

REGION IV



**Area Agency on Aging, Inc.**

**SPECIALISTS IN AGING**

## **FY2023–2025 ANNUAL CONTRACTS**

### **REQUEST FOR PROPOSALS**

#### **PART II**

Instructions

Application Form

Assurance Forms

Complete Proposal Checklist

Issued February 4, 2022

## OVERVIEW

Instructions are provided for Program Information Application and Assurances which are to be submitted to the Area Agency on Aging (AAA) during the competitive bidding process.

All services applied for must be explained within one application. The Program Narrative should be clearly labeled in accordance with the outline. Applicants proposing more than one service should clearly differentiate between service categories when responding to information requested. Applicants are encouraged to respond accurately and concisely to the information requested.

A budget summary must be completed, regardless of past funding status with the AAA. Read all instructions and information carefully. Program monitoring will be based upon the proposed plan in the event of a subcontract award. Contact the AAA if technical questions arise.

## APPLICATION

**Program Information Application Section I, and II** – The application has been designed so that all federal and state service delivery can be applied for in one project information narrative. All services applied for must be explained within this section.

The applicant organization will complete the application by filling in the General Information and responding to the requested information in the Program Narrative.

**Program Information Application Section III**– Federal funds, state funds, program income, and matching funds which are to be included in the program must be presented by service category.

The amount allocated to a specific service will be contractually binding for monitoring purposes. Organizations cannot reallocate monies between services. Fiscal activities will be reported monthly.

**Assurances** – The required documents include an agreement, compliance document, and statutory assurance which govern service activities for recipients of federal and state funding awards. Please read all information carefully, fill in the agency name and address where appropriate, secure requested signatures and indicate the date of signing.

**ELIGIBLE AND INELIGIBLE PROGRAM COSTS** - The following are general items for which AAA funds may be spent: Personnel (including fringe benefits); Travel; Communications (including telephone and postage); Supplies; Rent; Utilities; Conferences and Training.

Ineligible costs generally include: Bad debts; Capital expenditures; Construction; Entertainment; Interest; Severance pay; Penalties; Other financial costs deemed ineligible by the AAA.

Please note that a reasonable percentage of the federal and state subcontract amount is usable for administrative costs. Such costs are defined as over-head expenses necessary to an organization's operation regardless of AAA subcontracted services.

A prescribed cost allocation plan for dividing shared-cost operating expenses between fund accounts within the contractor organization must be in use and available for AAA review and monitoring.

## APPLICATION INSTRUCTIONS

**A. SECTION I, GENERAL INFORMATION** - Fill in the areas according to the following:

- Agency Name - Enter the name of the organization to assume responsibility and accountability for the use of funds in the event of a subcontract award.
- Tax ID# - Enter the Tax ID# of the Agency.
- Address - Enter the appropriate mailing address for the agency.
- Contact - Enter the primary contact person for the proposed project.
- Phone - Enter the phone number of the agency.
- Minority Status - Respond "yes" if more than 50% of the policy board members are minorities.
- Legal Status – Indicate the agencies current status.
- Estimated Service by County - Enter the percent of services planned per county.

**SECTION II, PROGRAM NARRATIVE**

1. Objectives/Program Plan - After reviewing the minimum service standards, describe in detail your organization's plan to implement the proposed project. Include information about unique and innovative aspects that will contribute to the overall success of the program.
2. Access/Quality Control - Explain which organizations you coordinate services with most frequently and why. Include an explanation of when referrals are made. Explain the criteria your organization uses in determining priority for service when demand exceeds resources. Discuss how your organization assures the quality of the service(s) provided.
3. Organizational Capacity - Describe the experience your organization has in administering similar programs. Discuss the primary funding source available to support programming of the proposed project
4. Attachments-Include with application.

**B. SECTION III, BUDGET SUMMARY**

1. Service Name – Enter the name of the service program.
2. Unduplicated Clients – Enter the anticipated number of clients to be served for each program.
3. Units – Enter the anticipated number of units to be provided.
4. Unit Cost - Enter the fixed unit cost (if applicable) for the service; service programs that have variable unit costs will not complete this line item.
5. Funds Requested - Enter the total amount of funds requested for each service category. Include only the funds requested, not including the program income or local match.
6. Local Match Total - For each service category, enter the dollar amount that is the total local match, the sum of any cash and in-kind resources. Enter the amount of the percent of the request for each service category.
  - a. Cash - Of the dollar figures presented on the "Local Match Total" line, enter the local amount that is local cash match under the appropriate service category. Enter the percent of the total match for each service category and the source(s).
  - b. In-Kind - Of the dollar figures presented in the "Local Match Total" line, enter the local amount that is in-kind match under the appropriate service category. Enter the percent of the total in-kind match for each service category and the source(s).
7. Program Income - Enter the total amount of anticipated program income under the appropriate service category.

Certification - This form can be certified by the Project Director, Project Accountant, or Chairperson of the Board but should not be signed by the same person who calculated the budget figures. Sign, provide title, and date.

