Alliance for Aging, Inc.
Answers on Aging.

2016

OAA Title III-D Solicitation

Evidence-Based Disease Prevention and Health Promotion Services

ALLIANCE FOR AGING, INC.
AREA AGENCY ON AGING FOR MIAMI-DADE AND MONROE COUNTIES
STATEMENT OF PURPOSE

As mandated by OMB Circular A-110(§40 through §48), § 287.057 F.S., Florida Department of Management Services (DMS) Rule 60A-1 FAC and Florida Department of Elder Affairs contractual requirements¹, the Alliance for Aging, Inc. (the Alliance) is issuing this solicitation to seek proposals from qualified service agencies and organizations desiring to contract for the provision of evidence-based health programs to individuals age 60 and older who are residents of underserved areas of Miami-Dade County as identified in the current area plan and not currently served with OAA Title III-D funds. Consistent with current needs, the Alliance intends to enter into a contract to be paid with OAA Title III-D funds with a Provider (s) that demonstrates immediate readiness to start providing all selected services as of January 1, 2017.

The Alliance is projected to award $72,630.71 beginning on January 1, 2017 and renewable for an additional year in accordance with the current OAA bidding cycle, to provide evidence-based health education/disease prevention programs in underserved areas of Miami-Dade County. The current contracting for OAA Title III-D funds provides evidence-based health programs in specific areas of Miami-Dade County. To best meet the needs of underserved older persons and in accordance with current services provided, this solicitation identifies underserved areas of Miami-Dade County for which the funding for this solicitation must be used. Specifically the zip codes are: 33030 (Homestead), 33034 (Florida City), 33127 and 33150 (Liberty City), 33128 (Overtown), 33136 (Coconut Grove), 33157 and 33170 (Perrine), 33176 (Richmond Heights), 33177 (Goulds), 33186 (Naranja), and 33189 (Cutler Bay). The Alliance reserves the right to change these zip codes based on area plan needs.

This is a competitive procurement process. The Provider (s) selected will have demonstrated capacity to provide the services in the manner specified in this solicitation and in accordance with the current Department of Elder Affairs Programs and Services Handbook. An agency of the State is not eligible to perform as a service provider for the Alliance.

All awards are subject to the availability of funds. Projections of available resources are used to allocate financial awards. If the actual amount of funding made available to the Alliance is less than originally projected, a reconsideration of awards will be made with the likelihood of reductions or cancellations of awards being made. The Alliance reserves the right to unilaterally reduce or cancel awards based on the availability of funds.

Notwithstanding the foregoing or anything to the contrary in any contract between a service provider and the Alliance, the terms of any contract awarded by the Alliance pursuant to this solicitation shall end immediately upon expiration or termination of the Alliance’s contract with the Florida Department of Elder Affairs (DOEA) or any successor State Unit on Aging or to the extent the Alliance no longer receives funding under the Older Americans Act (OAA).

¹In accordance with Department of Elder Affairs policy, AAAs must competitively bid contracts for DOEA-funded services at least every six years in accordance with applicable state and/or federal regulations—2015 Florida Department of Elder Affairs Handbook (p.4-74)
SCOPE OF SERVICES

The primary purpose of the Title III-D Disease Prevention and Health Promotion program is to provide services and activities which have been demonstrated, through rigorous evaluation, to be effective evidence-based programs to assist older adults in maintaining a healthy lifestyle. As set forth by the Florida Department of Elder Affairs, the program shall target elders aged 60 and over for education and implementation activities that support healthy lifestyles and promote healthy behaviors. Priority is given to serving elders living in medically underserved areas of Miami-Dade or who are of greatest economic need. The program requires particular attention be given to low-income older individuals. These include low-income minority elders, older individuals with limited English proficiency, and older individuals residing in rural areas.

The Provider shall be responsible for delivering evidence-based programs in identified underserved areas of Miami-Dade County as defined in the Statement of Purpose section of this solicitation. The services provided under this contract shall be in a manner consistent with this solicitation, the sample contract, the current area plan, and the current Department of Elder Affairs’ Programs and Services Handbook. The Provider will self-monitor and self-evaluate the quality of service delivery by its own staff. Additionally, the Alliance for Aging will conduct independent quality assurance monitoring and performance evaluations of all awarded Agencies.

The Provider shall select and deliver approved evidence-based disease prevention and health promotion services in coordination with the Alliance for Aging, Inc. Therefore, a written plan for selection and delivery of services must be submitted and approved by the Alliance prior to delivery of services. In fulfilling the scope of work, the Provider shall perform the following service tasks in accordance with the current DOEA Programs and Services Handbook (This Handbook can be downloaded from the Alliance website at www.allianceforaging.org):

1. Program Participants and Client Eligibility Determination.
2. Delivery of evidence-based disease prevention and health promotion services.
4. Data Collection and Reporting.

