

## **PUBLIC NOTICE**

### **HUMAN SERVICES DIVISION OF AGING SERVICES COMMUNITY RESOURCES, EDUCATION AND WELLNESS UNIT**

#### **Notice of Grant Opportunity for Medicare Special Benefits Outreach and Enrollment Assistance**

**Take notice** that, in compliance with N.J.S.A. 52:14-34.4 et seq. (P.L. 1987, c.7), the Department of Human Services, Division of Aging Services, hereby announces the availability of the following grant:

#### **Name of grant program:**

MIPPA 2014: Medicare Special Benefits Outreach and Enrollment Assistance

#### **Purpose for which grant program funds shall be used:**

The purpose of this grant program is to increase the number of low-income Medicare beneficiaries who know about and apply for Medicare Part D, the Medicare Part D Low Income Subsidy (LIS), and/or a Medicare Savings Program (MSP), and to increase the awareness and use of free and reduced-cost preventive benefits covered by Medicare Part B.

#### **Amount of funds in the grant program:**

The Department of Human Services anticipates awarding 10 grants in the amount of \$40,000 each for the grant project period, which is December 1, 2014, through September 29, 2015.

#### **Groups or entities which may apply for funding under the grant program:**

This grant program is opened to New Jersey's 21 Area Agencies on Aging/Aging and Disability Resource Connections (AAA/ADRCs) and the lead coordinating State Health Insurance Assistance Programs (SHIPs) in each of the 21 counties in the State. Any other agency interested in this grant program must partner with a participating AAA/ADRC or SHIP.

#### **Procedure for eligible entities to apply for grant funds:**

Applicants must submit a letter of interest by 3:00pm on November 12, 2014, via email to [dennis.mcgowan@dhs.state.nj.us](mailto:dennis.mcgowan@dhs.state.nj.us), with a copy to [mary.mcgeary@dhs.state.nj.us](mailto:mary.mcgeary@dhs.state.nj.us), or via fax to: 609-588-7630. The letter of interest must include the name of the agency, the address of the agency (including municipality and zip code), the agency's telephone number, the agency's tax ID number, the name of the person who will be entering the grant application on-line, the email address of the person completing the grant application and a statement indicating whether the agency is registered on the State's System for Administering Grants Electronically (SAGE).

#### **Contact information for the grant program:**

Dennis J. McGowan, Acting Manager  
Community Resources, Education and Wellness Unit  
New Jersey Division of Aging Services  
PO Box 807  
Trenton, New Jersey 08625-0807  
Telephone: 609-588-6653  
Fax: 609-588-7630  
Email: [dennis.mcgowan@dhs.state.nj.us](mailto:dennis.mcgowan@dhs.state.nj.us)

**Deadline by which proposals must be submitted:**

Proposals must be submitted through the State's System for Administering Grants Electronically (SAGE) by 3:00pm on November 21, 2014. Late submissions and paper submissions will not be accepted.

**Date by which applicants shall be notified whether they will receive funds:**

November 26, 2014.

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Jennifer Velez, Commissioner

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Date