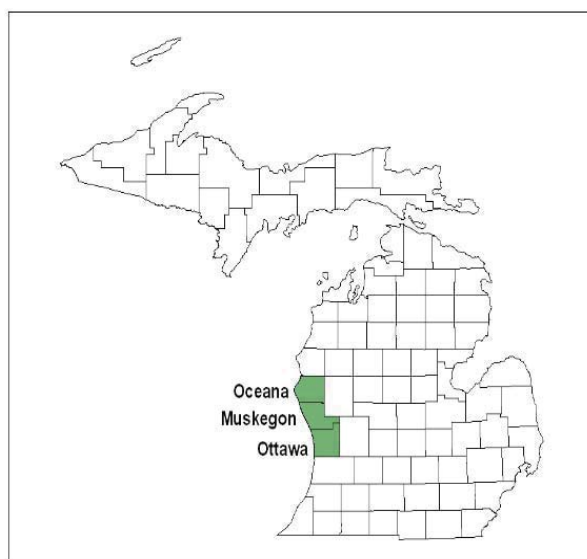


**APPLICATION for FUNDING**  
Federal and/or State Funding of Aging Services

**MULTI-YEAR: FYs 2020-2022**  
**(October 1, 2019 through September 30, 2022)**

Requests for Proposal are solicited for funding the delivery of services to older persons residing in Senior Resources of West Michigan's (an Area Agency on Aging) regional area (Muskegon, Oceana and Ottawa counties) and to implement its goals and objectives for fiscal years 2020 through 2022.



**PROPOSAL WORKSHOP:**  
**Tuesday, April 23, 2019**  
**1:30 – 3:00 pm**  
**Senior Resources' Conference Rms A-B**

**APPLICATION DEADLINE:**  
**Thursday, May 23, 2019**  
**By 3:00 pm**

560 Seminole Road \* Muskegon, Michigan 49444-3720  
(231) 739-5858 \* Toll Free 1-800-442-0054 \* Fax (231) 739-4452  
Web site: [www.seniorresourceswmi.org](http://www.seniorresourceswmi.org)

## APPLICATION for FUNDING

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## A. INSTRUCTIONS-GUIDELINES



## **AWARD PROCEDURES**

### **Multi-Year Request for Proposal (RFP)**

1. Successful applicants will have proposal applications approved for a three-year period from 10/01/2019 through 09/30/2022 (fiscal years 2020, 2021 and 2022).
2. In each of the three fiscal years of the multi-year plan, the applicant agency and Senior Resources will negotiate costs based on submission of a program budget, and grant amounts will be awarded based on availability of funding. Each new fiscal year begins on October 1 and ends on September 30.
3. Notification of contract awards for funded services will be issued separately each fiscal year.
4. Awards for funded services may vary from one fiscal year to another or may change at any point during any fiscal year of the multi-year period. Awards are based on the availability of federal/state funds.
5. A new Request for Proposal (RFP) will be issued before the end of the 2020-2022 multi-year plan if any of the following occur:
  - a. inadequate applicant performance;
  - b. amendments to the Multi-Year Plan or annual Area Implementation Plan (AIP);
  - c. significant changes in the scope or nature of the service to be provided as related to state or federal requirements.
6. The Program and Planning Advisory Board will be involved in all decisions for actual funding awards each year and will make recommendations for approval to the Board of Directors for final approval.
7. Approved applicants will be asked to submit a signed Contractual Agreement for Services to the Aging, a Business Associates Agreement (HIPAA), and assurances of compliance.
8. Following approval of the three-year proposal, applicants will be asked to submit on a yearly basis:
  - a. signed negotiated Notice of Contract Award (NCA);
  - b. signed Agreement and Assurances;
  - c. a revised budget, as applicable.
9. To follow is a summary timeline for the RFP and awarding process:

		Calendar year: 2019
1.	Notice of availability of funding for Request for Proposals to provide services to the aging is released to MLive newsfeed that covers the region 14 service area (Muskegon, Oceana, and Ottawa Counties). Notices of RFP are also sent to previous year sub-recipients, aging networked agencies and other interested organizations. A notice is also posted on Senior Resources' website and social media sites. Letter of Intent instructions will be available on Senior Resources website <a href="https://seniorresourceswmi.org/doing-business-with-us/rfp/">https://seniorresourceswmi.org/doing-business-with-us/rfp/</a> .	Week of March 22
2.	Interested applicants must submit a Letter of Intent no later than <b>3 pm, Monday, April 8, 2019 to Senior Resources</b> , 560 Seminole Rd., Muskegon, MI 49444, Attn: Chere Gardner. Refer to Letter of Intent instructions on website. RFP packets available for download from Senior Resources website <a href="https://seniorresourceswmi.org/doing-business-with-us/rfp/">https://seniorresourceswmi.org/doing-business-with-us/rfp/</a> . RFP packets will not be mailed to applicants unless requested in writing.	Monday, April 08
3.	A proposal workshop is held at least thirty (30) days prior to proposal submission deadline to distribute information, answer questions and give assistance. <u>All applicants are required to send at least one representative to the RFP Workshop.</u>	Tuesday, April 23, 1:30-3:00 pm
4.	All questions pertaining to completion of the RFP may be e-mailed to (RFP@seniorresourceswmi.org), brought to proposal workshop, or called in to the Senior Resources staff. All questions and responses are recorded and mailed to every applicant that attended the proposal workshop or requested an application. Additional questions will be accepted until seven (7) working days prior to proposal submission date. <b>Quiet period begins May 9, 2019 (no inquiries accepted).</b> Questions and responses are mailed to all applicants prior to May 15, five (5) working days preceding submission deadline.	Tuesday, April 9 through Wednesday, May 8
5.	<b>No proposals are accepted after submission deadline date/time of Thursday, May 23, 2019 - 3:00 p.m.</b>	<b>Thursday, May 23 - 3:00 pm</b>
6.	Applications are evaluated and rated by assigned staff using evaluation criteria that are included in the RFP.	May 24 - June 24
7.	Proposals are reviewed by the Proposal Review Committee members comprised of the Program and Planning and Advisory Board members.	May 24 - June 24
8.	Hearings are held when there are competing bids allowing applicants an opportunity to present its agency's experience and skill in providing the proposed service(s) . Proposals should be submitted initially in the most favorable terms.	July 16 - 17
9.	Program and Planning Committee meet to review tabulated evaluation scores to approve, deny or negotiate proposals; recommendations are submitted to the full board for decision.	July 16 - 17
10.	Board of Directors meets and reserves the right to make an award without further discussion of the proposals submitted. Successful applicants will have proposals approved for a three-year period from 10/01/2019 through 09/30/2022. Awarded amounts will be issued in six-month increments.	August 20
11.	A written letter of proposal approval or denial will be provided to the applicant agency within ten calendar days following the decision of the governing board or their duly authorized committee.	August 21 - 30
12.	Contract specifics are negotiated with successful applicants prior to execution of contracts. In all three fiscal years of a multi-year plan the applicant agency and Senior Resources will negotiate costs and grant amounts.	September 1-30

## GENERAL GUIDELINES for APPLICATION

### GENERAL INFORMATION/GUIDELINES

The following guidelines have been established for the preparation and submission of proposals for services funded through Senior Resources of West Michigan (Senior Resources).

1. **Thoroughly read and review the service definitions, minimum standards, and specifications and limitations for each service for which funding is being requested.** In the event an applicant agency is awarded funding, this application with the assurances will become part of the contractual agreement and will be utilized in the monitoring, assessment, and evaluation of project performance throughout the fiscal year.
2. **Any public or private non-profit, private for-profit, public organization or institution providing services to persons age 60+** within the Senior Resources service area is an eligible applicant. Selection of contract agency will depend upon applicant's capacity to provide the service in accordance with stated criteria.
3. **Substantial emphasis must be given to serving eligible persons with the greatest social and/or economic need**, with particular attention to low income and minority individuals. "Substantial emphasis" is regarded as an effort to serve a greater percentage of older persons with economic and/or social needs than their relative percentage to the total elderly population within the geographic service area. Each provider must be able to specify how they satisfy the service needs of low-income minority individuals in the area they serve. Each provider, to the maximum extent feasible, must provide services to low-income minority individuals in accordance with their need for such services, and in numbers greater than their relative percentage to the total elderly population within the geographic service area. This effort is called "targeting". Providers will consider census data (community profiles are available at [www.wmsrdc.org](http://www.wmsrdc.org) and [www.wmrpc.org](http://www.wmrpc.org); handouts will be available at the RFP workshop) and poverty guidelines published at: <https://aspe.hhs.gov/poverty-guidelines> for planning services.
4. **Participants shall not be denied or limited services because of their income or financial resources.** Where program resources are insufficient to meet the demand for services, each service program shall establish and utilize written procedures for prioritizing clients waiting to receive services, based on those with greatest social, functional and economic needs. Indicating factors include:
  - Social Need – isolated, living alone, age 75 or over, minority group member, non-English speaking, etc.
  - Functional Need – handicaps (as defined by the Rehabilitative Act of 1973 or the Americans with Disabilities Act), limitations in activities of daily living, mental or physical inability to perform specific tasks, acute and/or chronic health conditions, etc.
  - Economic Need – eligibility for income assistance programs, self-declared income at or below 100% of the poverty threshold, etc. (Note: National Aging Program Information System /NAPIS reporting requirements are based on 100% of the poverty threshold.)

5. Elderly members of Native American tribes and organizations in greatest economic and/or social need within the program service area are to receive services comparable to those received by non-Native American elders. Service providers within a geographic area in which a reservation is located must demonstrate a substantial emphasis on serving Native American elders from that area.
6. Federal support is permitted for the continuation and/or expansion of existing services to the aging but may not be used to replace existing resources. In the case of an on-going program, the applicant's existing financial commitment must be maintained during the period of federal and state support.
7. Senior Resources funds are intended to cover only a portion of the operational costs of proposed programs and services to the aging.
8. Each provider must maintain a documented list of persons who seek service from a priority service category, which includes all Access, all In-Home, or Legal Assistance services, who cannot be served at that time or who can be served, but at a level less than assessed need. Such a 'wait' list must include the date service is first sought, the service being sought, the county or the community of the person seeking service, and if a referral to other resources is made. The program must determine whether the person seeking service is likely to be eligible for the service requested before being placed on a wait list. Individuals on waiting lists for services for which cost sharing is allowable, may be afforded the opportunity to acquire services on a 100% cost share basis until they can be served by the funded program.
9. The planning function and preparation of the proposal applications should be coordinated with participating community groups and agencies.
10. Agencies should present realistic budgets. A funding request should be based upon the time needed for the proposed service to become operational. Well-planned, realistic service elements should be able to be implemented with a minimum of delay, and in this regard, will be required by Senior Resources within thirty (30) days after a contract award has been duly executed.
11. Minimum matching fund requirements for funded proposals: grant funds to local resources ratio of 90/10 with the exception of Elder Abuse Prevention which no longer requires matching funds.
12. A complete application includes the following completed components:
  - a. **Application Cover Sheet** (See cover sheet instructions) with an Original signature.
  - b. **Proposal Agreement and Assurances** with an Original signature.
  - c. **Service Component and Targeting Sheet** - (a separate one for each service)
  - d. **Service Sites Location listing** - - (a separate one for each service)
  - e. **Program Proposal** - (for each service-see Program Proposal Instructions)
  - f. **Budget Proposal: Narrative and Service Cost Detail** – Narrative consists of proposed services staffing detail, local match detail, projected program income detail and a Financial Management Questionnaire (one Narrative per agency). A Service Cost Detail budget is required for each service and is the basis for determining a reimbursement rate for each unit of service provided. Please use provided budget forms.
  - g. **Management Proposal Attachments** - (one set per agency)
13. **Please Note:** Senior Resources reserves the right to reject any service proposal where the cost for a unit of service exceeds the regional plan average cost for a unit of the service, which is computed by dividing the Senior Resources funding level for that service by the planned number of units (region-wide). If there is no other competing application for the service, a new Request for Proposal may be issued.

