



Region 9 Area Agency on Aging

Request for Proposal FY 2027 - 2029

Homemaking, Personal Care, Respite, Congregate Meals, Home-Delivered Meals, Carry-Out Meals, Transportation

Section I – Agency Information

Name of Applicant Organization: _____
 Chief Contact Person: _____
 Address: _____
 Phone: _____ Fax: _____
 E-Mail: _____
 Purpose of Organization: _____

Not for Profit For Profit Government Entity

Federal ID No. _____ DUNS No. _____

Geographical area to be served: _____

Check area to the left if bidding on service and enter anticipated amount (obtained from the Tentative FY 2027 Allocation worksheets) requested to the right.

	Amount Requested
1. Homemaking (B-4)	_____
2. Personal Care (B-8)	_____
3. Respite (B-10)	_____
4. Congregate Meals (C-3)	_____
5. Home Delivered Meals (B-5)	_____
6. Carry-out Meals	_____
7. Transportation	_____

of Participants to be served Units of service to be provided

- Homemaking
- Personal Care
- Respite
- Congregate Meals
- Home Delivered Meals
- Carry-Out Meals
- Transportation

Required Attachments for bidders:

- AAA Summary Budget (Excel workbook 7 pages)
- Attach a Letter of Support from the County Board of Commissioners
- Minimum Standards Assurance
- Facilities Data
- Agency Data
- Services/Programs Info
- Additional Resources

Facilities Data

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

1. Name and Address of Facility

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.

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

<u>Days Open</u>	<u>Hours Open</u>	<u>Additional Evening Hours</u>
___ Monday		
___ Tuesday		
___ Wednesday		
___ Thursday		
___ 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 participant transportation? ___ Yes ___ No
If yes, how much? _____

8. Is the facility accessible to mobility impaired individuals? Yes No
9. If the facility is not accessible to mobility impaired individuals:
- A. Has it been determined that the facility can be made barrier free? Yes No
 - B. Has the agency applied for funding to make the facility barrier free? Yes No
 - C. Is barrier free renovation underway? Yes No
 - D. Is agency searching for a new facility that would be barrier free? Yes No
10. Describe how you will provide services to mobility impaired participants if the facility is not barrier free.

Agency Data

Provide a list of your organization's Board of Directors and contact info. (Please attach list)

1. Agency has by-laws on file? ___Yes ___No
 - a. Date by-laws were last reviewed _____
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: _____

5. Do you maintain client records in a locked file? ___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

All services funded by the Region 9 Area Agency on Aging (AAA) must be in compliance with the service definitions, unit definitions and minimum service standards for operation of the Bureau of Aging, Community Living and Supports (of the MDHHS) and the AAA. The only exception will be 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