

APPLICANT NAME: _____



2019 PROPOSAL
To Provide Services Under the
Muskegon County Senior Millage

Administered by:
Senior Resources of West Michigan

DEADLINE FOR SUBMISSION
is 3:00 p.m. on
Friday, March 1, 2019

Senior Resources Reception Desk
560 Seminole Rd. Muskegon, MI 49444

Date/Time Stamp:

Senior Resources will record this information

Directions for Submission:

1. Submit one (1) original and (1) copy of signed paper proposal.
2. Submit electronic copy in PDF format to email address RFP@seniorresourceswmi.org
3. 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.
4. Proposal paper copies will not be accepted after 3:00 p.m. on Friday, March 1, 2019.

Proposal Workshop — Wednesday, January 23, 2019 at 2:00 p.m.
Senior Resources Conference Room A & B
560 Seminole Rd. Muskegon, MI 49444

Questions? Contact

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

****All applicants for funding are required to send at least one representative to the proposal workshop****

Proposal Content

1. Introduction
2. Proposal & Authorized Signature Page
 - a. Organization Overview (complete once)
 - b. Proposed Services and Funding Request Summary (complete once)
 - i. Provider Agreements (complete once)
 - ii. Assurance of Compliance with Applicable Laws (complete once)
 - c. Organization Summary (complete once)
 - d. Service Design & Description (complete one for each service)
 - e. Service Budget (complete one for each service)
3. Attachments:
 - New Applicants Only:
(Those not currently contracted to provide millage services.)
 - a. Collaboration Letters: (3) letters are required as part of the proposal packet.*
 - b. Third Party Assessment as part of the proposal packet.
 - c. Financial Audit and Single Audit (if applicable) - submit two (2) copies separately; Do not attach to proposal.

***A total of five (5) collaboration letters are required if a third-party assessment is not available.**

Note: "As part of the proposal packet" means one original and one copy along with the electronic version submitted in PDF format to email address RFP@seniorresourceswmi.org

1. - Introduction

Senior Resources of West Michigan (Senior Resources) is the administrator of the Muskegon County Senior Millage funds. Senior Resources is also the planning and funding agency for the Older Americans Act and Older Michiganians Act for a three-county area, Muskegon, Oceana and Ottawa Counties, called Region 14.

It is the vision of Senior Resources to promote lifelong dignity and independence. That vision coupled with our mission of providing a comprehensive and coordinated system of services designed to promote the independence and dignity of older persons and their families - a mission compelling us to focus on older persons in greatest need and to advocate for all - guides our purpose.

Senior Resources serves as a focal point and acts as an advocate for the elderly by advancing causes or issues that are vital to their welfare. It is a goal of the agency to inform and educate seniors, families and the public on available services and issues affecting older adults. In addition, Senior Resources staff is active in many local, regional, and statewide groups and organizations. From advocacy at the national and state levels, to partnering with a local senior center or food bank, we recognize the need to be active and involved in all aspects of our community.

Services proposed for funding in this document are based on need, service provider availability, past experience providing services, and the use of approved service definitions, components and standards. The variety of services must address an age spectrum of 60 years to 100+ years. This proposal encompasses hands on care (in the home), nutritional needs, healthy aging initiatives, volunteer, and community services. Having created a provider network with quality service for over 40 years, we are seeking proposers that will continue to bring expertise and experience to Muskegon County. We are seeking providers who are actively involved with innovative older adult programs as well as traditional services.

As you prepare to complete this 2019 proposal, keep in mind that funding decisions are based on the proposal document, the oral presentation, if there are competing bids for funding, and service priorities set by the Muskegon County Senior Activities Committee (MCSAC) and Senior Resources staff.

2. - Proposal and Authorized Signature Page

AUTHORIZED SIGNATURE PAGE

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

I further certify that key staff have read and understood the policies and procedures contained within the Muskegon County Senior Millage Policy and Procedure Manual* as amended.

