

ALLIANCE FOR AGING, INC.

AREA AGENCY ON AGING PLANNING AND SERVICE AREA 11 FOR MIAMI-DADE AND MONROE COUNTIES

Older Americans Act Program

Request for Proposal

For

Title III-B – Supportive Services

Title III-C – Nutritional Services

Title III-E – National Family Caregiver Services

**Title III-D – Evidence Based Disease Prevention
& Health Promotion Services**

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SECTION A - INTRODUCTION

1. Statement of Need

The federal Older Americans Act of 1965 (OAA), as amended, has as its key purpose the creation of comprehensive service infrastructures that respond effectively to the needs of the 60+ population. The ultimate goal of all programs and services funded through the OAA is to enable older Americans to lead healthy and active lives in their own homes and communities for as long as possible and in a manner that is both meaningful and dignified.

OAA funds are appropriated annually by Congress and subsequently awarded to the individual States. The State agency on aging designates planning and service areas (PSAs) in the State and makes a subcontract or contract under an approved area plan to one area agency on aging in each PSA for the purpose of building comprehensive systems for older people throughout the State. Area agencies on aging in turn make sub-grants or subcontracts to service providers to perform certain specified functions.

The Alliance for Aging, Inc. (the Alliance) is a private, not-for-profit corporation designated by the State of Florida Department of Elder Affairs (DOEA) as the area agency on aging for PSA 11, which encompasses all of Miami-Dade and Monroe Counties. DOEA contracts with the Alliance for the purpose of building a comprehensive system of care for older adults in PSA 11.

Through this Request for Proposal (RFP), the Alliance is seeking proposals from qualified service agencies and organizations desiring to contract with the Alliance for the provision of services to elders in Miami-Dade and Monroe Counties using OAA funding under the below referenced OAA Titles or Subtitles. The current projection of total OAA funding available to Miami-Dade and Monroe Counties for the twelve-month initial contract period of January 1, 2019 through December 31, 2019 is:

	Total	Miami-Dade	Monroe
Title III-B	\$3,989,633	\$3,876,862	\$112,771
Title III-C1	\$4,342,197	\$4,190,386	\$151,811
Title III-C2	\$3,384,850	\$3,156,354	\$228,496
Title III-D	\$214,670	\$182,670	\$32,000
Title III-E	\$1,659,654	\$1,523,795	\$135,859

The above are projections only and are subject to change based on funding availability.

2. Statement of Purpose

The purpose of this RFP is to solicit applications from qualified public or private agencies and organizations interested in providing services to the 60+ population of Miami-Dade and Monroe counties through funds from the OAA program. All OAA services must be client centered and delivered with the goal of providing elder consumers the support and

assistance needed so that they may remain in the community, leading independent lives in the least restrictive environment. Small businesses, minority owned businesses and women owned businesses are encouraged to respond to the RFP.

Any proposed contract between the Alliance and a for profit entity to provide services being procured through this RFP must receive approval from DOEA prior to execution of the contract and may not receive any advanced funding for contractual services. Further, neither a regional nor local agency of the State of Florida is eligible to perform as a service provider for the Alliance. As such, any applications submitted by any regional or local agency of the State of Florida will be rejected, but applications from municipal or county agencies will be accepted.

All awards are subject to the availability of funds and area plan approval by DOEA. Projections of available resources are used to allocate financial awards. If the actual amount of funding made available to the Alliance is less than originally projected, the Alliance will reconsider the awards and/or the amount of the awards. In such circumstances, the Alliance reserves the right, at its sole discretion, to cancel awards or reduce the amounts of any award in any manner determined at the sole discretion of the Alliance. . The Alliance reserves the right to amend any contracts arising out of this RFP, at any time during their terms, including any renewal periods, to make such contracts consistent with the approved area plan, as may be modified from time-to-time, as well as with any changes to state or federal law.

For any service included in this RFP for which there is no provider interest or for which there are no Designated Providers that can provide the service, the Alliance, at its sole discretion, may allocate funds to an alternative service within the same title, or contract with a Provider of Choice for such services. The phrase "Provider of Choice" means (i) the highest ranked non-Designated Provider available to provide the service, or (ii) such other provider selected by the Alliance through an alternative selection process consistent with the Alliance's policies and regulations.

Any contract awarded pursuant to this RFP shall be for the initial contract period of January 1, 2019 through December 31, 2019. Contracts may be renewed on an annual basis, not to exceed five (5) consecutive years beyond the initial contract period. Renewals shall be upon mutual agreement of the parties, contingent upon the availability of funds and performance evaluations satisfactory to the Alliance. Any renewal shall be in writing and shall be subject to substantially the same terms and conditions as set forth in any contract awarded to a service provider pursuant to this RFP.

To maximize the use of funds and increase the availability of services, the Alliance reserves the right to amend funding awards, in accordance with its own surplus/deficit policies, when awarded agencies are experiencing an actual or projected surplus in funding in any particular contract year.

The Alliance reserves the right to modify the terms of the sample OAA contract provided as an attachment to this RFP.

Notwithstanding the foregoing or anything to the contrary in any contract between a service provider and the Alliance, the terms of any contract awarded by the Alliance pursuant to this RFP shall end immediately upon expiration or termination of the Alliance's contract with the DOEA or any successor State area agency on aging for services under the Older Americans Act Program, or to the extent the Alliance no longer receives funding under the Older Americans Act.

The following are the principles guiding this RFP:

- (1) The RFP ensures that quality services are provided by requiring that providers, and the services they deliver, meet the criteria and guidelines contained in the current DOEA Programs and Services Handbook. Only applicants meeting these standards of quality and service delivery will be given consideration for contract awards.
- (2) The services to be procured through this RFP are based on a comprehensive needs assessment, in conjunction with consideration of available funding.
- (3) The RFP and allocation of funding is primarily driven by considerations of consumer needs for services.
- (4) The RFP is intended to help the maximum number of consumers served with the most appropriate services by giving preference to bidders that meet the required standards of service that are able to offer the best quality services at the lowest possible cost.
- (5) The RFP assures the viability of a competitive and dependable service delivery system.

3. Award Information

An applicant will be deemed a "Successful Applicant" if such applicant, for a particular service or bundle of services, receives a score of at least 150 points in Part A on its application and is among the top scoring (Part A and Part B combined scores) applicants for each service. From the pool of Successful Applicants, the Alliance will select, based upon the established criteria referenced under each title, those agencies designated for funding (the "Designated Providers").

Under this solicitation the Alliance intends to award contracts for funding to providers on a competitive basis, according to the following amounts and provisions:

- A. **Title III-B of the Older Americans Act.** A total of up to \$3,876,862 will be awarded in Miami-Dade County and \$112,771 in Monroe County. Awards will be made in a manner such that the Alliance fulfills its requirements for each service provided under this title on a competitive basis. The Alliance reserves the right to adjust award allocations between counties at any time during this RFP cycle based upon actual utilization patterns that are not consistent with the allocation for each county.
 1. A Successful Applicant is an agency for a particular service or bundle of services that receives a score of at least 150 points in Part A on its application and is among the top

scoring (Part A and Part B combined scores) applicants for such service. An applicant should not include Transportation within any other services, as Transportation will be considered for funding separately from all other services and not as a component to another service. On a service-by-service basis, all ties will be decided pursuant to the procedure set forth in Section A.8. A Successful Applicant is not guaranteed funding under this RFP, but may be considered at any time during the six year RFP cycle for available funding. The initial contract awards for each service will be limited to the maximum number of providers indicated in Tables 3.1.A and 3.1.B.

2. As more particularly described in Appendix VIII – Part I, the following criteria apply to awards under Title III-B:
 - a. For any bundled service, a Successful Applicant must have the capacity to provide all services within the bundle. Successful Applicants bidding for bundles (e.g. In-Home Service) must be capable of providing each of the services within the bundle, and are required to bid on all the services within that bundle. Winners of the bundle will be required to serve any Displaced Client for any service within the bundle. The term “Displaced Client” means any client eligible to receive the applicable services from agencies funded by the Alliance through the OAA funds, and who actually received such services as of the date that the Alliance determines the allocation of funds under this RFP, and whose servicing agency was not selected by the Alliance as a Designated Provider. Successful Applicants will bid funding for each service within the bundle rather than the total bundle. Each service within a bundle shall have a supported unit cost (except cost reimbursement items). Bundled Services are referenced in points b, c, and d below. Within a bundle, no provider can move funding between services without notifying the Alliance’s contract manager. Expenditures will be reported monthly by service.
 - b. Any applicant for Material Aid or Home Improvement must apply for both services and must provide both services county-wide.
 - c. In-Home Services: Any applicant for Homemaker, Personal Care, Chore, Escort, Shopping Assistance or Companionship services must apply for all six services and must provide all services county-wide. Unit rates for Homemaker and Personal Care must be the same unit rate.
 - d. Any applicant for Adult Day Care must provide these services at two or more different locations in facilities located in different communities of the county.
 - e. Any applicant for Emergency Alert Response must provide installation and ongoing maintenance of the personal emergency response system and must provide these services county-wide.
 - f. Any applicant for Recreation must provide this service in a group setting.
 - g. Any applicant for Gerontological Counseling Services may bid for Individual or Group or both. Each service must have a supported unit cost.

- h. Subject to provider interest, Title III-C1 Designated Providers shall also be Designated Providers for Transportation under Title III-B and considered first priority for funding purposes. Successful Applicants bidding for Transportation services who provide any other facility based services will have the next funding priority to ensure access to services. The third priority distributes any funding that remains to the Designated Providers who propose to serve the entire county. Transportation will be awarded as a PURE service, and should be bid as such (i.e. unit cost) and not as a component of another service such as Recreation or Shopping Assistance.
 - i. A Successful Applicant for Legal Assistance must be willing and able to provide these services for the entire Planning and Service Area (all of Miami-Dade and Monroe Counties). Legal Assistance means legal advice and representation provided by an attorney to older individuals with economic or social needs. Providers must be licensed in accordance with Chapter 454.021, F.S., and must provide the full scope of services and limited representation as appropriate in applicable Florida and Federal courts and administrative forums. Refer to the DOEA Programs and Services Handbook, Appendix A, for complete definition and service requirements.
 - j. No award to any Designated Provider under this title will exceed \$1,000,000.
 - k. Applicants and their affiliates are limited to one (1) award under this title. The term “affiliates” means any entity that, directly or indirectly through one or more intermediaries, controls, is controlled by, or is under common control with, the applicant.
3. Designated Providers will be selected for funding from the pool of Successful Applicants based upon the established criteria referenced under each title.
- a. Successful Applicants for each service that fall within the maximum number of providers for that service, as indicated in Tables 3.1.A and 3.1.B, and which have the lowest unit rates will be considered Designated Providers.
 - b. Designated Providers who are current providers may have their awards under this RFP modified based on any historical surpluses that they experienced during the most recent RFP cycle.
 - c. On a service-by-service basis, all ties will be decided pursuant to the procedure set forth in Section A.8 below.
4. It is the intent of the Alliance to avoid interruptions in the service to existing DOEA clients¹; however, no preference in selection will be given to any existing providers. Instead, funding will be allocated on a service-by-service basis, first to service existing

¹ The methodology to calculate funding for existing DOEA clients in Title III-B is detailed in Appendix I.

DOEA clients or Displaced Clients, and then to expand services to other potential clients. Funding will be assigned to Designated Providers using a multiple stage process as follows:

For Homemaker, Personal Care, Chore, Escort, Shopping Assistance and Companionship:

For purposes of determining the lowest unit rate, only the unit rate proposed by the Designated Provider for Homemaker and Personal Care services will be used.

- 1) During the first stage, funding will be assigned to Designated Providers to be used to serve their existing DOEA clients receiving services under this title, if any.
 - a. Funding will be assigned for all existing DOEA clients of the Designated Provider with the lowest unit rate
 - b. Then Funding will be assigned for all existing DOEA clients of the Designated Provider with the next lowest unit rate
 - c. And so on until funding has been assigned for all existing DOEA clients of Designated Providers to the extent such funding is available.
- 2) In the second stage, Displaced Clients will be assigned to Designated Providers in the order of lowest to highest proposed unit rate.
 - a. The Designated Provider with the lowest unit rate will be first in receiving assigned Displaced Clients not to exceed its funding request.
 - b. Then the provider with the second lowest proposed unit rate will be assigned Displaced Clients not to exceed its original funding request.
 - c. And so on, moving down to the next lowest proposed unit rate provider, until all Displaced Clients have been assigned to a Designated Provider.
 - d. If all Displaced Clients cannot be accommodated among the Designated Providers using the above criteria, the Alliance will, at its sole discretion, contract with a Provider of Choice to serve these remaining Displaced Clients or a Designated Provider who has capacity to serve these clients even though assignment of these clients will result in exceeding the Designated Provider's original funding request.
- 3) The third stage distributes any Homemaker or Personal care funding that remains equally to the Designated Providers in stages 1 and 2 combined for the purpose of serving new clients.
- 4) The fourth stage is for the remaining services in this bundle: Chore, Escort, Shopping Assistance, and Companionship:

- a) For funds available in these service categories, funding will be awarded equally to Designated Providers who receive funding for Homemaker and Personal Care.
- b) Existing DOEA clients receiving Chore, Escort, Shopping Assistance and Companionship will be referred equally to Designated Providers, using client's current provider as first preference, whenever possible.

For Transportation:

Subject to provider interest, Title III-C1 Designated Providers shall also be Designated Providers for Transportation under Title III-B and considered first priority for funding purposes.

- 1) During the first stage, funding for Transportation will be assigned to Title III-C1 Designated Providers to be used to serve their existing DOEA clients who also currently receive Transportation to a meal site, as follows:
 - a. Funding will be assigned during this stage first for all existing DOEA clients of the Designated Provider with the lowest unit rate.
 - b. Then for all existing DOEA clients of the Designated Provider with the next lowest unit rate.
 - c. And so on until funding has been assigned for all existing DOEA clients of Designated Providers to the extent such funding is available.
- 2) In the second stage of funding for Transportation, Displaced Clients will be assigned to Designated Providers for Title III-C1 services in accordance with Section B. Funding for Transportation services will follow the client by awarding the assigned Designated Provider funding for Transportation for the Displaced Clients if needed, and to the extent such funding is available.
- 3) The third stage distributes funding for Transportation services to Designated Providers as follows:
 - a. Funding will be assigned to Designated Providers to serve existing DOEA clients who currently receive Transportation for center based services, excluding Title III C-1. Funding will be assigned using a hierarchy of lowest to highest unit rates.
 - b. Designated Providers who propose to serve new clients for center based services including Title III C-1. Funding will be assigned using a hierarchy of lowest to highest unit rates.
- 4) In the fourth stage, any remaining funds will be assigned to Designated Providers who propose to provide Transportation services countywide in the order of the lowest to the highest proposed unit rate.

For Adult Day Care:

- 1) During the first stage, funding will be assigned to Designated Providers to be used to serve their existing DOEA clients receiving services under this title, if any.
 - a. Funding will be assigned during this stage first for all existing DOEA clients of the Designated Provider with the lowest unit rate.
 - b. Then for all existing DOEA clients of the Designated Provider with the next lowest unit rate.
 - c. And so on until funding has been assigned for all existing DOEA clients of Designated Providers to the extent such funding is available.
- 2) In the second stage, Displaced Clients will be assigned to Designated Providers on the basis of site location with the convenience of the client as the first priority.
 - a. The Designated Provider with the site most convenient for the Displaced Client (which is defined as the site closest to the location at which the Displaced Client receives services) will be first in receiving assigned Displaced Clients not to exceed its funding request.
 - b. Then the provider with the second closest site will be assigned Displaced Clients not to exceed its funding request, and so on, moving down to the next closest site provider, until all displacements have been assigned to a Designated Provider, if possible.
 - c. If all Displaced Clients cannot be accommodated, notwithstanding anything stated above, the Alliance may contract with a Provider of Choice to provide services to only Displaced Clients that could not be placed with Designated Providers.
- 3) The third stage equally distributes any funding that remains to Designated Providers to serve new clients.

Funding for Recreation, Gerontological Counseling, Emergency Alert Response, Specialized Medical Equipment and Supplies, Housing Improvement and Material Aid, and Legal Assistance will be assigned among Designated Providers on a pro-rata basis based on the percentage of the overall score (Part A and Part B combined) that particular provider's application represents to the sum of the overall scores of all Designated Providers within the same service category for which the Designated Provider is applying.

5. The Alliance will award contracts for Screening and Assessment service to all Designated Providers selected to provide registered services under this title as follows:

- a. For Designated Providers who are funded to provide registered services as identified in Tables 3.1.A and 3.1.B., the funding allocation for Title III-B Screening and Assessment services will be proportional to the Designated Provider's share of total county-wide unduplicated existing DOEA clients receiving registered services under this Title. The Alliance reserves the right to adjust awards for Screening and Assessment to avoid funding duplication for providers that apply under more than one title in this RFP and for those providers who serve clients under other Alliance funded case managed programs (i.e. CCE, HCE, ADI).
 - b. Any funding that remains shall be used to provide Title III B Screening and Assessment services to new clients and will be allocated to Designated Providers who provide Registered services as identified in Tables 3.1.A and 3.1.B. The funding allocation for Title III-B Screening and Assessment services will be proportionate to the amount of funds received for Registered Services.
6. To ensure system reliability, for each service (except Legal Assistance) no provider will receive an award for more than fifty (50) percent of the amount awarded by the Alliance, for such service under Title III-B, except in the case that there is no interest from other Designated Providers or that existing DOEA clients would be displaced as a result of this provision.
7. Unit rates are capped by service to the level shown in Appendix VIII and Tables 3.1.A and 3.1.B.
8. Tied scores will be resolved by the lower proposed unit rate first, then by the years of experience as a provider for the service, regardless of funding source. If none of these criteria resolves the tie, the tie will be broken by a coin toss. The tied applicants will be informed of the tie and will be provided with reasonable notice of the time and location of the coin toss, which they may attend. The coin will be tossed by the Alliance's Executive Director in the presence of at least two witnesses.
9. In the case of a provider that, on the basis of service-by-service allocations, would receive a cumulative award under this title for more than \$1,000,000, the awards will be reduced on a service by service basis, by the proportion that the cumulative award exceeds \$1,000,000. To minimize displacements, proportional adjustments will be made first from the following services: Recreation, Companionship, Shopping Assistance, Specialized Medical Equipment and Supplies, Housing Improvement and Material Aid. If proportionate reductions to these services do not result in the total award being reduced to \$1,000,000, further adjustments will be made proportionally from all other services to reduce the total award amount to \$1,000,000.
10. Designation does not guaranty that a provider will be funded. However, the Alliance reserves the right to contract with unfunded Designated Providers in the future to the extent that additional funding becomes available for assignment by the Alliance whether through an increase in funding from DOEA or a need to reassign funding as a result of a surplus experienced by a funded Designated Provider.

11. In the event that there is not enough funding available for any particular service under this title to serve all existing DOEA clients for that service, awards will be reduced proportionately for that service so as to distribute funding to serve as many existing DOEA clients as possible.
12. Notwithstanding any other provision of this RFP, the Alliance reserves the right in its sole discretion to:
 - a. Adjust award amounts for each service, and the number of applications funded, in order to ensure that the totality of the funding allocated for Title III-B of the Older Americans Act is exhausted within this title.
 - b. Adjust award amounts for each service, and the number of applications funded, in order to ensure that there are sufficient funds to serve existing DOEA clients, areas and communities within the PSA that would suffer service reductions that would be attributable to this RFP. In such case, the Alliance reserves the right to contract with a Provider of Choice to maintain services in place.

**TABLE 3.1.A
TITLE III-B
CONTRACT AMOUNTS FOR SUPPORTIVE SERVICES MIAMI-DADE**

SERVICE	RFP AMOUNT	MAXIMUM ALLOWABLE UNIT RATE ¹	MAXIMUM NUMBER OF PROVIDERS
ADULT DAY CARE (Registered)	\$250,631	\$10.50	5
CHORE ² (Registered)	\$42,867	\$14.47	4
COMPANIONSHIP ²	\$50,527	\$8.00	4
COUNSELING (GERONTOLOGICAL)	\$37,210	\$48.00	3
EMERGENCY ALERT RESPONSE ²	\$32,019	\$68.74 Install / \$1.28 Maintenance	2
ESCORT ² (Registered)	\$6,361	\$55.80	4
HOMEMAKER/PERSONAL CARE ^{2,4} (Registered)	\$1,329,210	\$14.90	4
HOUSING IMPROVEMENT/MATERIAL AID ^{2,4}	\$36,250	No Maximum Rate	2
LEGAL ASSISTANCE ⁵	\$156,052	\$120.00	1
RECREATION ³	\$126,940	\$11.55	6
SCREENING and ASSESSMENT	\$30,088	\$27.48	
SPECIALIZED MEDICAL EQUIPMENT & SUPPLIES ²	\$108,930	No Maximum Rate	3
SHOPPING ASSISTANCE ²	\$5,055	\$9.32	4
TRANSPORTATION	\$1,664,722	\$8.50	10
TOTAL	\$3,876,862		

Notes:

- 1 Applications for a service at a unit rate that exceeds the cap established by this RFP will be automatically disqualified for that service and will not be considered for funding.
- 2 Applicant must be willing and able to provide the service on a countywide basis.
- 3 Services must be provided in a group setting.
- 4 Providers wishing to apply for either service must apply to provide both.
5. Applicant must be willing and able to provide the service in the entire Planning and Service Area, which consists Miami-Dade County and Monroe County.

TABLE 3.1.B

**TITLE III-B
CONTRACT AMOUNTS FOR SUPPORTIVE SERVICES MONROE**

SERVICE	RFP AMOUNT	MAXIMUM ALLOWABLE UNIT RATE²	MAXIMUM NUMBER OF PROVIDERS
CHORE ² (Registered)	\$15,589	\$25.00	1
COMPANIONSHIP ²	\$500	\$12.00	1
ESCORT ² (Registered)	\$500	\$62.79	1
HOMEMAKER/PERSONAL CARE ^{2,3} (Registered)	\$94,144	\$29.00	1
SHOPPING ASSISTANCE ²	\$500	\$13.98	1
SCREENING AND ASSESSMENT	\$1,538	\$26.22	1
TOTAL	\$112,771		
Notes: 1 Applications for a service at a unit rate that exceeds the cap established by this RFP will be automatically disqualified for that service and will not be considered for funding. 2 Applicant must be willing and able to provide the service on a county wide basis. 3 Providers wishing to apply for either service must apply to provide both.			

- B. **Subtitle III-C1 of the Older Americans Act.** A total of up to \$4,190,386 will be awarded under Title III-C1 of the Older Americans Act in Miami-Dade County and \$151,811 in Monroe County, to Older American Act Title III-C1 Designated Providers by county. Awards will be made in a manner such that the Alliance fulfills its requirements for services provided under this title on a competitive basis. Funds will be awarded on a competitive basis among Successful Applicants that become Designated Providers under Older Americans Act Title III-C1. The Alliance reserves the right to adjust award allocations between counties at any time during this RFP cycle based upon actual utilization patterns that are not consistent with the allocation for each county.
1. A Successful Applicant is an agency that receives a score of at least 150 points in Part A on its application and is among the top scoring (Part A and Part B combined scores) applicants for each service. A Successful Applicant is not guaranteed funding under this RFP but may be considered at any time during the six year RFP cycle for available funding. From the pool of Successful Applicants, the Alliance will select, based upon the established criteria referenced under each title, those agencies designated for funding (the “Designated Provider”). The initial contract awards for each service will be limited to the maximum number of providers indicated in Tables 3.2.A. and 3.2.B.
 - a. No award under this title will exceed \$1,300,000.
 - b. Applicants and their affiliates are limited to one award under this title. The term “affiliates” means any entity that, directly or indirectly through one or more intermediaries, controls, is controlled by, or is under common control with, the applicant.
 2. Designated Providers will be selected for funding from the pool of Successful Applicants based upon the established criteria referenced under each title.
 - a. Successful Applicants for each service that have the lowest unit rates will be considered Designated Providers. The number of Designated Providers shall not exceed the maximum number of providers for that service as indicated in Tables 3.2.A and 3.2.B.
 - b. Designated Providers who are current providers may have their awards under this RFP modified based on any historical surpluses that they experienced during the most recent RFP cycle.
 - c. There shall be at least one Designated Kosher meals provider in Miami-Dade County under Title III-C1. If there is not a Kosher meals provider among the Designated Providers for Miami-Dade County as per the above criteria, the Alliance will designate at least one Kosher meals provider, at its sole discretion from the pool of applicants or other sources, as an additional Designated Provider based first on the provider’s ability to serve all existing Kosher meals clients and then on the lowest proposed unit rate.

- d. Each Designated Provider under this title to which an award is made must contract for, and be able to provide, all of the following services: Congregate Meals, Nutrition Counseling, Nutrition Education and Congregate Screening Services.
 - e. On a service-by-service basis, all ties will be decided pursuant to the procedure set forth in Section B.7 below.
3. It is the intent of the Alliance to avoid interruption in the service to existing DOEA clients²; however, no preference in selection will be given to existing providers. Instead, funding among Designated Providers will be allocated first to serve existing or Displace Clients and then to expand services to other potential clients. Funding for Congregate Meals will be assigned to Designated Providers using the following three-stage process:
- a. During the first stage, funding will be assigned to Designated Providers to be used to serve their current existing DOEA clients. Funding will be assigned during this stage first for all existing DOEA clients of the Designated Provider with the lowest unit rate, then for all existing DOEA clients of the Designated Provider with the next lowest unit rate, and so on until funding has been assigned for all existing DOEA clients of Designated Providers to the extent such funding is available.
 - b. In the second stage, Displaced Clients will be assigned, on a site-by-site basis, to Designated Providers, using geographic distance as a guide. If the closest site to the Displaced Clients does not have capacity, the next closest site will receive the remaining Displaced Clients, not to exceed the provider's funding request. However, if there are two or more competing Designated Provider facilities within an equal radius of an existing provider that fails to become a Designated Provider, the assignment of the Displaced Clients will be made to the lowest cost provider among these Designated Providers, not to exceed the provider's capacity at that site. If all Displaced Clients cannot be accommodated, notwithstanding anything to the contrary herein, the Alliance may contract with a Provider of Choice to provide services to Displaced Clients that could not be placed with Designated Providers.
 - c. The third stage equally distributes any funding that remains to Designated Providers to serve new clients not to exceed the provider's capacity.
4. Notwithstanding the previous paragraph, the Alliance will award contracts for Congregate Screening, Nutrition Education, and Nutrition Counseling services to all Designated Providers selected to provide services under this title. The funding allocation for these services will be determined on a pro rata basis by taking (A) the

² The methodology to calculate funding for existing DOEA clients in Title IIIC-1 is detailed in Appendix II.

ratio of the number of Subtitle III-C1 estimated Congregate Meal enrollment awarded to the applicant to the total number of Subtitle III-C1 estimated Congregate Meal enrollment awarded to all applicants and (B) multiplying such ratio by the RFP amount allocated for each of these services, as shown in Tables 3.2.A and 3.2.B. The Alliance reserves the right to adjust awards for Congregate Screening to avoid funding duplication for providers that apply under more than one title in this RFP and for those providers who serve clients under other Alliance funded case managed programs (i.e. CCE, HCE, ADI).

5. Designated Providers shall make reasonable efforts to provide modified diet meals, as indicated in the DOEA Programs and Services Handbook, to serve clients that require them.
6. Unit rates are capped by service to the level shown in Appendix VIII and Tables 3.2.A and 3.2.B.
7. Tied scores will be resolved by the lower proposed unit rate first, then by years of experience as a provider for the service, regardless of funding source. If none of these criteria resolves the tie, the tie will be broken by a coin toss. The tied applicants will be informed of the tie and will be provided with reasonable notice of the time and location of the coin toss, which they may attend. The coin will be tossed by the Alliance's Executive Director in the presence of at least two witnesses.
8. The selection by the Alliance of a provider as a Designated Provider does not guaranty that a provider will be funded. However, the Alliance reserves the right to contract with unfunded Designated Providers in the future to the extent that additional funding becomes available for assignment by the Alliance whether through an increase in funding from DOEA or a need to reassign funding as a result of a surplus experienced by a funded Designated Provider.
9. In the event that there is not enough funding available under this title to serve all existing DOEA clients, awards will be reduced proportionately so as to distribute funding to serve as many existing DOEA clients as possible.
10. Notwithstanding any other provision of this RFP, the Alliance reserves the right in its sole discretion to:
 - a. Adjust the award amounts and the number of applications funded to ensure that the totality of the funding allocated for Title III-C1 of the Older Americans Act is exhausted within this subtitle.
 - b. Adjust the award amounts and the number of applications funded to ensure that there are sufficient funds to serve existing DOEA clients, areas and communities within the PSA that would suffer service reductions that would be attributable to this RFP. In such case, the Alliance reserves the right to contract with a Provider of Choice to maintain services in place.

- C. **Subtitle III-C2 of the Older Americans Act.** A total of \$3,156,354 will be allocated to Older Americans Act Title III-C2 Designated Providers in Miami-Dade County and \$228,496 in Monroe County. Awards will be made in a manner such that the Alliance fulfills its requirements for services provided under this title on a competitive basis. Funds will be awarded on a competitive basis among Successful Applicants that become Designated Providers under Older Americans Act Title III-C2. The Alliance reserves the right to adjust award allocations between counties at any time during this RFP cycle based upon actual utilization patterns that are not consistent with the allocation for each county.
1. A Successful Applicant is an agency that receives a score of at least 150 points in Part A on its application and is among the top scoring (Part A and Part B combined scores) applicants for each service. A Successful Applicant is not guaranteed funding under this RFP but may be considered at any time during the six year RFP cycle for available funding. From the pool of Successful Applicants, the Alliance will select, based upon the established criteria referenced under each title, those agencies designated for funding. The initial contract awards for each service will be limited to the maximum number of providers indicated in Tables 3.2.A. and 3.2.B.
 - a. No award under this title will exceed \$1,100,000.
 - b. Applicants and their affiliates are limited to one award under this title. The term “affiliates” means any entity that, directly or indirectly through one or more intermediaries, controls, is controlled by, or is under common control with, the applicant.
 2. Designated Providers will be selected for funding from the pool of Successful Applicants based upon the established criteria referenced under each title.
 - a. Successful Applicants for each service that have the lowest unit rates will be considered Designated Providers. The initial number of contract awards to Designated Providers for each service shall not exceed the maximum number of providers for that service, as indicated in Tables 3.2.A and 3.2.B.
 - b. Designated Providers who are current providers may have their awards under this RFP modified based on any historical surpluses that they experienced during the most recent RFP cycle.
 - c. Subject to provider interest, there shall be no fewer than two county-wide providers serving meals to all postal Zip Codes in Miami-Dade County, with at least one serving hot meals; and one county-wide provider serving both hot and frozen meals to all postal Zip Codes in Monroe County.
 - d. There shall be at least one Designated Kosher meals provider under Title III-C2 serving countywide in Miami-Dade. If there is not a Kosher meals provider among the Designated Providers as per the above criteria, the Alliance will designate at least one Kosher meals provider, at its sole discretion

from the pool of applicants or other sources, as an additional Designated Provider based first on the provider's ability to serve all existing Kosher meals clients and then on the lowest proposed unit rate.

- e. On a service-by-service basis, all ties will be decided pursuant to the procedure set forth in Section C.7 below.
 - f. Each entity that is Designated must provide Home Delivered Meals, Nutrition Counseling, Nutrition Education, and Screening and Assessment services.
3. It is the intent of the Alliance to avoid interruptions in the service to existing DOEA clients³; however, no preference in selection will be given to any existing providers. Instead, funding among Designated Providers will be allocated first to serve existing or Displaced Clients and then to expand services to other potential clients. Funding for Home Delivered Meals will be assigned to Designated Providers using a three-stage process.
- a. During the first stage, funding will be assigned to Designated Providers to be used to serve their current existing DOEA clients. Funding will be assigned during this stage first for all existing DOEA clients of the Designated Provider with the lowest unit rate, then for all existing DOEA clients of the Designated Provider with the next lowest unit rate, and so on until funding has been assigned for all existing DOEA clients of Designated Providers to the extent such funding is available.
 - b. In the second stage, Displaced Clients will be assigned to county-wide Designated Providers in the order of the lowest to highest unit rate. The county-wide Designated Provider with the lowest unit rate will be first in receiving assigned Displaced Clients not to exceed its funding request, then the county-wide Designated Provider with the second lowest proposed unit rate will be assigned Displaced Clients not to exceed its funding request, and so on, moving down to the next lowest proposed unit rate county-wide provider, until all Displaced Clients have been assigned to a Designated Provider. If all Displaced Clients cannot be accommodated by a county-wide provider, notwithstanding anything to the contrary herein, the Alliance will assign those clients who could not be accommodated to those Designated Providers serving the geographic area where the affected clients reside, not to exceed any Designated Provider's funding request. The Alliance may contract with a provider(s) of choice to provide services to Displaced Clients that could not be placed with Designated Providers.
 - c. The third stage equally distributes any funding that remains to all Title III-C2 Designated Providers to be used to serve hot meals to new clients.

