

REQUEST FOR PROPOSALS
Older American Act Title III Sub Grants
This is a two-year funding cycle

Elder Services of Berkshire County, Inc. (ESBCI)
For Fiscal Years 2027 & 2028 Title III Funds under The Older Americans Act. Applications are due by 4:00 p.m. on Wednesday, July 1 at 4:00PM

General Instructions:

- Submit completed proposal **via email to naverill-snell@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 Ned Averill-Snell by phone or e-mail.**

Phone: 413-499-0524 ext.728

Email: naverill-snell@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 Executive Office of Aging & Independence (AGE), One Ashburton Place, Boston MA 02108 and to Elder Services of Berkshire County, Inc., 73 South Church St., Pittsfield, MA 01201 within ten (10) days of adverse notification by Elder Services.

RFP INFORMATION

Contract Period: October 1, 2026 to September 30, 2028 (FY 27 and FY 28)

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.

2. Proposals are being sought on a competitive basis for a **two year period** beginning **October 1, 2026**. All grants will be subject to availability of funds.

This application must be sent via email to Ned Averill-Snell, naverill-snell@esbci.org, by Wednesday, June 24, 2026 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 **Wednesday, June 24 at 10:00 am**. Please contact Ned Averill-Snell at naverill-snell@esbci.org for the invitation to the virtual Team Meeting.

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 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.*

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.

5. If an activity requires participants to come to a site for programs and services, the site must be handicapped accessible.
6. Please use only the following application format and budget forms.
7. 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 2027-FFY 2028 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 REQUESTED (annual request x 2) \$ _____

TARGETED INDIVIDUALS TO BENEFIT FROM YOUR PROGRRRQM:

TARGETED BERKSHIRE COMMUNITY(S):

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

DATE: _____

RFP APPLICATION FOR FY 2027 & FY 2028 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

2. 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.

3. Describe methods to be utilized to ensure that recipients of Title III funded services are age eligible (sixty years of age 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 9 for more information about this section).

7. 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.

8. 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.
9. 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.
10. 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 2027 (October 1st, 2026 to September 30th, 2027)**. 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

Direct Healthy Living Services _____ # of activities
_____ # hours and
_____ # of seniors assisted

Other (explain & define) _____

We estimate we will serve _____ seniors in FFY 2027 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 2027 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-2027) 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 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 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 (Ned Averill-Snell) 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 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 (Ned Averill-Snell) 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 Ned Averill-Snell, Planning & Development Specialist: Elder Services of Berkshire County, Inc., 73 South Church St., Pittsfield, MA 01201 or email Ned at naverill-snell@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 MONTH	YEAR-TO- DATE
1. Enter total number of unduplicated persons aged 60 years or over (or caregivers) served this month who are new to the program.	_____	_____
2. Of the total population served, how many 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 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	# 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.