14. Make sure the proposal budget and assurances have been reviewed according to your agency's procedures and that appropriate official action has been taken to approve the application by the applicant agency's governing body prior to submission of the application.
15. The application must be organized, numbered and the individual parts labeled in accordance with the attached checklist. Senior Resources has the right to reject any proposal that is incomplete, incorrectly prepared, improperly numbered, or missing requested information.
16. The proposal should be submitted in the most favorable terms which the applicant can propose. Senior Resources reserves the right to make awards without further discussion after the proposal is submitted.
17. You should feel free to devote as much space as necessary to adequately deal with each question. Your complete application should be double spaced in a minimum of 10-point font with numbered pages.
18. Applicants have the **option of a) submitting a scanned copy of the complete application (application forms, program proposal(s), budget, outcomes, and attachments) with all required signatures, in a single PDF format file** by email to: [RFP@seniorresourceswmi.org](mailto:RFP@seniorresourceswmi.org); **or,** **b) submitting a printed original with two hard copies** of the complete application with original signatures to: Senior Resources (located in Tanglewood Park building), Attn: Chere Gardner, 560 Seminole Road, Muskegon, MI 49444.
19. Regardless of which submission option is selected, the complete application must be received by Senior Resources no later than **3:00 P.M. on Thursday, May 23, 2019.** All applications will be date and time stamped upon arrival. Applicants who submit the RFP by email, will receive an automatic reply/receipt of submission; if not received, contact Senior Resources immediately.



## **APPLICATION INSTRUCTIONS**

All forms are available in electronic format and may be downloaded from Senior Resources web-site by navigating to the 'RFP' page (<https://www.seniorresourceswmi.org/rfp>).

### **APPLICATION COVER SHEET**

Complete one Application Cover Sheet for your organization's application packet.

1. **Applicant Agency**  
The organization, agency or institution which is to assume legal and financial responsibility for the use and disposition of any funds awarded on the basis of this application. Include the name, address, city, zip code, telephone, fax, and e-mail and web site if applicable.
2. **Site Location**  
Enter the name of the site location at which the service(s) will be provided. If exact location at which services will be provided are not known, indicate approximate geographic locations.
3. **Director, Fiscal, and Reporting Official(s)**  
Enter the name and title (address and phone if different than organization address and phone) for Administrator/Director/President and individuals whom Senior Resources will communicate with regarding fiscal and program reporting.
4. **Agency ID Numbers**  
Please include your governing agency's Federal Identification ID (FEIN) and DUNS number.
5. **Type of Application**  
Please mark correct type with an "x". New: Project for which funding has not been awarded in the previous year. Continual: project which has received funding from Senior Resources in the previous year.
6. **Minority Contractor**  
Check if minority contractor. (Refer to DEFINITIONS for explanation).
7. **Type of Organization**  
Check "Public", "Private, Non-Profit", or "Private For-Profit". *Note: If "Private For-Profit" is checked, Senior Resources must obtain approval from the Aging & Adult Services Agency prior to awarding funds.*
8. **Geographic Area to be Served**  
Specify the county/counties funding support is being sought to serve. Use the "other" space to indicate more specific geographic regions, if applicable. For example: City of Holland, Shelby Township, etc.
9. **Proposed Services** - Self-explanatory.
10. **Funding Requests for FY2020 (only)**  
Enter the amount of funds requested for the proposed service(s) for FY2020 (10/1/2019 – 9/30/2020).
11. **Authorized Official**  
Please give name and title of board chair, CEO or president and signature of the individual and date.

**SERVICE COMPONENT AND TARGETING SHEET**

*Complete a separate Service Component & Targeting Sheet for each service for which funds are requested.*

**Applicant Agency:**

Enter the name of institution, organization, or agency as listed on the Application Cover Sheet.

**Service Name:**

Enter the name of service for which you are requesting funds. Complete a separate component sheet for each service.

**Definition of a Unit of Service:**

Please state what the defined unit of service is for this service. (Refer to operating and service standards).

**No. of Units Proposed:**

Enter the projected number of units of service to be provided during FY2020 with the funds requested. (Do *not* include additional service units based projected Program Income).

**Target Group Projections:**

Calculate the number of targeted older adult population by category that your agency proposes to serve by entering census data for the geographic service area you are planning to serve in Column 2. Refer to the demographic data published on Senior Resources web-site.

Enter the proposed total "Number of Persons" to be served by your agency on line 1 of Column 4. The targeted number of persons to be served by your agency, by ethnicity category and poverty level, will automatically compute.

If you believe the projected number of Participants by ethnic category and poverty level are unrealistic for your agency, provide a detailed explanation and identify plans to improve outreach efforts to targeted groups.

**SERVICE SITE LOCATION(S) SHEET:**

List the names and addresses of each facility in which the service will be provided. If there is more than one site location, this information must be provided on each. If the service involves home visits, please indicate the office of the worker and the geographic area of clients' homes. Attach additional sheets as needed if the number of location sites exceed 10.

## **PROGRAM PROPOSAL**

### **Complete a Program Proposal for each service for which a Letter of Intent to Apply for funds was requested.**

Address questions for each service identified in the Letter of Intent to Apply. Service standards for each specific service can be found on Senior Resources' web-site at: <https://seniorresourceswmi.org/doing-business-with-us/rfp/>.

### **Proposal questions must be restated in full preceding your response.**

All questions and responses must be numbered in the same chronological order as they are presented in the Program Proposal. Questions and responses should be double-spaced using no less than a 10-point font. Please sure to thoroughly answer the question. If the question does not apply to your agency, please state "does not apply" following the restated question.

## **BUDGET**

**A completed Budget is comprised of a (one) Budget Narrative including a (one) Financial Management Questionnaire, and a (separate) Service Cost Detail for each service for which funding is requested. All budget forms are in MsExcel format and the inclusive file can be downloaded at Senior Resources website: <https://seniorresourceswmi.org/doing-business-with-us/rfp/>.**

### **Budget Narrative:**

Only one Narrative is required per applicant and enough columns are provided on the Narrative Budget form to list up to three services; if more than three services are being applied for, attach as many additional Narrative Budget forms as necessary.

#### **Part 1: Staffing**

List each staff position intended to be supported by the service funds requested, the full-time equivalent (FTE), position hourly rate and total salary of each position:

- Gross salary is equal to the position's FTE x the hourly rate x 2080 hours. To determine a position's FTE, divide the number of hours to be devoted weekly to the service by 40 hours (a 40-hour position that is devoted entirely to the funded service = 1.0 FTE).
- The total of salaries on the Budget Narrative should be equal to the total of salaries listed on the budget page for each service.

#### **Part 2a: Local Matching Resources**

All funds granted by Senior Resources must be matched by a minimum of 10 percent from local resources (other than Senior Resources) with a minimum of 2% match coming from cash and no greater than 8% from in-kind. Cash match resources may be United Way funds, grants from townships or county governments, memorial contributions, or cash donations. In-kind support may be the fair market value of donated time (volunteers), office space, equipment, etc. used to benefit the program/service. If cash match consists of less than 2% cash, a Cash Match Waiver Request to waive the minimum 2% cash match requirement and allow greater than 8% in-kind match should be submitted for approval with the Budget.

To determine the amount of local match required, divide the requested Senior Resources funding amount by 90% to arrive at total of all sources, and then subtract the requested Senior Resources funding amount from the total; the result is the minimum amount of required local match that needs to be identified in the Budget Narrative.

List all sources of local match by service and fill-in service names across columns. Please indicate by an "X" if the resource is local cash or in-kind support.

Example: 'Elder Care Services' is requesting \$21,321 from Senior Resources as funding to provide transportation services. \$21,321 divided by 90% = \$23,690 projected total service cost. Local matching resources required = the difference between the total cost and Senior Resources funds or \$2,369. Elder Care Services shows Local Cash from United Way in the amount of \$2,000 and \$400 as in-kind support determined from the hours volunteered by their drivers at fair market value for the program/service for a total of \$2,400 in match which slightly exceeds the minimum 10% match requirement.

#### **Part 2b: Anticipated Program Income**

Indicate the estimated amount of client donations or anticipated cost sharing for each service; estimates can be based on previous experience. Some services, by their nature, do not generate client donations, and if this is the case, please indicate "none anticipated" on this line.

#### **Part 3: Financial Management Questionnaire**

Complete the provided Financial Management Questionnaire form and provide detailed, thorough answers.

## Service Cost Detail:

**The final component of a completed Budget is submission of service costs detail.** Complete a separate Services Cost Detail Budget form for each service for which funding is requested. Enter your agency's name and the service name. Enter the contracted number of units (equal to the number of proposed number of units entered on the Service Component Sheet for the applicable service) on the line below agency name. If using the paper form, you will need to manually determine the CPU and associated % for each line. If manually completing the service cost detail on a printed paper form, each line item's CPU and associated percentage will need to be manually computed and entered. Please refer to the Instructions tab in the Budget forms packet.

Service Funding Resource Breakout: Enter the amount requested from Senior Resources on the line labeled 'Senior Resources Grant Funds' line under Amount column. Enter the amount of Local Cash Match and In-kind Match on the lines labeled as such under the Amount column. Match resources (combined) can be **no less than 10%** of Grand Total, and the amounts entered should be equal to the match amounts indicated on the Budget Narrative. If local match sources consist of less than 2% cash or greater than 8% in-kind of the Grand Total-All Resources, a request to waive the cash match 2% minimum requirement must be submitted *for* approval with the completed Budget.

Service Expense Breakout: Under the Amount column, detail all costs associated with providing the service showing indirect costs separate from direct service costs. A direct cost can be traced to a specific grant, specific service or project and can usually be identified as a cost associated with direct contact with service participants. An indirect cost supports the overall success of the agency and is a cost that cannot be directly traced to one specific grant, service, or project.

## Allowable Expenditures:

**Wages:** Wages earned by an agency's permanent and temporary employees (on the agency's payroll). Do not include payments for contractual consultants or temporary contractual workers; those costs should be indicated under Other Costs. **Separate indirect support wages** for staff time not involved in direct service delivery (examples may be the CEO, CFO, HR Manager, bookkeeper) from wages for staff whose time is spent directly involved in supervising, providing, scheduling or reporting service delivery. (*Note: staff time may be split between indirect & direct based on the job position description of duties and functions/time allocations*).

**Fringe benefits:** Include health and retirement benefits plans, life, vision, dental, and disability insurance costs, accrued leave benefits, workers compensation, employer's share of FICA and unemployment taxes. Again, on the CPU Detail Budget, separate Administrative support fringes from direct service staff fringes.

**Communications:** Include phone, fax, modem, postage, copying and shipping expenses.

**Office space/utilities:** Include office rent or building depreciation expense, utilities, building hazard insurance, property taxes, property maintenance, custodial, water/sewage and garbage service costs.

**Office supplies:** General office supplies needed to conduct business for the funded service.

**Equipment/service supplies:** Include cost of equipment purchased to aid in the provision of the service of less than \$1,000 per item and supplies needed to render the service to clients.

**Travel/conferences:** Include costs to reimburse direct service staff/volunteers for travel to provide the service, the cost information conferences, per diems, etc.

**Training:** Include costs needed to train direct service staff to provide the funded service.

**Program audit costs:** Include the cost of engaging an independent CPA firm to conduct a financial and/or program (single) audit; *audit costs must be prorated by service according to funding levels.*

**Other costs:** List other costs attributed to providing the service, such as membership dues, publication costs (brochures, booklets, etc.), marketing, liability insurance, etc.

**MANAGEMENT PROPOSAL & ATTACHMENTS - Please submit one set of the following attachments:**

**Attachment A - Organizational Chart**

Submit an organizational chart that illustrates the relationship of all services staffing for which funds are being requested.

**Attachment B - Job Descriptions**

Submit one set of job descriptions pertaining to positions for each service for which funds are being requested.

**Attachment C - Non-Profit Status**

If you are a non-profit agency, attach a copy of your agency's: 1) IRS Tax Exempt Ruling letter granting Federal non-profit status under Section 501(c)(3); 2) Copy of current MI Charitable Solicitation License, if applicable; 3) A completed IRS Form-W9 claiming exemption from withholding taxes.

**Attachment D - Proof of Insurance**

Proof of Insurance for Worker's Comp and liability coverage for organization and employees providing proposed service.

**Attachment E – Mission Statement**

Submit copy of applicant organization's Mission Statement or By-Laws Statement of Purpose.

**Attachment F - Board Members**

List organization's board and/or advisory council members. Identify members aged 60+ and minority status.

**Attachment G - Program Income (meal and transportation programs only)**

If applicable, submit: suggested donation scale and contribution request materials.

