



Executive Office of Elder Affairs

Councils On Aging Program

Councils On Aging Survey FY2021 (July 1, 2020 - June 30, 2021)

I. COA

1. COA

Select your COA.

Please select one ...

2. COA Location

Enter the details below.

Address:

City:

Zip Code:

Phone #:

Name of Current Director / Coordinator:

3. FY2021 Days & Hours of Operation

For each day, check the box to indicate if the COA was open; for those days the COA was open, select the start / end times. If the COA days / hours changed over the year due to the COVID pandemic, please report the days / hours for June 2021.

	Open	Start Time	End Time
Sunday	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Monday	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Tuesday	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Wednesday	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Thursday	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Friday	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Saturday	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

Completed:



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II. STAFFING & BUDGET

4. Staff & Volunteers

Complete all items; if there were no staff or volunteers, enter 0.

Total Number of Paid Staff (Full & Part Time)

Average Weekly Hours of Paid Staff Service (Full & Part-Time Staff)

Total Number of Volunteers

Average Weekly Hours of Volunteer Service

5. Revenue

Provide FY2021 revenue for each category; if there was no revenue in a category enter 0, and if the revenue is unknown leave blank.

Municipal Appropriation

EOEA Appropriation

Donations

Other

Total Revenue

6. In-Kind: Donated Goods & Services

Report the categories of goods and services donated to the COA in FY2021. For each category, provide an actual or estimated dollar amount for the value of the donated goods.

Enter as many categories as needed.

	Category Name	Amount
Category 1	<input type="text"/>	<input type="text"/>
Category 2	<input type="text"/>	<input type="text"/>
Category 3	<input type="text"/>	<input type="text"/>
Category 4	<input type="text"/>	<input type="text"/>
Category 5	<input type="text"/>	<input type="text"/>
Category 6	<input type="text"/>	<input type="text"/>
Category 7	<input type="text"/>	<input type="text"/>
Category 8	<input type="text"/>	<input type="text"/>
Category 9	<input type="text"/>	<input type="text"/>
Category 10	<input type="text"/>	<input type="text"/>

Completed:



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III. CONSUMERS SERVED

7. Demographic Characteristics

Did you collect and maintain demographic information (such as age, gender, and race/ethnicity) for the people that the COA served in FY2021? (select all that apply)

	Yes / No
Age	<input type="checkbox"/>
Gender	<input type="checkbox"/>
Race / Ethnicity	<input type="checkbox"/>

Completed:



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8. People Served: Age

Report the number of people served in each age group; please count each consumer only once regardless of how many activities they participated in.

59 and Under

60 - 74

75+

Age Unknown

Total Number of Unduplicated Consumers Served

9. People Served: Gender

Report the number of people served by gender; please count each consumer only once regardless of how many activities they participated in.

Male

Female

Other

Gender Unknown

Total Number of Unduplicated Consumers Served

10. People Served: Race

Report the number of people served who identify as each race; please count each consumer only once regardless of how many activities they participated in.

American Indian / Alaskan Native	<input type="text"/>
Asian	<input type="text"/>
Black / African American	<input type="text"/>
Native Hawaiian / Other Pacific Islander	<input type="text"/>
Non-Minority (White, non-Hispanic)	<input type="text"/>
White-Hispanic	<input type="text"/>
Multi-Racial	<input type="text"/>
Other	<input type="text"/>
Unknown	<input type="text"/>
Total Number of Unduplicated Consumers Served	<input type="text"/>

11. People Served: Ethnicity

Report the number of people served who identify as the following ethnicity; please count each consumer only once regardless of how many activities they participated in.

Hispanic or Latino	<input type="text"/>
Not Hispanic or Latino	<input type="text"/>
Unknown	<input type="text"/>
Total Number of Unduplicated Consumers Served	<input type="text"/>

Completed:



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IV. PROGRAM HIGHLIGHTS

12. Program Highlights: Document Upload

Upload any relevant documents pertaining to Fiscal Reports & Program Highlights of note during FY2021.

Please note uploads are optional

Fiscal Report <input type="button" value="Choose File"/>	Program Highlights <input type="button" value="Choose File"/>
Other 1 <input type="button" value="Choose File"/>	Other 2 <input type="button" value="Choose File"/>
Other 3 <input type="button" value="Choose File"/>	

13. FY2021 Program Highlight (1)

Use the following space to detail an important program highlight during FY2021.

14. FY2021 Program Highlight (2)

Use the following space to detail an important program highlight during FY2021.

15. FY2021 Program Highlight (3)

Use the following space to detail an important program highlight during FY2021.

Completed:



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V. ACTIVITIES

16. Activities: Service Units & Consumers Served (All Consumers)

For each of the following activities, report the services provided and unduplicated consumers served during FY2021. (Unduplicated means that no matter how many times a consumer participates in an activity, count them only once for the activity.) If the number of unduplicated consumers is an estimate, please check the box.

Note: The units of service provided are in hours, unless otherwise noted (units of service that are not in hours are listed in parentheses with the activity).

