposal to:

Beverly Carter, Program Administrator
Westchester County Department of Senior Programs and Services
9 South First Avenue 10th Floor
Mount Vernon, New York 10550
(914) 813-6188 e-mail: bdc1@westchestergov.com

Proposals must be received no later than 3:00 p.m. on February 13, 2017

Please be advised that all matters concerning this RFP, from the date of issuance until the contract awards are made, are to be directed in writing to the above indicated person.
I. PROPOSAL INFORMATION

The Westchester County Department of Senior Programs and Services (“Department”) invites proposals from qualified Proposers to provide FAMILY CAREGIVER SUPPORT SERVICES, to caregivers of frail older persons age 60 and over with Alzheimer’s Disease or a related dementia residing in Westchester County., in accordance with Title III, Part E, Subpart 1, Sections 372 and 373 of the Older Americans Act, as amended, and its implementing regulations (the “OAA”). Family Caregiver Support Services are intended to provide caregivers with information, assistance, counseling, training, and support group services.

The Department’s goal is to provide caregivers with emotional support, advice, guidance and the tools necessary to tackle the challenges of caregiving in a range of areas distinctive to the many tasks of this population. Information, assistance, counseling, training, and support group services will be offered to caregivers who serve the most needy, vulnerable older adults with services through the use of available public and voluntary services and appropriate community resources. The Department is dedicated to the belief that providing services to caregivers can reduce caregiver depression, anxiety, and stress and enable them to provide care longer, thereby avoiding or delaying the need for costly institutional care which supports aging in place.

The Family Caregiver Support Services being sought by the County pursuant to this RFP consist of five (5) separate service components as follows: 1) Information; 2) Assistance; 3) Counseling; 4) Support Groups; and 5) Training for Caregivers of seniors with Alzheimer’s disease or a related dementia. The County is seeking one (1) contractor to perform all five (5) components and a single contract will be awarded by the County to the proposer whose proposal is most advantageous to the County in terms of the programs being solicited by this RFP, and otherwise in accordance with the County’s Procurement Policy.

A.) PROCUREMENT SCHEDULE

Issue Date: January 13, 2017
Due Date: February 13, 2017 at 3:00 pm

B.) PROPOSAL SUBMISSION

Proposer must submit an original and two (2) copies of your proposal to:

Beverly Carter, Program Administrator
Westchester County Department of Senior Programs and Services
9 South First Avenue, 10th Floor
Mount Vernon, New York 10550

Proposal(s) must be delivered in sealed envelopes and should be clearly marked “Proposal for Family Caregiver Support Services for the Elderly.” Telephone, facsimile, and email proposals will not be accepted.
Proposals must be received by the County by the stated due date. The County is not responsible for any internal or external delivery delays that may cause the Proposer’s proposal to arrive beyond the deadline. To be considered, a proposal MUST arrive at the place specified herein and be time stamped prior to the deadline.

No proposal will be accepted from, nor any agreement awarded to, any Proposer that is in arrears upon any debt or in default of any obligation owed to the County. Additionally, no agreement will be awarded to any Proposer that has failed to satisfactorily perform pursuant to any prior agreement with the County.

C.) REQUESTS FOR CLARIFICATION

All requests for clarification of this RFP MUST be submitted, as set forth below, no later than 3:00 pm on, January 23, 2017. All requests for clarification must be written and either, a.) sent or hand-delivered to Beverly Carter, Program Administrator, Westchester County Department of Senior Programs and Services, 9 South First Avenue, 10th Floor, Mount Vernon, New York 10550, or b.) emailed to Beverly Carter, at bdc1@westchestergov.com. Formal written responses will be posted by the County, on or before January 25, 2017, on the County website for RFPs: http://www.westchestergov.com/rfp

NO COMMUNICATIONS OF ANY KIND WILL BE BINDING AGAINST THE COUNTY, EXCEPT FOR THE FORMAL WRITTEN RESPONSES TO ANY WRITTEN REQUEST FOR CLARIFICATION.

D.) PROPOSAL REQUIREMENTS

Proposals must include the following information and documents:

1) Proposal Submission Date: The date of the submission of the proposal, on the proposal’s cover page.
2) Contact Information: Proposer’s name and address, and the name, title, e-mail address, and phone number of the contact person for the proposer.
3) Scope of services to be performed: Provide a detailed narrative of how the proposer would meet County’s Scope of services and how services would be provided/implemented.
4) Proposed Fee: Proposed fee shall be included as part of the proposal. The proposed fee shall be included in the Unit Cost as indicated in Schedule “F” hereof.
5) Section XV: Proposer Certification, including the applicable acknowledgement and certificate of authority document(s).
6) Schedule “B”: Questionnaire Regarding Business Enterprises Owned and Controlled by Women or Persons of Color
7) Schedule “C”: Criminal Background Disclosure
8) Schedule “D”: Required Disclosure of Relationships to County

Proposals that do not contain all the required information and documents will not be reviewed or considered. Please be sure to include all information requested.
Proposals must be submitted on the Proposer’s letterhead or standard proposal form. Proposals MUST be signed with ORIGINAL SIGNATURES on ALL DOCUMENTS. Unsigned proposals will be rejected. The proposal must be signed by a person authorized by the proposer to make a binding proposal, and the proposal must set forth that “this proposal constitutes a valid, binding and continuing offer at the prices set forth in this proposal for a period of one hundred and twenty (120) days from the date of submission of this proposal.”

Proposals must be typed or printed in black ink. All corrections made by the Proposer must be made prior to the due date for proposals, and must be initialed and dated by the Proposer. No changes will be allowed after the due date for proposals.

Proposers may be required to give an oral presentation to the County to clarify or elaborate on the written proposal.

II. SCOPE OF WORK, FEES, AND ANTICIPATED TERM

A.) SCOPE OF WORK

The Family Caregiver Support Services being solicited by the County pursuant to this RFP consist of five (5) separate service components as indicated below. The County is seeking one (1) contractor capable of performing all five (5) components and one (1) contract will be awarded by the County to the successful proposer. Additional information about the scope of services is contained in **SCHEDULE “E”**.

**Caregiver Information, Assistance, Counseling, Support Groups and Training (Alzheimer’s):** to provide information, assistance, support groups and training seminars to caregivers of seniors with Alzheimer’s or a related dementia in Westchester County.

B.) FEES/COSTS AND MATCH

Funding for the Family Caregiver Support Services (the “Program”) outlined in this RFP is expected to be made available to the County by the New York State Office For the Aging (“NYSOFA”), based on NYSOFA’s receipt of funds from the federal government that have been made available under the OAA. Therefore, the funding available for this Program is limited.

The Department will reimburse the successful Proposer at an agreed-upon unit cost for actual services provided and data entered in NYSOFA’s Statewide Client Data System, not to exceed the total amount allocated for the contract which may, at the County’s sole and complete discretion, include an optional increase or decrease of available funds, which would impact the not-to-exceed amount of the contract. However, Proposers are advised not to base their unit price proposal on how much the County is able to spend but rather on an independently determined unit cost. The fact that available funding may increase or decrease the not-to-exceed cap of the contract is being mentioned here for informational purposes only. Proposers must specify a proposed unit cost in the space provided in the **Schedule “F”**.

Proposers shall be required to contribute matching funds equivalent to 25% of the not-to-exceed amount of the contract, in accordance with the requirements of the Title III-E grant.
C.) ANTICIPATED TERM

The term of any ensuing agreement will commence on or about January 1, 2017 and expire on or about December 31, 2017. The County, in its sole discretion, may extend the term of the agreement for up to five (5) additional one (1) year periods, on the same terms and conditions, including unit price (with a not-to-exceed 3% annual cost of living increase to be added to the unit cost), as the initial term, subject to the availability of funds, acceptable past performance, the County obtaining all necessary legal approvals and the County’s determination that an extension is in its best interest.

It should be noted that funding may vary from year to year, in which case the County reserves the right to adjust the above-referenced not-to-exceed amount. Any such adjustment will not affect the unit price, but only impact the number of units of service for which the County can pay for in a given year.

D.) RFP AMENDMENTS OR ADDENDA

Should the County find it necessary to amend this RFP and/or issue any addenda, such documents will be posted to the County’s website for RFPs: http://www.westchestergov.com/rfp. Proposers have an affirmative obligation to periodically monitor the website for any addenda or amendments to the RFP.

III. LEGAL UNDERSTANDINGS

Please take notice, by submission of a proposal in response to this RFP, Proposer agrees to and understands:

- that any proposal, attachments, additional information, etc. submitted pursuant to this RFP constitute merely a suggestion to negotiate with the County of Westchester and is not a bid under Section 103 of the New York State General Municipal Law;

- submission of a proposal, attachments, and additional information shall not entitle the proposing entity to enter into a service agreement with the County of Westchester for the required services;

- by submitting a proposal, the proposing entity agrees and understands that the County of Westchester is not obligated to respond to the proposal, nor is it legally bound in any manner whatsoever by submission of same;

- that any and all counter-proposals, negotiations or any communications received by a proposing entity, its officers, employees or agents from the County, its elected officials, officers, employees or agents, shall not be binding against the County of Westchester, its elected officials, officers, employees or agents unless and until a formal written agreement for the services sought by this RFP is duly executed by both parties and
approved by the Westchester County Board of Acquisition & Contract, and the Office of the Westchester County Attorney.

In addition to the foregoing, by submitting a proposal, the Proposer also understands and agrees that the County of Westchester reserves the right, and may at its sole discretion exercise, the following rights and options with respect to this RFP:

- To reject proposals that do not conform in all material respects to the RFP or meet the minimum requirements;
- To reject all proposals;
- To issue additional solicitations for proposals and/or amendments to this RFP;
- To waive any irregularities in proposals received after notification to all Proposers;
- To negotiate for amendments or other modifications to proposals;
- To conduct investigations with respect to the qualifications of each Proposer;
- To exercise its discretion and apply its judgment with respect to any aspect of this RFP, the evaluation of proposals, and the negotiations and award of any contract;
- To enter into an agreement for only portions (or not to enter into an agreement for any) of the services contemplated by the proposals with one or more of the Proposers.
- While this is an RFP and not a bid, the County reserves the right to apply the case law under General Municipal Law § 103 regarding bidder responsibility in determining whether a proposer is a responsible vendor for the purpose of this RFP process;
- To select the proposal from a responsible Proposer that is most advantageous to the County in terms of the program for which this service is being solicited, and not necessarily on the basis of price or any other single factor or criterion;
- The County assumes no responsibility or liability of any kind for costs incurred in the preparation or submission of any proposal;
- The County is not responsible for any internal or external delivery delays which may cause any proposal to arrive beyond the stated deadline. To be considered, proposals MUST arrive at the place specified herein and be time stamped prior to the deadline.

IV. PROPOSAL EVALUATION CRITERIA

In selecting a Proposer with whom to commence contract negotiations, and in ultimately awarding the contract pursuant to this RFP, the County will choose the proposal from a responsible Proposer that is most advantageous to the County in terms of the program for which this service is being solicited, and otherwise in accordance with the County’s Procurement Policy.

In order to determine which proposals are most advantageous, the County will evaluate all proposals on the basis of the criteria specified below. As indicated below, while the costs associated with the program will be one of the criteria, it is not the sole criterion.

<table>
<thead>
<tr>
<th>#</th>
<th>Evaluation Criteria</th>
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<tbody>
<tr>
<td>1.)</td>
<td>Years of general experience providing Family Caregiver Support services</td>
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<td>2.)</td>
<td>Years of experience serving the elderly</td>
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<td>3.)</td>
<td>The number and types of practice areas served by the Proposer</td>
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<td>4.)</td>
<td>Geographic areas currently served by the Proposer</td>
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<td>5.)</td>
<td>Percent of clients the Proposer anticipates serving who are minorities</td>
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<td>6.)</td>
<td>Percent of clients the Proposer anticipates serving who are low-income</td>
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<td>7.)</td>
<td>Percent of clients the Proposer anticipates serving who are frail</td>
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<td>8.)</td>
<td>Percent of clients the Proposer anticipates serving who are vulnerable</td>
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<td>9.)</td>
<td>Proposed unit cost:</td>
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<tr>
<td></td>
<td>a. Information?</td>
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<td>b. Assistance?</td>
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<td>c. Counseling?</td>
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<td>d. Support Groups?</td>
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<td>e. Training?</td>
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<td>10.)</td>
<td>Organizational capacity for providing the service, including the number of clients who could be served during the term of any resulting agreement</td>
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<td>11.)</td>
<td>Knowledge of services and programs available for the elderly and their caregiver(s)</td>
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<td>12.)</td>
<td>Qualifications of staff, including qualifications to provide caregiver support services</td>
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<td>13.)</td>
<td>Number of employees who would render the caregiver support services being solicited</td>
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<td>14.)</td>
<td>Number of volunteers who would render the caregiver support services being solicited</td>
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<td>15.)</td>
<td>Number of total employees</td>
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<td>16.)</td>
<td>Range of other services provided by the proposer and available to clients</td>
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<td>17.)</td>
<td>Training of professionals to effectively provide caregiver support services to the elderly</td>
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<td>18.)</td>
<td>Reach/extent of public awareness campaign(s) to educate the public about senior issues and/or the services available for seniors</td>
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<td>19.)</td>
<td>Ability of staff and/or volunteers to capably handle the technology that needs to be used in performing the scope of work being solicited (e.g., computers, faxes, copiers, the Internet)</td>
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<td>20.)</td>
<td>Foreign language proficiency/cultural competency of staff and volunteers</td>
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<td>21.)</td>
<td>Membership in appropriate professional organizations.</td>
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<td>22.)</td>
<td>Participation in or contribution to professional journals, forums, etc. concerning caregiver support services</td>
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23.) Having the access to the Internet, computer(s), photocopier(s), telephone(s), and fax(es) that is necessary to perform the scope of work being solicited

24.) The completeness and thoroughness of the Proposer’s narrative for providing the services

V. CONTRACT

After selection of the successful Proposer, and following contract negotiations, a formal written contract will be prepared by the County of Westchester and will not be binding until signed by both parties and approved by the Westchester County Board of Acquisition & Contract and the Office of the County Attorney. NO RIGHTS SHALL ACCRUE TO ANY PROPOSER BY THE FACT THAT A PROPOSAL HAS BEEN SELECTED BY THE COUNTY FOR SUBMISSION TO THE BOARD OF ACQUISITION & CONTRACT FOR CONTRACT APPROVAL. SAID BOARD HAS THE RIGHT TO REJECT ANY RECOMMENDATION AND THE APPROVAL OF SAID BOARD IS NECESSARY BEFORE A VALID AND BINDING CONTRACT MAY BE EXECUTED BY THE COUNTY.