On behalf of my organization, I agree, if chosen as an Applicant, to follow all terms and conditions contained within the Muskegon County Senior Millage Policy and Procedure Manual as amended. I also agree to have appropriate staff attend orientation training for the 2019 service year, tentatively planned for 1:00 p.m. to 3:00 p.m. Thursday, April 24, 2019

Signature

Date

Printed Name

Title

Must be signature of person authorized to sign contracts

*The MCSM Policy and Procedure Manual can be found on our website: <https://seniorresourceswmi.org/>

2. A - AN AGENCY OVERVIEW

(Complete only once)

Applicant Name:		Phone:
Website (if applicable):		Fax:
		E-mail:
Address:		
Executive Director Name:	Phone:	E-mail:
Proposal Contact Name:	Phone:	E-mail:
Fiscal (Accounting) Contact Name:	Phone:	E-mail:
Applicant 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: No:
Legal Status of applicant: <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 Company President contact information

2. Definition is found in the Acronyms and Terms portion of this Document.

2. B - Proposed Services and Funding Request Summary:

Proposed Service	*2018 Amount Requested	Is This a New Service? (Yes or No)	**Geographic Area to be Served

*Funding requested should include both dollars for units of service and start-up costs.

**Geographic Area could be all of Muskegon County, a city, township or other portion of Muskegon County.

APPLICANT AGREEMENT

(All applicants complete)

AGREEMENT 2019 PROPOSAL FOR FUNDING

(Applicant'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 Senior Resources of West Michigan (SRWM).

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 SRWM all information requested about names of persons with an ownership or controlling 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. SRWM may refuse to consider the proposal of any applicant that does not comply. Subsequently, SRWM may immediately terminate a contract granted if an applicant does not comply with any future requests.
3. Upon award of funds, if a non-governmental applicant, 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 SRWM in making an award of funds.
5. Agrees to comply with all applicable laws, regulations, policies, minimum standards and procedures established by SRWM and the Muskegon County Board of Commissioners in the execution of a contract award, including the "Code of Ethics" adopted by SRWM.
6. Agrees to operate the project in full compliance with all applicable state and local standards including fire, health, safety and sanitation standards, prescribed in laws or regulations.
7. Agrees that title to, and the right to transfer, all property, real or personal, acquired with Muskegon County Senior Millage (MCSM) funds granted for this proposed project is retained by Muskegon County. Such property shall be used only for the performance of the proposed project, unless another use is authorized in writing by SRWM. The property shall be returned to SRWM as the Senior Millage Administrator, upon expiration of the contract, in its original condition with reasonable wear and tear accepted.

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 applicant shall comply with the Americans with Disabilities Act of 1990 (ADA), PL. 101-336, and 104 Stat. 328, which prohibits discrimination against individuals with disabilities and provides enforcement standards. Further, the applicant 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 applicant's operations under the terms of the contract and provide proof of such insurance coverage to SRWM 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.

COOPERATION WITH THE AGING NETWORK

10. Agrees to not make any statement attributable to or on behalf of SRWM or the MCSM without prior written approval from SRWM.
11. Agrees to engage in service activity promotion through the various news and public media; and agrees to acknowledge the sponsorship of SRWM and MCSM on all announcements and public information materials.
12. Agrees to cooperate with SRWM 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.
13. Agrees to facilitate referrals by giving other service agencies minimum eligibility criteria for each service.

FUND USE, AUDITS, ASSESSMENTS

14. Agrees to seek other sources of funding for the services and to demonstrate effective planning for progressive project maintenance through its own resources.
15. Agrees that MCSM funds made available will in no event supplant existing state, local, and/or federal funds already in use by the applicant and which are supporting services.
16. 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 OMB super circular 2CFR, Part 200, 'Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Awards'). A "single audit" is required from an organization receiving at least \$750,000 a year in Federal (and related State) awards from all grantors (not just SRWM). If an organization is not subject to the "single audit act," then only a financial audit will be required if millage funding exceeds \$300,000. Organizations receiving up to \$300,000 of MCSM funding must have a financial examination performed at least every two years. A copy of the "single audit" report, financial audit report or financial examination (as it

applies) shall be forwarded to SRWM 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.

17. Agrees to cooperate and assist in efforts taken by SRWM, the Muskegon County Board of Commissioners or any other agency or organization duly authorized by any of the preceding to evaluate the effectiveness, feasibility, and cost of the proposed service.
18. Agrees to maintain such books, accounts, vouchers, and all other documentation necessary to permit expeditious determination and disposition of all monies received from SRWM as well as the nature and amount of all charges claimed against such funds.
19. Agrees that SRWM, the Muskegon County Board of Commissioners, 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 applicant submits to SRWM its last expenditure report for the project.
20. Agrees to comply with all programmatic and fiscal reporting established in its contract and the MCSM Policies and Procedures Manual, and to cooperate with SRWM assessment of project performance.

