

PROPOSING AGENCY NAME: _____

2020-2022 PROPOSAL

**To Provide Services Under The
OLDER AMERICANS ACT**

Administered by:

**The Area Agency on Aging of Western Michigan, Inc.
Region 8**

DEADLINE FOR SUBMISSION

**Is 12:00 PM (Noon) on:
Monday, May 6, 2019**

**AAAWM Front Desk
3215 Eaglecrest Dr NE, Grand Rapids, MI 49525**

Date Submitted: _____ Time Submitted: _____
(AAAWM will record this information)

Directions for Submission:

1. Submit one (1) signed original paper proposal in addition to sixteen (16) copies, for a total of seventeen (17).
2. Submit one electronic copy to proposal@aaawm.org (within 10 days of deadline).
3. Paper submission should be 3-hole punched, double-sided, and clipped, NOT stapled or placed in a binder.
4. Proposal materials will not be accepted by fax.
5. **Proposal paper copies will not be accepted after 12:00 p.m. on Monday, May 6, 2019.**
6. If you are dropping off a proposal to AAAWM late in the day prior to due date, call the reception desk (616-456-5664) in advance to make sure staff are available to receive your proposal.

**Proposal Workshop
Wednesday, April 10, 2019 at 1:00 p.m.**

AAAWM Conference Room A
3215 Eaglecrest Dr NE, Grand Rapids MI 49525

Questions submitted to proposal@aaawm.org prior to the Proposal Workshop will be answered at that meeting.

Proposal Content

- I. Introduction
- II. Proposal
 - A. Agency Overview (complete once)
 - B. Organization Summary (complete once)
 - C. Agency Budget (complete once)
 - D. Service Design and Description (complete once for each service)
 - E. Service Budget (complete once for each service)
 - F. Additional Questions for Proposers of Disease Prevention/Health Promotion Services
 - G. Additional Questions for Proposers of Caregiver Support Services
 - H. Additional Questions for Proposers of Senior Center Staffing
 - I. General Nutrition Program Questions for Congregate Meals and/or Home Delivered Meal Proposers
 - J. Additional Questions for Proposers of Congregate Meals
 - K. Additional Questions for Proposers of Home Delivered Meals
 - L. Additional Questions for Proposers of Elder Abuse Prevention Education

III. Attachments:

Items A and B: Attach to Proposal Packet.

New Proposers Only:

(Those agencies that are not currently contracted to provide OAA services)

- A. Collaboration Letters – three (3) letters are required as part of the proposal packet*
- B. Third Party Assessments as part of the proposal packet

Items C through E: Do Not attach to proposal.

New Proposers Only:

(Those agencies that are not currently contracted to provide OAA services)

- C. Single Audit or Financial Audit - submit two (2) copies separately

All Proposers submit **only one (1) copy:**

- D. Proposing Agency Agreement
- E. Assurances/Certification of Compliance

***Five (5) collaboration letters are required if a third party assessment is not available.**

Note: “As part of the proposal packet” means the one original and 16 paper copies along with the electronic version.

Fundable Services

You can only propose for a service from the following list:

- | | |
|---|--------------------------------------|
| Adult Day Services | Home Delivered Meals |
| Assistive Devices and Technologies | Home Injury Control |
| Caregiver Education/Support/Training Programs | Homemaker (outside Kent County) |
| Caregiver Focal Point | Legal Assistance |
| Congregate Meals | Long Term Care Ombudsman |
| Counseling | Medication Management |
| Disease Prevention/Health Promotion Programs | Nutrition Education |
| Elder Abuse Prevention Education | Outreach and Assistance |
| Grandparent Education/Support/Training Programs | All Respite (outside Kent County) |
| | Senior Center Staffing |
| | Transportation – Assisted and Public |

Region

The Area Agency on Aging of Western Michigan (AAAWM) encompasses nine counties which are referred to as Region 8. Those counties are Allegan, Ionia, Kent, Lake, Mason, Mecosta, Montcalm, Newaygo and Osceola. Proposed services must be provided within this nine county region.

Packet Assembly

Assemble the proposal in the following order:

Cover page, followed by Proposal Sections II and III as appropriate. Submit one original signed and sixteen copies for a total of seventeen (17) paper copies. Pages should be sequentially numbered in upper right-hand corner, double sided and three-hole punched. Secure each copy with binder clips (preferred) or other similar temporary fastener. Do not use other binding materials such as three (3) ring binders, portfolios or staples.

Required: Submit one electronic file of the proposal document (minus the brochures, annual report and attachments) to proposal@aaawm.org. This electronic copy must be sent to AAAWM by May 6, 2019 at 12:00 p.m. (noon).

Note: Answer all questions. If you believe a question does not apply – indicate N/A and explain why.

Part III: New Proposers are required to submit Sections A, B, and C. **All Proposers** submit one copy of Sections D and E. All components should be in order and secured with a binder clip or other similar temporary fastener.

**Proposal deadline for submission is no later than 12:00 p.m. (noon) on Monday, May 6, 2019 to AAAWM
3215 Eaglecrest Dr NE, Grand Rapids MI 49525
(616) 456-5664**

No proposals will be accepted after the 12:00 p.m. deadline.

Final funding decisions will be made by the end of July 2019.

Services will begin October 1, 2019.

I. INTRODUCTION

The Area Agency on Aging of Western Michigan (AAAWM) is the administrator of the Older Americans Act and Older Michigianians Act for a nine (9) county area called Region 8.