**Attachment H - Audit**

Submit a copy of your most recent independent financial, SAS 114, and program (single) audit reports. If applicable, attach agency's response to management (SAS 114) letter or audit findings.

**Attachment I- Grievance Policy**

Attach applicant organization's Grievance Policies for both participants and employees.

**Attachment J – Privacy/Ethics Policy**

Attach applicant organization's Privacy & Ethic Policies, and if applicable, Notice of Privacy Practices.

**Attachment K – Emergency/Disaster Policy or Plan**

Attach applicant organization's Emergency/Disaster Policy or Plan

**Attachment L - Low Income/Minority Targeting Policy**

Submit a description of how your agency targets and prioritizes services to low income and minority clients.

**Attachment M -Documentation Regarding Debarment**

Under Federal Regulation, 2 CFR-part 180, sub-recipients of Federal funds are required to certify that they are not presently debarred, suspended. This can be accessed at <https://www.sam.gov/SAM> by searching records for your organization. Print out search results and attach for this exhibit.

**Attachment N – ServSafe Certificates**

*For meal services applicants only:* Attach copies of all site staff ServSafe Certificates to verify trainings.

**Attachment O – Food Service Licenses**

*For meal services applicants only:* Attach copies of all kitchen and food sites Food Service Licenses.

**Attachment P - Subcontracts for Proposed Services, if applicable**

If contracting with another agency or individual to provide proposed service(s), provide copies of the contractual agreements.

## APPLICATION CRITERIA

### MINIMUM CRITERIA

The following minimum criteria must be met before application will be considered for funding. Senior Resources awards all funds on a competitive bid basis:

1. Applicant must be an incorporated for-profit, public or private non-profit agency, organization, or institution. *Note: if applying as a for-profit, Senior Resources must seek approval from AASA prior to awarding of funds.*
2. The agency must assure it can develop 10% match, and document said match for verification.
3. Preference will be given to applicant agencies residing within the service area.
4. Data on application must be supported by knowledge available to our agency.
5. Proposals, which do not address all points of the RFP, may be deemed incomplete which can result in the proposal not being accepted for consideration or awarded as a result of this RFP.
6. Proposals should be submitted initially in the most favorable terms which the applicant can propose.
7. Applicants must be able to show steps for delivery of service objectives.
8. Goals and Objectives must be clearly identified and measurable.
9. Compliance Items - Agency must provide assurances for compliance of these items:
  - a. Job description for each position to be funded,
  - b. Elliott-Larsen Civil Rights Act, 1976 P.A. 453, as amended;
  - c. Americans with Disabilities Act P.A. 1990 Nos. 101-336 and Michigan Handicappers Civil Rights Act, P.A. 1976 No. 220, as amended;
  - d. Federal Rehabilitation Act of 1973, P.A. 98-112, 87 Stat. 394, including HHS Regulations 45 CFR, Parts 80 and 84;
  - e. Non-Utilization of Federal Funds for match;
  - f. Title VI of the Civil Rights Act of 1964;
  - g. Drug-free workplace Act of 1988, Public Law 100-690; 45 CFR Part 76.
  - h. Health Insurance Portability and Accountability Act – HIPAA
10. Applications must be typewritten and complete and submitted to the Senior Resources no later than **3:00 p.m. on Thursday, May 23, 2019** to be considered for funding. Applicants have two **options for submission**:
  - a. **Submit a single scanned PDF format file** of the complete application and attachments with original signatures by email to: [RFP@seniorresourceswmi.org](mailto:RFP@seniorresourceswmi.org); **OR**
  - b. **Submit a printed original with two hard copies** of the complete application with attachments with original signatures to: Senior Resources (located in Tanglewood Park building), Attn: Chere Gardner, 560 Seminole Road, Muskegon, MI 49444.



**SERVICE CRITERIA FOR EVALUATION - Each proposed service will be evaluated separately with possible total score of 100 according to the following sections:**

1. PROGRAM PROPOSAL (60 Points)

Each service has a different set of program questions which pertain to that service and its standards specifically. Each question has been assigned a point value. See specific service program proposal and service standards.

2. BUDGET PROPOSAL (60 Points)

This section identifies in-direct and direct service staffing costs, sources of support including local match, projected program income, and a program budget which is evaluated using the following criteria:

Pts.

- 10 - Complete and accurate Budget Narrative (appropriate positions and local resources identified)
- 8 - Complete and detailed Financial Management questionnaire (adequate internal controls)
- 8 - Accurate Cost per Unit
- 8 - Appropriateness of budget (appropriate identified line items)
- 8 - Cost per unit overall (comparative throughout regional area)
- 8 - Cost Effective (per client cost comparative throughout regional area)
- 5 - Feasibility (to provide identified units of service)
- 5 - Adequate Local Match (identified a minimum of 10% local match resources)

3. MANAGEMENT ATTACHMENTS (60 Points)

These attachments pertain to your organization specifically. See instructions for management attachments.

4. MINIMUM STANDARDS (5 Points)

Degree to which the applicant responds to and understands the service definition and the minimum standards throughout the application responses.

5. PROPOSED SERVICE UNITS AND CLIENTS (5 Points)

Pts.

- 3 - Are client and unit projections realistic and compatible with area plan service objectives?
- 2 - Adequate and potentially successful procedures (i.e. outreach, publicity) that will ensure enrollment of target populations (those with greatest social/economic need, minority)

6. APPLICATION FEASIBILITY AND COMPLETENESS (10 Points)

Pts.

- 4 - Extent to which all the requested materials and points of the RFP were addressed/provided
- 2 - Signatures on all budgets, assurances, and agreements
- 4 - Feasible program implementation

7. SUMMARY:

POINT VALUE:

Program Proposal	60
Budget Proposal	60
Management Attachments	60
Minimum Standards	5
Proposed Service Units and Clients	5
<u>Application Feasibility and Completeness</u>	<u>10</u>
<b>TOTAL POSSIBLE SCORE (Total Points divided by 2 = SCORE)</b>	<b>100</b>

## DEFINITIONS and COMMON ACRONYMS

**ADL - Activity of Daily Living** including bathing, walking, toileting, eating/feeding, stair climbing, transferring, dressing, wheeling, bladder/bowel function, bed mobility, general mobility.

**Below Poverty** means the need resulting from an income level at or below the poverty threshold as compiled by the U.S. Administration on Aging. The following annual incomes are used as a guideline to define poverty for Area Agency on Aging services. (<https://aspe.hhs.gov/poverty-guidelines>)

Persons in family/household	2019 HHS 100% Poverty guidelines
For families/households with more than 8 persons, add \$4,420 for each additional person.	
1	\$12,490
2	\$16,910
3	\$21,330
4	\$25,750
5	\$30,170
6	\$34,590
7	\$39,010
8	\$43,430

**Community Focal Point** - designated by Senior Resources as a highly visible, accessible facility where one can obtain information and access to aging services. Agency must provide Case Coordination & Support.

**IADL - Instrumental Activities of Daily Living** including uses phone, uses public transportation, uses private transportation, reheats meals, cooks meals, does light cleaning, does heavy cleaning, does laundry, goes shopping, handles finances, keeps appointments, and maintains heating.

**Means Test** - The use of an older person's income or resources to deny or limit that person's receipt of services under this sub-grant.

**Medically Under Served** is a federal designation based on % of population below poverty, % of population over 65, number of FTE medical providers per thousand, and infant mortality rate. In Senior Resources, Region 14 area, Muskegon County and parts of Oceana County are so designated.

**Minority Contractor** - According to federal regulations, two components of private, non-profit agencies must be evaluated to determine if the agency may be considered a minority contractor: 1) Board of directors or other like policy-making bodies, and 2) Staff composition.

In determining whether private, non-profit agencies are eligible, the agency must meet the following criteria:

1. At least 51% of the board of directors must be members of a minority group(s); and
2. At least 50% of the total staff (director, supervisors, & all other staff) are members of a minority group(s).

**Multi-Purpose Senior Center** - Community facilities that provide a broad spectrum of services, including health, social, nutritional, education, and recreational services and where a multi-purpose senior center program is operated.

**Other Resources** do not include any Senior Resources grant funds, Older Americans Act funds, local cash or in-kind match, or program income. Other resources could include federal funds, such as CDBG, Green Thumb, MESC, Title V and other such sources of funding such as United Way, Church contributions, etc. that are not used as matching funds.

**Program Income** - Earnings or client contributions realized from Senior Resources grant supported services. Such earnings include interest income and may include, but not be limited to meal contributions, income from suggested sliding donation scales, and program usage or rental fees. Such income must be independently counted and recorded by two (2) staff individuals. Program income must be recorded and easily tracked by service and applied against gross expense of the service for which it is received.

Program income may not be used as matching funds to Senior Resources grants or other Older Americans Act funds. All other contributions generated by the sub-grantee agency for the agency shall be considered the agency's general income and should be reported as 'Other Resources'. Private pay or locally funded fee-for-service programs must be kept separate and distinct from grant funded programs.

**Rural Area** - Any area outside a Standard Metropolitan Statistical Area (SMSA) as defined by the Department of Commerce. In planning and service areas which are not entirely metropolitan or non-metropolitan under the SMSA definition, the Michigan Aging & Adult Services Agency for purposes of paragraph(s) of this section must separately account for expenditures in the SMSA and non-SMSA areas. **Counties with less than 50 persons per square mile are defined as "rural/isolated." Therefore, within Senior Resources/Region 14 area, Oceana County is defined as "rural/isolated."**

**Service Accessibility** means that no qualified handicapped person shall, because a recipient's facilities are inaccessible to or unusable by handicapped persons, be denied the benefits of, be excluded from participation in, or otherwise be subjected to discrimination under any program or activity that receives or benefits from federal assistance. In existing facilities, a recipient must operate each program or activity so that when viewed in its entirety, it is readily accessible to and usable by handicapped persons but does not have to make all its facilities or every part of its facilities accessible to and usable by handicapped persons. A program is considered usable by handicapped persons if handicappers can enter the facility, use the restroom, and receive services the same as an able-bodied person. Small programs may refer a qualified disabled person to another provider whose program is accessible if:

1. This is the only option left without making significant alteration in the provider's facility;
2. The disabled person is consulted before the referral is made; and
3. The referring program makes sure that the receiving program is accessible, willing, and able to provide the service in question.

**Unduplicated Count** - The number of unique individuals (over age 60) who receive a single program service during the fiscal year. If an individual receives a single program's services more than once, he/she is only counted once.

**Units of Service Definitions** - Each funded service has a defined unit of service:

<b><u>Services:</u></b>	<b><u>Unit for Service:</u></b>
Case Coordination & Support (CCS)	One hour performing component CCS functions.
Caregiver Support	One session (per group) or one hour of individual counsel, education and/or support.
Congregate & Home Delivered Meals	Each meal served to eligible client.
Elder Abuse Prevention	Each hour of public education/outreach/referral activities.
Friendly Reassurance	One contact with eligible client, either by phone or in-home visit, to assure client's well-being.
Grandparents Raising Grandchildren	One session (per group) or one hour of individual counsel, education and/or support for Kinship caregiving.
Information & Referral	One hour of component information and referral functions
Legal Assistance	One hour performing an allowable service component.
Long Term Care Ombudsman	Each hour of advocacy/complaint investigation for resolution and education activities
Transportation	One <u>one-way</u> trip per person.

