# R E Q U E S T FOR P R O P O S A L S

# Older American Act Title III Sub Grants

# *This is a two year funding cycle*

**Elder Services of Berkshire County, Inc. (ESBCI)**

## For Fiscal Years 2024 & 2025Title III Funds under The Older Americans Act. Applications are due by 4:00 p.m. on Monday, June 26, 2023 at 4:00PM

***General Instructions:***

* + Submit completed proposal **via email to** [**Kphillips@esbci.org**](mailto:Kphillips@esbci.org)**.**
  + Use the following checklist to ensure that your application is complete:

**ITEM CHECK OFF**

1. Proposal Cover Page \_\_\_\_\_\_\_

2. Proposal Summary \_\_\_\_\_\_\_

3. Service Unit Worksheet \_\_\_\_\_\_\_

4. Donation Opportunity Procedure \_\_\_\_\_\_\_

5. Program Budget \_\_\_\_\_\_\_

6. Budget Narrative \_\_\_\_\_\_\_

7. Overall Description of Organization (summary) \_\_\_\_\_\_\_

Only completed proposals will be considered for funding. Incomplete or late submission grant proposal submissions will be removed from further consideration. If you have ANY questions regarding this proposal, **contact Kathleen Phillips by phone or e-mail.**

**Phone:** 413-499-0524 ext.728

**E-mail**: [Kphillips@esbci.org](mailto:Kphillips@esbci.org)

## PROPOSAL REVIEWS

Reviews are based on a Sub Grant Proposal Review which considers the quality of the proposed project, the projects ability to have measurable outcomes and the number of individuals benefitting from the project. An interview with the applicant may be requested. Elder Services will notify each applicant, within ten (10) days after the decision by Elder Services’ 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 Elder Services.

## RFP INFORMATION

**Contract Period:** October 1, 2023 to September 30, 2025 (FY 24 and FY 25)

***This is a two year contract renewable after the first year once* program and fiscal**

**reporting requirements for year one are completed satisfactorily and all**

**programmatic requirements for year one are met and year two updates are submitted**

**as will be requested.**

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.

1. Proposals are being sought on a competitive basis for a **two year period** beginning **October 1, 2023.**  All grants will be subject to availability of funds.

## This application must be sent via email to Kathleen Phillips, [Kphillips@esbci.org](mailto:Kphillips@esbci.org%20) by Monday June 26, 2023 by 4:00 p.m.

A **Team Meeting conference call** for those who are new to the process or any agency that has questions about, Elder Services of Berkshire County’s (ESBCI) Title III Sub Grant RFP process will be held on **May 25, 2023 at 10:00am**. Please contact Kathleen Phillips at [kphillips@esbci.org](mailto:kphillips@esbci.org) for the invitation to the virtual Team Meeting.

1. 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 requested. Updated information will be requested for year two funding i.e. updated budget, updated budget narrative and any changes in scope of services to be provided in year two.

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, seniors 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 seniors facing cultural or social isolation, including LGBTQ+ individuals.*

1. 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 mandatory 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 the

organization providing Sub Grant services are used to offset the cash requests reimbursement made of ESBCI.

1. If an activity requires participants to come to a site for programs and services, the site must be handicapped accessible.
2. Please use only the attached application format and budget forms.
3. All grants that are awarded will be monitored by ESBCI, and the ESBCI Advisory Council as required by federal and state regulations **which includes an annual on-site or virtual monitoring visit**. The projects are monitored to ensure the services are proceeding as planned and evaluated to assess their effectiveness. The monitoring sessions also provide the opportunity for the contracting agency to provide insight into the individuals accessing their services/programs and any challenges the program is facing. Monthly program and fiscal reports are required by the 10th of every month to ensure continuous program self-monitoring and accountability and timely payments. (See enclosed Appendix A, "Monthly Reporting Requirements for Title III Grants”; and Appendix B, “Monthly Reporting Form – Demographic Characteristics.")

Funded organizations should provide a summarized consumer satisfaction results.

## ROLE OF ELDER SERVICES OF BERKSHIRE COUNTY:

In addition to Sub Grant 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.
* ESBCI staff assistance
* Promotion of any sub grant activities

## 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, seniors 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 seniors facing cultural or social isolation, including LGBTQ+ individuals.*

* Cost-efficiency is a consideration, calculated as cost per unit of service.
* 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 Sub Grant funded programs will become self-sustaining over time.

## SCOPE OF SERVICES for FFY 2024-FFY 2025 Title III Sub Grant 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:
  + Caregiver Support, such as education and training, social day care, or respite care to provide temporary relief from the responsibilities of caregiving.
  + Transportation
  + Support groups/activities for Older Americans Act (OAA) targeted populations
  + Health promotion activities

# End of Information Section: The Title III Sub grant Application begins with the Cover Sheet on page 5.

**APPLICATION**

**COVER SHEET**

PROJECT NAME:

AGENCY:

ADDRESS:

CONTACT PERSON:

TITLE:

EMAIL:

PHONE: ( )

Employer Identification Number (EIN) or Non-Profit Tax Exempt Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AMOUNT REQUESTED FOR YEAR ONE $\_\_\_\_\_\_\_\_\_\_

AMOUNT REEQUESTED FOR YEAR TWO $ \_\_\_\_\_\_\_\_\_

TOTAL AMOUNT REQUSTED (annual request x 2) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TARGETED INDIVIDUALS TO BENEFIT FROM YOUR PROGRRQM:

TARGETED BERKSHIRE COMMUNITY(S):

NAME: TITLE:

(Signature and title of individual authorized to submit this proposal).