Established in April 1974, the AAAWM exists to help older adults and persons with disabilities live in their community with independence and dignity. AAAWM and their partner agencies provide older persons, including those with the greatest social and economic needs, with an array of human services.

Services proposed for funding in this document are 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 the needs of older adults aged 60 years or older. This proposal encompasses hands-on care in the home, nutritional needs, healthy aging initiatives, volunteer, and community services.

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

As you prepare to complete this FY 2020-2022 proposal, keep in mind that funding decisions are based on the proposal document, the oral presentation scheduled for June 17 and 20, 2019 at AAAWM or June 18, 2019 in Big Rapids, and the service priorities set by the Proposal Review Committee and AAAWM staff.

II. PROPOSAL

AUTHORIZED SIGNATURE PAGE

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

Key agency staff has read the policies and procedures contained within the *AAAWM Policies and Procedures Manual, as amended.*

On behalf of my applying organization, I agree, if chosen as a grantee, to follow all terms and conditions contained within the *AAAWM Policies and Procedures Manual, as amended.* I also agree to have appropriate staff attend an orientation training tentatively planned for August, 2019.

Signature

Date

Printed Name

Title

Must be signature of person authorized to sign contracts

*The AAWM Policies and Procedures Manual can be found on our website: www.aaawm.org

II - A. AGENCY OVERVIEW

Proposing Agency Name:		Phone:	
Website (if applicable):		Fax:	
		E-mail:	
Address:			
Executive Director Name:		Phone:	E-mail:
Proposal Contact Name:		Phone:	E-mail:
Program Contact Name:		Phone:	E-mail:
Finance Contact Name:		Phone:	E-mail:
Proposing Agency Board Chair Name: ¹		Board Chair Mailing Address:	
Phone:		City, State, Zip:	
Email:			
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 contact information for Company President.

² Definition is found in the Proposal General Information packet.

Proposed Services and Funding Requested Summary:

Proposed Service ³	2020 Funding Request (Whole Dollars)	2019 Funding (if applicable)	Is this a new service for the Agency? (Yes or No)	Geographic Area Service Will Be Provided ⁴
	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	

³ See list of approved services on Proposal Content page.

⁴ Geographic Area could be a county, part of a county or more than one county within Region 8.

END OF AGENCY OVERVIEW

II - B. ORGANIZATION SUMMARY

Prepare seventeen (17) "Organization Summary Information" packets. Provide one (1) copy of each of the items listed below in each packet. Label the packets "Organization Summary Information." Clip with binder clips. Do not include any additional information.

- Organizational Chart
- List of Board of Directors with their affiliations
- Agency or Service Brochures (if available)
- Annual Report (if available)

Provide responses to the following questions only once. Responses are limited to one additional page for the questions in this section.

Agency Mission

1. Describe your agency's mission.
2. List and describe the services your agency provides.
3. List all of your organization's current professional accreditations, certifications, awards and memberships in associations.

Targeting

1. How does your agency ensure that minority and low income older adults are aware of and able to access services? Reference 2010 Census demographics in the answer.
2. Does your agency employ bilingual staff? If yes, please describe what language(s) and their role in reaching clients with language barriers. Describe how you ensure services are provided to limited English speaking clients.
3. Are agency brochures and/or service information printed in any language besides English?
 Yes No If yes, what language(s)?
4. Describe how clients and/or service frequency will be prioritized if all requests for service cannot be filled (attach copy of prioritization form used):

Volunteer Use (This applies to the entire agency, not just to the proposed service(s).)

How many volunteers were utilized in your agency last year? If none, why?

What activities did they perform?

How many service hours did they provide?

Who coordinates/trains your volunteers?

How do you retain and recognize volunteers?

Fund Development

List and explain additional funding opportunities your agency has pursued in the past 12 months. Include all grants written and/or agencies who were contacted, the amount of funding requested, reason for the request and the results of your efforts in your response. Be specific.

Funding Agency or Fundraising Effort(s)	Funding Request	Reason for Request (be concise)	Results *	Funding Cycle Dates**

* Results can be answered as yes, no or denied, pending, etc. If yes, specify amount of funding in the results column.
** Funding Cycle Dates are to include the length of the grant or to be used in a specific fiscal year. e.g. 10/1/2019 – 09/30/2020.

END OF ORGANIZATION SUMMARY

II - C. AGENCY BUDGET

- **Fill in the information below. This budget should reflect all revenue and expenses for all programs of the agency for the current budget year.**
- **If your organization does not provide service to older adults (age 60+) as its primary function, please use information from the senior services department of your agency.**

Dates of Agency budget year: _____ to _____

This is a: Full Agency Budget or Senior Department Budget? (check only one)

EXAMPLE

Line Item Description	Percent of Total Budget
Total Revenues:	\$
Older Americans Act	%
Medicaid Waiver	%
United Way	%
Community Foundations	%
Agency Fundraisers	%
Other Government Sources	%
Local Senior Millage	%
Program Income/Client Donation	%
Cost Sharing	%
Private Pay	%
Other:	%
Total Expenditures:	\$
Administration	%
Direct Service Cost	%
Equipment	%
Other:	%

Line Item Description	% of Total Budget
Total Revenues:	\$1,000,000
Older Americans Act	30%
Medicaid Waiver	5%
United Way	5%
Community Foundations	1%
Agency Fundraisers	25%
Other Government Sources	2%
Local Senior Millage	12%
Program Income/Client Donation	5%
Cost Sharing	0%
Private Pay	5%
Other:	0%
Total Expenditures:	\$1,000,000
Administration	6.5%
Direct Service Cost	90%
Equipment	3.5%
Other:	0%

1. Describe the methods to be used to encourage client donations (program income) for all services.

2. Describe any changes to the revenue sources in the Agency Budget that are anticipated for your agency's next budget year.

