

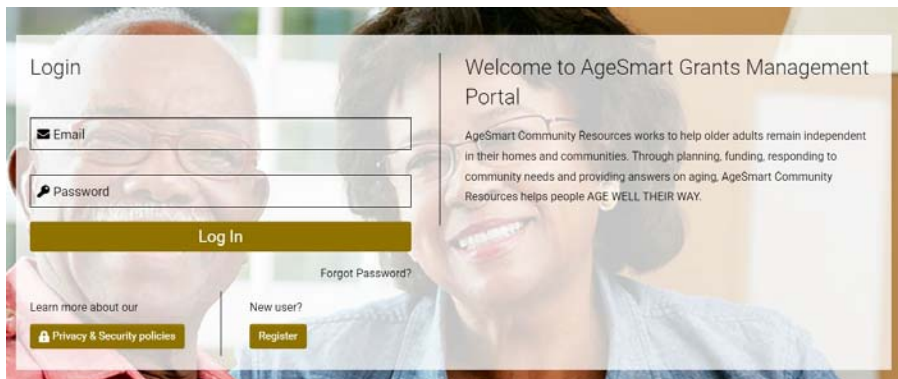


## SmartSimple Grants Portal Application Instructions

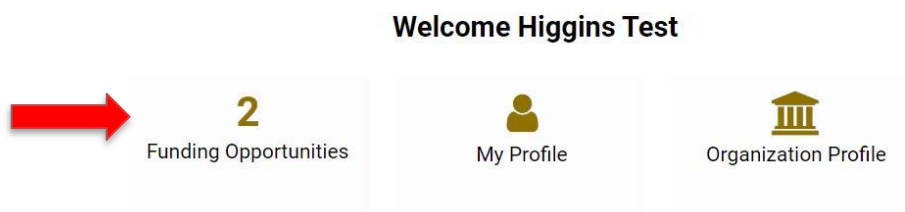
<https://agesmart.smartsimple.com>

SmartSimple is the online grants management system for AgeSmart Community Resources. All applicants will use SmartSimple to apply for AgeSmart grants. New applicants will need to register their organization. Refer to Registration Instructions.

1. Log into <https://agesmart.smartsimple.com>



2. Click Funding Opportunities.



3. Click Apply Now on the opportunity for which you wish to apply.



# LETTER OF INTENT

1. The first step is to submit a letter of intent. Click Save Draft.

- If you wish to communicate with staff regarding your application, use the **Notes** tab located within the left side menu.
- You can view your responses by clicking on the **Application Summary** button.

**CONTACT INFORMATION**    GENERAL INFORMATION

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**Project Information**

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**Organization Information**

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Phone:

**Primary Contact**

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1098 A St.  
O Fallon  
Phone: 618-111-1234 x  
Email: testsspsa08@gmail.com

NEXT >

2. The organization information is automatically filled in based on the organization profile.

**CONTACT INFORMATION**    GENERAL INFORMATION

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**Project Information**

Demo Only-FY2024 Older Americans Act Title III-B



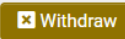
**Organization Information**

Wellness One  
1098 A St.  
O Fallon, IL, 62269  
Phone: 618-111-1234


**Primary Contact**

Higgins Test  
1098 A St.  
O Fallon  
Phone: 618-111-1234 x  
Email: testsspsa08@gmail.com

NEXT >



  

3. Click GENERAL INFORMATION tab.

CONTACT INFORMATION    **GENERAL INFORMATION** 

\* Is your organization currently funded by AgeSmart?  
 Yes    No

\* Select the service(s) you are applying for  
[Add Service](#)

 **Minimum Requirements**   
Applicants must meet the following criteria. Applications that do not meet these criteria will be deemed unresponsive and will not be considered.

\* Can your organization administer programs in compliance with AgeSmart requirements as described in the Request for Proposal (RFP)?  
Download [Request for Proposal \(RFP\)](#).  
 Yes    No

\* Are your proposed activities allowable under AgeSmart Service Guidelines?  

