

The logo features the text "Kent County Senior Millage" in a black serif font. Behind the text is a stylized graphic consisting of two overlapping curved lines, one green and one purple, forming a partial circle.

Kent County Senior Millage

2024 Letter of Intent

To Provide Services Under The
Kent County Senior Millage

administered by

The Area Agency on Aging of Western Michigan, Inc.

DEADLINE FOR SUBMISSION

Wednesday, March ,1 2023 @ 5:00 p.m.

Submit to Proposal@aaawm.org

AUTHORIZED SIGNATURE PAGE (last section before submission)

I certify that all information contained in this Letter of Intent is accurate and complete to the best of my knowledge.

Key agency staff have read the *Area Agency on Aging of Western Michigan (AAAWM) Policies and Procedures Manual*. (The manual may be accessed from the AAWM website at www.aaawm.org.)

On behalf of my applying organization, I agree, if chosen as a grantee, to follow all terms and conditions contained within the *Policies and Procedures Manual*. I also agree to have key staff attend the AAWM Partner Orientation Training within the first month of the contract.

Signature

Date

Printed Name

Title

Must be signature of person authorized to sign contracts*

- * If your agency requires the Board Chair to sign and you do not have enough time to secure the Board Chair's signature before the Letter of Intent deadline, indicate that on this page and the date you will submit it. A proposal cannot be released to the organization until this page is signed.

General Information

The Area Agency on Aging of Western Michigan (AAAWM) is the administrator of the Kent County Senior Millage. AAAWM is also the planning and funding agency for the Older Americans Act and Older Michiganian Act for a nine (9) county area called Region 8.

Established in April 1974, the AAAWM exists to provide older adults and persons with a disability an array of services designed to promote independence and dignity in their home and in their communities. AAAWM and their partner agencies provide older persons, including those with the greatest social and economic needs, with an array of human services.

Having created a service partner network with quality service for over 45 years, we are seeking proposers that will continue to bring expertise and experience to Kent County. We are seeking partners who are actively involved with innovative older adult programs as well as traditional services.

Services proposed for funding should be based on need, service partner availability, past experience providing services, and the use of approved service definitions, components and standards. The variety of services must address an age spectrum of 60 years to 100+ years. Proposed services that address the following issue will receive priority consideration: mental health needs of older adults, especially those who are homebound.

As you prepare to complete this 2024 Letter of Intent, keep in mind that the Kent County Senior Millage Review Committee (KCSMRC) will review Letters of Intent by March 10, 2023. Proposers will then be notified if their Letter of Intent was denied or if they can go on to complete the proposal. The proposal is due March 1st, 2023.

All funded services are expected to begin October 1, 2023.

A Letter of Intent Workshop is scheduled for Wednesday, February 8, 2023 from 3:00 pm to 4:30 pm. Questions regarding Letter of Intent will not be answered outside of this workshop. Link to Zoom meeting: <https://us06web.zoom.us/j/85411797523>

2023 Contracted Senior Millage Services
Defined in the Policies and Procedures Manual
found at www.aaawm.org

If the service your agency plans to provide is not one of the defined services listed below, you must complete the New Service Definition form on the next page.

- | | |
|---|--|
| 1. Adaptive Equipment | 26. Home Repair: Minor |
| 2. Adult Day Services | 27. Home Support |
| 3. Bathing | 28. Housing Coordination |
| 4. Care Management | 29. In-Home Recreation Therapy |
| 5. Clubhouse | 30. Independent Living Program |
| 6. Community Food Club | 31. Information and Referral |
| 7. Congregate Meals | 32. Integrated Counseling & Wellness |
| 8. Counseling | 33. Legal Assistance |
| 9. Daily Money Management | 34. Medication Management |
| 10. Dementia Care | 35. Outreach and Assistance |
| 11. Dental Services | 36. Personal Emergency Response Systems (PERS) |
| 12. Emergency Need | 37. Prescription Assistance Program |
| 13. Fair Housing Services | 38. Professional Organizing & Coaching |
| 14. Flu/Pneumonia Vaccinations | 39. Retired Senior Volunteer Program |
| 15. Foreclosure Intervention Counseling | 40. Ridelink |
| 16. Gently Used Mobility Equipment | 41. Senior Center Staffing |
| 17. Guardianship | 42. Senior Companion |
| 18. Health Education | 43. Senior Pantry |
| 19. Health Education Coordination | 44. Specialized Hearing Services |
| 20. Hearing Aid Assistance | 45. Technology Support |
| 21. Home Chore | 46. Therapy Services |
| 22. Home Delivered Meals | 47. Transportation |
| 23. Home Modification Assessment | 48. Vision Services |
| 24. Home Repair Consultation | 49. Weatherization |
| 25. Home Repair: Major | |

Homemaker, Personal Care and Respite are not part of this Letter of Intent packet. You can find out more about Purchase of Service Agreements by contacting Kendall Banks at 616.588.5096 or kendallb@aaawm.org.

**Kent County Senior Millage
2024 Letter of Intent
Area Agency on Aging of Western Michigan**

A. Agency Information

Agency Name:		Phone:
E-mail:		Fax:
		Website:
Address:		
Executive Director Name:	Phone:	E-mail:
Letter of Intent Contact Name:	Phone:	E-mail:
Finance Contact Name:	Phone:	E-mail:
Proposing Agency Board Chair Name: ¹		Board Chair Mailing Address:
Phone: Email:		City, State, Zip:
Board Chair's term expires:		
Tax ID #:	Year incorporated:	Is proposing agency a minority agency? ² Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Legal Status of proposing agency: <input type="checkbox"/> Public Agency <input type="checkbox"/> Private Non-Profit Agency <input type="checkbox"/> For-Profit Agency <input type="checkbox"/> Other (Describe):		

¹ A for-profit agency should list Company President's contact information.