CLIENT SERVICES

21. Agrees that all persons 60 years of age or older and a Muskegon County resident, who meet the criteria established for contracted services, shall be eligible for any or all services.
22. Agrees that a standard client intake procedure for all services will be established and maintained at the applicant level. The intake procedure must enable the applicant to report required information to SRWM.
23. Agrees that the confidentiality of clients will be protected at all times in conformance with SRWM policies and any applicable laws.
24. 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 Applicant must be utilized on a monthly basis to expand the service by providing additional units.
25. 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.
26. Agrees to provide services funded through this contract during each of the twelve (12) months of the calendar year unless a waiver has been granted.
27. Agrees to establish and follow procedures for obtaining the views of service recipients about the services they receive.
28. Agrees to have a grievance procedure in place to address complaints by individual recipients and to make that procedure known to the recipients.

MANAGEMENT

29. Agrees to allow designated SRWM staff to attend advisory councils, community groups and committees created for, and specifically relating to, the proposed service, and further agrees to provide SRWM with advance notice of such meetings.
30. Agrees to provide for training, as necessary, to enable paid and volunteer personnel to perform effectively in their positions.
31. 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 SRWM as found in the MCSM policy and procedure manual amended.
32. Agrees not to assign the contract or enter into sub-contracts without obtaining prior written approval of SRWM. Assignees or Sub Applicants shall be subject to all conditions and provisions of the contract. The applicant shall be responsible for the performance of all assignees or Sub Applicants, however, SRWM shall retain the right to monitor and assess or otherwise determine the performance of Sub Applicants. The applicant shall submit copies of subcontracts with non-profit agencies to SRWM, for review, and copies of all contracts with proprietary agencies for review and approval.

SPECIFIC CONTRACT TERMS

33. Agrees that the conditions, under which SRWM would place the applicant on probation, suspension, or termination, shall be specified in the contract language. Actions to be undertaken by SRWM and the applicant in these circumstances shall also be specified in the contract language.
34. 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 SRWM will also be specified in the contract language.

Signature of Policy Board Chairperson or duly authorized person (Attach Policy Board Resolution)

Signature

Date

Typed Name

Title

AGREEMENT AND ASSURANCES

**BETWEEN APPLICANT
AND
SENIOR RESOURCES OF WEST MICHIGAN**

The Applicant, _____ (Applicant), **HEREBY ASSURES** that all persons involved in implementing the contract for aging services with Senior Resources of West Michigan (Senior Resources) has read the Muskegon County Senior Millage minimum standards (including the general standards and specific service standards) for each of the following funded services (list):

_____	_____
_____	_____
_____	_____

FURTHERMORE, the applicant assures that it has educated appropriate staff on compliance with the minimum standards, and **AFFIRMS** it understands and agrees that the following provisions are part of the binding contract.

The Applicant agrees:

1. That the program service(s) will be carried-out in accordance with the policies and procedures established by Muskegon County Senior Activities Committee (MCSAC), and agrees to cooperate with Senior Resources in its efforts toward developing a comprehensive and coordinated system of services for the elderly and/or caregivers, by participating in joint planning efforts and other activities mutually agreed upon to meet this goal.
2. That the granted funds will be used to provide services in the project area only to those who are age sixty (60) and over. That a means test will not be used to determine eligibility, deny or limit service to older persons.
3. That the Applicant does, in fact, have the capacity to collect and maintain both program and financial records, and can comply with the deadlines established by Senior Resources for the submission of required information and reports, including but not limited to:
 - a. Monthly financial and program reports due by the 10th day of the month.
 - b. Participant registration and service units reports for the MCM Information.
4. That where Applicant utilizes sub-contractors for the operation of one or more of the program services, the Applicant retains full and complete responsibility for the operation of that program in keeping with the policies and procedures established by MCSAC, and will ensure that all expenditures incurred by the Applicant will be in accordance with applicable federal, state and local laws and standards.
5. To engage in service promotion through the various publications and media, and will acknowledge the sponsorship of Muskegon County Senior Millage (MCSM) on all publications or media announcements for the funded program.
6. To continue to seek support from private sources and other public organizations for services funded.
7. To provide each older person with a free and voluntary opportunity to contribute to the cost of the service; protect the privacy of each older person with respect to his or her contribution; establish appropriate procedures to safeguard and account for all contributions; and agrees to use all contributions to expand the services funded.
8. That no older person will be denied service because the older person not able to contribute to the cost of the service.
9. To actively seek qualified older persons for paid positions and to make provision for volunteer opportunities for older persons.
10. That a personnel policy manual and code of ethics policy exists and copies are distributed to all staff. Further that