**COMMON ACRONYMS**

AAA	Area Agency on Aging
AAAAM	Area Agency on Aging Association of Michigan (also referred to as '4AM')
AARP	American Association of Retired Persons
AASA	Aging & Adult Services Agency to the Aging (formerly 'OSA')
ACL	Administration for Community Living
AD	Alzheimer's Disease
ADC	Adult Day Care
ADRC	Aging and Disability Resource Center
ADS	Adult Day Service
ADL	Activities of Daily Living
AFC	Adult Foster Care
AG	Attorney General
AIM	Aging in Michigan (AASA Publication)
AIP	Annual Implementation Plan
AIS	Aging Information System
ALF	Assisted Living Facility
AoA	Administration on Aging
APS	Adult Protective Services
BEAM	Bringing the Eden Alternative to the Midwest
ASA	American Society on Aging
CAP	Community Action Program
CCS	Case Coordination & Support
CLS	Community Living Supports
CM	Care Management
CMIS	Client Management Information System
CMS	Center for Medicare & Medicaid Services (formerly HCFA)
CNS	Corporation for National Service
COA	Commission on Aging/Council on Aging
CPHA	Community Public Health Agency
CR	Caregiver Respite (state)
CSA	Commission on Services to the Aging (or MCSA-Michigan Commission on Services to Aging)

CT	Care Transitions
DCIS/CIS	Department of Consumer and Industry Services
DHHS	Michigan Department of Health and Human Services (formerly ‘DCH’)
HHS	U.S. Department of Health and Human Services
DHS	Local Departments of Human Services (formerly the Family Independence Agency)
DMB	Department of Management and Budget
DoE	Department of Education
DoL	Department of Labor
DoT	Department of Transportation
DV	Domestic Violence
EPIC	Elder Prescription Insurance Coverage
ELM	Elder Law of Michigan
HB	House Bill (state)
HCBS/ED	Home & Community Based Services for the Elderly and Disabled Waiver (HCBS/ED) program commonly known as MiChoice
FGP	Foster Grandparent Program
FY	Fiscal Year
GAO	General Accounting Office
HDM	Home Delivered Meals
HMO	Health Maintenance Organization
HR	House Bill (federal)
HSA	Health Systems Agency
I&A	Information and Assistance
I&R	Information and Referral
IADL	Independent Activities of Daily Living
LEP	Limited English Proficiency
LSP	Legal Services Program
LTC	Long-Term Care
MADSA	Michigan Adult Day Services Association
MATF	Merit Award Trust Fund (formerly known as “Tobacco Settlement”)
MCO	Managed Care Organization
MHSCC	Michigan Hispanic Senior Citizens Coalition
MIACoA	Michigan Indian Advisory Council on Aging
MICIS	MI Choice Information System (also referred to as ‘COMPASS’)
MIS	Management Information System
MLSC	Michigan Legal Services Corporation
MMAP	Medicare/Medicaid Assistance Program
MSA	Medical Services Administration
MSAC	Michigan Senior Advocates Council
MSC	Michigan Senior Coalition (formerly Senior Power Day)
MSHDA	Michigan State Housing Development Authority
MSG	Michigan Society of Gerontology
MQCCC	Michigan Quality Community Care Council
MYP	Multi-Year Plan
N4A	National Association of Area Agencies on Aging
NFA	Notification of Financial Assistance
NAPIS	National Aging Programs Information System
NASUA	National Association of State Units on Aging
NF	Nursing Facility
NFT	Nursing Facility Transition
NCBA	National Center on Black Aged
NCOA	National Council on Aging
NCSC	National Council of Senior Citizens

NFCSP	National Family Caregiver Support Program
NIA	National Institute on Aging
NISC	National Institute of Senior Citizens
NSIP	Nutritional Services Incentive Program (USDA)
NSSC	National Senior Service Corps
OAA	Older Americans Act
OAVP	Older American Volunteer Program
OHDS	Office of Human Development Services
OMB	Office of Management and Budget (federal)
OWL	Older Women's League
PA	Public Act
PRR	Program Revision Request
PSA	Planning and Service Area
PY	Program Year
RFP	Request for Proposal
RSVP	Retired & Senior Volunteer Program
SAC	State Advisory Council
SB	Senate Bill (state)
SCP	Senior Companion Program
SCSEP	Senior Community Service Employment Program
SEAQRT	Senior Exploitation and Abuse Quick Response Team
SGA	Statement of Grant Award
SMSA	Standard Metropolitan Statistical Area
SNF	Skilled Nursing Facility
SR	Senate Bill (federal)
SS	Social Security
SSA	Social Security Administration
SSI	Supplemental Security Income
SUA	State Unit on Aging
TA	Technical Assistance
TCM	Targeted Case Management
USDA	United States Department of Agriculture
VA	Veterans' Administration
WHCoA	White House Conference on Aging



## **APPEALS POLICY & PROCEDURE**

### **1.0 POLICY:**

- 1.1** The following appeals procedure is to be employed by Senior Resources on any actions which are rejections including probation, suspension or termination, in part or in whole of existing or proposed contracts or agreements involving funds and under the jurisdiction and control of Senior Resources
- 1.2** Any agency whose application to provide services under contractual agreement has been denied (in part or in whole) by Senior Resources or whose contractual agreement has been placed on probation, suspended or terminated may appeal this decision to the Board of Directors' Chairperson and Chief Executive Officer (CEO).

### **2.0 PROCEDURE:**

- 2.1** The following steps will be taken and must be conducted within an aggregated time frame of sixty (60) calendar days.
- 2.2** A written notice to the applicant/service provider will be sent within seven (7) calendar days of action and will include:
  - a.** Notice of Senior Resources action to place on probation, suspend, terminate, or deny a contract;
  - b.** Notification of the right to appeal;
  - c.** Notification that information or criteria on which the Senior Resources action was based is available for review by affected parties in accordance with requests for proposals or bids and award procedures;
  - d.** Notification that the affected party may appear in person or by a designated representative at the appeal hearing on Senior Resources' action.
- 2.3** Any agency having the right to appeal shall provide a written notice of appeal and request for an appeal's hearing to the CEO of Senior Resources within ten (10) calendar days of receiving the written notice of action taken and right to appeal. A copy of the request to appeal will be submitted by Senior Resources' CEO to the Board Chairperson and the Director of Michigan's Adult & Aging Services Agency (AASA) within seven (7) calendar days of receipt.
- 2.4** Appeal requests made by public or private organizations shall certify that the appeal is officially endorsed and initiated by the organization's governing body and be signed by the appellant's Board Chairperson (or ruling body president). The written requests shall include the following:
  - a.** Senior Resources' action which is being appealed. Please note: appellant /provider must clearly state the specific action that is being appealed.
  - b.** Grounds upon which the appeal is being made. Please note: The appellant /provider must cite and list justifiable grounds for appealing the decision. Grounds must pertain to the proposal or the procedures for evaluation or assessment.
  - c.** Any procedural step not followed will result in denial of request for appeal. Written notice of denial of appeal shall be given to appellant within fourteen (14) calendar days of receipt of the appeal.
- 2.5** Upon receiving the request, Senior Resources' Board Chairperson reserves the right to appoint a special committee to hear the appeal if applicable, and to specify the degree of authority it may exercise. If no committee is appointed, the appeal will be heard by the CEO and Board Chairperson. Board members affiliated with or having a conflict of interest regarding the appealing agency may not serve on the committee or vote on the appeal.
- 2.6** The CEO and Chairperson shall inform the Board of Directors' Executive Committee (unless the Board has appointed a special Appeal Review Committee) of the appeal, acknowledging that procedural steps have been met and recommending a review hearing.
- 2.7** A hearing shall be scheduled no later than thirty (30) calendar days after the appeal was received. A notice of the hearing shall be mailed to the concerned parties not less than ten (10) calendar days prior to the hearing date. The notice shall include:

- a. Date, time, and place of hearing;
  - b. Statement of issue being heard;
  - c. Request for submission of written documentation which is relevant to the appeal;
  - d. Rules of conduct; and
  - e. Rights of the applicant/provider.
- 2.8** Senior Resources' CEO and Board Chairperson or Appeal Review Committee may dismiss an appeal under any of the following circumstances:
- a. Appeal was not signed and initiated by duly authorized official;
  - b. The request was not submitted within the time allowed;
  - c. The appellant fails to follow the appeals procedure steps;
  - d. The request is withdrawn by the appellant through written communication before a final decision is made;
  - e. The applicant/provider fails to appear or be represented at the scheduled hearing.
- 2.9** Written notice will be given by the Board Chairperson within fourteen days to the appellant stating the reasons for dismissal.
- 2.10** Hearings will be conducted to review items in dispute and seek clarification or resolution to the issue. The appellant shall be given an opportunity to present oral and written arguments on pertinent issues, to bring witnesses, and present evidence. A record of such a meeting, including relevant facts, will be maintained in the Senior Resources office.
- 2.11** The decision shall be communicated in writing to the appellant within five (5) working days following the review hearing.
- 2.12** The appellant is then notified that the decision may be appealed by written request within ten (10) calendar days to the full Board of Directors of Senior Resources by appearing in person before the full Board at the next regularly scheduled meeting.
- 2.13** The final decision of the full Board of Directors will be communicated in writing to the appellant and AASA within five (5) business days following their decision. Their decision shall be considered final and the appellant shall be referred to AASA's Appeal Procedure.
- 2.14** Any rejection recommendation that is supported by the Board of Directors may result in a reissuance of Request for Proposal or Bid, and the process will be reopened for that service category and/or geographical area only.
- 2.15** The appellant is notified that the decision of the full Board of Directors may be appealed within ten (10) calendar days to AASA or to binding arbitration in accordance with the provisions of the American Arbitration Association or a similar recognized professional arbitration organization. The decision of the arbitrator is binding and is not appealable to AASA. The arbitrator shall determine the distribution of costs between parties. AASA appeal procedures shall be available to appellant from Senior Resources.
- 2.16** When the Senior Resources decision being appealed results in a change in existing providers for any service or project area, the appeal proceedings must be completed through final full Board of Directors decision by no later than thirty (30) days before the beginning of the fiscal year. If completion of the local appeal is not accomplished within the time frame, the contract of the existing provider must be extended until the appeal process through the state level has been completed. The exact length of the contract extension shall be determined by the Director of AASA.



## B. REGIONAL SERVICES

Fiscal Year 2020 (October 1, 2019– September 30, 2020)

**Fundable Services for Sub-Recipient Award**

SERVICE NAME	BASIS for UNIT of SERVICE	Each service has a specific Service Standard. Other Applicable Service Standards are:				PLANNED NO. OF UNITS	PLANNED FUNDING LEVELS
		General Operations- All	General Access	General Nutrition	General In Home		
Caregiver Support – Group	1 session or group meeting	X				99	\$6,960
Caregiver Support - Individual	1 hour (individual)	X				376	\$11,286
Case Coordination & Support	1 month (active case)	X	X			5,080	\$203,200
Congregate Meals	1 meal	X		X		78,203	\$547,421
Elder Abuse Prevention	1 hour	X				160	\$6,560
Friendly Reassurance	1 contact	X			X	1,350	\$20,000
Home Delivered Meals	1 meal	X		X	X	104,436	\$757,161
Information & Assistance	1 hour	X	X			2,000	\$50,000
Kinship Caregiver	1 session or group meeting	X				24	\$4,350
Kinship Caregiver	1 hour (individual)	X				125	\$5,350
Legal Assistance	1 hour	X				450	\$27,000
Long Term Care Ombudsman	1 hour	X				837	\$46,018
Transportation-Dynamic Route	1 one-way ride	X	X			11,369	\$40,724
Transportation-Volunteer	1 one-way ride	X	X			1,626	\$2,276

## GENERAL REQUIREMENTS FOR ALL SERVICES

### Policy Statement

Service programs for older persons provided with state and/or federal funds awarded by Senior Resources must comply with all general program requirements established by the Michigan Commission on Services for the Aging (MCSA).

### Required Program Components:

#### A. Contractual Agreement

Services are to be provided under an approved area plan through formal contractual agreements, including direct purchase agreements, between the AAA and service providers. Assignment of responsibilities under the contract or execution of subcontracts involving an additional party must be approved in writing by the AAA. Direct service provision by the AAA must be specifically approved as part of the area plan. Each contract and direct purchase agreement must contain all required contract components as detailed in Operating Standards for Area Agencies on Aging.

#### B. Compliance with Service Definitions

Only those services for which a definition and minimum standards have been approved by the MCSA may be funded with state and/or federal funds awarded by the MCSA. Each service program must adhere to the definition and minimum standards to be eligible to receive reimbursement of allowable expenses.

#### C. Eligibility

Services shall be provided only to persons 60 years of age and older unless otherwise allowed under eligibility criteria for a specific program (such as a spouse under 60 of a meal participant). Services provided under Title III- Part E (The National Family Caregiver Support Program) may be provided to caregivers age 60 or over, caregivers of any age when the care recipient is aged 60 or over, and to kinship care recipients when the kinship caregiver is aged 55 or over.

