

SFY17 ASCOG AAA Transportation RFP Checklist

Section	Description	Check if completed
A	1. Short Title of Project	
	2. Type of Application	
	3. Applicant	
	4. Project Location	
	5. Financial Officer	
	6. Project Director	
	7. Cost of Project	
	8. Project Duration (July 1, 2016 – June 30, 2017)	
	9. Project Year (Year one of one)	
	10. Local Public Matching Funds (Program Income)	
	11. Reserved	N/A
	12. Project Summary	
	13. Signature	
B	14. All applicable counties listed	
	15. Service Name (Transportation for example)	
	16. Unduplicated persons served	
	17. Units to be provided	
	18. Total funding for each service	
	19. Service unit costs	
	20. Activities completed	
	21. At least one activity shows consumer satisfaction survey	
	22. Completed SOW for other contract activities provided by this project	
	23. Voluntary withdrawal from project form signed and dated	
C	24. Detailed description of how each service will be implemented	
	25. Staff to be utilized with job description for each staff position	
	26. Persons to be served	
	27. Service units and # of persons served for each route	
	28. Services to be provided from established routes, on-demand, etc.	
	29. Overview of projects emergency preparedness	
	30. A statement the project will “confirm and influence the coordinated vaccination of seniors, particularly for influenza and pneumonia”	
	31. Brief description of plan for implementation	
	32. Narrative for other contract services provided by the project	
	33. Assure the quality or quantity of Older Americans Act (OAA) services performed by the Project will not be diminished and will be enhanced by performing commercial or contractual activities;	
	34. Disclose the identity of each entity with which the Project has a contract or commercial relationship detailing the nature of the services being provided to older individuals;	
	35. Assure the Project maintains the integrity and public purpose of the OAA services while performing commercial or contractual activities;	
	36. Assure that OAA funds are not used to pay any part of a cost, including an administrative cost such as computerized billing	

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	fees, incurred to carry out such commercial or contractual activities;	
	37. Assure that preference in receiving Title III services will not be given to particular older individuals as a result of contract or commercial activities;	
	38. Assure the Project will account for the funds generated through commercial or contractual activities according to generally accepted accounting and auditing practices; and	
	39. Assure the Project will make available the accounting and auditing practices of the contractual or commercial activities for review by the AAA.	
D	40. Outline the geographic service area for the proposed project	
	41. Composition of individuals (ASCOG demographics chart)	
E	42. Outline the purpose of the advisory council and list the membership.	
	43. Name address and phone for each Adv. Council member	
	44. Meeting dates, times and locations	
	45. Copy of bylaws for Adv. Council	
F	46. Outline the role of the board of directors	
	47. Name address and phone for each board member	
	48. Meeting dates, times, and locations for board	
	49. Copy of bylaws for board	
G	50. Specify outreach efforts to be made by the project	
	51. Marketing emphasis for those residing in rural areas	
	52. Marketing emphasis for those with greatest economic need (low income minorities and rural areas))	
	53. Marketing emphasis for those residing in rural areas	
	54. Marketing emphasis for those greatest social need (low income minorities and rural areas)	
	55. Marketing emphasis for those severe disabilities	
	56. Marketing emphasis for those limited English speaking	
	57. Marketing emphasis for those Alzheimer's disease and related dx	
	58. Marketing emphasis for those ADL and IADL impairments	
	59. Marketing emphasis for those living alone	
	60. Marketing emphasis for those caregivers	
	61. Grandparents raising grandchildren	
	62. Copy of brochure and marketing tools attached	
H	63. Narrative about coordination with other community service agencies to assure max utilization, joint planning, etc.	
	64. List of ASCOG focal points included	
I	65. Brief history of applicant organization	
	66. Date of incorporation	
	67. Copy of project director resume attached	
	68. Copy of MOU's related to project attached	
	69. Copy of Cert. of Incorporation attached	

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	70. Copy of bylaws attached	
	71. Copy of Cert. of Non-Profit Status if applicable	
	72. Narrative about agency capacity	
	73. Narrative includes personnel and physical facilities	
	74. Agency experience in providing services to older individuals listed in targeting/marketing	
	75. New applicants must describe how services will be provided to existing clients without disruption of services	
	76. Discussion on training for Older Americans Act and related regs	
	77. Discussion on training for OKDHS policy manual	
	78. Discussion on training for ASCOG Title III policy manual	
	79. Discussion on training for program and fiscal reports	
	80. Discussion on training for assessment procedures	
	81. Discussion on training for aging network	
	82. Discussion on training for specific job duties	
	83. Discuss agency's ability to communicate with modern tech.	
	84. Discuss how agency will fund program for first 45 days	
J	85. Quality assurance methods narrative	
	86. Copy of consumer satisfaction survey tool attached for each svc.	
	87. QA narrative includes who is assigned responsibility for QA	
	88. QA narrative includes list of assurance activities	
	89. QA narrative includes where QA activities will take place	
	90. QA narrative includes actions taken in response to QA findings	
	91. Copy of safety and maintenance checklists attached	
K	92. Justification of Budget included with relevant categories	
	93. Each category broken down in applicable funding columns	
	94. Personnel includes job title	
	95. Personnel includes name of individual (or vacant)	
	96. Personnel includes employee anniversary date (MM,YYYY)	
	97. Personnel includes Job Family Descriptor and pay band	
	98. Personnel includes salary breakdown (hourly wage * hours...)	
	99. Personnel includes "Full time" or "part time" for each position	
	100. Personnel includes longevity if applicable	
	101. Travel includes specific computation	
	102. Equipment includes purchase estimates	
	103. Indirect cost includes negotiated agreement	
	104. All Long Forms included as applicable	
L	105. Unit Cost Computation narrative included	