The Proposer accepts and agrees that, if selected by the County, it will be asked to sign a contract containing the following, or language in substantially the following form:

VI. INDEMNIFICATION AND INSURANCE “In addition to, and not in limitation of the insurance requirements contained herein the Contractor agrees:

(a) that except for the amount, if any, of damage contributed to, caused by, or resulting from the negligence of the County, the Contractor shall indemnify and hold harmless the County, its officers, employees and agents from and against any and all liability, damage, claims, demands, costs, judgments, fees, Contractors' fees or loss arising directly or indirectly out of the performance or failure to perform hereunder by the Contractor or third parties under the direction or control of the Contractor;

and

(b) to provide defense for and defend, at its sole expense, any and all claims, demands or causes of action directly or indirectly arising out of this Agreement and to bear all other costs and expenses related thereto.”

Upon execution of any contract between the Proposer and the County, the Proposer will be required to provide proof of the insurance coverage described in SCHEDULE “A”.

Insurance coverage in amount and form shall not be deemed acceptable until approved by the County of Westchester, Department of Risk Management. The Director of Risk Management may alter insurance requirements at his discretion.

VII. NON-COLLUSION AND NON-DISCRIMINATION
A.) The Proposer, by signing the proposal, does hereby warrant and represent that any ensuing agreement has not been solicited, secured or prepared directly or indirectly, in a manner contrary to the laws of the State of New York and the County of Westchester, and that said laws have not been violated and shall not be violated as they relate to the procurement or the performance of the agreement by any conduct, including the paying or the giving of any fee, commission, compensation, gift, gratuity or consideration of any kind, directly or indirectly, to any County employee, officer or official.

B.) The Proposer, by signing the proposal, expressly agrees that neither it nor any contractor, subcontractor, employee, or any other person acting on its behalf shall discriminate against or intimidate any employee or other individual on the basis of race, creed, religion, color, gender, age, national origin, ethnicity, alienage or citizenship status, disability, marital status, sexual orientation, familial status, genetic predisposition or carrier status during the term of or in connection with any contract that may ensue in connection with this RFP, as those terms may be defined in Chapter 700 of the Laws of Westchester County. The Proposer acknowledges and understands that the County maintains a zero tolerance policy prohibiting all forms of harassment or discrimination against its employees by co-workers, supervisors, vendors, contractors or others.

VIII. COMPLIANCE WITH LAWS

Every aspect of this procurement, including, but not limited to, the preparation of proposals, selection of vendors, and the award of contracts, is subject to provisions of all applicable federal, state and local laws, regulations, and rules.

IX. CONFLICT OF INTEREST

All proposers must disclose with their proposals the name of any officer, director or agent who is also an employee of the County of Westchester. Further, all proposers must disclose the name of any County officer, employee, or elected official who owns, directly or indirectly, an interest of ten percent or more in the proposer or any of its subsidiaries or affiliates.

X. CONTENTS OF PROPOSAL

The New York State Freedom of Information Law as set forth in Public Officers Law, Article 6, Sections 84-90, mandates public access to government records. However, proposals submitted in response to this RFP may contain technical, financial background or other data, public disclosure of which could cause substantial injury to the proposer's competitive position or constitute a trade secret. Proposers who have a good faith belief that information submitted in their proposals is protected from disclosure under the New York Freedom of Information Law shall:

a) insert the following notice in the front of its proposal:

“NOTICE
The data on pages ___ of this proposal identified by an asterisk (*) contains technical or financial information constituting trade secrets or information the disclosure of which would result in substantial injury to the proposer’s competitive position.

The proposer requests that such information be used only for the evaluation of the proposal, but understands that any disclosure will be limited to the extent that the County considers proper under the law. If the County enters into an agreement with this proposer, the County shall have the right to use or disclose such information as provided in the agreement, unless otherwise obligated by law.”

and

b) clearly identify the pages of the proposals containing such information by typing in bold face on the top of each page " * THE PROPOSER BELIEVES THAT THIS INFORMATION IS PROTECTED FROM DISCLOSURE UNDER THE STATE FREEDOM OF INFORMATION LAW."

The County assumes no liability for disclosure of information so identified, provided that the County has made a good faith legal determination that the information is not protected from disclosure under applicable law or where disclosure is required to comply with an order or judgment of a court of competent jurisdiction. The contents of the proposal which is accepted by the County, except portions "Protected from Disclosure", may become part of any agreement resulting from this RFP.

XI. MBE/WBE

Pursuant to Section 308.01 of the Laws of Westchester County, it is the goal of the County to use its best efforts to encourage, promote and increase the participation of business enterprises which are owned and controlled by persons of color or women in contracts and projects funded by the County. Therefore, all proposers are required to complete the questionnaire attached hereto as SCHEDULE “B”.

XII. CRIMINAL BACKGROUND DISCLOSURE

In compliance with Executive Order No. 1-2008, all proposers are required to submit the Criminal Background Disclosure forms attached hereto as SCHEDULE “C”.

XIII. REQUIRED DISCLOSURE OF RELATIONSHIPS TO COUNTY

To avoid conflicts of interest and the appearance of impropriety, each Proposer shall be required to complete and submit with their proposal the Disclosure Form attached hereto as SCHEDULE “D”.

XIV. TARGETING

Attached hereto as SCHEDULE “G” is 12-PI-08, the Program Instruction regarding Equal Access to Services and Targeting Policy that was issued by NYSOFA. The successful Proposer will be required to comply with the laws and regulations as set forth in SCHEDULE “G”.

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Attached hereto as **SCHEDULE “H”** is the Westchester County Targeting Appendix, which contains the number and percentage of 60+ population (as available) by characteristic in Westchester County according to the 2010 census data. This information may be useful to the Proposer in determining what service components to submit a proposal for, and for determining the percentage of various types of clients from targeted populations that the Proposer will be able to serve.

[NO FURTHER TEXT ON THIS PAGE]
XV. PROPOSER CERTIFICATION

The undersigned agrees and understands that this proposal and all attachments, additional information, etc. submitted herewith constitute merely an offer to negotiate with the County of Westchester and is NOT A BID. Submission of this proposal, attachments, and additional information shall not obligate or entitle the proposing entity to enter into a service agreement with the County of Westchester for the required services. The undersigned agrees and understands that the County of Westchester is not obligated to respond to this proposal nor is it legally bound in any manner whatsoever by the submission of same. Further, the undersigned agrees and understands that any and all proposals and negotiations shall not be binding or valid against the County of Westchester, its directors, officers, employees or agents unless an agreement is signed by a duly authorized officer of the County of Westchester and approved by the Westchester County Board of Acquisition & Contract and by the Office of the County Attorney.

It is understood and agreed that the County of Westchester reserves the right to reject consideration of any and all proposals including, but not limited to, proposals which are unsigned, conditional, or incomplete. It is further understood and agreed that the County of Westchester reserves all rights specified in the Request for Proposals.

It is represented and warranted by those submitting this proposal that except as disclosed in the proposal, no officer or employee of the County of Westchester is directly or indirectly a party to or in any other manner interested in this proposal or any subsequent service agreement that may be entered into.

______________________________
Proposer Name

By: ____________________________
(Signature)

Name: _________________________

Title: _________________________

You Must Complete the Applicable Acknowledgement and Certificate of Authority Document(s), Which Are on the Pages Following This Page
ACKNOWLEDGMENT

STATE OF _______________ )
COUNTY OF _______________ ) ss.

On the __________ day of ________________ in the year 20__ before me, the
undersigned, personally appeared _____________________________, personally known to me
or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is
(are) subscribed to the within instrument and acknowledged to me that he/she/they executed the
same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the
individual(s), or the person upon behalf of which the individual(s) acted, executed the
instrument.

Date: ________________

Notary Public

RPL § 309-a; NY CPLR § 4538
SOLE CORPORATE OFFICER ACKNOWLEDGMENT

STATE OF )
    ) ss.:  
COUNTY OF )

On this ________ day of __________________, 20___, before me, the undersigned, personally appeared ___________________________, personally known to me or proved to me (Name of Sole Officer) on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity as President and sole officer and director of __________________________________________, (Name of Corporation) the corporation described in and which executed the within instrument, and acknowledged that he/she owns all the issued and outstanding capital stock of said corporation, and that by he/she signed the within instrument on behalf of said corporation.

__________________________________
Notary Public

SOLE LLC MEMBER ACKNOWLEDGMENT

STATE OF )
    ) ss.:  
COUNTY OF )

On this ________ day of __________________, 20___, before me, the undersigned, personally appeared ___________________________, personally known to me or proved to me (Name of Sole Member) on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity as Managing Member and sole member of __________________________________________, (Name of LLC) the LLC described in and which executed the within instrument, and acknowledged that he/she owns the entire ownership interest in the LLC, and that by he/she signed the within instrument on behalf of said LLC.

__________________________________
Notary Public
CERTIFICATE OF AUTHORITY
(CORPORATION)

I, _________________________________________________________,
(Officer other than officer signing contract)
certify that I am the ____________________________________________________________ of
(Title)
the ___________________________________________________________________
(Name of Corporation)
a corporation duly organized and in good standing under the __________________________
____________________________________________________________________________
(Law under which organized, e.g., the New York Business Corporation Law)
named in the foregoing agreement; that _______________________________________
(Person executing agreement)
who signed said agreement on behalf of the ______________________________________
(Name of Corporation)
was, at the time of execution _________________________________________________
>Title of such person)
of the Corporation and that said agreement was duly signed for and on behalf of said Corporation
by authority of its Board of Directors, thereunto duly authorized and that such authority is in full
force and effect at the date hereof.

____________________________
(Signature)

STATE OF _________________ ) ss.:  
COUNTY OF _______________ )

On the ______ day of __________ in the year 20__ before me, the undersigned, a
Notary Public in and for said State, __________________________________________ personally appeared,
personally known to me or proved to me on the basis of satisfactory evidence to be the officer
described in and who executed the above certificate, who being by me duly sworn did depose
and say that he/she resides at ____________________________________________,
and he/she is an officer of said corporation; that he/she is duly authorized to execute said
certificate on behalf of said corporation, and that he/she signed his/her name thereto pursuant to
such authority.

Date: ________________________
Notary Public
CERTIFICATE OF AUTHORITY
(LIMITED LIABILITY COMPANY)

I, ____________________________________________________________,
(member or manager other than person executing the agreement)
certify that I am a _____________________ of _______________________________________
(member/manager)                            (Name of Limited Liability Company)
(the "LLC") duly organized under the Laws of the State of _____________________________;
(Name of State)
that _______________________________________ who signed said Agreement on behalf of
(Person Executing Agreement)
the LLC was, at the time of execution, a manager of the LLC; that said Agreement was duly
signed for and on behalf of said LLC and as the act of said LLC for the purposes therein
mentioned.

______________________________
(Signature)

STATE OF _________________ )
) ss.:  
COUNTY OF ________________ )

On the ______ day of ___________ in the year 20__ before me, the undersigned, a
Notary Public in and for said State, __________________________________personally appeared,
personally known to me or proved to me on the basis of satisfactory evidence to be the
member/manager described in and who executed the above certificate, who being by me duly
sworn did depose and say that he/she resides at ____________________________________,
and he/she is a member/manager of said LLC; that he/she is duly authorized to execute said
certificate on behalf of said LLC, and that he/she signed his/her name thereto pursuant to such
authority.

