

REQUEST FOR PROPOSAL

Fiscal Year 2010 Title III Funds under The Older Americans Act.

Applications are due by 4:00 P.M. on July 15, 2009

General Instructions:

- Submit **one original** and **8 copies**. (**Pages numbered, do not staple**)
- Complete budget pages including the budget narrative.
- Sign and date application.
- Use the following checklist to make sure your application is **complete**:

ITEM	CHECK OFF
1. Proposal Cover Page	_____
2. Proposal Summary	_____
3. Program Work Plan	_____
4. Budget	_____
5. Budget Narrative	_____
6. Donation Opportunity Procedure	_____
7. Appendices B-1 and B-2 (for reference 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 in writing, by June 29, 2009**, Roger Suters at 66 Wendell Avenue, Pittsfield, MA 01201

Letter: 66 Wendell Avenue, Pittsfield, MA 01201

Fax: (413) 445-5395

e-mail: rsuters@esbci.org

PROPOSAL REVIEWS

Reviews are based upon the Proposal Review Criteria, which gives a quantitative rating to the quality of the proposed project. An interview with the applicant by the Committee **may** be requested. Subsequently, Elder Services will notify each applicant in writing that its proposal has been approved or denied within ten (10) days after the decision of the Board of Directors. If the applicant believes the denial for funding was made on arbitrary or unsubstantiated grounds, then a request for appeal must be mailed, registered mail or delivered to the Massachusetts State Unit on Aging, Executive Office of Elder Affairs, One Ashburton Place, Boston MA 02108 and to Elder Services of Berkshire County, Inc., 66 Wendell Avenue, Pittsfield, MA 01201 within ten (10) days of adverse notification by the Area Agency on Aging. Further details on this appeals procedure can be obtained by contacting the Area Agency's Title III Planner.

RFP INFORMATION:

Proposals may be submitted for either a **one-year** or **two-year** duration.

Contract Period: October 1, 2009 to September 30, 2010 for one-year proposals and through September 30, 2011 for two-year proposals.

1. The Area Agency on Aging planning service area is Berkshire County including:

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

Activities proposed by applicants must cover one or more of the above communities or all, if specified in this application.

2. Proposals are being sought on a competitive basis for the period beginning **October 1, 2009. (see Contract Period above)** All grants will be subject to availability of funds.

This application must be received by Wednesday, July 15, 2009 by 4:00pm at:

**Elder Services of Berkshire County, Inc.
Attention: Roger Sutars
66 Wendell Avenue, Pittsfield, MA 01201**

An informational meeting will be held to review the RFP with interested potential applicants on:

Monday, June 22, 2009 at 11:00 A.M.
Elder Services of Berkshire County
66 Wendell Avenue
Pittsfield, MA 01201

3. If Elder Services is interested in a proposal but cannot fund it completely, partial funding may be negotiated and awarded.
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 elders in greatest social and economic need. This category includes low income, rural and minority elders.

5. Each grantee must give participants in Title III funded programs an opportunity to make voluntary contributions to offset 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 are to be used to expand the services of the program being funded under this grant.
6. If an activity requires participants to come to a site, provision for programs and services must be handicapped accessible.
7. Please only use the attached application format and budget forms.
8. All grants that are awarded will be monitored by ESBC, as required by the federal and state government. This includes an annual on-site monitoring visit. Monitoring the project ensures the services are proceeding as planned and evaluating the project assesses its effectiveness. Monthly program and fiscal reports are required to ensure a continuous program of self-monitoring. (See enclosed "Monthly Reporting Requirements for Title III Grants," Appendix A; and "Monthly Reporting Form – Demographic Characteristics", Appendix B).

ROLE OF ESBC:

In addition to funding, the role of ESBC will be as follows:

- Provide ongoing technical assistance.
- Participate in joint care planning with community groups on behalf of program participants.
- Provide staff assistance for funded groups
- Assist with continuity of existing program through transitional phase.

CRITERIA FOR FUNDING DEFINED BY OLDER AMERICANS ACT:

- AAA program eligible participants are given a priority in program targeting, including rural elderly, elderly with greatest economic and social need, low income minority individuals, disabled and severely disabled, limited English speaking elders and Alzheimer's and related disorders with neurological and organic brain dysfunction and the caretakers of such individuals.
- Preference is given to persons with low to moderate incomes and to persons with social needs within requirements of Federal Older Americans Act Title III funding.
- Cost-efficiency, especially in regards to capacity for effort to be sustained over time.

