



Region 9 Area Agency on Aging

Request for Proposal FY 2020 - 2022

Homemaking, Personal Care, Respite, Congregate Meals, Home Delivered Meals

Section I – Agency Information

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

Not for Profit For Profit

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 2020 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)	_____

	# of Participants to be served	Units of service to be provided
Homemaking		
Personal Care		
Respite		
Congregate Meals		
Home Delivered Meals		

Describe your strategy to target services to older persons in great social or economic need, with preference given to low-income minority elderly.

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

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

- 4. Which goal(s) of the Region 9 Area Agency on Aging Multi-Year Implementation Plan (MYP) does the proposed programs support? Explain. How does the programs comply with the AASA (formerly OSA) Operating Standards? Explain.**

5. What impact do each of the programs have on the participants?

**6. Identify the population and the priority in which this population 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 it relates to these services.

8. Identify the organization's experience in providing these proposed service(s).

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

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

Required Attachments for new 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

Required Attachments for previous FY 17-19 contractors:

- AAA Summary Budget (Excel workbook 7 pages)
- Attach a Letter of Support from the County Board of Commissioners
- Minimum Standards Assurance

Review the following documents and indicate if the information has changed since FY 2017.

Y	N	Facilities Data
Y	N	Agency Data
Y	N	Services/Programs Info
Y	N	Additional Resources

If YES provide updated document.

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 participant records in a locked file? Yes No

6. Does your organization currently have a system for generating monthly reports of:

A. Number of participants 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 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 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