AGENCY BUDGET DETAIL

REVENUES:

Program Income:

Program income includes all 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.

Cost Sharing:

Cost Sharing is defined as all income received from established cost sharing. Cost sharing is required for Adult Day Services and all Respite Services. See AAAWM Policies and Procedures Manual* for a more complete definition.

Private Pay:

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

EXPENDITURES:

Administration:

Expenses may include but are not limited to: wages of administrative staff such as supervision, financial, data entry and administrative support, which contribute to the delivery of a typical unit of service. Expenses for activities such as coordinating with the AAAWM, budgeting, scheduling staff, grant writing, collaboration with other agencies, legislative advocacy, staff recruitment, collection of cost sharing (if applicable) and client contributions, quality assurance and accountability are also allowable.

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 in this section.

Equipment:

Equipment is defined as an item with an acquisition cost of \$1,000 or more. For nutrition services only, equipment is defined as an item with a usable life of one (1) year or more regardless of acquisition cost.

Other:

Program costs that cannot be attributed to any other line item.

*The AAAWM Policies and Procedures Manual can be found on our website: www.aaawm.org

END OF AGENCY BUDGET

II - D. SERVICE DESIGN AND DESCRIPTION

- Complete this section separately for **EACH** service proposed. (Duplicate this attachment II-D for each service.)
- Limit response to one additional page per service or two (2) pages if your request **includes** start-up costs (see question #7).

Proposed Service:		
Total Funding Requested: \$ (Service \$ + Start-up \$ = Total Funding)	Service Funding: \$	Start-up Funding: \$
Proposed # of Units:	Proposed # of Clients:	Unit Rate:
Estimated Program Income:	Estimated Cost Share (if applicable):	
<i>Cost Share is required for Adult Day Services & All Respite Services.</i>		
Define Unit (See Service Standards): One unit =		
Could this service be provided in a reduced capacity if not funded at the above request? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain.		

1. Describe how this service is delivered, using a real **client example**:

At a minimum, incorporate the following in your response:

- How the client will find out about and access the service
- Intake process
- How the service will be delivered
- Frequency of the service
- Termination from the service, if applicable
- Other

2. Does your agency currently provide this service: Yes No

If yes, provide the following information:

- List outcomes achieved for the most recent year data is available. Include the timeframe of the outcomes.
- Describe the tool or form that was used to measure the outcomes.
- How were/are the results used?

3. List the outcome measurements planned for FY 2020 for this service.
4. Describe any other quality measures your agency will use for this service.
5. Describe any changes in this service over the past three (3) years and any planned changes for this service that will affect its frequency, quality or delivery.
6. Will any part of the proposed service be sub-contracted? Yes No

If yes, please explain.

7. Start-up for a new service is expected to begin by October 1, 2019. If the requested funding for this service includes start-up costs, please address the following with timeframes and the title of the staff person responsible for each task. Start-up costs are to be included in the total funds requested.

Will you need start-up funds? Yes No

If yes, provide the following information:

- Staffing needs (address hiring and training)
- Equipment needs (include cost of equipment to be purchased)
- Marketing
- Transition of current clients from another Older Americans Act partner (if applicable)
- Other (please describe)
- When will you serve the first client?

END OF SERVICE DESIGN AND DESCRIPTION

II - E. SERVICE BUDGET

Service: _____

- Complete this section separately for **EACH** service proposed, except for nutrition services. (Duplicate this attachment II-E for each service.)
- We expect all services to request client donations and cost share when applicable.
- The Consumer Price Index and Inflation rates will be considered when looking at any increase in unit rates.

All services except nutrition complete items 1 thru 4. Congregate and Home Delivered Meals complete 5 and 6.

1. Unit Rate Service Budget for October 1, 2019 - September 30, 2020.

1. Service Funding Requested: (Do not include start-up funding.)		\$
2. Units To Be Provided:		
	Explain each Expense Line	
A. Administration & Fundraising Expenses		\$
B. Direct Service Cost		\$
C. Equipment & Supplies		\$
D. Other (occupancy, communication, etc.)		\$
Proposed Unit Rate*		\$

Line 1 divided by Line 2 = Proposed Unit Rate

A+B+C+D=Proposed Unit Rate

*The Unit Rate will be the rate at which the program will be reimbursed per unit of service.

2. If you are a current service partner, explain any changes in this unit rate from the FY 2019 unit rate.

Program Income and Cost Share

3. Describe the methods that will be used to encourage clients to donate (program income) toward the cost of their service.

4. If required for the proposed service, describe your agency's process for collecting cost share funds.

Only Nutrition Services answer items 5 and 6.

5. Nutrition Services Unit Rate Service Budget for October 1, 2019 - September 30, 2020. Fill one out for each proposed service.

