



An Official Site of



Ohio Grants Portal

- [Funding Opportunities](#)
- [Grant Applications](#)
- [Award Management](#)

Martin Lay
 10142615
 MLay@age.ohio.gov
[Log Out](#)

Application Search

Funding Opportunity

Eligible Applicants

Submitted Date Range to

First Name

Last Name

Status

Request Queue

Opportunity Title	Organization Title	Submitted By First Name	Submitted By Last Name	Submitted Date	Eligibility Status
-------------------	--------------------	-------------------------	------------------------	----------------	--------------------

0 Records Displayed
 1 Total Records

Opportunity Title	Organization Title	Submitted By First Name	Submitted By Last Name	Submitted Date	Eligibility Status	Record Created Grants Site User 10/30/2020 01:55:33 PM 40 days ago
Coronavirus Relief Funds - Adult Day Service and Senior Center Provider Relief	City of Olmsted Falls-Jenkins Place	Terry	Veloski	10/30/2020 01:55:33 PM	Approved	Record Updated Martin Lay 12/03/2020 09:35:04 AM 7 days ago

0 Records Displayed
1 Total Records

[Privacy Notice and Policies](#)

[Home Report a Bug](#)

Approve/Reject Coronavirus Relief Funds - Adult Day Service and Senior Center Provider Relief

Funding Opportunity

Funding Opportunity ID	Funding Opportunity Title
9	Coronavirus Relief Funds - Adult Day Service and Senior Center Provider Relief
Primary Funding Organization	Awarding Agency
U.S. Department of Treasury	Department of Aging
Project Period Start Date	Project Period End Date
03/01/2020	12/30/2020
Application Due Date	CFDA Number/Title
10/31/2020	

Funding Application

My Organization

In order to apply for this grant, your organization must be one of the following:

- Adult Day Service
- Senior Center

Application ID: 17697

Select Your Organization Type: Senior Center

Select your Organization Type

Organization Name

Address 1

Address 2

City

State

Zip Code

Zip+4

County

Congressional District

DUNS If you do not have a DUNS number, please enter a zero

Application Overview

Application Title

Project Description

Payment Information

If you have a State of Ohio Supplier ID and have established banking with that Supplier ID, you can associate this application with your State of Ohio Supplier account to receive grant payments via electronic funds transfer. If you have a State of Ohio Supplier ID, please use the lookup tool to select your ID. If you submit a lookup and the results are excessive, add part of your address to the search criteria and try again. Applications without a Supplier ID or applications where the Supplier ID does not have banking associated in the State of Ohio system will be processed via check and mailed. If you wish to register as a supplier or update your banking information, you may do so at <https://supplier.ohio.gov>. Note that this process may take several days and will delay your ability to complete this application until the process is complete.

Selected Supplier

[Remove](#)

Supplier ID
 Supplier Name
 Address 1
 Address 2
 City
 State
 Zip Code

Additional Questions

1. List your organization type (Non-Profit, Public/Government, Private Company, Other). If list Other then please provide additional description.

Public/Government

2. Please list your organization's Tax Identification Number (TIN) or Employer Identification Number (EIN).

34-6002096

3. How many staff/volunteers does your facility employ/utilize?

We contract with the Olmsted Community Center (OCC) to facilitate the senior programs. Jenkins Place has one

4. On average, how many participants per week does your facility serve?

As an average Jenkins Place would have approximately 80 participants visit each month.

5. List the services regularly provided to your participants (list all that apply): congregate meals, health promotion classes, public benefits counseling, information and assistance, educational and arts programs, intergenerational programs, transportation services, other-please list)

Jenkins Place hold lunch and learn programs to educate seniors about issues regarding health, finances and social

6. List your current funding source(s) (i.e. Older Americans Act - Title III, PASSPORT, local levy, foundation, private pay, other, etc.). List all that apply.

Currently the City of Olmsted Falls receives funding through a grant from Cuyahoga County Department of Senior

7. Provide your agency's total revenue from the last audited financial statement

Jenkins Place received a total of \$26,673.06 in 2019.

8. Provide your agency's total expenditures from the last audited financial statement.

The total expenditures from Jenkins Place was \$33,301.67 in 2019.

9. Provide your actual or planned reopening date (XX/XX/XXXX).

We reopened our senior center on September 21, 2020.

10. List the number of days per week that your facility is/will be open.

The facility is open Monday through Friday.

11. List services you plan to provide when you reopen.

We offer games, tai chi, and speakers, but the room capacities are limited and we offer virtual participation

12. Provide the estimated business loss (in dollars) due to COVID-19

experienced between March 1, 2020 and December 31, 2020.