- IIIB Assisted Transportation [Service Guidelines](#).
- IIIB Information & Assistance [Service Guidelines](#).
- IIIB Options Counseling [Service Guidelines](#).
- IIIB Telephone Reassurance [Service Guidelines](#).
- IIIB Transportation [Service Guidelines](#).

 Yes    No

\* Can your organization provide adequate match that consists of both local cash and In-kind?  
[← BACK](#)

[Save Draft](#)   [Submit](#)   [Withdraw](#)

Applicants should review the RFP document and service guidelines before submitting a letter of intent.

Complete the entire section and click Submit. Once your letter of intent is approved, you will receive an email notification. You can access your draft application under **In Progress** section of your home screen.

### My Applications



# PROGRAM NARRATIVE

1. Open the application under **In Progress**. Notice there are 6 tabs. Click Program Narrative.

Application Summary

**CONTACT INFORMATION** GENERAL INFORMATION PROGRAM NARRATIVE ASSURANCES BUDGET ATTACHMENTS

**Project Information**

FY2024 Older Americans Act Title III-B

**Organization Information**

Wellness One  
1098 A St.  
O Fallon, IL, 62269  
Phone: 618-111-1234

**Primary Contact**

Higgins Test  
1098 A St.  
O Fallon  
Phone: 618-111-1234 x  
Email: testsspsa08@gmail.com

Save Draft Submit Withdraw

2. Complete the program narrative for each service for which you are applying.

CONTACT INFORMATION GENERAL INFORMATION **PROGRAM NARRATIVE** ASSURANCES BUDGET ATTACHMENTS

Services List

1-2 of 2 < >

#	Service	Activity Type	Last Modified	Status	
1	III-B I and A/OC	Program Narrative	12/19/2022 05:09PM	Draft	Open
2	III-B TELEPHONE REASSURANCE	Program Narrative	12/19/2022 05:09PM	Draft	Open

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Save Draft Submit Withdraw

\* Describe the target population to be served, and the needs of that population, by service proposed and areas to be served. Describe in detail how this request meets a community need. Include local data and demographics of the target population

\* Describe if this request will meet the needs of an underserved population or fill a gap in services. Describe why your organization is best positioned to meet this need

\* Describe why you believe your program should be selected for AgeSmart to invest in



Save Draft Submit Withdraw

NEXT >

- Carefully read each question and provide thorough and complete responses for each question. The text box is expandable. It is recommended that applicants write responses in a Word document first. Then copy and paste the text into the application.
- Click **Save Draft**. When all of your program narratives are complete, click Submit. This will not submit your entire application. It just finalizes your narrative and put it in the “application package”.

Services List

1-2 of 2 < >

#	Service	Activity Type	Last Modified	Status	
1	III-B I and A/OC	Program Narrative	12/30/2022 04:14PM	Submitted	Open
2	III-B TELEPHONE REASSURANCE	Program Narrative	12/30/2022 04:15PM	Submitted	Open



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Save Draft Submit Withdraw

NEXT >

- Proceed to the next tab by clicking on the tab header or **Next** button in the bottom right corner.

# BUDGET

## 1. Click **BUDGET** tab.

Download the budget template and instructions. Applicants must use the budget template provided in the application. It is an Excel form that is specifically designed for AgeSmart grant applications.

CONTACT INFORMATION   GENERAL INFORMATION   PROGRAM NARRATIVE   ASSURANCES   **BUDGET**   ATTACHMENTS


**\* Upload Budget Excel Template**

[Download Budget Template](#) to complete your budget.  
[Download Budget Instructions](#).

Upon completion of this template:

1. Upload the budget form into the system below.
2. Select the "Save Draft" button below and you will see it will fill in the appropriate table fields. If the table does not update, then you might be using an old form, please use the one mentioned above.

If at any time, you wish to make changes to one of these tables, update the Excel file, upload the updated file below, click "Save Draft" and the new information should appear in the table.