This information is for Congregate Home Delivered Meals

1. Service Funding Requested: (Do not include start-up funding.)		\$
2. Units To Be Provided:		
	Explain each Expense Line	
A. Administration & Fundraising Expenses		\$
B. Delivery & Direct Service Cost		\$
C. Raw Food		\$
D. Other (occupancy, communication, etc.)		\$
E. Total Cost Per Unit		\$
	F. Less: NSIP	\$ 0.58
	G. Less: Unit Match	\$
	H. Less: Program Income	\$
I. Proposed Unit Rate		\$

Line 1 divided by Proposed Unit Rate = 2. (Proposed Units to be Provided)

A+B+C+D = E (Total Cost Per Unit)

E - F - G - H = I (Proposed Unit Rate)

Nutrition Services Incentive Program (NSIP) is a standardized amount based upon average earned per unit. We estimate this to be .58 per meal.

Unit Match: Calculate required Unit Match by dividing Proposed Unit Rate by nine (9) (roundup)

Program Income: Estimated amount of program income per unit

6. If you are a current nutrition service partner, explain any changes in this unit rate from the FY 2019 unit rate.

UNIT RATE SERVICE BUDGET DETAIL

REVENUES:

Total Funds Requested:

Funds listed here should equal the amount requested in Section II-A.

For Nutrition budget only:

NSIP is Nutrition Services Incentive Program reimbursement provided by the Federal government based on meals served in the previous fiscal year. The final award is based on a formula calculated by AAAWM.

Match:

All funds requested are required to have a 10% match. Match can either be in-kind or cash, however, cash cannot be other Federal funds.

Program Income:

Program income includes all 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.*

EXPENDITURES:

Administration & Fundraising Expenses:

Expenses may include but are not limited to: wages of administrative staff such as supervision, financial, data entry and administrative support, which contribute to the delivery of a typical unit of service. Expenses for activities such as coordinating with the AAAWM, budgeting, scheduling staff, grant writing, collaboration with other agencies, legislative advocacy, staff recruitment, collection of cost sharing (if applicable) and client contributions, quality assurance and accountability are also allowable.

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 in this section.

Equipment & Supplies:

Equipment is defined as an item with an acquisition cost of \$1,000 or more. For nutrition services only, equipment is defined as an item with a usable life of one (1) year or more regardless of acquisition cost.

Other:

Program costs that cannot be attributed to any other line item.

Proposed Unit Rate:

The Unit Rate will be the funding amount at which the program will be reimbursed per unit of service provided. This unit rate may be negotiated prior to the finalization of the contract.

*The AAAWM Policies and Procedures Manual can be found on our website: www.aaawm.org

END OF SERVICE BUDGET

II - F. DISEASE PREVENTION/HEALTH PROMOTION SERVICES

- Answer the following questions **ONLY** if you are proposing for this service. Refer to the AAAWM Policies and Procedures Manual and Proposal General Information packet for allowable services.
- Complete this section separately for **EACH** Disease Prevention/Health Promotion service proposed. (Duplicate this attachment II-F for each service.)
- Your program **must be** one of the approved evidence based services listed in Appendix C of the Proposal General Information packet

Service: _____

1. Define a unit of service. (Reference AAAWM service standards in the AAAWM Policies and Procedures Manual.)
2. Identify staff credentials and/or experience.
3. Is this a program that utilizes professional volunteers or trained peer leaders? Yes No
If yes, please describe.
4. How will you recruit participants?
5. List planned dates, times and locations classes will be held. Be specific.
6. Will this program eventually become self-sufficient? Yes No
If yes, how long will it take to become self-sufficient? Describe your plan.
7. How many clients are needed in the program in order to consider it successful and cost-effective?
8. If your agency currently provides this service or has provided it in the past, describe any challenges you've faced and the strategies used to overcome them. Be sure to indicate whether these strategies were successful.

END OF DISEASE PREVENTION/HEALTH PROMOTION SERVICES

II - G. CAREGIVER SUPPORT SERVICES

- Answer the following questions if you are proposing for any of these caregiver services:
Adult Day Services All Respite Services (outside Kent County)
Caregiver Support Groups Grandparent Support Groups
Caregiver Education Programs Caregiver Training Programs
- Complete this section separately for **EACH** Caregiver Support service proposed (Duplicate this attachment II-G for each service.)

Service: _____

1. Define a unit of service. (Reference AAAM service standards in the AAAM Policies and Procedures Manual.)
2. Identify staff credentials and/or experience.
3. Is this a program that utilizes professional volunteers or trained peer leaders? Yes No
If yes, please describe.
4. How will the program be promoted or advertised?
5. Will this program eventually become self-sufficient? Yes No
If yes, how long will it take to become self-sufficient? Describe your plan.
6. How many clients are needed in the program in order to consider it successful and cost-effective?
7. If your agency currently provides this service or has provided it in the past, describe any challenges you've faced and the strategies used to overcome them. Be sure to indicate whether these strategies were successful.
8. Is your organization currently a member of the Caregiver Resource Network? Yes No
www.caregiverresource.net

END OF CAREGIVER SUPPORT SERVICES

II - H. SENIOR CENTER STAFFING

The National Institute of Senior Centers defines a senior center as a place where “older adults come together for services and activities that reflect their experience and skills, respond to their diverse needs and interests, enhance their dignity, support their independence, and encourage their involvement in and with the center and the community.”

Not only do senior centers offer helpful resources to older adults, they serve the entire community with information on aging; support for family caregivers, training professionals, lay leaders and students; and development of innovative approaches to addressing aging issues.

While senior centers typically provide nutrition, recreation, social and educational services, and comprehensive information and referral, many centers are adding new programs such as fitness activities, internet training, and intergenerational programming to meet the needs and interests of the new generation of older adults.

