

May 5, 2019

Dear Interested Party:

Elder Services of Berkshire County, Inc. announces the availability of funds through Title III of the Older Americans Act, and requests proposals for the one-year grant cycle spanning Federal Fiscal Year 2020 (October 1, 2019 -September 30, 2020).

The Request for Proposal (RFP) process is open to nonprofit organizations and private for-profit organizations and businesses. Subgrant proposals must support the goals of the Older Americans Act by providing direct services to Berkshire County residents, age 60 and older. The Older Americans Act identifies groups of seniors who should receive priority in the use of Title III funding, including rural elders, elders with **the** greatest economic and social need, racially or ethnically isolated individuals, limited English speaking seniors, frail or disabled individuals and the caregivers of such individuals, and elders facing cultural or social isolation, including LGBT individuals.

The following are considered prioritized services for purposes of the grants:

Legal Assistance, Minor Home Repair, Heavy Chore, In-home Mental Health Assessment, In-home Skilled Nursing Visits not covered by Medicare, approved evidence-based Healthy Aging programs (see list, page 6), Caregiver Support, such as education and training, social day care, or respite services to provide temporary relief from the responsibilities of caregiving.

All grants are subject to the availability of funding. Monthly Subgrant reporting is required. Funding is allocated monthly on a cash reimbursement basis.

Interested individuals and organizations, especially those that serve seniors, are encouraged to apply. Proposals may be submitted by a single organizational entity, or may be collaborative ventures.

PLEASE NOTE: If you are new to the Subgrant Process, or *did not* receive a Subgrant in the last funding cycle (FY 2019), you must submit a **Letter of Intent** by **June 3, 2019**. Letters of Intent will be reviewed, and if selected, organizations will be invited to submit the Full RFP. See next page for Letter of Intent format.

An **informational meeting** for those who are new to, or who have questions about, Elder Services' RFP process will be held on **Tuesday, May 28 at 10 a.m.** at Elder Services, 877 South St., Suite 4E, in Pittsfield.

For further information, call ESBCI Title III Planner, Donna Todd Rivers at 413-499-0524, or send an email to dtoddrivers@esbci.org.

If invited to submit, applications must be emailed to Donna Todd Rivers at Elder Services (dtoddrivers@esbci.org) by 4:00 p.m. Monday, June 24, 2019.

Sincerely,
Donna Todd Rivers, Planning & Development Supervisor & Title III Planner

Letter of Intent

All applicants should first read the entire RFP, attached.

If you are new to the Subgrant process, or did not receive funding in the FY 2019 Subgrant cycle, you must submit a Letter of Intent by 4:00 pm on **June 3, 2019**. All Letters of Intent will be reviewed, and selected organizations will be invited to submit the Full RFP. The Letter of Intent should be no more than 2-3 pages, and address the following:

Name of organization, address and phone number

Name of contact person, email address and phone number

1. Please provide a basic outline of what you plan to offer, when and to whom.
2. Which of the Subgrant priorities does the program address?
3. Purpose of the proposed program or service
4. Estimate the amount of Title III funding you will be seeking.
5. Estimate the TOTAL amount of funding, including other sources, needed to run the program.
6. What other funding sources will be providing money to run the program?
7. What service area/towns do you expect to serve?
8. How do you plan to reach out to the Older Americans Act (OAA's) targeted populations*?

* The OAA identifies groups of seniors who should receive priority in the use of Title III funding, including rural elders, elders with **the** greatest economic and social need, racially or ethnically isolated individuals, limited English speaking seniors, frail or disabled individuals and the caregivers of such individuals, and elders facing cultural or social isolation, including LGBT individuals.

Send Letter of Intent to Donna Todd Rivers, Title III Planner, by email to dtoddrivers@esbci.org, no later than 4:00 pm on June 3, 2019.