Date: _____________________________

Notary Public

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CERTIFICATE OF AUTHORITY
(PARTNERSHIP)

I, _________________________________________________________,
(Partner other than Partner signing contract)
certify that I am a General Partner of ________________________________________,
(Name of Partnership)
a partnership duly organized under __________________________________________,
(Law under which partnership is organized)
and named in the foregoing Agreement; that___________________________________,
(Partner Executing Agreement)
who signed said Agreement on behalf of the Partnership was, at the time of execution, a
General Partner of said Partnership; that said Agreement was duly signed for and in behalf of
said Partnership and as the act and deed of said firm for the purposes therein mentioned.

____________________________
(Signature)

STATE OF _________________ )
) ss.:
COUNTY OF _____________ )

On this _______ day of _____________, in the year 20__ before me, the
undersigned, a Notary Public in and for said State, ___________________________ personally
appeared, personally known to me or proved to me on the basis of satisfactory evidence to be the
General Partner described in and who executed the above certificate, who being by me duly
sworn did depose and say that he/she resides at ______________________________________,
and he/she is a general partner of said Partnership; that he/she is duly authorized to execute said
certificate on behalf of said Partnership, and that he/she signed his/her name thereto pursuant to
such authority.

Date: ___________________    __________________________________
Notary Public
CERTIFICATE OF AUTHORITY
(LIMITED LIABILITY PARTNERSHIP)

I, ___________________________ certify that I am a
(Partner other than Partner signing Agreement)
Partner of _______________________________
(Name of Limited Liability Partnership)
(the "LLP"), a partnership duly organized under ____________________________,
(Law under which partnership is organized)
and named in the foregoing Agreement; that______________________________,
(Partner Executing Agreement)
who signed said Agreement on behalf of the LLP was, at the time of execution, a Partner of said LLP; that said Agreement was duly signed for and in behalf of said LLP and as the act and deed of said firm for the purposes therein mentioned.

______________________________
(Signature)

STATE OF _________________ )
) ss.:
COUNTY OF _______________ )

On this _______ day of _____________, in the year 20__ before me, the undersigned, a Notary Public in and for said State, ___________________________ personally appeared, personally known to me or proved to me on the basis of satisfactory evidence to be the Partner described in and who executed the above certificate, who being by me duly sworn did depose and say that he/she resides at ____________________________, and he/she is a partner of said LLP; that he/she is duly authorized to execute said certificate on behalf of said LLP, and that he/she signed his/her name thereto pursuant to such authority.

Date: ___________________________    __________________________________
                      Notary Public
SCHEDULE “A”

STANDARD INSURANCE PROVISIONS

(Contractor)

1. Prior to commencing work, the Contractor shall obtain at its own cost and expense the required insurance from insurance companies licensed in the State of New York, carrying a Best's financial rating of A or better, and shall provide evidence of such insurance to the County of Westchester, as may be required and approved by the Director of Risk Management of the County. The policies or certificates thereof shall provide that thirty days prior to cancellation or material change in the policy, notices of same shall be given to the Director of Risk Management of the County of Westchester by registered mail, return receipt requested, for all of the following stated insurance policies. All notices shall name the Contractor and identify the Agreement.

If at any time any of the policies required herein shall be or become unsatisfactory to the County, as to form or substance, or if a company issuing any such policy shall be or become unsatisfactory to the County, the Contractor shall upon notice to that effect from the County, promptly obtain a new policy, submit the same to the Department of Risk Management of the County of Westchester for approval and submit a certificate thereof. Upon failure of the Contractor to furnish, deliver and maintain such insurance, the Agreement, at the election of the County, may be declared suspended, discontinued or terminated. Failure of the Contractor to take out, maintain, or the taking out or maintenance of any required insurance, shall not relieve the Contractor from any liability under the Agreement, nor shall the insurance requirements be construed to conflict with or otherwise limit the contractual obligations of the Contractor concerning indemnification. All property losses shall be made payable to and adjusted with the County.

In the event that claims, for which the County may be liable, in excess of the insured amounts provided herein are filed by reason of any operations under the Agreement, the amount of excess of such claims or any portion thereof, may be withheld from payment due or to become due the Contractor until such time as the Contractor shall furnish such additional security covering such claims in form satisfactory to the County of Westchester.

2. The Contractor shall provide proof of the following coverage (if additional coverage is required for a specific agreement, those requirements will be described in the "Special Conditions" of the contract specifications):

(a) Workers’ Compensation. Certificate form C-105.2 (9/07) or State Fund Insurance Company form U-26.3 is required for proof of compliance with the New York State Workers' Compensation Law. State Workers' Compensation Board form DB-120.1 is required for proof of compliance with the New York State Disability Benefits Law. Location of operation shall be "All locations in Westchester County, New York."

Where an applicant claims to not be required to carry either a Workers' Compensation Policy or Disability Benefits Policy, or both, the employer must complete NYS form CE-200, available to download at: www.wcb.state.ny.us (click on Employers/Businesses, then Business Permits/Licenses/Contracts to see instruction manual).
If the employer is self-insured for Worker's Compensation, he/she should present a certificate from the New York State Worker's Compensation Board evidencing that fact (Either SI-12, Certificate of Workers' Compensation Self-Insurance, or GSI-105.2, Certificate of Participation in Workers’ Compensation Group Self-Insurance).

(b) Employer's Liability with minimum limit of $100,000.

(c) Commercial General Liability Insurance with a minimum limit of liability per occurrence of $1,000,000 for bodily injury and $100,000 for property damage or a combined single limit of $1,000,000 (c.s.1), naming the County of Westchester as an additional insured. This insurance shall include the following coverages:

   (i) Premises - Operations.
   (ii) Broad Form Contractual.
   (iii) Independent Contractor and Sub-Contractor.
   (iv) Products and Completed Operations.

All Contracts involving the use of explosives and demolition shall provide the above coverage with elimination of the XCU exclusion from the policy, or proof that XCU is covered.

(d) Automobile Liability Insurance with a minimum limit of liability per occurrence of $1,000,000 for bodily injury and a minimum limit of $100,000 per occurrence for property damage or a combined single limit of $1,000,000 unless otherwise indicated in the contract specifications. This insurance shall include for bodily injury and property damage the following coverages:

   (i) Owned automobiles.
   (ii) Hired automobiles.
   (iii) Non-owned automobiles.

3. All policies of the Contractor shall be endorsed to contain the following clauses:

   (a) Insurers shall have no right to recovery or subrogation against the County of Westchester (including its employees and other agents and agencies), it being the intention of the parties that the insurance policies so affected shall protect both parties and be primary coverage for any and all losses covered by the above-described insurance.

   (b) The clause "other insurance provisions" in a policy in which the County of Westchester is named as an insured, shall not apply to the County of Westchester.

   (c) The insurance companies issuing the policy or policies shall have no recourse against the County of Westchester (including its agents and agencies as aforesaid) for payment of any premiums or for assessments under any form of policy.

   (d) Any and all deductibles in the above described insurance policies shall be assumed by and be for the account of, and at the sole risk of, the Contractor.
SCHEDULE “B”

QUESTIONNAIRE REGARDING BUSINESS ENTERPRISES
OWNED AND CONTROLLED BY WOMEN OR PERSONS OF COLOR

As part of the County’s program to encourage the meaningful and significant participation of business enterprises owned and controlled by persons of color or women in County contracts, and in furtherance of Section 308.01 of the Laws of Westchester County, completion of this form is required.

A “business enterprise owned and controlled by women or persons of color” means a business enterprise, including a sole proprietorship, limited liability partnership, partnership, limited liability corporation, or corporation, that either:

1.) meets the following requirements:
   a. is at least 51% owned by one or more persons of color or women;
   b. is an enterprise in which such ownership by persons of color or women is real, substantial and continuing;
   c. is an enterprise in which such ownership interest by persons of color or women has and exercises the authority to control and operate, independently, the day-to-day business decisions of the enterprise; and
   d. is an enterprise authorized to do business in this state which is independently owned and operated.

2.) is a business enterprise certified as a minority business enterprise (“MBE”) or women business enterprise (“WBE”) pursuant to Article 15-a of the New York State Executive Law and the implementing regulations, 9 New York Code of Rules and Regulations subtitle N Part 540 et seq., OR


Please note that the term “persons of color,” as used in this form, means a United States citizen or permanent resident alien who is and can demonstrate membership of one of the following groups:

(a) Black persons having origins in any of the Black African racial groups;
(b) Hispanic persons of Mexican, Puerto Rican, Dominican, Cuban, Central or South American descent of either Indian or Hispanic origin regardless of race;
(c) Native American or Alaskan native persons having origins in any of the original peoples of North America; or
(d) Asian or Pacific Islander persons having origins in any of the Far East countries, South East Asia, the Indian subcontinent or the Pacific Islands.
1. Are you a business enterprise owned and controlled by women or persons of color in accordance with the standards listed above?

________ No

________ Yes

**Please note:** If you answered “yes” based upon certification by New York State and/or the Federal government, official documentation of the certification must be attached.

2. If you answered “Yes” above, please check off below whether your business enterprise is owned and controlled by women, persons of color, or both.

________ Women

________ Persons of Color (please check off below all that apply)

_______ Black persons having origins in any of the Black African racial groups

_______ Hispanic persons of Mexican, Puerto Rican, Dominican, Cuban, Central or South American descent of either Indian or Hispanic origin regardless of race

_______ Native American or Alaskan native persons having origins in any of the original peoples of North America

_______ Asian or Pacific Islander persons having origins in any of the Far East countries, South East Asia, the Indian sub-continent or the Pacific Islands

Name of Business Enterprise: __________________________________________

Address: __________________________________________________________

______________________________________________________________

Name and Title of person completing questionnaire: ______________________

______________________________________________________________

Signature: _________________________________________________________

_________________________________________ ________________

Notary Public Date
Pursuant to Executive Order 1-2008, the County is required to maintain a record of criminal background disclosure from all persons providing work or services in connection with any County contract, including leases of County-owned real property and licenses:

a.) If any of the persons providing work or services to the County in relation to a County contract are not subject to constant monitoring by County staff while performing tasks and/or while such persons are present on County property pursuant to the County contract; and
b.) If any of the persons providing work or services to the County in relation to a County contract may, in the course of providing those services, have access to sensitive data (for example SSNs and other personal/secure data); facilities (secure facilities and/or communication equipment); and/or vulnerable populations (for example, children, seniors, and the infirm).

In those situations, the persons who must provide a criminal background disclosure (“Persons Subject to Disclosure”) include the following:

a.) Consultants, Contractors, Licensees, Lessees of County-owned real property, their principals, agents, employees, volunteers or any other person acting on behalf of said Contractor, Consultant, Licensee, or Lessee who is at least sixteen (16) years old, including but not limited to Subconsultants, Subcontractors, Sublesses, or Sublicensees who are providing services to the County, and
b.) Any family member or other person, who is at least sixteen (16) years old, residing in the household of a County employee who lives in housing provided by the County located on County property.

Under Executive Order 1-2008, it is the duty of every County Consultant, Contractor, Licensee, or Lessee to inquire of each and every Person Subject to Disclosure and disclose whether they have been convicted of a crime or whether they are subject to pending criminal charges, and to submit this form with that information. Accordingly, you are required to complete the attached Criminal Background Disclosure Form and Certification.

Please note that under no circumstances shall the existence of a language barrier serve as a basis for the waiver of or an exception from the disclosure requirements of Executive Order 1-2008. If translation services are required by the Consultant, Contractor, Licensee, or Lessee to fulfill this obligation, it shall be at the sole cost and expense of the Consultant, Contractor, Licensee, or Lessee.

Please also note that the conviction of a crime(s) and/or being subject to a pending criminal

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1 For these disclosures, a “crime” or “pending criminal charge” includes all felonies and misdemeanors as defined under the New York State Penal Law or the equivalent under Federal law or the laws of any other State.
charge(s) will not automatically result in a denial of a person’s right to work on a County contract, right to be on County property, or license, but may, if the County determines that the prior conviction(s) or pending criminal charge(s) create an unacceptable risk. However, if a person fails to list or falsifies any part of his/her conviction history or any pending criminal charge(s) for any reason; he/she may be prohibited from working or being on County property without any risk assessment. If it is later determined that a Person Subject to Disclosure failed to disclose a criminal conviction or pending criminal charge for any reason, his/her right to work on a County contract, be on County property, or license may be terminated at any time.

Please further note that, pursuant to Executive Order 1-2008, and subject to the applicable provisions of New York Correction Law §§ 752 and 753, the County has the right to bar a Person Subject to Disclosure from providing work or services to the County or from being on County property if any such person has:

a.) A conviction of a crime(s);
b.) A pending criminal proceeding for a crime(s); or
c.) Refused to answer questions concerning his/her criminal background

Please finally note that any failure by a County Consultant, Contractor, Licensee, or Lessee to comply with the disclosure requirements of Executive Order 1–2008 may be considered by the County to be a material breach and shall be grounds for immediate termination by the County of the related County contract.

**Exemptions**

Executive Order 1-2008 exempts from the aforementioned disclosure requirements Persons Subject to Disclosure:

a.) for whom the County has already conducted a background check and issued a security clearance that is in full force and effect; and

b.) for whom another state or federal agency having appropriate jurisdiction has conducted a security and/or background clearance or has implemented other protocols or criteria for this purpose that apply to the subject matter of a County contract that is in full force and effect.