- 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 programs will become self-sustaining over time; will function as seed programs.

SCOPE OF SERVICES for FY 2010 Title III Funding:

- Legal Aid
- Falls Prevention
- Medication Management
- Skilled in-home Foot Care
- In-Home Assessments
- Caregiver Support, such as
 - individual counseling
 - information and education

The Title III Application begins with the Cover Sheet on page 5.

COVER SHEET

PROJECT NAME: _____

AGENCY: _____

ADDRESS: _____

CONTACT PERSON: _____ TITLE: _____

EMAIL: _____

PHONE: (____) _____

AMOUNT REQUESTED: \$ _____ ONE-YEAR _____ TWO-YEAR _____

TARGET COMMUNITY(S):

SIGNATURE: _____ DATE: _____

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

APPLICATION FORM FOR TITLE III FUNDS

PROPOSAL SUMMARY & WORK PLAN

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). Indicate your estimated total cost per unit of service, project numbers and the types of service units to be delivered. 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. 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 evidence of liability insurance.
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 elders in the service area, (examples: Elder Services, Councils on Aging and other community services.)
5. What strengths and/or experience will enable you to succeed in this activity? Do you anticipate any obstacles to overcome?

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 8 that may assist you with this section.
7. Provide a specific plan for outreach and service to rural elderly, elderly with greatest economic and social need, low income minority individuals, disabled and severely disabled, limited English speaking elders and those with Alzheimer's and related disorders with neurological and organic brain dysfunction.
8. For the previous question, what methods will you use to evaluate whether or not you have succeeded?
9. In Appendix D, "Budget Narrative" – the total budget should include the requested Title III funding plus the minimum 15% in-kind/cash match. Please submit a detailed justification that includes all costs reflected on cover and 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 for the 100% budget figure. Specific information on fringe, travel rate should be included. (The budget time for federally funded programs is from October 1st to September 30th.)
10. Describe efforts that have or will be undertaken to secure other permanent funding for the continuation of the service initiated with Title III funds.
11. **This response is for applicants who are Councils on Aging only:** Have you applied for Executive Office of Elder Affairs Fiscal Year 2010 Formula Grant?

Yes _____ No _____

What areas will you address with your formula grant funds? Please explain.

DONATION OPPRTUNITY PROCEDURE:

Title III of the Older Americans Act regulations state that participants in Title III funded programs/projects will 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 elder may be denied services if he/she chooses not to make a donation.

Anticipated donations are “Projected Income” and should be reflected in your project budget.

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

Any printed material including donation letters, brochures, web sites or other publications describing a program funded in whole or in part by Title III, will 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.”

Appendix A

MONTHLY REPORTING REQUIREMENTS FOR TITLE III OAA GRANTS/CONTRACTS.

1. PROGRAM REPORTING

Area Agencies on Aging (AAA) require **monthly** program reports for the 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 elders 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, it would be required to report on the number of meetings conducted each month, and the number of people who attended.

The format of your program report is subject to approval by the AAA. Forms are available for your use if desired. The AAA compiles the information obtained from the program reports for state and federal reports.

When appropriate, it is encouraged that the "Definition of Service Categories and Unit Measures" are utilized when reporting the types and units of service that were provided. Report only on "elders served and services" for elders residing within the appropriate AAA (s) Planning Service Area (s).

If there was no grant activity during a month of the grant year the AAA Planner must be notified by the 10th of the following month, in writing, through a brief memo.

If your Older Americans Act program provides one or more of the following Registered Services, and it is part of your program's goals/objectives, you will be required to complete a Registration form for each unduplicated participant. The form will be submitted to the AAA monthly for statistical reporting purposes to the national information system. The Registration Form requires client information regarding their "ADL" status, (limitation in the "Activities of Daily Living"), whether they live alone and whether they are of "greatest economic need," as well as their date of birth, ethnicity, and last four digits of their Social Security number.