Program Participants and Eligibility Determination

a. Individuals served through OAA Title III-D funds shall be age 60 or older.
b. Program offerings must target low-income older, low-income minority elders, older individuals with limited English proficiency, and older individuals residing in rural areas.

Delivery of evidence-based disease prevention and health promotion services

Services shall be delivered according to the evidence-based disease prevention and health promotion program guidelines provided by the Florida Department of Elder Affairs for the highest level criteria evidence-based programs.
The highest level evidence-based programs are those that:
   a) Have Undergone Experimental or Quasi-Experimental Design.
   b) Are at a level at which full translation has occurred in a community site.
   c) Dissemination products have been developed and are available to the public.

A list of such services is as follows: (This list can be updated, based on the direction from the Florida Department of Elder Affairs.)

(1) A Matter of Balance;
(2) Active Living Every Day;
(3) Arthritis Foundation Exercise Program;
(4) Arthritis Self-Management (Self Help) Program;
(5) Brief Intervention & Treatment for Elders (BRITE);
(6) Chronic Disease Self-Management Program;
(7) Chronic Pain Self-Management Program;
(8) Diabetes Self-Management Program;
(9) Enhance Fitness;
(10) Enhance Wellness;
(11) Fit and Strong!
(12) Healthy Eating Every Day;
(13) Healthy Ideas;
(14) Healthy Moves for Aging Well;
(15) HomeMeds;
(16) Program to Encourage Active Rewarding Lives for Seniors (PEARLS);
(17) Powerful Tools for Caregivers;
(18) Programa de Manejo Personal de la Artritis;
(19) Programa de Manejo Personal de la Diabetes;
(20) Stay Active and Independent for Life (SAIL);
(21) Stepping On;
(22) Tai Chi/Tai Ji Quan Moving for Better Balance;
(23) Stress Busting Program for Family Caregivers;
(24) Tomando Control de su Salud;
(25) Un Asunto de Equilibrio; and
(26) Walk with Ease.
The Provider can offer other highest level evidence-based programs but only after written approval has been granted by the Alliance for Aging, Inc. Programs not on the list above or without prior Alliance for Aging approval will not be reimbursed.

All evidence-based disease prevention and health promotion programs are required to be entered into CIRTS (the proprietary client invoicing and tracking system of DOEA.). In addition to entering data into CIRTS, contractors who select the Chronic Disease Self-Management Program, Arthritis Self-Management Program (Self-Help) (English or Spanish), Tomando Control de su Salud or Diabetes Self-Management Programs (English or Spanish) are required to enter participant and workshop data into the NCOA force online database system.

Development of Partnerships and Collaborations

The Provider shall collaborate and partner with other agencies to extend the reach of health promotion programs. Title III-D should be a source of funding to leverage other funding sources. Partnerships shall also address building and sustaining an infrastructure for the dissemination of evidence-based disease prevention and health promotion services within Miami-Dade County. This includes, but not limited to recruitment of trainers, and participants, covering costs for licenses if programs require, and ensuring program fidelity. Documenting partnerships for the evidence-based services can be done either formally through Memorandums of Agreement or Understanding or informally through emails. Either form of documentation is necessary and subject for review by the monitoring team. The Provider will be required to keep track of partnerships over the course of the year for each service a partnership occurs for the OA3D program. Provider will be required to provide a list of partners in the Monthly Programmatic Report.
Data Collection and Reporting

The Provider is responsible for providing monthly service reports on the dates required in advance by the Alliance for Aging, Inc. for:

(1) evidence-based disease prevention and health promotion programs implemented (highest-level criteria programs);
(2) a success story (which can be gathered from throughout the course of the year, however it will be submitted with the August reports);
(3) partnership list; and
(4) a monthly CIRTS report (Total Units of Service by Program Component).

Items 1-3 will be reported on an Excel spreadsheet format provided by the Alliance for Aging.

