



Region 9 Area Agency on Aging Request for Proposal FY 2027

Merit Award/State Caregiver Support

(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

Government Entity

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.

*Complete one budget for **each** different category below for which funding is being requested.*

- | | Amount Requested |
|---|------------------|
| 1. Establishing adult day care programs where none currently exist (C-1) | _____ |
| 2. Expanding or enhancing existing adult day care programs (C-1) | _____ |
| 3. On-going support of adult day care centers (C-1) | _____ |

For more detail regarding service standard requirements referenced above in parenthesis, see the Bureau of Aging, Community Living and Supports (ACLS Bureau) 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 Annual Implementation Plan (AIP) does the proposed program support? Explain. How does the program comply with the ACLS Bureau 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. Identify staff positions, their qualifications, and their duties as they relate to this project.

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

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

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

Section III-Budget

**Merit/State Caregiver Support Award
Budget Fiscal Year 2027**

Applicant Organization: _____

Project Name: _____

Amount of funds requested: _____

Service Category: Merit Award

| Source of Revenue | Amount Requested | Support from Other Resources | Project Total |
|-------------------|------------------|------------------------------|---------------|
| State | | | |
| Program Income | | | |
| Total Revenue | | | |

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

| | | | |
|----------------------|--|--|--|
| In-Kind Match | | | |
|----------------------|--|--|--|

| | Contracted Units |
|--|------------------|
| *Units to be provided | |
| Unduplicated Participants to be served | |

*** One hour of care provided per participant.**

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 clients 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 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 programs for which funding is requested. You only need to complete this form once.)

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