³ The methodology to calculate funding for existing DOEA clients in Title III-C2 is detailed in Appendix II.

4. Notwithstanding the previous paragraph, the Alliance will award contracts for Screening, Nutrition Education, and Nutrition Counseling services to all Designated Providers selected to provide services under this title. The funding allocation for Screening, Nutrition Education, and Nutrition Counseling Services will be determined on a pro rata basis by taking (A) the ratio of the number of Subtitle III-C2 estimated Home Delivered Meals enrollment awarded to the applicant to the total number of Subtitle III-C2 estimated Home Delivered Meals enrollment awarded to all applicants and (B) multiplying such ratio by the RFP amount allocated to Screening and Assessment, Nutrition Education, and Nutrition Counseling services under this Title, as shown in Tables 3.2.A and 3.2.B. The Alliance reserves the right to adjust awards for Screening and Assessment to avoid funding duplication for providers that apply under more than one title in this RFP and for those providers who serve clients under other Alliance funded case managed programs (i.e. CCE, HCE, ADI).
5. Designated Providers shall make reasonable efforts to provide modified diet meals, as indicated in the DOEA Programs and Services Handbook, to serve clients that require them.
6. Unit rates are capped by service to the level shown in Appendix VIII and Tables 3.2.A. and 3.2.B.
7. Tied scores will be resolved by the lower proposed unit rate first, then by years of experience as a provider for the service, regardless of funding source. If none of these criteria resolves the tie, the tie will be broken by a coin toss. The tied applicants will be informed of the tie and will be provided with reasonable notice of the time and location of the coin toss, which they may attend. The coin will be tossed by the Alliance's Executive Director in the presence of at least two witnesses.
8. Designation does not guaranty that a provider will be funded. However, the Alliance reserves the right to contract with unfunded Designated Providers in the future to the extent that additional funding becomes available for assignment by the Alliance whether through an increase in funding from DOEA or a need to reassign funding as a result of a surplus experienced by a funded Designated Provider.
9. In the case that the Designated Providers selected as per Section A., Paragraph 3.C.1 through 8 above, do not provide geographic coverage to ensure complete PSA geographic distribution, the Alliance, in its sole discretion, may modify the funding allocation and contract with a provider(s) of choice to ensure complete PSA geographic distribution.
10. In the event that there is not enough funding available under this title to serve all existing DOEA clients, awards will be reduced proportionately to distribute funding to serve as many existing DOEA clients as possible.

11. Notwithstanding any other provision made of this RFP, the Alliance reserves the right in its sole discretion to:

- a. Adjust the award amounts and the number of applications funded to ensure that the totality of the funding allocated for Title III-C2 of the Older Americans Act is exhausted within this title.
- b. Adjust the award amounts and the number of proposals funded to ensure that there are sufficient funds to serve existing DOEA clients, areas and communities within the PSA that would suffer service reductions that would be attributable to this RFP. In such case, the Alliance reserves the right to contract with a provider(s) of choice to maintain services in place.

**TABLE 3.2.A
CONTRACT AMOUNTS FOR OAA TITLE III-C SERVICES MIAMI-DADE**

TITLE III-C1 - NUTRITION SERVICES			
SERVICE	CONTRACT AMOUNT	MAXIMUM ALLOWABLE UNIT RATE¹	MAXIMUM NUMBER OF PROVIDERS
CONGREGATE MEALS TRADITIONAL	\$3,685,126	\$6.13	9
CONGREGATE MEALS KOSHER	\$411,694	\$6.85	1
NUTRITION COUNSELING ²	\$11,524	\$47.50	10
NUTRITION EDUCATION ²	\$10,293	20 cents per client per month	10
CONGREGATE SCREENING ²	\$71,749	\$20.00	10
TOTAL	\$4,190,386		
TITLE III-C2 - NUTRITION SERVICES			
SERVICE	CONTRACT AMOUNT	MAXIMUM ALLOWABLE UNIT RATE¹	MAXIMUM NUMBER OF PROVIDERS
HOME DELIVERED MEALS			6
HOME DELIVERED MEALS TRADITIONAL HOT	\$1,047,059	\$5.74	
HOME DELIVERED MEALS TRADITIONAL FROZEN	\$1,401,570	\$5.00	
HOME DELIVERED MEALS KOSHER	\$646,041	\$6.50	1
NUTRITION COUNSELING ²	\$3,766	\$47.50	7
NUTRITION EDUCATION ²	\$4,176	20 cents per client per month	7
SCREENING AND ASSESSMENT ²	\$53,742	\$25.00	7
TOTAL	\$3,156,354		
Notes:			
1 Applications for a service at a unit rate that exceeds the cap established by this RFP will be automatically disqualified for that service and will not be considered for funding			
2 Contract amounts for these services will be allocated on a pro-rata basis among all meals contracts in proportion to the number of persons proposed to be served. Applicants will not be scored on the rate for these services.			

TABLE 3.2.B

CONTRACT AMOUNTS FOR OAA TITLE III-C SERVICES MONROE

TITLE III-C1 - NUTRITION SERVICES			
SERVICE	CONTRACT AMOUNT	MAXIMUM ALLOWABLE UNIT RATE¹	MAXIMUM NUMBER OF PROVIDERS
CONGREGATE MEALS	\$146,824	\$9.25	1
NUTRITION COUNSELING ²	\$1,926	\$59.03	1
NUTRITION EDUCATION ²	\$637	20 cents per client per month	1
CONGREGATE SCREENING ²	\$2,424	\$20.00	1
TOTAL	\$151,811		
TITLE III-C2 - NUTRITION SERVICES			
SERVICE	CONTRACT AMOUNT	MAXIMUM ALLOWABLE UNIT RATE¹	
HOME DELIVERED MEALS HOT	\$12,265	\$6.53	1
HOME DELIVERED MEALS FROZEN	\$210,429	\$6.53	1
NUTRITION EDUCATION ²	\$362	50 cents per client per month	1
NUTRITION COUNSELING ²	\$190	\$70.56	1
SCREENING AND ASSESSMENT ²	\$5,250	\$26.22	1
TOTAL	\$228,496		
<p>Notes:</p> <p>1 Applications for a service at a unit rate that exceeds the cap established by this RFP will be automatically disqualified for that service and will not be considered for funding</p> <p>2 Contract amounts for these services will be allocated on a pro-rata basis among all meals contracts in proportion to the number of persons proposed to be served.</p>			

- D. **Title III-E of the Older Americans Act.** Up to \$1,523,795 is available for Miami-Dade County and \$135,859 is available for Monroe County. Awards will be made in a manner such that the Alliance fulfills its requirements for each service provided under this title on a competitive basis. The Alliance reserves the right to adjust award allocations between counties at any time during this RFP cycle based upon actual utilization patterns that are not consistent with the allocation for each county.

Funds will be awarded under Title III-E of the Older Americans Act to Successful Applicants that become Designated as Older Americans Act Providers by county on a service-by-service basis under Title III-E. Applicants must specify the sub-title under Title III-E for each of the services for which they apply. The sub-titles for Title III-E are Support Services (III-E), Grand Parent Support Services (III-EG), and Supplemental Services (III-ES) as per Tables 3.3A and 3.3B.

1. A Successful Applicant is an agency that receives a score of at least 150 points in Part A on its application and is among the top scoring (Part A and Part B combined scores) applicants for each service within each sub-title. A Successful Applicant is not guaranteed funding under this RFP but may be considered at any time during the six year RFP cycle for available funding. From the pool of Successful Applicants, the Alliance will select, based upon the established criteria referenced under each title, those agencies designated for funding. The initial contract awards for each service will be limited to the maximum number of providers indicated in Tables 3.3.A. and 3.3.B.
 - a. All applicants must bid by service within each county. Each service shall have a supported unit cost (except cost reimbursement items.) The list of Services to be bid on, Maximum number of Providers, Maximum Unit Rate, and Service Allocation are referenced in Table 3.3.A. and 3.3.B.
 - b. Any applicant for Adult Day Care must provide these services at two or more different locations in facilities located in different communities of the county.
 - c. No award under this title will exceed \$350,000.
 - d. Applicants and their affiliates as defined are limited to one award under this title. The term "affiliates" means any entity that, directly or indirectly through one or more intermediaries, controls, is controlled by, or is under common control with, the applicant.
 - e. Any applicant for Supplemental Services (as listed in Tables 3.3. for Miami-Dade and Monroe Counties), Legal, and Respite in Home must provide these services on a county-wide basis. Applicants for Material Aid / Home Improvement must have the capacity and qualifications to deliver these services on a countywide basis and apply for both services.
2. Designated Providers will be selected for funding from the pool of Successful Applicants based upon the established criteria referenced under each title.

- a. Successful Applicants for each service that have the lowest unit rates will be considered Designated Providers. The initial number of contract awards to Designated Providers for each service shall not exceed the maximum number of providers for that service as indicated in Tables 3.3.A and 3.3.B.
 - b. Designated Providers who are current providers may have their awards under this RFP modified based on any historical surpluses that they experienced during the most recent RFP cycle.
3. It is the intent of the Alliance to avoid interruption in the service to existing DOEA clients⁴; however no preference in selection will be given to existing providers. Instead, funding among Designated Providers will be allocated by county on a service-by-service basis, first to serve existing or Displaced Clients and then to expand services to other potential clients as follows:

For Respite in Home, Legal, and Chore under this Title, funding will be assigned to Designated Providers using a three-stage process.

- a. During the first stage, funding will be assigned to Designated Providers to be used to serve their current existing DOEA clients. Funding will be assigned during this stage first for all existing DOEA clients of the Designated Provider with the lowest unit rate, then for all existing DOEA clients of the Designated Provider with the next lowest unit rate, and so on until funding has been assigned for all existing DOEA clients of Designated Providers to the extent such funding is available.
- b. In the second stage, Displaced Clients will be assigned to Designated Providers in the order of lowest to highest proposed unit rate. The Designated Provider with the lowest unit rate will be first in receiving assigned Displaced Clients not to exceed its funding request, then the provider with the second lowest proposed unit rate will be assigned Displaced Clients not to exceed its funding request, and so on, moving down to the next lowest proposed unit rate provider, until all Displaced Clients have been assigned to a Designated Provider. If all Displaced Clients cannot be accommodated among the Designated Providers, notwithstanding anything to the contrary herein, the Alliance may contract with a Provider of Choice to provide services to Displaced Clients that could not be placed with Designated Providers.
- c. The third stage equally distributes any funding that remains in each service to Designated Providers for that service to serve new clients.

⁴ The methodology to calculate funding for existing DOEA clients in Title III E is detailed in Appendix III.

Funding for Adult Day Care and Respite In-Facility will be allocated by county on a service-by-service basis using a three stage process.

- a. During the first stage, funding will be assigned to Designated Providers to be used to serve their current existing DOEA clients. Funding will be assigned during this stage first for all existing DOEA clients of the Designated Provider with the lowest unit rate, then for all existing DOEA clients of the Designated Provider with the next lowest unit rate, and so on until funding has been assigned for all existing DOEA clients of Designated Providers to the extent such funding is available.
- b. In the second stage, Displaced Clients will be assigned to the Designated Provider with a site closest to the current provider location. In the event that there is more than one Designated Provider meeting this criterion, the Designated Provider with the lowest proposed unit rate will be assigned funding for the clients. If there are no Designated Providers meeting the distance criterion, funding will be assigned to the Designated Provider closest in geographical location to the Displaced Clients' existing center.
- c. The third stage equally distributes any funding that remains by service to Designated Providers of that service to be used to serve new clients.

Funding for Caregiver Training, Counseling, Housing Improvement, Material Aid, Sitter, and Specialized Medical Equipment and Supplies will be assigned among Designated Providers on a pro-rata basis based on the percentage of the overall score (Part A and Part B combined) that particular provider's application represents to the sum of the overall scores of all Designated Providers.

4. The Alliance will award contracts for Screening and Assessment service to all Designated Providers selected to provide registered services under this title as follows:
 - a. For Designated Providers who are funded to provide Registered services as identified in Tables 3.3.A. and 3.3.B., the funding allocation for Title III-E Screening and Assessment services will be proportional to the Designated Provider's share of total county-wide unduplicated DOEA clients for registered services under this Title, as shown in Tables 3.3.A. and 3.3.B. The Alliance reserves the right to adjust awards for Screening and Assessment to avoid funding duplication for Designate Providers that apply under more than one title in this RFP and for those Designated Providers who serve clients under any other Alliance funded case managed programs (i.e. CCE, HCE, ADI).
 - b. Any funding that remains shall be used to provide Title III-E Screening and Assessment services to new clients and will be allocated to Designated Providers who provide Registered services as identified in Tables 3.3.A and 3.3.B., the funding allocation for Title III-E Screening and Assessment services will be proportionate to the amount of funds received to serve new clients for Registered Services.

5. For each service, no provider will receive an award for more than fifty (50) percent of the amounts awarded by the Alliance, for such service, under Title III-E, except in the case that there is no interest from other Designated Providers or that existing DOEA clients would be displaced as a result of this provision.
6. Rates are capped by service to the level shown in Appendix VIII and Tables 3.3.A. and 3.3.B.
7. Tied scores will be resolved by the lower proposed unit rate first, then by years of experience as a provider for the service, regardless of funding source. If none of these criteria resolves the tie, the tie will be broken by a coin toss. The tied applicants will be informed of the tie and will be provided with reasonable notice of the time and location of the coin toss, which they may attend. The coin will be tossed by the Alliance's Executive Director in the presence of at least two witnesses.
8. In the case of a provider that, on the basis of service-by-service allocations, would receive a cumulative award under this title for more than \$350,000, the service awards will be reduced by the proportion that the cumulative award exceeds \$350,000. To minimize displacements, proportional adjustments will be made first, from the following services: Chore, Caregiver Training and Support, Counseling, Specialized Medical Equipment and Supplies, Housing Improvement and Material Aid. If proportionate reductions to these services do not result in the total award being reduced to \$350,000, further adjustments will be made proportionally from all other services to reduce the total award amount to \$350,000.
9. The selection by the Alliance of a provider as a Designated Provider does not guaranty that a provider will be funded. However, the Alliance reserves the right to contract with unfunded Designated Providers in the future to the extent that additional funding becomes available for assignment by the Alliance whether through an increase in funding from DOEA or a need to reassign funding as a result of a surplus experienced by a funded Designated Provider.
10. In the event that there is not enough funding available under this title to serve all existing DOEA clients. Awards will be reduced proportionately so as to distribute funding to serve as many existing DOEA clients as possible.
11. Notwithstanding any other provision contained in this RFP, the Alliance reserves the right in its sole discretion to:
 - a. Adjust the award amounts and the number of applications funded for each service to ensure that the totality of the funding allocated for Title III-E of the Older Americans Act is exhausted within this title.
 - b. Adjust the award amounts and the number of applications funded to ensure that there are sufficient funds to serve existing DOEA clients and areas and communities within the PSA that would suffer service reductions that would be

attributable to this RFP. In such case, the Alliance reserves the right to contract with a Provider of Choice to maintain services in place.

**TABLE 3.3.A. Miami-Dade
CONTRACT AMOUNTS TITLE III-E**

PROGRAM III-E: SUPPORT SERVICES			
SERVICE	RFP AMOUNT	MAXIMUM ALLOWABLE UNIT RATE¹	MAXIMUM NUMBER OF PROVIDERS
ADULT DAY CARE (Registered)	\$421,485	\$8.18	4
CAREGIVER TRAIN/SUPPORT IND/GRP ⁴	\$5,470	\$61.32 (IND)/81.76 (GRP)	1
RESPIRE ² IN-HOME (Registered)	\$665,433	\$18.40	4
RESPIRE IN-FACILITY (Registered)	\$169,370	\$11.24	4
SCREENING & ASSESSMENT	\$9,765	\$25.00	
TOTAL	\$1,271,523		
PROGRAM: III-EG GRANDPARENT SUPPORT SERVICES			
SERVICE	RFP AMOUNT	MAXIMUM ALLOWABLE UNIT RATE¹	MAXIMUM NUMBER OF PROVIDERS
CAREGIVER TRAIN/SUPPORT IND/GRP ⁴	\$28,429	\$61.32 (IND)/81.76 (GRP)	2
SITTER – DP	\$30,034	\$11.24	2
LEGAL ASSISTANCE ⁵	\$39,429	\$120.00	1
TOTAL	\$97,892		
PROGRAM: III-ES SUPPLEMENTAL SERVICES			
SERVICE	RFP AMOUNT	MAXIMUM ALLOWABLE UNIT RATE¹	MAXIMUM NUMBER OF PROVIDERS
SPECIALIZED MEDICAL EQUIPMENT & SUPPLIES ²	\$108,083	No Maximum Rate	3
HOUSING IMPROVEMENT/ /MATERIAL AID ^{2,3}	\$46,297	No Maximum Rate	2
TOTAL	\$154,380		
<p>1. Applications for a service at a unit rate that exceeds the cap established by this RFP will be automatically disqualified for that service and will not be considered for funding</p> <p>2. Applicant must be willing and able to provide the service on a countywide basis.</p> <p>3. Providers wishing to apply for either service must apply for both.</p> <p>4. All applicants must be willing and able to provide both group and individual services. Applications will be scored and ranked based on the group rate.</p> <p>5. Applicant must be willing and able to provide these services on a county-wide basis in both Miami-Dade and Monroe counties</p>			

TABLE 3.3.B. Monroe
CONTRACT AMOUNTS TITLE III-E

PROGRAM III-E: SUPPORT SERVICES			
SERVICE	RFP AMOUNT	MAXIMUM ALLOWABLE UNIT RATE¹	MAXIMUM NUMBER OF PROVIDERS
CAREGIVER TRAIN/SUPPORT IND/GRP ⁴	\$22,453	\$75.69(IND)/100.92 (GRP)	1
RESPIRE ² (Registered)	\$17,587	\$22.71	1
RESPIRE IN-FACILITY (Registered)	\$61,772	\$13.87	1
SCREENING & ASSESSMENT	\$1,575	\$25.00	
TOTAL	\$103,387		
PROGRAM: III-E SUPPLEMENTAL SERVICES			
SERVICE	RFP AMOUNT	MAXIMUM ALLOWABLE UNIT RATE¹	MAXIMUM NUMBER OF PROVIDERS
CHORE ² (Registered)	\$7,425	\$25.00	1
SPECIALIZED MEDICAL EQUIPMENT & SUPPLIES ²	\$8,056	No Maximum Rate	1
HOUSING IMPROVEMENT/HOUSING IMPROVEMENT DP/MATERIAL AID ^{2,3}	\$16,991	No Maximum Rate	1
TOTAL	\$32,472		
<p>1 Applications for a service at a unit rate that exceeds the cap established by this RFP will be automatically disqualified for that service and will not be considered for funding</p> <p>2. Applicant must be willing and able to provide the service on a countywide basis.</p> <p>3. Providers wishing to apply for either service must apply for both.</p> <p>4. All applicants must be willing and able to provide both group and individual services. Applications will be scored and ranked based on the group rate.</p>			

- E. **Title III-D of the Older Americans Act.** A total of up to \$182,670 will be awarded under Title III-D of the Older Americans Act in Miami-Dade County and \$32,000 in Monroe County, to Older Americans Act Title III-D Designated Providers by county. Awards will be made in a manner such that the Alliance fulfills its requirements for services provided under this title on a competitive basis. Funds will be awarded on a competitive basis among Successful Applicants that become Designated Providers under Older Americans Act Title III-D. The Alliance reserves the right to adjust award allocations between counties at any time during this RFP cycle based upon actual utilization patterns that are not consistent with the allocation for each county.
1. A Successful Applicant is an agency that receives a score of at least 150 points in Part A on its application and is among the top scoring (Part A and Part B combined scores) applicants for the Evidence Based Programs listed on Tables 3.4.A and 3.4.B. A Successful Applicant is not guaranteed funding under this RFP but may be considered at any time during the six year RFP cycle for available funding. From the pool of Successful Applicants, the Alliance will select, based upon the established criteria referenced under each title, those agencies designated for funding.
 - a. Any applicant under Title (III-D) must apply for all Evidence Based Programs listed on Table 3.4.A or 3.4.B. in the county for which they are applying.
 - b. Applicants must ensure that all staff assigned to the Evidence Based Programs are qualified to perform their job duties.
 - i. Applicant must supply copies of all certifications (or licenses) with the application (See Appendix VIII – Part V), **or** Applicant must guarantee in writing that all qualifications (certifications/licenses) required to deliver all listed Evidence Based Programs will be provided to the Alliance within 60 days of contract commencement. (See Appendix XIV- Part V.)
 - ii. Designated Providers who fail to obtain or maintain certifications for all listed Evidence Based Programs at any time during the contract period will result in immediate cancellation of the contract. In such case, the Alliance reserves the right to contract with the highest ranked Designated Provider, Provider of Choice or determine alternate means to deliver the Programs for the remaining term of the RFP period.
 - c. All programs for which there are English and Spanish versions must be offered in both languages.
 - d. Priority will be given to serving older adults who are of greatest economic need and those living in geographic areas designated by the United States Department of Health and Human Services, Health Resources & Services Administration (HRSA) as Medically Underserved Areas/Populations (See Appendix VIII- Part V for list of areas).

- e. Applicants and their affiliates are limited to one award under this title. The term “affiliates” means any entity that, directly or indirectly through one or more intermediaries, controls, is controlled by, or is under common control with, the applicant.
2. Designated Providers will be selected for funding from the pool of Successful Applicants based upon the established criteria referenced under each title.
 - a. Successful Applicants for all Evidence Based Programs listed on Tables 3.4.A. and 3.4.B. that have the lowest unit rates will be considered Designated Providers. The initial contract awards to Designated Providers for each service will be limited to the maximum number of providers indicated in Tables 3.4.A. and 3.4.B.
 - b. Designated Providers who are current providers may have their awards under this RFP modified based on any historical surpluses that they experienced during the most recent RFP cycle.
3. Reimbursement rates for each Evidence Based Program are capped to the level shown in Appendix VIII and Tables 3.4.A and 3.4.B.
4. Tied scores will be resolved by the lower proposed reimbursement rate for delivery of all listed Evidence Based Programs first, then by the years of experience as a provider for the Evidence Based Programs, regardless of funding source. If none of these criteria resolves the tie, the tie will be broken by a coin toss. The tied applicants will be informed of the tie and will be provided with reasonable notice of the time and location of the coin toss, which they may attend. The coin will be tossed by the Alliance's Executive Director in the presence of at least two witnesses.
5. Designation does not guaranty that a provider will be funded. However, the Alliance reserves the right to contract with unfunded Designated Providers in the future to the extent that additional funding becomes available for assignment by the Alliance whether through an increase in funding from DOEA or a need to reassign funding as a result of a surplus experienced by a funded Designated Provider.

**TABLE 3.4.A. Miami-Dade
CONTRACT AMOUNTS TITLE III-D**

PROGRAM III-D: DISEASE PREVENTION AND HEALTH PROMOTION				
SERVICE	RFP AMOUNT	MAXIMUM ALLOWABLE UNIT RATE¹	MAXIMUM NUMBER OF PROVIDERS	MINIMUM NUMBER OF PROGRAM SESSIONS / WORKSHOPS TO BE PROVIDED
A MATTER OF BALANCE/ UN ASUNTO DE EQUILIBRIO	\$10,000	\$2,500		4
CHRONIC DISEASE SELF MANAGEMENT/ TOMANDO CONTROL DE SU SALUD	\$15,000	\$2,500		6
DIABETES SELF-MANAGEMENT PROGRAM/ PROGRAMA DE MANEJO PERSONAL DE LA DIABETES	\$15,000	\$2,500		6
ENHANCED FITNESS	\$117,000	\$125		936
HOMEMEDS	\$25,670	\$85		302
TOTAL	\$182,670		1	
<p>1. Applications for a service at a reimbursement rate that exceeds the cap established by this RFP will be automatically disqualified for that service and will not be considered for funding</p> <p>2. Applicant must be able to meet staff certification requirements under each service, and be willing and able to provide all of the listed services. Certification requirements can be found at https://www.ncoa.org/resources/ebpchart/</p> <p>3. Applicants must be able to meet any applicable licensing requirements (https://www.ncoa.org/resources/ebpchart/)</p>				

**TABLE 3.4.B. Monroe
CONTRACT AMOUNTS TITLE III-D**

PROGRAM III-D: DISEASE PREVENTION AND HEALTH PROMOTION				
SERVICE	RFP AMOUNT	MAXIMUM ALLOWABLE UNIT RATE¹	MAXIMUM NUMBER OF PROVIDERS	MINIMUM NUMBER OF PROGRAM SESSIONS / WORKSHOPS TO BE PROVIDED
A MATTER OF BALANCE/ UN ASUNTO DE EQUILIBRIO	\$2,500	\$2,500		1
CHRONIC DISEASE SELF MANAGEMENT/ TOMANDO CONTROL DE SU SALUD	\$5,000	\$2,500		2
DIABETES SELF-MANAGEMENT PROGRAM/ PROGRAMA DE MANEJO PERSONAL DE LA DIABETES	\$5,000	\$2,500		2
ENHANCED FITNESS	\$19,500	\$125		156
TOTAL	\$32,000		1	
1. Applications for a service at a reimbursement rate that exceeds the cap established by this RFP will be automatically disqualified for that service and will not be considered for funding 2. Applicant must be able to meet staff certification requirements under each service, and be willing and able to provide all of the listed services. Certification requirements can be found at https://www.ncoa.org/resources/ebpchart/ 3. Applicants must be able to meet any applicable licensing requirements (https://www.ncoa.org/resources/ebpchart/)				

SECTION B - RFP SPECIFICATIONS

1. PROGRAMMATIC REQUIREMENTS

a. Services to be Provided

The primary goal held in common by all the services identified through this RFP is to support aging in place by helping older persons maintain an optimal degree of independent living, with its corresponding quality of life, in a manner that preserves dignity and human connectedness. The common primary objective, therefore, is to offer older persons and their caregivers access to programs and activities that will promote physical and emotional health and financial independence.

The OAA requires that services be targeted to low-income older individuals, including low income minority older individuals with limited English proficiency, and older individuals residing in rural areas. In an effort to serve those who need the services most and to achieve the best consumer outcomes possible, the Alliance has prioritized the services for which applicants are invited to submit proposals. Although levels of service may vary, emphasis is placed on the level of service that will achieve those outcomes that will best empower older consumers to age in place, age with security, age with dignity, age with purpose and age in an elder-friendly environment.

A complete listing of the services funded under all programs, and descriptions for each of these services and minimum requirements for the provision of services may be found in the most current, Department of Elder Affairs (DOEA) Programs and Services Handbook. (This Handbook can be downloaded from the Alliance website: www.allianceforaging.org). A provider responding to this RFP must agree to the following:

- (1) OAA providers must make an effort to improve and expand the services available to older persons by obtaining additional resources of funding for services.
- (2) OAA providers must ensure coordination of service delivery at the community level by establishing cooperative agreements between agencies to ensure that there is no overlapping of service responsibilities or duplication of effort in services to older adults.
- (3) OAA providers must develop cooperative agreements with community mental health provider agencies for appropriate linkages and referrals of older persons. These agreements must remain on file for monitoring purposes.
- (4) OAA providers must be responsive to Adult Protective Services referrals.
- (5) OAA providers must maximize service delivery capacity by the use of volunteer resources.
- (6) OAA providers shall also function as a focal point for the concerns of older person in inter-agency coalitions developed to stimulate community change.

Please note that separate proposals (including Fiscal Modules and Program Modules) must be submitted for each of the following Titles or Subtitles under which

an Applicant is applying for funding: Title III-B, Subtitle III-C1, Subtitle III-C2, Title III-D and Title III-E.

b. Client Eligibility Requirements

Title III-B, supportive services, require that service recipients be 60 years of age or older, regardless of income, assets, or ability to pay. The provider must prioritize services to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas.

Subtitle III-C1, congregate meals, require that persons served are 60 years or older and their spouses of any age; disabled persons under 60 years of age who reside with persons over 60 years of age and accompany the eligible older client to the site; disabled persons under 60 years of age who reside in housing facilities occupied primarily by older persons and at which congregate nutrition services are provided, when the participation of such individuals does not pose a threat to the well-being of the older clients and when such participation does not prevent the participation of older persons and their spouses; and persons under 60 years of age who provide meal related volunteer services when the participation of such services does not prevent the participation of older persons and their spouses. Participants are eligible to participate in the congregate meal program at no cost, with the opportunity to contribute toward the cost of the meals.

Subtitle III-C2, home delivered meals, requires that persons served are persons who are 60 years or older who are disabled, homebound, and who have no one available to provide assistance with meal preparation; the spouse of the recipient, regardless of age or condition; and disabled persons under age 60 who reside with eligible clients, and are dependent on them for care. A homebound person is a person that is unable to leave home without assistance.

Title III-D, Evidence-Based Disease Prevention and Health Promotion Services, requires that persons served are 60 years or older, are of greatest economic need, or live in Medically Underserved Areas/Populations as designated by the United States Department of Health & Human Services, Health Resources and Services Administration (HRSA). Specifically these areas in Miami-Dade County are: North Beach, South Beach, Liberty City, Wynwood, Little Havana, Hialeah, Biscayne Park, North Miami Beach, West Perrine, Opa Locka, Golden Glades, Homestead, and West Dade/Sweetwater. All of Monroe County is designated as a Medically Underserved Area/Population. The Alliance reserves the right to change this list of areas as designations change.

Title III-E, National Family Caregiver Support Program, requires that services are provided to family caregivers of older individuals who are 60 years of age and older and grandparents or older individuals who are relative caregivers of children not more than 18 years old or an individual with a disability of any age. Grandparents or older individuals who are relative caregivers of children must be 55 years of age or older.

c. Continuity of Services

Clients that would suffer service interruptions as a consequence of this RFP shall be referred to the provider organization, which at the sole discretion of the Alliance, is best suited to provide such clients with services in a cost-effective manner. Provider organization participation in this RFP constitutes tacit agreement to accept such referrals. If among Designated Providers, such services cannot be provided in a cost-effective manner, the Alliance will adjust the award amounts and the number of proposals funded to ensure that there are sufficient funds to serve such clients by contracting with a Provider of Choice, to maintain services in place.

d. Service Provider Eligibility Requirements

In accordance with DOEAs Programs and Services Handbook each application submitted in response to this RFP must include:

- i. A proposal of supportive or nutritional services consistent with the RFP.
- ii. Meaningful and realistic program objectives which comply with DOEAs minimum service standards and policies.
- iii. A realistic plan on how the service needs of low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas will be met, ensuring that services will be provided to them in accordance with their needs, rather than in proportion to their percentage of the population served.
- iv. Incorporation of reasonable, necessary, and allowable budget information in agreement with DOEAs grants accounting standards.
- v. A proposal including cost effective services in a defined geographic service area.
- vi. A proposal including sufficient staff qualified by experience, education, and training to ensure proper and efficient program and fiscal accountability.
- vii. Verifiable assurances that the providers' activities will be operated in accordance with OAA, Title III regulatory requirements.
- viii. Responsiveness to the instructions contained in this RFP.

Applicants interested in Subtitles III-C1 and III-C2 must meet the following criteria in accordance with the DOEAs Programs and Services Handbook and the policies of the Alliance:

- i. Have demonstrated an ability to provide congregate and home delivered meals efficiently and reasonably.