#### D. Targeting of Participants

1. Substantial emphasis must be given to serving eligible persons with greatest social and/or economic need with particular attention to low-income minority individuals. "Substantial emphasis" is regarded as an effort to serve a greater percentage of older persons with economic and/or social needs than their relative percentage to the total elderly population within the geographic service area. Each provider must be able to specify how they satisfy the service needs of low-income minority individuals in the area they serve. Each provider, to the maximum extent feasible, must provide services to low-income minority individuals in accordance with their need for such services. Each provider must meet the specific objectives established by the AAA for providing services to low-income minority individuals in numbers greater than their relative percentage to the total elderly population within the geographic service area.
2. Participants shall not be denied or limited services because of their income or financial resources. Where program resources are insufficient to meet the demand for services, each

service program shall establish and utilize written procedures for prioritizing clients waiting to receive services, based on social, functional and economic needs.

Indicating factors include:

- For Social Need – isolation, living alone, age 75 or over, minority group member, non-English speaking, etc.
- For Functional Need – handicaps (as defined by the Rehabilitation Act of 1973 or the Americans with Disabilities Act), limitations in activities of daily living, mental or physical inability to perform specific tasks, acute and/or chronic health conditions, etc.
- For Economic Need - eligibility for income assistance programs, self-declared income at or below 100% of the poverty threshold, etc. [Note: National Aging Program Information System (NAPIS) reporting requirements remain based on 100% of the poverty threshold.]

Each provider must maintain a written list of persons who seek service from a priority service category (Access, In-Home, or Legal Assistance) but cannot be served at that time or is served at a level less than identified need. Such a list must include the date service is first sought, the service being sought and the county, or the community if the service area is less than a county, of residence of the person seeking service. The program must determine whether the person seeking service is likely to be eligible for the service requested before being placed on a waiting list. Individuals on waiting lists for services for which cost sharing is allowable, may be afforded the opportunity to acquire services on a 100% cost share basis until they can be served by the funded program.

3. Elderly members of Native American tribes and organizations in greatest economic and/or social need within the program service area are to receive services comparable to those received by non-Native American elders. Service providers within a geographic area in which a reservation is located must demonstrate a substantial emphasis on serving Native American elders from that area.

E. Contributions

1. All program participants shall be encouraged to and offered a confidential and voluntary opportunity to contribute toward the costs of providing the service received. **No one may be denied service for failing to donate.**
2. Cost sharing may be implemented according to the Michigan Aging & Adult Services Agency Cost Sharing Policy for certain services upon written request of and approval by Senior Resources. (MiAASA Transmittal Letter #393)
3. Except for program income, no paid or volunteer staff person of any service program may solicit contributions from program participants, offer for sale any type of merchandise or service, or seek to encourage the acceptance of any belief or philosophy by any program participant.
4. Each program must have in place a written procedure for handling all donations/ contributions, upon receipt, which includes at a minimum:
  - a. Daily counting and recording of all receipts by two, unrelated individuals.
  - b. Provisions for sealing, written acknowledgement and transporting of receipts to either deposit in a financial institution or secure storage until a deposit can be arranged.
  - c. Reconciliation of deposit records and collection records by someone other than the depositor or counter(s).

F. Confidentiality

Each service program must have procedures to protect the confidentiality of information about older persons collected in the conduct of its responsibilities. The procedures must ensure that no information about an older person or obtained from an older person by a service provider is disclosed in a form that identifies the person without the informed consent of that person or of his or her legal

representative. However, disclosure may be allowed by court order, or for program monitoring by authorized federal, state or local agencies which are also bound to protect the confidentiality of client information. All client information shall be maintained in controlled access files. It is the responsibility of each service program to determine if they are a covered entity with regard to HIPAA regulations.

G. Referral and Coordination Procedures

Each service program shall demonstrate working relationships with other community agencies for referrals and resource coordination to ensure that participants have maximum possible choice. Each program shall be able to demonstrate linkages with agencies providing access services. Each program must establish written referral protocols with Case Coordination and Support, Care Management, and Home and Community Based Medicaid Programs operating in the respective service area.

H. Services Publicized

Each service program must publicize the service(s) to facilitate access by all older persons that, at a minimum, shall include being easily identified in local telephone directories.

I. Older Persons at Risk

Each service program shall have a written procedure in place to bring to the attention of appropriate officials for follow-up, conditions or circumstances that place the older person, or the household of the older person, in imminent danger. (E.g. situations of abuse or neglect).

J. Emergency Protocols

Each service program must have established, written emergency protocols for both responding to a disaster and undertaking appropriate activities to assist victims to recover from a disaster, depending upon the resources and structures available.

K. Insurance Coverage

Each program shall have sufficient insurance to indemnify loss of federal, state and local resources, due to casualty, fraud or employee theft. All buildings, equipment, supplies and other property purchased in whole or in part with funds awarded by the MCSA are to be covered with sufficient insurance to reimburse the program for the fair market value of the asset at the time of loss.

The following insurances are required for each program:

1. Worker's compensation
2. Unemployment
3. Property and theft coverage (including employee theft)
4. Fidelity bonding (for persons handling cash)
5. No-fault vehicle insurance (for agency owned vehicles)
6. General liability and hazard insurance (including facilities coverage)

The following insurances are recommended for additional agency protection:

1. Insurance to protect the program from claims against program drivers and/or passengers
2. Professional liability (both individual and corporate)
3. Umbrella liability
4. Errors and Omission Insurance for Board members
5. Special multi-peril

L. Volunteers

Each program that utilizes volunteers shall have a written procedure governing the recruiting, training, and supervising of volunteers that is consistent with the procedure utilized for paid staff. Volunteers

shall receive a written position description, orientation training and a yearly performance evaluation, as appropriate.

M. Staffing

Each program shall employ competent personnel sufficient to provide services pursuant to the contractual agreement. Each program shall be able to demonstrate an organizational structure including established lines of authority. Each program must conduct, prior to employment or engagement, a criminal background review through the Michigan State Police for all paid and volunteer staff. An individual with a record of a felony conviction may be considered for employment at the discretion of the program. The safety and security of program clients must be paramount in such considerations.

N. Staff Identification

Every program staff person, paid or volunteer, who enters a participant's home must display proper identification which is either an agency picture card or a Michigan driver's license and some other form of agency identification.

O. Orientation and Training Participation

- New program staff must receive orientation training that includes at a minimum, introduction to the program, the aging network, maintenance of records and files (as appropriate), the aging process, ethics and emergency procedures. Issues addressed under the aging process may include, though are not limited to, cultural diversity, dementia, cognitive impairment, mental illness, abuse and exploitation.
- Service program staff is encouraged to participate in relevant AASA or AAA sponsored or approved in-service training workshops, as appropriate and feasible. Records that detail dates of training, attendance, and topics covered are to be maintained. Training expenses are allowable costs against grant funds. Each service program should budget an adequate amount to address its respective training needs.

P. Complaint Resolution and Appeals

- Complaints - Each program must have a written procedure in place to address complaints, from individual recipients of services under the contract, which provides for protection from retaliation against the complainant.
- Appeals - Each program must also have a written appeals procedure for use by recipients with unresolved complaints, individuals determined to be ineligible for services, or for recipients who have services terminated. Persons denied service and recipients of service who have services terminated, or who have unresolved complaints, must be notified of their right to appeal such decisions and the procedure to be followed for appealing such decisions. Each program must provide written notification to each client, at the time service is initiated, of her/his right to comment about service provision and to appeal termination of services.
- Complaints of Discrimination – Each program must provide written notice to each client, at the time service is initiated, that complaints of discrimination may be filed with the U.S. Department of Health and Human Services, Office of Civil Rights, or the Michigan Department of Civil Rights.

- Q. Service Termination Procedure  
Each program must establish a written service termination procedure that includes formal written notification of the termination of services and documentation in client files. The written notification must state the reason for the termination, the effective date, and advise about the right to appeal. Reasons for termination may include, but are not limited to the following:
1. The client's decision to stop receiving services;
  2. Reassessment that determines a client to be ineligible;
  3. Improvement in the client's conditions so they are no longer in need of services;
  4. A change in the client's circumstances which makes them eligible for services paid for from other sources;
  5. An increase in the availability of support from friends and/or family;
  6. Permanent institutionalization of client in either an acute care or long-term-care facility. If institutionalization is temporary, services need not be terminated; and,
  7. The program becomes unable to continue to serve the client and referral to another provider is not possible (may include unsafe work situations for program staff or loss of funding).
- R. Service Quality Review  
Each provider must employ a mechanism for obtaining and evaluating the views of service recipients about the quality of services received. The mechanism may include client surveys, review of assessment records of in-home clients, etc.
- S. Civil Rights Compliance  
Programs must not discriminate against any employee, applicant for employment or recipient of service because of race, color, religion, national origin, age, sex, sexual orientation, height, weight, or marital status. Each program must complete an appropriate DHHS (Federal Department of Health and Human Services) form assuring compliance with the Civil Rights Act of 1964. Each program must clearly post signs at agency offices and locations where services are provided in English, and other languages, as may be appropriate, indicating non-discrimination in hiring, employment practices and provision of services.
- T. Equal Employment  
Each program must comply with equal employment opportunity and affirmative action principles.
- U. Universal Precautions  
Each program must evaluate the occupational exposure of employees to blood or other potentially hazardous materials that may result from performance of the employee's duties and establish appropriate universal precautions. Each provider with employees who may experience occupational exposure must develop an exposure control plan which complies with Federal regulations implementing the Occupational Safety and Health Act.
- V. Drug Free Workplace  
Each program must agree to provide drug-free workplaces as a precondition to receiving a federal grant. Each program must operate in compliance with the Drug-Free Workplace Act of 1988.
- W. Americans with Disabilities Act  
Each program must operate in compliance with the Americans with Disabilities Act.
- X. Workplace Safety  
Each program must operate in compliance with the Michigan Occupational Safety and Health Act (MIOSHA). Information regarding compliance can be found at [www.michigan.gov](http://www.michigan.gov).

## C. PROPOSAL APPLICATION FORMS





### Application for Funding Checklist

The following is a checklist of the required submissions. Items should be assembled and labeled as listed when submitted.

#### **Application:**

- Application Cover Sheet (one regardless of number of services applying for)
- Proposal Agreement & Assurances between Applicant / Senior Resources of West Michigan (one)
- Service Component Sheet with Targeting Plan\*
- Program Proposal\*
- Budget Proposal including appropriate narrative and service cost detail budgets.\*

*\*If requesting funds for more than one service, a set of these items should be completed and collated for each service and included with the Application Section.*

#### **Management Section Attachments (only one set is required for all services):**

- Attachment A - Organization Chart
- Attachment B - Job Descriptions
- Attachment C - Non-Profit Status Letter from IRS
- Attachment D - Proof of Insurances
- Attachment E – Mission Statement
- Attachment F - Board Member Listing (include yes/no for age 60+ and minority status)
- Attachment G - Program income policy and materials
- Attachment H – Independent Auditors Report (most recent completed)
- Attachment I - Grievance Policies
- Attachment J – Privacy Policy/Notice
- Attachment K – Emergency/Disaster Policy or Plan
- Attachment L - Low Income/Minority Targeting Policy
- Attachment M - Documentation Regarding Debarment (*This information can be found at <https://www.epls.gov>. Access the information for your agency and print the page to enclose for this exhibit.*)
- Attachment N- ServSafe Certificates (meal providers only)
- Attachment O - Food Service Licenses (meal providers only)
- Attachment P - Subcontracts (if applicable)

*The approved application will become part of the negotiated contract, inclusive of policies, service definitions, minimum standards, and service specifications and limitations.*

#### **Submit applications by using one of the two following options:**

- 1) Submit a single **scanned PDF format file of the complete application** with attachments and original signatures to [RFP@seniorresourceswmi.org](mailto:RFP@seniorresourceswmi.org) by **3:00 p.m. on Thursday, May 23, 2019**. An automatic email reply will be sent to confirm receipt.
- 2) Submit **one original & two copies** of the application with original signatures to Senior Resources, (Tanglewood Park building) at 560 Seminole Road, Muskegon, MI 49444, (231) 739-5858, by **3:00 P.M. on Thursday, May 23, 2019**. Application will be date/time stamped as received.