The Registered Services are as follows:

Personal Care	Homemaker	Chore Services
Home Delivered Meals	Adult Day Care	Adult Day Health
Case Management	Nutrition Counseling	Transportation

If you provide one or more of these services within the Older Americans Act grant/contract, technical assistance from the AAA Title III Planner is required prior to the start of the federal fiscal year. The Planner will provide you with examples or reporting forms that you may use. (Appendices B-1 and B-2)

2. MONTHLY FISCAL REPORTING

The Area Agency on Aging requires that specific backup documentation accompany each monthly financial report or be available upon request for grant-related expenditures in the federal cash reimbursement and in-kind line items. These include:

1. Copies of all 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. (Submitted with monthly cash request)
3. Travel vouchers to support travel costs. Each organization is expected to have formal travel policies and procedures. (Available upon request)
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.) (Available upon request)

The line items in the monthly financial reports must parallel the line items of the original budget in the grant proposal. Requests for changes in line item expenditures must be submitted in writing to Elder Services of Berkshire County, Inc. If fiscal reports are incorrect, we may return them for corrections. AAA Title III Planners and fiscal staff are available to provide technical assistance; please call when you have questions.

Appendix B-1

SAMPLE MONTHLY REPORTING FORM – DEMOGRAPHIC CHARACTERISTICS

NAME OF PROJECT _____ MONTH OF _____

		CURRENT MONTH	YEAR-TO- DATE
A-1	Enter total number of unduplicated persons aged 60 years or over (or caregivers) served this month who are new to the program.	_____	_____
A-2	Of the total population, what number were: (Figures entered may be duplicative counts).		
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, including having Alzheimer’s Disease or a neurological or brain disorder of the Alzheimer’s type, that restricts the ability of the individual to live independently).	_____	_____
f.	Resident of Rural Areas.	_____	_____
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).	_____	_____

Service Units : _____(see appendix C)

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 Month	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

SERVICE UNIT LISTING

1. Projected Service Statistics:

Identify the types of service to be provided by the program and the estimated number of service units of each to be delivered during FY 2010 (October 1st –September 30th). Service Units funded by Title III should directly address AAA funding priorities/ scope of services noted on page 4.

SERVICES:

Personal Care **	_____	hours
Homemaker Services **	_____	hours
Adult Day (Health) Care **	_____	days
Case Management **	_____	months
Chore Services **	_____	hours
Nutrition Counseling **	_____	hours
Escort/Assisted Transportation **	_____	1way trips
Information & Assistance	_____	contacts
Nutrition Education	_____	sessions*
Outreach	_____	contacts
Transportation	_____	1 way trips
Legal Assistance	_____	hours
Falls Prevention	_____	sessions
A. Home Modification/Adaptation	_____	hours
Home Repair	_____	hours
Alternate Living Arrangements	_____	placements
Other Supportive Services	_____	hours
B. Medical Alert/Emergency Response	_____	months
Health Screening	_____	screenings
Exercise/Physical Fitness	_____	sessions*
Wellness	_____	sessions*
Health Education	_____	sessions*
Treatment	_____	contacts
C. Protective Services	_____	clients
Consumer Protection Services	_____	contacts
Crime Prevention Services	_____	contacts
Guardianship/Conservatorship	_____	clients
Protective Payee Services	_____	contacts
Advocacy	_____	hours

D.	Recreation	_____	sessions*
	Friendly Visitation	_____	hours
	Telephone Reassurance	_____	hours
	Letter Writing/Reading	_____	hours
	Interpretation	_____	hours
	Translation	_____	hours
	Volunteer Development	_____	hours
	Volunteer Opportunities	_____	hours
E.	Counseling	_____	hours
	Screening (non-health-related)	_____	screening
	Geriatric Assessment	_____	clients
	Home or Roommate Matching	_____	clients
	Placement Services	_____	clients
	Employment Assistance	_____	clients
	Support Groups	_____	clients
	Caregivers (including In-home respite)	_____	hours
F.	Fuel/Utility Assistance	_____	clients
	Financial Assistance	_____	clients
	Material Aid (non-monetary)	_____	clients
	Financial Management Assistance	_____	clients

TOTAL SERVICE UNITS _____

* Attach an estimate of the anticipated number of people attending these programs.

** Client registration required for these services.

Total Cost per Service Unit: \$_____

Title III Cost per Service Units: \$_____

Appendix D
BUDGET NARRATIVE