- ii. Have furnished assurances to the AAA that the organization will maintain efforts to solicit voluntary supports and that the funds made available under this title will not be used to supplant funds from non-federal sources.
- iii. Each nutrition service provider shall obtain the advice of a licensed dietician or licensed registered dietitian in planning and providing nutrition services.
- iv. Must provide monthly nutrition education to all clients receiving meal services and nutrition counseling to all clients determined nutritionally high risk.
- v. Must establish and maintain a project advisory council made up of representatives from each congregate nutrition site.
- vi. Ensure that meal regardless of development method will provide each participant with a minimum of 33 1/3 percent of the current Dietary Reference Intake and comply with the current Dietary Guidelines for Americans.
- vii. Contract for the provision of food with vendors that have had no closures (temporary or permanent) or Administrative Complaints related to food safety in the past 12 months.
- viii. Contracts for the provision of food with vendors who supply meals from premises that have a valid permit, license, or certificate issued by the appropriate regulatory authority.
- ix. Have at least three (3) days' worth of shelf stable meals; or a pre-approved three-day menu for emergency meals with reserved funds set aside from the allocated award or another source to purchase the food items; AND at least one back-up caterer (for the same meal type) who can provide meals immediately in the event of an emergency.

Additional program specific requirements are included in the Service Provider Application (SPA) relevant to each OAA Title or Subtitle as included in Appendix VIII (Parts I through IV) and in the most current DOEA Programs and Services Handbook.

IN ADDITION TO THESE REQUIREMENTS, ANY PROVIDER WHOSE CONTRACT FROM ANY FUNDING SOURCE, INCLUDING ALLIANCE FOR AGING, WAS TERMINATED FOR CAUSE AS A RESULT OF FINANCIAL IRREGULARITIES OR BREACH OF THE REQUIREMENTS SET FORTH IN THE DOEA PROGRAMS AND SERVICES HANDBOOK. IN THE SIX YEARS PRECEDING THE RFP SUBMISSION DATE IS NOT ELIGIBLE TO APPLY FOR OAA FUNDING DURING THIS RFP CYCLE.

e. Outcome Measures and Standards

Applicant is required to submit separate strategies and action steps to accomplish the performance measures listed for each OAA Title or Subtitle in the Service Provider Application in Appendix VIII (Parts I through IV).

f. Subcontracts for Services.

If the applicant intends to issue subcontracts to provide services with funding derived from this RFP, it must identify in the application the intention to subcontract one or more specific services, identify the service(s) to be subcontracted, and the identities of the proposed subcontractors, in Appendix VIII. The Successful Applicant agrees to update all subcontractor information during the course of any awarded contract. In addition, by submitting the application, the applicant acknowledges that it has read and understands the subcontracting requirements listed in Chapter 4 of the DOEA Programs and Services Handbook. No contracts will be issued under this RFP if these requirements are not met to the satisfaction of the Alliance.

SECTION C- RFP PROCESS

1. General Information

a. Contact Person

The Alliance's sole point of contact person for this RFP and the address for submission of written inquiries regarding this RFP, a Notice of Intent to Submit a Proposal, or the withdrawal of a proposal is:

Stan McNeese

Alliance for Aging, Inc.

E-mail: OAARFP2018@allianceforaging.org

Applicants or anyone acting on behalf of an applicant are prohibited from contacting, seeking information, providing information, attempting to influence or persuade or otherwise engaging in discussions relating to this RFP with any Alliance employees, Alliance Board Members, members of the Alliance's Advisory Council, or any members of any Review Panel for this RFP, except for the Alliance contact person identified above. Only those written communications from the Alliance's sole point of contact identified in this RFP shall be considered as a duly authorized response on behalf of the Alliance. For violation of this provision, the Alliance reserves the right to reject an application.

b. Inquiries

No verbal, telephone or facsimile inquiries will be accepted. Applicants may submit inquiries via e-mail to the sole point of contact identified in SECTION C. 1. a. in this RFP. The Alliance will post its responses to timely received written inquiries on its website, www.allianceforaging.org, by the deadline specified in the Calendar of Events. Addenda to this RFP will also be posted on the Alliance's website at www.allianceforaging.org. It is the applicant's responsibility to ensure that written inquiries submitted by e-mail have been received. The Alliance shall have no responsibility to respond to written inquiries not received by e-mail by the deadline established in this RFP.

c. Funding Source

The OAA Program is funded in its entirety through an annual appropriation from the U.S. Administration on Aging and is therefore subject to reduction or elimination from the federal budget. The total amount of funding to be awarded pursuant to this RFP is subject to the availability of funds. Awards may be adjusted to comply with changes to the approved Area Plan for PSA 11. If final funds made available to the Alliance are less/more than originally projected, the applicant understands and agrees that the Alliance, in its sole discretion, may adjust any amount awarded pursuant to this RFP, including any amounts awarded to a Designated Provider.

d. Matching Requirement

Applicants awarded funds through this RFP process will be required to provide a match of at least 10% of the funds awarded for all OAA services under contract (with the exception of Title III-D, which does not require a match). The match requirement may be satisfied through a commitment of cash or in-kind resources, or a combination of both. Federal dollars from other contracts or grants may not be used as match. The same restriction applies to client contributions, which are considered program income and must be used to expand services. Please note that the minimum 10% match applies to the total funding received by the Designated Provider from the Alliance in each title (except of Title III D).

Matching funds are based on the total amount of the award by title, not on a service-by-service basis. Applicants must indicate which services within the title they will apply the match, however the total amount must equal 10% of the total award for the Title. Failure to provide all of the units allocated to a service does not preclude the provider from meeting the match requirement for the Title. Once awards are made, the Designated Provider must demonstrate to the Alliance that it will be in a position to provide the match at the title level, regardless of what services are funded.

e. Type of Contract and Method of Payment

Fixed rate contracts will be entered into for all services under OAA funding titles or subtitles, although some services are paid by cost reimbursement. (See Tables 3.1 A,B; 3.2 A,B; 3.3 A,B; and 3.4)

Applicants awarded funds under a fixed rate contract will be reimbursed for the units of service provided, at the contracted unit rate, up to the total amount under contract for the service(s) in question. Service and client information must be maintained in Client Information, Registration and Tracking System (CIRTS) maintained by DOEA. Services not reported in CIRTS will not be reimbursed. The Alliance reserves the right to withhold payment for any services billed for which the provider does not have adequate supporting documentation. Providers receiving funding must document that reimbursements are for expenses incurred in providing the service under contract.

Applicants awarded funds through this RFP agree to maintain and provide upon request all programmatic, financial, administrative, and CIRTS reports as required by contract with the Alliance. A sample OAA contract is included in this RFP in Appendix IV. Failure to abide by these terms and conditions may result in suspension of payment and/or termination of contract.

Contracts will be awarded for specific services within each title. Service providers will not be reimbursed for services provided in excess of the units contracted, without the prior execution by the parties of a written contract amendment (no modified spending authority) in accordance with state law and Alliance fiscal policies.

f. Method of Cost Presentation

Applicants will propose an adjusted unit rate for each service in accordance with the terms of the RFP. The adjusted unit rate is the amount that will be paid by the Alliance net of provider match. For example, if a provider's unit cost is \$15 and its match and other adjustments reduce the unit cost by \$3 per unit then the adjusted unit rate is \$12 per unit.

All applicants are required to provide a unit cost detail with the application, using the DOE's Unit Cost Methodology formats. These formats are available for download at www.allianceforaging.org. Applicants must follow the Unit Cost Methodology closely.

g. Public Records

Any material submitted in response to this RFP will become a public document pursuant to Section 119.07, Florida Statutes. This includes material which the applicant might consider to be confidential or a trade secret. Any claim of confidentiality is waived upon submission. An applicant shall not submit any information in response to this RFP that the applicant considers to be a trade secret, proprietary or confidential. The act of submitting any information to the Alliance in connection with this RFP – including any information identified by the applicant as trade secret, proprietary or confidential -- shall be deemed conclusively to be a waiver of any trade secret or other protection, which would otherwise be available to the applicant.

h. Costs Incurred by Applicants

Any and all expenses incurred in the preparation and submission of proposals in connection with this solicitation process shall be borne by the applicant(s) and are not chargeable to the Alliance.

i. Contract Formation

The Alliance will issue a notice of intent to award to any successful applicants responding to this RFP to which the Alliance intends to award OAA funding. However, no contract shall be formed between any applicant and the Alliance until a contract is duly executed by both parties. The Alliance shall not be liable for any costs incurred by an applicant in preparing or producing its response to this RFP or for any work performed before a contract awarded pursuant to this RFP is executed and effective.

j. Calendar of Events

2018 Older Americans Act RFP – Calendar of Events

	ACTIVITIES	DATE	TIME
1.	Notice of RFP and application materials posted on the Alliance's website: www.allianceforaging.org	May 22	5:00 PM
4.	Notice of Intent to Submit an Application due – OPTIONAL	May 29	4:00 PM
5.	Last day for e-mail inquiries about the RFP. Inquires must be sent to: OAARFP2018@elderaffairs.org	June 5	4:00 PM
6	Final responses to e-mailed inquiries posted on the Alliance's website www.allianceforaging.org	June 18	5:00 PM
7	Applications due at: Alliance for Aging 760 NW 107 Ave. Suite 214 Miami, Florida 33172	July 12	10:00 AM
8	Parts A and B of applications opened at a Public Meeting and checked for completeness in meeting held at: Alliance for Aging 760 NW 107 Ave. Suite 214 Miami, Florida 33172	July 12	12:00 PM
	Meeting with Review Panel to discuss Evaluation Process – Public Meeting held at: Alliance for Aging 760 NW 107 Ave. Suite 214 Miami, Florida 33172	July 12	3:00 PM
10	Sealed scores to Alliance from Reviewers	September 13	5:00 PM
11	Scores presented– Public Meeting.	September 14	12:30 PM
12.	Staff delivers to President & CEO report setting forth evaluation committee recommendations and funding allocations	September 24	
13.	Consideration of contract award and funding allocations will be made at an Alliance's Board of Directors' meeting – Public Meeting held at: Alliance for Aging 760 NW 107 Ave. Suite 214 Miami, Florida 33172	September 27	4 PM
14.	Notice of intended contract awards published on the Alliance website	October 1	11 AM
15.	Program operations for new OAA contracts commence	January 1 (2019)	

NOTE: The Alliance reserves the right to adjust this schedule by amendment or addendum to this RFP.

k. Notice of Intent to Submit an Application

Applicants are asked to submit a Notice of Intent to Submit an Application (Appendix V) by the deadline specified in the Calendar of Events. Failure to submit the Notice of Intent to Submit a Proposal will not preclude an applicant from submitting an application. All addenda to the RFP will be posted on the Alliance's website at www.allianceforaging.org.

l. Corrections to or Modifications of Applications

No changes, modifications or additions to applications submitted will be accepted after the submission deadline, except in response to a request for clarification by the Alliance. In the event of conflict between the language of an application and the language contained in this RFP, the language of the RFP shall prevail.

m. Receipt of Applications

Proposals must be hand-delivered or sent by courier to the Alliance by the date and time specified in the Calendar of Events.

At: Alliance for Aging
760 NW 107 Ave.
Suite 214
Miami, Florida 33172

Each application will be dated, time marked and logged by the Alliance as received. Each application will be examined to verify that it is properly addressed, labeled, and sealed as required in this RFP.

APPLICATIONS MUST BE RECEIVED AT OR BEFORE THE TIME AND DATE indicated in the Calendar of Events in this RFP. The time/date stamp/clock at the Alliance shall serve as the authority to determine timeliness of an application. Applications not received at the specified place during regular business hours by the date and time specified in the Calendar of Events, will be rejected and returned unopened to the applicant.

n. Withdrawal of Applications

An applicant may withdraw an application by written notice submitted by e-mail and received by the contact person for this RFP on or before the deadline for receipt of applications in the Calendar of Events. Unless withdrawn as provided herein, applications shall be irrevocable for 210 days after the proposal due date.

o. Independent Applications

An applicant shall not collude, consult, communicate or enter into any agreement with any other applicant regarding this RFP as to any matter relating to the applicant's proposal.

p. Copyrighted Material

With respect to any copyrighted material contained within an application, the submission of such application shall be deemed to constitute the granting of a license from the applicant to the Alliance to use such copyrighted material in connection with the RFP process, including the making of paper and electronic copies by the Alliance, its staff, and its agents, of such copyrighted materials, and the distribution thereof to any member of the public requesting any or part of a proposal submitted in response to this RFP pursuant to a public records request received by the Alliance pursuant to Chapter 119, Florida Statutes, without regard to whether an exemption for copyrighted material is applicable. All development and use of copyright material in fulfilling the terms of the application shall be governed by the terms of any contract entered into between an applicant selected and the Alliance.

q. Acceptance of Application

The Alliance reserves the right, in its sole discretion, to waive minor irregularities in an application. A minor irregularity is a variation from the RFP that does not affect the price of the proposal, give one applicant an advantage or benefit not enjoyed by other applicants, or adversely impact the interests of the Alliance.

r. Alliance Reservations

The Alliance reserves the right to reject any and all applications or portions of applications, or postpone or cancel this RFP if the Alliance determines, in its sole discretion, that such action is in its best interest or in the best interest of the individuals that it serves.

s. Organization and Submission of Applications

A separate application must be submitted for each County and each Title or Subtitle (Title III-B, Subtitle III-C1, Subtitle III-C2, Subtitle III-D, or Title III-E) for which an applicant is applying for funding.

Applications must be submitted as required by Section D "Application Preparation" of this RFP.

The Alliance will not verify that an application has been assembled correctly nor reorganize a proposal that is incorrectly submitted.

t. Disposition of Applications

All applications timely received by the Alliance become property of the Alliance and will be a matter of public record subject to the provisions of Chapter 119, Florida Statutes.

u. Proposal Evaluation and Selection Note: Applications will be evaluated and rated by service within each OAA Title.

Applications will be evaluated as described in Section E: "Application Evaluation Process" of this RFP.

v. Recommendations for Contract Award and Funding Allocation

The scores and rankings of the applications will be taken into consideration as further explained in Section E- Application Evaluation Process.

w. Contract Award Decisions

Contract award and funding determination will be made in accordance with Section E.3 – Contract Award Decisions of this RFP.

x. Notice of Contract Award

The Alliance's notice of intended contract awards will be posted at the Alliance's website on the date specified in the Calendar of Events in this RFP. Contracts will be finalized thereafter with the expectation that services will commence on January 1, 2019.

y. Appeals Process

The Alliance has an existing appeals policy, the full text of which may be found under Appendix X to this RFP. Written appeals must be received at the Alliance as set forth in Appendix X. All written appeals must be submitted to:

Max B. Rothman, President & CEO
Alliance for Aging
760 NW 107 Ave.
Suite 214
Miami, Florida 33172

Written appeals must be hand delivered or sent certified mail, return receipt requested. The appeal procedures apply to any intended decision of the Alliance including: (1) issuance by the Alliance of specifications in this RFP, including addenda; and (2) an intended contract award. Failure to timely file a notice of appeal and formal written appeal of the RFP specifications shall constitute a waiver of proceedings and waiver of all rights to contest the specifications. Failure to timely file a notice of appeal and formal written appeal of a notice of intent to award shall constitute a waiver of proceedings and waiver of all rights to contest the intended award.

If, in the sole determination of the Alliance, when a disputed contract award that is the subject of an appeal may result in an interruption of service(s) to clients, the Alliance reserves the right to contract with one or more providers of choice or extend existing contracts, on a provisional basis, to maintain services in place until such time when the appeal is resolved.

z. Contract Terms and Conditions

A sample OAA contract is included in Appendix IV to this RFP. All applicants are instructed to read the sample contract carefully in order to determine their agency's ability to meet the requirements set down in the sample contract. Applications should include a signed and dated Acceptance of Contract Terms and Conditions form (Appendix VI) that certifies each applicant's intention of abiding by all terms and conditions of the sample contract in Appendix IV. The Alliance objects to and shall not consider any additional terms or conditions submitted by an applicant, including any appearing in documents attached as part of an application. In submitting its application, an applicant agrees that any additional

terms or conditions, whether submitted intentionally or inadvertently shall have no force or effect.

aa. Applicant's Representations and Authorizations

In submitting an application response to this RFP, each applicant understands, represents and acknowledges the following (if the applicant cannot so certify to any of the following, the applicant shall submit with its application a written explanation of why it cannot do so).

- The applicant is not currently under suspension or debarment by the federal government, the State of Florida, or any other governmental entity.
- To the best of the knowledge of the person signing the proposal, the applicant, its affiliates, subsidiaries, directors, officers and employees are not currently under investigation by any governmental authority and have not in the last ten (10) years been convicted or found liable for any act prohibited by law in any jurisdiction involving conspiracy or collusion with respect to bidding on any contract involving state or federal funds.
- The applicant is not on the State of Florida's convicted vendors list.
- The applicant is not on the State of Florida's discriminatory vendors list.
- The applicant is not on the Scrutinized Companies list or otherwise prohibited from entering into a contract arising out of this RFP due to any prohibitions in Section 287.135, Florida Statutes.
- The submission is made in good faith and not pursuant to any agreement or discussion with, or inducement from, any firm or person to submit a complementary or other noncompetitive application.
- The prices and amounts have been arrived at independently and without consultation, communication, or agreement with any other applicant or potential applicant; neither the prices nor amounts, actual or approximate, have been disclosed to any applicant or potential applicant, and they will not be disclosed before the applications are publicly opened.
- The applicant has fully informed the Alliance in writing of all convictions of the applicant, its affiliates, and all directors, officers, and employees of the applicant and its affiliates for violation of state or federal antitrust laws with respect to a publicly funded contract for violation of any state or federal law involving fraud, bribery, collusion, conspiracy, or material misrepresentation with respect to a publicly funded contract.
- Neither the applicant nor any person associated with the applicant in the capacity of owner, partner, director, officer, principal, investigator, project director, manager, auditor, or position involving the administration of federal funds:
 - ◆ Has within the preceding six years been convicted of or had a civil judgment rendered against them or is presently indicted or otherwise criminally or civilly charged for: commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a federal, state, or local government

transaction or publicly funded contract; violation of federal or state antitrust statutes; or commission or embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property; or

- Has within the preceding six-year period prior to the RFP submission date had one or more contracts from any funding source, including the Alliance, terminated for cause as a result of financial irregularities or breach of the requirements set forth in the DOEA Programs and Services Handbook. All information provided by, and representations made by, the applicant are material and important and will be relied upon by the Alliance in awarding any contracts arising out of this RFP. The Alliance reserves the right to reject any application as non-responsive if the Alliance learns that the application contains any misrepresentations of fact including, but not limited to, the applicant's years of experience.

SECTION D: APPLICATION PREPARATION

1. General

This RFP is only for OAA services under Title III-B – Supportive Services, Title III-C (1 and 2) – Nutrition Services, Title III-D – Evidence –Based Disease Prevention and Health Promotion Services and Title III-E – National Family Caregiver Services. If an applicant intends to propose to provide services for more than one of these Titles or Subtitles, the applicant must submit a separate application for each county in response to the specific requirements set-forth for each of the Titles/Subtitles.

The application should be prepared using the specific application for each OAA Title or Subtitle. The application for OAA Title III-B (Supportive Services) is included in Appendix VIII, Part I. The Application for both OAA Title III-C1 and C2 (Nutritional Services) is included in Appendix VIII, Parts II and III. An applicant applying to provide services under both Title III-C1 and Title III-C2, must submit separate applications for each subtitle. The application for OAA Title III-D (Evidence-Based Disease Prevention and Health Promotion Services) is included in Appendix VIII, Part V. The application for OAA Title III-E (National Family Caregiver) is included in Appendix VIII, Part IV. The applicant must clearly indicate the OAA Title/Sub-title applied for (Title III-E has subtitles Support, Supplemental and Grandparent). Although Title III-E requires a single application covering its three subtitles applicants must indicate the subtitles that the application covers.

Applications must be properly paginated and bound in three ring loose-leaf binders, not to exceed the maximum number of pages referenced in each Application Instructions. Applications must be prepared using a font size no smaller than 11 pt.

The application must be received by the date and time specified in the Calendar of Events. Requests for extension of the due date will not be granted. It is the applicant's responsibility to have the proposals delivered on time. Fax and e-mail copies of the applications will not be accepted by the Alliance.

Each application must be submitted in a properly addressed and sealed container. Both Part A (Program Module) and Part B (Contract Module) shall be included inside the sealed container. One original and three (3) hard copies of Part A (Program Module) and one electronic copy must be submitted for each application (a separate Service Provider Application must be submitted for each Title/subtitle and county for which the applicant seeks funding). In each instance, the electronic copy of Part A, including all of the required documents must be provided in a USB flash drive as a PDF.

One original and three (3) hard copies and one electronic copy of Part B (Contract Module) must be submitted for each Title/subtitle and county for which the applicant seeks funding. The electronic copy must be provided in a USB flash drive, in a spreadsheet format such as Excel.

The sealed container containing both Part A and Part B for each Title or Subtitle must be clearly addressed as follows:

Proposal for Older Americans Act
Title or Subtitle to Which Proposal Relates (Title III-B, Title III-C1, Title III-C2, Title III-D, or Title III-E).
Miami-Dade or Monroe Counties 2018
Submitted by: [Name of Applicant]

Applications may be hand-delivered or sent by courier to the Alliance, but must be received by the Alliance as specified in Section C.1.m. of this RFP. The Alliance will not verify that an application has been assembled correctly nor reorganize an application that is incorrectly submitted.

In order to be considered responsive, an application must:

1. Be signed by the senior officer of the applicant agency's governing board or designee.
2. Be submitted on the Service Provider Application, included in Appendix VIII.
3. Provide an acceptable commitment for required non-federal financial participation (match requirement).
4. Contain assurances of compliance with applicable federal regulations. The provider must submit a statement that certifies that it will comply in the event that it receives an award, with all applicable federal laws and regulations governing the use of Older American Act funds. Please attach Appendix XI—OAA Federal Assurances with the Fiscal module.

2. Application Part A (Program Module)

a. Title Page

Section I.A. of the standard application (Appendix VIII) should be filled out in its entirety and must be signed and dated by an authorized official of the applicant.

b. Statement of Work/Response to RFP Specifications

Sections II.A through IV.A detail the proposal's intended clients, program objectives pursued by the applicant as well as an explanation of how each funded service will be provided in order to achieve the output and outcome measures intended by the applicant.

Under Part A (Program Module) of the OAA Application (Appendix VIII) – all items in Sections II.A., III.A. and IV.A. should be addressed as they pertain to the OAA Title or Subtitle covered by the proposal being submitted.

c. Organizational Capability Package

Each proposal should include as part of Part A (Program Module) each of the documents identified in Section V.A. (Organizational Capability Package) of Appendix VIII. These documents should be included in a manner that will allow them to be pulled out of the RFP proposal packet and reviewed separately.

d. Applicant's Qualifications and Prior Experience

Each applicant's proposal should contain in Part A (Program Module) the designation of the applicant's qualifications and prior experience performing tasks similar or relevant to those required in the RFP.

By submitting an application, the applicant certifies that it has read and understands the service requirements as described in the Department of Elder Affairs 2017 Program and Services Handbook, for each service for which funding is requested, and will comply with the service requirements as written in the Handbook.

3. Application Part B (Contract Module)

Part B (Contract Module) of each application will be evaluated for accuracy and compliance and the contents entered into a spreadsheet that will compute the scores for each section, by a staff member of the Alliance's fiscal department using the evaluation criteria set forth in Section B of Appendix IX of this RFP. There are two elements that are scored, the proposed adjusted unit rate and the leverage afforded by additional resources that an applicant commits to complement the OAA funds.

Failure to submit all of the items listed below as part of the Contract Module Part B will result in an automatic rejection of the application:

a. Acceptance of Contract Terms and Conditions

The form contained in Appendix VI (Acceptance of Contract Terms and Conditions) must be completed and included in Part B (Contract Module) of each application.

b. Statement of No Involvement

The form contained in Appendix VII (Statement of No Involvement) must be completed and included in each application.

c. Match Commitment

Part B (Contract Module) of each application must include information regarding match commitments. The forms for this information are contained in Appendix VIII (Section V.B. *through IX.B*).

d. OAA Federal Assurances. The form contained in Appendix XI (OAA Federal Assurances) must be signed and included in each application.

In completing Part B (Contract Module) of each application, applicants should consider the evaluation criteria in Appendix VIII to ensure that all information is included in Part B (Contract Module) and is adequately presented.

e. Unit Cost Methodology (found on Alliance for Aging website.)

The proposed unit rate per service must be supported by a Unit Cost Methodology which will be reviewed after the intent to award but prior to contract execution.

SECTION E: APPLICATION EVALUATION PROCESS

1. Application Evaluation

A Review Panel for Part A of the application consists of three professional staff of the Alliance. Different Review Panels may be established for each Title or Subtitle. These professionals are knowledgeable about social services and have a general knowledge about the types of services being procured. They will review, evaluate, and score Part A (Program Module) of each RFP application using the evaluation criteria set forth in Section A of Appendix IX of this RFP.

Each member of the Review Panel will be required to complete a Conflict of Interest Questionnaire.

A total overall score for both Part A and Part B will be determined for each application submitted by service within each OAA Title or Subtitle.

Immediately following the deadline for receipt of applications, each application submitted will be opened and the names of the applicants read aloud during a public meeting. A copy of the Program Module will be provided to members of the Review Panel who will independently evaluate and score it using Part A of the application evaluation instrument in Appendix IX of this RFP. Upon completion of their evaluation and scoring of the Program Module of the applications, the members of the Review Panel will submit their completed evaluation instruments to the Alliance's V.P. for Finance/CFO in a clearly marked sealed package. Part B will be scored by a member of the Alliance's fiscal department staff who will submit the evaluation sheets for Part B to the Alliance's VP for Finance/CFO in a clearly marked sealed package.

Scoring the proposal: The proposal is made up of two modules (Program and Contract), and each module is made up of several sections. Each Program Module score is the sum of its section scores. Finally, for the sections that are subject to review by more than one individual, each section total will be determined by the arithmetic average of all rated items in the section. Appendices IX-1, IX-2, IX-3, IX-4 and IX-5 list all of the elements of the application to be evaluated for each of the titles.

2. Recommendation for Contract Award and Funding Allocation

Contract awards and funding determination will be done by OAA service within each Title or Subtitle as set forth in Section A.3. of this RFP.

For instance, an applicant may submit an application for Title III-B, another for Subtitle III-C1, another for Subtitle C-2 and another for Title III-E and only receive consideration for funding in one Title and not the others. Similarly, an applicant may submit an application that includes the provision of multiple services within one Title (e.g., Title III-B) and be given consideration for funding for certain services which the Alliance considers responsive and most advantageous to consumers, but not awarded funding for services within the same Title or Subtitle applied for which the Alliance considers not to be advantageous to consumers because of price, units of services to be provided or the service area that the applicant intends to serve is not consistent with the area where there is need as determined by the Alliance.

The scores, ranking and applicant's proposed service grid will be reviewed by staff members of the Alliance to set forth funding allocations to the Alliance's President & CEO based on the application of the funding methodology described in this RFP. The President & CEO will make a recommendation to the Board of Directors for funding award and allocation, based on applications considered to be the most advantageous to the Alliance in meeting the needs of the elder population of PSA 11, price, quality, and other factors considered as set forth in this RFP. The recommendation will be based on the scores compiled from the applications and the provision of services to areas and communities that would be underserved as a consequence of this RFP. The Alliance's Board of Directors will make the final determination of contract award and funding allocations by applicants consistent with the terms and procedures set forth in this RFP.

3. Contract Award Decisions

It is anticipated that contracts will be entered into for funding of multiple service providers who submit applications in response to the RFP. Contracts will be awarded by the Alliance's Board of Directors to responsive applicants whose proposals are determined to be the most advantageous to the Alliance and the older adult population of Miami-Dade and Monroe Counties based on price, quality and other factors as set forth in this RFP based on the availability of funds.

4. Notice of Contract Award

The Alliance's notice of intended OAA contract awards by the Board of Directors will be posted on the Alliance's website on the date specified in the Calendar of Events in this RFP.

5. Appeals Process

Any appeals shall be submitted and processed pursuant to the procedures set forth in Appendix X of this RFP.

APPENDIX I**TITLE III-B – SUPPORTIVE SERVICES**

Funding will be allocated to serve existing clients using the following formula:

$$\frac{\text{Current funding for existing clients X (1 minus the attrition factor) X proposed unit rate}}{\text{Current provider unit rate}}$$

The attrition factor to be used in the formula is derived from CIRTIS for all providers and for registered services under Title III-B. They are computed as the ratio of clients enrolled as of 1/1/2017 who were terminated on or before 12/31/2017 to the number of clients enrolled as of 1/1/2017. The attrition factor for registered services is 29.15%.

The attrition factor for transportation will be the same as for Title III-C1 services.

Applicants are reminded that service descriptions and the minimum requirements for the provision of all Title III-B services may be found in the **July 2017 Department of Elder Affairs Programs and Services Handbook**. (This Handbook can be downloaded from the Downloads Section of the Alliance for Aging website: www.allianceforaging.org). **DISCLAIMER: The Alliance intends to allocate funds to the various services included under OAA Title III-B (Supportive Services) as reflected in this RFP. Allocations, however, are subject to change based on availability of funds, availability of services proposed, or changes in unmet needs as determined by the Alliance in its sole discretion.**

APPENDIX II**TITLE III-C – NUTRITIONAL SERVICES**

Funding will be allocated to serve existing clients using the following formula:

$$\frac{\text{Current funding for existing clients X (1 minus the attrition factor) X proposed unit rate}}{\text{Current provider unit rate}}$$

The respective attrition factor to be used in the formulas for each, III-C1 and III-C2, are derived from CIRTS for all providers and all services under such titles. They are computed as the ratio of clients enrolled as of 1/1/2017 who were terminated on or before 12/31/2017 to the number of clients enrolled as of 1/1/2017. The attrition factor for III-C1 is 29.40%. For III-C2 the attrition factor is 44.19%

The attrition factor for III-C1 shall be used to calculate the allocation to serve existing clients for Transportation under Title III-B.

The Alliance intends to allocate funds to the various services included under OAA Subtitles III-C1 and III-C2 (Nutritional Services) as reflected in this RFP. Allocations, however, are subject to change based on availability of funds, availability of services proposed, or changes in unmet needs as determined by the Alliance in its sole discretion.

Congregate Nutrition Services Cluster (Subtitle III-C1)

Funding is available for community based programs that offer congregate meals in accordance with the program requirements set forth in Chapter 4 of the Department of Elder Affairs Programs and Services Handbook. The core services offered to consumers in this cluster are: Congregate Meals, Nutrition Counseling (to be offered as needed), Congregate Screening, and Nutrition Education (must be provided to all clients receiving meals.)

Homebound Nutrition Services Cluster (Subtitle III-C2)

Funding is available for community based programs that offer home delivered meals in accordance with the program requirements set forth in Chapter 4 of the Department of Elder Affairs Programs and Services Handbook. The core services offered to consumers in this cluster are: Home Delivered Meals, Nutrition Counseling (to be offered as needed), Screening & Assessment, and Nutrition Education (must be provided to all clients receiving home delivered meals.)

Applicants are reminded that service descriptions and the minimum requirements for the provision of Subtitle III-C services are found in the **2017, Department of Elder Affairs Programs and Services Handbook**. (This Handbook can be downloaded from the Downloads Section of the Alliance for Aging website: www.allianceforaging.org).

APPENDIX III**TITLE III-E – NATIONAL FAMILY CAREGIVER SERVICES**

Funding will be allocated to serve existing clients using the following formula:

$$\frac{\text{Current funding for existing clients X (1 minus the attrition factor) X proposed unit rate}}{\text{Current provider unit rate}}$$

The attrition factors to be used in the formula are derived from CIRTS for all providers and for registered and non-registered services under Title III-E. They are computed as the ratio of clients enrolled as of 1/1/2017 who were terminated on or before 12/31/2017 to the number of clients enrolled as of 1/1/2017. The attrition factor for registered services is 49.13%.

Funding is available for community based service agencies interested in providing services under Title III-E of the federal Older Americans Act, commonly referred to as the National Family Caregiver Support Program.

Selected projects will provide services to:

- A. Family caregivers of persons 60 years of age and older with physical or cognitive impairments or persons of any age with Alzheimer's disease or related disorders (ADRD); and
- B. Caregivers age 55 or older caring for disabled individuals of any age or relative caregivers of minors (age 18 and younger) with whom a legal relationship exists and who reside with the caregiver.