If you are claiming an exemption for one or more Persons Subject to Disclosure, you must notify the Procuring Officer². The Procuring Officer will then determine whether the Person(s) Subject to Disclosure are actually exempt, and provide written notification of his/her determination. If the Procuring Officer determines that a Person Subject to Disclosure is not exempt, the Procuring Officer will notify you of that determination, and you will have to include disclosures for that person on your Criminal Background Disclosure Form and Certification.

² Procuring Officer” shall mean the head of the department or the individual or individuals authorized by the head(s) of the department(s) undertaking the procurement and with respect to those matters delegated to the Bureau of Purchase and Supply pursuant to Section 161.11(a) of the Laws of Westchester County, the Purchasing Agent.
Subconsultants, Subcontractors, Sublessees, or Sublicensees

Under Executive Order 1-2008, it is your duty to ensure that any and all approved subconsultants, subcontractors, sublessees, or sublicensees complete and submit the attached Criminal Background Disclosure Form and Certification for all of their respective Persons Subject to Disclosure. This must be done before such a subconsultant, subcontractor, sublessees, or sublicensees can be approved to perform work on a contract.

New Persons Subject to Disclosure

Under Executive Order 1-2008, you have a CONTINUING OBLIGATION to maintain the accuracy of the Criminal Background Disclosure Form and Certification (and any accompanying documentation) for the duration of this contract, including any amendments or extensions thereto. Accordingly, it is your duty to complete and submit an updated Criminal Background Disclosure Form and Certification whenever there is a new Person Subject to Disclosure for this contract. NO NEW PERSON SUBJECT TO DISCLOSURE SHALL PERFORM WORK OR SERVICES OR ENTER ONTO COUNTY PREMISES UNTIL THE UPDATED CRIMINAL BACKGROUND DISCLOSURE FORM AND CERTIFICATION IS FILED WITH THE PROCURING OFFICER. You shall also provide the County with any other updates that may be necessary to comply with the disclosures required by Executive Order 1-2008.

PLEASE CONTINUE TO THE

Criminal Background Disclosure Form and Certification

BEGINNING ON THE NEXT PAGE
CRIMINAL BACKGROUND DISCLOSURE
FORM AND CERTIFICATION

If this form is being completed by a subconsultant, subcontractor, sublessee, or sublicensee, please consider all references in this form to “consultant, contractor, lessee, or licensee” to mean “subconsultant, subcontractor, sublessee, or sublicensee” and check here: ______________________

I, ____________________________________________, certify that I am a principal or a representative of the Consultant, Contractor, Lessee, or Licensee and I am authorized to complete and execute this Criminal Background Disclosure Form and Certification. I certify that I have asked each Person Subject to Disclosure the following questions:

• Have you or your company ever been convicted of a crime (all felonies and misdemeanors as defined under the New York State Penal Law or the equivalent under Federal law or the laws of any other State) including, but not limited to, conviction for commission of fraud, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements or receiving stolen property?

• Are you or your company subject to any pending criminal charges (all felonies and misdemeanors as defined under the New York State Penal Law or the equivalent under Federal law or the laws of any other State)?

I certify that the names and titles of Persons Subject to Disclosure who refused to answer either of the questions above are:

1. ________________________________________________________________
2. ________________________________________________________________
3. ________________________________________________________________
4. ________________________________________________________________
5. ________________________________________________________________

(If more space is needed, please attach separate pages labeled “REFUSED to Answer - Continued.”)
I certify that the names and titles of Persons Subject to Disclosure who answered “Yes” to either of the questions above are:

1. ________________________________________________________________
2. ________________________________________________________________
3. ________________________________________________________________
4. ________________________________________________________________
5. ________________________________________________________________

(If more space is needed, please attach separate pages labeled “YES Answers - Continued.”)

Each Person Subject to Disclosure listed above who has either been convicted of a crime(s) and/or is subject to a pending criminal charge(s) must answer additional questions. Those questions are below.

A Person Subject to Disclosure who has been convicted of a crime(s) must respond to the following (please attach separate pages with responses for each person, with their name and title):

1.) Describe the reason for being on County property if applicable, identify the specific duties and responsibilities on this project which you intend to perform for the County, including but not limited to, access to sensitive data and facilities and access to vulnerable populations.

2.) Please list all criminal convictions along with a brief description of the crime(s) (including all felonies and misdemeanors as defined under the New York State Penal Law or the equivalent under Federal law or the laws of any other State).

3.) Please provide the date and place of each conviction.

4.) Please provide your age at the time of each crime for which you were convicted.

5.) Please provide the legal disposition of each case.

6.) Please provide any information either produced by yourself or someone on your behalf in regards to your rehabilitation and good conduct.

A Person Subject to Disclosure who is subject to a pending criminal charge(s) must respond to the following (please attach separate pages with responses for each person, with their name and title):

1.) Describe the reason for being on County property and if applicable, identify the specific duties and responsibilities on this
project which you intend to perform for the County, including but not limited to, access to sensitive data and facilities and access to vulnerable populations.

2.) Please identify all pending criminal charges (all felonies and misdemeanors as defined under the New York State Penal Law or the equivalent under Federal law or the laws of any other State).

3.) Please briefly describe the nature of the pending charges and the date upon which it is alleged that a crime was committed.

I hereby certify that all of the information provided herein (and in any and all attachments) is true and accurate and that all disclosures required by Executive Order 1-2008 and this Criminal Background Disclosure Form and Certification have been completed. By my signature below, I hereby affirm that all of the facts, statements and answers contained herein (and in any and all attachments) are true and correct. I understand that providing false or incomplete information or withholding by omission or intention pertinent information will be cause for refusing further consideration of my being utilized under this contract.

It is understood and agreed that no Person Subject to Disclosure shall perform work or services or enter onto County property until this required Criminal Background Disclosure Form and Certification is filed with the Procuring Officer.

It is understood and agreed that to the extent that new Persons Subject to Disclosure are proposed to perform work or provide services under this contract after filing of this Criminal Background Disclosure Form and Certification with the Procuring Officer, such new Persons Subject to Disclosure shall not perform work or provide services or enter into County property until an updated Criminal Background Disclosure Form and Certification has been filed with the Procuring Officer.

It is further understood and agreed that the consultant, contractor, lessee, or licensee has a continuing obligation to maintain the accuracy of the Criminal Background Disclosure Form and Certification for the duration of this contract, including any amendments or extensions thereto, and shall provide any updates to the information to the County as necessary to comply with the requirements of Executive Order 1-2008.

_________________________________________
Name: _____________________________
Title: _____________________________
Date: _____________________________

__________________________________   ___________________
Notary Public                  Date
SCHEDULE “D”

REQUIRED DISCLOSURE OF RELATIONSHIPS TO COUNTY

A potential County contractor must complete this form as part of the proposed County contract.

1.) Are any of the employees that the Contractor will use to carry out this contract also a County officer or employee, or the spouse, child, or dependent of a County officer or employee?

   Yes _____   No _____

   If yes, please provide details (attach extra pages, if necessary): ______________________
   _____________________________________________________________________________

2.) Are any of the owners of the Contractor or their spouses a County officer or employee?

   Yes _____   No _____

   If yes, please provide details (attach extra pages, if necessary): ______________________
   _____________________________________________________________________________

3.) Do any County officers or employees have an interest\(^3\) in the Contractor or in any approved subcontractor that will be used for this contract?

   Yes _____   No _____

   If yes, please provide details (attach extra pages, if necessary): ______________________
   _____________________________________________________________________________

By signing below, I hereby certify that I am authorized to complete this form for the Contractor.

_________________________________________
Name: _____________________________

_________________________________________
Title: _____________________________

_________________________________________
Date: _____________________________

\(^3\) “Interest” means a direct or indirect pecuniary or material benefit accruing to a County officer or employee, his/her spouse, child or dependent, whether as the result of a contract with the County or otherwise. For the purpose of this form, a County officer or employee shall be deemed to have an "interest" in the contract of:

1.) His/her spouse, children and dependents, except a contract of employment with the County;
2.) A firm, partnership or association of which such officer or employee is a member or employee;
3.) A corporation of which such officer or employee is an officer, director or employee; and
4.) A corporation of which more than five (5) percent of the outstanding capital stock is owned by any of the aforesaid parties.
SCHEDULE “E”

SCOPE OF SERVICES

Family Caregiver Support Services are intended to provide caregivers of frail older persons age 60 and over with information, assistance, counseling, training, and support group services. Studies have shown that providing services to caregivers can reduce caregiver depression, anxiety, and stress and enable them to provide care longer, thereby avoiding or delaying the need for costly institutional care. This is achieved through the utilization of programs and services that ensure the dignity of seniors facing increased physical and mental limitations, and by providing contacts, socialization, and referrals of needed services to those who are isolated and homebound. The successful proposer(s) will demonstrate a planned effort to provide, on a countywide basis, information to clients about resources available to them within their community, including services and entitlements for older people. In addition, the successful proposer(s) will provide training seminars and counseling sessions to clients.

The Family Caregiver Support Services being solicited by the County pursuant to this RFP consist of five (5) separate service components described below. The County is seeking one (1) contractor to perform all five (5) components and a single contract will be awarded by the County to the proposer whose proposal is most advantageous to the County in terms of the programs being solicited by this RFP, and otherwise in accordance with the County’s Procurement Policy.

1) **Caregiver Information, Assistance, Counseling, Support Groups and Training (Alzheimer’s):** to provide information, assistance, support groups and training seminars to caregivers of seniors with Alzheimer’s disease or a related dementia in Westchester County as follows:

“Caregiver Information” is provided on services benefits, entitlements and other areas of concern to caregivers or their representatives which enables them to locate and obtain needed resources on their own.

“Caregiver Assistance” was once referred to as case assistance and now requires a National Aging Program Information System (“NAPIS”) Registration form to obtain individual names and demographic information. The successful proposers’ will expend some time linking the client to available services and resources available within their community. An individual is provided with information on a one-to-one basis about available services and opportunities in the community, assisted in defining problems/needs and capacities, receives direction or guidance relative to those identified issues and is likely to services and opportunities to meet the problems/needs. When appropriate, case assistance may also involve worker intervention, negotiation and advocacy with providers on the client’s behalf to ensure the delivery of needed services and benefits. Also included in this is follow up, to the extent possible that the consumer receives the service.
Referral is a two-step process involving the initiation of a linkage between a client and a service provider, and follow-up contact(s) to determine whether the service has been or is being provided.

“Caregiver Counseling” provides caregivers with the opportunity to meet one-on-one in the office or client home to discuss their situation and find out what services are available in the community to support them so that their loved one can stay in the home for as long as possible. Counseling can also be offered in a group setting for caregivers who are involved with the same care receiver. There are many different types of counseling. Examples include individual or group, mediation resolution, peer counseling, grief counseling. Caregivers are provided with education about how to handle the behaviors they may be observing.

“Caregiver Support Groups” provide caring, non-judgmental support to caregivers, other family members and concerned friends. Services may be offered in-person, on-line and/or telephone support groups. Support groups may be designed for anyone in a caregiving role or they may be for specific caregivers, e.g., caregivers caring for someone with a particular type of disease such as Alzheimer’s, Parkinson’s or based on the caregiver/care receiver relationship.

“Caregiver Training programs” may be delivered in one session or in a series, the duration may vary from an hour to a full day or longer and cover numerous topics that can help and support the caregiver in their care giving capacity, e.g. Skills related to assisting care receivers with activities of daily living, legal issues, e.g. power of attorney, living wills, managing difficult behaviors, nutrition, health/wellness, e.g. stress reduction exercises.

Selected Proposer(s) must:

**CAREGIVER INFORMATION AND ASSISTANCE**

1. Maintain accurate, up-to-date information on resources, available to the caregiver, which includes: name, address, telephone numbers of resource providers; services available; eligibility requirements; application procedures; cost of services; geographic area served.

2. Maintain data collection records on caregivers using case assistance service which include the following, where applicable, and has same available for periodic review:
   a. name and telephone number of caller
   b. name of person(s) needing assistance, address and/or directions, telephone number
   c. purpose of call
   d. determination of need
   e. disposition of request
   f. follow-up time frame

3. Attempt to provide services to low-income minority individuals in at least the same proportion as the population of low-income minority older individuals bears to the population of older individuals of the area served by the provider.
4. Ensure that staff and volunteers participate in training in the purpose, goals and procedures for provision of information and case assistance.

5. Ensure information about or obtained from the caregiver is treated with confidentiality by rights of privacy being respected and storing of such records and information in a locked file.

6. Maintain a comprehensive selection of printed materials explaining services and benefits available to the elderly.

**CAREGIVER COUNSELING, SUPPORT GROUPS AND/OR TRAINING**

1. Maintain accurate, up-to-date information on resources, available to the elderly, which includes: name, address, telephone numbers of resource providers; services available; eligibility requirements; application procedures; cost of services; geographic area served.

2. Maintain data collection records on seniors using case assistance service which include the following, where applicable, and has same available for periodic review:
   a. name and telephone number of caller
   b. name of person(s) needing assistance, address and/or directions, telephone number
   c. purpose of call
   d. determination of need
   e. disposition of request
   f. follow-up time frame

3. Attempt to provide services to low-income minority individuals in at least the same proportion as the population of low-income minority older individuals bears to the population of older individuals of the area served by the provider.