the manual is in compliance with state and federal employment and labor laws.

11. To provide for or participate in such training as may be necessary to enable paid and volunteer personnel to perform more effectively.
12. To maintain accounts and documents that will permit determination at any time of the status of funds within the award, including the disposition of monies received from Senior Resources, and the nature and amount of charges claimed against those monies.
13. To cooperate, allow access to records, and assist in efforts undertaken by Senior Resources, and MCSAC, or any other agency or organization duly authorized by any of the preceding to assess, monitor or evaluate the effectiveness, feasibility, and costs of the project.
14. **To maintain the security and privacy of all protected health information obtained from an individual in a manner consistent with the Health Insurance Portability and Accountability Act (HIPAA) and that no personal information obtained from an individual in conjunction with the project shall be disclosed in a form which identifies an individual without the written and informed consent of the individual concerned.**
15. Agrees to sign a Business Associates Agreement for HIPAA compliance with Senior Resources and when applicable will provide participants with a copy of Senior Resources' Notice of Privacy Practices.
16. **To comply with: 1) Title VI of the Civil Rights Act of 1964; Elliott-Larsen Civil Rights Act, P.A. 1976 453, as amended; 2) Americans with Disabilities Act (P. Law 101-336) of 1990; 3) Michigan Handicappers Civil Rights Act, P.A. 1976 as amended; 4) Federal Rehabilitation Act of 1973, P.A. 98-112, 87 Stat. 394, Section 504.** That Applicant has no commitments or obligations which are inconsistent with compliance of these and any other pertinent Federal regulations and policies and that any other agency, organization, or part which participates in this project shall have no such commitments or obligations.
17. **To comply with the Drug-Free Workplace Act of 1988, Public Law 100-690; and 45 CFR Part 76,** which prohibits the manufacture, distribution, dispensing, possession, or use of a controlled substance in the workplace.
18. **That the applicant and/or any of its principles is not debarred and/or suspended from receiving federal funds and the applicant agency and all of its principles will comply with 45 C.F.R. §74.13** by certifying that the applicant agency and its principals ARE NOT debarred and/or suspended from receiving federal funds.

I hereby covenant that this Applicant will comply with all the above stated requirements (Items 1-19).

Applicant Authorized Signature

Date

Full Name (Type or Print)

Title

2. C - ORGANIZATION SUMMARY

Prepare two (2) "Organization Summary Information" packets. Provide one (1) copy of each of the items listed below to form one (1) packet. Label the packets "Organization Summary Information." Submit electronic copy of the packet in PDF format to email address RFP@seniorresourceswmi.org. Do not include any additional information other than:

- Organizational Chart
- List of Board of Directors with their affiliations
- Agency or Service Brochures (if available)
- Annual Report (if available)
- Copy of IRS Exempt Ruling Letter Granting Non-Profit Status
- Completed IRS Form W9 claiming exemption from withholding taxes.
- Proof of insurance for Worker's Comp. and liability coverage.
- Charitable Solicitation License

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

1. Mission

a. List your mission. Provide additional description, if necessary.

b. List and describe the service(s) provided.

2. Volunteer Use (This applies to the entire agency, not specifically the proposed service.)

a. How many local volunteers were utilized last year?

b. What activities did they perform?

c. How many service hours did they provide?

d. Who coordinates your volunteers?

3. Fund Development

Complete the following chart. Explain additional funding opportunities pursued in the past 12 months. Include all grants written and/or agencies who were contacted, the amount of funding requested, the reason for the request and the results of your efforts to each request or fundraising effort. Be specific.

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

*Results can be answered by listing the dollar amount raised, denied or pending.