**C. ASSURANCES**

1. Agreement Between Applicant Agency and the Region IV Area Agency on Aging
2. Minimum Standards
3. Michigan Aging and Adult Services Agency

**REGION IV AREA AGENCY ON AGING  
PROGRAM INFORMATION  
SECTION I, GENERAL INFORMATION**

**Budget Period:** 10/1/2022 – 9/30/2023

**Date:**

**Agency Name:**

**Tax ID#**

**Address:**

**Contact Name:**

**Phone:**

**Email Address:**

**Minority Status:** Are one-half of the policy board members minority individuals?     Yes     No     N/A

<b>Legal Status (check one)</b>	Private For Profit <input type="checkbox"/>	Private Non-Profit <input type="checkbox"/>	Other <input type="checkbox"/> (indicate)
<b>% of County Served</b>	Berrien (    %)	Cass (    %)	Van Buren (    %)

**SECTION II, PROGRAM NARRATIVE**

Describe in detail any proposed program for the service(s) to be provided by your agency from October 1, 2022 through September 30, 2023. Use additional pages as needed.

- A.    **OBJECTIVES/PROGRAM PLAN** - After reviewing the service specific minimum service standards, describe in detail your agency's plan to implement the proposed project. Include information about unique and innovative aspects that will contribute to the overall success of the program.
  
- B.    **ACCESS/QUALITY CONTROL**
  - 1.    Explain which organizations you coordinate services with most frequently and why. Include an explanation of when referrals are made.
  - 2.    Explain criteria your agency uses in determining priority for service when demand exceeds resources.
  - 3.    Discuss how your agency assures the quality of the service(s) provided.
  
- C.    **ORGANIZATIONAL CAPABILITY**
  - 1.    Describe the experience your agency has in administering similar programs.
  - 2.    Discuss the primary funding source available to support programming of the proposed project. Include an explanation of the use of anticipated supplementary revenues.

Attachments

- Organizational Chart
- Subcontracts, if applicable

**SECTION III, BUDGET SUMMARY**

1. Service Name			
2. Unduplicated Clients			
3. Units			
4. Unit Cost (if applicable)	\$	\$	\$
5. Total Funds Requested	\$	\$	\$
6. Local Match Total	\$ ( %)	\$ ( %)	\$ ( %)
a. Cash	\$ ( %) Source(s):	\$ ( %) Source(s):	\$ ( %) Source(s):
b. In-Kind	\$ ( %) Source(s):	\$ ( %) Source(s):	\$ ( %) Source(s):
7. Program Income	\$	\$	\$

**CERTIFICATION:** I certify that the above accurately reflects anticipated expenditures for Fiscal Year 2020 and documentation is maintained and available upon request.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

**AAA APPROVAL:**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

## AGENCY AGREEMENT

The applicant agency, \_\_\_\_\_, submits this application for a contract award in accordance with the information provided in the Request For Proposal. The applicant agency understands and agrees that the following provisions are part of the official application and as such become binding upon the awarding of any funds by the Region IV Area Agency on Aging, Inc. (AAA).

The applicant agency agrees:

1. That the project will be carried out in accordance with the policies and procedures established by the AAA, and the terms and conditions of this application as approved by the AAA in making an award of funds.
2. That where subcontracts are proposed for the operation of one or more components of the proposal, the applicant agency retains full and complete responsibility for the operation of the project in keeping with the policies and procedures established by the AAA for the project. The applicant agency will be held accountable by the AAA for all project expenditures; and will ensure that all expenditures incurred by the sub-contracting agency(s) will be in accordance with the cost policies and procedures established by the AAA, in keeping with the Federal granting agency. Copies of the proposed subcontracts are submitted with the application.
3. To cooperate with the AAA in its efforts toward developing a comprehensive and coordinated system of services for older adults, by participating in joint planning efforts and other activities mutually agreed upon to meet this goal.
4. To seek qualified older adults for paid and volunteer positions on the project.
5. To cooperate and assist in efforts undertaken by the AAA, the Michigan Health and Aging Services Administration (HASA), formerly the Aging and Adult Services Agency (AASA), or any other agency or organization duly authorized by any of the preceding to evaluate the effectiveness, feasibility and costs of the project.
6. To keep records and provide reports as required by the AAA.
7. To maintain documents and accounts which will permit expeditious determination to be made at any time of the status of funds within the award, including the disposition of all monies received from the AAA, and the nature and amount of all charges claimed against such funds.
8. That funding provided under the terms of this contract is for providing services to older adults as defined in this application only and that no sectarian religious activities will be promoted in whole or in part through the use of these funds.
9. To accept responsibility to support the project with cash and/or in-kind match as required by the AAA.

Signature of person authorized on behalf of the applicant agency to commit such agency to the assurances outlined herein:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

**ASSURANCE FOR COMPLIANCE WITH OPERATING STANDARDS**

Any service funded by Region IV Area Agency on Aging, Inc. (AAA) must be in compliance with the Michigan Health and Aging Services Administration (HASA), formerly the Aging and Adult Services Agency (AASA), AAA service definitions, unit definitions, and minimum service standards for operation except for specific standards for which compliance has been waived by the AAA according to prescribed policy waiver procedures.