**APPLICATION PERIOD: Fiscal Years 2020 through 2022**

1. **Organization Name:** \_\_\_\_\_

Main Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_, \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Website: \_\_\_\_\_

2. Site Location: \_\_\_\_\_

3. **Contacts:**

Administrator/Director: \_\_\_\_\_

Program Coordinator/Manager: \_\_\_\_\_

Fiscal Manager/Accountant: \_\_\_\_\_

4. Federal ID# \_\_\_\_\_ 5. DUNS#: \_\_\_\_\_

6. Type of Applicant: New \_\_\_\_\_ Repeat \_\_\_\_\_ 7. Minority Contractor: Yes \_\_\_\_\_ No \_\_\_\_\_

8. Type of Organization: Private, Non-Profit \_\_\_\_\_ Private, For-Profit \_\_\_\_\_ Public \_\_\_\_\_ Government \_\_\_\_\_

Other (describe) \_\_\_\_\_

8. County/Geographic Area your agency will serve: Muskegon \_\_\_\_\_ Ottawa \_\_\_\_\_ Oceana \_\_\_\_\_

Other (describe) \_\_\_\_\_

9. Proposed Service	10. Funding Amount Requested (FY2020 Only)
1.	
2.	
3.	
4.	
5.	
<b>Grand Total of Funding Request</b> <i>(do not include match or program income in total request)</i>	

11. \_\_\_\_\_  
Authorized Official Signature (Policy Board Chairperson and/or Company President)



**PROPOSAL AGREEMENT AND ASSURANCES**  
*UPON SUBMISSION OF PROPOSAL*  
**BETWEEN APPLICANT AGENCY**  
**AND**  
**SENIOR RESOURCES OF WEST MICHIGAN**

The applicant agency, \_\_\_\_\_, submits this application for a funding award in accordance with the provisions of this Agreement and the information provided in the grant packet of this application. The applicant agency understands and agrees that the following provisions are part of the official application and as such, become a binding contract component upon the conduct of the project subsequent to the award of any funds by Senior Resources of West Michigan.

**The applicant agrees:**

1. That the program service(s) will be carried out in accordance with the policies and procedures established by Senior Resources of West Michigan and the terms and conditions of this application as approved by Senior Resources of West Michigan in making an award of funds.
2. That where the applicant proposes utilizing subcontractors for the operation of one or more components of the proposal, the applicant agency retains full and complete responsibility for the operation of that component in keeping with the policies and procedures established by Senior Resources of West Michigan. The applicant agency will be held accountable by Senior Resources of West Michigan for all program service expenditures and will ensure that all expenditures incurred by the subcontracting agency(ies) will be in accordance with the cost policies and procedures established by Senior Resources of West Michigan, in keeping with the guidelines of the federal granting agency. Copies of the proposed subcontracts are submitted with this application.
3. That the grant will be used to provide services in the project area only to those who are age 60 and over (kinship caregiving to those age 55 and over) with preference given to those in greatest economic and social need with attention to low-income minority individuals. That a means test will not be used to determine eligibility, deny or limit service to older persons.
4. That the Contractor 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. Quarterly financial and program reports due by the 10<sup>th</sup> day of the month following the quarter end (Jan. 10, Apr. 10, July 10 and Oct. 10)
  - b. Participant registration and service units reports for the National Aging Program Information System (NAPIS) no less than by the 10<sup>th</sup> of each month following the quarter end (Jan. 10, Apr. 10, July 10 and Oct. 10)
5. To work cooperatively with all Senior Resources funded organizations to connect seniors to available funded activities and services through referral process, information sharing and outreach efforts.
6. To establish and implement procedures for obtaining views of participants about the service they receive.
7. To continue to initiate efforts to obtain support from private sources and other public organizations for services funded under this application.
8. 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 under this application.
9. That no participant will be denied service because they will not or cannot contribute to the cost of the service.
10. To cooperate with Senior Resources of West Michigan in its efforts toward developing a comprehensive and coordinated system of services for the elderly by participating in joint planning efforts and other activities mutually agreed upon to meet this goal.
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 actively seek qualified older persons for paid positions and to make provision for volunteer opportunities for older persons.
13. That a personnel policy manual and code of ethics policy exist, and copies are distributed to all staff. Further that the manual is in compliance with state and federal employment and labor laws.
14. To cooperate, allow access to records, and assist in efforts undertaken by Senior Resources of West Michigan, the Michigan Aging & Adult Services Agency, Health & Human Services/Administration on Aging, 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.
15. **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.
16. 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.
17. 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 of West Michigan, and the nature and amount of charges claimed against those monies.
18. **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 Contractor agency 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.
19. **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.
20. **That the applicant agency and/or any of its principles is not debarred and/or suspended from receiving federal funds and the applicant agency and all 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.
21. **To comply with the Non-Utilization of Federal Funds for Match Purposes, Section 21.8f (1) and (2) of the Older Americans Act of 1965** as amended, which states:
  - a. Non-federal resources used to match other Federal funds may not be used to match Title III funds.
  - b. Federal cash or Federal in-kind resources acquired during current or prior years may not be used to match funds provided under Title III unless otherwise specifically authorized by Federal Statute. Furthermore, Section 22.6c (2)(f) indicates: Non-federal resources shall be accepted as part of the grantee's match or cost sharing only when they are not borne by the Federal government directly under any other program.
22. **Assures that all persons involved** will be trained on and become familiar with Michigan Adult & Aging Services Agency's minimum standards (including the general standards and specific service standards) for each of the proposed services.

*I hereby covenant that this applicant will comply with all the above stated requirements (Items 1-20). I recognize and agree that any approved financial assistance will be extended based on agreements made herein and that Senior Resources of West Michigan shall have the right to seek enforcement of this agreement.*

\_\_\_\_\_  
Agency Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chairperson, Board of Directors

\_\_\_\_\_  
Date

\_\_\_\_\_  
Project Coordinator/Director

\_\_\_\_\_  
Date

## SERVICE COMPONENT AND TARGETING SHEET

TARGETING worksheet form can be found at: <https://seniorresourceswmi.org/doing-business-with-us/rfp/>

<b>Applicant Agency:</b>		
<b>Service/Program:</b>		
<b>Definition of a Unit of Service:</b> (refer to service standard for definition)		
<b>No. of Units Proposed:</b>		

**Target Group Projections:**

To calculate the numbers of targeted older adult population to be served for the geographic service area in which you are proposing to serve, enter census data published on Senior Resources website for the county or counties in your geographic area in Column 2. Enter the proposed total "Number of Persons" to be served by your agency on line 1 of Column 4. The targeted number of persons by ethnicity category and poverty level will automatically compute. If you believe the projected numbers by category and poverty level are unrealistic for your agency, provide a detailed explanation in the box below.

Categories in Census	Number of Persons (demographics for proposed service area)	Percentage of Population	Projected Number of Participants to be served	Projected Percentage of Participants
Total 60+ Population:		100%		100%
Black or African American				
American Indian/Alaskan Native				
Asian/Native Hawaiian/Pacific Islander				
Multi-racial ( i.e. two or more races)				
<b>Total Minority:</b>				
White/Non-Hispanic				
Hispanic/Latino				
<b>Total Non-Minority:</b>				
In Poverty (100% of Federal Level)				
In Poverty Minority (100% of Federal Level)				
<b>Explanation if it is expected that Agency cannot achieve Projected Number of Participants in Column 4 above:</b>				

## SERVICE SITE LOCATIONS

**Applicant Agency:** \_\_\_\_\_

**Service:** \_\_\_\_\_

**Site Location(s):**

(List the sites where the proposed service will be provided. Use additional pages as needed).

1. Site : \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Site : \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Site : \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

4. Site : \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

5. Site : \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

6. Site : \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

7. Site : \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

8. Site : \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

9. Site : \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

10. Site : \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## **D. PROGRAM PROPOSAL FY 2020/2022**

**Write a Program Proposal narrative for each service for which funding is requested using the appropriate program proposal questions for the specific service(s) for which your agency indicated intent to apply for funding in the submission of a Letter of Intent to Apply. (*Proposals will only be accepted by applicants who submitted a letter of intent.*)**

**Restate all questions and double space written responses in no less than a 10 point font.** Each question should be restated in full preceding the response and numbered in the same chronological order.

**List a minimum of 2 outcomes for each proposed service using the Program Outcomes form** and attach to Program Proposal narrative. The Program Outcomes form can be downloaded from the web-site at <https://seniorresourceswmi.org/doing-business-with-us/rfp/>.

Use the Fundable Services grid on page 26 of the Request for Proposal as a reference for the applicable general and service standards. All general and specific service standards can be located and downloaded from Senior Resources' web-site at: <https://seniorresourceswmi.org/doing-business-with-us/rfp/> .





**Caregiver Support (Assessment/Education/Support)**

**Program Proposal**

Federal Funds

**Total Points: 60**

**Points**

- (15) 1. Explain in detail the sessions, group and/or one-on-one, you are proposing to provide. Include who will be facilitating sessions and their qualifications, the types of activities involved, locations, materials and procedures to be used. Please attach samples of printed program materials.
- (15) 2. Outline the agency's methods to outreach and market the program to area caregivers. How are programs targeted to geographic areas in which there are a significant number of individuals who have the greatest economic and/or social need for the proposed service? If funds are not sufficient to provide service for all caregivers, how does your agency prioritize participants? Please attach any marketing materials related to caregiver service provision.
- (10) 3. Describe in detail the type(s) of follow-up that will be provided to ensure that the caregiver receives necessary education/information for identified problems.
- (5) 4. Describe how your agency links with other agencies providing caregiver and client support services, and the process used for outside referral when a caregiver/client's needs may warrant additional services, support or intervention.
- (5) 5. Describe in detail your agency's methods and/or policies for protecting participants private health information (HIPAA).
- (10) 6. Submit two measurable program outcomes for Caregiver Support. The format should include the desired outcome and indicators, the activities you intend to conduct to reach that outcome, a timeline and proposed evaluation method. Please note: If funds are awarded your outcomes will be monitored on a yearly basis.  
Your outcomes should address:
  1. What benefits or changes and indicators are desired for participants during or after participating in program activities?
  2. How do you plan to accomplish this outcome?
  3. How will your agency evaluate if the outcome was successful?





**CASE COORDINATION AND SUPPORT**

**Program Proposal  
Federal/State Funds**

**Total Points: 60**

Points

- (5) 1. Describe your agency's intake process, how your agency links with other agencies providing long-term care (LTC) participant support services, and the process used for outside referral when a participant's needs may warrant additional services or need for a higher level of care program (Care Management, Medicaid Waiver or other LTC programs)?
- (4) 2. Describe the educational/work experience history of your case coordination & support employees. How often are in-services held? What topics are generally presented?
- (5) 3. Explain the sequence of steps that will be taken to deliver the proposed service to a participant, once eligibility has been determined. What criteria are used to determine a participant's need for services and the requested level of service?
- (5) 4. How does your agency ensure participants receive necessary service provision if Older Americans Act funding is not available? How do you identify and communicate with community agencies to arrange for these services? How do you enhance informal support systems?
- (5) 5. Describe the necessary components in the development of a participant's service plan. Please include the process for how services are ordered, canceled, and put on hold. How is a case handled if a participant or participant's family desires information or help in placement regarding long-term care?
- (5) 6. How do you assure and document consistent follow-up and reassessment on participant cases? What is your policy on frequency of participant contact? Describe the methods used at fiscal year-end to assure only active cases are transferred to the new fiscal year caseload.
- (4) 7. Describe your cost sharing procedure. How do you present the cost sharing policy? What is the procedure for submitting a cost share agreement to Senior Resources?
- (4) 8. Describe the agency's outreach capability/policy as a component of case coordination and support (home visit, door-to-door, publicity). How are the outlying areas in your service area made aware of services? Attach brochures and other examples if applicable.
- (4) 9. Explain the process for handling gatekeeper referrals (referrals made by utility companies regarding immediate concerns they have for a senior customer) from Senior Resources. What is your agency's timeframe for responding to these referrals and how do you follow-up with Senior Resources?
- (4) 10. Describe your unmet needs procedures. What is required in documentation to ensure participant eligibility? How does your agency determine who is eligible?

- (4) 11. How do you obtain and maintain lists of isolated older persons in the case of an emergency? Where are copies of this list stored? How often do you submit your list of Priority 1 participants (those without caregivers in the area who rely on service providers) to the Senior Resources Emergency Preparedness Coordinator?
- (4) 12. Describe in detail your agency's methods and/or policies for protecting participants private health information (HIPAA).
- (7) 13. Submit two measurable program outcomes for Case Coordination & Support. The format should include your desired outcome and indicators, the activities you intend to conduct to reach that outcome, a timeline and proposed evaluation method. Please note: If funds are awarded your outcomes will be monitored on a yearly basis. Your outcomes should address:
  - 1. What benefits or changes and indicators are desired for participants during or after participating in the program?
  - 2. How do you plan to accomplish this outcome?
  - 3. How will your agency evaluate if the outcome was successful?



