

**ASCOG AAA FISCAL YEAR 2019 REQUEST FOR PROPOSAL GUIDE**

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## **FISCAL YEAR 2019 REQUEST FOR PROPOSAL GUIDE**

### **PART I. INTRODUCTION**

#### **A. BACKGROUND**

The Older Americans Act of 1965, as amended, provides grant funding for the development of comprehensive and coordinated service systems for older individuals. The ASCOG Area Agency on Aging administers Older Americans Act funding in the counties of Caddo, Comanche, Cotton, Grady, Jefferson, McClain, Stephens and Tillman (planning and service area). It is the Area Agency on Aging's responsibility to assess the needs of older individuals in the planning and service area and to fund (or advocate for) services to meet the identified needs. Older individuals are defined as all persons 60 years of age and over. Services must be targeted to older individuals who are in greatest social and economic need, with particular attention to low-income minority individuals and older individuals residing in rural areas.

The purpose of this guide is to identify potential, quality providers of services to older individuals. The application references but does not outline in detail each responsibility associated with the acceptance of Older Americans Act funding. All responsibilities will be discussed, and copies of relevant policy/statute will be available for review during the proposers' conference. See Technical Assistance section.

#### **B. ELIGIBLE APPLICANTS**

Organizations eligible to apply for funding under this request for proposal (RFP) include non-profit agencies, private for-profit agencies, and local city/county governmental entities who have the capacity to meet the requirements for service delivery as outlined in the Older Americans Act as amended and applicable regulations/policy. NOTE: Oklahoma Department of Human Services Aging Services Division (OKDHS ASD) must approve applications by for-profit entities prior to awarding funding. Debarred/suspended parties are not eligible to apply for funding.

#### **C. GRANT/CONTRACT PERIOD**

Older Americans Act funding is granted for up to twelve months with extensions only available to projects who are not in their first year contracting with ASCOG for Title III services. The maximum project period will be from July 1, 2018 through June 30, 2019 with extensions only available as stated above. ASCOG Area Agency on Aging may approve existing and ongoing contracts for up to four years. *NOTE: Grant extensions and amendments may be negotiated at the discretion of the Area Agency on Aging.*

#### **D. TECHNICAL ASSISTANCE**

The Area Agency on Aging provides technical assistance to applicants who request assistance, in writing, no later than seven calendar days prior to the closing of the application period. To request technical assistance, please submit your request by email to: Ken Jones, AAA Director, [jone\\_ke@ascog.org](mailto:jone_ke@ascog.org). The proposers' conference will be held at 9:00 a.m., Wednesday, January 31 at the ASCOG Conference Room, 802 W Main St., Duncan. Prospective applicants must attend the proposers' conference in order to be considered for funding. Conference discussion will include an outline of all responsibilities related to the receipt of funding, applicable standards and policy.

Technical assistance will not be available until the proposers' conference. This is to ensure that all prospective proposers receive the same information.

Outside of the proposers' conference, only email requests for technical assistance will be accepted. The deadline to submit requests for technical assistance is February 7. Responses to technical assistance requests will be posted to the ASCOG website for review by all applicants.

### **E. APPLICATION SUBMITTAL**

This guide is applicable for funds allocated under Title III of the Older Americans Act, Parts B, C, D, and E. Each section of the application is completed in accordance with outlined instructions. Responses should be typed and double-spaced. Use forms where indicated. The application must be received by February 14 at noon. Applications must be emailed to Ken Jones at [jone\\_ke@ascog.org](mailto:jone_ke@ascog.org). The application can be submitted in Word or Adobe-pdf format. The application must be signed, with an scanned copy of the signature page included in the application or attached separately in the same email. In accordance with DHS policy, late proposals will not be accepted.

**NOTE: INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.**

### **F. SCOPE OF WORK- Title III**

The ASCOG Area Agency on Aging will award funding for the following services for the estimated amounts as indicated below (Older Americans Act Title III funds only) for the period of July 1, 2018 through June 30, 2019 with possible extensions. See Part IV Appendix D - Unavailability of Funding Clause. NOTE: The Area Agency on Aging is not obligated to award funding if, in the opinion of its governing board, no applications are received which meet or exceed the requirements of this RFP.

For this request for proposals, ASCOG will fund the following (subject to availability of funding for SFY17).

Funding is estimated and is subject to change.

Interested applicants may apply for only one services or multiple services.

Applicants interested in applying for caregiver/grandparent services must apply for all eight caregiver/grandparent services as one project.

Interested applicants must apply for all of the available funding for each service included in their proposal, but the project can choose to limit the service area based on the limitations of funding. Maximum points will be realized for proposals that serve all eight counties in the ASCOG planning and services area.