All CIRTS data must be entered prior to submitting the request for payment and monthly reports (into CIRTS by the end of each month). The following CIRTS data must be entered:

• PSA
• Provider/Location (each provider is required to have their own number)
• County
• Aggregately
• Program (OA3D)
• Service
• Date of Service
• Units provided (number of units as described in the Department of Elder Affairs Programs and Services Handbook – Appendix A or any Notices of Instruction which are provided throughout the year)
• Unit Cost

If any of these items are incorrect or missing, the Request for Payment will be placed on hold until provided in the correct manner.
### PROVIDER QUALIFICATIONS

**A. OAA III-D Provider Assessment Tool.**

Providers will be assessed using the following tool:

<table>
<thead>
<tr>
<th>Item #</th>
<th>Readiness Item</th>
<th>Possible Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>The Provider can meet match requirement. One dollar of match, cash or in-kind, for every OAA grant dollar. The in-kind contributions must meet the same grant requirements as cash match for all OAA funds and cannot come from federal sources. Examples include volunteer service, donated time of employees of other organizations, donated supplies, loaned equipment, donated utilities and space. Match is documented on the specific forms attached in the Contract Module.</td>
<td>5</td>
</tr>
<tr>
<td>2</td>
<td>The Provider will offer <strong>multiple</strong> highest level evidence-based programs (5 points for each program up to 15 points.) For each evidence-based program the Provider proposes to deliver, Provider must provide name of program, training documentation, organizational structure of agency, key staff assigned, access to clients and sites, and outreach plan.</td>
<td>15</td>
</tr>
<tr>
<td>3</td>
<td>The Provider has <strong>experience</strong> delivering highest-level evidence-based programs (5 points for each year of experience up to 15 points.) Documentation should include specific contracts and awards, statements of reference, and monitoring reports.</td>
<td>15</td>
</tr>
<tr>
<td>4</td>
<td>The Provider has <strong>qualified staff</strong> to serve clients in identified areas beginning January 1, 2017. Provider must provide list of staff and documentation of experience, training, certifications, cultural competence, and job description as well as proficiency of assigned staff in language of served clients.</td>
<td>15</td>
</tr>
<tr>
<td>5</td>
<td>The Provider must serve underserved populations and geographic areas within the following Miami-Dade County zip codes: 33030, 33034, 33127, 33128, 33136, 33150, 33157, 33170, 33176, 33177, 33186, and 33189.</td>
<td>15</td>
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<tr>
<td>6</td>
<td>The Provider submits a <strong>detailed plan</strong> specifying the evidence-based services that will be delivered and the identified underserved areas they will be delivered in. Plan must include name of evidence-based services, how clients will be identified, and planned sites for delivery.</td>
<td>15</td>
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<tr>
<td>7</td>
<td>The Provider must submit a unit cost methodology detailing the agency program cost and unit rate calculation.</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Description</td>
<td>Points</td>
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<tr>
<td>8</td>
<td>The Provider has demonstrated that it can handle CIRTS reporting requirements and other reporting requirements necessary under this award.</td>
<td>5</td>
</tr>
<tr>
<td>9</td>
<td>The Provider has described how volunteers will be used to provide OAA Title III-D services.</td>
<td>5</td>
</tr>
<tr>
<td>10</td>
<td>The Provider has described the additional funds they have for evidence-based programs to leverage III-D funding.</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Total Points</td>
<td>100</td>
</tr>
</tbody>
</table>
B. Essential Qualifications

Items #1, #2, #3, #4, #5, #6, #7, and #8 in the tool are essential qualifications. Failure to demonstrate readiness on any of these eight items will disqualify a Provider from receiving an award under this solicitation.

C. Readiness Criteria Scoring

All replies received in response to this solicitation will be evaluated by a review team consisting of three persons. Items in the Provider Readiness Assessment Scoring Tool will be scored using the criteria listed below:

1. The match requirements mirror Title III-D – 10 percent cash and in-kind. The 10 percent applies to the contract amount. The in-kind contributions must meet the same grant requirements as cash match for OAA funds. Examples include volunteer service, donated time of employees of other organizations, donated supplies, loaned equipment, donated utilities and space. Match is documented on the specific forms attached in the Contract Module.

2. Provider demonstrates its readiness to deliver multiple evidence-based programs. The Provider must provide a narrative for each program that the Provider is proposing to deliver. The narrative must provide detail about the organizational structure of the Provider agency as described in Program Module: A. Essential Qualifications, #2.

3. Provider documents its years of experience providing evidence-based programs. Documentation should consist of award letters, monitoring reports, and statements of reference for each year it has been providing such services.

4. Provider must document staff’s ability to serve eligible individuals in the identified underserved areas, including credentials and certifications of staff as described in Program Module: A. Essential Qualifications, #4.

5. Provider submits documentation of how it will deliver programs in identified underserved areas in Miami-Dade County as described in Program Module: A. Essential Qualifications, #5.

6. Provider submits a detailed plan specifying which evidence-based services it will deliver as well as the identified areas of delivery and established partnerships as described in Program Module: A. Essential Qualifications, #6.

