

**REQUEST FOR PROPOSAL**

**NATIONAL FAMILY CAREGIVER  
SUPPORT PROGRAM**



**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) 956-3474**

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

## **NATIONAL FAMILY CAREGIVER SUPPORT PROGRAM REQUEST FOR PROPOSAL**

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The Northeast Michigan Community Service Agency Inc. (NEMCSA) - Region 9 Area Agency on Aging has available National Family Caregiver Support Program Funds. The National Family Caregiver Program is intended to help family members who are struggling to care for their loved ones that are ill or have disabilities. This Request For Proposal (RFP) addresses the portion of funds to be used for: information about services, assistance to access services, individual counseling, organization of support groups, caregiver training, respite care, kinship care and supplemental services.

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 efforts of families and other informal caregivers:

1. Purpose and need for assistance
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 E  
NATIONAL FAMILY CAREGIVER SUPPORT PROGRAM**

Please check appropriate category of service:

- \_\_\_\_\_ 1. Information to caregiver about services (C-20)
- \_\_\_\_\_ 2. Assistance to caregivers in gaining access to supportive services
  - Health Resource Center (including computer upgrades, software upgrades, internet and web site development) (C-20)
- \_\_\_\_\_ 3. Individual counseling, organization of support groups, and caregiver training to caregivers to assist them in making decisions and solving problems related to their caregiving roles (C-20)
- \_\_\_\_\_ 4. Respite care to enable caregivers to be temporarily relieved from their caregiver responsibilities (C-17)
- \_\_\_\_\_ 5. Supplemental services, on a limited basis, to complement the care provided by caregivers (C-18)
- \_\_\_\_\_ 6. Kinship (grandparent) funds (C-19)

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







**TITLE III E NATIONAL FAMILY CAREGIVER SUPPORT PROGRAM**

**BUDGET FISCAL YEAR 2010**

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

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

**Service Category:** **TITLE III E**

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

<b>SOURCE OF REVENUE</b>	<b>BUDGET AMOUNT</b>	<b>OTHER REVENUE SOURCE</b>
<b>FEDERAL</b>		
<b>PROGRAM INCOME</b>		
<b>CASH MATCH</b>		
<b>IN-KIND MATCH</b>		

<b>SERVICE UNITS</b>	<b>CONTRACTED UNITS</b>	<b>OTHER</b>
<b>UNITS SERVED</b>		
<b>CLIENTS SERVED</b>		

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