4. Ensure that staff and volunteers participate in training in the purpose, goals and procedure for provision of information and case assistance.

5. Ensure information about or obtained from the elderly is treated with confidentiality by rights of privacy being respected and storing of such records and information in a locked file.

6. Maintain a comprehensive selection of printed materials explaining services and benefits available to the elderly.

In performing the services, the selected Proposer will also be required to:

1. The proposer has a system in place for targeting caregivers with the greatest economic or social need

2. The proposer has a multi-pronged system in place for disseminating information about resources to caregivers throughout the county.
3. The proposer has written guidelines for determining which services are appropriate for the client.

4. The proposer has a system in place to work with those clients who cannot be helped by the agency but need other services.

5. The proposer will offer information and assistance in community-based and assessable locations.

6. The proposer keeps accurate records of assistance rendered to caregivers.

7. The proposer's supervisory staff includes trained social workers.

8. The proposer's caseloads are monitored.

9. The proposer has a system in place for a supervising social worker to train and oversee volunteers.

10. Volunteers are screened and provided with on-going training and supervision.

11. Client satisfaction is measured.

12. There is a system in place to handle formal grievances of clients.

13. The proposer uses standardized forms or reporting and data collection.

14. The proposer has a system in place for referral to other agencies or programs if confronted with emergency needs of client.

15. Report to the County statistical information and submit to the County supporting documentation concerning the services provided, upon request and/or at regular intervals, based on directions from the County. Such documentation will include, but not be limited to, invoices for all purchases; payroll time records; documentation concerning the Proposer’s match, if applicable; municipal payment vouchers, if the proposer is a governmental agency, or canceled checks, if the Proposer is a private agency.

The Proposer will be required to provide whatever information and documentation is required, in whatever form required, in order for the County and the proposer to comply with any and all applicable federal, state, or local reporting, auditing, or related requirements. Without limiting foregoing, the proposer will be required to submit monthly reports on service delivery information and client demographic data through the County Department of Senior Programs and Services’ web-based system, which meets the National Aging Program Information System (NAPIS) requirement. (Proposers will be notified if they are exempt from submitting reports electronically.) Reports for the prior month will be required to be completed and received by the County no later than the tenth (10th) day of the following month and/or entered on the web site at the same time.
SCHEDULE “F”

PROPOSER’S INFORMATION

Name: ______________________________________
Address: ______________________________________
______________________________________
______________________________________

CONTACT PERSON’S INFORMATION

Name: ______________________________________
E-Mail Address: ______________________________________
Phone Number: ______________________________________

BACKGROUND INFORMATION

<table>
<thead>
<tr>
<th>#</th>
<th>Evaluation Criteria</th>
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<tbody>
<tr>
<td>1.)</td>
<td>Years of general experience providing Family Caregiver Support services</td>
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<td>2.)</td>
<td>Years of experience serving the elderly</td>
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<tr>
<td>3.)</td>
<td>The number and types of practice areas served by the Proposer</td>
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<td>4.)</td>
<td>Geographic areas currently served by the Proposer</td>
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<td>5.)</td>
<td>Percent of clients the Proposer anticipates serving who are minorities</td>
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<tr>
<td>6.)</td>
<td>Percent of clients the Proposer anticipates serving who are low-income</td>
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<td>7.)</td>
<td>Percent of clients the Proposer anticipates serving who are frail</td>
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<tr>
<td>8.)</td>
<td>Percent of clients the Proposer anticipates serving who are vulnerable</td>
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<td>9.)</td>
<td>Proposed unit cost:</td>
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<td></td>
<td>a. Information?</td>
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<td>b. Assistance?</td>
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<td>c. Counseling?</td>
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<td>d. Support Groups?</td>
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<td></td>
<td>e. Training?</td>
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<td>10.)</td>
<td>Organizational capacity for providing the service, including the number of clients who could be served during the term of any resulting agreement</td>
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<td>11.)</td>
<td>Knowledge of services and programs available for the elderly and their caregiver(s)</td>
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<td>12.)</td>
<td>Qualifications of staff, including qualifications to provide caregiver support services</td>
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<td>13.)</td>
<td>Number of employees who would render the caregiver support services being solicited</td>
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<tr>
<td>14.)</td>
<td>Number of volunteers who would render the caregiver support services being solicited</td>
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<tr>
<td>15.)</td>
<td>Number of total employees</td>
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<td>16.)</td>
<td>Range of other services provided by the proposer and available to clients</td>
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<td>17.)</td>
<td>Training of professionals to effectively provide caregiver support services to the elderly</td>
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<tr>
<td>18.)</td>
<td>Reach/extent of public awareness campaign(s) to educate the public about senior issues and/or the services available for seniors</td>
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<tr>
<td>19.)</td>
<td>Ability of staff and/or volunteers to capably handle the technology that needs to be used in performing the scope of work being solicited (e.g., computers, faxes, copiers, the Internet)</td>
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<td>20.)</td>
<td>Foreign language proficiency/cultural competency of staff and volunteers</td>
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<td>21.)</td>
<td>Membership in appropriate professional organizations.</td>
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<td>22.)</td>
<td>Participation in or contribution to professional journals, forums, etc. concerning caregiver support services</td>
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<td>23.)</td>
<td>Having the access to the Internet, computer(s), photocopier(s), telephone(s), and fax(es) that is necessary to perform the scope of work being solicited</td>
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<td>24.)</td>
<td>The completeness and thoroughness of the Proposer’s narrative for providing the services</td>
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**REFERENCES**

Please provide five (5) current client references for similar services. Each reference must include the following information:

1.) Client Name  
2.) Client Address  
3.) Contact Name, Title and Telephone Number  
4.) Description of Services

Please note that the client names and contact information will be kept confidential, and destroyed after the RFP process is over. Clients will not be asked about the details about the specific cases, but, rather, general questions regarding satisfaction with the Proposer’s service, etc.

**UNIT COST PROPOSAL**
For each service component that you propose to provide, please provide the information requested below.

**1. Caregiver Information, Assistance, Counseling, Support Groups and Training (Alzheimer’s)**

Please note that for both Caregiver “Information” services and “Assistance” services, one (1) “unit” is defined as one (1) contact.

Please note that for Caregiver “Counseling” services, “Support Group” services and “Training” services, one (1) “unit” is defined as each participant in a group or individual session.

Proposed per-unit cost for Caregiver “Information” services: $_______/unit
Proposer per-unit cost for Caregiver “Assistance” services: $_______/unit
Proposed per-unit cost for Caregiver “Counseling” services: $_______/unit
Proposed per-unit cost for Caregiver “Support Groups” services: $_______/unit
Proposer per-unit cost for Caregiver “Training” services: $_______/unit

Would this service be accessible to the Mobility Disabled? ( ) YES ( ) NO
Would this service be accessible to the Visually Impaired? ( ) YES ( ) NO
Would this service be accessible to the Hearing Impaired? ( ) YES ( ) NO

On a separate sheet of paper please provide the following information:

1.) The site location(s) at which you propose to provide these services.
2.) The days and hours of operation for the site(s) where you propose to provide these services.
3.) The staff members (identified by title and qualifications, e.g. licensed social worker, etc.) who would provide these services at the proposed site(s).
4.) An organization chart for the staff members involved in providing these services.
5.) A narrative about the Services that you are proposing to provide. This narrative must describe how the Services will be organized, operated, and coordinated; describe the intended impact of the program; and outline any new ‘mechanisms’ involved in the program (i.e., innovative activities which facilitate access to and/or coordination of services).
SCHEDULE "G"
12-PI-08: NYSOFA PROGRAM INSTRUCTIONS REGARDING EQUAL ACCESS TO SERVICES AND TARGETING POLICY

[ATTACHED, STARTING ON NEXT PAGE]
NEW YORK STATE OFFICE FOR THE AGING
2 Empire State Plaza, Albany, NY 12223-1251

Andrew M. Cuomo, Governor          Greg Olsen, Acting Director
An Equal Opportunity Employer

PROGRAM INSTRUCTION

Number 12-PI-08
Supersedes
Expiration Date

DATE:       July 17, 2012
TO:         AAA Directors
SUBJECT:    Equal Access to Services and Targeting Policy

PURPOSE

The purpose of this Program Instruction is to issue the New York State Office for the Aging’s (NYSOFA’s) revised Equal Access to Services and Targeting Policy. This updated policy statement serves to clarify the responsibilities of New York State’s Aging Network Providers under federal and state laws regarding equal access to services and nondiscrimination in serving all cohorts of New York’s older adults and caregivers. It also addresses the federal and state requirements for targeting activities to reach those unserved and underserved groups that are in greatest social and/or economic need.

ACTION REQUIRED:

Each Area Agency on Aging (AAA) is required to ensure all legal requirements are met in delivering aging services in its service area. This includes implementing targeting activities for older adults and caregivers in greatest social and economic need as described in this policy and the following laws: the Older Americans Act (OAA), Title III of the Code of Federal Regulations, 45 CFR 1321; the NYS Elder Law and relevant NYS regulations (Title 9, Subtitle Y of the New York State Code of Rules and Regulations). Additionally, AAAs must ensure nondiscrimination and equal access to services in all programmatic activities as required by law (see summary of
relevant laws below and resource list at the end of this document for more information).

BACKGROUND

The increase in the number of older persons, especially among ethnically diverse populations, immigrants with limited English proficiency and those who are age 85 and older, is challenging society’s ability to meet the rapidly growing demand for age-related services. Such demographic changes call for specific approaches to service delivery that take into account issues such as health care disparities and cultural and linguistic competence. This Equal Access to Services and Targeting Policy is promulgated to advise Area Agencies on Aging (AAA) of their responsibilities and assist aging service providers in responding to the needs of New York’s diverse older adults who have the greatest social and economic needs.

Over the last decade within New York State (NYS), the minority population aged 60 and older grew by 43 percent, compared to 8 percent for the non-minority population. Growth in the aged 85 and older minority population group is expected to be even greater. Over the last decade, this age group grew by 81 percent, compared to 22 percent for the non-minority population. This high growth rate will continue over the next three decades. Additionally, according to the 2009 American Community Survey, 21.3 percent of the NYS population is foreign-born, with 28.5 percent of the population speaking a language other than English at home.

In addition, the Centers for Disease Control and Prevention’s (CDC) Office of Minority Health and Health Disparities states that “compelling evidence indicates that race and ethnicity correlate with persistent, and often increasing, health disparities among the U.S. populations.” In addition to race and ethnicity, the CDC found that health disparities also occur among various segments of the population by gender, education or income, disability, geographic location, or sexual orientation.

This Equal Access and Targeting Policy, which includes all of the following pages, provides information to Area Agencies on Aging (AAAs) regarding their responsibilities in developing and implementing strategies to improve equal access to, and targeting of services for, unserved and/or underserved populations who are in greatest social and/or economic need.
# EQUAL ACCESS TO SERVICES AND TARGETING POLICY

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I. LEGAL ENVIRONMENT AND GENERAL REQUIREMENTS

The preference to serve those in greatest social or economic need was inherent in the federal OAA, as enacted in 1965, and has been explicitly re-emphasized and expanded in subsequent amendments. This preference is reflected in current language within the OAA, for example, §305(a)(2); §306(a)(1); §306(a)(4)(A) and (B); §306(a)(11)(A) and §306(a)(15)(A). The older adult groups identified within the OAA for particular attention include those which are defined under Section II.B., "Population Groups to be Included in Targeting Efforts" below. These groups continue to comprise a significant segment of older adults in greatest social or economic need, who are underserved in aging programs and services.

The NYS Elder Law § 203, Title 9, Subtitle Y, §6652.4 (e) and §6654.3 of the New York Code of Rules and Regulations, also require the targeting of services to older adults who are low-income, minority, frail, or vulnerable (see Section II. B of this Program Instruction for further clarification of older adults included in these categories by NYSOFA).

Both the OAA Regulations (Title III Regulations, Title 45, Code of Federal Regulations (CFR) § 1321.5) and NYSOFA Regulations (Title 9, Subtitle Y, § 6651.2(c)(iv)), also require compliance with federal and state nondiscrimination laws (see below) in all programs and services.

In addition to the OAA and NYS Regulations, entities receiving federal funds, which include AAAs and their subcontractors, are required to meet additional legal requirements regarding nondiscrimination and equal access to services, as described below.

Title VI of the Civil Rights Act of 1964 (CRA Title VI) mandates that entities receiving federal financial assistance (which would include AAAs and all subcontractors) may not, based on race, color, or national origin exclude any person from participation in; deny the benefits of; or subject any person to discrimination, under any program or activity receiving federal financial assistance. Under the CRA Title VI precept regarding national origin, "...failure to ensure that limited English proficiency (LEP) persons can effectively participate in or benefit from federally assisted programs and activities may violate the prohibition ...against national origin discrimination." (See Section VI., Language Assistance in this Program Instruction for more details on obligations to provide language access.)