**\* Fiscal Year**

After you have uploaded the Budget Excel Template, click "Save Draft" to update the information in the table below.

CFDA	Service	Total Expenditure:	AAA Funds	In Kind Revenue	Local Funds	Program Income	Total Other Funds	Total Funding
CFDA	Service	Agency Reimbursement Unit Rate	Non - Federal Match %	Federal State Share %	Units	Total Cost per Unit	Persons Served	


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## 2. Save the budget template onto your computer and complete it offline.

When it is complete, log into your user portal and upload the budget. 

File Manager

Drag and drop files here  
Maximum file size: 2 GB



File Name	Size	Date
 Sample_Budget.xlsx	80.8 KB	12/27/2022 8:15PM

Total Files: 1

3. Click **Save Draft**.



It will populate the summary of the budget in the table below.

\* Fiscal Year

After you have uploaded the Budget Excel Template, click "Save Draft" to update the information in the table below.

CFDA	Service	Total Expenditure:	AAA Funds	In Kind Revenue	Local Funds	Program Income	Total Other Funds	Total Funding
93.044	III-B I and A/OC	\$17,219.00	\$13,580.00	\$1,152.00	\$1,487.00	\$1,000.00	\$3,639.00	\$17,219.00
NA	NONE	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
NA	NONE	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
NA	NONE	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
NA	NONE	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
NA	NONE	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
NA	NONE	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
NA	NONE	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		\$17,219.00	\$13,580.00	\$1,152.00	\$1,487.00	\$1,000.00	\$3,639.00	\$17,219.00

CFDA	Service	Agency Reimbursement Unit Rate	Non - Federal Match %	Federal State Share %	Units	Total Cost per Unit	Persons Served
93.044	III-B I and A/OC	\$4.85	16.27%	83.73%	2800	\$6.15	45
NA	NONE	\$0.00	0.00%	0.00%	0	\$0.00	0
NA	NONE	\$0.00	0.00%	0.00%	0	\$0.00	0
NA	NONE	\$0.00	0.00%	0.00%	0	\$0.00	0
NA	NONE	\$0.00	0.00%	0.00%	0	\$0.00	0
NA	NONE	\$0.00	0.00%	0.00%	0	\$0.00	0
NA	NONE	\$0.00	0.00%	0.00%	0	\$0.00	0
NA	NONE	\$0.00	0.00%	0.00%	0	\$0.00	0
		\$4.85	16.27%	83.73%	2800	\$6.15	45

4. Verify the budget information. Fill in the Fiscal Year.

5. **Save Draft** to proceed to the next section.




# ATTACHMENTS

1. Click **ATTACHMENTS**.  
Upload the required program-specific attachments.
2. Click **Upload Organizational Documents**.


CONTACT INFORMATION   GENERAL INFORMATION   PROGRAM NARRATIVE   ASSURANCES   BUDGET   **ATTACHMENTS**

Please [Upload Organizational Documents](#) under your Organization Profile.

\* Job Descriptions of staff and volunteers who will be involved in the program for each service the applicant is applying for



\* Letters of Recommendation - New/Past-funded Applicants Only




[← BACK](#)

3. Upload the required organizational documents. The applicants that currently receive AgeSmart funds need to update the information where applicable.


▼ Attachments

\* Organization Chart




\* A Certificate of Good Standing


It must be verified that your organization is in "good standing" with the State of Illinois. You can obtain a Certificate of Good Standing [online](#) or by phone (217.782.6875).




\* Tax Status Letter




\* Current listing of Board of Directors and Advisory Council members. Mark the members who are 60 years of age or older



\* IRS 990 or 990-T Form or other appropriate tax form as filed with the IRS




\* Most recent financial audit




\* Program Accessibility Self Evaluation

Download [Program Accessibility Self Evaluation](#).



\* Disaster Coordinator Contact Sheet

Download [Disaster Coordinator Contact Sheet](#).



4. When all sections of the application are complete, submit your application by clicking

