



Applicant Name: _____

2019 Letter of Intent for Contract Requests

To Provide Services under the Muskegon County Senior Millage

Administered by

Senior Resources of West Michigan

Deadline for Submission

3:00 p.m. on

December 14, 2018

Senior Resources of West Michigan
560 Seminole Rd. Muskegon, MI 49444

Date/Time Stamp:

Senior Resources will record this information

Directions for Submission:

1. Only 501(c)(3) organizations or equivalent are eligible to receive funding through the Muskegon County Senior Millage (MCSM).
2. Submit one (one) original and (one) copy of signed paper proposal.
3. Submit electronic copy in PDF format to email address RFP@seniorresourceswmi.org.
4. Paper submission should be 3-hole punched, double-sided, and clipped, not stapled or placed in a binder. Proposal materials will not be accepted by fax.
5. Proposal paper copies will not be accepted after 3:00 p.m. December 14, 2018

Questions? Contact

Damian Jarocki 231-733-3593 djarocki@srwmi.org

1. Brief description of applicant, including the following information:
 - a. Knowledge of the aging network in Muskegon County.
 - b. Involvement in aging network in Muskegon County. List any partner organizations for this project.
 - c. How you determine additional needs (other than the one you are providing for) for an older adult and refer to other organizations within the aging network.
 - d. Number of employed staff and volunteers. How many are specifically for older adult programming?

2. Why are you requesting MCSM funds?

B. Service Questions

Service: _____

(If service is not one of the defined services found at Senior Resources website at (<http://seniorresourceswmi.org/muskegon-county-senior-millage/>), a service definition must be completed using the form found at the back of the packet.)

Complete this page for each service in your funding request.

Please keep answers brief and concise with no more than one (1) page total per question.

1. Describe the proposed service. At a minimum, incorporate the following in your response:
 - a. How will you market this service to the older adult, family member/support team? Where do you expect your referrals to come from?
 - b. Components of the service delivery from initial intake through the delivery of the service, frequency of the service and termination from the program.
 - c. Locations of all sites/offices that will provide the proposed service.
2. If this service is funded, what date do you expect it to begin?
3. How do you know there is a need for this service? (Cite 2010 census data, American Community Survey data, 2016 Muskegon County Needs Assessment data or your own agency data.)
http://www.mercyhealthmuskegon.com/documents/Muskegon/MUHealthProjectCHNAbook1115_V2.pdf
<https://www.census.gov/quickfacts/fact/table/muskegoncountymichigan/PST045216>
https://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml?src=bkmk
4. What impact will the service have on older adults 60+ years of age? How will you determine if your project is successful?

C. Operating Budget

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

Dates of budget year: _____ to _____

Is this a _____ full operating budget or _____ senior department budget (check one).

| REVENUES | | | EXPENDITURES | | |
|--------------------------------|----|---|------------------------------|----|---|
| Description | \$ | % | Description | \$ | % |
| Muskegon County Senior Millage | | | Direct Services: | | |
| Older Americans Act Services | | | Staff Compensation | | |
| MI Choice / Waiver Services | | | Payroll Taxes & Benefits | | |
| United Way | | | Travel / Mileage | | |
| Community Foundations | | | Supplies | | |
| Fundraising Events | | | Occupancy | | |
| Program Income | | | Management / General (total) | | |
| Cost Share | | | IT | | |
| Private Pay | | | Marketing / Outreach | | |
| Other: | | | Fundraising | | |
| _____ | | | Other: | | |
| _____ | | | _____ | | |
| _____ | | | _____ | | |
| _____ | | | _____ | | |
| _____ | | | _____ | | |
| TOTAL REVENUES | | | TOTAL EXPENDITURES | | |

D. Service Budget

Service: _____

Complete this page for each service listed in Section A. The service budget should include all sources of funding for the service. This helps show the scope of the whole program, not just the portion that may be funded from the millage.

Unit Rate Service Budget (January 1, 2019 – December 31, 2019).