7. Provider submits a unit cost methodology detailing the agency program cost and unit rate calculation as described in Program Module: A. Essential Qualifications, #7.
8. Provider submits a detailed plan on how they will meet the requirements for CIRTS and other reporting requirements as applicable to the evidence-based service(s) they choose to deliver.

9. Provider shows how it will recruit and use volunteers as described in Program Module: A. Essential Qualifications, #9.

10. Provider documents other funding sources for evidence-based programs.

**AWARD INFORMATION**

**A.** All entities demonstrating qualification by meeting essential criteria, to the satisfaction of the Alliance, using the criteria set forth in the PROVIDER QUALIFICATIONS SECTION will be considered for funding. The Provider obtaining the highest score on the OAA III-D Provider Readiness Criteria Scoring Tool will be awarded this funding. In the event that more than one Provider receives the same highest score, funding will be divided evenly amongst the number of applicants who received the same highest score.

**B.** The Provider(s) selected will be held accountable for all plans for delivery of services submitted for this solicitation.

**Award (s) will be posted on the Alliance’s Website (www.allianceforaging.org) on October 21st, 2016.**

**APPEALS**

The Alliance has an existing appeals policy, the full text of which may be found under Appendix I to this solicitation. Written appeals must be received at the Alliance as set forth in Appendix 1. All written appeals must be submitted to:

Max B. Rothman, President & CEO
Alliance for Aging
760 NW 107 Ave.
Suite 214
Miami, Florida 33172

Written appeals must be hand delivered or sent certified mail, return receipt requested. The appeal procedures apply to any intended decision of the Alliance.

**Please see Appendix I: OAA Title III-D Solicitation Appeal Procedures for complete appeal process.**

Notwithstanding anything contained in this solicitation the Alliance reserves the right to determine the final award to each successful Provider. All costs incurred by a Provider in responding to this solicitation are to be borne by the Provider. Any person or firm who files a formal written appeal or protest will be responsible for payment of
the costs associated with the dispute resolution including payment of the Impartial Decisionmaker’s time at the decisionmaker’s customary and usual hourly rate. This includes preparation and hearing fees and all costs associated with the decision making process.

**Submission of an application implies acceptance of all the rules of this special solicitation as contained herein.**

**SUBMISSION OF REPLIES**

Replies using the ‘Application For Funding Under The Older Americans Act Title III-D’ format attached and the certification pages required must be sealed and submitted to the Alliance no later than 10:00 AM on September 12th, 2016. One original and two copies are required, as well as a flash-drive with an electronic copy.

All sealed replies will be dated, time marked and logged by the Alliance as received. Reply packages will be opened on September 12th, 2016 at 11:00 AM at which time they will be distributed to the staff team reviewing the responses.

APPLICATIONS MUST BE RECEIVED AT OR BEFORE THE TIME AND DATE indicated in the Calendar of Events in this solicitation. The time/date stamp/clock at the Alliance shall serve as the authority to determine timeliness of an application. Applications not received at the specified place during regular business hours by the date and time specified in the Calendar of Events, will be rejected and returned unopened to the applicant.

**CONTACT PERSON**

The designated staff person under this solicitation process is:

Maria Scotto, Director of Healthy Aging Programs
Alliance for Aging, Inc.
760 NW 107th Avenue, Suite 200
Miami, Florida 33172
(305) 670-6500, Extension 11283

**INQUIRIES/CONE OF SILENCE**

Inquiries: Verbal inquires or other verbal questions relating to the solicitation will not be accepted. All questions must be submitted in writing only and must be submitted by the deadline in the solicitation timeline. A summary of written inquires and answers and any addenda to the solicitation document will be posted on the agency’s website www.allianceforaging.org.

Cone of Silence: Respondents to this solicitation, or persons acting on their behalf, may not contact, between the release of this solicitation and deadline for submission of written appeals, any employee or officer of the Area Agency on Aging, any individual
involved in evaluating proposals submitted in response to the solicitation, or any employee or officer of the State of Florida concerning any aspect of this solicitation, except in writing to the contact person identified below. Violation of this provision may be grounds for rejecting a proposal.

No interpretation of the meaning of the solicitation documents will be made to any proposer orally. Oral statements made by Area on Agency representatives may not be relied on by proposers unless such statements are included in the summary of written inquires and answers and any addenda to the solicitation. Failure of a proposer to receive any such addendum or summary shall not relieve said proposer from complying with the solicitation documents as clarified or revised in writing. All addenda and clarifications issued shall become part of the solicitation documents.