Federal Executive Order 13166 requires entities that receive federal funds to: examine the services they provide, identify any need for services to those with limited English proficiency (LEP), and develop and implement a system to provide those services so persons with LEP can have meaningful access (see Section VI. below).
Section 504 of the Rehabilitation Act of 1973, and Titles II and III of the Americans with Disabilities Act (ADA) prohibit covered entities from discriminating against persons with disabilities in the provision of benefits or services or the conduct of programs or activities. Section 504 applies to programs or activities that receive federal financial assistance, directly or as subcontractors (e.g., AAAs and subcontractors). Title II of the ADA covers all of the services, programs, and activities conducted by public entities (state and local governments, departments, agencies, etc.). Title III covers private entities, including nonprofits that are considered places of public accommodation, which would include, but are not limited to, health related offices and senior centers.

The New York State Human Rights Law (HRL), §290 through §301 of the Executive Law of NYS prohibits discrimination on the basis of the following characteristics: Race, Color, Creed, National Origin, Sex, Age, Disability, Sexual Orientation, Marital Status, Familial Status, Military Status, Domestic Violence Victim Status, Arrest or Conviction Record, and Predisposing Genetic Characteristics.

Localities may have Human Rights legislation that also affects AAAs and their subcontractors. NYS Aging Network providers should ensure that they are familiar and comply with county and city laws and regulations in this regard, e.g., Albany, New York City, Suffolk, and Westchester Counties all have local Human Rights laws (not an all inclusive list, examples only).

Title IV of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) restricts access to "Federal public benefits" to qualified aliens in defined program areas. However, immigration and citizenship verification requirements promulgated by the Department of Justice under PRWORA are not applicable to Administration for Community Living (ACL) administered OAA programs. Therefore, non-citizens, regardless of their alien status, should not be banned from services authorized by the OAA and administered by the ACL based solely on their alien status. To do so may violate the requirements of other civil rights legislation as described above.

II. DEFINITIONS AND GENERAL REQUIREMENTS REGARDING TARGETING

A. Targeting

Targeting is defined in NYSOFA regulations §6651.2(i)(1) as, "... a range of activities at system, program, and client levels designed to identify individuals in a specified, defined population (called the target population(s)) who need services, and designed to increase service delivery to the target population by linking or providing them with appropriate services." AAAs are responsible for implementing targeting activities at the various levels described below, as follows:
- **System targeting** includes but is not limited to three processes with the goal of making good faith efforts to meet targeting objectives:
  1. Advocating and assisting other agencies to use their resources in service delivery processes;
  2. Determining the overall mix of services to be supported by AAA resources; and,
  3. Coordinating and integrating services with those of other agencies.

- **Program targeting** is the process of operationalizing system targeting, and a method of determining:
  1. which service providers are to be used;
  2. what service protocols are followed;
  3. how the clients will be identified and served; and,
  4. where the service is to be provided geographically.

- **Client Targeting** is the process of identifying, assessing and serving those individual older adults most in need, for example, by using outreach strategies designed to identify clients in targeted cohorts.

Targeting activities must be designed to identify individuals in the target populations who need services and to increase service delivery to the target population by linking targeted populations to, or providing them with, appropriate service. The Area Agencies on Aging should provide local leadership and assist in coordinating the planning of a range of activities at the system, program, and client levels designed to increase service delivery to the targeted population(s) in their respective service areas.

**B. Population Groups to be Included in Targeting Efforts**

The Older Americans Act requires NYSOFA to provide assurances that preference "will be given to providing services to older individuals with the greatest economic or social needs..." with particular attention to specifically identified targeted groups (OAA §305(a)(2)(E)). The term "greatest economic need" is defined as the need resulting from an income at or below the poverty levels as established by the US Office of Management and Budget. The term "greatest social need" refers to the need caused by non-economic factors which include physical and mental disabilities, language barriers and cultural, social or geographical isolation including isolation caused by racial or ethnic status that restricts an individual's ability to perform normal daily tasks or threatens the capacity of the individual to live independently (OAA §102 (23 and 24)).

The State Office for the Aging has identified the following four target groups within NYS, which have the greatest economic and social needs: **minorities, low-income, frail, and vulnerable**. Specific definitions for each group are listed below, updated where applicable in accord with the 2010 U.S. Census definitions.
1. **Minority** - persons of Black, Hispanic, Asian, Native American (American Indian), Alaska Native, Native Hawaiian or Other Pacific Islander origins. Persons whose origins are of 2 or More Races or who are identified as being in a racial category different from those above (other than white) may be included (see the Other Race or 2 or More Races categories, defined below).

   A. Black - refers to a person who has origins in any of the Black racial groups of Africa. This includes, for example, persons who self report as Black, African American, Kenyan, Nigerian, Haitian or other applicable identification.

   B. Hispanic (or Latino) - refers to a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race. Hispanic origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person's parents or ancestors before their arrival in the United States. People who identify their origin as Hispanic, Latino, or Spanish may be any race.

   C. Asian - refers to a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, but not limited to, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

   D. American Indian or Alaska Native - refers to a person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment. This category includes people who indicated their race(s) as “American Indian or Alaska Native” or reported their enrolled or principal tribe, such as Navajo, Blackfeet, Inupiat, Yup’ik, and/or Central American or South American Indian groups.

   E. Native Hawaiian or Other Pacific Islander - refers to a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

   F. Other Race or 2 or More Races - this category includes persons who self identify as multiracial, mixed, interracial, or a racial category other than white, not included in the descriptions above.

2. **Low-Income** - Persons with incomes at or below 150% of the poverty level.

3. **Frail** - Persons with one or more functional deficits in the following areas:
   - Physical functions;
   - Mental functions;
   - Activities of daily living (eating, bed/chair transfer, dressing, bathing, toiletry and continence); and/or,
   - Instrumental activities of daily living (meal preparation, housekeeping, shopping, medications, telephone, travel, and money management).
4. **Vulnerable** – Persons with a deficit of social resources, those who are isolated socially, linguistically or geographically, and/or those affected by other environmental conditions including the following:

- Language barriers; ¹ Limited English Proficiency (LEP)¹
- Rural residence; ²
- Persons with disabilities;
- Institutionalized or at risk of institutionalization;
- Lesbian, gay, bisexual, transgender (LGBT) older adults;
- Low literacy; ³
- Older adult caregivers of children with developmental disabilities, mental illness, or other disabilities requiring a caretaker (e.g., traumatic brain injury);
- Homebound; and,
- Alzheimer’s or other Dementia.

### III. TARGETING OBJECTIVES AND GOALS

Targeting requirements are applicable to all Older Americans Act and New York State programs (e.g., Community Services for the Elderly (CSE), Expanded In-Home Services for the Elderly (EISEP), Supplemental Nutrition Assistance Program (SNAP), etc.) administered by NYSOFA and the Area Agencies on Aging.

Consistent with the OAA and NYS applicable regulations, the aging services network’s targeting goal is to substantially increase the numbers of older adults from targeted population groups (minority, low-income, frail, vulnerable) served by both Aging Network funded programs and programs funded by other community resources (such as the local Department of Social Services, Mental Health, Public Health Nursing, United Way, etc.) through network system development activities, and assisted referrals.

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¹ LEP definition, condensed from Policy Guidance for US Department of Health and Human Services (ACL) Funding Recipients: A Limited English Proficient (LEP) individual is a person who does not speak English as his/her primary language and who has “a limited ability to read, write, speak, or understand English, and may be eligible to receive language assistance with respect to a ...service, benefit, or encounter.”

² “Rural” defined by US Census as all population, housing, and territory not included within an urban area. Urban areas comprise (1) urbanized areas (a central place and its adjacent densely settled territories Rural (2) continued: with a combined minimum population of 50,000) and (2) an incorporated place or a census designated place with 20,000 or more inhabitants.

³ Low Literacy: in 1991, Congress passed the National Literacy Act that defined literacy as “an individual’s ability to read, write, and speak in English, and compute and solve problems at levels of proficiency necessary to function on the job and in society, to achieve one’s goals, and develop one’s knowledge and potential.” Rather than classifying individuals as either “literate” or “illiterate,” five levels of literacy were defined with Level 1 reflecting the lowest skills and Level 5 reflecting the highest skills (U.S. Department of Education).
AAAs are required to set specific objectives, consistent with NYSOFA policy, for providing services to older individuals with greatest economic and social needs as defined under Section II., B., of this policy. Within the Four Year and Annual Implementation Planning processes, NYSOFA requires AAAs to specify, and/or report on, the planned targeting activities at the system, program and client levels for the applicable time period.

Additionally, minimum numerical goals, based on the most current U.S. Census data must be developed within the Four Year Plan and AAAs must report on these goals annually through the AIP process. An example of the process for setting minimum numeric goals is as follows:

If a Planning and Service Area (PSA) has 10,000 older adults of whom 500 belong to a particular target group, then that target group represents 5% of the general older adult population. If an AAA plans to serve 1,000 older adults within its PSA, targeting efforts should ensure that at the minimum, 50 (5% x 1,000) members of the target group are included among service recipients. If using this method results in a fraction, the number should be rounded up to the nearest whole number (person).

The numeric formula should be applied to those targeted cohorts for whom comparable census data is available. These cohorts include unserved and underserved older adults in greatest social or economic need who are: low-income, low-income minorities (includes Hispanics, Native American/Alaskan Natives, Asians, Blacks, Native Hawaiians/Pacific Islanders, persons who are of other races (excluding white) or two or more races), rural residents, older adults with limited English proficiency, and frail/persons with disabilities.

In setting goals, AAAs should consider the representation of targeted populations within their PSAs that need specific services. While goals do not have to be program specific, meaningful targeting efforts require AAAs to determine where their targeting efforts should be directed to meet the needs of “targeted” older adults. For example, if, in a given PSA, a significantly higher percentage of older adults from a targeted cohort requires EISEP services, with little immediate need for programming provided in a Senior Center, efforts to reach the targeting goal successfully would focus more heavily on EISEP services for the target cohort.

AAAs also have the option of adding additional goals based on unique local priorities. For example, a PSA may have a cohort of “targeted” older adults with HIV/AIDS (e.g., residents with HIV/AIDS in a specific region of the PSA) requiring specific outreach and programmatic efforts. In these instances, AAAs should include in reports to NYSOFA, the applicable population data and cite data sources, which may come from a source other than the U.S. Census. For example, an AAA might provide the number of older adults in the cohort with HIV/AIDS, the source of data and relevant information in the AIP reporting process regarding any additional goals they may have in its PSA.
AAAs should note, however, that, based on significant racial, ethnic, and language disparities in health related care outcomes and the need to more effectively address the needs of increasingly diverse populations, NYSOFA's policy requires that AAAs must make good faith efforts to serve members of target groups in substantially higher percentages than their representation in the general older adult population of the Planning Service Area (PSA). This approach is consistent with the OAA's stated preference to provide.... “services to older individuals with the greatest economic or social needs...” with particular attention to specifically identified targeted groups. (OAA §305(a)(2)(E)).

It should also be noted that AAAs may also develop targeting strategies for those targeted groups for which comparable census data may not be available. Thus, the AAA may not be able to determine a realistic numeric goal. For example, currently data on the representation of LGBT older adults is not captured through the U.S. Census and, for many PSAs, may not be available locally or regionally from other sources. However, AAAs may make efforts to create community linkages to identify and provide services to the LGBT older adult population in the PSA.

All AAAs must provide assurances to NYSOFA within their area plans that they will provide information and outreach to specified target populations and will make the maximum efforts through system, program, and client targeting to promote and increase services to these underserved and/or underrepresented groups.

AAAs targeting objectives and numerical goals are subject to review and approval by NYSOFA in the Four Year Plan and Annual Implementation Plan processes, evaluation visits and monitoring, including the ongoing review of the Consolidated Area Agency Reporting System (CAARS) reports. AAAs should be prepared to describe in detail their good faith efforts and results towards serving members of target groups in higher percentages than their representation in the general PSA population of older adults.

IV. NY SOFA EQUAL ACCESS AND TARGETING RESPONSIBILITIES

Under the requirements of the OAA §305 (a), NYSOFA is responsible for developing and administering the State Plan. This includes responsibility for assuring that preference will be given to providing services to older individuals with greatest economic and social needs, with particular attention to targeted groups. NYSOFA is also required to: develop policies consistent with legal requirements governing all aspects of federally and/or NYS funded aging programs including equal access, targeting and nondiscrimination requirements; enforce these policies (Title III Regulations, Title 45, Code of Federal Regulations (CFR) § 1321.11); and evaluate the effectiveness of Title III and VII services provided to individuals with greatest social and economic need with particular attention to targeted groups [OAA§ 307(a)(4)].
Other NYSOFA equal access and targeting activities may include:

A. Ensuring that the intrastate funding formula reflects the proportion of targeted groups among the local PSAs (Title 45 CFR §1321.37).

B. Supporting and ensuring local efforts to carry out equal access and targeting mandates through technical assistance, training, monitoring, and assessments.

C. Monitoring and approving funding allocations and utilization to ensure service delivery to target populations.

D. Developing program instructions, standards, guidelines and procedures to ensure equal access, nondiscrimination, appropriate participation of target populations and usable mechanisms and measures for identifying and reporting on the participation of identified targeted groups.