Title III-E funds must be spent in addition to, and must not supplant any federal, state, or local funds already being spent on these services. The key focus of these services is to educate, support, and help family caregivers so as to enable them to continue providing care for as long as possible.

The Title III-E services and requirements are described in the **2017 Department of Elder Affairs Programs and Services Handbook**. (This Handbook can be downloaded from the Downloads Section of the Alliance for Aging website: www.allianceforaging.org).

DISCLAIMER: The Alliance intends to allocate funds to the various services included under OAA Title III-E (National Family Caregiver Services) as reflected in this RFP. Allocations, however, are subject to change based on availability of funds, availability of services proposed or changes in unmet needs as determined by the Alliance in its sole discretion. At least five percent, but no more than 10 percent, of funds allocated by the Alliance under this title must be spent to support services for Grandparents or older individuals who are relative caregivers (III-EG) and; at least 10 percent, but no more than 20 percent of funds allocated by the Alliance under this title shall be used to provide supplemental services (III-ES).

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ALLIANCE FOR AGING, INC. STANDARD CONTRACT

OLDER AMERICANS ACT PROGRAM TITLE III

THIS CONTRACT is entered into between the Alliance for Aging, Inc., hereinafter referred to as the “Alliance,” and **Provider Corporate Name**, hereinafter referred to as the “Provider”, and collectively referred to as the “Parties.” The term contractor for this purpose may designate a vendor, sub-grantee or sub-recipient, the status to be further identified in ATTACHMENT III, Exhibit-2 as necessary.

WITNESSETH THAT:

WHEREAS, the Alliance has established through the Area Plan on Aging that it is in need of certain services as described herein; and

WHEREAS, the Provider has demonstrated that it has the requisite expertise and ability to faithfully perform such services as an independent contractor of the Alliance.

NOW THEREFORE, in consideration of the services to be performed and payments to be made, together with the mutual covenants and conditions hereinafter set forth, the Parties agree as follows:

1. Purpose of Contract

The purpose of this contract is to provide services in accordance with the terms and conditions specified in this contract including all attachments and exhibits, which constitute the contract document.

2. Definitions

ADL – Activities of Daily Living

APS – Adult Protective Services

ADA – Americans with Disabilities Act

Alliance – Area Agency on Aging

APCL – Assessed Priority Consumer List

CIRTS – Client Information and Registration Tracking System

DOEA – Department of Elder Affairs (The Department)

I&R – Information and Referral

IADL – Instrumental Activities of Daily Living

MOA – Memorandum of Agreement

MOU – Memorandum of Understanding

OAA – Older Americans Act

PSAs – Planning and Service Areas corresponding to Miami-Dade and Monroe Counties

SPA – Service Provider Application

3. Incorporation of Documents within the Contract

The contract incorporates by reference attachments, proposal(s), solicitation(s), Provider’s Service Provider Application, and the current DOEA Programs and Services Handbook. Any and all contracts or agreements executed between the Provider and the Alliance during the effective period of this contract shall be governed in accordance with the applicable laws and statutes.

4. Incorporation of Reference Memoranda

In accordance with Chapter 287 F.S., amended, and Department of Financial Services’ Chief Financial Officer Memoranda, the following memoranda are hereby incorporated by reference:

- (1) CFO Memo No. 02: Release date, October 3, 2012;
- (2) CFO Memo No. 07: Release date, June 27, 2012;
- (3) CFO memo No. 01: Release date, July 26, 2012; and
- (4) CFO Memo No. 06: Release date, June 30, 2010.

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5. Term of Contract

This contract shall begin on **January 1, 2019** or on the date on which the contract has been signed by the last party required to sign it, whichever is later. It shall end at 11:59 P.M., local time in Miami, Florida, on **December 31, 2019**, unless renewed or extended as provided herein.

6. Contract Amount

The Alliance agrees to pay for contracted services according to the terms and conditions of this contract in an amount not to exceed **\$XXX,XXX.XX** subject to the availability of funds. Any costs or services paid for under any other contract or from any other source are not eligible for payment under this contract.

7. Renewals

By mutual agreement of the parties, the Alliance may renew the contract annually for five additional one years. Contingent upon satisfactory performance evaluations by the Alliance and the availability of funds, any renewal is subject to the same terms as the original contract, with the exception of establishing unit rates which is described further in this section. The original contractual unit rates are set forth in the bid proposal and reply. Requests to renegotiate the original contractual established rates are provided for in the Alliance's approved Reimbursement Rate Review Policy, which is incorporated by reference.

The parties shall re-evaluate the contract's reimbursement rates on an annual basis pursuant to DOEA's Notice of Policy Clarification: Service Cost Reports Notice #092815-1-PC-SCBS dated September 28th, 2015 and the approved Alliance's Reimbursement Rate Review Policy.

This contract may be extended upon mutual agreement for one extension period not to exceed six months to ensure continuity of service. Services provided under this extension will be paid for out of the succeeding agreement amount.

8. Compliance with Federal Law

8.1 This contract contains federal funds. The following shall apply:

- 8.1.1. The Provider shall comply with the provisions of 45 CFR 74 and/or 45 CFR 92, and other applicable regulations.
- 8.1.2. If this contract contains federal funds and is over \$100,000.00, the Provider shall comply with all applicable standards, orders, or regulations issued under s. 306 of the Clean Air Act as amended (42 U.S.C. 7401, et seq.), s. 508 of the Federal Water Pollution Control Act as amended (33 U.S.C. 1251, et seq.), Executive Order 11738, as amended, and where applicable Environmental Protection Agency regulations 40 CFR 30. The contractor shall report any violations of the above to the Alliance.
- 8.1.3. The Provider, or agent acting for the Provider, may not use any federal funds received in connection with this contract to influence legislation or appropriations pending before the Congress or any State legislature. If this contract contains federal funding in excess of \$100,000.00, the contractor must, prior to contract execution, complete the Certification Regarding Lobbying form, ATTACHMENT II. All disclosure forms as required by the Certification Regarding Lobbying form must be completed and returned to the Contract Manager, prior to payment under this contract.
- 8.1.4. In accordance with Appendix A to 2 CFR 215, the contractor shall comply with Executive Order 11246, Equal Employment Opportunity, as amended by Executive Order 11375 and others, and as supplemented in Department of Labor regulation 41 CFR 60 and 45 CFR 92, if applicable.
- 8.1.5. If this contract contains federal funds and provides services to children up to age 18, the contractor shall comply with the Pro-Children Act of 1994 (20 U.S.C. 6081).

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- 8.1.6. A contract award with an amount expected to equal or exceed \$25,000.00 and certain other contract awards shall not be made to parties listed on the government-wide Excluded Parties List System, in accordance with the OMB guidelines at 2 CFR 180 that implement Executive Orders 12549 and 12689, "Debarment and Suspension." The Excluded Parties List System contains the names of parties debarred, suspended, or otherwise excluded by agencies, as well as parties declared ineligible under statutory or regulatory authority other than Executive Order 12549. The Provider shall comply with these provisions before doing business or entering into subcontracts receiving federal funds pursuant to this contract. The Provider shall complete and sign ATTACHMENT V prior to the execution of this contract.
- 8.2. The Provider shall not employ an unauthorized alien. The Alliance shall consider the employment of unauthorized aliens a violation of the Immigration and Nationality Act (8 U.S.C. 1324 a) and the Immigration Reform and Control Act of 1986 (8 U.S.C. 1101). Such violation shall be cause for unilateral cancellation of this contract by the Alliance.
- 8.3. If the Provider is a non-profit provider and is subject to Internal Revenue Service (IRS) tax exempt organization reporting requirements (filing a Form 990 or Form 990-N) and has its tax exempt status revoked for failing to comply with the filing requirements of the 2006 Pension Protection Act or for any other reason, the Provider must notify the Alliance in writing within thirty (30) days of receiving the IRS notice of revocation.
- 8.4. The Provider shall comply with Title 2 CFR Part 175 regarding Trafficking in Persons.
- 8.5. Unless exempt under 2 CFR Part 170.110(b), the Provider shall comply with the reporting requirements of the Transparency Act as expressed in 2 CFR 170.
- 8.6. To comply with Presidential Executive Order 12989 and State of Florida Executive Order Number 11-116, Provider agrees to utilize the U.S. Department of Homeland Security's E-verify system to verify the employment of all new employees hired by Provider during the contract term. Provider shall include in related subcontracts a requirement that subcontractors performing work or providing services pursuant to the state contract utilize the E-verify system to verify employment of all new employees hired by the subcontractor during the contract term. Providers meeting the terms and conditions of the E-Verify System are deemed to be in compliance with this provision.

9. Compliance with State Law

- 9.1. This contract is executed and entered into in the State of Florida, and shall be construed, performed and enforced in all respects in accordance with the Florida law, including Florida provisions for conflict of laws.
- 9.2. The Provider shall comply with the requirements of s. 287.058, F.S. as amended.
 - 9.2.1. The Provider shall provide units of deliverables, including various client services, and in some instances may include reports, findings, and drafts, as specified in this contract, which the Contract Manager must receive and accept in writing prior to payment in accordance with s.215.971, F.S. (1) and (2).
 - 9.2.2. The Provider shall submit bills for fees or other compensation for services or expenses in sufficient detail for a proper pre-audit and post-audit.
 - 9.2.3. If itemized payment for travel expenses is permitted in this contract, the contractor will submit bills for any travel expenses in accordance with s. 112.061, F.S., or at such lower rates as may be provided in this contract.
 - 9.2.4. The Provider shall allow public access to all documents, papers, letters, or other public records as defined in subsection 119.011(12), F.S., made or received by the contractor in conjunction with this

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contract except for those records which are made confidential or exempt by law. The Provider's refusal to comply with this provision shall constitute an immediate breach of contract for which the Alliance for Aging, Inc. may unilaterally terminate the contract.

- 9.3. If clients are to be transported under this contract, the Provider shall comply with the provisions of Chapter 427, F.S., and Rule 41-2, F. A. C.
- 9.4. Subcontractors who are on the discriminatory vendor list may not transact business with any public entity, in accordance with the provisions of s. 287.134, F.S.
- 9.5. The Provider will comply with the provisions of s. 11.062, F.S., and s. 216.347, F.S., which prohibit the expenditure of contract funds for the purpose of lobbying the legislature, judicial branch or a state agency.
- 9.6. In accordance with s. 287.135 F.S., any contractor on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List (Lists), created pursuant to s. 215.473 F.S., is ineligible to enter into or renew a contract funded through a DOEA contract for goods or services of \$1 million or more. The Alliance may terminate this contract if the Provider is found to have submitted a false certification of its status on the Lists or has been placed on the Lists. Further, the Provider is subject to civil penalties, attorney's fees and costs and any costs for investigations that led to the finding of false certification. If this contract contains \$1 million or more, the Provider shall complete and sign ATTACHMENT H, Certification Regarding Scrutinized Companies Lists, prior to the execution of this contract.

10. Background Screening

- 10.1. The Provider and its subcontractors shall ensure that the requirements of s. 430.0402 and Chapter 435, F.S., as amended, are met regarding background screening for all persons who meet the definition of a direct service provider and who are not exempt from the Department of Elder Affairs' level 2 background screening pursuant to s. 430.0402(2)-(3), F.S. The Provider must also comply with any applicable rules promulgated by the Department of Elder Affairs (Department) and the Agency for Health Care Administration regarding implementation of s. 430.0402 and Chapter 435, F.S.
- 10.2. Further information concerning the procedures for background screening is found at <http://elderaffairs.state.fl.us/doea/backgroundscreening.php>
- 10.3. Background Screening Affidavit of Compliance - To demonstrate compliance with this contract, the Provider and its subcontractors shall submit ATTACHMENT D, Background Screening Affidavit of Compliance annually, by January 15th.

11. Grievance Procedures

The Provider shall comply with and ensure subcontractor compliance with the Minimum Guidelines for Recipient Grievance Procedures, Appendix D, DOEA Programs and Services Handbook, to address complaints regarding the termination, suspension or reduction of services, as required for receipt of funds.

11.1. Complaint Procedures

The Provider shall develop and implement complaint procedures and ensure that subcontractors develop and implement complaint procedures to process and resolve client dissatisfaction with services. Complaint procedures shall address the quality and timeliness of services, provider and direct service worker complaints, or any other advice related to complaints other than termination, suspension or reduction in services that

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require the grievance process as described in Appendix D, Department of Elder Affairs Programs and Services Handbook. The complaint procedures shall include notification to all clients of the complaint procedure and include tracking the date, nature of complaint, and the determination of each complaint.

12. Audits, Inspections, Investigations, Public Records and Retention

- 12.1 The Provider shall establish and maintain books, records and documents (including electronic storage media) sufficient to reflect all assets, obligations, unobligated balances, income, interest and expenditures of funds provided by the Alliance under this contract. Provider shall adequately safeguard all such assets and assure they are used solely for the purposes authorized under this contract. Whenever appropriate, financial information should be related to performance and unit cost data.
- 12.2 The Provider shall retain all client records, financial records, supporting documents, statistical records, and any other documents (including electronic storage media) pertinent to this contract for a period of six (6) years after completion of the contract or longer when required by law. In the event an audit is required by this contract, records shall be retained for a minimum period of six (6) years after the audit report is issued or until resolution of any audit findings or litigation based on the terms of this contract, at no additional cost to the Alliance.
- 12.3 Upon demand, at no additional cost to the Alliance, the Provider will facilitate the duplication and transfer of any records or documents during the required retention period in Paragraph 12.2.
- 12.4 The Provider shall assure that the records described in Paragraph 12.2 shall be subject at all reasonable times to inspection, review, copying, or audit by Federal, State, or other personnel duly authorized by the Alliance and the Department.
- 12.5 At all reasonable times for as long as records are maintained, persons duly authorized by the Alliance, DOEA and Federal auditors, pursuant to 45 CFR 92.36(i)(10), shall be allowed full access to and the right to examine any of the Provider's contracts and related records and documents pertinent to this specific contract, regardless of the form in which kept.
- 12.6 The Provider shall provide a financial and compliance audit to the Alliance as specified in this contract and in ATTACHMENT III and to ensure that all related party transactions are disclosed to the auditor.
- 12.7 The Provider shall comply and cooperate immediately with any inspections, reviews, investigations, or audits deemed necessary by the office of the DOEA's Inspector General pursuant to s. 20.055, F.S.

13. Nondiscrimination-Civil Rights Compliance

- 13.1 The Provider shall execute assurances in ATTACHMENT VI that it will not discriminate against any person in the provision of services or benefits under this contract or in employment because of age, race, religion, color, disability, national origin, marital status or sex in compliance with state and federal law and regulations. The Provider further assures that all contractors, subcontractors, sub-grantees, or others with whom it arranges to provide services or benefits in connection with any of its programs and activities are not discriminating against clients or employees because of age, race, religion, color, disability, national origin, marital status or sex.
- 13.2 During the term of this contract, the Provider shall complete and retain on file a timely, complete and accurate Civil Rights Compliance Checklist (ATTACHMENT B).

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- 13.3 The Provider shall establish procedures pursuant to federal law to handle complaints of discrimination involving services or benefits through this contract. These procedures will include notifying clients, employees, and participants of the right to file a complaint with the appropriate federal or state entity.
- 13.4 If this contract contains federal funds, these assurances are a condition of continued receipt of or benefit from federal financial assistance, and are binding upon the Provider, its successors, transferees, and assignees for the period during which such assistance is provided. The Provider further assures that all subcontractors, vendors, or others with whom it arranges to provide services or benefits to participants or employees in connection with any of its programs and activities are not discriminating against those participants or employees in violation of the above statutes, regulations, guidelines, and standards. In the event of failure to comply, the Provider understands that the Alliance may, at its discretion, seek a court order requiring compliance with the terms of this assurance or seek other appropriate judicial or administrative relief, including but not limited to, termination of and denial of further assistance.

14. Provision of Services

The Provider shall provide the services referred to in ATTACHMENT VII in the manner described in the DOEA Programs & Services Handbook and the Provider's Service Provider Application (SPA). In the event of a conflict between the Service Provider Application and this contract, the contract language prevails.

15. Monitoring by the Alliance

The Provider shall permit persons duly authorized by the Alliance to inspect and copy any records, papers, documents, facilities, goods and services of the Provider which are relevant to this contract, and to interview any clients, employees and subcontractor employees of the Provider to assure the Alliance of the satisfactory performance of the terms and conditions of this contract. Following such review, the Alliance will deliver to the Provider a written report of its findings and request for development, by the Provider, a corrective action plan where appropriate. The Provider hereby agrees to timely correct all deficiencies identified in the corrective action plan.

16. Coordinated Monitoring with Other Agencies

If the Provider receives funding from one or more of the State of Florida human service agencies, in addition to Alliance funding, then a joint monitoring visit including such other agencies may be scheduled. For the purposes of this contract, and pursuant to s. 287.0575, F.S. as amended, Florida's human service agencies shall include the Department of Children and Families, the Department of Health, the Agency for Persons with Disabilities, the Department of Veterans Affairs, and the Department of Elder Affairs. Upon notification and the subsequent scheduling of such a visit by the designated agency's lead administrative coordinator, the Provider shall comply and cooperate with all monitors, inspectors, and/or investigators.

17. Indemnification

The Provider shall indemnify, save, defend, and hold harmless the Alliance and its agents and employees from any and all claims, demands, actions, causes of action of whatever nature or character, arising out of or by reason of the execution of this agreement or performance of the services provided for herein. It is understood and agreed that the Provider is not required to indemnify the Alliance for claims, demands, actions or causes of action arising solely out of the Alliance's negligence.

- 17.1 Except to the extent permitted by s. 768.28, F.S., or other Florida law, Paragraph 15 is not applicable to contracts executed between the Alliance and state agencies or subdivisions defined in s. 768.28(2), F.S.

18. Insurance and Bonding

- 18.1 The Provider shall provide continuous adequate liability insurance coverage during the existence of this contract and any renewal(s) and extension(s) of it. By execution of this contract, unless it is a state agency or

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subdivision as defined by subsection 768.28(2), F.S., the Provider accepts full responsibility for identifying and determining the type(s) and extent of liability insurance necessary to provide reasonable financial protections for the Provider and the clients to be served under this contract. The Alliance shall be included as an additional insured on the provider's liability insurance policy or policies and a copy of the Certificate of Insurance shall be provided annually or when any changes occur. The limits of coverage under each policy maintained by the Provider do not limit the Provider's liability and obligations under this contract. The Provider shall ensure that the Alliance has copy of the most current written verification of insurance coverage throughout the term of this contract. Such coverage may be provided by a self-insurance program established and operating under the laws of the State of Florida. The Alliance reserves the right to require additional insurance as specified in this contract.

- 18.2 Throughout the term of this agreement, the Provider shall maintain an insurance bond from a responsible commercial insurance company covering all officers, directors, employees and agents of the Provider authorized to handle funds received or disbursed under all agreements and/or contracts incorporating this contract by reference in an amount commensurate with the funds handled, the degree of risk as determined by the insurance company and consistent with good business practices.

19. Confidentiality of Information

The Provider shall not use or disclose any information concerning a recipient of services under this contract for any purpose prohibited by state or federal law or regulations except with the written consent of a person legally authorized to give that consent or when authorized by law.

20. Health Insurance Portability and Accountability Act

Where applicable, the Provider shall comply with the Health Insurance Portability and Accountability Act (42 USC 1320d.), as well as all regulations promulgated thereunder (45 CFR 160, 162, and 164).

21. Incident Reporting

- 21.1 The Provider shall notify the Alliance immediately but no later than forty-eight (48) hours from the Provider's awareness or discovery of conditions that may materially affect the Provider or Subcontractor's ability to perform the services required to be performed under any contract. Such notice shall be made orally to the Contract Manager (by telephone) with an email to immediately follow.
- 21.2 The Provider shall immediately report knowledge or reasonable suspicion of abuse, neglect, or exploitation of a child, aged person, or disabled adult to the Florida Abuse Hotline on the statewide toll free telephone number (1-800-96ABUSE). As required by Chapters 39 and 415, F.S., this provision is binding upon the Provider, Subcontractors, and their employees.

22. Bankruptcy Notification

If, at any time during the term of this contract, the Provider, its assignees, subcontractors or affiliates files a claim for bankruptcy, the Provider must immediately notify the Alliance. Within ten (10) days after notification, the Provider must also provide the following information to the Alliance: (1) the date of filing of the bankruptcy petition; (2) the case number; (3) the court name and the division in which the petition was filed (e. g., Northern District of Florida, Tallahassee Division); and, (4) the name, address, and telephone number of the bankruptcy attorney.

23. Sponsorship and Publicity

- 23.1 As required by s. 286.25, F.S., if the Provider is a non-governmental organization which sponsors a program financed wholly or in part by state funds, including any funds obtained through this contract, it shall, in publicizing, advertising, or describing the sponsorship of the program, state: "Sponsored by (Provider's name),

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the State of Florida Department of Elder Affairs and the Alliance for Aging, Inc.” If the sponsorship reference is in written material, the words “State of Florida, Department of Elder Affairs” and “Alliance for Aging, Inc.” shall appear in at least the same size letters or type as the name of the organization.

- 23.2 The Provider shall not use the words “The State of Florida Department of Elder Affairs” or “Alliance for Aging, Inc.” to indicate sponsorship of a program otherwise financed, unless specific authorization has been obtained by the Alliance prior to use.

24. Assignments

- 24.1 The Provider shall not assign the rights and responsibilities under this Contract without the prior written approval of the Alliance, which shall not be unreasonably withheld. Any sublicense, assignment, or transfer otherwise occurring without prior written approval of the Alliance will constitute a material breach of the contract.
- 24.2 The Alliance shall at all times be entitled to assign or transfer, in whole or part, its rights, duties, or obligations under this contract to another agency upon giving prior written notice to the Provider. In the event the Alliance approves transfer of the Provider’s obligations, the Provider remains responsible for all work performed and all expenses incurred in connection with the contract.
- 24.3 This contract shall remain binding upon the successors in interest of either the Provider or the Alliance.

25. Subcontracts

- 25.1 The Provider is responsible for all work performed pursuant to this contract and the Service Provider Application in response to the 2018 OAA RFP. Any subcontracts shall be evidenced by a written document and subject to any conditions of approval the Alliance deems necessary. The Provider further agrees that the Alliance shall not be liable to the subcontractor in any way or for any reason. The Provider, at its expense, shall defend the Alliance against any such claims.
- 25.2 The Provider shall promptly pay any subcontractors upon receipt of payment from the Alliance. Failure to make payments to any subcontractor in accordance with s. 287.0585, F.S., unless otherwise stated in the contract between the Provider and subcontractor, will result in a penalty as provided by statute.

26. Funding Obligations

- 26.1 The Alliance acknowledges its obligation to pay the Provider for the performance of the Provider’s duties and responsibilities set forth in any contract or agreement incorporating in this agreement.
- 26.2 The Alliance shall not be liable to the Provider for costs incurred or performance rendered unless such costs and performances are in accordance with the terms and conditions of any contract or agreement executed between the parties, which incorporates this Contract, including but not limited to terms, governing the Provider’s promised performance and unit rates and/or reimbursement capitations specified.
- 26.3 The Alliance shall not be liable to the Provider for any expenditures which are not allowable costs as defined in the C.F.R., Title 45, Parts 74 and 92, as amended, or which expenditures have not been made in accordance with all applicable state and federal rules.

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26.4 The Alliance shall not be liable to the Provider for expenditures made in violation of regulations promulgated under the Older Americans Act, as amended, or in violation of applicable state and federal laws, rules, or provisions of any contract or agreement incorporating in this Contract.

27. Independent Capacity of Provider

It is the intent and understanding of the Parties that the Provider, or any of its subcontractors, are independent contractors and are not employees of the Alliance and shall not hold themselves out as employees or agents of the Alliance without specific authorization from the Alliance. It is the further intent and understanding of the Parties that the Alliance does not control the employment practices of the Provider and shall not be liable for any wage and hour, employment discrimination, or other labor and employment claims against the Provider or its subcontractors. All deductions for social security, withholding taxes, income taxes, contributions to unemployment compensation funds and all necessary insurance for the Provider shall be the sole responsibility of the Provider.

28. Payment

28.1. Payments will be made to the Provider pursuant to s. 215.422, F.S., as services are rendered and invoiced by the Provider. The Alliance will have final approval of the invoice for payment, and will approve the invoice for payment only if the Provider has met all terms and conditions of the contract, unless the bid specifications, purchase order, or this contract specify otherwise. The approved invoice will be submitted to the Alliance's fiscal department for budgetary approval and processing. Disputes arising over invoicing and payments will be resolved in accordance with the provisions of s. 215.422 F.S.

28.2. The Provider agrees to submit bills for fees or other compensation for services or expenses in sufficient detail for a proper pre-audit and post-audit thereof. The contractor shall comply with the particular requirements under the following laws and guidelines that are applicable to the contracts or agreements incorporating in this Contract by reference: (a) paragraph (16) (b) of section 216.181, F.S., regarding advances; (b) Rule 69I-40.103 F.A.C. pertaining to Restriction of Expenditures from state funds; and, (c) the Invoice Requirements of the Reference Guide for State Expenditures from the Department of Financial Services at: http://www.myfloridacfo.com/aadir/reference_guide/Reference_Guide_For_State_Expenditures.pdf

The Provider will certify that detailed documentation is available to support each item on the itemized invoice or payment request for cost reimbursed expenses, fixed rate or deliverables contracts or agreements incorporating this Contract by reference, including paid Subcontractor invoices, and will be produced upon request by the Alliance. The Provider will further certify that reimbursement requests are only for allowable expenses as defined in the laws and guiding circulars cited in Sections 4 of this Contract, in the Reference Guide for State Expenditures, and any other laws or regulations, as applicable.

For Providers receiving funding for Material Aid services, Material Aid may be provided only when there is no available alternative, e.g. another program funding source or community resource, that can accomplish the service or supply the goods. Prior written approval shall be obtained from the Alliance for purchases of \$500.00 or more.

28.3. The Provider and Subcontractors shall provide units of deliverables, including reports, findings, and drafts as specified in the contracts or agreements and attachments which incorporate this Contract to be received and accepted by the Contract Manager prior to payment.

28.4. Payments will be made to the Provider based on a complete and correct invoice, invoices that are incomplete or with an incorrect total will not be processed and will be returned to the Provider for correction. Fiscal staff will

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not be able to correct or make changes to any invoice. Returning invoices for corrections may result in failure to receive payment for that month. Invoices shall be submitted timely as per ATTACHMENT VIII in order to avoid any payment delays.

- 28.5. Each service performed shall be recorded as specified in the DOEA Programs and Services Handbook and in the Client Information and Registration Tracking System (CIRTS) guidelines. Supporting documentation of services provided must be adequate to permit fiscal and programmatic evaluation, and ensure internal management.

29. Return of Funds

The Provider will return to the Alliance any overpayments due to unearned funds or funds disallowed and any interest attributable to such funds pursuant to the terms and conditions of this contract that were disbursed to the Provider by the Alliance. In the event that the Provider or its independent auditor discovers that an overpayment has been made, the Provider shall repay said overpayment immediately without prior notification from the Alliance. In the event that the Alliance first discovers an overpayment has been made, the Contract Manager, on behalf of the Alliance, will notify the Provider by letter of such findings. Should repayment not be made forthwith, the Provider will be charged at the lawful rate of interest on the outstanding balance pursuant to s. 55.03, F.S., after Alliance notification or Provider discovery.

30. Data Integrity and Safeguarding Information

The Provider and its subcontractors shall insure an appropriate level of data security for the information the Provider is collecting or using in the performance of this contract. An appropriate level of security includes approving and tracking all Provider employees that request system or information access and ensuring that user access has been removed from all terminated employees. The Provider, among other requirements, must anticipate and prepare for the loss of information processing capabilities. All data and software shall be routinely backed up to ensure recovery from losses or outages of the computer system. The security over the backed-up data is to be as stringent as the protection required of the primary systems. The Provider shall ensure all Subcontractors maintain written procedures for computer system back-up and recovery. The Provider shall complete and sign ATTACHMENT IV prior to the execution of this contract.

31. Computer Use and Social Media Policy

The DOEA has implemented a new Social Media Policy, in addition to its Computer Use Policy, which applies to all employees, contracted employees, consultants, OPS and volunteers, including all personnel affiliated with third parties, such as, but not limited to, Area Agencies on Aging and vendors. Any entity that uses the DOEA's computer resource systems must comply with the DOEA's policy regarding social media. Social Media includes, but is not limited to blogs, podcasts, discussion forums, Wikis, RSS feeds, video sharing, social networks like MySpace, Facebook and Twitter, as well as content sharing networks such as Flickr and YouTube (ATTACHMENT C). This policy is available on the Department's website at: <http://elderaffairs.state.fl.us/does/financial.php>

32. Conflict of Interest

The Provider shall establish safeguards to prohibit employees, board members, management and subcontractors from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest or personal gain. No employee, officer or agent of the Provider or subcontractor shall participate in selection, or in the award of an agreement supported by State or Federal funds if a conflict of interest, real or apparent, would be involved. Such a conflict would arise when: (a) the employee, officer or agent; (b) any member of his/her immediate family; (c) his or her partner, or; (d) an organization which employs, or is about to employ, any of the above, has a financial or other interest in the firm selected for award. The Provider or any subcontractor's officers, employees or agents will neither solicit nor accept gratuities, favors or anything of monetary value from contractors, potential contractors, or parties to subcontracts. The Provider's board members and management must

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disclose to the Alliance any relationship which may be, or may be perceived to be, a conflict of interest within thirty (30) calendar days of an individual's original appointment or placement in that position, or if the individual is serving as an incumbent, within thirty (30) calendar days of the commencement of this contract. The Provider's employees and subcontractors must make the same disclosures described above to the Provider's board of directors. Compliance with this provision will be monitored.

33. Public Entity Crime

Pursuant to s. 287.133, F.S., the following restrictions are placed on the ability of persons convicted of public entity crimes to transact business with the Alliance. A person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a bid, proposal, or reply on a contract to provide any goods or services to a public entity; may not submit a bid, proposal, or reply on a contract with a public entity for the construction or repair of a public building or public work; may not submit bids, proposals, or replies on leases of real property to a public entity; may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity; and may not transact business with any public entity in excess of the threshold amount provided in s. 287.017, F.S., for CATEGORY TWO for a period of 36 months following the date of being placed on the convicted vendor list.

34. Emergency Preparedness and Continuity of Operations

- 34.1 If the tasks to be performed pursuant to this contract include the physical care and control of clients, or the administration and coordination of services necessary for client health, safety or welfare, the Provider shall, within thirty (30) calendar days of the execution of this contract, submit to the Contract Manager verification of an emergency preparedness plan (Continuity of Operations Plan.) In the event of an emergency, the Provider shall notify the Alliance of emergency provisions.
- 34.2 In the event a situation results in a cessation of services by a Subcontractor, the Contractor shall retain responsibility for performance under this contract and must follow procedures to ensure continuity of operations without interruptions.
- 34.3 Contractors offering nutrition services must have at least 3 days' worth of shelf stable meals or a pre-approved three-day menu for emergency meals with reserved funds set aside to purchase the food items and at least one back-up caterer who can provide meals immediately in the event of an emergency. Either option must be made available immediately to clients in the event of an emergency to ensure continuity of meal services without interruption and must be included in the Contractor's Continuity of Operations Plan (COOP).

35. Use of Contract Funds to Purchase Equipment

No funds under this contract will be used by the Provider to purchase equipment.

Equipment means: (a) an article of nonexpendable, tangible personal property having a useful life of more than one year and an acquisition cost which equals or exceeds the lesser of the capitalization level established by the organization for the financial statement purposes, or \$5,000.00 [for federal funds], or (b); nonexpendable, tangible personal property of a non-consumable nature with an acquisition cost of \$1,000.00 or more per unit, and expected useful life of at least one year; and hardback bound books not circulated to students or the general public, with a value or cost of \$250.00 or more [for state funds].

36. The PUR 1000 Form is hereby incorporated by reference and available at:

http://www.myflorida.com/apps/vbs/adoc/F7740_PUR1000.pdf

In the event of any conflict between the PUR 1000 Form and any terms or conditions of any contract or agreement terms or conditions the contract shall take precedence over the PUR 1000 Form. However, if the conflicting terms or

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conditions in the PUR 1000 Form are required by any section of the Florida Statutes, the terms or conditions contained in the PUR 1000 Form shall take precedence.

