

APPLICANT NAME: _____



2020 PROPOSAL
To Provide Snow Removal Services Under the
Muskegon County Senior Millage

Administered by:
Senior Resources of West Michigan

DEADLINE FOR SUBMISSION
is 3:00 p.m. on September 27, 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 one (1) copy of contract documents found on the Application for Funding Checklist.
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 will not be accepted after 3:00 p.m. on September 27, 2019.

Questions? Contact

Karla Betten 231-733-3593 kbetten@seniorresourceswmi.org

1. - 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.

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	DUNS:		
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 does not need to complete this section.

B - Proposed Services and Funding Request Summary:

Proposed Service	*2020 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.

2. C – Fund Development

Complete the following chart. Explain additional funding opportunities pursued for this service, 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 FUND DEVELOPMENT 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 the proposed service. At a minimum, incorporate the following in your response:
 - How will you market this service to the older adults, family member/support team? Where do you expect your referrals to come from?
 - Components of the service delivery from initial intake through the delivery of the service, frequency of the service and termination from the program.
 - Locations of all sites/office that will provide the proposed service.
 - How many local volunteers were utilized last year?
 - What activities did they perform?
 - How many service hours did they provide?
 - Who coordinates your volunteers?
- 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?

6. How will this service be promoted or advertised?

7. 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