E. Ensuring targeting population representation on NYSOFA Advisory Committees and advocating for the representation of their interests on advisory committees of other State agencies. NYSOFA also monitors AAAs for compliance with federal and state requirements for representation of minorities and other older persons with greatest economic or social needs on their advisory councils (Title 9, NYCRR Subtitle Y, § 6652.6(b)(1)).

F. Setting objectives for providing services to specific targeted groups, in consultation with area agencies on aging, for each PSA (OAA §305(a) (2) (G) (i).

V. AAA EQUAL ACCESS AND TARGETING RESPONSIBILITIES

AAAs are charged with providing leadership in assisting communities throughout their planning and service areas to target resources from all appropriate sources to meet the needs of older persons with greatest economic or social need (see Section II., B., “Population Groups to be Included in Targeting Efforts”). AAAs must also ensure that each activity undertaken, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas (OAA §306 4(C)).

Specifically, AAAs are responsible for:

A. Complying with requirements for equal access including language accessibility, nondiscrimination and concentration of services on target populations as required in the OAA, NYS regulations, other relevant laws (see Section I of this Program Instruction - Legal Environment and General Requirements) and NYSOFA policies.
B. Requiring all aging service providers under their respective PSAs to comply with the requirements summarized in letter A., immediately above, and include these requirements in each agreement made with such providers [OAA §306(a)(4)(A)].

C. Including in AAAs agreements with providers in their PSAs that each provider comply with requirements for concentration of services on target populations (Title 9, Subtitle Y, § 6651.2) and specify how the provider intends to meet specific objectives for satisfying the service needs of, and providing services to, low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas [OAA §306(a)(4)(A)].

D. Providing technical assistance, monitoring and periodically assessing the performance of all service providers regarding targeting, nondiscrimination and equal access issues (NYS regulations, Title 9, Subtitle Y, §6653.3).

E. Coordinating with agencies that develop or provide services for individuals with disabilities to identify and assess the needs of older adults with disabilities, and to plan and provide services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement (OAA §306 a(5)).

F. Ensuring that all programs and sites provide maximum accessibility to those older adults in greatest economic or social need, and that new sites be free from architectural barriers that limit participation of disabled older individuals (NYS regulations, Title 9, Subtitle Y, §6652.2 (1)). Accessibility requirements include provision of services and assistive devices (including assistive technology services and devices) designed to meet the unique needs of older individuals who are disabled, and of older individuals who provide uncompensated care to their adult children with disabilities. Providers must ensure that communications with individuals with disabilities are as effective as communications with others (ADA, 28 CFR 35.160-35.164). For example, auxiliary aids and services may include:

- For individuals who are deaf or hard of hearing: qualified interpreters, notetakers, computer-aided transcription services, written materials, telephone handset amplifiers, assistive listening systems, telephones compatible with hearing aids, closed caption decoders, open and closed captioning, telecommunications devices for deaf persons (TDDs), videotext displays, and exchange of written notes. 4

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4 Please note that signed languages (e.g., American Sign Language) do not follow the socio-geographic movements of spoken languages. For example, ASL is used in Puerto Rico while Spanish is the spoken language. Although English is spoken in both England and the United States, the former uses British Sign Language (BSL), which differs greatly from ASL. Mexican Sign Language (LSM) differs from the varied signed languages of Spanish-speaking countries in Latin America [*from Certified Interpreting: The Sign Language Network website]. Providers must work with clients who are deaf/hearing impaired to determine what signed language or other methodology would be appropriate for the client’s preferred method of communication.
For individuals with vision impairments: qualified readers, taped texts, audio recordings, Brailled materials, large print materials, and assistance in locating items.

For individuals with speech impairments: TDDs, computer terminals, speech synthesizers, and communication boards.

G. Assuring that funds received under the OAA will be used to provide benefits and services to older individuals, giving priority to targeted groups (OAA §306 a (15)) with particular attention to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas, e.g., locate service sites in low-income and/or minority communities, subcontract for service provisions with agencies that serve consumers from targeted groups.

H. Reviewing current service patterns to determine where funds can be shifted to better serve target populations and considering the proportion of targeted older adults in the population of the service area when making allocation or reallocation decisions for resources. Special targeting efforts should be undertaken with any allowable sources or new or one-time funds. OAA carryover especially that in excess of ten percent, should be viewed as a potential resource for such targeting efforts. (In granting NYSOFA approval for retention of carryover funds, the proposed use of such funds for targeting activities (including language accessibility for persons with limited English proficiency) will be a major factor considered (NYS Title 9, Subtitle Y, §6654.3 (b)).

I. Recognizing and making public mandated responsibilities on targeting, nondiscrimination and equal access to services. This includes educating the local network on the need to provide equal access to information and services to unserved and underserved populations including the availability of free language assistance services as required by law. (See Section VI. Language Assistance, for specific requirements for communicating with older adults with limited English proficiency (LEP)).

J. Ensuring equal opportunity employment practices within the AAA and by subcontractors, to promote and increase staff and volunteers representative of target populations when opportunities arise.

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5 A qualified reader is a person—e.g., an employee or volunteer—who reads aloud either directly to a visually impaired person who is present or onto a recording device to which a visually impaired person will later listen. The reader must be proficient enough in reading that he/she can communicate written material clearly and effectively to the visually impaired consumer. Another option may be an electronic device or application such as a screen reader, a software application that attempts to identify and interpret information displayed on a computer screen.
K. Including target populations in the PSA in needs assessments, planning, implementation and evaluation of programs to identify and develop specific strategies and methods to identify unmet needs of these groups.

L. Using outreach efforts that will place special emphasis on:
   • older individuals residing in rural areas;
   • older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
   • older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
   • older individuals with severe disabilities;
   • older individuals with limited English proficiency;
   • older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
   • older individuals at risk for institutional placement (OAA §306 a (4) (B))

M. Informing the older individuals referred to in section L., above, and the caregivers of such individuals, of the availability of assistance (OAA §306 a (4)(B)). As an example, AAAs should consider participating in community, civic, cultural and other activities and programs to encourage target population participation in services.

N. Including in outreach efforts the identification of older Native Americans in the PSA and informing such older Native Americans and their caregivers of the availability of assistance (OAA §306 (a) (11)).

O. Ensuring minority and other targeted older adult representation on AAAs and service provider advisory committees and/or Boards of Directors and ensuring their participation in the development of targeting strategies (NYS regulations, Title 9, Subtitle Y, §Sec. 1324.67).

P. Ensuring that subcontractors identify and serve the target population through the AAAs' provision of technical assistance, assessment, training, and monitoring (e.g., reporting requirements) and evaluating of subcontractors. Service providers must follow methods established by the AAAs.

VI. LANGUAGE ASSISTANCE

A. Language Assistance Requirements

Language assistance refers to the development and implementation of effective communication methods and strategies to ensure the accurate exchange of information between service providers and linguistically diverse clients. All AAAs and subcontractors are required by law to take reasonable steps to provide meaningful access to limited English proficient persons. Specifics regarding this requirement are
summarized below and may be reviewed in more detail by using the resources listed in Section VII below. Since no single policy can include the extensive and complex information regarding many of the issues summarized in this policy, AAAs should, at a minimum, ensure they review the links to federal funding agencies' (U.S. Department of Health and Human Services (HHS) and ACL) information presented in Section VII for complete information relating to their responsibilities.

The OAA requires that any AAA with a significant number of limited English speaking older adults use staff in the delivery of outreach services that are fluent in the language spoken by a predominant number of such older individuals. The AAA is also required to designate an individual that it employs, or who is available to it on a full-time basis, whose responsibilities will include the following: taking appropriate action as may be appropriate to assure that counseling assistance is made available to older individuals with limited English speaking ability in order to assist such older individuals in participating in programs and receiving assistance under the OAA; and providing guidance regarding cultural sensitivities and linguistic and cultural differences to individuals engaged in the delivery of supportive services under the area plan 42 U.S.C. Sec. 3027(a)(15).

Additionally, consistent with the Civil Rights Act of 1964, Title VI, the Title VI regulations, federal Executive Order 13166, and the NYS Human Rights Law, all aging services providers, are obligated to provide reasonable, timely, and appropriate language assistance to the limited English proficiency (LEP) populations each serves. In certain circumstances, failure to ensure that LEP persons can effectively participate in or benefit from federally assisted programs and activities may violate the prohibition under Title VI, CRA, 42 U.S.C. 2000d and Title VI regulations against national origin discrimination.

Under the above referenced laws and regulations, providers in service areas with significant numbers of older adults with LEP may be required to provide a range of language assistance options (e.g., see the four factor analysis described below). However, even in service areas with smaller numbers of consumers with LEP, every older adult with LEP (and/or caregivers) seeking aging services must receive timely language accessibility services. Timeliness means that persons with LEP receive communications and services in a manner that does not require delays appreciably greater than experienced by English proficient persons.

Mandated Action:

Therefore, all AAAs must, at a minimum, establish a telephonic interpretation service contract or similar community arrangement with a language interpretation services provider of their choice by October 1, 2012. All aging services staff with public contact must be aware of, and trained in the timely and appropriate use of,
these language services. Please see, B. Providing Meaningful Access to Persons with LEP, below, for further information.

Each AAA will be required to report on the telephonic interpretation service which it has established in its Annual Implementation Plan under the section entitled, "Demographic Data and Targeting Objectives".

B. Providing Meaningful Access to LEP persons

Four Factor Analyses

All recipients of federal funds, which include AAAs and subcontractors providing aging services, are required to take reasonable steps to ensure meaningful access to their programs and activities by LEP persons. While designed to be a flexible and fact-dependent standard, the starting point is an individualized assessment and analysis that balances the four factors below. The results of this assessment should be used to develop the AAA's plan to provide timely and appropriate language services to consumers with LEP.

1. The number or proportion of LEP persons eligible to be served or likely to be encountered by the program: the greater the number or proportion of LEP persons in the PSA, the more likely language services are needed and the greater the obligation to provide language assistance services. In conducting the analysis, include LEP populations eligible for programs or activities that may be underserved because of existing language barriers.

2. The frequency with which LEP individuals come in contact with the program: providers should assess, as accurately as possible, the frequency with which they have or should have contact with LEP individuals from different language groups seeking assistance. The more frequent the contact with a particular language group, the more likely that enhanced language services in that language are needed. In applying this standard, providers should consider whether appropriate outreach to LEP persons could increase the frequency of contact with LEP language groups. If an LEP individual accesses a program, activity, or service on a daily basis, a provider has greater duties than if an LEP individual's contact with the program, activity, or service is unpredictable or infrequent. However, if an AAA or subcontracted provider serves LEP persons on an unpredictable or infrequent basis this balancing analysis should still be used to determine what to do if an LEP individual seeks services under the program in question. As noted above under VI., A. Language Assistance Requirements, at a minimum, aging services providers must have a telephonic language interpretation service available to obtain immediate interpreter services.

3. The nature and importance of the program, activity, or service provided by the program to people's lives: identify the programs, services, or activities
that would have a serious consequence if language barriers prevented LEP persons' access to them. Responsibility to provide language assistance would be greater for such critical services.

4. **The resources available to the provider/agency, and costs:** explore the most cost-effective means of delivering competent and accurate language services. Provider organizations with limited resources may find that entering into a bulk telephonic interpretation service contract will prove cost effective.

After applying the above four-factor analysis, an aging services provider may identify different language assistance measures for the different types of programs or activities in which it engages. Some services will be more important than others and/or have greater impact on or contact with LEP persons, and thus may require more in the way of language assistance. Providers should ensure that staff who may encounter clients with LEP are aware of, and use, the organization's plan to provide language assistance that is developed based on the four factor analysis. The flexibility that providers have in addressing the needs of the LEP populations they serve does not diminish, and should not be used to minimize, the legal obligation that the language assistance needs be addressed to provide meaningful access to services for LEP persons. **AAAs must also ensure that LEP persons are informed of the availability of language assistance, free of charge, by providing written notice in languages LEP persons will understand at service locations.**

**Interpretation and Translation**

Interpretation involves the immediate communication of meaning from one language (the source language) into another (the target language). An interpreter conveys meaning orally, while a translator conveys meaning from written text to written text. As a result, interpretation requires skills different from those needed for translation.

Interpreting is a complex task that combines several abilities beyond language competence in order to enable delivery of an effective professional interpretation in a given setting. Consequently, extreme care must be exercised in selecting interpreters and interpreting duties should be assigned to individuals within their performance level. Command of at least two languages is prerequisite to any interpreting task. The interpreter must be able to (1) comprehend two languages as spoken and written (if the language has a script), (2) speak both of these languages, and (3) choose an expression in the target language that fully conveys and best matches the meaning of the source language.