To date we have only received approximately \$6,500 from the Cuyahoga County Dept. of Senior and Adult Services. We

13. Provide the additional costs (in dollars) incurred/to be incurred between March 1, 2020 and December 30, 2020, to support your facility's reopening.

We would like to purchase iPad tablets to assist seniors with virtual programs. Several seniors in our community

14. To be eligible for this funding opportunity, you must communicate your decision to opt-in or opt-out of the state-supported testing program. Have you communicated your decision? (Yes or No)

Yes. Assuming the state-supported testing program relates to COVID19 testing of the staff. The OCC has opted-in and

15. Please provide the amount of Medicaid Provider Relief dollars made available from the State of Ohio as of the date of this application (this does not include direct federal relief programs).

n/a

Compensated Officials

In your organization's preceding completed fiscal year, did your organization receive 80 percent or more of its annual gross revenues in Federal awards and \$25,000,000 or more in annual gross revenues from Federal awards?

- Yes
- No

Agreement

Authorized Representative:

First Name James

Last Name Graven

Email jgraven@olmstedfalls.org

Phone (440) 235 - 5550

Grant Contact:

Upon approval, the Grant Contact may be asked to submit activity reports related to the distribution.

First Name Terry

Last Name Veloski

Email tveloski@olmstedfalls.org

Phone (440) 235 - 5550

As the duly authorized representative of the above-named Provider, I certify, attest,

and agree to accept an economic support payment if my organization qualifies as a result of this application. These funds will solely be used to continue to provide services and to address costs related to business interruption and increased costs resulting from the COVID-19 health emergency. I will use these funds and maintain proper documentation in accordance with Ohio Department of Aging Guidance and FAQ document. The state of Ohio will be issuing a 1099 as reporting is circumstance dependent, and recipients should consult with an accounting professional for guidance on proper tax reporting. As the duly authorized representative of the above-named Provider, I certify, attest, and agree to accept a grant, if my organization qualifies as a

By submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

Submitted By First Name
Submitted By Last Name

Supplier ID
Supplier Name
Address
City
State
Zip Code

Eligibility Status:
Activity Reports Required:

Comment for Email

Work Notes

CITY OF OLMSTED FALLS

P.O. #: R09227 REQ. #:
 VENDOR #: STAPL50 DEPT.: SENIOR DATE: 12/14/2020
 VENDOR NAME: STAPLES
 MAILING ADDRESS 1: _____
 ADDRESS 2: _____
 CITY, STATE, ZIP: _____
 PHONE: _____ CONTACT: _____

ITEM SERVICE:

QUANTITY	UNIT	DESCRIPTION	PRICE/UNIT	AMOUNT
<u>1</u>		<u>ELECTRO STATIC SPRAYER</u>		<u>540.-</u>

JUSTIFICATION OF NEED: SENIOR CTR GRANT FROM OH DEPT. OF AGING CORONAVIRUS RELIEF

ACCOUNT #: 145.1900 53900 AMOUNT: 540.⁰⁰

COMPARATIVE DATE: 1) _____ \$ _____
 2) _____ \$ _____
 3) _____ \$ _____

APPROVAL:

(Up to \$500-a; 501.00-\$2500.00-a, b; over \$2500.00-a, b, c)

(a) [Signature] Supervisor DATE 12/14/2020
 (b) _____ DATE _____
 Chairman (on behalf of Council Committee), or Department Director, or Mayor
 (c) _____ DATE _____
 Clerk of Council (on behalf of Council)

NOTES: _____

CITY OF OLMSTED FALLS

P.O. #: R09228

REQ. #:

VENDOR #:

DEPT.: SENIOR

DATE: 12/17/2020

VENDOR NAME: JP ELECTRIC

MAILING ADDRESS 1: _____

ADDRESS 2: _____

CITY, STATE, ZIP: _____

PHONE: _____ CONTACT: _____

ITEM SERVICE:

QUANTITY	UNIT	DESCRIPTION	PRICE/UNIT	AMOUNT
		<u>MOTION ACTIVATED LIGHT SWITCHES W/INSTALL</u>		<u>660.-</u>

JUSTIFICATION OF NEED: SENIOR OH DEPT OF AGING GRANT CORONAVIRUS RELIEF

ACCOUNT #: 145.1900.54900

AMOUNT: 660⁰⁰

COMPARATIVE DATE: 1) _____ \$ _____
 2) _____ \$ _____
 3) _____ \$ _____

APPROVAL:
 (Up to \$500-a; 501.00-\$2500.00-a, b; over \$2500.00-a, b, c)

