

# **REQUEST FOR PROPOSAL**

## **MERIT AWARD (TOBACCO SETTLEMENT RESPITE)**



### **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, Michigan 49707**

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

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

# **MERIT AWARD (TOBACCO SETTLEMENT RESPITE PROGRAM) REQUEST FOR PROPOSAL**

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The Northeast Michigan Community Service Agency Inc. (NEMCSA) - Region 9 Area Agency on Aging has available Merit Award Funds. This Request For Proposal (RFP) addresses the portion of funds to be used for adult day care services. Priority will be given to; (a) establishing adult day care programs where none currently exist (b) expanding or enhancing existing adult day care programs and (c) the on-going support of adult day care centers.

A sliding fee scale is mandatory for all cost reimbursements. A copy of the applicant's cost sharing schedule should be attached to the application for funding. Recipients of grant awards shall comply with applicable program reporting and monitoring requirements as specified by NEMCSA - Region 9 Area Agency on Aging. Michigan Office of Services to the Aging standards will be utilized. 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.

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 units 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 units may be reviewed. Subcontractor will recognize and accept all terms and conditions of the contract.

REQUEST FOR PROPOSAL  
MERIT AWARD  
ADULT DAY SERVICES/RESPITE

Please check appropriate category of service:

- \_\_\_\_ 1. Establishing adult day care programs where none currently exist  
\_\_\_\_ 2. Expanding or enhancing existing adult day care programs  
\_\_\_\_ 3. On-going support of adult day care centers.

**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:** \$ \_\_\_\_\_

**Applicant is:** \_\_\_\_\_ existing day center \_\_\_\_\_ new program \_\_\_\_\_ respite provider

**Third Party Payee:** \_\_\_\_\_ Yes \_\_\_\_\_ No

**Geographical area to be served:**

\_\_\_\_\_  
\_\_\_\_\_

**Number of clients to be served:** \_\_\_\_\_

**Units of service to be provided:** \_\_\_\_\_

**Is transportation provided:** \_\_\_\_\_ Yes \_\_\_\_\_ No

**Is agency currently providing adult day services:** \_\_\_\_\_ Yes \_\_\_\_\_ No

**Number of currently attending participants:** \_\_\_\_\_

**Waiting list:** \_\_\_\_\_ Yes \_\_\_\_\_ No If Yes, the number \_\_\_\_\_

**Population to be served:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

**Strategy for reaching target population:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Services Provided	Cost Per Service	Cost Per Day

Cost sharing fee schedule attached: \_\_\_\_\_ Yes \_\_\_\_\_ No

Staff Composition (list positions or attach organizational chart)	Certifications and Licenses on File

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

Agency	Financial Support	Cooperative Agreement	Other





**MERIT AWARD  
STATE RESPITE SERVICES**

BUDGET FISCAL YEAR 2010

Subcontractor: \_\_\_\_\_

Project Name: \_\_\_\_\_

Service Category: Adult Day Services

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

SOURCE OF REVENUE	BUDGET AMOUNT	OTHER REVENUE SOURCE
STATE		
PROGRAM INCOME		
CASH MATCH	N/A	
IN-KIND MATCH	N/A	

SERVICE UNITS	CONTRACTED UNITS
UNITS OF SERVICE	
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)

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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