There are a number of steps that can assist in providing oral language assistance. They range from hiring bilingual staff or staff interpreters competent in the skill of interpreting, to contracting with qualified outside in-person or telephonic interpreter services, to arranging formally for the services of qualified voluntary community
interpreters who are bound by confidentiality agreements. Generally, it is not acceptable for AAAs to require, or rely upon, an LEP individual's family members or friends to provide the interpreter services for reasons relating to confidentiality, objectivity, and competence in the interpretation process. The service provider should meet its obligations to provide language assistance by supplying competent language services free of cost and notifying the client that such assistance is available. In rare emergencies, the service provider may have to rely on an LEP person's family members or other persons whose language skills and competency in interpreting have not been established. Proper planning and implementation is important in order to ensure that those situations rarely occur.\(^9\)

Written materials routinely provided in English also may require translation into regularly encountered languages other than English. It is particularly important to ensure that vital documents are translated into the non-English language of each regularly encountered LEP group eligible to be served or likely to be affected by the program or activity. A document is considered vital if it contains information that is critical for obtaining federal services and/or benefits, or is required by law. Vital documents include, for example: applications, consent and complaint forms; notices of rights, notices advising LEP persons of the availability of free language assistance; and letters or notices that require a response from the client or caregiver(s). Non-vital information includes documents that are not critical to access benefits and services.\(^10\) Vital documents must be translated when a significant number or percentage of the population eligible to be served, or likely to be directly affected by the program/activity, needs services or information in a language other than English for effective communication. For many larger documents, translation of only the vital information contained within the document will suffice and the documents need not be translated in their entirety.\(^11\)

Identifying LEP Persons and Their Language

In the service setting, providers should promptly identify the language and communication needs of the LEP client and obtain timely and appropriate interpretation services using the method(s) chosen by the provider based on the four factor analysis, e.g., contact bilingual staff or use telephonic interpretation service. If necessary, staff may use a language identification card (e.g., "I speak cards," available online at www.lep.gov) or posters to determine the language. In addition, when records are kept

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\(^9\) Ibid—see footnote 6
\(^10\) Ibid—see footnote 6
\(^11\) Ibid—see footnote 6
VII. RESOURCES FOR TECHNICAL ASSISTANCE

In addition to the assigned Aging Service Representative, NYSOFA's Director of Equal Opportunity and Diversity Management is a resource for information and technical assistance regarding equal access and targeting issues (518) 473-7342. Additionally, the resources listed below will also assist AAAs to increase their knowledge concerning their responsibilities and implementation strategies in these areas.

A. US DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS- includes and applies to entities funded by the US Administration on Community Living (ACL)), e.g., NYSOFA, AAAs and subcontracted providers:

   http://www.hhs.gov/ocr/civilrights/resources/specialtopics/lep/policyguidancedocument.html

2. HHS Office of Minority Health
   a. Cultural competency- Link:
   b. Health Related Information on Minority Populations-Link:

B. UNITED STATES ADMINISTRATION ON COMMUNITY LIVING (ACL) RESOURCES

1. Diversity Toolkit: consists of a four-step process and a questionnaire that assists the Aging Services Network and its partners with every stage of program planning, implementation, and delivery of diverse population services- Link:

http://www.aoa.gov/AoARoot/AoA_Programs/Tools_Resources/DOCS/AoA_DiversityToolkit_full.pdf

2. ACL General Diversity Information including, Cultural Competency, Translated Materials, Lesbian, Gay, Bisexual and Transgender (LGBT) issues- Link:

http://www.aoa.gov/AoARoot/AoA_Programs/Tools_Resources/diversity.aspx

3. ACL Information on Civil Rights and Equal Access: includes information on Civil Rights, Limited English Proficiency, Citizenship/Alien Status- Link:

http://www.aoa.gov/AoARoot/AoA_Programs/Tools_Resources/civil_rights.aspx

4. ACL Unofficial Compilation of Older Americans Act, as amended in 2006- Link:

http://www.aoa.gov/aoaroot/aoa_programs/oaa/oaa_full.asp

C. STANFORD SCHOOL OF MEDICINE: STANFORD GERIATRIC EDUCATION CENTER: Curriculum in Ethnogeriatrics (free, online): provides basic concepts in culturally competent care and information designed to increase providers' awareness of specific cultural, racial, ethnic, and tribal influences on health related cultural traditions, beliefs and values- Link:

http://www.stanford.edu/group/ethnoger/

D. AMERICANS WITH DISABILITIES ACT (ADA) TITLE II AND III REQUIREMENTS:

1. Title II of the ADA covers all of the services, programs, and activities conducted by public entities (state and local governments, departments, agencies, etc. - Link:

http://www.ada.gov/taman2.html#II-1.3000

2. Title III covers private entities, including nonprofits that are considered places of public accommodation that would include, but are not limited to, health related offices and senior centers - Link:

http://www.ada.gov/taman3.html
SCHEDULE “H”
WESTCHESTER COUNTY TARGETING APPENDIX

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| WESTCHESTER COUNTY TARGETING APPENDIX |

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### WESTCHESTER COUNTY TARGETING APPENDIX

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<td>2,269</td>
<td>48</td>
<td>0.12%</td>
<td>1889</td>
<td>4.77%</td>
</tr>
<tr>
<td>Yorktown</td>
<td>8.15</td>
<td>20</td>
<td>0</td>
<td>0.00%</td>
<td>47</td>
<td>0.99%</td>
</tr>
<tr>
<td>Municipality</td>
<td>18 Black 60+</td>
<td>19 Hispanic Latino 60+</td>
<td>20 White 60+</td>
<td>21 Limited English Proficiency 60+</td>
<td>22</td>
<td>23</td>
</tr>
<tr>
<td>---------------------</td>
<td>--------------</td>
<td>------------------------</td>
<td>--------------</td>
<td>-------------------------------------</td>
<td>----</td>
<td>----</td>
</tr>
<tr>
<td>Ardsley</td>
<td>39</td>
<td>3.53%</td>
<td>32</td>
<td>2.39%</td>
<td>59</td>
<td>3.33%</td>
</tr>
<tr>
<td>Brewster</td>
<td>85</td>
<td>2.23%</td>
<td>63</td>
<td>2.03%</td>
<td>69</td>
<td>2.86%</td>
</tr>
<tr>
<td>Mount Vernon</td>
<td>25</td>
<td>1.39%</td>
<td>25</td>
<td>1.51%</td>
<td>35</td>
<td>2.11%</td>
</tr>
<tr>
<td>Rockleigh</td>
<td>9</td>
<td>0.45%</td>
<td>26</td>
<td>1.37%</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Buchanan</td>
<td>4</td>
<td>0.93%</td>
<td>4</td>
<td>0.93%</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Cortlandt</td>
<td>276</td>
<td>4.00%</td>
<td>166</td>
<td>2.41%</td>
<td>157</td>
<td>2.28%</td>
</tr>
<tr>
<td>Croton-on-Hudson</td>
<td>37</td>
<td>2.25%</td>
<td>41</td>
<td>2.06%</td>
<td>39</td>
<td>2.38%</td>
</tr>
<tr>
<td>Dobbs Ferry</td>
<td>62</td>
<td>2.81%</td>
<td>168</td>
<td>7.63%</td>
<td>73</td>
<td>3.31%</td>
</tr>
<tr>
<td>Eastchester</td>
<td>35</td>
<td>0.75%</td>
<td>120</td>
<td>2.57%</td>
<td>269</td>
<td>5.76%</td>
</tr>
<tr>
<td>Elmsford</td>
<td>172</td>
<td>24.61%</td>
<td>80</td>
<td>11.44%</td>
<td>57</td>
<td>8.15%</td>
</tr>
<tr>
<td>Greenburgh</td>
<td>1,022</td>
<td>14.66%</td>
<td>855</td>
<td>7.73%</td>
<td>300</td>
<td>2.71%</td>
</tr>
<tr>
<td>Harrison</td>
<td>35</td>
<td>0.74%</td>
<td>50</td>
<td>1.05%</td>
<td>170</td>
<td>3.57%</td>
</tr>
<tr>
<td>Hasbrouck-on-Hudson</td>
<td>40</td>
<td>2.10%</td>
<td>67</td>
<td>3.52%</td>
<td>59</td>
<td>2.94%</td>
</tr>
<tr>
<td>Irvington</td>
<td>9</td>
<td>0.83%</td>
<td>10</td>
<td>0.70%</td>
<td>7</td>
<td>0.49%</td>
</tr>
<tr>
<td>Larchmont</td>
<td>11</td>
<td>1.08%</td>
<td>37</td>
<td>3.63%</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Lewisboro</td>
<td>31</td>
<td>1.35%</td>
<td>53</td>
<td>2.27%</td>
<td>52</td>
<td>2.27%</td>
</tr>
<tr>
<td>Mamaroneck</td>
<td>37</td>
<td>1.49%</td>
<td>88</td>
<td>3.54%</td>
<td>167</td>
<td>6.71%</td>
</tr>
<tr>
<td>Mamaroneck (V)</td>
<td>198</td>
<td>5.04%</td>
<td>181</td>
<td>4.85%</td>
<td>167</td>
<td>4.48%</td>
</tr>
<tr>
<td>Mount Kisco</td>
<td>101</td>
<td>5.04%</td>
<td>120</td>
<td>5.99%</td>
<td>271</td>
<td>13.54%</td>
</tr>
<tr>
<td>Mount Pleasant</td>
<td>122</td>
<td>2.52%</td>
<td>207</td>
<td>4.27%</td>
<td>296</td>
<td>6.11%</td>
</tr>
<tr>
<td>Mount Vernon</td>
<td>6,709</td>
<td>51.70%</td>
<td>551</td>
<td>4.29%</td>
<td>584</td>
<td>4.50%</td>
</tr>
<tr>
<td>New Castle</td>
<td>37</td>
<td>1.20%</td>
<td>35</td>
<td>1.13%</td>
<td>66</td>
<td>2.14%</td>
</tr>
<tr>
<td>New Rochelle</td>
<td>2,610</td>
<td>16.53%</td>
<td>900</td>
<td>5.70%</td>
<td>735</td>
<td>4.65%</td>
</tr>
<tr>
<td>North Castle</td>
<td>28</td>
<td>1.17%</td>
<td>38</td>
<td>1.71%</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>North Salem</td>
<td>11</td>
<td>0.88%</td>
<td>25</td>
<td>1.97%</td>
<td>58</td>
<td>4.56%</td>
</tr>
<tr>
<td>Ossining (T)</td>
<td>62</td>
<td>3.61%</td>
<td>89</td>
<td>5.18%</td>
<td>214</td>
<td>12.45%</td>
</tr>
<tr>
<td>Ossining (V)</td>
<td>567</td>
<td>15.75%</td>
<td>302</td>
<td>8.39%</td>
<td>150</td>
<td>4.17%</td>
</tr>
<tr>
<td>Peekskill</td>
<td>563</td>
<td>13.89%</td>
<td>293</td>
<td>7.23%</td>
<td>196</td>
<td>4.84%</td>
</tr>
<tr>
<td>Pelham Manor</td>
<td>22</td>
<td>1.99%</td>
<td>25</td>
<td>2.26%</td>
<td>48</td>
<td>4.33%</td>
</tr>
<tr>
<td>Pleasantville</td>
<td>12</td>
<td>0.91%</td>
<td>59</td>
<td>4.46%</td>
<td>53</td>
<td>4.01%</td>
</tr>
<tr>
<td>Port Chester</td>
<td>378</td>
<td>8.93%</td>
<td>829</td>
<td>19.52%</td>
<td>672</td>
<td>15.68%</td>
</tr>
<tr>
<td>Pound Ridge</td>
<td>15</td>
<td>1.26%</td>
<td>18</td>
<td>1.52%</td>
<td>8</td>
<td>0.67%</td>
</tr>
<tr>
<td>Rye</td>
<td>40</td>
<td>1.30%</td>
<td>94</td>
<td>3.05%</td>
<td>32</td>
<td>1.04%</td>
</tr>
<tr>
<td>Rye Brook</td>
<td>62</td>
<td>2.60%</td>
<td>57</td>
<td>2.80%</td>
<td>60</td>
<td>2.51%</td>
</tr>
<tr>
<td>Scarsdale</td>
<td>67</td>
<td>2.00%</td>
<td>120</td>
<td>3.59%</td>
<td>113</td>
<td>3.38%</td>
</tr>
<tr>
<td>Sleepy Hollow</td>
<td>78</td>
<td>4.47%</td>
<td>335</td>
<td>19.71%</td>
<td>194</td>
<td>11.41%</td>
</tr>
<tr>
<td>Somers</td>
<td>48</td>
<td>0.81%</td>
<td>72</td>
<td>1.21%</td>
<td>46</td>
<td>0.77%</td>
</tr>
<tr>
<td>Tarrytown</td>
<td>127</td>
<td>5.46%</td>
<td>210</td>
<td>9.02%</td>
<td>96</td>
<td>4.13%</td>
</tr>
<tr>
<td>Tuckahoe</td>
<td>121</td>
<td>9.15%</td>
<td>46</td>
<td>3.48%</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>White Plains</td>
<td>1,412</td>
<td>15.21%</td>
<td>1,420</td>
<td>11.92%</td>
<td>699</td>
<td>5.87%</td>
</tr>
<tr>
<td>Yonkers</td>
<td>3,754</td>
<td>9.48%</td>
<td>4,454</td>
<td>11.33%</td>
<td>4,319</td>
<td>10.59%</td>
</tr>
<tr>
<td>Yorktown</td>
<td>191</td>
<td>2.40%</td>
<td>458</td>
<td>5.76%</td>
<td>302</td>
<td>3.80%</td>
</tr>
</tbody>
</table>