

**REQUEST FOR PROPOSAL**

**HOMEMAKER, PERSONAL CARE,  
RESPITE, CONGREGATE MEALS, HOME  
DELIVERED MEALS, LEGAL  
ASSISTANCE**



**FISCAL YEAR 2010-2012**

**Please complete the attached RFP by June 15, 2009**

**(3 signed copies must be submitted by 4:30 p.m.)**

**Return to:**

**Northeast Michigan Community Service Agency, Inc.**

**Region 9 Area Agency on Aging**

**Laurie Sauer, Director**

**2375 Gordon Road**

**Alpena, MI 49707**

**Phone: (989) 356-3474**

**Fax: (989) 358-6604**

<b>REQUEST FOR PROPOSAL</b> <b>Homemaker, Personal Care, Respite, Congregate Meals, Home Delivered Meals, Legal Assistance</b>
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Please check appropriate categories of services:

- \_\_\_\_\_ 1. Homemaker
- \_\_\_\_\_ 2. Personal Care
- \_\_\_\_\_ 3. Respite
- \_\_\_\_\_ 4. Congregate Meals
- \_\_\_\_\_ 5. Home Delivered Meals
- \_\_\_\_\_ 6. Legal Assistance

**Name of Applicant Organization:** \_\_\_\_\_

Purpose of Organization: \_\_\_\_\_

Chief Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Not for Profit** \_\_\_\_\_ **For Profit** \_\_\_\_\_

**Federal ID No.** \_\_\_\_\_

<b>Amount of funds requested:</b>	Homemaker	\$ _____
	Personal Care	\$ _____
	Respite	\$ _____
	Congregate Meals	\$ _____
	Home Delivered Meals	\$ _____
	Legal Assistance	\$ _____

**Geographical area to be served:**  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>Number of clients to be served:</b>	Homemaker	_____
	Personal Care	_____
	Respite	_____
	Congregate Meals	_____
	Home Delivered Meals	_____
	Legal Assistance	_____

<b>Units of service to be provided:</b>	Homemaker	_____
	Personal Care	_____
	Respite	_____
	Congregate Meals	_____
	Home Delivered Meals	_____
	Legal Assistance	_____

**Product to be provided:**

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**Population to be served:**

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**Priority in which this population is served:**

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**Strategy for reaching target population:**

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Staff Composition (list positions or attach organizational chart)	Certifications and Licenses or N/A

**List collaborations/partnerships (support of other agencies) or cooperative agreements supporting the applicant:**

Agency	Financial Support	Cooperative Agreement	Other

**Letter of support from County Board of Commissioners (attach)**

**Purpose of funds requested (this is your objective, it must be measurable):**

Homemaker

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Personal Care

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Respite

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Congregate Meals

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Home Delivered Meals

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Legal Assistance

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**How will your objective be measured?**

Homemaker

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Personal Care

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Respite

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Congregate Meals

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Home Delivered Meals

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Legal Assistance

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**Description of service/product:**

Homemaker

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Personal Care

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Respite

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Congregate Meals

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Home Delivered Meals

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Legal Assistance

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**Experience with delivering service/product:**

Homemaker

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Personal Care

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Respite

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Congregate Meals

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Home Delivered Meals

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Legal Assistance

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**Outcome/Benefit/Impact:**

Homemaker

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Personal Care

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Respite

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Congregate Meals

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Home Delivered Meals

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Legal Assistance

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Insert 1 page AAA Budget

# FACILITIES DATA

Complete one Facilities Date Sheet for each location – Center/Site  
(to be completed for those services that are facilities based)

1. Name and Address of Facility

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2. If you do not own the facility do you have a current lease? \_\_\_ Yes \_\_\_ No  
If yes, expiration date: \_\_\_\_\_

3. What geographic area does this facility serve? Indicate as specifically as possible.

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4. What days and hours of the week is this facility open to clients?

<u>Days Open</u>	<u>Hours Open</u>	<u>Additional Evening Hours</u>
___ Monday	_____	_____
___ Tuesday	_____	_____
___ Wednesday	_____	_____
___ Thursda	_____	_____
___ Friday	_____	_____
___ Saturday	_____	_____
___ Sunday	_____	_____

5. Is the facility accessible by public transportation? \_\_\_ Yes \_\_\_ No

6. Do you provide transportation services to and from this facility? \_\_\_ Yes \_\_\_ No

7. Is there a charge for client transportation? \_\_\_ Yes \_\_\_ No  
If yes, how much? \_\_\_\_\_



## AGENCY DATA

Provide the following information on your organization's Board of Directors:

<u>NAME</u>	<u>BOARD POSITION</u>	<u>ADDRESS</u>	<u>TELEPHONE #</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

1. Agency has by-laws on file? \_\_\_ Yes \_\_\_ No
2. Agency has its Incorporation papers on file? \_\_\_ Yes \_\_\_ No
3. Agency has Personnel Policies on file? \_\_\_ Yes \_\_\_ No
4. Are services available to non-English speaking clients? \_\_\_ Yes \_\_\_ No

If yes, specify other languages: \_\_\_\_\_

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5. Do you maintain client records? \_\_\_ Yes \_\_\_ No
  6. Does your organization currently have a system for generating monthly reports of:
    - A. Number of clients \_\_\_ Yes \_\_\_ No
    - B. Number of units of service provided \_\_\_ Yes \_\_\_ No
    - C. Cost of service provided \_\_\_ Yes \_\_\_ No

7. What is the date of your last audit? \_\_\_\_\_
8. Who performed the last audit? \_\_\_\_\_





# MINIMUM STANDARDS ASSURANCE

Any service funded by the Region IX Area Agency on Aging (AAA) must be in compliance with the Office of Services to the Aging, AAA service definitions, unit definitions and minimum service standards for operation except for specific standards for which compliance has been waived by the AAA according to prescribed policy waiver procedures not related to law or regulation.

I hereby enter this assurance of compliance.

\_\_\_\_\_, (hereinafter called the Contractor), HEREBY ASSURES that persons involved in implementing the proposal contract have read the minimum standards on each of the services for which funds are being requested.

FURTHERMORE, the Contractor assures that it is completely in compliance with all standards for the following services: (List all services for which funding is requested)

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This assurance is given in consideration of and for the purpose of obtaining Federal and State funds, contracts or other financial assistance from the AAA. The Contractor recognizes and agrees that any approved financial assistance will be extended based on agreements made in this assurance and that the AAA shall have the right to seek enforcement of this assurance.

This assurance is binding on the Contractor, its successors, transferees and assignees.

\_\_\_\_\_  
Project Director

\_\_\_\_\_  
Project Chairperson

\_\_\_\_\_  
Date