R E Q U E S T F O R P R O P O S A L S
to Elder Services of Berkshire County, Inc. for
Fiscal Year 2020 Title III Funds under The Older Americans Act.
Applications are due by 4:00 p.m. on Monday, June 24, 2019

General Instructions:

- Submit completed proposal **via email to dtoddrivers@esbci.org**
- Use the following checklist to make sure your application is **complete:**

ITEM	CHECK OFF
1. Proposal Cover Page	_____
2. Proposal Summary and Work Plan	_____
3. Service Unit Worksheet	_____
4. Donation Opportunity Procedure	_____
5. Budget	_____
6. Budget Narrative	_____
7. Description of Organization for press events	_____
8. Photos to be used for promotional purposes	_____

Omission of requested information or the forwarding of material that is incomplete may remove a proposal from further consideration. If you have any **questions** regarding this proposal, **contact Donna Todd Rivers by phone or e-mail.**

Phone: 413-499-0524
E-mail: dtoddrivers@esbci.org

PROPOSAL REVIEWS

Reviews are based upon the Subgrant Proposal Review Criteria, which give a quantitative rating to the quality of the proposed project. An interview with the applicant may be requested. Subsequently, Elder Services will notify each applicant, within ten (10) days after the decision of the Board of Directors, that its proposal has been approved or denied. If the applicant believes any denial for funding was made on arbitrary or unsubstantiated grounds, then a request for appeal must be sent via registered mail or delivered in person to the Massachusetts State Unit on Aging, the Executive Office of Elder Affairs, One Ashburton Place, Boston MA 02108 and to Elder Services of Berkshire County, Inc., 877 South St., Suite 4E, Pittsfield, MA 01201 within ten (10) days of adverse notification by the Area Agency on Aging.

RFP INFORMATION:

Contract Period: October 1, 2019 to September 30, 2020.

1. The Area Agency on Aging (AAA) planning service area is Berkshire County, including:

Adams, Alford, Becket, Cheshire, Clarksburg, Dalton, Egremont, Florida, Great Barrington, Hancock, Hinsdale, Lanesboro, Lee, Lenox, Monterey, Mount Washington, New Ashford, New Marlboro, North Adams, Otis, Peru, Pittsfield, Richmond, Sandisfield, Savoy, Sheffield, Stockbridge, Tyringham, Washington, West Stockbridge, Williamstown, and Windsor.

Activities proposed by applicants must cover one or more of the above communities, as specified in this application. Preference is given to organizations whose proposed programs will be available countywide.

2. Proposals are being sought on a competitive basis for a one year period beginning **October 1, 2019**. (See Contract Period above.) All grants will be subject to availability of funds.

This application must be sent via email to Donna Todd Rivers, at dtoddrivers@esbci.org by Monday, June 24, 2019 by 4:00 p.m.

An informational meeting for those who are new to, or who have questions about, Elder Services of Berkshire County's (ESBCI) RFP process will be held

Tuesday, May 28, 2019 at 10:00 A.M.
Elder Services of Berkshire County, **Inc.**
877 South St., Suite 4E
Pittsfield, MA 01201

3. If ESBCI is interested in a proposal but cannot fund it completely, partial funding may be awarded. A revised budget and budget narrative will then be required. Year two funding is based on availability and may require partial funding.
4. Title III funds are intended to benefit persons age sixty (60) years and over. Participation is open to all age groups as long as the primary benefit is derived by persons age sixty and over. Applicants should seek to give preference to seniors designated by the Older Americans Act to receive priority in the use of Title III funding, including rural elders, elders with **the** greatest economic and social need, racially or ethnically isolated individuals, limited English speaking seniors, frail or disabled individuals and the caregivers of such individuals, and elders facing cultural or social isolation, including LGBT individuals.
5. Each grantee must clearly offer participants in Title III funded programs the opportunity to voluntarily contribute to the cost of the activities. The charging of a fee is prohibited. Contributions must remain confidential. However, no person may be denied involvement if he or she chooses not to contribute. All contributions received are to be used to fund the services of the program being funded under this grant. Donations to an organization

providing a Subgrant are used to offset the cash requests made of ESBCI.

6. If an activity requires participants to come to a site for programs and services, the site must be handicapped accessible.
7. Please use only the attached application format and budget forms.
8. All grants that are awarded will be monitored by ESBCI, as required by the federal and state government, **which includes an annual on-site monitoring visit**. The projects are monitored to ensure the services are proceeding as planned and evaluated to assess their effectiveness. Monthly program and fiscal reports are required in a timely fashion to ensure a continuous program of self-monitoring. (See enclosed Appendix A, "Monthly Reporting Requirements for Title III Grants"; and Appendix B, "Monthly Reporting Form – Demographic Characteristics.")