**Funding Cycle Dates are to include the length of the contract or to be used in a specific fiscal year.

END OF ORGANIZATION SUMMARY SECTION

2.D - SERVICE DESIGN and DESCRIPTION

- Complete this section separately for EACH service proposed.
- Limit response to one additional page per service or two 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):	
Cost Share is required for most millage services. Definitions for both program income and cost-share can be found in the Muskegon County Senior Millage Policy & Procedure MM.1.04a.		
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.		

- Describe how this service will be delivered, using a client example:
 - At a minimum, incorporate the following in your response:
 - How the older adult and/or family will find out about or access the service.
 - Components of the service delivery from initial intake through the delivery of the service, frequency of the service and termination from the program.
 - The location of all sites/offices that will provide the proposed service.
- 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 data.)
- What impact will this service have on its recipients?
- Is the funding request for this service?

one-time short term (# of years) _____ on-going
- When will this service become self-sustaining?

- How will this service be promoted or advertised?

7. Start-up for all services including new services is expected to be April, 18 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* (Senior millage funds cannot be used for bricks and mortar.) Will you need start-up funds? Yes No

a. If yes, how much? _____

(The amount listed here is part of the funding request. If start-up funds are needed, adjust the number of units to be served based on service funding amount and not the total funding requested.)

Provide the following information if start-up funds are needed:

- Staffing needs (address hiring & training)
- Equipment needs (include cost of equipment to be purchased)
- Marketing
- Transition of current clients from another Millage provider (if applicable)
- Other (please describe)
- When will you serve the first client?
- If this is an evidence based health promotion program or exercise class, list the estimated dates and locations of classes/workshops.

END OF SERVICE DESIGN & DESCRIPTION SECTION

2.E - SERVICE BUDGET

Service Name: _____

- Complete this section separately for EACH service proposed.
- We expect all services to request client donations and cost share when applicable.

Unit Rate Service Budget for April 18, 2019 – September 30, 2019.

Agency Name:		Service Name:	
Total Number of Contracted Service Units :		Project Program Income:	

Muskegon County Senior Millage BREAKOUT			
	Amount	CPU	% of Total
Muskegon County Senior Millage Funds Awarded:		\$ -	0.00%
		\$ -	0.00%
		\$ -	0.00%
Grand Total - All Resources:	\$ -	\$0.00	0.00%
SERVICE EXPENSES BREAKOUT			
	Amount	CPU	% of Total
Indirect Costs: *			
Staff wages		\$ -	0.00%
Staff fringes/PR taxes		\$ -	0.00%
Communications		\$ -	0.00%
Occupancy/utilities		\$ -	0.00%
Other indirect costs:(list)		\$ -	0.00%
<i>*Total Indirect Costs not to exceed 10% of Grand Total - All Costs</i>		\$ -	0.00%
Sub-total Indirect Costs*:	\$ -	\$ -	0.00%
Direct Service Costs:	Amount	CPU	% of Total
Staff wages (Direct includes direct supervisory)		\$ -	0.00%
Staff fringes/PR taxes		\$ -	0.00%
Communications		\$ -	0.00%
Occupancy/utilities		\$ -	0.00%
Travel/conferences		\$ -	0.00%

Staff training		\$	-	0.00%
Office supplies		\$	-	0.00%
Marketing & Outreach		\$	-	0.00%
Equipment/service supplies (individual items not to exceed \$5,000 ea)		\$	-	0.00%
Other service costs:(list)		\$	-	0.00%
Program audit costs		\$	-	0.00%
Sub-total Direct Service Costs:		\$	-	0.00%
Grand Total - All Costs		\$	-	0.00%
Additional Units Projected from Program Income: (Program Income amount Stated above divided by the Grand Total-All Costs/CPU)				

Program Income and Cost Share

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

- If required for the proposed service, describe your process for collecting cost share funds. (Cost sharing is required for most services. **(Refer to the MCSM Policy and Procedure Manual as amended for details)**)

- If this is an existing service, indicate the amount of program income (donations) and/or cost share collected for this service in the chart below.