Answer the following questions **ONLY** if you are proposing for funding for senior center staffing.

1. Explain how your agency plans to offer senior center activities to attract the wide spectrum of seniors with varied interests?
2. List a minimum of two (2) AAAWM approved evidence based health promotion classes you will be offering at your senior center(s). (This could be two (2) classes of the same program.)
3. How will you market and promote the programs being offered at your senior center(s)?
4. How will you measure if the programs have been successful?

END OF SENIOR CENTER STAFFING

II - I. GENERAL NUTRITION PROGRAM QUESTIONS

To be completed by all proposers requesting either congregate or home delivered meal funding.

1. If not currently funded by AAAWM for nutrition services, does your agency/company currently provide congregate or home delivered meals for any Older Americans Act nutrition partner or Area Agency on Aging? Yes No or Currently Funded by AAAWM
If yes, list the names of all agencies, their contact persons and phone numbers:

2. Name and location where meals will be prepared (if a new proposer, attach copy of food service license):

4. Are any staff members ServSafe Certified (or equivalent)? Yes No
If yes, list names and date certification expires.

4. Nutrition partners must be able to produce a nutrient analysis for a meal when requested by AASA, AAAWM, a participant, a participant's family member, or a medical provider. The nutrition analysis does not have to be listed on the menu. All nutrition partners should purchase, or have access to, an electronic nutritional analysis program.
Are you able to meet this requirement:
 Yes No If yes, name of software used:
If no, date this will be implemented:

5. If not a current partner: Attach a copy of the most recent menu of each type of meal served; include the nutrition analysis if available.

END OF GENERAL NUTRITION PROGRAM QUESTIONS

II - J. CONGREGATE MEALS

- Answer the following questions if you are proposing for funding for congregate meals.
 1. Does the menu have choices/alternatives, such as salad bars, available to accommodate client preferences? Yes No
If yes, explain how this is accomplished and to what extent?
 2. Describe any efforts in the past year to increase participation at congregate meal sites:
 3. Complete the following information on all sites where congregate meals will be served: (add additional rows if needed, please format table so that it falls on one page)

Location	Days Open	Hours	Current average of OAA eligible meals *
(Example)	M, W, F	10am-2pm	23

* Found on Congregate Report. Please specify month used _____

4. Are there any changes planned to the number of congregate meal sites (openings or closings), days open or hours for FY 2020? Yes No
If yes, please describe in detail:
5. Give 2-3 specific examples of activities and programs that are regularly conducted at congregate meal sites.
6. How are congregate meal sites promoted?
7. List the suggested meal donation. \$

END OF CONGREGATE MEALS

II - K. HOME DELIVERED MEALS PROGRAM

- Answer the following questions if you are proposing for funding for home delivered meals.
 1. Does the menu have choices/alternatives available to accommodate client preferences, such as texture modifications and special diets? Yes No
If yes, describe options available:
 2. How are your primary meals delivered?
 Hot Frozen
 3. Mark which days of the week the **typical** client will receive a delivery (contact with the driver).
 Monday Tuesday Wednesday Thursday Friday Saturday Sunday
 Once a week (day may vary) Other (describe) _____
 4. Do you provide the following additional meals for clients who qualify and as funding allows?
Second meals Yes No
Liquid meals Yes No
Weekend meals Yes No
Comments (if any):
 5. Do you connect with clients on non-delivery days if needed?
 6. List the suggested meal donation. \$

END OF HOME DELIVERED MEALS PROGRAM

II - L. ELDER ABUSE PREVENTION EDUCATION

- Answer the following questions **ONLY** if you are proposing for this service. Refer to the AAAMW Policies and Procedures Manual and in the Proposal General Information packet for allowable services.
1. The Elder Abuse Prevention Education (EAPE) partner would have a significant leadership role in the Kent County Elder Abuse Coalition (a partnership between law enforcement, the prosecutor's office, community agencies and concerned citizens) planning and leading at least 9 meetings per year.
 - a. List monthly meeting topic ideas/presenters/location.
 - b. Describe the role your agency would play with the Kent County Elder Abuse Coalition.
 - c. Describe any plans or projects your agency would like the Kent County Elder Abuse Coalition to implement.
 2. The EAPE partner would plan and implement at least one (1) annual presentation (75-100 participants).
 - a. List annual presentation ideas/presenters/location. Include specifics on audience type (professional, consumer, etc.).
 3. The EAPE partner would maintain a list of speakers consisting of Kent County Elder Abuse Coalition partnering professionals including, but not limited to, the EAPE partner agency, Adult Protective Services, Kent County Prosecutor's Office, and local law enforcement who would provide a minimum of eight (8) outreach presentations to various communities in Region Eight (8). These should include locations with diverse income and ethnic environments. EAPE presentation topics could include but are not limited to: The Basics of Abuse, Financial Exploitation/Scams Common to Seniors, Caregiver Stress, Understanding Dementia and Mental Health Issues, and Senior Bullying.
 - a. Describe any collaboration efforts your agency currently has with the Kent County Elder Abuse Coalition.
 - b. List quarterly presentation ideas/locations. Include specifics on audience type (professional, consumer, etc.).
 4. The EAPE partner would maintain the Kent County Elder Abuse website including posting recent scams, elder abuse resources, managing and coordinating presentation requests, and promoting the speakers bureau.
 - a. Describe how your agency would stay informed about the latest information related to elder abuse.