DATE:

## RFP APPLICATION FOR FY 2024 & FY 2025 TITLE III SUBGRANT FUNDS

**PROPOSAL SUMMARY & WORK PLAN**

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

1. a) Briefly describe your proposed program including proposed outcomes.

b) Primary senior population targeted for services

1. a) Describe your plan (include specific activities that will take place, staffing and time frames).

b.) Define your unit of service, indicate your estimated total cost per unit of

service, and estimate numbers of units to be delivered.

c). Discuss the staffing pattern of the proposed project. List all staff positions

for the proposed project and attach a job description for each position.

d).Attach an official copy of your agency's license, accreditation or registration

(if applicable). Please include a copy of your liability insurance certificate.

1. Describe methods to be utilized to ensure that recipients of Title III funded services are age eligible (sixty years of age and older).
2. 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.)
3. What strengths and/or past experience will enable you to succeed in this activity? What (if any) obstacles do you anticipate?
4. 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 9 for more information about this section).
5. Provide a specific plan for targeting outreach and service to rural elders, seniors 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 seniors facing cultural or social isolation including LGBTQ+ individuals.

1. Complete the year one program Budget form on page 10 based on YEAR ONE of your 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. The match cannot consist of Federal funds. 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.
2. In your Budget Narrative (page 11) 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. In the Budget Narrative please identify other funding sources you receive or anticipate receiving for the program you are applying for.
3. Using the Service Unit Worksheet, estimate the number of service units you anticipate providing in year one of your proposal if fully funded. An amended number of units will be requested if partial funding is awarded. Complete the worksheet, including computations at the bottom of the page. Should the service unit(s) be sessions or programs planned please also include the number of individuals that you anticipate will attend your program.

## 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 2024 (October 1st, 2023 to September 30th, 2024).** Service Units funded by Title III should directly address the AAA funding priorities/scope of services. (For year two funding updated units of services will be requested prior to the beginning of year two of the contract.

## SERVICES:

Legal Assistance hours

Minor Home Repair jobs/hours

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:

Name of Program sessions

# of attendees\_\_\_\_\_

Caregiver Education and Training sessions

# of attendees\_\_\_\_\_\_

Respite for Caregivers \_\_\_\_\_\_\_# of caregivers

who cannot leave their loved ones at home alone hours

Transportation \_\_\_\_\_\_\_ Number of one way trips

Support sessions/ advocacy activities \_\_\_\_\_\_\_# of individuals

\_\_\_\_\_\_\_# of activities

Direct Healthy Living Services \_\_\_\_\_\_\_# hours and

\_\_\_\_\_\_\_\_# of seniors assisted

Other (explain & define) \_\_\_\_\_\_\_

We estimate we will serve \_\_\_\_\_\_\_seniors in FFY 2024 with Title III funding

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

**Title III Cost per Service Unit:** Title III Sub Grant Funding requested divided by # of

service units= $ \_\_\_\_\_

## DONATION OPPORTUNITY PROCEDURE:

Title III of the Older Americans Act regulations state 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.

Donations are to be shown in column D on the Budget page as “Generated Income.” 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 clients 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 2024 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 Sub grant.

## BUDGET NARRATIVE

Please submit a detailed budget narrative 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, 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.)

After completion of year one (FYY-2024) you will be requested to update your budget and a short summary of any significant changes from year one to year two budget.

It will also be requested after year one to provide a brief paragraph summary highlighting the significant outcomes achieved and any change in proposed activities for year two.

## 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 IIIE, 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 submits it to the state and federal governments. If providing Legal Services a separate report is provided and required.

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. If the grant normally has monthly activity, and there was no grant activity during a given month of the grant year the AAA Planner (Kathleen Phillips) must be notified by the 10th of the following month through a brief e-mail.

## 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 Sub grantee with regard to all grant-related expenditures. The documentation, which should be made available to ESBCI upon request, should 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 and volunteer time sheets.
3. Travel vouchers to support travel costs.
4. Backup detail for the value of In-Kind contributions i.e. office space.

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 Sub Grant proposal must carry over into the Monthly Budget Updates. **For instance, if an organization states that they will have a 15% match, each Monthly Budget Update should show a 15% 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 (Kathleen Phillips) and fiscal staff are available to provide technical assistance; please call 499-0524 when you have questions.

**Summary:** Grantees must send, **by the 10th of every month** **documentation**, reflecting program activity of the previous month, to Kathleen Phillips, Planning & Development Supervisor: Elder Services of Berkshire County, Inc., 877 South St., Suite 4E, Pittsfield, MA 01201 or email Kathleen at [Kphillips@esbci.org](mailto:Kphillips@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. The monthly report includes:

* 1. Cash Request Form
  2. Budget Update Form (the request justification 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 YEAR-TO-**

**MONTH DATE**

1. Enter total number of unduplicated persons aged 60 years or over (or caregivers) served this month

who are **new** to the program.

1. Of the total population served, how many were: (Figures entered may be duplicative counts.)
   1. American Indian/Alaskan Native
   2. Asian/Pacific Islander
   3. African American

* 1. Hispanic
  2. 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 Senior Individuals**

**Sub grantee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Month:**

**Name of Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Caregiver Characteristics** | **Total Year to Date** | **# Caregivers** | **Age of the Caregiver** | | | |
| **Caregivers** | **Current** | **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.