(a) _____ DATE _____
 Supervisor

(b) _____ DATE _____
 Chairman (on behalf of Council Committee), or Department Director, or Mayor

(c) _____ DATE _____
 Clerk of Council (on behalf of Council)

NOTES: _____



JP Electrical Services
 3490 W. 140th Street
 Cleveland, Ohio 44111
 Ph. 440-862-8626
 Fax. 216-713-2386
 www.jpelectric.net
 OH LIC# 45609

Proposal

Proposal Date: 12/16/2020

Proposal #: 1474

Bill To:
City of Olmsted Falls 26100 Bagley Road Olmsted Falls, OH 44138

Project Location
City of Olmsted Falls 26100 Bagley Road Olmsted Falls, OH 44138

P.O. # 50% upfront, 50...

Terms

Description	Total
Replace 5 wall switches with occupancy sensors. Included in this bid: Furnish material and labor Replace 3 switches in the Jenkins Center Replace the 2 switches in the restrooms in city hall. The new wall occupancy sensors are basic Leviton style like what is already in the kitchen.	660.00
Total	\$660.00

All material is guaranteed to be as specified. The above work is to be performed in accordance with the drawings and specifications submitted for the above work and completed in a substantial workmen like manner.

This proposal can be withdrawn if not accepted within 30 days

The above prices, specifications, and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payments will be made as outlined above.

Any invoice amount that remains unpaid after the due date is subject to a monthly finance charge of 2%

Customer printed name: _____

Customer signature: _____

Date of acceptance: _____

CITY OF OLMSTED FALLS

P.O. #: B09229

REQ. #:

VENDOR #: STAPLES

DEPT.: SENIOR

DATE: 12/14/2020

VENDOR NAME: STAPLES BUS. ADV. TECH SOLUTIONS

MAILING ADDRESS 1: _____

ADDRESS 2: _____

CITY, STATE, ZIP: _____

PHONE: _____ CONTACT: _____

ITEM SERVICE:

QUANTITY	UNIT	DESCRIPTION	PRICE/UNIT	AMOUNT
10		iPADS w/ CASES		\$ 4,028.70
1		HP PROBOOK LAPTOP COMPUTER w/ MICROSOFT OFFICE		\$ 1,373.04
3		AMAZON ECHO DOTS FOR JENKINS PLACE		123.09
1		SOUND BAR FOR VIRTUAL INSTRUCTION		147.13

JUSTIFICATION OF NEED: SENIOR GRANT-OH DEPT OF AGING CORONAVIRUS RELIEF FOR VIRTUAL PROGRAMMING

ACCOUNT #: 145.1900.56650
145.1900 53900

AMOUNT: \$ 1,373.04
\$ 4,298.92
\$ 5,671.96

COMPARATIVE DATE: 1) _____ \$ _____
 2) _____ \$ _____
 3) _____ \$ _____

APPROVAL:

(Up to \$500-a; 501.00-\$2500.00-a, b; over \$2500.00-a, b, c)

(a) [Signature] _____ DATE 12-14/2020
 Supervisor

(b) _____ DATE _____
 Chairman (on behalf of Council Committee), or Department Director, or Mayor

(c) _____ DATE _____
 Clerk of Council (on behalf of Council)

NOTES: _____

CITY OF OLMSTED FALLS

P.O. #: R09230

REQ. #:

VENDOR #: CHRISTO

DEPT.: SENIOR

DATE: 12/21/2020

VENDOR NAME: CHRISTIANS IN ACTION

MAILING ADDRESS 1: _____

ADDRESS 2: _____

CITY, STATE, ZIP: _____

PHONE: _____ CONTACT: _____

ITEM SERVICE:

QUANTITY	UNIT	DESCRIPTION	PRICE/UNIT	AMOUNT
		TO PURCHASE GIFT CARDS FOR THE		
		SENIOR CITIZENS IN OLMSTED FALLS		
		IN NEED \$200 TO DRUG MART x17		\$6800
		\$200 TO SHOPPERS MKTPLACE		

JUSTIFICATION OF NEED: CORONAVIRUS RELIEF - SENIOR GRANT

ACCOUNT #: 145.1900.53900

AMOUNT: \$6800⁰²

COMPARATIVE DATE: 1) _____ \$ _____

2) _____ \$ _____

3) _____ \$ _____

APPROVAL:
(Up to \$500-a; 501.00-\$2500.00-a, b; over \$2500.00-a, b, c)

(a) _____ DATE _____
Supervisor

(b) _____ DATE _____
Chairman (on behalf of Council Committee), or Department Director, or Mayor

(c) _____ DATE _____
Clerk of Council (on behalf of Council)

NOTES: _____