Total Muskegon County Senior Millage (MCSM) Funds requested is the addition of the Start-up funds plus the Unit Rate Funds.

| | | |
|---|--|----|
| 1. Total Muskegon County Senior Millage Funds requested | | \$ |
| 2. Number of Units to be Provided | | |
| 3. Number of Clients to be Served | | |
| 4. Expenses: Explain each expense line (the total should equal funds requested) | | |
| a. Administration (Administration is limited to 10%) | | \$ |
| b. Direct Service Cost | | \$ |
| c. Equipment (Equipment are items at a cost of greater than \$5,000 {otherwise it's 'supplies'}) | | \$ |
| d. Supplies | | \$ |
| e. Other | | \$ |
| 5. Proposed Unit Rate* | | \$ |

**The Proposed Unit Rate will be the rate at which the program will be reimbursed for each unit of service provided. Total MCSM funds requested (line 1) divided by units to be provided (line 2) equals unit rate (line 5).*

| |
|--|
| <p>Define Unit (See service standards listed in the MC Policy & Procedure Manual or in your newly created service standard.) One Unit =</p> |
| <p>Could this service be provided in a reduced capacity if not funded at the above request? Circle one:</p> <p style="text-align: center;">Yes No</p> <p>Explain your answer:</p> |

1. Is the funding request for this service?

one-time short term (# of years) _____ on-going

2. Will this service ever become self-sufficient? Explain your answer.

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

4. Explain any anticipated changes in the supplemental services revenues for 2019 listed in question 3.

5. Start-up for a new service is expected to be January 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:

- a. Will you need start-up funds? Yes No
b. If yes, how much? \$ _____

(Start-up funds are limited to 20% of the total request, including staff wages based on hours worked.)

The amount listed here is part of the funding request, and matches the amount listed at the beginning of this section.

- c. Provide the following information if start-up funds are needed:
- i. Staffing needs (address hiring & training)
 - ii. Supplies necessary to provide intended service
 - iii. Marketing
 - iv. Other (please describe)
 - v. When will you serve the first client?
 - vi. If this is an evidence based health promotion program or exercise class, list the estimated dates and locations of classes/workshops

Definition of Budget Terms

Revenues:

Program Income:

Program income includes all voluntary contributions made toward the cost of service by or on behalf of a participant for a service. See the MCSM Policy and Procedure Manual for a complete definition.

Cost Sharing:

All required fees received from or on behalf of a participant for services provided. Cost sharing is required for most services. See the MCSM Policy and Procedure Manual or Policy #MM1.04a for a complete definition.

Private Pay:

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

Expenditures:

Direct Service Cost:

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

Management/General:

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

Fundraising/Marketing:

Costs associated with fundraising activity such as mailings, solicitations, advertising, etc.

Supplies:

Supplies needed to render the service to participants.

Other:

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

Contracted Senior Millage Services

MCSM Service Definitions can be found at (<http://seniorresourceswmi.org/muskegon-county-senior-millage/>)

If the service to be provided is not one of the defined services listed below, you must complete the New Services Definition form on the next page.

Access Services

Emergency Need Fund
Fair Housing Services
Foreclosure Intervention Counseling
Guardianship
Housing Coordination
Information & Referral
Transportation
Transportation Coordination

General Services

Adaptive Equipment
Aging in Place Training & Support
Dementia Care Program
Dentures
Fitness and Fun
Flu/Pneumonia Vaccinations
Friendly Visitor
Health Education/Health Promotion
Health Education Coordination
Hearing Aid Assistance Program
Independent Living Program
In-Home Recreational Therapy

Prescription Assistance Program
Retired Senior Volunteer Program
Senior Center Activities
Senior Center Staffing
Senior Companion
Senior Fun and Fitness
Specialized Hearing Services
Vision Services

Nutritional Services

Congregate Meals
Home Delivered Meals
Nutritional Education
Senior Pantry

Supportive Services

Home Chore
Home Modification Assessment
Home Repair Consultation
Home Repair: Major
Home Repair: Minor
Weatherization

Purchase of Service Agreements for **Homemaker, Personal Care, Respite, Adult Day Services, Medication Management and Personal Emergency Response Units** are not part of this Letter of Intent packet. You can find out more about Purchase of Service Agreements by contacting Jenna Blamer at 231-733-3524 or jblamer@seniorresourceswmi.org

New Service Definition Form

Use this form to define a service which is not listed in the MCSM Policy and Procedure manual. Use additional pages, if necessary, for the Allowable Service Components. Refer to Current service definitions for examples on completing this form.

Service Name:

Service Definition:

Unit of Service:

Allowable Service Components*:

* - Allowable Service Components should include a description of how the client will receive the service. Be specific.