² **Minority Agency** is a nonprofit minority organization that has a controlling board comprised of at least 51% minority individuals or a business concern that is at least 51% owned by one or more individuals who are either African American, of Hispanic origin, American Indian/Native Alaskan/Native Hawaiian, Asian American/Pacific Islander minority. A minority agency can also be a publicly owned business having at least 51 percent of its stock owned by one or more minority individuals and having its management and daily business controlled by one or more minority individuals.

Proposed Service*	Funding Request in Whole Dollars**	Is this a new service for the Agency? (Yes or No)	If not new, number of years service has been provided.

* If this is not a currently funded service, New Service Definition Form must be completed or Letter of Intent will not be considered.

B. Agency Narrative

1. Describe your agency.

2. What kind of services do you provide to older adults and how long have you been providing them?

3. Describe collaboration with aging network agencies in Kent County. List length and type of relationship.

4. What is the number of employed staff and volunteers for your entire agency (include the total number of volunteer hours), and also specifically for older adult programming.

5. Have you applied for KCSM funds in the past? Yes No
 If so, what was the result?

6. Describe the demographic population your agency serves?

7. What are your plans to increase service to minority populations?

C. Agency Budget

- **Fill in the information below. This budget should reflect all revenue and expenses for all programs of the agency for your current fiscal year.**
- **If your organization does not provide service to older adults as its primary function, please use information from the senior services department of your agency.**

Dates of budget year: _____ to _____

Is this a _____ full agency budget OR _____ senior department budget? **(check one)**

Revenues		Expenditures	
Senior Millage	%	Direct Service Total	%
Older Americans Act	%	Salaries	%
United Way	%	Fringes	%
Community Foundations	%	Supplies	%
Agency Fundraisers	%	Travel	%
Other Government Sources (List):	%		
	%	Management/General	%
	%	Fundraising	%
	%	Marketing	%
	%	Equipment	%
Medicaid Waiver	%	Other: (List)	%
Program Income(Client Contributions)	%		%
Cost Sharing	%		%
Private Pay	%		%
Other: (List)	%		%
	%		%
	%		%
	%		%
	%		%
	%		%
	%		%
Total Revenues:	\$	Total Expenditures:	\$

Clarify any items under Revenues or Expenditures that are listed as "Other".

D. Service Questions & Budget

Proposed Service: _____

1. Describe the components of the service delivery from initial intake through the delivery of the service, frequency of the service and termination from the program.

2. List the location of all sites/offices that will provide the proposed service.

3. How will you market the service for older adults and/or families to access?

4. Where do you expect your referrals to come from?

5. How do you know there is a need for this service? Use data to support your response.

6. Is this a new service that is not listed in the 2023 AAAWM KCSM Service Lists (in the resource section?) Yes No

If yes, then they need to fill out the following section

Instruction: Complete this section to define a service which is not listed in the AAAWM Policies & Procedures Manual. Refer to current service definitions found in the Policies & Procedures Manual for examples on completing this form. [Policies and Procedures](#)

Service Name:

Service Definition:

Unit of Service:

Allowable Service Components (tasks or activities that can be included in a unit), if applicable.

Unit Rate Service Budget (October 1, 2023 - September 30, 2024)

1. Unit Rate*	\$
2. Units to be Provided	
3. Total Funds Attributed to Units	\$
Total KCSM Funds Requested	\$

*The Unit Rate will be the rate at which the program will be reimbursed for each unit of service provided. Provide the breakdown of expenses for the unit rate you have listed above (i.e. Admin expenses, fundraising, equipment and direct service cost).

1. Define Unit (See service standards listed in the Policies and Procedures Manual or in your newly created service standard. (e.g. unit = 1 hour)

One Unit =

2. Could this service be provided in a reduced capacity if not funded at the above request? Yes No

Explain your answer:

3. Will this service ever become self-sufficient? Yes No
answer.

If yes, add a narrative box to Explain your

4. How do you collect program income/donations?

5. What other current resources will supplement this service? (Senior Millage funds cannot be the sole source of service revenue.)

6. Explain any anticipated changes in the supplemental service revenues for 2024 listed in question 5.

Agency Budget Definition of Terms

REVENUES:

Program Income:

Program income includes all voluntary contributions made toward the cost of service by or on behalf of a client for a service. See AAAWM Policies and Procedures Manual for a complete definition. * [Policies and Procedures](#) (Refer to OAA section IA, 2.18)

Cost Sharing:

All required fees received from or on behalf of a client for services provided. Cost sharing is required for most services. See AAAWM Policies and Procedures Manual for a complete definition. * [Policies and Procedures](#) (Refer to KCSM section IA, 2.19)

Private Pay:

All income received as a result of clients paying the entire cost of their service.

EXPENDITURES:

Direct Service Cost:

Expenses included in the cost of directly providing the service(s). This may include wages of direct service staff, direct staff training, direct service supplies, direct service mileage reimbursement, general intake, client assessment, re-assessment and service plan development. No program administration activities are allowable here.

Management/General:

Administrative costs associated with running the program including director's time, and accounting.

Fundraising:

Costs associated for fundraising activities.

Marketing:

Costs associated with marketing such as brochures, advertising etc.

Equipment:

Equipment is defined as an item with an acquisition cost of \$5,000 or more. For nutrition services only, equipment is defined as an item with a usable life of one year or more regardless of acquisition cost. Planned equipment replacement costs are allowable here.

Other:

Other program costs that cannot be attributed to any other line item.