Written inquiries may be emailed, hand delivered or mailed to the contact person in charge of this solicitation process. The Alliance may at times experience technical difficulties receiving email correspondence. For this reason, we require all bidders to call the contact person to confirm that your questions have been received by the Alliance. Further, the Alliance does not take responsibility for any lost or misplaced documents or any questions that have not been received by the Alliance within the established deadline and submitted to:

Maria Scotto, Director of Healthy Aging Programs
Alliance for Aging, Inc.
760 NW 107th Avenue, Suite 200
Miami, FL 33172
305-670-6500, Extension 11283
## 2016 OLDER AMERICANS ACT TITLE III-D SOLICITATION
### CALENDAR OF EVENTS

<table>
<thead>
<tr>
<th></th>
<th>Event</th>
<th>Date</th>
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<tbody>
<tr>
<td>1</td>
<td>Solicitation released and posted on Alliance for Aging Website</td>
<td>08/15/2016 4 PM</td>
</tr>
<tr>
<td>2</td>
<td>Last day to submit questions in writing</td>
<td>08/22/2016 5 PM</td>
</tr>
<tr>
<td>3</td>
<td>Answers posted on Alliance Website</td>
<td>08/29/2016 5 PM</td>
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<td>4</td>
<td>Proposals due at the Alliance</td>
<td>09/12/2016 10 AM</td>
</tr>
<tr>
<td>5</td>
<td>Proposals opened at public meeting at the Alliance</td>
<td>09/12/2016 11 AM</td>
</tr>
<tr>
<td>6</td>
<td>Proposals scores presented at public meeting at the Alliance</td>
<td>10/19/2016 10 AM</td>
</tr>
<tr>
<td>7</td>
<td>Alliance Board review and approval</td>
<td>10/20/2016 5 PM</td>
</tr>
<tr>
<td>8</td>
<td>Award (s) posted Alliance Website</td>
<td>10/21/2016 10 AM</td>
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</tbody>
</table>
APPLICATION FOR FUNDING UNDER THE OLDER AMERICANS ACT TITLE III-D

GENERAL INSTRUCTIONS

• The service provider application must include the following:
  
  A. Program Module - contains general information about the provider and the service for which application is being made.
  B. Contract Module - contains specific funding and service cost information.

• Prescribed formats are contained in boxes within the document and must be used. If formats do not allow sufficient space, additional pages may be attached as needed.

• Where no format is prescribed, the applicant may use plain paper with a heading on each page to identify the application section.

• Dollar amounts should be rounded to the nearest whole dollar.

• Applications must include all information requested and each page must be numbered sequentially.

Table of Contents: To be included in every application and must have corresponding page numbers identified.

Section I.A. - Service Provider Summary Information: To be completed by every applicant - Format follows:
## PROVIDER INFORMATION:

<table>
<thead>
<tr>
<th>Legal Name of Agency:</th>
<th>{Name/Address/Phone}</th>
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<tbody>
<tr>
<td>Executive Director:</td>
<td>{Name/Address/Phone}</td>
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</tbody>
</table>

## GOVERNING BOARD CHAIR:

<table>
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<th>{Name/Address/Phone}</th>
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## TYPE OF AGENCY / ORGANIZATION

<table>
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<tr>
<th>Not for profit</th>
<th>Public</th>
<th>Private</th>
<th>For Profit</th>
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## PROPOSED FUNDING PERIOD:

01/01/2017-12/31/2017

## FUNDS REQUESTED:

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<tr>
<th>[ ] OAA Title III-D</th>
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</table>

## SERVICE AREA: List specific Zip codes to be served.

## ADDRESS FOR PAYMENT OF CHECKS:

## CERTIFICATION BY AUTHORIZED AGENCY OFFICER:

I hereby certify that the contents of this document are true, accurate and complete statements. I acknowledge that intentional misrepresentation or falsification may result in the termination of financial assistance.

<table>
<thead>
<tr>
<th>Name:</th>
</tr>
</thead>
</table>
A. PROGRAM MODULE

Responses to this section should be in narrative format. Limit responses to no more than 20 double spaced pages.

Providers requesting funding under this solicitation must demonstrate and document the following 10 qualifications. Items #1, #2, #3, #4, #5, #6, #7, and #8 are essential qualifications. Failure to demonstrate any of the eight essential qualifications will disqualify a Provider from receiving an award under this solicitation.

The Provider must explain:

1. How it will meet the match requirement. Match can be cash or in-kind. In-kind contributions must meet the same grant requirements as cash match for OAA funds. Examples include volunteer services, donated time of employees of other organizations, donated supplies and loaned equipment, utilities and space.