Funded organizations must bring summarized consumer satisfaction results and a list of outreach activities thus far conducted to the annual monitoring visit.

ROLE OF ELDER SERVICES OF BERKSHIRE COUNTY:

In addition to Subgrant funding, management and monitoring, the role of ESBCI will be to provide the following as needed:

- Ongoing technical assistance.
- Participation in possible follow-ups/referrals on behalf of program participants.
- ESBC staff assistance for some funded workshops.

CRITERIA FOR FUNDING DEFINED BY OLDER AMERICANS ACT:

- With regard to Older Americans Act Title III funding, preference is given to groups of seniors considered to have the greatest need, including rural elders, elders with greatest economic and social need, racially or ethnically isolated individuals, limited English speaking seniors, frail or disabled individuals and the caregivers of such individuals, and elders facing cultural or social isolation, including LGBT individuals.
- Cost-efficiency is a consideration, calculated as cost per unit of service.
- In addition, the Commonwealth of Massachusetts requires that all grantees must agree to CORI checks (Criminal Offender Record Information), for volunteers and program staff working in Title III federally funded programs.
- Likelihood that Subgrant-funded programs will become self-sustaining over time and will function as seed programs.

SCOPE OF SERVICES for FFY 2020 Title III Subgrant Funding:

- Legal Assistance
- Minor Home Repair
- Heavy Chore
- In-home Mental Health Assessment
- In-home Skilled Nursing Visits not covered by Medicare
- Approved Evidence-based Healthy Aging program:
Only programs identified as meeting the criteria of the Administration for Community Living will be funded. Please see <https://www.ncoa.org/resources/ebpchart/> for approved programs.
- Caregiver Support, such as education and training, social day care, or respite care to provide temporary relief from the responsibilities of caregiving.

End of Information Section: The Title III Subgrant Application begins with the Cover Sheet on page 7.

COVER SHEET

PROJECT NAME: _____

AGENCY: _____

ADDRESS: _____

CONTACT PERSON: _____

TITLE: _____

EMAIL: _____

PHONE: (____) _____

FFY2020 AMOUNT REQUESTED: \$ _____ (annual funding request)

TARGETED BERKSHIRE COMMUNITY(S):

NAME: _____ TITLE: _____
(Signature and title of individual authorized to submit this proposal).

DATE: _____

RFP APPLICATION FORM FOR FY 2020 TITLE III SUBGRANT FUNDS

PROPOSAL SUMMARY & WORK PLAN

Please reference the numbers and letters used below to answer each corresponding question. Attach other sheets as necessary to answer questions listed below.

1. a) What do you want to do?
 - b) How do you want to do it?
 - c) How much funding is needed?
2. a) Using a separate sheet, please describe your plan (include specific activities that will take place, staffing and time frames). Define your unit of service, indicate your estimated total cost per unit of service, and estimate numbers of units to be delivered. (See page 10 for more information on units.) Attach other sheets as necessary. Also in this section, discuss the staffing pattern of the proposed project. List all staff positions for the proposed project and attach a job description for each position. Include in the job description the numbers of hours worked per week, the position title, main responsibilities, and proposed salaries. Also include resumes of key personnel.
 - b) Attach an official copy of your agency's license, accreditation or registration (if applicable), including those of staff for each Title III funded position. Please include a copy of your liability insurance certificate.
3. Describe methods to be utilized to ensure that recipients of Title III funded services are age eligible (sixty years and older).
4. Explain how the proposed project will coordinate with other programs and services for seniors in the service area, (examples: Elder Services, Councils on Aging and other community services.)
5. What strengths and/or past experience will enable you to succeed in this activity? What (if any) obstacles do you anticipate?
6. How will you offer participants the opportunity to make voluntary contributions and how will you maintain confidentiality when you receive these contributions? See attached "Donation Opportunity Procedure/Notice" on page 11 for more information about this section.
7. Provide a specific plan for targeting outreach and service to rural elders, elders with the greatest economic and social need, racially or ethnically isolated individuals, limited English speaking seniors, frail or disabled individuals and the caregivers of such

individuals, and/or elders facing cultural or social isolation including LGBT individuals.