37. Use of State Funds to Purchase or Improve Real Property

Any state funds provided for the purchase of or improvements to real property are contingent upon the Provider or political subdivision granting to the state a security interest in the property at least to the amount of state funds provided for at least 5 years from the date of purchase or the completion of the improvements or as further required by law.

38. Dispute Resolution

Any dispute concerning performance of the contract shall be decided by the Contract Manager, who shall reduce the decision to writing and serve a copy on the Provider.

39. Financial Consequences of Non-Performance

39.1 If the Provider fails to meet the minimum level of service or performance identified in this agreement, or that is customary for the industry, then the Alliance may apply financial consequences commensurate with the deficiency as referenced in ATTACHMENT 1, Sec. 3.5.2. Financial consequences may also include contract suspension, refusing payment, withholding payments until deficiency is cured, tendering only partial payments, and/or cancellation of contract and reacquiring services from an alternate source.

39.2 The Provider shall not be charged with financial consequences, when a failure to perform arises out of causes that were the responsibility of the Alliance.

40. No Waiver of Sovereign Immunity

Nothing contained in this agreement is intended to serve as a waiver of sovereign immunity by any entity to which sovereign immunity may be applicable.

41. Venue

If any dispute arises out of this contract, the venue of such legal recourse will be Miami-Dade County, Florida.

42. Entire Contract

This contract contains all the terms and conditions agreed upon by the parties. No oral agreements or representations shall be valid or binding upon the Alliance or the Provider unless expressly contained herein or by a written amendment to this contract signed by both Parties.

43. Force Majeure

The Parties will not be liable for any delays or failures in performance due to circumstances beyond their control, provided the party experiencing the force majeure condition provides immediate written notification to the other party and takes all reasonable efforts to cure the condition.

44. Severability Clause

The Parties agree that if a court of competent jurisdiction deems any term or condition herein void or unenforceable, the other provisions are severable to that void provision and shall remain in full force and effect.

45. Condition Precedent to Contract: Appropriations

The Parties agree that the Alliance's performance and obligation to pay under this contract is contingent upon an annual appropriation by the Legislature.

46. Addition/Deletion

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The Parties agree that, notwithstanding the terms of the procurement documents and actions leading to this contract, the Alliance reserves the right to add or to delete any of the services required under this contract when deemed to be in the best interest of the elder population targeted by the Area Plan and reduced to a written amendment signed by both Parties. The Parties shall negotiate compensation for any additional services added.

47. Waiver

The delay or failure by the Alliance to exercise or enforce any of its rights under this contract shall not constitute or be deemed a waiver of the Alliance's right thereafter to enforce those rights, nor shall any single or partial exercise of any such right preclude any other or further exercise thereof or the exercise of any other right.

48. Compliance

The Provider shall abide by all applicable current federal statutes, laws, rules and regulations as well as applicable current State statutes, laws, rules and regulations. The Parties agree that failure of the Provider to abide by these laws shall be deemed an event of default of the Provider, and subject the contract to immediate, unilateral cancellation of the contract at the discretion of the Alliance.

49. Final Invoice

The Provider shall submit the final invoice for payment to the Alliance as specified in section 3.3.6 (date for final request for payment) of ATTACHMENT I. If the Provider fails to submit final request for payment by the deadline, then all rights to payment may be forfeited and the Alliance may not honor any requests submitted after the aforesaid time period. Any payment due under the terms of this contract may be withheld until all reports due from the Provider and necessary adjustments thereto have been approved by the Alliance.

50. Renegotiations or Modifications

Modifications of the provisions of this contract shall be valid only when they have been reduced to writing and duly signed by both parties.

51. Suspension of Work:

The Alliance may in its sole discretion suspend any or all activities under this Contract and any Contract or agreement incorporating this Contract, at any time, when in the best interests of the State or the Alliance to do so. The Alliance shall provide the Provider written notice outlining the particulars of suspension. Examples of the reason for suspension include, but are not limited to, budgetary constraints, declaration of emergency, or other such circumstances. After receiving a suspension notice, the Provider shall comply with the notice and shall not accept any purchase orders. Within ninety days, or any longer period agreed to by the Provider, the Alliance shall either (1) issue a notice authorizing resumption of work, at which time activity shall resume, or (2) terminate the Contract or purchase order. Suspension of work shall not entitle the Provider to any additional compensation.

52. Termination

50.1 This contract may be terminated by either party without cause upon no less than thirty (30) calendar days' notice in writing to the other party unless a sooner time is mutually agreed upon in writing. Said notice shall be delivered by U.S. Postal Service or any expedited delivery service that provides verification of delivery or by hand delivery to the Contract Manager or the representative of the Provider responsible for administration of the contract.

50.2 In the event funds for payment pursuant to this contract become unavailable, the Alliance may terminate this contract upon no less than twenty-four (24) hours' notice in writing to the Provider. Said notice shall be delivered by U.S. Postal Service or any expedited delivery service that provides verification of delivery or by hand delivery to the Contract Manager or the representative of the Provider responsible for administration of

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the contract. The Alliance will be the final authority as to the availability and adequacy of funds. In the event of termination of this contract, the Provider will be compensated for any work satisfactorily completed prior to the date of termination.

50.3 Termination for Cause

This contract may be terminated for cause by the Alliance upon no less than twenty-four (24) hours' notice in writing to the Provider. Waiver of breach of any provisions of this contract shall not be deemed to be a waiver of any other breach and shall not be construed to be a modification of the terms and conditions of this contract. The provisions herein do not limit the Alliance's or the Provider's rights to remedies at law or in equity.

50.4 Failure to have performed any contractual obligations with the Alliance in a manner satisfactory to the Alliance will be a sufficient cause for termination. To be terminated as a contractor under this provision, the Provider must have (1) previously failed to satisfactorily perform in a contract with the Alliance, been notified by the Alliance of the unsatisfactory performance and failed to correct the unsatisfactory performance to the satisfaction of the Alliance; or (2) had a contract terminated by the Alliance for cause.

50.5. Waiver of breach of any provisions of this contract shall not be deemed to be a waiver of any other breach and shall not be construed to be a modification of the terms and conditions of this contract. The provisions herein do not limit the Alliance's right to remedies at law or to damages of a legal or equitable nature.

53. Electronic Records and Signature

The Alliance authorizes, but does not require, the Provider to create and retain electronic records and to use electronic signatures to conduct transactions necessary to carry out the terms of this Contract. A contractor that creates and retains electronic records and uses electronic signatures to conduct transactions shall comply with the requirements contained in the Uniform Electronic Transaction Act, s. 668.50, Fla. Stat. All electronic records must be fully auditable; are subject to Florida's Public Records Law, ch. 119, Fla. Stat.; must comply with section 30, Data Integrity and Safeguarding Information; must maintain all confidentiality, as applicable; and must be retained and maintained by the Provider to the same extent as non-electronic records are retained and maintained as required by this Contract.

53.1. The Alliance's authorization pursuant to this section does not authorize electronic transactions between the Provider and the Alliance. The Provider is authorized to conduct electronic transactions with the Alliance only upon further written consent by the Alliance.

53.2. Upon request by the Alliance, the Provider shall provide the Alliance or DOEA with non-electronic (paper) copies of records. Non-electronic (paper) copies provided to the Alliance of any document that was originally in electronic form with an electronic signature must indicate the person and the person's capacity who electronically signed the document on any non-electronic copy of the document.

54. Special Provisions:

The Provider agrees to the following provisions:

54.1 Investigation of Criminal Allegations:

Any report that implies criminal intent on the part of the Provider or any Subcontractors and referred to a governmental or investigatory agency must be sent to the Alliance. If the Provider has reason to believe that the allegations will be referred to the State Attorney, a law enforcement agency, the United States Attorney's office, or other governmental agency, the Provider shall notify the Alliance immediately. A copy of all documents, reports, notes or other written material concerning the investigation, whether in the possession of

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the Provider or Subcontractors, must be sent to the Alliance's contract manager with a summary of the investigation and allegations.

54.2 Volunteers:

The Provider shall ensure the use of trained volunteers in providing direct services delivered to older individuals and individuals with disabilities needing such services. If possible, the Provider shall work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or participants (such as organizations carrying out federal service programs administered by the Corporation for National and Community Service), in community service settings.

55. Enforcement:

- 55.1 In accordance with Section 430.04, F.S., the Alliance may, without taking any intermediate measures available to it against this Contract rescind this Contract if the Alliance finds that:
- 55.2 An intentional or negligent act of the Provider has materially affected the health, welfare, or safety of clients served pursuant to any contract or agreement incorporating this Contract by reference, or substantially and negatively affected the operation of services covered under any contract or agreement;
- 55.3 The Provider lacks financial stability sufficient to meet contractual obligations or that contractual funds have been misappropriated;
- 55.4 The Provider has committed multiple or repeated violations of legal and regulatory standards, regardless of whether such laws or regulations are enforced by the Alliance, or the Provider has committed or repeated violations of Alliance standards;
- 55.5 The Provider has failed to continue the provision or expansion of services after the declaration of a state of emergency; and/or
- 55.6 The Provider has failed to adhere to the terms of any contract or agreement incorporating in this Contract.
- 55.7 In the alternative, the Alliance may, at its sole discretion, in accordance with section 430.04,F.S., take immediate measures against the Provider, including: corrective action, unannounced special monitoring, temporary assumption of the operation of one or more contractual services, placement of the Provider on probationary status, imposing a moratorium on Provider action, imposing financial penalties for nonperformance, or other administrative action pursuant to Chapter 120, F.S.
- 55.8 In making any determination under this provision the Alliance may rely upon the findings of another state or federal agency, or other regulatory body. Any claims for damages for breach of any contract or agreement are exempt from administrative proceedings and shall be brought before the appropriate entity in the venue of Miami-Dade County.

56. Training

The Provider will attend all trainings and meetings scheduled by the Alliance.

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57. Official Payee and Representatives (Name, Address, and Telephone Numbers)

The name, address, and telephone number of the representative for the Alliance for this contract is:

Max B. Rothman, JD, LL.M. President and CEO
 760 NW 107th Ave, Suite 214
 Miami, Florida 33172
 (305) 670-6500

The name, address, and telephone number of the representative of the Contractor responsible for administration of the program under this contract is:

A	The Contractor name, as shown on page 1 of this contract, and mailing address of the official payee to whom the payment shall be made is:	<p align="center">Provider name Address City, State ZIP Provider Phone #</p>
B	The name of the contact person of the Contractor and street address where financial and administrative records are maintained is:	<p align="center">Provider Executive Director Provider name Address City, State ZIP Provider Phone #</p>
c	The name, address, and telephone number of the representative of the Provider responsible for administration of the program under this contract is:	<p align="center">Provider Program Director Provider name Address City, State ZIP Provider Phone #</p>
d	The section and location within the AAA where Requests for Payment and Receipt and Expenditure forms are to be mailed is:	<p align="center">Alliance for Aging, Inc. Fiscal Department 760 NW 107th Avenue, Suite 214 Miami, Florida 33172-3155 305-670-6500</p>
e	The name, address, and telephone number of the Contract Manager for the AAA for this contract is:	<p align="center">Contract Manager Alliance for Aging, Inc. 760 NW 107th Avenue, Suite 214 Miami, Florida 33172-3155 305-670-6500</p>

Upon change of representatives (names, addresses, telephone numbers) by either party, notice shall be provided in writing to the other party and the notification attached to the originals of this contract.

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58. All Terms and Conditions Included

This contract and its Attachments, I through X, A, B, C, D, E, F, G, H, J and any exhibits referenced in said attachments, together with any documents incorporated by reference, contain all the terms and conditions agreed upon by the Parties. There are no provisions, terms, conditions, or obligations other than those contained herein, and this contract shall supersede all previous communications, representations or agreements, either written or verbal between the Parties.

By signing this contract, the Parties agree that they have read and agree to the entire contract.

IN WITNESS THEREOF, the Parties hereto have caused this 74 page contract, to be executed by their undersigned officials as duly authorized.

PROVIDER CORPORATE NAME

ALLIANCE FOR AGING, INC.

SIGNED BY: _____

SIGNED BY: _____

NAME: _____

NAME: MAX B. ROTHMAN, JD, LL.M.

TITLE: _____

TITLE: PRESIDENT AND CEO

DATE: _____

DATE: _____

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**Alliance FOR AGING, INC.
STATEMENT OF WORK
OLDER AMERICANS ACT PROGRAM TITLE III**

SECTION I: SERVICES TO BE PROVIDED

1.1 Alliance for Aging, Inc. Mission Statement

The Alliance mission is to promote and advocate for the optimal quality of life for older adults and their families.

1.2 Program Specific Terms

Area Plan: A plan developed by the area agency on aging outlining a comprehensive and coordinated service delivery system in its planning and service area in accordance with the Section 306 (42 U.S.C. 3026) of the Older Americans Act and DOEA instructions.

Area Plan Update: A revision to the area plan wherein the Alliance enters OAA specific data in the Client Information and Registration Tracking System (CIRTS). An update may also include other revisions to the area plan as instructed by the DOEA.

Child: An individual who is not more than 18 years of age or an individual with disability.

Family Caregiver: An adult family member, or another individual, who is an informal provider of in-home and community care to an older individual.

Frail: When an older individual is unable to perform at least two activities of daily living (ADLs) without substantial human assistance, including verbal reminding, physical cueing or supervision; or due to cognitive or other mental impairment, requires substantial supervision because the individual behaves in a manner that poses a serious health or safety hazard to the individual or to another individual.

Grandparent: A grandparent or step-grandparent of a child, or a relative of a child by blood, marriage or adoption and who lives with the child; is the primary caregiver of the child because the biological or adoptive parents are unable or unwilling to serve as the primary caregiver of the child; and has a legal relationship to the child, such as legal custody or guardianship, or is raising the child informally.

1.3 General Description

1.3.1 General Statement

The OAA Program is a federal program initiative that provides assistance to older persons and caregivers and is the only federal supportive services program directed solely toward improving the lives of older people. The program provides a framework for a partnership among the different levels of government and the public and private sectors with a common objective, improving the quality of life for all older individuals by helping them to remain independent and productive. The primary purpose of the OAA program is to foster the development and implementation of comprehensive and coordinated systems to serve older individuals. The OAA program uses these systems to assist older individuals to attain and maintain maximum independence and dignity in a home environment and allows for the capability of self-care with appropriate supportive services.

1.3.2 Authority

The relevant authority governing OAA Title III are the following:

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- a. Catalog of Federal Domestic Assistance No. 93.043, 93.044, 93.045, 93.052, and 93.053;
- b. Older Americans Act of 1965, as amended 2016;
- c. Older Americans Act of 1965, as amended 2016, section 311 (42 U.S.C. § 3030a);
- d. 42 u.s.c. 303, 42 u.s.c. 604;
- e. Rule 58A-1, Florida Administrative Code (FAC); and
- f. Section 430.101, Florida Statutes (F.S.).

1.3.3 Scope of Service

The Provider is responsible for coordinating and assessing the needs of older persons, and assuring the availability of quality services. The services shall be provided in a manner consistent with, and described in, both the current DOEA Programs and Services Handbook and the Provider's Service Provider Application(s) submitted in response to the 2018 OAA RFP.

1.3.4 Major Program Goals

The major goals of the OAA program are to improve the quality of life for older individuals, preserve their independence and prevent or delay more costly institutional care. These goals are achieved through the implementation of a comprehensive and coordinated service system that provides a continuum of service alternatives that meet the diverse needs of elders and their caregivers.

1.3.5 Leadership and Advocacy

As a designated Focal Point, a provider is encouraged to provide coordination of services for older individuals. The Provider must also provide community leadership on aging issues and serve as the advocate and focal point for the elderly within the community in cooperation with agencies, organizations and individuals participating in activities funded by the Alliance. Advocacy should include initiating positive changes in public or private policies and attitudes towards older persons, taking action to improve, modify, or eliminate situations which adversely impact on lives of older persons, or expressing support for older persons and their interests. Advocacy activities may be broadly supportive of the general interests of older persons or may involve specific activities on behalf of individuals.

1.4 Clients To Be Served

1.4.1 General Description

Preference shall be given to those with the greatest economic and social needs, with particular attention to low-income older individuals, including those that are low-income minorities, have limited English proficiency, and older individuals residing in rural areas.

1.4.1.1 OAA Title III, General Client Eligibility

Consumers shall not be dually enrolled in an OAA program and a Medicaid capitated long-term care program, with the exception of consumers in need of OAA Legal Assistance services. Individuals enrolled in SMMC LTC may receive congregate meals if coordinated by the managed care plan and paid for by OAA funds, as per DOEA Notice of Instruction, NOTICE #: 032515-2-PC-SCBS. Additionally, transportation funded through Title IIIB can be provided to SMMC LTC enrollees attending congregate meal sites, in accordance with the Department's Programs and Services Handbook.

1.4.1.2 OAA Title IIIB, Supportive Services, Client Eligibility

- (1) Individuals age 60 or older

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- 1.4.1.3 OAA Titles IIIC1 and IIIC2, Nutrition Services, Client Edibility
General factors that should be considered in establishing priority for nutrition services include those older persons who meet the following:
- (1) Cannot afford to eat adequately;
 - (2) Lack the skills or knowledge to select and prepare nourishing and well-balanced meals;
 - (3) Have limited mobility which may impair their capacity to shop and cook for themselves; or
 - (4) Have a disabling illness or physical condition requiring nutritional support or have been screened at a high nutritional risk.
- 1.4.1.4 OAA Title IIIC1, Congregate Nutrition Services
In addition to meeting the general nutrition services eligibility requirements listed in ATTACHMENT I, Paragraph 1.4.1.3 individuals must be mobile, not homebound and physically, mentally and medically able to attend a congregate nutrition program. Individuals eligible to receive congregate meals include:
- (1) Individuals age 60 or older; and
 - (2) Any spouse (regardless of age) who attends the dining center with his/her eligible spouse;
 - (3) Persons with a disability, regardless of age, who reside in a housing facility occupied primarily by older individuals where congregate nutrition services are provided;
 - (4) Disabled persons who reside at home with and accompany an eligible person to the dining center; and
 - (5) Volunteers, regardless of age, who provide essential services on a regular basis during meal hours.
- 1.4.1.5 OAA Title IIIC2, Home Delivered Nutrition Services
In addition to meeting the general nutrition services eligibility requirements listed in ATTACHMENT I, Paragraph 1.4.1.3, individuals must be homebound and physically, mentally or medically unable to attend a congregate nutrition program. Individuals eligible to receive home delivered meals include the following:
- (1) Individuals age 60 or older who are homebound by reason of illness, disability or isolation;
 - (2) The spouse of a homebound eligible individual, regardless of age, if the provision of the collateral meal supports maintaining the person at home;
 - (3) Individuals with disabilities, regardless of age, who reside at home with eligible individuals and are dependent on them for care; and
 - (4) Persons at nutritional risk who have physical, emotional or behavioral conditions, which would make their presence at the congregate site inappropriate; and persons at nutritional risk who are socially or otherwise isolated and unable to attend a congregate nutrition site.
- 1.4.1.6 OAA Title IIIE, Caregiver Support Services, Client Eligibility
- (1) Family caregivers of individuals age 60 or older;
 - (2) Grandparents (age 55 or older) or older individuals (age 55 or older) who are relative caregivers;
 - (3) Priority will be given to family caregivers who provide care for individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction and for grandparents or older individuals who are relative caregivers who provide care for children with severe disabilities; and
 - (4) For respite and supplemental services, a family caregiver must be providing care for an older individual who meets the definition of the term "frail" in OAA, Section 102 Paragraph 22.
- 1.4.1.7 OAA Title IIID, Disease Prevention and Health Promotion Services
- (1) Target individuals age sixty (60) or older; and
 - (2) Priority will be given to individuals residing in medically underserved areas.

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SECTION II – MANNER OF SERVICE PROVISION

2.1 Service Tasks

In order to achieve the goals of the OAA program, the Provider shall ensure the following Service Tasks are performed at the level specified in this contract.

- (1) Client Eligibility Determination: The Provider shall ensure that applicant data is evaluated to determine eligibility. Eligibility to become a client is based on meeting the requirements described in this Contract.
- (2) Targeting and Screening new Clients for Service Delivery: The Provider shall develop and implement policies and procedures consistent with OAA targeting and screening criteria.
- (3) Delivery of Services to Eligible Clients: The Provider shall ensure the provision of a continuum of services that meets the diverse needs of elders and their caregivers. The Provider shall ensure the performance and report performance of the following services are in accordance with the current DOEA Programs and Services Handbook. The services funded pursuant to this contract are in accordance with the Older Americans Act, Title III, Part A—General Provisions; Purpose; Administration, Sections 301 through 316 42 U.S.C. 3021 through 3030c-1:
Older Americans Act, Title III, Part A, Section 306(a)(b)(H) 42 U.S.C. 3026
Older Americans Act, Title III, Part B, Section 321 42 U.S.C. 3030d
Older Americans Act, Title III, Part C, Subpart 1, Section 331 42 U.S.C. 3030e
Older Americans Act, Title III, Part C, Subpart 2, Sections 336, 337, 339 42 U.S.C. 3030e, f, g
Older Americans Act, Title III, Part D, Section 361 42 U.S.C. 3030m,n
Older Americans Act, Title III, Part E, Sections 371 – 376 42 U.S.C. 3030s
- (4) Use of volunteers to expand the provision of available services;
- (5) Monitoring the performance of its subcontractors; and
- (6) Program Services: The Provider shall ensure that provision of services approved in this contract are consistent with the current DOEA Programs and Services Handbook.

2.1.1 Supportive Services (IIIB Program)

Supportive services include a variety of community-based and home-delivered services that support the quality of life for older individuals by helping them remain independent and productive.

2.1.1.1. Services include the following:

- (1) Adult Day Care;
- (2) Chore Services;
- (3) Companionship;
- (4) Counseling (Gerontological);
- (5) Emergency Alert Response;
- (6) Escort;
- (7) Homemaker;
- (8) Housing Improvement;
- (9) Legal Assistance;
- (10) Material Aid;
- (11) Personal Care;
- (12) Recreation;
- (13) Shopping Assistance;
- (14) Specialized Medical Equipment, Services, and Supplies;
- (15) Screening/Assessment; and
- (16) Transportation

Services authorized under this contract are listed on ATTACHMENT VII, Contract Budget Summary by Service and Title.

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2.1.1.2. Congregate Nutrition Services (IIIC1 Program)

Nutrition services are provided in congregate settings and are designed to reduce hunger and food insecurity, promote socialization and the health and well-being of older individuals by assisting them to gain access to nutrition and other disease prevention and health promotion services. Services include the following:

- (1) Congregate meals;
- (2) Congregate meals screening;
- (3) Nutrition education; and (4) Nutrition counseling.

Services authorized under this contract are listed on ATTACHMENT VII, Contract Budget Summary by Service and Title.

2.1.1.3. Home Delivered Nutrition Services (IIIC2 Program)

In-home nutrition services are provided to reduce hunger and food insecurity; promote socialization and the health and well-being of older individuals by assisting such individuals to gain access to nutrition and other disease prevention and health promotion services. Services include the following:

- (1) Home delivered meals;
- (2) Nutrition education;
- (3) Nutrition counseling; and
- (4) Screening/Assessment.

Services authorized under this contract are listed on ATTACHMENT VII, Contract Budget Summary by Service and Title.

2.1.1.4. Caregiver Support Services (IIIE Program)

The following services are intended to provide direct help to caregivers, assist in the areas of health, nutrition and financial literacy and assist caregivers in making decisions and problem solving related to their caregiving roles and responsibilities:

- (1) Adult Day Care;
- (2) Caregiver Training/Support (Individual or Group);
- (3) Respite Services (in-home or facility-based);
- (4) Screening/Assessment;

Services authorized under this contract are listed on ATTACHMENT VII, Contract Budget Summary by Service and Title.

2.1.1.5. Caregiver Support Supplemental Services (IIIES Program): The following services are provided to complement the care provided by caregivers:

- (1) Housing Improvement;
- (2) Material Aid; and
- (3) Specialized Medical Equipment, Services and Supplies.

Services authorized under this contract are listed on ATTACHMENT VII, Contract Budget Summary by Service and Title.

2.1.1.6. Caregiver Support Grandparent Services (IIIEG Program): Services for grandparents or older individuals who are relative caregivers designed to help meet their caregiving obligations include the following:

- (1) Caregiver Training/Support (Individual or Group);
- (2) Legal Assistance; and
- (2) Sitter.

Services authorized under this contract are listed on ATTACHMENT VII, Contract Budget Summary by Service and Title.

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- 2.1.1.7 Evidence-Based Disease Prevention and Health Promotion (EBDPHP) services have been demonstrated through evaluation to be effective for improving the health and wellbeing or reducing disease, disability and/or injury among older adults, and proven effective with older adult population. The Administration on Community Living (ACL) defines EBDPHP services as meeting highest-level criteria. Only services that meet the highest-level criteria are allowable under the IIID Program. EBDPHP services must be delivered in accordance with the fidelity of the program. Evidence based programs include the following:
- (1) A Matter of Balance (MOB)/Asunto De Equilibrio;
 - (2) Chronic Disease Self-Management (CDSMP)/Tomando Control de su Salud;
 - (3) Diabetes Self-Management Program (DSMP)/Programa de Manejo Personal de la Diabetes;
 - (4) Enhance Fitness; and
 - (5) Homemeds.

2.1.2 Use of Volunteers to Expand the Provision of Available Services

2.1.2.1 Use of Volunteers to Expand the Provision of Available Services

The Provider shall make use of trained volunteers in providing direct services delivered to older individuals and individuals with disabilities needing such services. If possible, the Provider shall work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or participants (such as organizations carrying out Federal service programs administered by the Corporation for National and Community Service), in community service settings.

2.1.3. Monitoring the Performance of Subcontractors

The Provider shall conduct at least one monitoring per year of each subcontractor and/or vendors paid from funds provided under this contract. The Provider shall perform fiscal, administrative and programmatic monitoring of each sub-contractor to ensure contractual compliance, fiscal accountability, programmatic performance, and compliance with applicable state and federal laws and regulations.

2.2 SERVICE LOCATION

2.2.1 Service Times

The Provider shall ensure the provision of the services listed in the contract during normal business hours unless other times are more appropriate to meet the performance requirements of the contract, and it shall monitor its subcontractors to ensure they are available to provide services during hours responsive to client needs and during those times which best meet the needs of the relevant service community.

2.3 DELIVERABLES

2.3.1 Services

The Provider shall provide the services described in the contract in accordance with the current DOEA Program and Services Handbook. Units of service will be paid pursuant to the rates established in ATTACHMENT VII.

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2.4 REPORTS

The Provider is responsible for responding in a timely fashion to additional routine and/or special requests for information and reports required by the Alliance. The Provider must establish due dates for any subcontractors that permit the Provider to meet the Alliance's reporting requirements.

2.4.1 Service Cost Reports

The Provider shall submit Service Cost Report (SCR) to the Alliance annually, but no later than ninety (90) calendar days after the contract year ends. The Service Cost Reports shall reflect actual costs of providing each service by program for the preceding contract year. If the Provider desires to renegotiate its reimbursement rates, the Provider shall make a request in writing to the Alliance in accordance with the Alliance's approved Reimbursement Rate Review Policy, which is incorporated by reference.

2.4.2 Surplus/Deficit Report

The Provider will respond to the consolidated Surplus/Deficit report in a format provided by the Alliance to the Alliance's contract manager. Surplus/Deficit reports must be submitted with the monthly request for payment. This report is for all services provided in this agreement incorporating in this Contract between the Provider and the Alliance. The report must include the following:

- (1) A list of all Services and their current status regarding surplus or deficit, and why they differ from the original budget projections (Spending Plan).
- (2) A detailed explanation, by each service, regarding surplus or deficit spending that exceeds 1% of the monthly target threshold.
- (3) An explanation of how expenditures will be brought to monthly target levels. The explanation must be specific to show how the Provider plans to address the variance.
- (3) Number of clients currently on the waitlist (APCL).

2.4.2 Program Highlights

The Provider shall submit Program Highlights referencing specific events that occurred in the previous contract year by September 15 of the current contract year. The Provider shall provide a new success story, quote, testimonial, or human-interest vignette. The highlights shall be written for a general audience, with no acronyms or technical terms. For all agencies or organizations that are referenced in the highlight, the Provider shall provide a brief description of their mission or role. The active tense shall be consistently used in the highlight narrative, in order to identify the specific individual or entity that performed the activity described in the highlight. The Provider shall review and edit Program Highlights for clarity, readability, relevance, specificity, human interest, and grammar, prior to submitting them to the Alliance.

2.4.3 Volunteer Reports:

The Contractor shall submit an annual unduplicated report of volunteer hours on the format provided by the Alliance. The data collection period is from January 1 – December 31 for each calendar year. The data submission date is 5 business days following the close of the contract period.

2.4.4. Outreach Reports:

The Provider shall document its performance of outreach activities, by submitting a uniform reporting format provided by the Alliance that includes the following: number and type of provider events or activities; date and location; total number of participants at each event or activity; individual service needs identified; and referral sources or information provided. The Provider shall complete and submit the report on outreach activities semi-annually. Reports must be submitted by June 30 and December

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31 of each contract year. The Provider must conduct outreach activities as described in, and at the minimum frequency referenced in, its Service Provider Application (SPA).

2.4.5 Title IIID Reports: The Provider must submit Monthly Programmatic Reports for EBDPHP services on the dates specified on Attachment VIII. The Contract Manager will provide an Excel spreadsheet with the following tabs: IIID Service Entry; Success Stories (reported only in September); Partnership (one tab updated as needed); and a Statistical Breakdown Page.

- (1) Information provided in the Monthly Programmatic Report must match CIRTS data and the Request for Payment.
- (2) The Provider shall review program documentation to ensure documentation is complete and adequately supports the information reported on the Monthly Programmatic Report prior to submitting a Request for Payment. The Provider will attest to the review in the "comments" section of the Monthly Programmatic Report, and provide relevant information regarding the documentation as needed.
- (3) Program documentation shall include all of the following elements: Sign-In Sheet or Attendance Log; flyers or documentation demonstrating efforts to recruit participants and promote EBDPHP services provided; current facilitator certificates; copy of program license (if applicable); and any forms required by the specific program.
- (4) Provider shall ensure that program documentation includes a Sign-In Sheet or Attendance Log with date, time, name of program, participant names, and name of program facilitator(s). If the Attendance Log does not include a space for participant signatures, additional program documentation must be included with participant signature that matches the participant names and dates in Attendance Log. Exceptions may be approved by the Contract Manager. Request must be made with writing and kept with program documentation.
- (5) Participants will write and sign their name on program sign-in sheet or Attendance Log. Attendance Logs with participants names typed or written in by the same person will not be accepted as program documentation. If a participant refuses or is unable to write their own name and sign, the instructor may sign by proxy for the participant with a note on the sign-in sheet stating why it is necessary to do so (the note need to initialed and dated).
- (6) The Provider shall have a written fidelity monitoring plan, which includes observation of delivery of EBDPHP services. A note will be included in the Monthly Programmatic Report, in the comments section, when a program has been observed. Documentation pertaining to the observation will be kept and provided to the Department upon request.
- (7) Chronic Disease Self-Management Education (CDSME) Workshop data must be entered into the NCOAForce database.
- (8) Provider shall contact the Contract Manager in the event of an emergency or an exigent circumstance where the Provider is unable to maintain an aspect of fidelity of the EBDPHP services (e.g., minimum or maximum number of participants) before the end of the workshop. At the discretion of the Contract Manager, the service may be reimbursed under this contract; however, if the fidelity infraction is discovered after the program has finished, during the Request for Payment Process or a desk review; the Provider may not be reimbursed for the workshop or shall be requested to reimburse the Alliance the cost of the workshop.
- (9) The Provider should collaborate and partner with organizations to extend the reach of EBDPHP services. Partnerships and Collaborations may be developed with Florida Department of Health; the Florida Department of Children and Families; the Department of Agriculture's Nutrition Program; insurance companies; Centers for Disease Control and Prevention; Area Health Education Centers; local health councils; public and private universities; federally qualified health clinics; county health departments; and local Communities for a Lifetime Initiative participants. Partnerships shall be designed to stimulate innovation of new approaches and activities in EBDPHP services, development of greater capacity, and leverage other funding sources.