<b>SERVICES FROM TAXONOMY</b>	<b>Units of Service</b>	<b>Unduplicated Persons Served</b>	<b>TOTAL ESTIMATED FUNDING \$</b>
Chore	200	14	15,160
Outreach	632	632	99,664
Health Promotion	100	100	21,201
Caregiver Access to Services	246	131	64,728
Caregiver Information About Services	336	564	10,000
Caregiver Respite	6,179	71	61,790
Caregiver Counseling/ Training/Support Groups	62	62	2,750
Grandparent Access to Services	27	15	4,900
Grandparent Information About Services	62	62	250
Grandparent Respite	760	8	7,600
Grandparent Counseling/ Training/Support Groups	7	7	250

The charts above reflect the estimated minimum number of persons that should be served, and the estimated minimum number of service units that should be provided for each service. All dollar amounts are estimates and are subject to change based on availability of funding. Project may consolidate funding, units of service and unduplicated persons served goals by county aggregate when applying for all available sites in a county.

*NOTE: See Part IV., Appendix A “Taxonomy of Older Americans Act Title III Services” for service definitions and service unit descriptions.*

## **G. APPEAL PROCEDURES**

Applicants who are denied funding through this RFP process may submit a written request for hearing to the ASCOG Area Agency on Aging within 30 days of the applicant’s receipt of funding denial notice. The written request must include a detailed explanation of the applicant’s grounds for appeal. Hearings may also be requested by organizations whose funding is suspended or terminated prior to the end of an approved project period.

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### PART II. APPLICATION INSTRUCTIONS

All applications will be evaluated and given a number score based on the sections in this Part. Use forms where indicated. Forms are provided in Part III Application Forms.

#### A. APPLICATION COVER PAGE (*see form Part III. A*)

Complete this page with the original signature of the official authorized to sign the application.

1. Short Title of Project: Enter a brief title, descriptive of your project, not exceeding one typed line.
2. Type of Application: Check the appropriate box indicating the type of application; public, private non-profit, or private profit making.
3. Applicant: Enter the official name, address, zip code, and telephone number of the local organization or agency that will administer the project. If applicant receives mail at a post office box, also include street address of applicant.
4. Project Location: This is the actual physical location of the project to be conducted with grant funds. Enter the street, city, state, zip code, county, and telephone number if known at the time the application is submitted. Do not show a post office box unless a street address is not available.
5. Financial Officer: Enter the name and telephone number of the person who will be responsible for fiscal matters relating to the project.
6. Project Director: Enter the name and telephone number of the individual who will directly oversee the activities of the project.
7. Cost of Project: Enter the cost of your proposed project including all Title III grant and local funds, which include match (cash and in-kind), if any, and program income such as contributions and donations.
8. Project Duration: Enter the time period for which funding is requested.
9. OProject Year: enter the number of years the project has received Title III funding to provide services (if applicable) and circle the appropriate project year of current funding application.
10. Local Public Matching Funds: Enter the dollar amount of local public matching funds committed to the project, if in addition to funds provided through the Area Agency on Aging.
11. Space reserved for Area Agency on Aging use.
12. Project Summary: Briefly and specifically describe the proposed project, e.g., Funds requested are to purchase, operate, and maintain two, twelve-passenger vans which will be used to transport older individuals to medical and other essential services. The vans will operate in XXX county and are expected to transport approximately 100 persons daily.

13. Official Authorized to Sign Application: Enter the name of the individual authorized to enter into binding contracts/grants on behalf of the applicant. This will normally be the chief executive officer of the agency or organization, e.g., president of the board of directors. Applications signed by anyone other than the chief executive officer must be accompanied by a written statement signed by the chief executive officer giving the signing party authority to commit the applicant to the terms and conditions of the grant. The authorized official must *sign and date* the grant application cover page.

***Note: Once funded, all proposed grant revisions must be submitted with a grant application cover page signed and dated by an authorized official. Signatures must be original with current dates.***

## **B. SCOPE OF WORK JUSTIFICATION**

1. Complete a Title III Scope of Work Justification (*See form Part III. B.(1)*). listing the following information for each service for which funding is requested:

- Each county where services are to be provided;
- Name of service (*See Part IV. Appendix A. "Taxonomy of Older Americans Act Title III Services" for service titles and definitions*);
- Projected number of unduplicated persons to be served, if required;
- Projected service units to be provided;
- Total funding for each service;
- Service unit costs; and
- Activities to meet the scope of work.

2. Scope of Work Justification - Commercial or Contractual. *See form Part III. B. (2)*. Projects engaged in public or private commercial or contractual activities such as ADvantage meals must complete a separate Scope of Work Justification for each contracted activity.

## **C. SERVICE IMPLEMENTATION**

Provide a detailed description of how each service will be implemented using the activities listed in the scope of work justification. Include information such as: Staff to be utilized (provide a job description for each category of staff including nutrition consultant).