8. For the previous question, what methods will you use to evaluate whether or not you have succeeded in targeting those populations?
9. Complete the one year Budget form on page 12 based on your original funding request. The total budget should include the requested Title III funding plus a minimum 15% cash or in-kind match or combination thereof. **Cash match** is funding your organization will provide to carry out the project. **In-kind match** can encompass overhead expenses such as facility rent or utilities, and can even be provided by a third party, such as a municipal fund. Match cannot consist of Federal funds. Each proposal budget must have a minimum of 15% match. In general, funding covers the actual costs of providing a direct service, rather than being used for administration and overhead, which are ordinarily considered as part of an organization's matching funds. **All in-kind match must be composed of non-federal dollars.**
10. Should partial funding be awarded, a revised Budget and Budget Narrative will be required. Whatever the percentage of match in your budget, you will be expected to show that percentage in the match columns of each monthly budget update.
11. In your Budget Narrative (page 13) please submit a detailed budget justification that includes all costs reflected on the proposal's budget page, with specific information as to how those costs were computed; i.e., salaries should include hourly wage, number of hours per week and number of weeks. Budget narrative should define the sources of funding for each item, i.e. federal or local, which make up the 100% budget figure. Specific information on fringe benefits and travel reimbursement rates should be included. (The budget period for federally funded programs is from October 1st to September 30th.)
12. Title III Subgrants are funded on a year-to-year basis, **with no guarantee of future funding**. Describe efforts that have or will be undertaken to secure permanent funding for the continuation of the service initiated with Title III funds.
13. Using the Service Unit Worksheet on the next page, estimate the number of service units you anticipate providing if your proposal is funded in full. An amended number of units will be requested if partial funding is awarded. Complete the worksheet, including computations at the bottom of the page.

SERVICE UNIT WORKSHEET

1. Projected Service Statistics:

Identify the types of **services** to be provided by the program and the **estimated number of service units of each to be delivered during FFY 2020 (October 1st, 2019 to September 30th, 2020)**. Service Units funded by Title III should directly address the AAA funding priorities/scope of services noted on page 6, and fall into one of these categories.

SERVICES:

Legal Assistance _____ hours

Minor Home Repair _____ jobs

Heavy Chore _____ 15 minute increments

In-home Mental Health Assessment _____ **assessments**

In-home Skilled Nursing Visits not covered by Medicare _____ visits

Approved Evidence-Based Healthy Aging Programs: See list on page 5.

Name of Program _____ sessions

Caregiver Education and Training _____ sessions

Respite for Caregivers
who cannot leave their loved ones at home alone _____ hours

Estimated total number of service units you plan to provide: _____

Please include a statement of your best estimate of how many seniors would benefit from the Title III Subgrant funding over the course of Federal fiscal year 2020 (October 1, 2019 to September 30, 2020).

We estimate we would serve _____ seniors in FFY 2020.

Please calculate:

Total Cost per Service Unit: 100% Program Budget divided by # of service units= \$ _____

Title III Cost per Service Unit: Title III Subgrant Funding requested divided by # of service units= \$ _____

DONATION OPPORTUNITY PROCEDURE:

Title III of the Older Americans Act regulations states that participants in Title III funded programs/projects must be provided the opportunity to make a voluntary, confidential contribution to the cost of the program or service. Donations received are for the project for which you are funded. No senior may be denied services if he/she chooses not to make a donation.

Anticipated donations are to be shown in column D on the Budget page as "Generated Income" and should be reflected in your Budget Narrative. Please choose one or more of the following methods to offer participants the opportunity to donate to the project:

- _____ Donation envelope given to all clients
- _____ Letter mailed to client offering the opportunity to make a donation
- _____ Verbal request for donation
- _____ Other (please explain your plan)

REQUIRED STATEMENT OF FUNDING SOURCE:

Any printed material, including donation letters, press releases, brochures, web sites or other publications describing a program funded in whole or in part by Title III, must display the statement to the following effect:

"This (program/project/service) is funded in whole or in part by a grant from Elder Services of Berkshire County, Inc. and the Executive Office of Elder Affairs."