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Partnerships shall also address building and sustaining an infrastructure for the dissemination of EBDPHP services. This includes, but is not limited to, recruitment of trainers and participants, covering costs for licenses, and replicating program fidelity.

- (10) The Provider shall document, and provide upon request, evidence of partnerships created formally through Memorandums of Agreement or Understanding or informally through emails and phone calls. Provider should keep track of partnerships in the Monthly Programmatic Report. Each month the Provider should review and provide updates as necessary.

2.5 CIRTS

2.5.1 Client Information and Registration Tracking System (CIRTS) Reports

The Provider shall input OAA-specific data into CIRTS to ensure CIRTS data accuracy. The Provider shall use CIRTS-generated reports which include the following:

- (1) Assessments;
- (2) Enrollments;
- (2) Monitoring Reports;
- (3) Services Reports; and
- (4) Outcome Measures Reports.

2.6 RECORDS AND DOCUMENTATION

The Provider shall maintain documentation to support Request for Payment that shall be available to the Alliance or authorized individuals, such as DOEA and Department of Financial Services, upon request.

2.6.1 CIRTS Maintenance

The Provider will ensure the accurate collection and maintenance of client and service information on a monthly basis from the CIRTS or any such system designated by the Alliance. Maintenance includes valid exports and backups of all data and systems according to Alliance and DOEA standards. The Provider must adhere to the Alliance CIRTS Data Integrity Policies & Procedures, incorporated by reference, in order to ensure data accuracy.

2.6.2 Data Integrity and Back-up Procedures

The Provider shall anticipate and prepare for the loss of information processing capabilities. The routine backing up of all data and software is required to recover from losses or outages of the computer system. Data and software essential to the continued operation of contractor functions must be backed up. The security controls over the backup resources shall be as stringent as the protection required of the primary resources. It is recommended that a copy of the backed up data be stored in a secure, offsite location.

2.7 PERFORMANCE SPECIFICATIONS

2.7.1 Outcomes Performance Measures – At a minimum, the Provider must:

- (1) Ensure the provision of the services described in this contract are in accordance with the current DOEA Programs and Services Handbook and in the Manner of Service Provision described in this contract.
- (2) Submit to the Alliance all information described in this contract.
- (3) Develop and document strategies in the Service Provider Application (SPA) to support the Department's performance outcome measures in the following criteria:

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- a) 66% of new service recipients with high-risk nutrition scores will improve their nutritional status.
- b) 65% of new service recipients will maintain or improve their ADL assessment score.
- c) 62.3% of new service recipients will maintain or improve their IADL assessment score.
- d) 89% of caregivers who self-report being very confident about their ability to continue to provide care.

2.7.2 Monitoring and Evaluation Methodology

The Alliance will review and evaluate the performance of the Provider under the terms of this contract. Monitoring shall be conducted through direct contact with the Provider through telephone, in writing, and/or an on-site visit. The Alliance's determination of acceptable performance shall be conclusive. The Provider agrees to cooperate with the Alliance in monitoring the progress of completion of the service tasks and deliverables. The Alliance may use, but is not limited to, one or more of the following methods for monitoring:

- a) Desk reviews and analytical reviews;
- b) Scheduled, unscheduled, and follow-up on-site visits;
- c) Client visits;
- d) Review of independent auditor's reports;
- e) Review of third-party documents and/or evaluation;
- f) Review of customer satisfaction surveys;
- g) Agreed-upon procedures review by an external auditor or consultant;
- h) Limited-scope reviews; and
- i) Other procedures as deemed necessary.

2.7.3 Remedies-Nonconforming Services

The Provider shall ensure that all participants served under this agreement are eligible for the program, and that all monthly and/or quarterly performance reports and financial records are maintained for each reporting period and submitted as stipulated in 2.4, 2.5, 2.6, and 2.7.

Any nonconforming program services, performance reports or financial records not meeting the requirements of this Contract shall not be eligible for reimbursement under this program. The costs associated with hiring, training, reporting and/or managing the program shall be borne solely by the Provider. The Alliance requires immediate notice of any significant and/or systemic infractions that compromise the Provider's ability to provide participant services, to achieve programmatic performance or to provide sound financial management of the program.

2.8 CONTRACTOR'S FINANCIAL OBLIGATIONS

2.8.1 Matching, Level of Effort, and Earmarking Requirements

The Provider shall provide match of at least 10 percent of the federal administrative funds received, except for Title IIID. The Provider's match will be made in the form of cash and/or in-kind resources. The Provider shall report match by title each month. At the end of the contract period, the Provider must properly match OAA funds that require a match.

2.8.2 Consumer Contributions

Consumer contributions are to be used under the following terms:

- 1) The Provider assures compliance with Section 315 of the OAA as amended in 2006, in regard to consumer contributions;
- 2) Voluntary contributions are not to be used for cost sharing or matching;
- 3) Accumulated voluntary contributions are to be used prior to requesting federal reimbursement; and
- 4) Voluntary contributions are to be used only to expand services.

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2.8.3 Use of Service Dollars

The Provider is expected to spend all federal, state and other funds provided by the Alliance for the purpose specified in the contract. The Provider must manage the service dollars in such a manner so as to avoid having a wait list and a surplus of funds at the end of the contract period, for each program managed by the Provider. Program surpluses must be reported to the Alliance.

The Provider will submit a Spending Plan within the first 30 days of the contract. The Spending Plan must provide a monthly breakdown, by service, of how the Provider plans to expend the contracted funds. The Spending Plan must include the monthly planned units for each service, the total monthly expenditures for each service, and the target number of clients to be served for each service.

2.8.4 Surplus Recapture

In accordance with its Surplus/Deficit Management policies, Providers will be given the opportunity to spend surpluses during the course of the contract year; however, in order to maximize available funding and minimize the time that potential clients must wait for services, the Alliance in its sole discretion may reduce funding awards no later than by the end of the third quarter of the contract period if the Provider is not spending according to monthly plans and is projected to incur a surplus at the end of the year. Surpluses in the same services for two consecutive years will result in a permanent reduction of the funding award.

2.8.5 The Provider agrees to use funds as detailed in the Budget Summary, ATTACHMENT VII. Any changes in the amounts of federal or general revenue funds identified on the Budget Summary form require a contract amendment. Providers must adhere to Alliance's Modified Spending Policy, incorporated by reference, when requesting changes to the budget Summary Form.

2.8.6 Title III Funds

The Provider assures compliance with Section 306 of the Older Americans Act, as amended in 2006, that funds received under Title III will not be used to pay any part of a cost (including an administrative cost) incurred by the Provider to maintain a contractual or commercial relationship that is not carried out to implement Title III.

2.9 ALLIANCE'S RESPONSIBILITIES:

2.9.1 Program Guidance and Technical Assistance

The Alliance will provide to the Provider guidance and technical assistance as needed to ensure the successful fulfillment of the contract by the Provider. The Providers must attend all required training session and meetings.

SECTION III: METHOD OF PAYMENT

3.1 General Statement of Method of Payment

The Method of Payment for this contract is a combination of unit rate, cost reimbursement, and advanced payments, subject to the availability of funds. The Provider shall ensure include only those costs that are in accordance with all applicable state and federal statutes and regulations and are based on audited historical costs in instances where an independent audit is required.

3.2 Advance Payments

3.2.1 The Provider (nonprofits) may request up to two months of advances at the start of the contract period, if available, to cover program service costs. The payment of an advance will be contingent upon the sufficiency

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and amount of funds released to the Alliance. The Provider shall provide the Alliance documentation justifying the need for an advance and describing how the funds will be distributed.

- 3.2.2 The Provider's requests for advance require the approval of the Alliance. If sufficient budget is available, the Alliance will issue approved advance payments after January 1, 2019.
- 3.2.3 Requests for the first through the twelfth months shall be based on the submission of actual monthly expenditure reports beginning with the first month of the contract. The schedule for submission of advance requests, if available is shown on ATTACHMENT VIII of this contract.
- 3.2.4 All advanced payments made to the Provider shall be recouped in accordance with the Reporting Schedule, ATTACHMENT VIII of this contract.
- 3.2.5 Interest earned on advances must be identified separately by source of funds, state or federal. Providers shall maintain advances of federal funds in interest bearing accounts unless otherwise exempted in accordance with 45 CFR 74.22(k). Earned interest must be returned to the Alliance at the end of each quarter.

3.3 Invoice Submittal and Requests for Payment

- 3.3.1 All requests for payment and expenditure reports submitted to support requests for payment shall be on DOEA forms 106A (ATTACHMENT IX), 105as (ATTACHMENT X-EXHIBIT 1), 105AE (ATTACHMENT X-EXHIBIT 2), and 105AS (ATTACHMENT X-EXHIBIT 3).
- 3.3.2 The Provider shall submit all payment requests based on the submission of the Provider's actual monthly expenditure reports beginning with the first month of the contract. The schedule for submission of advance requests (when available) and invoices is ATTACHMENT VIII to this contract.
- 3.3.3 Any payment due by the Alliance under the terms of this contract may be withheld pending the receipt and approval of all financial and programmatic reports due from the Provider and any adjustments thereto.
- 3.3.4 The Alliance will authorize payment only for allowable expenditures, which are in accordance with the limits specified in ATTACHMENT VII, Budget Summary.
- 3.3.5 Monthly review of the Receipt and Expenditure Report and the Request for Payment Form by the Alliance will focus on:
 - (1) Line item comparison of year-to-date expenditures with the budget to monitor rate of expenditures;
 - (2) Allowable total reimbursement, on a service by service level, does not exceed budgeted/contractual amount (No unilateral modified spending authority.);
 - (3) Validation of service units reported against CIRTS.
- 3.3.6 In order to properly manage the program budget, the Provider must submit invoices for payment no later than 90 days after the end of the month in which the expense was incurred, except that invoices cannot be submitted after the Close Out Report date. Invoices submitted late will require the approval of the Alliance's Contract Manager. Late invoices will not be paid unless justification is submitted and approved by the Contract Manager.
- 3.3.7 Date for Final Request for Payment
The Provider shall submit the final request for payment to the Alliance on the date indicated on Attachment VIII of this contract.

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3.4 Documentation for Payment

The Provider shall maintain documentation to support payment requests that shall be available to the Alliance or authorized individuals, such as Department of Financial Services, upon request. Supporting documentation of services provided must be adequate to permit fiscal and programmatic evaluation and ensure internal management.

- 3.4.1 Payments will be made to the Provider based on a complete and correct invoice. Invoices that are incomplete or with incorrect total will not be processed and will be returned to the Provider for correction. Fiscal staff will not be able to correct or make changes to the invoices. Returning invoices for corrections may result in failure to receive payment for that month. Invoices shall be submitted timely as per ATTACHMENT VIII in order to avoid any payment delays.
- 3.4.2 The Provider must enter all required data following the DOEA Programs and Services Handbook and DOEA's CIRTIS Policy Guidelines for clients and services in the CIRTIS database. Data must be entered into CIRTIS before the Providers submit their request for payment and expenditure reports.
- 3.4.3 The Provider shall run monthly CIRTIS reports and verify that client and service data in CIRTIS is accurate. This report must be submitted to the Alliance with the monthly request for payment and expenditure report and must be reviewed by the Alliance before the Provider's request can be approved by the Alliance.

3.5 Remedies for Nonconforming Services

The Provider shall ensure that all goods and/or services provided under this contract are delivered timely, completely and commensurate with required standards of quality. Such goods and/or services will only be delivered to eligible program participants.

If the Provider fails to meet the prescribed quality standards for services, such services will not be reimbursed under this contract. In addition, any nonconforming goods (including home delivered meals) and/or services not meeting such standards will not be reimbursed under this contract. The Provider's signature on the request for payment form certifies maintenance of supporting documentation and acknowledgement that the Provider shall solely bear the costs associated with preparing or providing nonconforming goods and/or services. The Alliance requires immediate notice of any significant and/or systemic infractions that compromise the quality, security or continuity of services to clients.

3.5.1 Corrective Action Plan

1. Contractor shall ensure 100% of the deliverables identified in ATTACHMENT 1, Section II (Manner of Service Provision) of this contract, are performed pursuant to contract requirements.
2. If at any time the Contractor is notified by the Alliance that it has failed to correctly, completely, or adequately perform contract deliverables identified in ATTACHMENT I, Sec. II, the Contractor will have **10 days** to submit a Corrective Action Plan ("CAP") to the Alliance Contract Manager that addresses the deficiencies and states how the deficiencies will be remedied within a time period approved by the Alliance Contract Manager. The Alliance may assess a Financial Consequence for Non-Compliance on the Contractor as referenced in ATTACHMENT I, Sec. 3.5.2. of this contract for each deficiency identified in the CAP which is not corrected pursuant to the CAP. The Alliance may also assess a Financial Consequence for failure to timely submit a CAP.
3. If the Contractor fails to correct an identified deficiency within the approved time period specified in the CAP, the Alliance may deduct the percentage established in ATTACHMENT I, Sec. 3.5.2. of this contract, from the payment for the invoice of the following month.

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4. If the Contractor fails to timely submit a CAP, the Alliance shall deduct the percentage established in ATTACHMENT I, Sec. II.1. of this contract for each day the CAP is overdue. The deduction will be made from the payment for the invoice of the following month.

3.5.2. Financial Consequences of Non-Performance

The Alliance will withhold or reduce payment if the Contractor fails to perform the deliverables to the satisfaction of the Contract according to the requirements referenced in ATTACHMENT I, Sec. I and Sec. II of this contract. The following financial consequences will be imposed if the deliverables stated do not meet in part or in whole the performance criteria as outlined in ATTACHMENT I, Sec. II of this contract.

1. Delivery of services to eligible clients as referenced in ATTACHMENT I, Sec. 1.4 and Sec. 2.1 of this contract – Failure to comply with established assessment and prioritization criteria as evidenced in CIRTS reports will result in a 2% reduction of payment per business day. The reduction of payment will begin on the first business day following the Alliance’s notification to the contractor that the identified deficiency was not cured or satisfactorily addressed in accordance with the Alliance approved CAP, referenced in ATTACHMENT I, Sec. 3.5.1.
2. Services and units of services as referenced in ATTACHMENT I, Sec. II of this contract – Failure to provide services in accordance with the current DOEA Programs and Services Handbook, the service tasks described in section ATTACHMENTS VII and K, and submission of required documentation will result in a 2% reduction of payment per business day. The reduction of payment will begin the first business day following the Alliance’s notification to the contractor that the identified deficiency was not cured or satisfactorily addressed in accordance with the Alliance approved CAP, referenced in ATTACHMENT I, Sec. 3.5.1.
3. Administrative duties as referenced in ATTACHMENT I, Sec. 2.4, 2.5, 2.6, and 2.7 of this contract – Failure to perform the performance specifications and oversight of Program operations will result in a 2% reduction of payment per business day. The reduction of payment will begin the first business day following the Alliance’s notification to the contractor that the identified deficiency was not cured or satisfactorily addressed in accordance with the Alliance approved CAP, referenced in ATTACHMENT I, Sec. 3.5.1.
4. Timely submission of a CAP – Failure to timely submit a CAP within 10 business days after notification of the deficiency by the Alliance contract manager will result in a 2% reduction of payment per business day the CAP is not received. The reduction of payment will begin the first business day following the Alliance’s notification to the contractor that the identified deficiency was not cured or satisfactorily addressed in accordance with the Alliance approved CAP, referenced in ATTACHMENT I, Sec. 3.5.1.
5. Exceptions may be granted solely, in writing, by the Alliance.

**CERTIFICATION REGARDING LOBBYING
CERTIFICATION FOR CONTRACTS, GRANTS, LOANS AND AGREEMENTS**

The undersigned certifies, to the best of his or her knowledge and belief, that:

- (1) No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any state or federal agency, a member of congress, an officer or employee of congress, an employee of a member of congress, or an officer or employee of the state legislator, in connection with the awarding of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of congress, an officer or employee of congress, or an employee of a member of congress in connection with this federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans and cooperative agreements) and that all sub-contractors shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000.00 and not more than \$100,000.00 for each such failure.

Signature

Date

Name of Authorized Individual

Contract Number

Name and Address of Organization

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ATTACHMENT III

ATTACHMENT III FINANCIAL AND COMPLIANCE AUDIT

The administration of resources awarded by the Alliance to the provider may be subject to audits and/or monitoring by the Alliance and/or the Department as described in this section.

I. MONITORING

In addition to reviews of audits conducted in accordance with OMB Circular A-133, as revised, and Section 215.97, F.S., (see "AUDITS" below), monitoring procedures may include, but not be limited to, on-site visits by the Alliance and/or the Department staff, limited scope audits as defined by OMB Circular A-133, as revised, and/or other procedures. By entering into this agreement, the Contractor agrees to comply and cooperate with any monitoring procedures/processes deemed appropriate by the Alliance. In the event the Alliance and/or the Department determines that a limited scope audit of the Contractor is appropriate, the Contractor agrees to comply with any additional instructions provided by the Alliance and/or the Department to the Contractor regarding such audit. The Contractor further agrees to comply and cooperate with any inspections, reviews, investigations, or audits deemed necessary by the Alliance and/or the Department.

AUDITS

PART I: FEDERALLY FUNDED

This part is applicable if the provider is a State or local government or a non-profit organization as defined in OMB Circular A-133, as revised.

In the event that the Contractor expends \$750,000.00 or more in federal awards during its fiscal year, the Contractor must have a single or program-specific audit conducted in accordance with the provisions of OMB Circular A-133, as revised. EXHIBIT 2 to this agreement indicates federal resources awarded through the Alliance by this agreement. In determining the federal awards expended in its fiscal year, the Contractor shall consider all sources of Federal awards, including federal resources received from the Alliance. The determination of amounts of Federal awards expended should be in accordance with the guidelines established by OMB Circular A-133, as revised. An audit of the Contractor conducted by the Auditor General in accordance with the provisions of OMB Circular A-133, as revised, will meet the requirements of this part.

In connection with the audit requirements addressed in Part I, paragraph I, the Contractor shall fulfill the requirements relative to auditee responsibilities as provided in Subpart C of OMB Circular A-133, as revised.

If the Contractor expends less than \$750,000.00 in federal awards in its fiscal year, an audit conducted in accordance with the provisions of OMB Circular A-133, as revised, is not required. In the event that the Contractor expends less than \$750,000.00 in federal awards in its fiscal year and elects to have an audit conducted in accordance with the provisions of OMB Circular A-133, as revised, the cost of the audit must be paid from non-federal resources (i.e., the cost of such audit must be paid from Contractor resources obtained from other than federal entities.)

An audit conducted in accordance with this part shall cover the entire organization for the organization's fiscal year. Compliance findings related to agreements with the Alliance shall be based on the agreement's requirements, including any rules, regulations, or statutes referenced in the agreement. The financial statements shall disclose whether or not the matching requirement was met for each applicable agreement. All questioned costs and liabilities due to the Alliance and/or the Department shall be fully disclosed in the audit report with reference to the Alliance agreement involved. If not otherwise disclosed as required by Section .310(b)(2) of OMB Circular A-133, as revised, the schedule of expenditures of federal awards shall identify expenditures by agreement number for each agreement with the Alliance in effect during the audit period. Financial reporting packages required under this part must be submitted within the earlier of 30 days after receipt of the audit report or 9 months after the end of the Contractor's fiscal year end.

PART II: STATE FUNDED

This part is applicable if the Contractor is a non-state entity as defined by Section 215.97(2), F.S.

APPENDIX IV

In the event that the contractor expends a total amount of state financial assistance equal to or in excess of \$750,000.00 in any fiscal year of such Contractor (for fiscal years ending September 30, 2004 or thereafter), the Contractor must have a State single or project-specific audit for such fiscal year in accordance with Section 215.97, F.S.; applicable rules of the Department of Financial Services; and Chapters 10.550 (local governmental entities) or 10.650 (nonprofit and for-profit organizations), Rules of the Auditor General. EXHIBIT 2 to this agreement indicates state financial assistance awarded through the Alliance by this agreement. In determining the state financial assistance expended in its fiscal year, the Contractor shall consider all sources of state financial assistance, including state financial assistance received from the Alliance, other state agencies, and other non-state entities. State financial assistance does not include Federal direct or pass-through awards and resources received by a non-state entity for Federal program matching requirements.

In connection with the audit requirements addressed in Part II, paragraph I, the Contractor shall ensure that the audit complies with the requirements of Section 215.97(8), F.S. This includes submission of a financial reporting package as defined by Section 215.97(2), F.S., and Chapter 10.550 (local governmental entities) or 10.650 (nonprofit and for-profit organizations), Rules of the Auditor General.

If the Contractor expends less than \$750,000.00 in state financial assistance in its fiscal year (for fiscal years ending September 30, 2004 or thereafter), an audit conducted in accordance with the provisions of Section 215.97, F.S., is not required. In the event that the Contractor expends less than \$750,000.00 in state financial assistance in its fiscal year and elects to have an audit conducted in accordance with the provisions of Section 215.97, F.S., the cost of the audit must be paid from the non-state entity's resources (i.e., the cost of such an audit must be paid from the Contractor resources obtained from other than State entities).

An audit conducted in accordance with this part shall cover the entire organization for the organization's fiscal year. Compliance findings related to agreements with the Alliance shall be based on the agreement's requirements, including any applicable rules, regulations, or statutes. The financial statements shall disclose whether or not the matching requirement was met for each applicable agreement. All questioned costs and liabilities due to the Alliance shall be fully disclosed in the audit report with reference to the Alliance agreement involved. If not otherwise disclosed as required by Rule 69I-5.003, Fla. Admin. Code, the schedule of expenditures of state financial assistance shall identify expenditures by agreement number for each agreement with the Alliance in effect during the audit period. Financial reporting packages required under this part must be submitted within 45 days after delivery of the audit report, but no later than 12 months after the Contractor's fiscal year end for local governmental entities. Non-profit or for-profit organizations are required to be submitted within 45 days after delivery of the audit report, but no later than 9 months after the Contractor's fiscal year end. Notwithstanding the applicability of this portion, the Alliance retains all right and obligation to monitor and oversee the performance of this agreement as outlined throughout this document and pursuant to law.

II. PART III: REPORT SUBMISSION

Copies of reporting packages for audits conducted in accordance with OMB Circular A-133, as revised, and required by PART I of this agreement shall be submitted, when required by Section .320 (d), OMB Circular A-133, as revised, by or on behalf of the Contractor directly to each of the following:

The Alliance at each of the following addresses:

Alliance for Aging, Inc.
Attn: Fiscal Department
760 NW 107th Avenue
Suite 214
Miami, FL 33172

The Federal Audit Clearinghouse designated in OMB Circular A-133, as revised (the number of copies required by Sections .320 (d)(I) and (2), OMB Circular A-133, as revised, should be submitted to the Federal Audit Clearinghouse), at the following address:

Federal Audit Clearinghouse
Bureau of the Census
1201 East 10th Street
Jeffersonville, IN 47132

APPENDIX IV

Other Federal agencies and pass-through entities in accordance with Sections .320 (e) and (f), OMB Circular A-133, as revised.

Pursuant to Sections .320(f), OMB Circular A-133, as revised, the provider shall submit a copy of the reporting package described in Section .320(c), OMB Circular A-133, as revised, and any management letter issued by the auditor, to the Alliance at each of the following addresses:

**Alliance for Aging, Inc.
Attn: Fiscal Department
760 NW 107th Avenue
Suite 214
Miami, FL 33172**

Additionally, copies of financial reporting packages required by Part II of this agreement shall be submitted by or on behalf of the Contractor directly to each of the following:

The Alliance at the following address:

**Alliance for Aging, Inc.
Attn: Fiscal Department
760 NW 107th Avenue
Suite 214
Miami, FL 33172**

Any reports, management letter, or other information required to be submitted to the Alliance pursuant to this agreement shall be submitted timely in accordance with OMB Circular A-133, F.S., and Chapters 10.550 (local governmental entities) or 10.650 (nonprofit and for-profit organizations), Rules of the Auditor General, as applicable.

Contractors, when submitting financial reporting packages to the Alliance for audits done in accordance with OMB Circular A-133 or Chapters 10.550 (local governmental entities) or 10.650 (nonprofit and for-profit organizations), Rules of the Auditor General, should indicate the date that the reporting package was delivered to the Contractor in correspondence accompanying the reporting package.

III. PART IV: RECORD RETENTION

The Contractor shall retain sufficient records demonstrating its compliance with the terms of this agreement for a period of six (6) years from the date the audit report is issued, and shall allow the Alliance and the Department or its designee, the CFO or Auditor General Access to such records upon request. The Contractor shall ensure that audit working papers are made available to the Alliance and the Department, or its designee, CFO, or Auditor General upon request for a period of six (6) years from the date the audit report is issued, unless extended in writing by the Alliance.

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**ATTACHMENT III
FINANCIAL, AND COMPLIANCE AUDIT ATTACHMENT
EXHIBIT 1**

PART 1: AUDIT RELATIONSHIP DETERMINATION

Contractors who receive state or federal resources may or may not be subject to the audit requirements of 2 CFR Part §200.500, and/or Section 215.97, Fla. Stat. Contractors who are determined to be recipients or subrecipients of federal awards and/or state financial assistance may be subject to the audit requirements if the audit threshold requirements set forth in Part I and/or Part II of Exhibit I is met. Contractors who have been determined to be vendors are not subject to the and it requirements of 2 CFR Part §200.38, and/or Section 215.97, Fla. Stat. Regardless of whether the audit requirements are met, Contractors who have been determined to be recipients or subrecipients of Federal awards and/or state financial assistance must comply with applicable programmatic and fiscal compliance requirements.

In accordance with 2 CFR Part §200 and/or Rule 691-5.006, FAC, Contractor has been determined to be:

- Vendor not subject to 2 CFR Part §200.38 and/or Section 215.97, F.S.
- Recipient/subrecipient subject to 2 CFR Part §200.86 and §200.93 and/or Section 215.97, F.S.
- Exempt organization not subject to 2 CFR Part §200 and/or Section 215.97, F.S. For Federal awards, for-profit organizations are exempt; for state financial assistance projects, public universities, community colleges, district school boards, branches of state (Florida) government, and charter schools are exempt. Exempt organizations must comply with all compliance requirements set forth within the contract or award document.

NOTE: If a Contractor is determined to be a recipient/subrecipient of federal and or state financial assistance and has been approved by the Alliance to subcontract, they must comply with Section 215.97(7), F.S., and Rule 691-5.006, FAC [state financial assistance] and 2 CFR Part §200.330 [federal awards].

PART II: FISCAL COMPLIANCE REQUIREMENTS

FEDERAL AWARDS OR STATE MATCHING FUNDS ON FEDERAL AWARDS. Contractors who receive Federal awards, state maintenance of effort funds, or state matching funds on Federal awards and who are determined to be a subrecipient must comply with the following fiscal laws, rules and regulations:

STATES, LOCAL GOVERNMENTS AND INDIAN TRIBES MUST FOLLOW:

- 2 CFR Part §200.416- Cost Principles*
- 2 CFR Part §200.201- Administrative Requirements**
- 2 CFR Part §200.500- Audit Requirements Reference Guide for State Expenditures
- Other fiscal requirements set forth in program laws, rules and regulations

NON-PROFIT ORGANIZATIONS MUST FOLLOW:

- 2 CFR Part §200.400-.411- Cost Principles*
- 2 CFR Part §200.100 -Administrative Requirements
- 2 CFR Part §200.500- Audit Requirements Reference Guide for State Expenditures
- Other fiscal requirements set forth in program laws, rules and regulations

EDUCATIONAL INSTITUTIONS (EVEN IF A PART OF A STATE OR LOCAL GOVERNMENT) MUST FOLLOW:

- 2 CFR Part §200.418- Cost Principles*
- 2 CFR Part §200.100- Administrative Requirements
- 2 CFR Part §200.500 -Audit Requirements Reference Guide for State Expenditures
- Other fiscal requirements set forth in program laws, rules and regulations

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*Some Federal programs may be exempted from compliance with the Cost Principles Circulars as noted in the 2 CFR Part §200.400(5) (c).

**For funding passed through U.S. Health and Human Services, 45 CFR 92; for funding passed through U.S. Department of Education, 34 CFR 80.

STATE FINANCIAL ASSISTANCE. Contractors who receive state financial assistance and who are determined to be a recipient/subrecipient must comply with the following fiscal laws, rules and regulations:

Section 215.97, Fla. Stat.

Chapter 691-5, Fla. Admin. Code

State Projects Compliance Supplement Reference Guide

for State Expenditures

Other fiscal requirements set forth in program laws, rules and regulations

APPENDIX IV

**ATTACHMENT III
FINANCIAL, AND COMPLIANCE AUDIT ATTACHMENT
EXHIBIT 2-FUNDING SUMMARY**

Note: Title 2 CFR § 200.331, As Revised, and Section 215.97(5), Florida Statutes, Require That Information About Federal Programs and State Projects Be Provided to the Recipient and Are Stated in the Financial and Compliance Audit Attachment and Exhibit 1. Financial and Compliance Audit Attachment, Exhibit 2-Funding Summary Provides Information Regarding the Funding Sources Applicable to This Contract, Contained Herein, Is A Prediction of Funding Sources and Related Amounts Based on the Contract Budget.

1. FEDERAL RESOURCES AWARDED TO THE SUBRECIPIENT PURSUANT TO THIS CONTRACT CONSIST OF THE FOLLOWING:

PROGRAM TITLE	FUNDING SOURCE	CFDA	AMOUNT
Older Americans Act Administration Title IIIB – Support Services	U.S. Health and Human Services	93.044	\$XXXX.00
Older Americans Act Administration Title IIIC1 – Congregate Meals	U.S. Health and Human Services	93.045	\$XXXX.00
Older Americans Act Administration Title III C2 – Home Delivered Meals	U.S. Health and Human Services	93.045	\$XXXX.00
Older Americans Act Administration Title III D – Preventive Health	U.S. Health and Human Services	93.043	\$XXXX.00
Older Americans Act Administration Title III E – Caregiver Support Services Title III EG – Caregiver Support Services Title III ES – Caregiver Support Services	U.S. Health and Human Services	93.052	\$XXXX.00 \$XXXX.00 \$XXXX.00
TOTAL FEDERAL AWARD			\$XXX,XXX.00

COMPLIANCE REQUIREMENTS APPLICABLE TO THE FEDERAL RESOURCES AWARDED PURSUANT TO THIS CONTRACT ARE AS FOLLOWS:

FEDERAL FUNDS: 2 CFR Part 200- Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards. OMB Circular A-133, as amended- Audits of States, Local Governments, and Non-Profit Organizations

2. STATE RESOURCES AWARDED TO THE RECIPIENT PURSUANT TO THIS CONTRACT CONSIST OF THE FOLLOWING:

MATCHING RESOURCES FOR FEDERAL PROGRAMS

PROGRAM TITLE	FUNDING SOURCE	CFDA	AMOUNT
TOTAL STATE AWARD			

STATE FINANCIAL ASSISTANCE SUBJECT TO sec. 215.97, F.S.

PROGRAM TITLE	FUNDING SOURCE	CFDA	AMOUNT
TOTAL AWARD			

COMPLIANCE REQUIREMENTS APPLICABLE TO STATE RESOURCES AWARDED PURSUANT TO THIS CONTRACT ARE AS FOLLOWS:

STATE FINANCIAL ASSISTANCE: Section 215.97, F.S., Chapter 69I-5, FL Admin Code, Reference Guide for State Expenditures, Other fiscal requirements set forth in program laws, rules and regulations.

**CERTIFICATION REGARDING DATA INTEGRITY COMPLIANCE
FOR AGREEMENTS, GRANTS, LOANS AND COOPERATIVE AGREEMENTS**

The undersigned, an authorized representative of the contractor named in the contract or agreement to which this form is an attachment, hereby certifies that:

- (1) The contractor and any sub-contractors of services under this contract have financial management systems capable of providing certain information, including: (1) accurate, current, and complete disclosure of the financial results of each grant-funded project or program in accordance with the prescribed reporting requirements; (2) the source and application of funds for all agreement supported activities; and (3) the comparison of outlays with budgeted amounts for each award. The inability to process information in accordance with these requirements could result in a return of grant funds that have not been accounted for properly.
- (2) Management Information Systems used by the contractor, sub-contractor(s), or any outside entity on which the contractor is dependent for data that is to be reported, transmitted or calculated, have been assessed and verified to be capable of processing data accurately, including year-date dependent data. For those systems identified to be non-compliant, contractor(s) will take immediate action to assure data integrity.
- (3) If this contract includes the provision of hardware, software, firmware, microcode or imbedded chip technology, the undersigned warrants that these products are capable of processing year-date dependent data accurately. All versions of these products offered by the contractor (represented by the undersigned) and purchased by the State will be verified for accuracy and integrity of data prior to transfer.

