

REQUEST FOR PROPOSAL

**DISEASE PREVENTION
HEALTH PROMOTION**



FISCAL YEAR 2010

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

DISEASE PREVENTION HEALTH PROMOTION REQUEST FOR PROPOSAL

The Northeast Michigan Community Service Agency Inc. (NEMCSA) - Region 9 Area Agency on Aging has available Disease Prevention Health Promotion Funds. The Disease Prevention Health Promotion funds are intended to provide individual clients 60+ with information and support to assist them in avoiding illness and improving health status. This Request For Proposal (RFP) addresses the portion of funds to be used for: programs that assure and promote healthy senior outcomes, programs that provide education, health fairs with coordination of other agencies and programs which link older persons to health related activities.

NEMCSA - Region 9 Area Agency on Aging reserves the right to accept or reject, to fund in whole or in part any proposal received. Preference will be given to those proposals which further the area plan goals of the NEMCSA - Region 9 Area Agency on Aging and which maximize client choice. Grants will be made on a competitive basis to foster the development and testing of new approaches to sustaining the health and well being of older adults in Region 9.

1. Purpose and need for assistance to provide health related activity
2. Approach/method work plan and activities
3. Level of effort, program management and organization capacity
4. Outcomes/Benefits/Impact
5. Plans of on going effort after grant funded period ends

The performance of work under this award may be terminated by NEMCSA - Region 9 Area Agency on Aging in whole or in part, when grant dollars change or whenever for any reasons, NEMCSA - Region 9 Area Agency on Aging shall determine that such termination is in its best interest. Any such termination shall be instituted by delivery to the sub-contractor of a written notice specifying the extent to which performance of work under the award is terminated and the date on which such termination becomes effective. The award shall be equitably adjusted to compensate for such termination and modified accordingly. It is understood that such equitable adjustment shall include all sub-agreement cancellation charges arising out of the termination of this award. Area Agency on Aging approved funds awarded under this (RFP) must be obligated by September 30, 2010. Award of these funds does not constitute any guarantee of future financial support.

The NEMCSA - Region 9 Area Agency on Aging will provide reimbursement for documented clients/units served except for funds provided for equipment or special projects.

All submitted work provided within the scope of the contract, must be supported by invoices, requisitions, activity sheets or other documentation, which can readily be traced to this contract. During each fiscal review the reimbursement in relationship to product may be reviewed. Subcontractor will recognize and accept all terms and conditions of the contract.

REQUEST FOR PROPOSAL
TITLE III D
DISEASE PREVENTION HEALTH PROMOTION

Please check appropriate category of service:

- _____ 1. Information and assistance to provide health related activity (C-6)
- _____ 2. Education (C-6)
- _____ 3. Health Fairs (C-6)
- _____ 4. Programs which link older persons to health related activities (C-6)
- _____ 5. Hearing Programs (C-8)
- _____ 6. Vision Programs (C-14)

Name of Applicant Organization: _____

Purpose of Organization: _____

Chief Contact Person: _____

Address: _____

Phone: _____ Fax: _____

E-Mail: _____

Not for Profit _____ **For Profit** _____

Federal Id No. _____

Amount of funds requested: \$ _____

Geographical area to be served:

Number of clients to be served: _____

Units of service to be provided: _____

Product to be provided:

TITLE IIID DISEASE PREVENTION HEALTH PROMOTION

BUDGET FISCAL YEAR 2010

Subcontractor: _____

Project Name: _____

Service Category: **TITLE III D**

BUDGET LINE ITEM	BUDGET AMOUNT	SUPPORT BY OTHER RESOURCES
SALARIES/WAGES		
FRINGE BENEFITS		
TRANSPORTATION		
SUPPLIES		
EQUIPMENT		
OCCUPANCY		
COMMUNICATIONS		
SERVICE CONTRACTS		
OTHER COSTS		
TOTAL		

SOURCE OF REVENUE	BUDGET AMOUNT	OTHER REVENUE SOURCE
FEDERAL		
PROGRAM INCOME		
CASH MATCH		
IN-KIND MATCH		

SERVICE UNITS	CONTRACTED UNITS	OTHER
UNITS SERVED		
CLIENTS SERVED		

I certify that the information on this statement is accurate to the best of my knowledge, that all adjustments are completely accounted for, and that the costs reported herein were incurred in accordance with the conditions of this award.

Signature of Authorized Official

Date

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)

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