Region 9 Area Agency on Aging

Request for Proposal FY 2023-2025

Legal Assistance

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 amount requested (obtained from the Tentative FY 2020 Allocation worksheets) to the right.

Amount Requested

☐ **1. Legal Assistance(C-10)** _____

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

For more detail regarding service standard requirements referenced in parenthesis above, see the Bureau of Aging, Community Living, and Supports (ACLS Bureau) Operating Standards.

Section II – Questions 1-11 need to be completed if this is your first time applying for funding through Region 9 Area Agency on Aging or have had a lapse in funding.

Section II - Project Narrative
Respond to the following questions in the order given.

1. **Provide a brief description of the 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(s) of the Region 9 Area Agency on Aging Multi-Year Implementation Plan (MYP) 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. **Describe the strategy for reaching the target population.**

8. **Identify staff positions, their qualifications, and their duties as they relate to the program.**

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

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

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

Required Attachments for Contractors:

- [ ] Attach a Letter of Support from the County Board of Commissioners
- [ ] Minimum Standards Assurance
- [ ] Facilities Data
- [ ] Agency Data
- [ ] Services/Programs Info
- [ ] Additional Resources

Section III - Budget

Title IIIB Legal Assistance
Award Budget Fiscal Year 2023

Applicant Organization: _____

Project Name: _____

Amount of funds requested: _____

Service Category: Legal Assistance

Source of Revenue	Amount Requested	Support from Other Resources	Total Project
Federal			$ 0.00
Program Income			$ 0.00
Cash Match			$ 0.00
Total Revenue			$ 0.00

Budget Line Item	Amount Requested	Support from Other Resources	Total Project
Salaries/Wages			$ 0.00
Fringe Benefits			$ 0.00
Transportation			$ 0.00
Supplies			$ 0.00
Equipment			$ 0.00
Occupancy			$ 0.00
Communications			$ 0.00
Service Contracts			$ 0.00
Other Costs			$ 0.00
Total Project Expenses			$ 0.00

In-Kind Match			

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

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 clients were calculated. List other fund sources.

Salaries/Wages:

Fringe Benefits:

0.00 % 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:

Facilities Data

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

Days Open	Hours Open	Additional Evening Hours
☐ 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 participant 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? _____

Services/Programs

List all services or programs currently offered to persons over 60 by your organization regardless of funding source. List the total number of participants and units provided in the last six months. Note geographic area served if other than your usual coverage area.

Services/Programs	**Geographic Area**	**Units Provided**	**Unduplicated 60+ Clients**

Additional Resources

As an indicator of inadequate federal and state funding, list other resources administered by your agency for all Aging Programs for the past fiscal year. Do not include grant funds awarded by the Region 9 Area Agency on Aging.

Service Provided	Dollar Amount	Millage/Other Resource (If Other resource, please specify)

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