5. Would your agency seek other revenue sources for this program? If so, how?

6. Identify EAPE staff credentials and/or experience:

7. Would the program utilize professional volunteers or trained peer leaders?

Yes No If yes, please describe.

END OF ELDER ABUSE PREVENTION EDUCATION

II – M. Transportation Services

Answer the following questions **ONLY** if you are proposing for this transportation services. Refer to the AAAWM Policies and Procedures Manual and Proposal General Information packet for allowable services.

1. Define a unit of service. (Reference AAAWM service standards in the AAAWM Policies and Procedures Manual.)

2. Are your drivers appropriately licensed and vehicles inspected annually?
 Yes No

3. Do you operate on a fixed route?

4. How many clients do you plan to serve?

5. How many vehicles are in your fleet?

6. Do you use volunteer drivers? If yes, will they be providing transportation in their own vehicles?

7. In which counties will you be providing transportation?

8. What methods do you use to collect program income?

9. Do you have the ability to provide on-demand transportation?

10. Have you had driver shortages in the past year? If yes, how did you address them?

11. If your agency currently provides this service or has provided it in the past, describe any challenges you've faced and the strategies used to overcome them. Be sure to indicate whether these strategies were successful.

END OF TRANSPORTATION SERVICES

III. ATTACHMENTS

NEW PROPOSERS SUBMIT:

III-A. Three (3) Collaboration Letters

Use the Instructions for Composing a Collaboration Letter of Support to request supportive information from three agencies with which your organization collaborates. If these collaborating agencies have any questions, they should contact you, not AAAWM.

Copies of the collaboration letters should be submitted with each copy of the proposal.

Do not submit more than the required collaboration letters.

III-B. Third Party Assessments

Attach the most recent third-party (professional and/or governmental agency) program assessment of the Proposing Agency to each copy of the proposal. Third-party program assessments are official reports from a monitoring agency, which cover program operations. A third-party assessment is preferred.

If program assessments are not available, provide TWO (2) ADDITIONAL collaboration letters (for a total of five [5]).

Copies of Third Party Assessments should be submitted with each copy of the proposal.

III-C. Single or Financial Audit – two (2) copies only

Submit TWO (2) COPIES TOTAL of the Proposing Agency's most recent Single Audit or Financial Audit.

Do not attach the audit to this proposal.

ALL PROPOSERS:

Submit only one (1) signed copy of each of the following

III-D. Proposing Agency Agreement

III-E. Assurances/Certificate of Compliance

FY 2020-2022 Older Americans Act Proposal

Instructions for Composing a Collaboration Letter of Support

(Three (3) letters from different agencies must be submitted by new proposers only.)

Instructions: Ask three (3) agencies to submit a “collaboration” letter to you on their letterhead. The letters must be incorporated into your proposal. The letters will not be accepted separately by the AAAWM.

Each letter should contain the following information:

- Name of proposing agency
- Name of supporting agency
- Address of supporting agency (including city and zip code)
- Contact Person and their phone number and email address (of supporting agency)
- Services that the supporting agency provides to older adults.
- Collaboration between the proposer and the supporting agency and how the supporting agency views that collaboration.
- Communication between the proposer and the supporting agency and how the supporting agency views that communication.
- Comment on the Proposer staff members (as viewed by the supporting agency)
- Proposer’s services evaluated by the supporting agency.

The letters should be signed by the Supporting Agency Director.

If the supporting agency has questions about completing the collaboration letter, they should contact the Proposing Agency.

III - D. PROPOSING AGENCY AGREEMENT (All Proposers Complete Once)

AGREEMENT BETWEEN PROPOSING AGENCY AND AREA AGENCY ON AGING OF WESTERN MICHIGAN, INC. UPON SUBMISSION OF A FY 2020-2022 PROPOSAL FOR FUNDING

(Proposing Agency's Legal Name)

understands and agrees that the following provisions are part of its official proposal and as such become binding on it subsequent to the award of any funds by the Area Agency on Aging of Western Michigan, Inc. (AAAWM).

Proposing Agency:

AUTHORITY

1. Warrants that it possesses legal authority to apply for funding; has officially adopted or passed a resolution, motion or similar action, authorizing completion of the proposal including all understandings and assurances and authorizing its official representative to act in connection with submitting the proposal and providing any additional information required.
2. Agrees to submit to AAAWM all information requested about names of persons with an ownership or control interest in the Proposing Agency, any actual or potential conflict of interest, past business transactions, current or pending legal action against the Proposing Agency, and certain other disclosing entities. Further, agrees to disclose whether any persons with an ownership or controlling interest in the Proposing Agency have been convicted of a criminal offense related to their involvement in any programs under Titles III, XVIII, XIX, or XX of the Social Security Act since the inception of these programs. The AAAWM may refuse to consider the proposal of any Proposing Agency that does not comply. Subsequently, AAAWM may immediately terminate a contract granted if a Proposing Agency does not comply with any future requests.
3. Upon award of funds, if a non-governmental Proposing Agency, agrees to submit copies of its Articles of Incorporation and Bylaws prior to signing a contract.

COMPLIANCE WITH LOCAL, STATE AND FEDERAL LAWS/REGULATIONS

4. Agrees that services will be carried out according to the regulations, policies, procedures, terms and conditions of its proposal as approved by AAAWM in making an award of funds.
5. Agrees to comply with all applicable laws, regulations, policies, minimum standards and procedures established by AAAWM, Aging and Adult Services Agency (AASA), and the United States Administration on Aging (AOA) in the execution of a contract award, including the "Code of Ethics" adopted by AAAWM.
6. Agrees to operate in full compliance with all applicable state and local standards including fire, health, safety and sanitation standards, prescribed in laws or regulations.