In the event of any decrease in functionality related to time and date related codes and internal subroutines that impede the hardware or software programs from operating properly, the contractor agrees to immediately make required corrections to restore hardware and software programs to the same level of functionality as warranted herein, at no charge to the State, and without interruption to the ongoing business of the state, time being of the essence.

- (4) The contractor and any sub-contractor(s) of services under this contract warrant their policies and procedures include a disaster plan to provide for service delivery to continue in case of an emergency including emergencies arising from data integrity compliance issues.+

The contractor shall require that the language of this certification be included in all subagreements, subgrants, and other agreements and that all sub-contractors shall certify compliance accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by OMB Circulars A-102 and 2 CFR Part 215 (formerly OMB Circular A-110).

Provider Corporate Name
Address
City, State ZIP

Signature	Title	Date
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Name of Authorized Signer

(Revised June 2008)

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION FOR LOWER TIER COVERED TRANSACTIONS

(1) The prospective contractor certifies, by signing this certification, neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.

(2) Where the prospective contractor is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this certification.

Signature

Date

Title
(Certification signature should be same as Contract signature.)

Agency/Organization

Instructions for Certification

1. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "person," "primary covered transaction," and "voluntarily excluded," as used herein, have the meanings set out in the sections of rules implementing Executive Order 12549. (2 CFR 180.5-180.1020, as supplemented by 2 CFR 376.10-376.995). You may contact the Contract Manager for assistance in obtaining a copy of those regulations.
2. This certification is a material representation of facts upon which reliance was placed when the parties entered into this transaction. If it is later determined that the contractor knowingly rendered an erroneous certification, in addition to other remedies available to the federal government, the department may pursue available remedies, including suspension and/or debarment.
3. The contractor will provide immediate written notice to the Contract Manager if at any time the contractor learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances. The contractor may decide the method and frequency by which it determines the eligibility of its principals. Each participant to a lower tier covered transaction may, but is not required to, check the Excluded Parties List System (EPLS).
4. The contractor will include a "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transaction" in all its lower tier covered transactions and in all solicitations for lower tier covered transactions.
5. The contractor agrees that it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, determined ineligible or voluntarily excluded from participation, unless otherwise authorized by the federal government.
6. If the contractor knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the federal government, the department may pursue available remedies, including suspension, and/or debarment.
7. The contractor may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous.

(Revised June 2000)

ASSURANCES—NON-CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 45 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0043), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET, SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

Note: Certain of these assurances may not be applicable to your project or program. If you have questions please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management, and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. 4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. 1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. 6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) 523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. 290 dd-3 and 290 ee 3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. 3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with the provisions of the Hatch Act (5 U.S.C. 1501-1508 and 7324-7328), which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. 276a to 276a-7), the Copeland Act (40 U.S.C. 276c and 18 U.S.C. 874) and the Contract Work Hours and Safety Standards Act (40 U.S.C. 327-333), regarding labor standards for federally assisted construction subagreements.

APPENDIX IV

10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000.00 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. 1451 et seq.); (f) conformity of Federal actions to State (Clear Air) Implementation Plans under Section 176(c) of the Clear Air Act of 1955, as amended (42 U.S.C. 7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. 1721 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. 470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. 469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. 2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. 4801 et seq.), which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, Audits of States, Local Governments, and Non-Profit Organizations.
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE	
APPLICANT ORGANIZATION PROVIDER CORPORATE NAME		DATE SUBMITTED

OLDER AMERICANS ACT CONTRACT REPORT CALENDAR
ADVANCE BASIS CONTRACT

Report Number	Based On	Submit to Alliance On This Date
1	January Advance*	January 1
2	February Advance*	January 1
3	January Expenditure Report	February 5
4	February Expenditure Report	March 5
5	March Expenditure Report	April 5
6	April Expenditure Report	May 5
7	May Expenditure Report	June 5
8	June Expenditure Report	July 5
9	July Expenditure Report	August 5
10	August Expenditure Report	September 5
11	September Expenditure Report	October 5
12	October Expenditure Report	November 5
13	November Expenditure Report	December 5
14	December Expenditure Report	January 5
15	Final Expenditure and Request for Payment	February 15
16	Close Out Report	February 28

Legend: * Advance based on projected cash need.

Note # 1: Report #1 for Advance Basis Agreements cannot be submitted to the Department of Financial Services (DFS) prior to January 1 or until the agreement with the Alliance has been executed and a copy sent to DFS. Actual submission of the vouchers to DFS is dependent on the accuracy of the expenditure report.

Note # 2: Report numbers 5 through 14 shall reflect an adjustment of one-tenth of the total advance amount, on each of the reports, repaying advances issued the first two months of the agreement. The adjustment shall be recorded in Part C, 1 of the report (ATTACHMENT IX).

Note #3: Submission of expenditure reports may or may not generate a payment request. If final expenditure report reflects funds due back to the Alliance payment is to accompany the report.

APPENDIX IV

REQUEST FOR PAYMENT OLDER AMERICANS ACT								
PROVIDER NAME, ADDRESS, PHONE# and FEID#	TYPE OF REPORT: Advance_____ Reimbursement_____					Contract #: CONTRACT PERIOD: Report Period: _____ Report # _____ Invoice # _____		
CERTIFICATION: I hereby certify to the best of my knowledge that this request conforms with the terms and the purpose set forth in the above agreement								
Prepared By: _____ Date: _____ Approved By: _____ Date: _____								
	(1) Title III Admin	(2) Title III-B	(3) TitleIII-C1	(4) Title III-C2	(5) Title III-D	(6) Title III-E	(7) NSIP	TOTAL
PART A: BUDGET SUMMARY:								
1. Approved Contract Amount	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2. Previous Funds Received for Contract Period	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3. Contract Balance	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4. Previous Funds Requested and Not Received	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5. Contract Balance	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
PART B: FUNDS REQUESTED:								
1. 1st-2nd Months Request Only		0.00	0.00	0.00	0.00	0.00	0.00	0.00
2. Net Expenditures For Month	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3. Total	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
PART C: Net Funds Requested								
1. Less Over-Advance	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2. Contract Funds are Hereby Requested For	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
List of Services / Units / Rates provided - See attached report.								

DOEA FORM 106A, revised 9/14

APPENDIX IV

ATTACHMENT X EXHIBIT-1

RECEIPTS AND EXPENDITURE REPORT				
OLDER AMERICAN ACT				
PROVIDER NAME, ADDRESS, PHONE# AND FEID#	Program Funding Source : IIIB _____ IIIC1 _____ IIIC2 _____		THIS REPORT PERIOD FROM: _____ TO: _____ CONTRACT PERIOD: CONTRACT # REPORT # PSA#	
CERTIFICATION : I certify to the best of my knowledge and belief that this report is complete and all outlays herein are for purposes set forth in the contract.				
Prepared by : _____ Date : _____ Approved by : _____ Date : _____				
PART A : BUDGETED INCOME/ RECEIPTS 1. Federal Funds 2. State Funds 3. Program Income 4. Local Cash Match (CCE, HCE and Other) 5. SUBTOTAL: CASH RECEIPTS 6. Local In-Kind Match 7. TOTAL RECEIPTS	1. Approved Budget	2. Actual Receipts For This Report	3. Total Receipts Year to Date	4. Percent of Approved Budget
	\$0.00	\$0.00	\$0.00	_____ %
	\$0.00	\$0.00	\$0.00	_____ %
	\$0.00	\$0.00	\$0.00	_____ %
	\$0.00	\$0.00	\$0.00	_____ %
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	\$0.00			

APPENDIX IV

ATTACHMENT X EXHIBIT 2

RECEIPTS AND EXPENDITURE REPORT				
OLDER AMERICAN ACT				
PROVIDER NAME, ADDRESS, PHONE# AND FEID#	Program Funding Source : Title III E _____		THIS REPORT PERIOD FROM: _____ TO: _____ CONTRACT PERIOD: CONTRACT # REPORT # PSA#	
CERTIFICATION : I certify to the best of my knowledge and belief that this report is complete and all outlays herein are for purposes set forth in the contract.				
Prepared by : _____ Date : _____ Approved by : _____ Date : _____				
PART A : BUDGETED INCOME/ RECEIPTS	1. Approved Budget	2. Actual Receipts For This Report	3. Total Receipts Year to Date	4. Percent of Approved Budget
1. Federal Funds	\$0.00	\$0.00	\$0.00	_____ %
2. State Funds	\$0.00	\$0.00	\$0.00	_____ %
3. Program Income	\$0.00	\$0.00	\$0.00	_____ %
4. Local Cash Match	\$0.00	\$0.00	\$0.00	_____ %
5. SUBTOTAL: CASH RECEIPTS	\$0.00	\$0.00	\$0.00	_____ %
6. Local In-Kind Match	\$0.00	\$0.00	\$0.00	_____ %
7. TOTAL RECEIPTS	\$0.00	\$0.00	\$0.00	_____ %
PART B : EXPENDITURES	1. Approved Budget	2. Expenditures For This Report	3. Expenditures Year to Date	4. Percent of Approved Budget
A : Direct Services				
1. Personnel	\$0.00	\$0.00	\$0.00	_____ %
2. Travel	\$0.00	\$0.00	\$0.00	_____ %
3. Building Space	\$0.00	\$0.00	\$0.00	_____ %
4. Communication / Utilities	\$0.00	\$0.00	\$0.00	_____ %
5. Printing / Supplies	\$0.00	\$0.00	\$0.00	_____ %
6. Equipment	\$0.00	\$0.00	\$0.00	_____ %
7. Other	\$0.00	\$0.00	\$0.00	_____ %
B : Agreement Services				
8. Services Subcontracted	\$0.00	\$0.00	\$0.00	_____ %
9. TOTAL EXPENDITURES	\$0.00	\$0.00	\$0.00	_____ %
10. DEDUCTIONS				
a. Total Local Match	\$0.00	\$0.00	\$0.00	_____ %
b. Program Income Used	\$0.00	\$0.00	\$0.00	_____ %
c. TOTAL DEDUCTIONS	\$0.00	\$0.00	\$0.00	_____ %
11. NET EXPENDITURES	\$0.00	\$0.00	\$0.00	_____ %
PART C : EXPENDITURES ANALYSIS	2. Units of Services Year to Date		3. Number of People Served Year to Date	
A. Expenditures by Services Year to Date:				
1. Information.....	<u>\$0.00</u>	<u>\$0.00</u>	<u>0.00</u>	
2. Assistance.....	<u>\$0.00</u>	<u>\$0.00</u>	<u>0.00</u>	
3. Counseling.....	<u>\$0.00</u>	<u>\$0.00</u>	<u>0.00</u>	
4. Respite.....	<u>\$0.00</u>	<u>\$0.00</u>	<u>0.00</u>	
5. Supplemental Services.....	<u>\$0.00</u>	<u>\$0.00</u>	<u>0.00</u>	
6. TOTAL.....	<u>\$0.00</u>	<u>\$0.00</u>	<u>0.00</u>	
Part B Line 11, column 3 should be equal to this total.				
PART D : GRANDPARENT SERVICES (reported by Federal Fiscal Year) _____				
FFY _____ \$ _____	FFY _____ \$ _____	FFY _____ \$ _____		
Match \$ _____	Match \$ _____	Match \$ _____		

APPENDIX IV

ATTACHMENT X EXHIBIT 3

**RECEIPTS AND EXPENDITURES REPORT
OLDER AMERICAN ACT**

PROVIDER NAME, ADDRESS, PHONE#, FEID#	PROGRAM FUNDING SOURCE IID_____	THIS REPORT PERIOD FROM: _____ TO: _____ CONTRACT PERIOD: Contract #: Report #: INVOICE # PSA #		
CERTIFICATION: I certify to the best of my knowledge and belief that the above report is complete and correct and all outlays herein are for the purposes set forth in the contract.				
Prepared by: _____ Date: _____ Approved by: _____ Date: _____				
Part A: BUDGETED INCOME/RECEIPTS				
	1. Approved Budget	2. Actual Receipts For This Period	3. Actual Receipts Year to Date	4. Percent of Approved Budget
1. Federal Funds	\$0.00	\$0.00	\$0.00	_____%
2. State Funds	\$0.00	\$0.00	\$0.00	_____%
3. Program Income - Non Match	\$0.00	\$0.00	\$0.00	_____%
4. Local Cash Match	\$0.00	\$0.00	\$0.00	_____%
5. Subtotal: Cash Receipts	\$0.00	\$0.00	\$0.00	_____%
6. Local In-Kind Match	\$0.00	\$0.00	\$0.00	_____%
7. TOTAL RECEIPTS	\$0.00	\$0.00	\$0.00	_____%
PART B: EXPENDITURES				
	1. Approved Budget	2. Expenditures For This Report	3. Expenditures Year to Date	4. Percent of Approved Budget
1. Subcontractor(S)	\$0.00	\$0.00	\$0.00	_____%
2. TOTAL EXPENDITURES	\$0.00	\$0.00	\$0.00	_____%
PART C: OTHER EXPENDITURES (For Tracking Purposes Only)				
1. Program Income	\$0.00	\$0.00	\$0.00	_____%
PART D: INTEREST				
1. Earned On Advances:	\$0.00			
2. Return On Advances:	\$0.00			
3. Other Earned:	\$0.00			

DOEA FORM 105AS, Rev 9/23/14

Department of Elder Affairs Programs & Services Handbook,
<http://www.allianceforaging.org/providers/program-documents/2012-doea-programs-services-handbook>

STATE OF FLORIDA DEPARTMENT OF ELDER AFFAIRS

CIVIL RIGHTS COMPLIANCE CHECKLIST

Program/Facility Name: United Home Care Services, Inc.			County: Dade	Alliance/Provider
Address		Completed By		
City, State, Zip Code		Date	Telephone	

PART I.

READ THE ATTACHED INSTRUCTIONS FOR ILLUSTRATIVE INFORMATION WHICH WILL HELP YOU IN THE COMPLETION OF THIS FORM.

1. Briefly describe the geographic area served by the program/facility and the type of service provided:

2. POPULATION OF AREA SERVED. Source of data:

Total #	% White	% Black	% Hispanic	% Other	% Female		
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3. STAFF CURRENTLY EMPLOYED. Effective date:

Total #	% White	% Black	% Hispanic	% Other	% Female	% Disabled	
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4. CLIENTS CURRENTLY ENROLLED OR REGISTERED Effective date:

Total #	% White	% Black	% Hispanic	% Other	% Female	% Disabled	% Over 40
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5. ADVISORY OR GOVERNING BOARD, IF APPLICABLE.

Total #	% White	% Black	% Hispanic	% Other	% Female	% Disabled	
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PART II. USE A SEPARATE SHEET OF PAPER FOR ANY EXPLANATIONS REQUIRING MORE SPACE.

6. Is an Assurance of Compliance on file with DOEA? If NA or NO, explain.

NA YES NO

7. Compare the staff composition to the population. Is staff representative of the population? If NA or NO, explain.

NA YES NO

8. Compare the client composition to the population. Are race and sex characteristics representative of the Population? If NA or NO, explain.

NA YES NO

9. Are eligibility requirements for services applied to clients and applicants without regard to race, color, national origin, sex, age, religion or disability? If NA or NO, explain.

NA YES NO

APPENDIX IV

10. Are all benefits, services and facilities available to applicants and participants in an equally effective manner regardless of race, sex, color, age, national origin, religion or disability? If NA or NO, explain.

NA YES NO

11. For in-patient services, are room assignments made without regard to race, color, national origin or disability? If NA or NO, explain.

NA YES NO

12. Is the program/facility accessible to non-English speaking clients? If NA or NO, explain.

13. Are employees, applicants and participants informed of their protection against discrimination? If yes, how? Verbal Written Poster If NA or NO, explain.

14. Give the number and current status of any discrimination complaints regarding services or employment filed against the program/facility.

15. Is the program/facility physically accessible to mobility, hearing, and sight-impaired individuals? If NA or NO, explain.

NA YES NO

PART III. THE FOLLOWING QUESTIONS APPLY TO PROGRAMS AND FACILITIES WITH 15 OR MORE EMPLOYEES

16. Has a self-evaluation been conducted to identify any barriers to serving disabled individuals, and to make any necessary modifications? If NO, explain.

APPENDIX IV

17. Is there an established grievance procedure that incorporates due process in the resolution of complaints? If NO, explain.

YES NO

18. Has a person been designated to coordinate Section 504 compliance activities? If NO, explain.

YES NO

19. Do recruitment and notification materials advise applicants, employees and participants of nondiscrimination on the basis of disability? If NO, explain.

20. Are auxiliary aids available to assure accessibility of services to hearing and sight impaired individuals? If NO, explain.

YES NO

FOR PROGRAMS OR FACILITIES WITH 50 OR MORE EMPLOYEES AND FEDERAL CONTRACTS OF \$50,000 OR MORE.

21. Do you have a written affirmative action plan? If NO, explain.

YES NO

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Alliance USE ONLY			
Reviewed By		In Compliance: YES NO*	
Program Office		*Notice of Corrective Action Sent __/__/__	
Date	Telephone	Response Due __/__/__	
On-Site	Desk Review	Response Received __/__/__	

INSTRUCTIONS FOR THE CIVIL RIGHTS COMPLIANCE CHECKLIST

1. Describe the geographic service area such as a district, county, city or other locality. If the program/facility serves a specific target population such as adolescents, describe the target population. Also, define the type of service provided.
2. Enter the percent of the population served by race and sex. The population served includes persons in the geographical area for which services are provided such as a city, county or other regional area. Population statistics can be obtained from local chambers of commerce, libraries, or any publication from the 1980 Census containing Florida population statistics. Include the source of your population statistics. ("Other" races include Asian/Pacific Islanders and American Indian/Alaskan Natives.)
3. Enter the total number of full-time staff and their percent by race, sex and disability. Include the effective date of your summary.
4. Enter the total number of clients who are enrolled, registered or currently served by the program or facility, and list their percent by race, sex and disability. Include the date that enrollment was counted.
5. Enter the total number of advisory board members and their percent by race, sex, and disability. If there is no advisory or governing board, leave this section blank.
6. Each recipient of federal financial assistance must have on file an assurance that the program will be conducted in compliance with all nondiscriminatory provisions as required in 45 CFR 80. This is usually a standard part of the contract language for DOEA recipients and their sub-grantees, 45 CFR 80.4 (a).
7. Is the race, sex, and national origin of the staff reflective of the general population? For example, if 10% of the population is Hispanic, is there a comparable percentage of Hispanic staff?
8. Where there is a significant variation between the race, sex or ethnic composition of the clients and their availability in the population, the program/facility has the responsibility to determine the reasons for such variation and take whatever action may be necessary to correct any discrimination. Some legitimate disparities may exist when programs are sanctioned to serve target populations such as elderly or disabled persons, 45 CFR

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80.3 (b) (6).

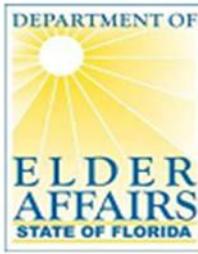
9. Do eligibility requirements unlawfully exclude persons in protected groups from the provision of services or employment? Evidence of such may be indicated in staff and client representation (Questions 3 and 4) and also through on-site record analysis of persons who applied but were denied services or employment, 45 CFR 80.3 (a) and 45 CFR 80.1 (b) (2).
10. Participants or clients must be provided services such as medical, nursing and dental care, laboratory services, physical and recreational therapies, counseling and social services without regard to race, sex, color, national origin, religion, age or disability. Courtesy titles, appointment scheduling and accuracy of record keeping must be applied uniformly and without regard to race, sex, color, national origin, religion, age or disability. Entrances, waiting rooms, reception areas, restrooms and other facilities must also be equally available to all clients, 45 CFR 80.3 (b).
11. For in-patient services, residents must be assigned to rooms, wards, etc., without regard to race, color, national origin or disability. Also, residents must not be asked whether they are willing to share accommodations with persons of a different race, color, national origin, or disability, 45 CFR 80.3 (a).
12. The program/facility and all services must be accessible to participants and applicants, including those persons who may not speak English. In geographic areas where a significant population of non-English speaking people live, program accessibility may include the employment of bilingual staff. In other areas, it is sufficient to have a policy or plan for service, such as a current list of names and telephone numbers of bilingual individuals who will assist in the provision of services, 45 CFR 80.3 (a).
13. Programs/facilities must make information regarding the nondiscriminatory provisions of Title VI available to their participants, beneficiaries or any other interested parties. This should include information on their right to file a complaint of discrimination with either the Florida Department of Elder Affairs or the U.S. Department of HHS. The information may be supplied verbally or in writing to every individual, or may be supplied through the use of an equal opportunity policy poster displayed in a public area of the facility, 45 CFR 80.6 (d).
14. Report number of discrimination complaints filed against the program/facility. Indicate the basis, e.g., race, color, creed, sex, age, national origin, disability, retaliation; the issues involved, e.g., services or employment, placement, termination, etc. Indicate the civil rights law or policy alleged to have been violated along with the name and address of the local, state or federal agency with whom the complaint has been filed. Indicate the current status, e.g., settled, no reasonable cause found, failure to conciliate, failure to cooperate, under review, etc.
15. The program/facility must be physically accessible to disabled individuals. Physical accessibility includes designated parking areas, curb cuts or level approaches, ramps and adequate widths to entrances. The lobby, public telephone, restroom facilities, water fountains, information and admissions offices should be accessible. Door widths and traffic areas of administrative offices, cafeterias, restrooms, recreation areas, counters and serving lines should be observed for accessibility. Elevators should be observed for door width, and Braille or raised numbers. Switches and controls for light, heat, ventilation,

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fire alarms, and other essentials should be installed at an appropriate height for mobility impaired individuals.

16. Section 504 of the Rehabilitation Act of 1973 requires that a recipient of federal financial assistance conduct a self-evaluation to identify any accessibility barriers. Self-evaluation is a four step process:
 - With the assistance of a disabled individual/organization, evaluate current practices and policies which do not comply with Section 504.
 - Modify policies and practices that do not meet Section 504 requirements.
 - Take remedial steps to eliminate any discrimination that has been identified.
 - Maintain self-evaluation on file. (This checklist may be used to satisfy this requirement if these four steps have been followed.), 45 CFR 84.6.
17. Programs or facilities that employ 15 or more persons must adopt grievance procedures that incorporate appropriate due process standards and provide for the prompt and equitable resolution of complaints alleging any action prohibited by Section 504.45 CFR 84.7 (b).
18. Programs or facilities that employ 15 or more persons must designate at least one person to coordinate efforts to comply with Section 504.45 CFR 84.7 (a).
19. Continuing steps must be taken to notify employees and the public of the program/facility's policy of nondiscrimination on the basis of disability. This includes recruitment material, notices for hearings, newspaper ads, and other appropriate written communication, 45 CFR 84.8 (a).
20. Programs/facilities that employ 15 or more persons must provide appropriate auxiliary aids to persons with impaired sensory, manual or speaking skills where necessary. Auxiliary aids may include, but are not limited to, interpreters for hearing impaired individuals, taped or Braille materials, or any alternative resources that can be used to provide equally effective services, (45 CFR 84.52 (d)).
21. Programs/facilities with 50 or more employees and \$50,000 in federal contracts must develop, implement and maintain a written affirmative action compliance program in accordance with Executive Order 11246. 41 CFR 60 and Title VI of the Civil Rights Act of 1964, as amended.

Department's Computer Use Policy and its Social Media Policy
Available at the Department's website at <http://elderaffairs.state.fl.us/doea/financial.php>



BACKGROUND SCREENING

Affidavit of Compliance - Employer

AUTHORITY: This form is required annually of all employers to comply with the attestation requirements set forth in section 435.05(3), Florida Statutes.

- The term "employer" means any person or entity required by law to conduct background screening, including but not limited to, Area Agencies on Aging, Aging Resource Centers, Aging and Disability Resource Centers, Lead Agencies, Long-Term Care Ombudsman Program, Serving Health Insurance Needs of Elders Program, Service Providers, Diversion Providers, and any other person or entity which hires employees or has volunteers in service who meet the definition of a direct service provider. See §§ 435.02, 430.0402, Fla. Stat.
- A direct service provider is "a person 18 years of age or older who, pursuant to a program to provide services to the elderly, has direct, face-to-face contact with a client while providing services to the client and has access to the client's living area, funds, personal property, or personal identification information as defined in s. 817.568. The term includes coordinators, managers, and supervisors of residential facilities; and volunteers." § 430.0402(1)(b), Fla. Stat.

ATTESTATION:

As the duly authorized representative of _____
Employer Name

located at _____
Street Address City State ZIP code

I, _____ do hereby affirm under penalty of perjury
Name of Representative

that the above named employer is in compliance with the provisions of Chapter 435 and section 430.0402, Florida Statutes, regarding level 2 background screening.

Signature of Representative

Date

STATE OF FLORIDA, COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this ____ day of _____, 20____, by _____ (Name of Representative) who is personally known to me or produced _____ as proof of identification.

Print, Type, or Stamp Commissioned Name of Notary Public

Notary Public

Verification of Employment Status Certification

As a condition of contracting with the Alliance for Aging, Inc.,
_____, hereby referred to as contractor, certifies
the use of the U.S. Department of Homeland Security's E-verify system to verify the employment
eligibility of all new employees hired by Provider during the contract term to perform employment
duties pursuant to this Agreement and (b) that any subcontracts include an express requirement that
subcontractors performing work or providing services pursuant to this Agreement utilize the E-verify
system to verify the employment eligibility of all new employees hired by the subcontractor during
the contract term.

Signature
(Same as contract signature)

Date

Title

Company Name

**Alliance for Aging, Inc.
Business Associate Agreement**

This Business Associate Agreement is dated _____, by the **Alliance for Aging, Inc.** (“**Covered Entity**”) and **Provider Corporate Name**, (“**Business Associate**”), a not-for-profit Florida corporation.

1.0 **Background.**

- 1.1 Covered Entity has entered into one or more contracts or agreements with Business Associate that involves the use of Protected Health Information (PHI).
- 1.2 Covered Entity, recognizes the requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and has indicated its intent to comply in the County’s Policies and Procedures.
- 1.3 HIPAA regulations establish specific conditions on when and how covered entities may share information with contractors who perform functions for the Covered Entity.
- 1.4 HIPAA requires the Covered Entity and the Business Associate to enter into a contract or agreement containing specific requirements to protect the confidentiality and security of patients’ PHI, as set forth in, but not limited to the Code of Federal Regulations (C.F.R.), specifically 45 C.F.R. §§ 164.502(e), 164.504(e), 164.308(b), and 164.314(a-b) (as may apply) and contained in this agreement.
- 1.5 The Health Information Technology for Economic and Clinical Health Act (2009), the American Recovery and Reinvestment Act (2009) and Part I – Improved Privacy Provisions and Security provisions located at 42 United States Code (U.S.C.) §§ 17931 and 17934 (2010) require business associates of covered entities to comply with the HIPAA Security Rule, as set forth in, but not limited to 45 C.F.R. Subpart C and such sections shall apply to a business associate of a covered entity in the same manner that such sections apply to the covered entity.

The parties therefore agree as follows:

2.0 **Definitions.** For purposes of this agreement, the following definitions apply:

- 2.1 **Catch-all definition.** The following terms used in this Agreement shall have the same meaning as those terms in the HIPAA Rules: Access, Administrative Safeguards, Authentication, Availability, Breach, Confidentiality, Data Aggregation, Designated Record Set, Disclosure, Electronic Protected Health Information (ePHI), Health Care Operations, Individual, Information System, Integrity, Malicious Software, Minimum Necessary, Notice of Privacy Practices, Password, Physical Safeguards, Protected Health Information (PHI), Required By Law, Secretary, Security Incident, Subcontractor, Technical Safeguards, Unsecured Protected Health Information, and Use.
- 2.2 **ARRA.** The American Recovery and Reinvestment Act (2009)
- 2.3 **Business Associate.** “Business Associate” shall generally have the same meaning as the term “business associate” at 45 CFR 160.103, and in reference to the party to this Agreement, United Home Care Services.

APPENDIX IV

- 2.4 **Covered Entity.** “Covered Entity” shall generally have the same meaning as the term “covered entity” at 45 CFR 160.103, and in reference to the party to this Agreement, shall mean Alliance for Aging, Inc.
- 2.5 **HIPAA Rules.** “HIPAA Rules” shall mean the Privacy, Security, Breach Notification, and Enforcement Rules at 45 CFR Parts 160 and 164.
- 2.6 **HITECH.** The Health Information Technology for Economic and Clinical Health Act (2009)
- 2.7 All other terms used, but not otherwise defined, in this Agreement shall have the same meaning as those terms in the HIPAA Rules.
- 3.0 **Obligations and Activities of Business Associate.**
- 3.1 Business Associate agrees to not use or disclose PHI other than as permitted or required by this agreement or as Required by Law.
- 3.2 Business Associate agrees to:
- (a) Implement policies and procedures to prevent, detect, contain and correct Security violations in accordance with 45 CFR § 164.306;
 - (b) Prevent use or disclosure of the PHI other than as provided for by this Agreement or as required by law;
 - (c) Reasonably and appropriately protect the confidentiality, integrity, and availability of the ePHI that the Business Associate creates, receives, maintains, or transmits on behalf of the Covered Entity; and
 - (d) Comply with the Security Rule requirements under Subpart C of 45 CFR Part 164, including the Administrative Safeguards, Physical Safeguards, Technical Safeguards, and policies and procedures and documentation requirements set forth in 45 CFR §§ 164.308, 164.310, 164.312, and 164.316.
- 3.3 Business Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of PHI by Business Associate in violation of the requirements of this Agreement.
- 3.4 Business Associate agrees to promptly report to Covered Entity any use or disclosure of the PHI not provided for by this Agreement of which it becomes aware. This includes any requests for inspection, copying or amendment of such information and including any security incident involving PHI.
- 3.5 Business Associate agrees to notify Covered Entity without unreasonable delay, but not later than ten (10) days following the discovery, of any security breach pertaining to:
- (a) Identification of any individual whose unsecured PHI has been, or is reasonably believed by the Business Associate to have been, accessed, acquired, or disclosed during such security breach; and

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- (b) All information required for the *Notice to the Secretary of HHS of Breach of Unsecured Protected Health Information*.
- 3.6 Business Associate agrees to ensure that any agent, including a subcontractor, to whom it provides PHI received from, or created or received by Business Associate on behalf of Covered Entity, agrees to the same restrictions and conditions that apply through this Agreement to Business Associate with respect to such information.
- 3.7 If Business Associate has PHI in a Designated Record Set:
- (a) Business Associate agrees to provide access, at the request of Covered Entity during regular business hours, to PHI in a Designated Record Set, to Covered Entity or, as directed by Covered Entity, to an individual in order to meet the requirements under 45 CFR §164.524; and
- (b) Business Associate agrees to make any amendment(s) to PHI in a Designated Record Set that the Covered Entity directs or agrees to pursuant to 45 CFR § 164.526 at the request of Covered Entity or an Individual within 10 business days of receiving the request.
- 3.8 Business Associate agrees to make internal practices, books, and records, including policies and procedures and PHI, relating to the use and disclosure of PHI received from, or created or received by Business Associate on behalf of Covered Entity, available to the Covered Entity or to the Secretary upon request of either for purposes of determining Covered Entity's compliance with the Privacy Rule.
- 3.9 Business Associate agrees to document such disclosures of PHI and information related to such disclosures as would be required for Covered Entity to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 CFR § 164.528.
- 3.10 Business Associate agrees to provide to Covered Entity or an individual, upon request, information collected to permit Covered Entity to respond to a request by an Individual for an accounting of disclosures of PHI in accordance with 45 CFR § 164.528 and ARRA § 13404.
- 3.11 Business Associate specifically agrees to use security measures that reasonably and appropriately protect the confidentiality, integrity, and availability of PHI in electronic or any other form, that it creates, receives, maintains, or transmits on behalf of the Covered Entity.
- 3.12 Business Associate agrees to implement security measures to secure passwords used to access ePHI that it accesses, maintains, or transmits as part of this Agreement from malicious software and other man-made and natural vulnerabilities to assure the availability, integrity, and confidentiality of such information.
- 3.13 Business Associate agrees to implement security measures to safeguard ePHI that it accesses, maintains, or transmits as part of this agreement from malicious software and other man-made and natural vulnerabilities to assure the availability, integrity, and confidentiality of such information.
- 3.14 Business Associate agrees to comply with:
- (a) ARRA § 13404 (Application of Knowledge Elements Associated with Contracts);
- (b) ARRA § 13405 (Restrictions on Certain Disclosures and Sales of Health Information);
- and

APPENDIX IV

- (c) ARRA § 13406 (Conditions on Certain Contacts as Part of Health Care Operations).
- 3.15 To the extent Business Associate is to carry out one or more of Covered Entity's obligation(s) under the Privacy Rule, Business Associate agrees to comply with the requirements of the Privacy Rule that apply to Covered Entity in the performance of such obligation(s).
- 4.0 **Permitted Uses and Disclosures by Business Associate.** Except as otherwise limited in this Agreement or any related agreement, Business Associate may use or disclose PHI as Required By Law, as well as to perform functions, activities, or services for, or on behalf of, Covered Entity as specified in any and all contracts with Covered Entity provided that such use or disclosure would not violate the Privacy Rule if done by Covered Entity or the minimum necessary policies and procedures of the Covered Entity.
- 5.0 **Specific Use and Disclosure Provisions.**
- 5.1 Except as otherwise limited in this agreement or any related agreement, Business Associate may use PHI for the proper management and administration of the Business Associate or to carry out the legal responsibilities of the Business Associate.
- 5.2 Except as otherwise limited in this agreement or any related agreement, Business Associate may disclose PHI for the proper management and administration of the Business Associate, provided that disclosures are Required By Law, or Business Associate obtains reasonable assurances from the person to whom the information is disclosed that it will remain confidential and used or further disclosed only as Required By Law or for the purpose for which it was disclosed to the person, and the person notifies the Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached.
- 5.3 Business Associate may use PHI to provide data aggregation services to Covered Entity as permitted by 45 CFR §164.504(e)(2)(i)(B), only when specifically authorized by Covered Entity.
- 5.4 Business Associate may use PHI to report violations of law to appropriate Federal and State authorities, consistent with 45 CFR §164.502(j)(1).
- 6.0 **Obligations of Covered Entity.**
- 6.1 Covered Entity shall notify Business Associate of any limitation(s) in its notice of privacy practices of Covered Entity in accordance with 45 CFR § 164.520, to the extent that such limitation may affect Business Associate's use or disclosure of PHI, by providing a copy of the most current Notice of Privacy Practices (NPP) to Business Associate as Attachment XI to this Agreement. Future Notices and/or modifications to the NPP shall be posted on Covered Entity's website at www.allianceforaging.org.
- 6.2 Covered Entity shall notify Business Associate of any restriction to the use or disclosure of PHI that Covered Entity has agreed to in accordance with 45 CFR § 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of PHI.
- 7.0 **Permissible Requests by Covered Entity.** Except for data aggregation or management and administrative activities of Business Associate, Covered Entity shall not request Business Associate to use or disclose PHI in any manner that would not be permissible under the Privacy Rule if done by Covered Entity.

