



**Region 9 Area Agency on Aging**  
**Request for Proposal FY 2021**  
**Title VII Elder Abuse Prevention**

*(Complete only if you are applying for funding in a category below)*

**Section I - Agency Information**

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

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

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

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

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

**Purpose of Organization:**

**Nonprofit**                      **Profit**

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

**Geographical area to be served:**

*Check area to the left if bidding on program and enter amount requested to the right.*

- |  | Amount<br>Requested |
|--|---------------------|
| <b>1. Activities to develop, strengthen, and carry-out programs for the prevention and treatment of elder abuse, neglect, and exploitation (C-15).</b> | _____               |

*For more detail regarding service standard requirements referenced in parenthesis above, see the Aging and Adult Services Agency (formerly OSA) Operating Standards.*

**Section II – Project Narrative**

*Respond to the following questions in the order given.*

**1. Provide a brief description of your organization (i.e. years of operation, services provided, etc.)**

**2. Provide a project overview. (Project name, project time frame, project description, etc.)**

**3. Describe the program's measurable objectives. How will they be measured?**

- 4. What goal of the Region 9 Area Agency on Aging Multi-Year Plan (MYP) does the proposed program support? Explain. How does the program comply with the AASA Operating Standards? Explain.**

**5. What impact will the program have on the participants?**

**6. Identify the population and the priority in which it is to be served. Address the criteria to be used when the demand for services exceeds resources.**

**7. Describe the strategy for reaching the target population.**

**8. Identify staff positions, their qualifications, and their duties as they relate to this project.**

**9. Identify the organization's experience in providing this proposed service.**

**10. List all collaborative partners and the roles they will play in this project (if applicable.)**

**11. Describe the plan for program sustainability if funding were to cease.**

**12. If an emergency situation such as the recent pandemic arises or continues, what measures will be put in place to ensure the proposed project will take place?**



Section III - Budget

Title VII Elder Abuse Prevention  
Award Budget Fiscal Year 2021

Applicant Organization: \_\_\_\_\_

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

Amount of funds requested: \_\_\_\_\_

Service Category: TITLE VII Elder Abuse Prevention

Source of Revenue	Amount Requested	Support from Other Resources	Total Project
Federal			
Program Income			
Cash Match			
Total Revenue			

Budget Line Item	Amount Requested	Support from Other Resources	Total Project
Salaries/Wages			
Fringe Benefits			
Transportation			
Supplies			
Equipment			
Occupancy			
Communications			
Service Contracts			
Other Costs			
Total Project Expenses			

In-Kind Match			
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	Contracted Units
*Units to be provided	
Unduplicated Participants to be served	

**\* One hour of contact with organizations to develop coordinated, comprehensive services for the targeted population. See standard C-15 for additional information.**

I certify that the information on this statement is accurate to the best of my knowledge and that the projected expenses stated herein will be incurred in accordance with the conditions of this award.

\_\_\_\_\_  
Signature of Authorized Official

\_\_\_\_\_  
Date

**Section III - Budget Narrative (REQUIRED)**

*Address the rationale for each projected expense line item. Also, include how units and unduplicated participants were calculated. List other fund sources.*

**Salaries/Wages:**

**Fringe Benefits:**

\_\_\_\_\_ % of Salaries/Wages

Fringe benefits include:

**Transportation/Travel:**

Mileage:

Per Diem:

Lodging:

Registrations:

**Supplies (Expendables):**

**Equipment (\$5,000 or more):**

**Occupancy** (Space, rent, mortgage, etc.):

**Communications:**

Postage:

Printing:

Copying:

Telephone:

**Service Contracts:**

**Other:**

**How units and unduplicated participants were calculated:**

**Other Funding Sources:**



## 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 Aging and Adult Services Agency (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 programs for which funding is requested. You only need to complete this form once.)

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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

\_\_\_\_\_  
Board Chairperson

\_\_\_\_\_  
Date