	2018	April 1, 2019 - September 30, 2019 (Projected based on units proposed)
Program Income	\$	\$
Cost Share	\$	\$

END OF BUDGET SECTION

3. ATTACHMENTS

NEW APPLICANTS SUBMIT:

A. Three (3) Collaboration Letters

- a. Use the following form (pages 20-21) to collect supportive information from three parties with which your organization collaborates. If these collaborating parties have any questions, they should contact you, not SRWM.
- b. Copies of the collaboration letters should be submitted with the original and copy of the proposal. Submit an electronic copy in PDF format to email address RFP@seniorresourceswmi.org
- c. Do not submit more than the required number of collaboration letters.

B. Third Party Assessments

- a. Attach the most recent third-party (professional and/or governmental agency) program assessment of the applicant with the original and copy of the proposal. Submit an electronic copy in PDF format to email address RFP@seniorresourceswmi.org (within 5 days of deadline). Third-party program assessments are official reports from a monitoring agency, which cover program operations.
- b. If program assessments are not available, provide TWO (2) ADDITIONAL collaboration letters (for a total of five (5)). Third party assessments are preferred over five collaboration letters.

C. Single or Financial Audit — two (2) copies only

- a. Submit TWO (2) COPIES TOTAL of the applicant's most recent Single Audit or Financial Audit.
- b. Do not attach the audit to this proposal.

Attachment A

Collaboration Letter of Support Form



Muskegon County Senior Millage

Applicant:		Phone:
Supporting Agency:		Phone:
Supporting Agency Address:		
Person Completing Form:	Phone:	E-mail:
Supporting Agency Director:	Phone:	E-mail:

These questions are to be answered by the Supporting Agency. If you have any questions about completing the Collaboration Letter of Support Form, please contact the applicant.

The Executive Director of the Supporting Agency should sign and date the completed form where indicated.

1. Please describe the services that you provide to older adults.

2. What is the nature of the collaboration between the Supporting Agency and the applicant and how long has this collaboration been in place? How does the Supporting Agency view this relationship?

3. What type(s) of communication do you as the Supporting Agency have with the applicant, and how do you view this communication?

4. Please offer your comments on the applicant's staff members.

5. Please give an evaluation of the applicant's services.

The statements provided above are an assessment of the applicant, based on our collaboration with them.

Director of the Supporting Agency

Date

2019 Muskegon County Senior Millage Proposal

GENERAL INFORMATION

Applicant Eligibility

Any legally constituted public or private agency, organization, or institution may be an eligible applicant. All proposals must be submitted by a legally constituted corporation. The proposed service must emphasize activities and services that will assist and benefit older adults with the greatest economic and social needs.

Selection Process

The 2019 proposal funding decisions will be based on the proposal document, the oral presentation, if there are competing bids for the same service, (March 7 and 8, 2019) and the priorities set during the discussion by the Muskegon County Senior Activities Committee (MCSAC) and SRWM staff.

Proposals will be considered according to the following process:

1. Each proposal is reviewed by members of the MCSAC which consists of older adult community members, county commissioners and members of the SRWM. The MCSAC reviews and evaluates each proposal against a standard set of review criteria (see page 23-24). MCSAC members will not review proposals from affiliate organizations.
2. Should there be competing proposals for the same service in the same service area, each proposing agency will be required to make a personal presentation before the MCSAC on March 7 or 8, 2019. The presentation will be held in the SRWM conference room located at 560 Seminole Rd. Muskegon, MI 49444. Applicants will be notified on March 5, 2019 should an oral presentation be required.
3. Funding recommendations are then reviewed by the Muskegon County Human Services Committee. In April 2019, the full Muskegon County Board of Commissioners will make the final decision on funding. Applicants who are denied funding will receive information on appealing the decision at this time. Applicants who are approved at this stage will receive an award letter.

MINIMUM FUNDING CRITERIA AND STANDARDS OF REVIEW FOR FY2019 PROPOSALS

Below is a list of the minimum criteria and standards used to evaluate proposals. The Muskegon County Senior Activities Committee will make funding recommendations based on the applicant's response to the entire proposal process, and give greatest consideration to programs which benefit older adults most. Scoring is based on the applicant's capacity and ability to provide the proposed service. A proposal must score at least 70% of the total possible points in order to be considered for funding.