**CONGREGATE MEALS**  
**Program Proposal**

Total Points: 60                      Federal/State Funds  
(Points)

- (5) 1. Describe how the agency monitors service and supervises staff at meal sites (include method, frequency of contact between supervisor and site staff.) Who is responsible for monitoring & assessing service and supervising staff? Describe your policy on staff in-services, what topics are generally presented?
- (3) 2. Describe the intake procedure in use at the luncheon centers and the participant information that is maintained. Describe how the information is kept private.
- (2) 3. Describe your outreach efforts and how minorities and those with greatest economic and social need are targeted.
- (5) 4. Describe your policy/procedure for informing and/or assisting eligible participants in obtaining or utilizing Federal Food Assistance Program benefits. Describe how your agency links with other agencies providing aging participant services, and the process used for outside referral when a participant's needs may warrant additional services, support or intervention.
- (3) 5. Identify staff and their position title that has completed the management certification training offered by MDHHS.
- (3) 6. How many congregate meal site staff do you employ? How many are also funded for support services (i.e. Transportation, HDM Evaluation, etc.) and at which meal sites are these staff funded for additional support service? Complete the Meal Sites form attached at end of questions.
- (4) 7. Identify the AASA recognized menu plans utilized that meet nutritional standard guidelines. Describe the methods your agency uses to monitor meal menus to ensure all nutrition requirements are being maintained. How often, by whom, when?
- 10) 8. Give a detailed description of food service operations addressing the following:  
Project Management
  - Location(s) of nutrition project's food preparation kitchen(s).
  - Identify source(s) from which food is purchased (i.e. wholesale buying, retail supermarket, etc.).
  - Describe your inventory system. Are you able to provide a report of daily/monthly food costs? If so, attach a copy of the most recent report.

### Meal Service

- What provisions are made to maintain correct serving temperatures for foods served to participants 30 minutes after the beginning of the serving period?
- Describe project efforts to prepare and serve food in a manner which represents optimum flavor and appearance, retains nutrients and food value, and satisfies majority preference.
- Describe your documentation process for reporting units/participants.

### Menu Planning

- What steps are taken to assure that the "special" nutritional needs of the elderly are met (i.e., considerations of ethnic preferences, adaptability of menus to therapeutic diets, appropriate textures, etc.)?
- Describe project menu planning process. Who plans menus? Describe the methods your agency uses to monitor meal menus to ensure all nutrition requirements are being maintained? How often, by whom, when? Describe procedure for revising menus after approval.

### Control Procedure

- Describe staff supervision and training which ensures the application of hygienic techniques and practices in food handling preparation and service.
- Describe food storage and control procedures used to protect against pilferage, food contamination, and waste. Who is responsible for control procedures?
- Discuss policy on leftover and donated foods.

### Meal Delivery

- Submit a route map of the congregate meal deliveries and the approximate arrival time at each meal site.
- How is delivery time documented?

- (5) 9. Congregate Meal Site Locations  
Grant applicants must complete a congregate meal site form. (See attached).
- (5) 10. With a general decline statewide in congregate meal attendance, describe any new or innovative ideas you are doing (or planning to do) to attract new participants. If your agency utilizes any new or inventive methods of service provision, please describe them.
- (4) 11. Describe your agency policy on meal site closures, both permanent and temporary (weather or emergency related, etc.).
- (3) 12. Describe in detail your agency's methods of protecting private health information, HIPAA.

(3) 13. Describe your agency's policy for notifying Senior Resources and the State Office on Aging regarding cancellation of meal preparations, delivery cancellations or shut down of operations.

(5) 14. Submit two measurable program outcomes for Congregate Meals. Please note: If funds are awarded your outcomes will be monitored on a yearly basis.

Your outcomes should address:

1. What benefits or changes are desired for individuals or populations during or after participating in program activities?
2. How do you plan to accomplish this outcome?
3. How will your agency evaluate if the outcome was successful?
4. The format should include your objective, the desired outcome, the activities you intend to conduct to reach that outcome, and a timeline.

# CONGREGATE MEAL SITES-Senior Resources/Region 14 AAA

Address, Phone & (Type of Facility)	List Days Meals Are Served: Su-M-T-W-Th-F-Sa	Average No. of Meals Per		Average No. of Participants Per	
		Day*	Month	Day	Month
<b>SUMMARY TOTALS</b>					

daily rate, divide the number of meals served each week by the number of days meals are served.



**ELDER ABUSE PREVENTION**  
**PROGRAM PROPOSAL**

Federal Funds

**Total Points: 60**

**(Points)**

- (8) 1. Describe in detail how your agency will address the issues of elder physical abuse, financial abuse, and emotional abuse over the next 3 years. Include a time-line of activities.
- (6) 2. How will this program be targeted to geographic areas in which there are a significant number of individuals who have the greatest economic and/or social need for such services?
- (6) 3. Please describe how potential elder abuse & exploitation by caregivers will be addressed.
- (8) 4. Describe the resources available to your agency (i.e. videos, films, pamphlets, etc.). Attach examples of appropriate material.
- (8) 5. Describe your agency's relationship to the following agencies/organizations within Senior Resources region (Muskegon, Oceana, and Ottawa counties):
  - a. Department of Human Services (address each county)
  - b. Legal Assistance programs
  - c. Long Term Care Ombudsman/Advocacy agencies (Senior Resources, CILs)
  - d. Law Enforcement (courts, prosecutor offices, law offices, local police, etc.)
  - e. Financial Institutions (banks, financial planners, etc.)
- (6) 6. Who will be responsible for providing Elder Abuse Prevention education and outreach? What are their qualifications?
- (8) 7. Outline the agency's methods to outreach and market the program to potential participants. Please attach any promotional materials related to the provision of this service, if available.
- (10) 8. Submit two program outcomes for Elder Abuse Prevention. Your outcomes should address:
  - a. What benefits or changes are desired for individuals or populations during or after participating in program activities?
  - b. How do you plan to accomplish this outcome?
  - c. How will your agency evaluate if the outcome was successful?



**FRIENDLY REASSURANCE**

**Program Proposal**

Federal Funds

**Total Points: 60**

**Points**

- (15) 1. Explain in detail the service you are proposing to provide. Include who will be providing the service and their qualifications, the types of activities involved, locations, materials, and procedures to be used. Please attach samples of printed program materials.
  
- (10) 2. Outline the agency's methods to outreach and market the program to potential participants. How will this program be targeted to geographic areas in which there are a significant number of individuals who have the greatest economic and/or social need for such services? If funds are not sufficient to provide service for all participants, how will your agency prioritize participants? Please attach any promotional materials related to the provision of this service, if available.
  
- (10) 3. Explain the agency's method of recruiting new staff and/or volunteers for the provision of this service, and describe the procedures used to screen staff and/or volunteers regarding their capabilities (good communication and interpersonal skills), character references and criminal background checks, etc. Describe procedures for screening prospective participants and matching reassurance staff/volunteers to persons who are compatible. Attach sample intake and screening forms, if applicable.
  
- (8) 4. Describe orientation for new staff and/or volunteers and how it addresses the needs of isolated, homebound frail persons, the limitations of reassurance contacts, and emergency procedures, etc. Include a sample orientation packet and a job description.
  
- (4) 5. Describe how your agency links with other agencies providing aging participant services, and the process used for outside referral when a participant's needs may warrant additional services, support or intervention.
  
- (3) 6. Describe in detail your agency's methods and/or policies for protecting participants private health information (HIPAA).
  
- (10) 7. Submit two measurable program outcomes for Friendly Reassurance. The format should include the desired outcome and indicators, the activities you intend to conduct to reach that outcome, a timeline and proposed evaluation method. Please note: If funds are awarded your outcomes will be monitored on a yearly basis. Your outcomes should address:
  - a. What benefits or changes and indicators are desired for participants during or after participating in program activities?
  - b. How do you plan to accomplish this outcome?
  - c. How will your agency evaluate if the outcome was successful?

**HOME DELIVERED MEALS**

**Program Proposal**

Federal/State Funds

**Total Points: 60**

(Points)

- (6) 1. Describe the agency's procedure for assessing the health needs and eligibility of participants. Attach assessment forms used. List all staff who conduct assessments. Describe the agency's policy and the time-line from referral to the participant receiving their first meal (i.e., waiting period, 24-hour notice, etc.). How does your agency inform and/or assist eligible participants in obtaining or utilizing Federal Food Assistance Program benefits, food pantries or other nutrition resources?
- (6) 2. If funds/meals are limited, describe what priority criteria are used to determine who receives meals. Describe your agency's prioritizing pre-screen for each individual placed on a waiting list for home delivered meals, the data collected and maintained, waitlist follow-up and who will be responsible for submission of waitlist reports. Address how those who are assessed but not served at identified need are prioritized and waitlisted.
- (4) 3. Describe how the agency will address the service standard requirement to provide three home delivered meals per day when need is indicated in participant's assessment. How will weekend meals be provided?
- (3) 4. What procedures have been established for assuring that short-term participants, such as those referred by hospital discharge planners, are reassessed and removed from the meals program as soon as they regain health and independence?
- (6) 5. Describe your agency's process to provide uninterrupted delivery of meals to participants in the event of inclement weather, natural disasters or if kitchen facilities are unavailable. Describe process of providing at least two emergency meals to each participant and how they meet the nutrition guidelines. Describe the communications system in place to alert participants of changes in meal delivery. Outline agreements in place with other agencies, groups or individuals that can be utilized to assist with food acquisition if own kitchen facilities are unavailable. Attach Emergency Plan.
- (3) 6. Describe your outreach efforts and how minorities and those with greatest economic and social need will be targeted.
- (4) 7. Describe the overall process used in the scheduling and routing of meal deliveries. Describe the process to document meal delivery and who maintains necessary documentation per individual for reporting meal counts.
- (3) 8. Describe the agency's policy/procedures for serving participants who are hard to reach because of their geographic location. How does your agency ensure that participants that receive shelf stable and/or frozen meals have and continue to have the ability to properly use or reheat these types of meals? What steps are taken to assure food is delivered at the state regulated temperatures?
- (3) 9. Describe your agency's policies related to liquid meal supplements. How often are physician diet orders and participant choice (opt out) letters renewed and documentation maintained? How does your agency develop the care plan for participants who receive liquid supplements?

- (4) 10. What are the barriers to providing meals throughout the service area?
- (4) 11. Describe any new or innovative steps that have been taken or are being planned to improve the quality of the meal, reduce per meal cost and/or service delivery.
- (4) 12. Describe your orientation and continuing in-service trainings for staff and volunteers. Include how staff are informed of service standard requirements and other aging partners services available for referrals. Are training plans developed and training logs maintained per individual?
- (3) 13. Describe in detail your agency's methods of protecting private health information, HIPAA.
- (7) 14. Submit measurable two program outcomes for Home Delivered Meals. Outcomes should address:
  - a. What benefits or changes are desired for individuals or populations during or after participating in program activities?
  - b. How do you plan to accomplish this outcome?
  - c. How will your agency evaluate if the outcome was successful?
  - d. The format should include your objective, the desired outcome, the activities you intend to conduct to reach that outcome, and a timeline.