SAMPLE BUDGET: USE YOUR OWN LINE ITEMS

Organization Name: _____

FY 2020 SUBGRANT BUDGET

	A	B	C	D	E
COST CATEGORY	TOTAL PROGRAM BUDGET	CASH MATCH *	IN-KIND MATCH ** *	GENERATED INCOME (Anticipated Donations)	TITLE III REQUEST
WAGES & BENEFITS					
ADVERTISING					
MATERIALS					
ADMINISTRATION & GENERAL COSTS		Usually, this is match	Usually, this is match		
OTHER, PLEASE LIST:					
TOTALS					

Total of Columns B+C+D+E must equal Column A
 Total of Column E must equal amount requested on Cover Page.

*All proposed budgets must include a minimum 15% match (cash and/or in-kind) by the organization requesting funding. Administration and General costs are normally listed as part of an organization's match, and not funded by the Subgrant.

**If In-Kind Match is used, list sources on a separate sheet.

If funded, you will be asked to provide Monthly Updates to the final budget.

BUDGET NARRATIVE

Please submit a detailed budget justification that includes all costs reflected on the budget page, with specific information as to how those costs were computed; i.e., salaries should include hourly wage, number of hours per week and number of weeks. Budget Narrative should define sources of funding for each item, i.e. federal or local, which make up the 100% budget figure. Specific information on fringe benefits, and travel reimbursement rates should be included. (The budget period for federally funded programs is from October 1st to September 30th.)

This completes the application form. Please review attached Appendices.

Appendix A

MONTHLY REPORTING REQUIREMENTS FOR TITLE III OAA GRANTS/CONTRACTS.

1. PROGRAM REPORTING

Area Agencies on Aging (AAA), such as Elder Services of Berkshire County, Inc. (**ESBCI**), require **monthly** program reports for all Title III Older Americans Act funded programs. The monthly program report must include a report of activities as they relate to the goals and objectives stated in the original proposal. This should include the number of seniors age 60+ served, and units of service for each type of activity. For example, if the proposal states that 12 support group meetings will be held, the report would include the number of meetings conducted that month, the number of people who attended, and the number of units.

A sample Monthly Program Report, which contains demographic information, is included as Appendix B1. If the participants will be primarily caregivers, an additional report, "Title III E, Summary Characteristics of Caregivers serving Elderly Individuals," must also be submitted monthly. (See Appendix B2.) The AAA compiles the information obtained from the program reports and sends it to the state and federal governments.

Report only on "services provided and elders served" for seniors residing within Berkshire County.

In order to request a cash disbursement, there must be units of service on that month's report. **Activities such as program coordination, curriculum development, or volunteer recruitment should not be billed for until elders have actually been served.** If the grant normally has monthly activity, and there was no grant activity during a given month of the grant year the AAA Planner must be notified by the 10th of the following month through a brief e-mail.

2. MONTHLY FISCAL REPORTING AND CASH REQUEST FORM

Funds are disbursed in response to the "Cash Request" and "Budget Update" forms, submitted monthly, which reflect actual expenditures made during the previous month. The Area Agency on Aging requires that specific backup documentation be maintained by the Subgrantee with regard to all grant-related expenditures. The documentation, which should be made available to ESBCI upon request, may include:

1. Copies of applicable invoices with the date paid.
2. For programs with personnel costs, copies of the payroll ledger sheets listing position, name, gross payroll, deductions, net payroll and period covered. The report should detail the amount of its employees' time that is grant-related.
3. Travel vouchers to support travel costs.
4. Backup detail for the value of In-Kind contributions; for example: values assigned for contributed space and equipment and the value of volunteer services performed. (Volunteers must have completed and approved time sheets.)

The line items in the monthly financial reports must parallel the line items of the original budget in the grant proposal. The percentage of Cash and In-kind Match as set forth in the final budget of an approved Subgrant proposal must carry over into the Monthly Budget Updates. **For instance, if an organization states that they will have a 20% match, each Monthly Budget Update should show a 20% match.**

Requests for changes in line item expenditures must be submitted in writing to ESBCI. If fiscal reports are incorrect, we may return them for corrections. ESBCI's Title III Planner and fiscal staff are available to provide technical assistance; please call 499-0524 when you have questions.