2. C.- Organizational Summary (10 points total)

- Mission
 - Applicant's mission, qualifications and services are appropriate and show capability to provide proposed services which would coordinate with SRWM's plan to develop a comprehensive, community-based, service delivery system for older adults.
- Geographical Targeting (5 pts.)
 - Applicant shows how their service will reach outlying county boundaries.
- Volunteer Use (2 pts.)
 - The number and hours from volunteers are appropriate for the service and agency needs.
- Fund Development (3 pts.)
 - Other funding opportunities have been pursued.

2.D. - Service Design & Description (25 points total)

- Table for service summary is completed.
- Clients will have adequate access to service.
- Service delivery is clearly described.
- Frequency of service is appropriate.
- Identified need is clear and substantiated.
- Impact of service is clearly explained.
- Promotion of service is appropriate in type of method and scope of reach.
- If applicable — start-up plan is thorough and timeline realistic.

2.E. - Service Budget (15 points total)

- Math is accurate and numbers are consistent throughout the proposal.
- Unit rate is reasonable and competitive.
- Program Income (donations) and cost share are appropriate for the service.

3. – Attachments New applicants (25 points Total)

3.A. - Collaboration Letters (5 points)

The letters are completed and show appropriate collaboration and communicate support of the proposing agency's capability.

- **3.B. - Third Party Assessments (20 points) - If a third party assessment is not available two additional collaboration letters are required.**

- Program assessment is positive and shows no compliance issues.
- Program reporting is timely and accurate.

Current SRWM Contracted Service Provider (25 points Total) (replaces sections 3.A and 3.B.) SRWM Assessment (25 points)

- Program assessment is positive and shows no compliance issues.
- Responsive to recommendations.
- Program reporting is timely and accurate.

3.C.- Single Audit or Financial Audit (20 points Total)

Financial assessment or audit is positive and shows no compliance issues.

PROPOSAL COMPLETENESS (5 points Total)

- All required components are submitted.
- All components are completed correctly.

Scoring Grid

Proposal Section	Current Provider	New Proposer
Organizational Design and Description	10	10
Service Design & Description	25	25
Service Budget	15	15
Collaborative Letters		5
Third Party Assessment		20
SRWMI Assessment	25	
Audit	20	20
Proposal Completeness	5	5
Total Points	100	100

Proposal

This Proposal represents services to be provided in 2019. After 2019, each year will have a required continuation funding process and review of program performance and service standards.

The following guidelines apply to the proposal:

1. Contract Period — The contract period will begin April 18, 2019 and end September 30, 2019.
2. Budget Period - For 2019, the proposed budget period cannot exceed 6 months beginning April 18, 2019 and ending September 30, 2019.
3. Service funding - contingent upon the availability of funds, the agency's contract performance and review of service standards.

Services to be funded

Proposals may be submitted for the approved service indicated in the Letter of Intent.

Units

When requested, define how a unit is measured (i.e. 1 hour, 1 trip, 1 program). Some service definitions allow various forms of units. See the MCSM Policy and Procedure Manual for unit definitions. Defining the service unit helps the MCSAC understand your proposal better.

Unit Rate Reimbursement

All contracted services will be reimbursed on a unit rate system.

1. Unit rates will include all costs. All client contributions (program income) and cost share income (where applicable) increase service by providing additional units on a monthly basis. In the case of nutrition contracts, program income is a part of the unit rate.
2. The proposed unit rate and number of units may be changed through negotiations prior to signing the contract.
3. During the contract period, SRWM must verify the accuracy of the agency's program reporting system. Reimbursements are based on documented amounts of service provided.
4. Consistent level of service delivery is required. Service is to be provided every month throughout the year.

Funding

This proposal must include the funding request shown in the Letter of Intent, a lower amount, or the amount specified by the MCSAC. The proposed funding level cannot exceed the amount requested in the Letter of Intent.

Collaboration Letter

New applicants must include, at a minimum, three letters of collaboration. Use only the form included in the proposal packet for the collaboration letters. Submit only the required number of letters in each proposal packet.

Proposal Presentations

If there are competing bids for the same service in the same service area, the applicants must make an oral presentation to the MCSAC. The average presentation length is 15 minutes. **THE USE OF HANDOUTS OR VISUAL AIDS WILL NOT BE ALLOWED DURING THE PRESENTATION.** Applicants should not send additional information to or make contact with the MCSAC members. MCSAC members will request additional information, if needed. You will be notified of your assigned time by Tuesday, March 5, 2019 for the oral presentation. The presentations will be held in the SRWM conference room located at 560 Seminole Rd. Muskegon, MI 49444 phone 231-739-5858 on March 7 or 8, 2019.