**INFORMATION & ASSISTANCE**

**Program Proposal**

Federal Funds

**Total Points: 60**

Points

- (8) 1. Describe the education, training, certification or experience of your agency and staff. How many staff are AIRS certified? Is the agency nationally recognized as AIRS certified?
- (5) 2. Are your services available 24/7; what days and times are services available? Describe your intake process and any limitations.
- (5) 3. Does your agency have bilingual personnel available or have the capacity to acquire interpretation services as necessary? Do you have the capacity to serve hearing impaired and visually impaired persons in a manner appropriate to their needs?
- (10) 4. Describe how resources are collected, updated and maintained, and how your agency links with other agencies providing aging participant support services. Describe the agencies/programs you maintain close contact with in order to provide seniors accurate information they need or desire.
- (5) 5. Describe the process used for outside referral when a participant's needs may warrant additional services or need for a higher level of assistance.
- (5) 6. Are follow-up contacts made on all referrals within ten working days to determine whether services were received, the identified need met, and the participant is satisfied? (Follow-up contacts are not required for information-giving only contacts where a referral is not made.)
- (5) 7. Describe your outreach efforts and how you target rural participants and those with greatest economic and social need. How is outreach achieved and resources are made accessible to the general public? If availability is made to walk-ins, describe any limitations.
- (5) 8. Explain the process for handling gatekeeper referrals (referrals made by utility companies regarding immediate concerns they have for a senior customer). What is your agency's timeframe for responding to these referrals and how do you follow-up with Senior Resources?
- (4) 9. Describe in detail your agency's methods and/or policies for protecting participants private health information (HIPAA).
- (8) 10. Submit two measurable program outcomes for Information & Assistance. The format should include your desired outcome and indicators, the activities you intend to conduct to reach that outcome, a timeline and proposed evaluation method. Please note: If funds are awarded your outcomes will be monitored on a yearly basis. Your outcomes should address:
  1. What benefits or changes and indicators are desired for participants during or after participating in program activities?
  2. How do you plan to accomplish this outcome?
  3. How will your agency evaluate if the outcome was successful?



**LEGAL ASSISTANCE SERVICES**

**Program Proposal**

Federal Funds

**Total Points: 60**

Points

- (8) 1. Describe the type of legal problems the agency will undertake for the participant (i.e. wills, foreclosure, consumer protection, entitlements?).
- (5) 2. How are participants prioritized for these services in the event funding is not adequate to represent all who request the service?
- (3) 3. Describe system for targeting/serving minorities and those in greatest social & economic need.
- (3) 4. Explain your agency's policy on initiating class action suits.
- (5) 5. Describe any new or innovative steps the agency has taken or proposes to take in the delivery of service.
- (8) 6. Describe the effort and success of securing pro bono legal assistance for this region. If your legal assistance program is unable to assist a participant with the course of action that he/she wishes to take, describe how appropriate referrals are made.
- (4) 7. Outline the activities a paralegal may undertake in representation of a participant. What are the limitations?
- (8) 8. Explain the intake procedure and the agency's ability to provide outreach intake. Attach appropriate forms. How are calls prioritized and routed to appropriate locations and appropriate legal representation?
- (8) 9. Describe the agency's activities and relationship with other senior provider organizations in the region, including but not limited to: the area's long-term care ombudsman provider, case coordination & support sites, senior centers, meal programs, and the Department of Health and Human Services.
- (8) 10. Submit two measurable program outcomes for Legal Assistance. Please note: If funds are awarded, your outcomes will be monitored on a yearly basis. Your outcomes should address:
  - a. What benefits or changes are desired for individuals or populations when participating in your program?
  - b. How do you plan to accomplish this outcome?
  - c. How will your agency evaluate if the outcome was successful?
  - d. The format should include your objective, the desired outcome, the activities you intend to conduct to reach that outcome, and a timeline.



**LONG TERM CARE OMBUDSMAN**

**Program Proposal**

Federal/State Funds

**Total Points: 60**

**Points**

- (8) 1. Detail the steps the agency will undertake to serve residents in the long-term care facilities within our service area. Describe your system delivery to prospective long term care residents and their families regarding potential placement in long term care facilities. Also describe procedures for making referrals to the MI Choice Medicaid Waiver program for residents interested in nursing facilities transitions. Include information regarding follow-up and the documentation process.
- (5) 2. Describe the priority listing given to these services in the event resources are not available to represent all participants.
- (5) 3. Describe any new or innovative steps the agency has taken or proposes to take in the delivery of service. Describe your community education outreach initiatives. Please provide examples.
- (5) 4. Describe the activities the Ombudsman may undertake in representation of a participant. What are the limitations?
- (5) 5. Describe the educational/work experience history of your Long-Term Care Ombudsman/Advocacy employees. Describe the orientation process for new employees. How often are in-services held? What topics are generally presented?
- (5) 6. Describe the agency's ability to provide outreach in fair proportion to all long term care facilities in the service area of Senior Resources (Muskegon, Oceana and Ottawa counties).
- (5) 7. Describe how will establish a linkage with legal assistance, Michigan Department of Health & Human Services, Federal Office of Civil Rights, Michigan Peer Review Organization, the Michigan Attorney General's Health Care Fraud Unit, the Social Security Administrations, the Federal Office of the Inspector General, and State Long Term Care Ombudsman programs to assist participants. Who is your contact person at the above mentioned agencies?
- (6) 8. Have the staff you propose to act as the Ombudsman for Senior Resources' service area been trained by the State Long Term Care Ombudsman? How often is your agency in contact with and receive training by the State Long Term Care Ombudsman program?

- (5) 9. Describe the agency's use of volunteer ombudsmen. Describe recruitment, screening, training, and ongoing support activities related to volunteer advocates. What are their responsibilities? If applicable, attach a job description.
- (5) 10. Describe in detail your agency's methods of protecting private health information, HIPAA.
- (8) 11. Submit two program outcomes for LTC Ombudsman service. Please note: If funds are awarded your outcomes will be monitored on a yearly basis. Your outcomes should address:
- a. What benefits or changes are desired for individuals or populations during or after participating in program activities?
  - b. How do you plan to accomplish this outcome?
  - c. How will your agency evaluate if the outcome was successful?
  - d. The format should include your objective, the desired outcome, the activities you intend to conduct to reach that outcome, and a timeline.





**Kinship Care**  
**Program Proposal**  
Federal Funds

**Total Points: 60**

Points

- (9) 1. Explain in detail how the service will be provided. Include who will be providing the service and their qualifications, the types of curriculum, activities and services involved, meeting locations, number of sessions to be offered, procedures to be used, and the availability of respite (child) care to be provided. Please provide a timeline.
- (8) 2. Please describe your curriculum in detail and attach sample documents.
- (8) 3. Describe how assistance will be given to grandparents/kinship caregivers to enable them to gain access to the community services/information/resources needed to provide adequate caregiving.
- (8) 4. Describe how clients are prioritized if your agency resources are not adequate to provide service to all who request it.
- (8) 5. Describe the agency's methods to outreach and market the program to age 55+ kinship caregivers. Describe efforts to target minorities and those with greatest economic/social need.
- (8) 6. Describe how your agency links with other agencies providing aging participant services, and the process used for outside referral when a participant's needs may warrant additional services, support or intervention.
- (3) 7. Describe in detail your agency's methods and/or policies for protecting participants private health information (HIPAA).
- (8) 8. Submit two program outcomes for Kinship Care. Please note: If funds are awarded your outcomes will be monitored on a yearly basis.  
Your outcomes should address:
  - a. What benefits or changes are desired for individuals or populations during or after participating in program activities?
  - b. How do you plan to accomplish this outcome?
  - c. How will your agency evaluate if the outcome was successful?
  - d. The format should include your objective, the desired outcome, the activities you intend to conduct to reach that outcome, and a timeline.

**TRANSPORTATION/DYNAMIC: DEMAND-RESPONSE**

**Program Proposal**

Federal Funds

Method of Transportation\*

- Route Deviation Variation  
 Flexible Routing Variation  
 Public Transit Reimbursement

Will transport to: (check all that apply)

- Meal Site  
 Shopping/Errands  
 Appointments  
 Other: \_\_\_\_\_

***\*If your agency contracts with another organization to provide transportation service, you will need to secure all needed information to answer the following questions in their entirety***

**Total Points: 60**

**Points**

- (7) 1. Describe the licensing and training requirements for your drivers. Describe procedures used to verify that licensing, clean safety record, and required trainings are current.
- (4) 2. Explain what forms of assistance drivers may offer rider participants. Attach, if applicable, agency policies restricting any form of assistance.
- (5) 3. Describe the procedures used to assure vehicle safety and to assure service delivery in the event of a vehicle breakdown. Attach safety equipment checklist and applicable rider safety & vehicle maintenance policies. Attach applicable report forms.
- (5) 4. Give details about the procedure used for making changes in daily routes (i.e., adding/deleting riders, time changes).
- (5) 5. Explain the agency's policy on restrictions of rides per person or frequency of usage. Include who is eligible to ride, the limitations of the types of rides you will provide (i.e. areas, medical appointments, shopping, meal site, etc.) and how donations are collected. **If a sliding fee/contribution scale is used, describe your method of collection for rides and submit an example of the materials used to solicit donation towards the cost of a ride.**
- (4) 6. If your agency is unable to provide all rides requested, how do you prioritize participants?
- (5) 7. Describe the agency's policy on providing transportation for leisure trips or trips that are not normally scheduled.
- (5) 8. Outline your agency's policy on serving persons who are located in very rural areas, off normal routes, or difficult to reach because of their geographic location.
- (3) 9. Describe the system of communicating with the drivers (i.e. radio, telephone, etc.).
- (5) 10. Describe any barriers to providing transportation service in your service area.
- (4) 11. Describe in detail your agency's methods and/or policies for protecting participants private information.

- (8) 12. Submit two measurable program outcomes for Dynamic Transportation. The format should include the desired outcome and indicators, the activities you intend to conduct to reach that outcome, a timeline and proposed evaluation method. Please note: If funds are awarded your outcomes will be monitored on a yearly basis. Your outcomes should address:
- a. What benefits or changes and indicators are desired for participants during or after participating in program activities?
  - b. How do you plan to accomplish this outcome?
  - c. How will your agency evaluate if the outcome was successful?

**TRANSPORTATION/VOLUNTEER**

**Program Proposal**

Federal Funds

Method of Transportation

Volunteer Driver (personal vehicle)

Volunteer Driver (agency vehicle)

Will transport to: (check all that apply)

Meal Site

Shopping/Errands

Appointments

**Total Points: 60**

Points

- (8) 1. Explain the agency's method of recruiting volunteers and procedures for screening volunteers regarding character reference, criminal background check, current valid drivers' license, clean safety record, and capability of assisting seniors. Attach sample volunteer intake and screening forms.
- (8) 2. Describe orientation for new volunteer drivers. Include orientation packet, and a position/job description. Include policies and procedures regarding how and at what rate(s) volunteers are reimbursed.
- (7) 3. Provide policy to ensure adequate insurance coverage if volunteers use personal vehicles for to transport participants. (If agency vehicles are provided, include proof of fleet insurance coverage in the Management section). Describe the procedures used to assure vehicle safety and to assure service delivery in the event of a vehicle breakdown. Attach safety equipment checklist and applicable rider safety & vehicle maintenance policies. Attach applicable report forms.
- (5) 4. Outline your agency's method for scheduling and routing volunteer drivers. Describe the methods used to assure the most efficient and economical routing patterns (i.e. regular route review). Attach any relevant documentation.
- (5) 5. Describe the agency's policy on the number of riders required per car, rider frequency, distance/miles allowed and purpose. Include who is eligible to ride, the limitations of the types of rides you will provide (i.e. areas, medical appointments, shopping, meal site, etc.) and how donations are collected.
- (4) 6. If your agency is unable to provide all rides requested, describe how participants are prioritized.
- (4) 7. Give details regarding the system of communication with volunteer drivers (i.e. radio, regularly scheduled meetings, telephone, mail, word-of-mouth).
- (5) 8. Who manages the volunteer program? Does the agency have a Volunteer Coordinator? If so, what are his/her responsibilities?
- (3) 9. Describe in detail your agency's methods and/or policies for protecting participants private information.

- (4) 10. Describe your attempts to secure additional funding for transportation services.
  
- (7) 11. Submit two measurable program outcomes for Transportation-Volunteer. The format should include your desired outcomes and indicators, the activities you intend to conduct to reach that outcome, a timeline and proposed evaluation method. Please note: If funds are awarded your outcomes will be monitored on a yearly basis. Your outcomes should address:
  - a. What benefits or changes and indicators are desired for participants during or after participating in program activities?
  - b. How do you plan to accomplish this outcome?
  - c. How will your agency evaluate if the outcome was successful?

## **E. BUDGET PROPOSAL**

Budget is comprised of a Budget Narrative including a Financial Management Questionnaire, and Service Cost Detail for each service for which funding is requested.

Budget forms can be downloaded from the web-site: <https://seniorresourceswmi.org/doing-business-with-us/rfp/> by clicking on 'Budget forms.'