Persons to be served (number of persons to be served and service units provided, at each site, and on each route); and

Services to be delivered from a primary site, in-home, rotating sites, established routes, or on-demand, etc.

*NOTE: Nutrition projects have extensive mandates related to service delivery. See OAC 340:105-10-68 and related policies for nutrition program service standards.*

2. Provide a brief overview of the following:
- a description of the project's plan for "*Emergency Preparedness*;"

- a statement that the project will “*confirm and influence the coordinated vaccination of seniors, particularly for influenza and pneumonia,*” and a brief description of plan for implementation.
3. Projects engaged in public or private commercial or contractual activities such as ADvantage meals MUST address each of the additional assurances and disclosures listed below:
- A. Narrative
- 1) 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;
  - 2) 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;
  - 3) Assure the Project maintains the integrity and public purpose of the OAA services while performing commercial or contractual activities;
  - 4) Assure that OAA funds are not used to pay any part of a cost, including an administrative cost such as computerized billing fees, incurred to carry out such commercial or contractual activities;
  - 5) Assure that preference in receiving Title III services will not be given to particular older individuals as a result of contract or commercial activities;
  - 6) Assure the Project will account for the funds generated through commercial or contractual activities according to generally accepted accounting and auditing practices; and
  - 7) Assure the Project will make available the accounting and auditing practices of the contractual or commercial activities for review by the AAA.

#### **D. CHARACTERISTICS OF THE PROJECT AREA**

1. Outline the geographic service area for the proposed project (may enclose area map).
2. Describe the composition of older individuals in the proposed service area. Include the number and geographic concentrations of older individuals in the greatest economic and social need, with particular attention to low-income minority individuals and older individuals residing in rural areas as listed in the “Targeting” section of this guide.

#### **E. PROJECT ADVISORY COUNCIL**

1. Outline the purpose of the advisory council and list the membership. *Form is provided in Part III. E. See OAC Policy 340:105-10-52, Title III Project Advisory Council.*



## **F. PROJECT BOARD OF DIRECTORS**

1. Outline the role of the board of directors and list the membership. *Form is provided in Part III. F.*

## **G. TARGETING**

Specify outreach efforts made by the project to identify and provide information on the availability of services to individuals eligible for assistance under the Older Americans Act throughout the service area, with special emphasis on older individuals:

- residing in rural areas;
- with greatest economic need, with particular attention to low income minority individuals and older individuals residing in rural areas;
- with greatest social need, with particular attention to low income minority individuals and older individuals residing in rural areas;
- with severe disabilities;
- with limited English speaking ability. If a substantial number of the older individuals residing in the planning and service area are of limited English speaking ability, the Area Agency on Aging will request additional information;
- with Alzheimer's disease or related disorders with neurological and organic brain dysfunction;
- with impairments in activities of daily living (ADLs) or instrumental activities of daily living (IADLs);
- living alone; and
- the caregivers of such individuals
- grandparents raising grandchildren

*See Part IV. Appendix B. "Client Descriptors" for definitions related to the list of Older Americans Act targeting mandates.*

## **H. COORDINATION**

1. Describe the activities to be undertaken with other community service agencies to assure maximum utilization of other public and private resources in support of the project, e.g., joint planning, training, and public relations.
2. List all community focal points (as designated by the Area Agency on Aging) in the project service area and describe efforts that will be undertaken to coordinate with the focal points. *See OAC 340:105-42 Designation of Community Focal Points.*

## **I. CAPACITY OF PROJECT SPONSOR**

1. Give a brief history of the applicant organization including date of incorporation. Include copies of project director's résumé, memoranda of understanding, Certificate of Incorporation, Articles of Incorporation, Bylaws, and Certificate of Non-Profit Status, if applicable.
2. Describe the applicant agency's capacity to administer the proposed project, including personnel and physical facilities. Submit copies of signed and dated (local) health and fire inspection reports for year of application. If this is a new project site, provide copies of inspections as soon as reports are available.
3. Describe the applicant agency's experience in the provision of services to older individuals with specific reference to experience serving the groups listed in the "Targeting" section.
4. New applicants are to describe how services will be provided to existing clients without interruption of services.
5. Discuss how the project will provide adequate training to all staff covering at least the following: (A) the OAA, as amended, and related regulations; (B) the OKDHS Policies and Procedures Manual for Title III of the OAA, as amended; (C) the AAA Title III policies and procedures manual; (D) all program and fiscal reports, as appropriate; (E) assessment procedures; (F) the aging network; and (G) specific job duties.
6. Describe the project's capacity to:
  - communicate through modern technology
  - fund the project for 45 days without reimbursement

## J. EVALUATION/QUALITY ASSURANCE

Describe methods that will be used to assure that quality services are provided. Provide a copy of an evaluation tool for all 17 taxonomies as well as nutrition site activities, independent senior center activities and recreation activities.