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8.0 **Effective Date and Termination.**

8.1 The Parties hereby agree that this agreement amends, restates and replaces any other Business Associate Agreement currently in effect between Covered Entity and Business Associate and that the provisions of this agreement shall be effective as follows:

(a) These Business Associate Agreement provisions, with the exception of the electronic security provisions and the provisions mandated by ARRA and HITECH shall be effective upon the later of April 14, 2003, or the effective date of the earliest contract entered into between Business Associate and Covered Entity that involves the use of PHI;

(b) The electronic security provisions hereof shall be effective the later of April 21, 2005 or the effective date of the earliest contract entered into between Business Associate and Covered Entity that involves the use of PHI; and

(c) Provisions hereof mandated by ARRA and HITECH shall be effective the later of February 17, 2010 or the effective date of the earliest contract entered into between covered entity and business associate that involves the use of PHI or ePHI.

8.2 **Termination for Cause.** Upon Covered Entity's knowledge of a material breach by Business Associate, Covered Entity shall either:

(a) Provide an opportunity for Business Associate to cure the breach or end the violation and terminate this agreement if Business Associate does not cure the breach or end the violation within the time specified by Covered Entity;

(b) Immediately terminate this agreement if Business Associate has breached a material term of this Agreement and cure is not possible; or

(c) If neither termination nor cure is feasible, Covered Entity shall report the violation to the Secretary.

8.3 **Effect of Termination.** Except as provided in subparagraph (b) of this section, upon termination of this agreement, for any reason, Business Associate shall return all PHI and ePHI received from Covered Entity, or created or received by Business Associate on behalf of Covered Entity.

(a) This provision shall apply to PHI and ePHI that is in the possession of subcontractors or agents of Business Associate. Business Associate shall retain no copies of the PHI and ePHI.

(b) In the event that Business Associate or Covered Entity determines that returning the PHI or ePHI is infeasible, notification of the conditions that make return of PHI or ePHI infeasible shall be provided to the other party. Business Associate shall:

1. Retain only that PHI which is necessary for Business Associate to continue its proper management and administration or to carry out its legal responsibilities;

2. Return to Covered Entity (or, if agreed to by Covered Entity, destroy) the remaining PHI that the Business Associate still maintains in any form;

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3. Continue to use appropriate safeguards and comply with Subpart C of 45 CFR Part 164 with respect to the ePHI to prevent use or disclosure of the PHI, other than as provided for in this Section, for as long as Business Associate retains the PHI;

4. Not use or disclose the PHI retained by Business Associate other than for the purposes for which such PHI was retained and subject to the same conditions set out at Section 5.0 "Specific Use and Disclosure Provisions" which applied prior to the termination; and

5. Return to Covered Entity (or, if agreed to by Covered Entity, destroy) the PHI retained by Business Associate when it is no longer needed by Business Associate for its proper management and administration or to carry out its legal responsibilities.

The obligations of Business Associate under this Section shall survive the termination of this Agreement.

- 9.0 **Regulatory References.** A reference in this agreement to a section in the Privacy Rule or Security Rule means the section then in effect or as may be amended in the future.
- 10.0 **Amendment.** The Parties agree to take such action as is necessary to amend this agreement from time to time as is necessary for Covered Entity to comply with the requirements of the Privacy Rule, the Security Rule and the Health Insurance Portability and Accountability Act of 1996, Pub. L. No. 104-191.
- 11.0 **Survival.** Any term, condition, covenant or obligation which requires performance by either party hereto subsequent to the termination of this agreement shall remain enforceable against such party subsequent to such termination.
- 12.0 **Interpretation.** Any ambiguity in this agreement shall be resolved to permit Covered Entity to comply with the Privacy Rule and Security Rule.
- 13.0 **Incorporation by reference.** Any future new requirement(s), changes or deletion(s) enacted in federal law which create new or different obligations with respect to HIPAA privacy and/or security, shall be automatically incorporated by reference to this Business Associate Agreement on the respective effective date(s).
- 14.0 **Notices.** All notices and communications required, necessary or desired to be given pursuant to this agreement, including a change of address for purposes of such notices and communications, shall be in writing and delivered personally to the other party or sent by express 24-hour guaranteed courier or delivery service, or by certified mail of the United States Postal Service, postage prepaid and return receipt requested, addressed to the other party as follows (or to such other place as any party may by notice to the others specify):

To Covered Entity: Alliance for Aging, Inc.
Attention: Max Rothman
760 NW 107 Avenue - Suite 214
Miami, Florida 33172

To Business Associate: Provider Corporate Name
Address
City, State ZIP

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Any such notice shall be deemed delivered upon actual receipt. If any notice cannot be delivered or delivery thereof is refused, delivery will be deemed to have occurred on the date such delivery was attempted.

- 15.0 **Governing Law.** The laws of the State of Florida, without giving effect to principles of conflict of laws, govern all matters arising under this agreement.
- 16.0 **Severability.** If any provision in this agreement is unenforceable to any extent, the remainder of this agreement, or application of that provision to any persons or circumstances other than those as to which it is held unenforceable, will not be affected by that unenforceability and will be enforceable to the fullest extent permitted by law.
- 17.0 **Successors.** Any successor to Business Associate (whether by direct or indirect or by purchase, merger, consolidation, or otherwise) is required to assume Business Associate’s obligations under this agreement and agree to perform them in the same manner and to the same extent that Business Associate would have been required to if that succession had not taken place. This assumption by the successor of the Business Associate’s obligations shall be by written agreement satisfactory to Covered Entity.
- 18.0 **Entire Agreement.** This agreement constitutes the entire agreement of the parties relating to the subject matter of this agreement and supersedes all other oral or written agreements or policies relating thereto, except that this agreement does not limit the amendment of this agreement in accordance with section 10.0 of this agreement.

Covered Entity: Alliance for Aging, Inc.

By: _____ Date: _____
(signature)

Business Associate: Provider Corporate Name

By: _____ Date: _____
(signature)

ATTACHMENT G

Alliance for Aging, Inc.

Aging and Disability Resource Center/Elder Helpline

AGING AND DISABILITY RESOURCE CENTER (ADRC) – OUTSOURCED FUNCTIONS

I. If applicable, the provider agrees to the following:

- A. Perform ADRC outsourced functions in accordance with the Alliance’s policies and procedures.
 - i. Policies and Procedures for Outsourced Function-Screening
 - ii. Policies and Procedures for Outsourced Function-Triage
 - iii. Policies and Procedures for Activation from Waitlist- Client Services
 - iv. Policies and Procedures for Termination from Waitlist- Client Services
- B. Maintain wait lists in CIRTS for all registered services in accordance with DOEA requirements.
- C. Adhere to prioritization and targeting policy as set forth in the DOEA Programs and Services Handbook, as applicable.
- D. Ensure the Provider’s Disaster Plan reflects ADRC Outsourced Functions, annually or as needed to incorporate ADRC outsourced functions.
- E. Ensure against conflicts of interest and inappropriate self-referrals by referring consumers in need of options counseling or long-term care services beyond the provider’s scope of services to the Aging and Disability Resource Center.
- F. Ensure that services provided are in the clients’ best interest, are the most cost effective, of high quality, and are responsive and appropriate to the assessed needs.

The Assessed Priority Consumer List (APCL) is maintained when services funded by the department are not available. Contracted providers of registered services for Alzheimer’s Disease Initiative (ADI) and Older American’s Act (OAA) must maintain waiting lists in the CIRTS database for registered services when funding is not available. For a list of registered services, refer to Appendix A of the DOEA Programs and Services Handbook.

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Alliance for Aging, Inc. Aging and Disability Resource Center/Elder Helpline Policy and Procedure for Outsourced function – Screening

Creation Date: March 5, 2008
Revision Date: May 2017
Review Date: April 2014

Objective: To ensure that a comprehensive list of clients in need of services is maintained in CIRTS by appropriate funding source and that the ADRC is thereby able to effectively gauge the level of elder service need in Miami-Dade and Monroe Counties.

Policy: To obtain necessary information from clients in order to assist in determining level of need and eligibility for registered services funded through ADI, OAA, and LSP programs.

Procedure:

1. ADRC Contracted Providers will collect information from callers and conduct a 701S assessment. Alternatively, if a 701A(B) assessment already exists or is provided from another source (i.e. CARES) the information from the 701B can be utilized.
2. Based on the information provided via the 701A(B) assessment, the ADRC Contracted Provider will make a determination as to the services that the caller is in need of receiving.
3. The ADRC Contracted Provider will determine the appropriate funding source(s) that provides the needed services.
4. If the caller is in need of a service(s) that is not provided by the ADRC Contracted Provider, the ADRC Contracted Provider will refer caller to the ADRC Elder Helpline utilizing the ADRC Referral Form and/or to an ADRC Contracted Provider that provides the needed service.
5. The caller will be provided with general information regarding the ADRC as well as the ADRC Elder Helpline contact number.
6. The caller will be informed of the services and funding sources that they are being placed on the wait list for in CIRTS.
7. For non-case managed programs, the ADRC Contracted Provider will create a client record in CIRTS (if there is no existing record) and enter the services needed for the caller by funding source and service. [If there is an existing record in CIRTS, the appropriate fields will be updated].
8. If the ADRC Contracted Provider determines that the caller may qualify for more than one program for which the provider is funded, ADRC Contracted Provider is encouraged to enter the appropriate information under multiple funding sources. [If there is an existing client record in CIRTS, the client record in CIRTS will be updated with appropriate information].
9. ADRC Contracted Provider will inform caller that they will receive an annual re-assessment based on DOEA Wait List Reassessment Standards and encourage caller to contact the ADRC Elder Helpline with any questions.

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**Alliance for Aging, Inc.
Aging and Disability Resource Center/Elder Helpline
Policy and Procedure for
Outsourced function - Triage**

Creation Date: March 5, 2008
Revision Date: May 2017
Review Date: April 2014

Objective: To ensure that clients in need of DOEA funded services receive services based on the highest level of need, first, as funding becomes available.

Policy: To assist clients in obtaining DOEA funded services as funding becomes available, based on level of need as determined by a CIRTS priority score.

Procedure:

1. ADRC Contracted Provider will conduct annual reassessments based on DOEA Wait List Reassessment Standards.
2. If there is no current 701A or B in CIRTS, the provider will conduct the annual reassessment (701s) as appropriate. Based on the information provided via the 701S/A(B) assessment, the ADRC Contracted Provider will update the client information in CIRTS specifically as it pertains to level of need for services by funding source.
3. The ADRC Contracted Provider will ensure that the CIRTS prioritization score is accurately maintained, according to DOEA Standards. If a significant change has occurred prior to the annual re-screening, the Contracted Provider must re-screen. Definitions and examples of significant change are documented in the DOEA Programs & Services Manual Chapter 2.
4. If the caller is in need of a service(s) that is not provided by the ADRC Contracted Provider, the ADRC Contracted Provider will refer caller to the ADRC Elder Helpline utilizing the ADRC Referral Form and/or to an ADRC Contracted Provider that provides the needed service. The caller will be informed of the services and funding sources that the wait list for and/or have been removed from the wait list for.
5. ADRC Contracted Provider will remind client of the ADRC Elder Help Line contact number and to contact the ADRC Elder Help Line with any questions or concerns.
6. As funding becomes available, ADRC Contracted Provider will run CIRTS Prioritization Report and activate clients according to DOEA Standards (refer to ADRC Client Activation Policies and Procedures). The Contracted Provider will apply targeting criteria, as appropriate, to prioritized clients to ensure activations meet programmatic requirements.

APPENDIX IV

Alliance for Aging, Inc. Aging and Disability Resource Center/Elder Helpline Policy and Procedure for Activation From Wait List – Clients/Services

Creation Date: March 5, 2008
Revision Date: February 2013
Review Date: May 2017

Objective: To ensure that elders in need of DOEA funded services in Miami-Dade and Monroe Counties and on the CIRTS wait list begin to receive services as funding becomes available.

Policy: ADRC will work with ADRC Contracted Providers to ensure that clients waiting for DOEA funded services begin to receive those services as funding becomes available.

Procedure:

1. ADRC Contracted Provider will activate clients on CIRTS wait list based on DOEA prioritization policies and funding availability.
2. ADRC Contracted Provider will update CIRTS status by funding source and service for any services being activated for the client using appropriate CIRTS codes.
3. Client may be left on wait list of a different funding source than the one being activated if ADRC Contracted Provider determines that it is appropriate.
4. Client may also be left on wait list in CIRTS if they are being activated by the ADRC Contracted Provider under a temporary non-DOEA funding source and ADRC Contracted Provider determines that the client's need will persist after the temporary funding source is exhausted.
5. ADRC Contracted Provider will inform the client of any services/funding source that they are being activated for as well as those services and funding sources that they will continue to be wait listed for.
6. ADRC Contracted Provider will inform client to contact the ADRC Elder Helpline if they have any questions or concerns regarding the status of any of their services.

APPENDIX IV

Alliance for Aging, Inc. Aging and Disability Resource Center/Elder Helpline Policy and Procedure for Termination From Wait List – Clients/Services

Creation Date: March 5, 2008
Revision Date: February 2013
Review Date: May 2017

Objective: To ensure that the comprehensive list of clients in need of services in CIRTS is appropriately maintained by funding source and that the ADRC is thereby able to effectively gauge the current level of elder service need in Miami-Dade and Monroe Counties.

Policy: ADRC will maintain an accurate and current list of clients in need of elder services in Miami-Dade and Monroe Counties with the assistance of the ADRC Contracted Providers.

Procedure:

1. ADRC Contracted Provider will re-screen clients which the ADRC Contracted Provider initially placed on the CIRTS wait list for services based on DOEA Reassessment Standards.
2. The re-screening may be in the form of a phone screening or a home visit depending on the clients status (i.e. active/pending)
3. ADRC Contracted Provider will determine if the client is no longer in need (or eligible) for any of the services they were wait-listed for.
4. ADRC Contracted Provider will terminate the client from the wait list (entirely or by specific service) using the appropriate CIRTS termination code for any services or funding source for which the client is determined to no longer be eligible for or no longer in need of.
5. ADRC Contracted Provider will inform the client of any services/funding source that they are being removed from the wait list for.
6. ADRC Contracted Provider will inform client of their ability to be re-added to the wait list if their level of need should change.
7. ADRC Contracted Provider will inform client to contact the ADRC Elder Helpline if they have any questions or concerns regarding their wait list status.
8. Reference DOEA Notice of Instruction: Assessed Priority Consumer List#:062906-1-I-OVCS as applicable.

CERTIFICATION REGARDING SCRUTINIZED COMPANIES LISTS

The undersigned, an authorized representative of the Provider named in the contract or agreement to which this form is an attachment, hereby certifies that:

(1) The Provider understands that pursuant to s. 287.135 F.S., any company at the time of bidding or submitting a proposal for a new contract or renewal of an existing contract, that is on the “Scrutinized Companies with Activities in Sudan List” or the “Scrutinized Companies with Activities in the Iran Petroleum Sector List (collectively, “the Lists”) is ineligible for, and may not bid on, submit a proposal for, or enter into or renew a contract pursuant to which funding is provided by the Department of Elder Affairs (Department) for goods or services of \$1 million or more.

(2) The Provider understands that, pursuant to s. 287.135 F.S., any company that submits a false certification is subject to civil penalties, attorney’s fees and costs and any costs for investigations that led to the finding of false certification.

(3) The Provider understands that the contract to which this form is an attachment may be terminated by the Alliance if the Provider submits a false certification or has been placed on the Lists.

This certification, required by Florida law, is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction.

Signature
(Same as contract signature)

Date

Title

Company Name

APPENDIX IV

Incontinence Supplies/Nutritional Products List

ATTACHMENT J

CATEGORY	BILLING CODE	MODIFIER	RATE/UNIT
Adult Diapers Regular Absorbency			
Adult Size Brief/Diaper - Medium	T4522		\$0.69
Adult Size Brief/Diaper - Large	T4523		\$0.80
Adult Size Brief/Diaper - X Large	T4524		\$0.90
Adult Diapers Moderate Absorbency			
Adult Size Brief/Diaper - Small	T4521	U2	\$0.63
Adult Size Brief/Diaper - Medium	T4522	U2	\$0.69
Adult Size Brief/Diaper - Large	T4523	U2	\$0.80
Adult Size Brief/Diaper - X Large	T4524	U2	\$0.90
Adult Size Brief/Diaper - XX Large	T4543	U2	\$1.52
Adult Size Brief/Diaper - XXX Large Bariatric	T4543	U2	\$1.52
Adult Diapers Extra Absorbency			
Adult Size Brief/Diaper - Small	T4521	U3	\$0.63
Adult Size Brief/Diaper - Medium	T4522	U3	\$0.69
Adult Size Brief/Diaper - Large	T4523	U3	\$0.80
Adult Size Brief/Diaper - X Large	T4524	U3	\$0.90
Adult Size Brief/Diaper - XX Large	T4543	U3	\$1.52
Adult Size Brief/Diaper - XXX Large Bariatric	T4543	U3	\$1.52
Pull Ups Regular Absorbency			
Adult Size Pull -up - Small	T4525		\$0.78
Adult Size Pull -up - Medium	T4526		\$0.85
Adult Size Pull -up - Large	T4527		\$0.94
Adult Size Pull -up - X Large	T4528		\$1.02
Pull Ups Moderate Absorbency			
Adult Size Pull -up - Small	T4525	U2	\$0.78
Adult Size Pull -up - Medium	T4526	U2	\$0.85
Adult Size Pull -up - Large	T4527	U2	\$0.94
Adult Size Pull -up - X Large	T4528	U2	\$1.02
Pull Ups Extra Absorbency			
Adult Size Ex- Absorb Pull -up - Small	T4525	U3	\$0.78
Adult Size Ex- Absorb Pull -up - Medium	T4526	U3	\$0.85
Adult Size Ex- Absorb Pull -up - Large	T4527	U3	\$0.94
Adult Size Ex- Absorb Pull -up - X Large	T4528	U3	\$1.02
Adult Size Ex- Absorb Pull -up - XX Large	T4528	U3	\$1.02

APPENDIX IV

Incontinence Supplies/Nutritional Products List

ATTACHMENT J

CATEGORY	BILLING CODE	MODIFIER	RATE/UNIT
Additional Disposable Incontinence Products			
Disposable Liner/Shield/Pad Small	T4535		\$0.44
Disposable Liner/Shield/Pad Medium	T4535	U1	\$0.44
Disposable Liner/Shield/Pad Large	T4535	U2	\$0.44
Disposable Underpads Extra Absorb 23X36	A4554	U2	\$0.34
Disposable Underpads 23X36	A4554	U2	\$0.34
Disposable Underpads 30x30	A4554	U2	\$0.34
Incontinence Wipes	A5120		\$0.17
Gloves non sterile (vinyl) powder free-box	A4927		\$4.00
Skin Sealants, Zinc Oxide	S5199		\$16.66
Nutritional Products			
Ensure (24/cs)	B4150	SC	\$0.62
Boost (27/cs)	B4150	SC	\$0.62
Ensure High Protein (24/cs)	B4150	SC	\$0.62
Boost High Protein (27/cs)	B4150	SC	\$0.62
Jevity 1.2 (24/cs)	B4150	SC	\$0.62
Ensure Plus (24/cs)	B4152	SC	\$0.50
Boost Plus (27/cs)	B4152	SC	\$0.50
Jevity 1.5 (24/cs)	B4152	SC	\$0.50
Boost Glucose (27/cs)	B4154	SC	\$0.90
Glucerna (24/cs)	B4154	SC	\$0.90
Nepro (24/cs)	B4154	SC	\$0.90
Bath Accessories			
3 in 1 Bedside Commode	E0163		\$71.78
Raised Toilet Seat with Arms	E0244		\$29.10
Tub, Stool / Chair with Back	E0245		\$38.00
Transfer Bench	E0247		\$65.00

*Services must be provided in accordance to the DOEA Programs and Services Handbook. This service shall only be provided, if it cannot be purchased through Medicare, Medicaid or other any other funding source. All items shall have direct medical or remedial benefit to the client and be related to the client's medical condition.

APPENDIX V

**Notice of Intent to Submit an Application *for*
Older Americans Act Program Funding
*Title III-B, III-C1, III-C2, III-D, or III-E***

Date: _____

Applicant Name: _____

Title(s) Applying for: _____

Address: _____

Telephone Number:
Fax Number: _____

Contact Person: _____

E-Mail Address: _____

ALLIANCE FOR AGING USE ONLY.

DATE RECEIVED: _____

TIME RECEIVED: _____

RECEIVED BY: _____

APPENDIX VI

Acceptance of Contract Terms and Conditions

In the event,

(Name of Applicant)

should be awarded a contract for the provision of services funded under Title III-B, III-C1, III-C2, III-D, or III-E of the Older Americans Act Program

Name of Applicant: _____

agrees to abide by the terms and conditions specified in this RFP, including, but not limited to, the Sample OAA Contract in Appendix IV of this RFP. The applicant will also follow the rules, regulations and guidelines set forth in the 2017 Department of Elder Affairs Programs and Services Handbook.

The applicant understands that:

1. Any misstatement of fact in its response to this RFP constitutes cause for the Alliance to terminate any contract that is awarded on the basis of such fact; and,
2. The applicant's response to the RFP will be incorporated by reference and becomes part of any contract awarded on the basis of such response.

Signature of Authorized Representative

Date

APPENDIX VII

Statement of No Involvement

I, _____, as an authorized representative of _____, certify that no member of this firm or any person having interest in this firm has been awarded a contract by the Alliance for Aging, Inc., on a noncompetitive basis to:

- (1) Develop this RFP;
- (2) Perform a feasibility study concerning the scope of work contained in this RFP; or
- (3) Develop a program similar to what is contained in this RFP.

Signature of Authorized Representative

Date

APPENDIX VIII – PART I

OAA APPLICATION FOR FUNDS

TITLE III-B

(SUPPORTIVE SERVICES)

**OAA APPLICATION FOR FUNDS
TITLE III-B**

(Please include page numbers below as they appear in the application)

TABLE OF CONTENTS	PAGE
A. PROGRAM MODULE FORMATS	
I.A. Applicant’s Summary Information	_____
II.A. General Requirements	
1. Consumer Projections, Profile and Targeting	_____
2. Service Catchment Area/Geographic Profile	_____
3. Older Americans Act Service Delivery System	
A. Service access, delivery and reporting process	_____
B. Ability to increase provider capacity by supplementing OAA funds	_____
C. New approaches/models of service delivery	_____
D. Staff development	_____
E. Leadership and advocacy	_____
4. Quality Assurance	
A. External Quality Assurance	_____
B. Internal Evaluation Process	_____
5. Title III-B Service Grid	
A. Offered Services	_____
B. Assessed Need	_____
III.A. Outcome Measures and Standards	_____
IV.A. Applicant’s Qualifications and Prior Experience	_____
V.A. Organizational Capability Package	_____
B. CONTRACT MODULE FORMATS	
I.B. Unit Cost Grid	_____
II.B. Acceptance of Contract Terms and Conditions	_____
III.B. Statement of No Involvement	_____
IV.B. Match Commitment of Cash Donation	_____
V.B. Match Commitment for Donation of Building Space	_____
VI.B. Match Commitment of Supplies	_____
VII.B. Match Commitment of Equipment	_____
VIII.B. Match Commitment of In-Kind Contribution of Services	_____
IX.B. Match Commitment of in-Kind Volunteer Personnel and Travel	_____
X.B. Unit Cost Development Methodology	_____

II.A. General Requirements

1. Consumer Projections, Profile and Targeting

Complete Table 1. The projections requested are your best estimates. The profile of your consumers to be served should be in keeping with the intent of the Older Americans Act which mandates that services be targeted to those 60 years of age and older in greatest social and economic need, especially low income minority individuals or individuals socially or geographically isolated. The total number of consumers served (proposed) is an unduplicated count. The sum of each of the categories could be larger than this total.

Table 2 provides the countywide ratios of these targeted groups.

Table 1. Projected Consumer Profile Summary Under Title III-B OAA

	Projected Consumers Served
Total Number of Consumers Served (proposed)	
60+ At Poverty Level or below (\$12,140 single, \$16,460 couple)	
Low Income Minority <125 % of Poverty (\$15,175 single or \$20,575 couple)	
60+ With Mobility & Self Care Limitation	
60+ with Limited English Proficiency	

Table 2. County Level Data – 2016 Estimates

County	Population 60+	60+ In Poverty	Low Income Minority <125% of Poverty Level	60+ With Mobility & Self Care Limitation	60+ Limited English Proficiency
Miami-Dade	564,586	24.47%	28.47%	12.44%	41.60%
Monroe	22,676	10.20%	3.40%	13.30%	3.70%
PSA-11	587,262	20.20%	27.90%	12.47%	40.14%

2. Service Catchment Area/Geographic Profile

For services other than Chore, Emergency Alert Response, Escort, Homemaker/Personal Care, Housing Improvement/Material Aid, Legal Assistance, and Specialized Medical Equipment and Supplies, which require countywide coverage, place a checkmark in the corresponding “Plan to Serve” box if your agency plans to serve the zip code with OAA Title III-B services under this RFP.

Table 3. Catchment Area

Monroe County					
Service Area (Zip Code)	Plan to Serve	Service Area (Zip Code)	Plan to Serve	Service Area (Zip Code)	Plan to Serve
33036		33040		33043	
33037		33042		33050	
		33070			

Miami-Dade County

The Beaches					
Service Area (Zip Code)	Plan to Serve	Service Area (Zip Code)	Plan to Serve	Service Area (Zip Code)	Plan to Serve
33109		33140		33149	
33139		33141		33154	
				33160	

North Dade					
Service Area (Zip Code)	Plan to Serve	Service Area (Zip Code)	Plan to Serve	Service Area (Zip Code)	Plan to Serve
33010		33138		33180	
33012		33147		33181	
33013		33150			
33014		33161			
33015		33162			
33016		33167			
33018		33168			
33054		33169			
33055		33178			
33056		33179			

Central Dade					
33122		33135		33172	
33125		33136		33173	
33126		33137		33174	
33127		33142		33175	
33128		33143		33182	
33129		33144		33183	
33130		33145		33184	
33131		33146		33185	
33132		33155		33192	
33133		33165		33193	
33134		33166		33194	

South Dade			
Service Area (Zip Code)	Plan to Serve	Service Area (Zip Code)	Plan to Serve
33030		33158	
33031		33170	
33032		33176	
33033		33177	
33034		33186	
33035		33187	
33039		33189	
33156		33190	
33157		33196	

If there are additional Zip Codes not listed above that you are proposing to serve, please list them in the appropriate geographic region.

If this application is requesting funding for Adult Day Care, please provide the following information for each proposed site:

Adult Day Care Facility Site Information

Site Address (Street, number, City, Zip Code)	Capacity	Number of OAA Currently funded Clients (if none enter Zero)	License #	Expiration Date
1.				
2.				
3.				
4.				
5.				
6.				
7.				

3. Older Americans Act Service Delivery System:

Discuss each of the following—to guide your discussion, review the list of objectives listed in section III of this application and Chapter 4 of the July 2017 DOEA Program and Services Handbook. The discussion on the topics detailed below in this section shall not exceed eight (8) double-spaced pages using a font size of at least 11 pt., not including requested copies of training plans which should be incorporated as part of the application. Please follow the same numbering system provided below.

A. Service access, delivery and reporting process

1. Explain how your program will:
 - (a) target,
 - (b) identify and
 - (c) serve eligible OAA Consumers as identified in the Projected Consumer Profile Summary (Application for Funds - Table 1) in the identified service areas.
2. Describe the process followed to:
 - (a) assess,
 - (b) prioritize access,
 - (c) coordinate and
 - (d) deliver

OAA services to targeted Consumers (older persons in greatest economic and social need; low income older individuals; including low income minority older individuals; older individuals with limited English proficiency; and elder individuals residing in rural areas).
3. Detail how your agency's systems will successfully:
 - (a) interface with the resource listing maintained by the Aging and Disability Resource Center (ADRC),
 - (b) make referrals to the ADRC for other Long Term Care programs,
 - (c) ensure comprehensive and accurate wait list management in the Client Information Registration and Tracking System (CIRTS),
 - (d) provide accurate and timely billing and service reports to the Alliance for Aging (AFA).
4. Discuss:
 - a. Coordination with the Community Care for the Elderly (CCE) Lead Case Management agencies,
 - b. Coordination with local community mental health agencies, including development of cooperative agreements.
 - c. How you will cooperatively respond to requests for assistance for referrals from the Adult Protective System (APS), and
 - d. Coordination with other agencies to ensure there are no overlapping services.

B. Ability to increase provider capacity by supplementing OAA funds under this RFP

1. Detail other sources of funding or resources such as local government, philanthropic grants or in-kind contributions and describe recruitment and use of volunteers to supplement/match the funding under this RFP. For each source estimate the dollar amount, including the in-kind value of volunteer time and donations.
2. Describe plans to further develop your agency's financial capacity.

C. New approaches/models of service delivery

1. Discuss any novel approaches to service delivery that your agency plans to implement. Describe how you solicit and incorporate public input into service delivery/planning efforts.

D. Staff Development

1. Detail your plans to ensure you have a pool of staff qualified by experience, education and training with proper and sufficient program and fiscal accountability and how these activities are funded. