



## Region 9 Area Agency on Aging

# Request for Proposal FY 2023 - 2025

### 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**                      **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 2023 Allocation worksheets) requested to the right.*

	<b>Amount Requested</b>
_____ <b>1. Homemaking (B-4)</b>	_____
_____ <b>2. Personal Care (B-8)</b>	_____
_____ <b>3. Respite (B-10)</b>	_____
_____ <b>4. Congregate Meals (C-3)</b>	_____
_____ <b>5. Home Delivered Meals (B-5)</b>	_____

	# 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 greatest social or economic need, with preference given to low-income BIPOC and LGBTQ+ elderly.**

**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

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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.

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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)

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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: \_\_\_\_\_

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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)

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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

\_\_\_\_\_  
Project Chairperson

\_\_\_\_\_  
Date