*NOTE: At a minimum, some type of consumer satisfaction survey must be utilized at least once during each fiscal year. (Twice or more is preferable.)*

## K. BUDGET

Develop a budget justification (See Appendix F - Budget Justification) that lists all budget items and costs associated with the project by the following categories:

1. Personnel;
2. Travel;
3. Food (nutrition projects only);
4. Nutrition Consultant (nutrition projects only);
5. Equipment;
6. Rent/utilities;
7. Other; and
8. Indirect Cost.

Show each category in four funding columns which include: Title III Funding, Local Funding, NSIP Funding, and Non-OAA Program Income Funding.

*NOTE: OAC Policy 340:105-10-121 states the total administration costs charged to the Title III grant may not exceed the maximum provided in Federal law.*

1. Each “**Personnel**” entry in the budget justification must contain, at a minimum, the following information (include all applicable information for vacant positions):

- job title;
- name of individual to occupy position;
- employee anniversary date (month and year);
- Job Family Descriptor and corresponding pay band;
- salary breakdown, i.e., hourly wage x number hours/per day at specific wage x number of days/per year and compute monthly salary x 12 months for salaried employees;
- designate “full-time” or “part-time” for each position;
- longevity for each eligible employee; and
- fringe benefits with each benefit computed separately.

**In a recent legal opinion by ASCOG’s attorney, the following items have been added to the requirements for all Title III RFP’s:**

- **Pursuant to OAC 340:105-10-120, the position of Title III Project Director is a full time position. This also covers any additional senior administrative or ownership position where the aggregate majority of funding for the position comes from the Older Americans Act.**

- **Appendix P - ASCOG SFY17 Nutrition Site Staffing Guidelines apply to site staffing at all nutrition sites. Please refer to Appendix P enclosed in the RFP**

*NOTE: Reference SUOA Policy Memo 04-12 re: Implementation of Revised OAC Policies 340:105-10-72, 120; and 121 for the “Personnel” information in the Budget Justification.*

2. Each **“Travel”** entry must include the position for which the travel is allocated, as well as the specific computation, e.g., project director - 200 miles/month x \$.325/mile x 12 months = \$780.00.

3. Each **“Food”** entry must include the following information (if applicable):

- designation as “cooking” or “satellite” site;
- total number of meals allocated per site x raw food cost per meal x number of serving days per year = food cost; and
- total for each budget category, as well as the “total” of all budget categories for the project.

4. Each **“Nutrition Consultant”** entry must include the following information:

- name of individual occupying position;
- Job Family Descriptor and corresponding pay band;
- salary breakdown, i.e., hourly wage x number hours per month at site x 12 months; and
- travel breakdown, if applicable, i.e., 50 miles per month x \$.325/mile x 12 months = \$195.00.

5. Each **“Equipment”** entry must include the following information:

- equipment purchase estimates.

6. Each **“Rent/Utilities”** entry must include the following information:

- rent - donated by the City of XXXX; and
- utilities - \$150.00/month x 12 = \$1,800.00.

7. Each **“Other”** entry must include the following information where applicable:

- equipment maintenance/repair estimates;
- telephone - \$45.00/month x 12 = \$540.00;
- pest control - \$30.00/month x 12 = \$360.00;
- home delivered meal containers - \$.35/container x 90 meals/day x 260 days = \$8,190.00;
- janitorial supplies (bleach, can liners, mops, etc.) - \$43.00/month x 12 = \$516.00;
- kitchen supplies (gloves, foil, etc.) - \$203.00/month x 12 = \$2,436.00;
- garbage pickup - \$60.00/month x 12 = \$720.00;
- van- gas - \$1,068/year; maintenance - \$100/year; insurance - \$455/year = \$1,623.00;

- health fair- advertising - \$500; materials - \$1,500; building rent - \$500 = \$2,500.00;
- AIM annual maintenance fees - \$300.00;
- CPA or qualified individual annual fee (computation of service cost); and
- annual audit fee.

8. **“Indirect Cost”** entries must include an attached copy of negotiated agreement. Negotiated agreement must include indirect cost allocation methodology for each itemized cost. It is a requirement to submit a separate Indirect Budget Justification Page for all indirect costs (personnel, rent, utilities, travel, etc.). Indirect costs are a separate line item cost and must be included in all supporting budget pages as such.

## **L. UNIT COST COMPUTATION AND SERVICE COST METHODOLOGY**

*Reference SUOA Policy Memo 04-12 re: Implementation of Revised OAC Policies 340:105-10-72, 120; and 121 for the “Personnel” information in the Budget Justification.*