7. Agrees to conform to applicable provisions of the Older Americans Act, and Title 45 of the Code of Federal Regulations, Part 74 "Administration of Grants", August 2, 1978, (Subpart O – Property), as amended, in the acquisition, transfer, replacement, or disposition of real property, equipment, or supplies.
8. Agrees to not discriminate against any employee or applicant for employment with respect to hire, tenure, terms, conditions, or privileges of employment, or a matter directly or indirectly related to employment, because of race, color, religion, national origin, age, sex, sexual orientation, height, weight, or marital status pursuant to P.A. 453 of 1976, Section 209. The Proposing Agency shall also comply with the provisions of the Michigan Persons With Disabilities Civil Rights Act, P.A. 220 of 1976, and Section 504 of the Federal Rehabilitation Act of 1973, P.L. 93-112, 87 Stat. 394 which states that no employee or client or otherwise qualified disabled individual shall, solely by reason of his or her disability, be excluded from participation, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance. The Proposing Agency shall comply with the Americans with Disabilities Act of 1990 (ADA), P.L. 101-336, 104 Stat. 328 (as amended by the ADA Amendment's Act of 2008 P.L. 110-325), which prohibits discrimination against individuals with disabilities and provides enforcement standards. Further, the Proposing Agency shall comply with all other Federal, State or local laws, regulations and standards, and any amendments thereto, as they may apply to the performance of this Agreement.
9. Agrees to obtain and maintain public liability insurance in amounts necessary to cover all claims which may arise out of the Proposing Agency's operations under the terms of the contract and provide proof of such insurance coverage to AAAWM prior to the effective date of the contract. Unemployment compensation coverage and workers compensation insurance shall be maintained in accordance with applicable federal and state laws and regulations.
10. Certification: Service Partner certifies that it has not been suspended or debarred by the U.S. government from receiving federal dollars.

COOPERATION WITH THE AGING NETWORK

11. Agrees to not make any statement attributable to or on behalf of AAAWM without prior written approval from AAAWM.
12. Agrees to engage in service activity promotion through the various news and public media; and agrees to acknowledge the sponsorship of AAAWM and Older Americans Act on all announcements and public information materials.
13. Agrees to cooperate with AAAWM in its efforts toward developing a comprehensive and coordinated system of services by participating in joint planning efforts and referral networks, and other activities to meet this goal.
14. Agrees to facilitate referrals by giving other service agencies minimum eligibility criteria for each service.
15. Agrees to establish linkages with other area service partners, including volunteer organizations for continuity of services especially in order to address the comprehensive range of needs any recipient may present.

FUND USE, AUDITS, ASSESSMENTS

16. Agrees to seek other sources of funding for the services and to demonstrate effective planning for progressive project maintenance through its own resources.
17. Agrees to not use local matching funds, for this proposal, which match other state or federal grants of other contracts. Proposing Agency also agrees that federal cash or in-kind resources acquired during current or prior years may not be used to match funds provided under this proposal unless otherwise specifically authorized by state and/or federal statute.
18. Agrees that state and/or federal funds made available will in no event supplant existing state, local, and/or federal funds already in use by the Proposing Agency and which are supporting services.
19. Agrees to submit a copy of the single audit, if they are required to have one by the "Single Audit Act of 1984" as it applies (see O.M.B. circular A-128 & A-133). A "single audit" is required from an organization receiving at least \$500,000 a year in Federal (and related State) awards from all grantors (not just AAAWM). If an organization is not subject to the "single audit act", then only a financial audit will be required. A copy of the "single audit" report or the financial audit report (as it applies) shall be forwarded to AAAWM within nine (9) months of the end of the period audited. Audits shall usually be performed annually but not less frequently than every two years.
20. Agrees to cooperate and assist in efforts taken by the AAAWM, AASA, AOA, or any other agency or organization duly authorized by any of the preceding to evaluate the effectiveness, feasibility, and cost of the proposed service.
21. Agrees to maintain such books, accounts, vouchers, and all other documentation necessary to permit expeditious determination and disposition of all monies received from AAAWM as well as the nature and amount of all charges claimed against such funds.
22. Agrees that AAAWM, AASA, Michigan Department of Community Health, AOA, Department of Health and Human Services (HHS), or any of their authorized representatives shall have the right of access to any books, documents, papers, or other records of the Proposing Agency, in order to make audits, examinations, excerpts, and transcripts, so long as such is in conformity with the Privacy Act of 1974. Proposing Agency agrees to retain all books, records, and other documents relevant to this contract for a period of three (3) years. The retention period starts on the day the Proposing Agency submits to AAAWM its last expenditure report for the proposed service.
23. Agrees to comply with all program and fiscal reporting established in its contract and the AAAWM Policies and Procedures Manual, and to cooperate with AAAWM assessment of proposed service performance.