Summary: Grantees must send, **by the 7th of every month**, the following **documentation**, reflecting program activity of the previous month, to Dianna Pikul, Accountant: Elder Services of Berkshire County, Inc., 877 South St., Suite 4E, Pittsfield, MA 01201. dpikul@esbci.org. **You will be out of compliance if you submit them later than the 10th of that month.**

All forms must be submitted even if there has been no activity or persons served in the previous month.

Signed original copies must always be submitted by US mail, even if items are initially faxed (413-445-5395 or emailed) to meet the deadline.

1. Cash Request Form
2. Budget Update Form
3. Monthly Program Report (B-1)
4. If program primarily serves caregivers, a "Summary Characteristics of Caregivers Serving Elderly Individuals" form (B-2) must also be submitted.

Electronic copies of all required forms will be sent to grantees who receive funding as part of the contract.

Appendix B-1

SAMPLE MONTHLY REPORTING FORM – DEMOGRAPHIC CHARACTERISTICS

NAME OF PROJECT _____

MONTH AND YEAR _____

	CURRENT MONTH	YEAR-TO- DATE (From October 1)
<p>1. Enter total number of unduplicated persons aged 60 years or over (or caregivers) served this month who are new to the program. In your October report, In year-to-date column, please add any carryovers from September who were also served in October.</p>	<p>_____</p> <p>New Only</p>	<p>_____</p>
<p>2. Of the total population served, how many were: (Figures entered may be duplicative counts.)</p>		
a. American Indian/Alaskan Native	_____	_____
b. Asian/Pacific Islander	_____	_____
c. African American	_____	_____
d. Hispanic	_____	_____
e. Frail/Disabled (persons aged 60+ having a physical or mental disability that restricts the ability of the individual to live independently).	_____	_____
f. Residents of Rural Areas. (See list of towns, Appendix C.)	_____	_____
g. Low-income non-minority (persons with an annual income at or below the Federally established poverty level.)	_____	_____
h. Low-income Minority (persons who are either American Indian/ Alaskan Native, Asian/Pacific Islander, Black not of Hispanic origin, or Hispanic, within annual income at or below the Federally established poverty level).	_____	_____
3. Number of Service Units Provided:	_____	_____
4. Number of unduplicated persons served	_____	_____

APPENDIX B-2

TITLE III E Summary Characteristics of Caregivers Serving Elderly Individuals

Subgrantee: _____

Month: _____

Name of Project: _____

Caregiver Characteristics	Total Year to Date Caregivers	# Caregivers Current	Age of the Caregiver			
			Under 60	Age 60-74	Age 75-84	Age 85+
Total Caregivers						
Caregivers with Age Data						
Age missing						
Female						
Male						
Gender Missing						
Rural						
Rural Missing						
Caregivers by Ethnicity						
Hispanic or Latino						
Not Hispanic or Latino						
Ethnicity Missing						
Caregivers by Race or Ethnicity						
White (Alone) - Non-Hispanic						
Total Minorities						
White (Alone) - Hispanic						
American Indian/Alaska Native (Alone)						
Asian (Alone)						
Black or African American (Alone)						
Native Hawaiian or Other Pacific Islander (Alone)						
Persons Reporting Some Other Race						
Persons Reporting Two or More Races						
Race Missing						
Caregiver by Relationship						
Husband						
Wife						
Son/Son-in-law						
Daughter/Daughter-in-Law						
Other Relative						
Non-Relative						
Relationship Missing						
Number of Phone Calls						
Units of Service						

Appendix C - Berkshire County Towns considered Rural: (Less than a hundred persons per square mile)

Alford
Becket
Egremont
Florida
Hancock
Hinsdale
Monterey
Mount Washington
New Ashford
New Marlborough
Otis
Peru
Richmond
Sandisfield
Savoy
Sheffield
Stockbridge
Tyringham
Washington
West Stockbridge
Windsor

Please refer to this list when filling out the Monthly Program Update and, if applicable, the Summary Characteristics of Caregivers Serving Elderly Individuals.