2. How it will offer and deliver multiple highest tier evidence-based programs that meet the highest level criteria of evidence according to the current Department of Elder Affairs Programs & Services Handbook, immediately upon start of the contract, January 1, 2017. For each evidence-based program the Provider proposes to deliver, Provider must provide name of program and training documentation. Provider must also provide detailed information regarding the organizational structure of their agency including key personnel assigned to coordinate and deliver proposed services, access to clients and community facilities, and outreach plan.

3. Its experience delivering proposed highest-level evidence-based programs to older adults. Provider must document its years of experience providing the highest-level evidence-based programs it proposes to deliver to older adults. Documentation should include specific contracts, awards, statements of reference, and monitoring reports for each year of providing such services.

4. How its staff will serve eligible individuals, including qualifications of staff. Provider must provide a list of trained staff and document experience, training, certifications, cultural competence and job description for each staff member who will be delivering each evidence-based program. Provider must also document that assigned staff is proficient in the language of served clients.

5. How it will serve underserved populations in Miami-Dade County zip codes: 33030, 33034, 33127, 33128, 33136, 33150, 33157, 33170, 33176, 33177, 33186, 33189. 100% of funding must be used to serve these zip codes. Provider must use awarded funding to serve a minimum of six of these zip codes. Provider must submit documentation of outreach plans as well as established partnerships with agencies and organizations who serve older adults within the identified areas.

6. A detailed plan specifying the evidence-based services which will be delivered and intended areas of delivery. This plan must include specifically which evidence-based services will be delivered in which identified areas as well as documentation of
partnerships and collaborations established to ensure the ability to reach and serve identified areas. The plan must also include how the clients will be identified and where the services will be delivered, for example the name of the site where workshops will be held.

7. Its unit cost methodology detailing the agency program cost and unit rate calculation. All contract costs and unit rates must be developed using the Department of Elder Affairs Unit Cost Methodology formats. Please visit the Area Agency on Aging website to obtain related documents for completing this solicitation package. (http://www.allianceforaging.org/providers/fiscal-documents)

8. How it will meet CIRTS reporting requirements and other reporting requirements necessary for the specific evidence-based services they will deliver.

9. How it will recruit and use volunteers, including qualifications and role of volunteers.

10. How it will use funding, other than OAA Title III-D, to expand the offerings of evidence-based programs.

B. CONTRACT MODULE

Providers are expected to maximize funding by appropriately budgeting funds to ensure services are available throughout the duration of the contract period.

Please attach the following documents:

I.B.1. **AUDITED FINANCIAL STATEMENTS** attesting to the reliability of the applicant’s financial and administrative system must be provided.

I.B.2. **CERTIFICATION OF AVAILABILITY OF 30 DAYS OPERATING FUNDS** must be provided in a signed statement.

I.B.3. **STATEMENT OF NO INVOLVEMENT AND REQUEST FOR PROPOSAL TERMS AND CONDITIONS** must be completed and signed by an authorized representative of the applicant agency. If this is neither a Board Member or Corporate Officer with signatory authority, please also include a signed authorization by the agency’s Board of Directors indicating that the individual signing documents for this Proposal has the authorization of the Board to do so. Statement format follows:
STATEMENT OF NO INVOLVEMENT
I, ___________________________, as an authorized representative of __________________________, certify that no member of firm nor any person having interest in this firm has been awarded a contract by the Department of Elder Affairs or Area Agency on Aging on a noncompetitive basis to:
(1) develop this solicitation;
(2) perform a feasibility study concerning the scope of work contained in this solicitation; or
(3) develop a program similar to what is contained in this solicitation.

Authorized Representative _______________ Date _______________

REQUEST FOR PROPOSAL AND CONTRACT TERMS AND CONDITIONS
I, ___________________________, as an authorized representative of __________________________, certify that, if selected as the successful applicant, this agency/firm agrees to all the terms and conditions set forth in the solicitation and contract.

Authorized Representative _______________ Date _______________
I.B.4. **Assurance of Insurance Coverage** must include a list of insurance coverage detailing Insurance Company, type of insurance, amount of insurance and limits. Minimum coverage should include liability, worker’s compensation, employee bonding, and director’s and officer’s liability insurance.