CLIENT SERVICES

24. Agrees that all persons 60 years of age or older, who meet the criteria established for contracted services, shall be eligible for any or all services, with preference given to providing services to older individuals with the greatest economic needs, with particular attention to frail/disabled elderly and to individuals with dementia.
25. Agrees that a standard client intake procedure for all services will be established and maintained at the Proposing Agency level. The intake procedure must enable the Proposing Agency to report required information to AAAWM.
26. Agrees that the confidentiality will be protected at all times in conformance with AAAWM policies and any applicable laws.
27. Agrees that: (a) cost sharing determination shall be included in the eligibility of an older person for specified services; (b) cost sharing requirements must be tracked and billed; and (c) all client contributions and cost share income (where applicable) received by the proposing agency will be utilized on a monthly basis to expand the service by providing additional units.
28. Agrees to: (a) afford all individuals, not required to cost share, the opportunity to freely and voluntarily contribute to all or part of the cost of the services provided; (b) protect the privacy of each older person with respect to his/her contribution; (c) establish procedures to safeguard and account for all contributions; and (d) use client contributions for each respective service to expand services.
29. Agrees to establish and follow procedures for obtaining the views of service recipients about the services they receive.
30. Agrees to have a grievance procedure in place to address complaints by individual recipients and to make that procedure known to the recipients.

PROPOSING AGENCY MANAGEMENT

31. Agrees to allow designated AAAWM staff to attend advisory councils, community groups and committees created for, and specifically relating to, the proposed service, and further agrees to provide AAAWM with advance notice of such meetings.
32. Agrees to provide for training, as necessary, to enable paid and volunteer personnel to perform effectively in their positions.
33. Agrees to establish safeguards to prohibit employees from using their positions for any purpose that is, or gives the appearance of being, motivated by a desire for private gain for themselves or others and, further, to abide by the "Code of Ethics" adopted by AAAWM.

34. Agrees not to assign the contract or enter into subcontracts without obtaining prior written approval of AAAWM. When subcontracts are proposed, agrees to use bidding procedures that conform to the Federal Procurement Standards as outlined in Title 45 of the Code of Federal Regulations, Part 74 "Administration of Grants". Assignees or subcontractors shall be subject to all conditions and provisions of the contract. The Proposing Agency shall be responsible for the performance of all assignees or subcontractors. The AAAWM shall annually monitor and assess the performance of subcontractors. The Proposing Agency shall submit copies of subcontracts to AAAWM, for review and approval. Following approval a copy of the signed contract must be sent to AAAWM before service begins.

SPECIFIC CONTRACT TERMS

35. Agrees that the conditions, under which AAAWM would place the Proposing Agency on probation, suspension, or termination, shall be specified in the contract language. Actions to be undertaken by AAAWM and the Proposing Agency in these circumstances shall also be specified in the contract language.
36. Agrees that the method of amending the contract shall be specified in the contract language. The circumstances under which funds may be reprogrammed and redistributed by AAAWM will also be specified in the contract language.
37. Agrees, when providing services, to give priority to AAAWM Care Management clients, as long as the requirements of paragraph #24 are met.

Signature of Policy Board Chairperson or duly authorized person. Attach Policy Board Resolution.

Signature

Date

Typed Name

Title

III - E. ASSURANCES/CERTIFICATION OF COMPLIANCE (All Proposers Complete Once)

Assurance of Compliance
With
Title VI of The Civil Rights Act of 1964
Section 504 of the Rehabilitation Act of 1973
And
The Drug Free Workplace Act of 1988

(Proposing Agency's Legal Name)

Agrees that it will comply with Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and all requirements and regulations of the Department of Health and Human Services issued pursuant to such laws. The Proposing Agency assures that no person shall on the grounds of race, color, religion, sex, age, national origin, marital status, height, weight, or handicap, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any project or activity for which the Proposing Agency receives financial assistance from the Area Agency on Aging of Western Michigan, Inc.; and agrees that it will immediately take any measures necessary to effectuate this assurance.

Certifies that it will comply with the Drug Free Workplace Act of 1988 and provide a drug free workplace by carrying out the requirements of the Act.

The Drug Free Workplace Act of 1988 requirements include:

- (A) publish a statement notifying employees that the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited in the workplace and specify the actions that will be taken against employees for violations of such prohibition;
- (B) establish a drug-free awareness program to inform employees about -
 - (i) the dangers of drug abuse in the workplace;
 - (ii) the policy of maintaining a drug-free workplace;
 - (iii) any available drug counseling, rehabilitation, and employee assistance programs; and
 - (iv) the penalties that may be imposed upon employees for drug abuse violations;
- (C) require that each employee, to be engaged in the performance of the contract, be given a copy of the statement required by subparagraph (A);
- (D) notify employees in the statement required by subparagraph (A), that, as a condition of employment on the contract, the employees will -
 - (i) abide by the terms of the statement; and
 - (ii) notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five (5) days after such conviction;

- (E) notify AAAWM within 10 days after receiving notice under subparagraph (D)(ii) from an employee or otherwise receiving actual notice of such conviction;
- (F) impose a sanction on or require the satisfactory participation in a drug abuse assistance or rehabilitation program by any employee who is so convicted; and
- (G) make a good faith effort to continue to maintain a drug-free workplace through implementation of subparagraphs (A), (B), (C), (D), (E), and (F).

The Proposing Agency recognizes and agrees that if a contract be extended, it will be in reliance on the representations and agreements made in these assurances/certification, and that the Area Agency on Aging of Western Michigan, Inc., the Aging and Adult Services Agency (AASA), or the United States Government, shall have the right to seek judicial enforcement of these assurances/certification. These assurances/certification are binding on the Proposing Agency, its successors, transferees, and assignees.

Project Director's Signature

Chairperson of Policy Board's Signature
(Or duly authorized person- attach
Policy Board resolution)

Project Director - Typed Name

Chairperson of Policy Board - Typed Name

Date

Date