	Total # Service Units (Hours, unless otherwise noted)	Total # Unduplicated Consumers Served	Estimated
OUTREACH & ADVOCACY			
General Information Services (Units: # Inquiries)	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Case Management / Advocacy	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Health Benefits Counseling / SHINE	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Outreach (Units: # New Contacts)	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
PROFESSIONAL SERVICES			
Group Support (Units: # Sessions)	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Legal Assistance	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Financial Management	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Mental Health	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
SUPPORT SERVICES			
Food Shopping Assistance	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Social / Supportive Day Care (Units: # Days of Week)	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

	Total # Service Units (Hours, unless otherwise noted)	Total # Unduplicated Consumers Served	Estimated
Friendly Visiting	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Wellness Check	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Durable Medical Equipment Loan	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Employment Services	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Intergenerational Programming	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Transportation (Ambulatory)	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Transportation (Non-Ambulatory)	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Home Repair	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Paper Newsletter (Units: # Issues)	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Online Newsletter (Units: # Web Visits)	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
WELLNESS			
Health Education	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Health Screening	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Other Health Services	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Fitness / Exercise	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Congregate Meals (Units: # Meals)	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Grab & Go Meals (Units: # Meals)	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Home Delivered Meals (Units: # Meals)	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Brown Bag Lunch	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Food Pantry	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
COMMUNITY			
Recreation & Socialization	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Cultural Events	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Community Education	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

17. Activities: Service Units & Consumers Served (Consumers Less Than Age 60)

For each of the following activities, report the services provided to and unduplicated consumers who were less than 60 years old. (Unduplicated means that no matter how many times a consumer participates in an activity, count them only once for the activity.) If the number of unduplicated consumers is an estimate, please check the box.

Note: The units of service provided are in hours, except for transportation (units of service for transportation is the number of rides).

	Total # Service Units (Hours, unless otherwise noted)	Total # Unduplicated Consumers Served	Estimated
SERVICES TO CONSUMERS < AGE 60			
General Information	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Transportation (Units: # Rides)	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Family Assistance	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Other	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

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VI. VOLUNTEER RESOURCES

18. Volunteers: Resource Sheet

Are EOEA appropriation funds (formula grant funding) used for Volunteer Recognition?

- Yes
- No

Completed:



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19. Volunteers: Resource Sheet

Enter all applicable volunteer data.

Note that no volunteer credit should be given for tax work-off hours unless the volunteer exceeded the hours served for the specified tax relief purposes or for the RSVP Service for which the COA is a contractor. Do not include volunteering at non-profit "Friends of COA" or preparation time for on-site volunteer work (fundraising, rehearsing, etc.).

You can estimate the value of work per hour.

	Total # Positions	Value of Work per Hour	For "Other" Roles Only- Specify Role
Board Members and Officers	<input type="text"/>	<input type="text"/>	<input type="text"/>
Newsletter Staff	<input type="text"/>	<input type="text"/>	<input type="text"/>
Drivers - Home Delivered Meals	<input type="text"/>	<input type="text"/>	<input type="text"/>
Drivers - Passenger	<input type="text"/>	<input type="text"/>	<input type="text"/>
Instructors	<input type="text"/>	<input type="text"/>	<input type="text"/>
Counselor: SHINE	<input type="text"/>	<input type="text"/>	<input type="text"/>
Counselor: Support Group	<input type="text"/>	<input type="text"/>	<input type="text"/>
Administrative	<input type="text"/>	<input type="text"/>	<input type="text"/>
Money Management / Tax Assistance / Bill Payer	<input type="text"/>	<input type="text"/>	<input type="text"/>
Kitchen Help	<input type="text"/>	<input type="text"/>	<input type="text"/>
Meal Site Staff	<input type="text"/>	<input type="text"/>	<input type="text"/>
Friendly Visitor	<input type="text"/>	<input type="text"/>	<input type="text"/>
Medical Escort Companion	<input type="text"/>	<input type="text"/>	<input type="text"/>
Shopping Assistant	<input type="text"/>	<input type="text"/>	<input type="text"/>
Repair	<input type="text"/>	<input type="text"/>	<input type="text"/>

	Total # Positions	Value of Work per Hour	For "Other" Roles Only- Specify Role
Photographer / Videographer	<input type="text"/>	<input type="text"/>	<input type="text"/>
Health Care Worker	<input type="text"/>	<input type="text"/>	<input type="text"/>
Trip Coordinator	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other (Please Specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other (Please Specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other (Please Specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>

Completed: 



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Thank You!

All required questions have now been answered and the data is almost ready to be submitted.

Changes & Modifications

If there are any updates or corrections required, please click the "Back" option to return to the relevant page(s). Any changes or modifications to the submitted information should be made now before selecting Submit.

Submitting & Saving

*If your responses are complete, select "Submit" at the bottom of this screen. Once clicked, a window will appear allowing for the optional ability to **Save/Print** a copy of this entry for record purposes.*

Completed: 