I.B.5. **Most recent Corporate tax return.**

II. **ALLOCATION METHODS:** All contract costs and unit rates must be developed using the Department of Elder Affairs Unit Cost Methodology formats. Please visit the Area Agency on Aging website to obtain related documents for completing this solicitation package ([www.allianceforaging.org](http://www.allianceforaging.org)). Providers must follow the Unit Cost Methodology closely and provide the Alliance for Aging with information in sufficient detail to allow proposal reviewers to determine the appropriateness and accuracy of all identified costs and rates. The review team must be able to establish through review of information submitted by each bidder that costs are allowable, reasonable and necessary. Budget notes and any additional narrative that will give the review team a clear picture of the allocation methodology followed by the provider are recommended and bidders are encouraged to make these available. Please attach the following worksheets:

II.B.1. PERSONNEL COST FLOW WORKSHEET

II.B.2. SUPPORTING BUDGET WORKSHEET

II.B.3. UNIT COSTING WORKSHEET

III.B. - VIII.B MATCHING COMMITMENT DOCUMENTATION (Please complete and attach):
### III.B. MATCH COMMITMENT OF CASH DONATION

[ ] Original, dated

[ ] Revision, dated

Contract Amendment #

<table>
<thead>
<tr>
<th>Agency Name:</th>
<th>Program:</th>
</tr>
</thead>
</table>

**Donor Identification:**

Name: 

Street: 

City: __________________ State: ____ Zip:  

Phone: 

**Authorized Representative:**

<table>
<thead>
<tr>
<th>Total Amount</th>
<th># Payments</th>
<th>Amount/Payment</th>
<th>Contribution Period</th>
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**Special Conditions:**

**Donor Certification:**

I hereby certify intent to make the cash donation set forth above for use in the specified program during the program's upcoming funding period. This cash is not included as contribution for any other State or Federally assisted program or any Federal contract and is not borne by the Federal government directly or indirectly under any federal grant or contract.

X ___________________________ Date:

**Signature of Donor or Representative**
### IV.B. MATCH COMMITMENT FOR DONATION OF BUILDING SPACE

[ ] Original, dated  
[ ] Revision, dated  
Contract Amendment #

<table>
<thead>
<tr>
<th>Agency Name:</th>
<th>Program:</th>
</tr>
</thead>
</table>

#### Donor Identification:
- Name: 
- Street: 
- City: _______________ State: _______ Zip: 
- Phone: 
- Authorized Representative: 

#### Description of Space: 
- [ ] Office  
- [ ] Site  
- [ ] Other

#### Provider Owned Space:
1. Number of square feet used by project _______sq.ft.  
2. Appraised rental value per square foot $_____/sq.ft.  
3. Total value of space used by project (1x2) $_____

#### Donor Owned Space:
1. Established monthly rental value $_____
2. Number of months rent to be paid by donor _______mos
3. Value of donated space (1x2) $_____

#### Special Conditions:

#### Donor Certification:
I hereby certify intent to donate use of the space set forth above for the program specified above during the program’s upcoming funding period. This space is not being used as match for any other State or Federal program or contract.

X ____________________________ Date: ____________________________

Signature of Donor or Representative
## V.B. MATCH COMMITMENT OF SUPPLIES

**Agency Name:**  
**Program:**

### Donor Identification:
- **Name:**
- **Street:**
- **City:**
- **State:**
- **Zip:**
- **Phone:**
- **Authorized Representative:**

### Description of Supplies:
The below described supplies are committed for use by the project for the period of:

### Computation of Value:

- **Value to be claimed by project:** $ ____________

### Special Conditions:

### Donor Certification:

I hereby certify intent to donate these supplies for the program specified above during the program=s upcoming funding period. These supplies are not being used as match for any other State or Federally assisted program or contract.

X __________________________  Date:

**Signature of Donor or Representative**
## VI.B. MATCH COMMITMENT OF EQUIPMENT

[ ] Revision, dated  [ ] Original, dated  
Contract Amendment #

<table>
<thead>
<tr>
<th>Agency Name:</th>
<th>Program:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Donor Identification:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td></td>
</tr>
<tr>
<td>Street:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>State:</td>
</tr>
<tr>
<td>Phone:</td>
<td></td>
</tr>
<tr>
<td>Authorized Representative:</td>
<td></td>
</tr>
</tbody>
</table>

### Description of Equipment:
The below described equipment is committed for use by the project for the period of: (From) (To)

<table>
<thead>
<tr>
<th>Acquisition</th>
<th>Description of Item</th>
<th>Number</th>
<th>Cost</th>
<th>Value to Project*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
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<td></td>
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<tr>
<td>3.</td>
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<tr>
<td>4.</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total Value Claimed:**

*Items that are currently owned by the Grantee or are loaned or donated to the project are valued at an annual rate of 6-2/3 percent of the acquisition value.