Excessive Information

To expedite review of the proposal, it is important that applicants include only information specifically requested in the proposal. Surplus material will not be considered by the MCSAC, SRWM Board of Directors, or the Board of Commissioners. The applicant should not add promotional material.

Proposal Completion

All questions are part of the proposal score. If a question is not relevant or applicable to your proposed service, state the reason why. An answer is expected for all questions. Applicants must complete all relevant parts of the proposal, including securing appropriate signatures, and must submit the proposal before the deadline. All pages of the final proposal should be numbered consecutively in the upper right hand corner of the page.

PROPOSAL PAGES SHOULD BE THREE-HOLE PUNCHED AND SECURELY FASTENED TOGETHER USING A BINDER CLIP OR SIMILAR TEMPORARY DEVICE. DO NOT USE THREE RING BINDERS, FOLDERS, SPIRAL OR OTHER BINDINGS. POINTS MAY BE DEDUCTED FOR NOT FOLLOWING THE SUBMISSION INSTRUCTIONS.

Acronyms and Terms

SRWM – Senior Resources of West Michigan

MCSAC — Muskegon County Senior Activities Committee

MCSM — Muskegon County Senior Millage

Minority Agency: A nonprofit minority organization has a controlling board comprised of at least 51% minority individuals or a business concern that is at least 51% owned by one or more individuals who are either African American, of Hispanic origin, American Indian/Native Alaskan/Native Hawaiian, Asian American/Pacific Islander minority. A minority agency is also a publicly owned business having at least 51 percent of its stock owned by one or more minority individuals and having its management and daily business controlled by one or more minority individuals.

"Greatest Economic Need": the need resulting from an income level at or below poverty threshold established by the United States Department of Health and Human Services (HHS).

Federal Poverty Guidelines- 2018

(Effective July 1, 2018 to June 30, 2019)

Persons in Family or Household Size	100% Poverty Guideline (annual Income)	100% Poverty Guideline (monthly income)	200% Poverty Guideline (annual income)	100% Poverty Guideline (Monthly income)
1	\$12,140	\$1,012	\$24,280	\$2,024
2	\$16,460	\$1,372	\$30,451	\$2,538
3	\$20,780	\$1,732	\$38,443	\$3,204
4	\$25,100	\$2,092	\$46,435	\$3,870
5	\$29,420	\$2,452	\$54,427	\$4,536
6	\$33,740	\$2,812	\$62,419	\$5,202
7	\$38,060	\$3,172	\$70,411	\$5,868
8	\$42,380	\$3,532	\$78,403	\$6,534
For each additional person add:	\$4,320	\$360	\$7,992	\$666

[Http://aspe.hhs.gov/poverty-guidelines](http://aspe.hhs.gov/poverty-guidelines)

"Frail and Disabled": A frail and/or disabled person has a physical or mental disability that restricts his/her ability to perform individually or live independently. A person is determined to be Frail and Disabled if they require assistance with three (3) or more Activities of Daily Living (ADL) and three (3) or more Instrumental Activities of Daily Living (IADL).

Proposing Agency Workshop

The SRWM staff will conduct an RFP workshop on January 23, 2019 at 2:00 p.m. at SRWM, 560 Seminole Rd. Muskegon, MI 49444. General office phone is (231) 739-5858. **All applicants must have at least one representative at this workshop.** At this workshop, staff will meet with applicants to discuss and answer questions pertaining to the proposal.

After the workshop, all questions must be submitted in writing to SRWM by February 27, 2019. Written questions submitted after the workshop and by February 27, 2019 will be responded to in writing and posted on our website at <https://seniorresourceswmi.org/muskegon-county-senior-millage/>. It is the responsibility of each applicant to consult the question and response section of the website to review the questions submitted.

Proposal Submission

- Submit one (1) original and (1) copy of signed paper proposal.
- Submit electronic copy in PDF format to email address RFP@seniorresourceswmi.org (within 5 days of deadline)
- 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.
- Proposal paper copies will not be accepted after 3:00 p.m. on Friday, March 1, 2019

NO PROPOSALS WILL BE ACCEPTED BY FAX.