I hereby enter this assurance of compliance.

\_\_\_\_\_, (herein called the Contractor),

**HEREBY ASSURES** that persons involved in implementing the proposal contract have read the Operating Standards for Service Programs (standards for each service) 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 or 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.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

## **MICHIGAN BUREAU OF AGING, COMMUNITY LIVING, AND SUPPORTS**

### **Assurance of Compliance with Section 504 of the Rehabilitation Act of 1973, as Amended**

The undersigned recipient of funds from the Michigan Commission and Michigan Health and Aging Services Administration (HASA), formerly the Aging and Adult Services Agency (AASA), (hereinafter called the "recipient") HEREBY AGREES THAT it will comply with section 504 of the Rehabilitation Act of 1973, as amended (29. U.S.C. 794), all requirements imposed by the applicable HHS regulations (45.C.F.R. Part 84), and all guidelines and interpretations issues pursuant thereto.

Pursuant to 84.5(a) of the regulation (45 C.F.R. 84.5(a)) the recipient gives this assurance in consideration of and for the purpose of obtaining any and all grants, loans, contracts (except procurement contracts and contracts of insurance or guaranty), property, discounts, or other financial assistance extended by the Michigan Health and Aging Services Administration (HASA), formerly the Aging and Adult Services Agency (AASA), after the date of this assurance, including payments or other assistance made after such date on applications for financial assistance that were approved before such date. The recipient recognizes and agrees that such financial assistance will be extended in reliance on the representations and agreements made in this assurance and that the Michigan Health and Aging Services Administration (HASA), formerly the Aging and Adult Services Agency (AASA), will have the right to enforce this assurance through lawful means. This assurance is binding on the recipient, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this assurance on behalf of the recipient.

This assurance obligates the recipient for the period during which Federal financial assistance is extended to it by the Michigan Health and Aging Services Administration (HASA), formerly the Aging and Adult Services Agency (AASA), or, where the assistance is in the form of real or personal property for the period provided for in 84.5(b) of the regulation (45 C.F.R. 84.5(b)).

### **Assurance of Compliance with the Department of Health, Education, & Welfare Regulation Under Title VI of the Civil Rights Act of 1964, Michigan Handicappers Civil Rights Act of 1976, Elliott-Larsen Civil Rights Act of 1976**

The recipient named below HEREBY AGREES THAT it will comply with Title VI of the Civil Rights Act of 1964 (P.L. 88-352), the Michigan Handicappers' Civil Rights Act of 1976 (P.A. 220), and the Elliott-Larsen Civil Rights Act of 1976 (P.A. 453, Section 209) and will comply with requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 80) issued pursuant to that Title to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Partner receives Federal or state financial assistance from the Region IV Area Agency on Aging, Inc., and HEREBY GIVES ASSURANCE THAT it will immediately take any measures necessary to effectuate this agreement.

### **Assurance of Compliance with Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Title IX of the Education Amendments of 1972, and The Age Discrimination Act of 1975**

The recipient provides this assurance in consideration of and for the purpose of obtaining Federal grants, loans, contracts, property, discounts, or other Federal financial assistance from the Department of Health and Human Services.

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

1. Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R.), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.



2. Section 504 of the Rehabilitation Act of 1973 (Pub. L. 93-112), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84), to the end that, in accordance with Section 504 of that Act and the Regulation, no otherwise qualified handicapped individual in the United States shall, solely by reason of his handicap, be excluded from participation in, be denied benefits of, or be otherwise subjected to discrimination under any program or activity for with the Applicant receives Federal financial assistance from the Department.
3. Title IX of the Educational Amendments of 1972 (Pub. L. 92-318), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex, be excluded from be excluded from participation in, or be otherwise subjected to discrimination under any program or activity for with the Applicant receives Federal financial assistance from the Department.
4. The Age Discrimination Act of 1975 (Pub. L. 94-135), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. part 91), to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be excluded from participation in, be denied benefits of, or be otherwise subjected to discrimination under any program or activity for with the Applicant receives Federal financial assistance from the Department.

The recipient agrees that compliance with this assurance constitutes a condition of continued receipt of Federal financial assistance, and that it is binding upon the recipient, its successors, transferees and assignees for the period during which such assistance is provided. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the recipient by the Department, this assurance shall obligate the recipient, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the recipient for the period during which it retains ownership or possession of the property. The recipient further recognizes and agrees the United States shall have the right to seek judicial enforcement of this assurance.

The person whose signature appear below is authorized to sign this assurance and commit the recipient to the above provisions.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Agency: \_\_\_\_\_

## COMPLETE PROPOSAL CHECKLIST

### Program Information Application

- Section I      General Information
- Section II     Program Narrative
- Section III    Budget Summary

### Attachments

- Organizational Chart
- Subcontracts, if applicable

### Assurances

- Agency Agreement
- Compliance with Operating Standards
- Michigan Bureau of Aging, Community Living, and Supports