### Donor Certification:

This equipment is not included as a contribution for any other State or Federally Assisted program or contract and costs are not borne by the Federal Government directly or indirectly under any Federal grant or contract except as provided for under: (cite the authorizing Federal regulation or law if applicable).

X ___________________________  
Date: _________________________  
Signature of Donor or Representative
VII.B. MATCH COMMITMENT OF IN-KIND CONTRIBUTION OF SERVICES
BY STAFF OF SERVICE PROVIDER OR STAFF OF OTHER ORGANIZATIONS

[ ] Original, dated
[ ] Revision, dated

<table>
<thead>
<tr>
<th>Agency Name:</th>
<th>Program:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Donor Identification:</td>
<td></td>
</tr>
<tr>
<td>Name:</td>
<td></td>
</tr>
<tr>
<td>Street:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>State:</td>
</tr>
<tr>
<td>Phone:</td>
<td></td>
</tr>
<tr>
<td>Authorized Representative:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Descriptions of Positions:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Position</strong></td>
</tr>
<tr>
<td>-----------------</td>
</tr>
<tr>
<td>1.</td>
</tr>
<tr>
<td>2.</td>
</tr>
<tr>
<td>3.</td>
</tr>
<tr>
<td>4.</td>
</tr>
<tr>
<td>5.</td>
</tr>
<tr>
<td>6.</td>
</tr>
<tr>
<td><strong>TOTAL IN-KIND PERSONNEL</strong></td>
</tr>
</tbody>
</table>

Donor Certification:

These services are not included as match for any other State or Federally Assisted program or contract and costs are not borne by the Federal Government directly or indirectly under any Federal grant or contract except as provided for under:
(cite the authorizing Federal regulation or law if applicable). **It is certified that the time devoted to the project will be performed during normal working hours.**

X ___________________________ Date:
Signature of Donor or Representative
### VIII.B. MATCH COMMITMENT OF IN-KIND VOLUNTEER PERSONNEL AND TRAVEL

[ ] Original, dated
[ ] Revision, dated

Contract Amendment #

<table>
<thead>
<tr>
<th>Agency Name:</th>
<th>Program:</th>
</tr>
</thead>
</table>

#### Donor Identification:

- **Name:**
- **Street:**
- **City:** ___________  **State:** _______  **Zip:**
- **Phone:**
- **Authorized Representative:**

The volunteer staff positions identified below will be filled by local volunteers who will be recruited, trained and supervised as an ongoing activity of our agency. We will maintain volunteer records to document individual volunteer activity.

**Describe Volunteer Effort:**

<table>
<thead>
<tr>
<th>Position Title</th>
<th>Equivalent Hourly Rate</th>
<th># of Hours</th>
<th>Value to Project</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>2</td>
<td>$</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>3</td>
<td>$</td>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

**TOTAL VALUE TO AGENCY**............................... $

**Equivalent Hourly Rates were determined by:**

[ ] Rates for comparable positions within own agency.
[ ] State Employment Service estimate of rates for type of work.
[ ] Rates for comparable positions within other local agencies.

<table>
<thead>
<tr>
<th>ESTIMATED MILEAGE</th>
<th>X</th>
<th>RATE PER MILE</th>
<th>=</th>
<th>VALUE</th>
</tr>
</thead>
</table>

**Donor Certification:**

I hereby certify that commitments have been received from individual volunteers or groups sufficient to provide the volunteer hours and travel identified above.

X ___________________________  **Date:**

Signature of Agency Official

**Name:**
IX.B. AVAILABILITY OF DOCUMENTS (Please complete and attach)

The undersigned hereby gives full assurance that the following documents are maintained in the administrative office of the provider and will be filed in such a manner as to ensure ready access for inspection by the AAA or its designee(s) at any time. The Provider will furnish copies of these documents to the AAA upon request.

1. Current Board Roster
2. Articles of Incorporation
3. Corporate By-Laws
4. Advisory Council By-Laws and Membership
5. Verification of Tax-Exempt Status
6. Certificate of Insurance
7. Bonding Verification
8. Staffing Plan
   • Position Descriptions
   • Organizational Chart
12. Affirmative Action Plan
13. Outreach Plan, if applicable
14. Americans with Disabilities Act Assurance and supporting documentation
15. Unusual Incident File
16. Contribution System

CERTIFICATION BY AUTHORIZED AGENCY OFFICIAL:

I hereby certify that the documents identified above currently exist and are properly maintained in the administrative office of the Provider. Assurance is given that the AAA or its designee(s) will be given immediate access to these documents, upon request.

__________________________________________  __________________________
Signature                                      Date

__________________________________________  __________________________
Name of Authorized Individual                   Title of Authorized Individual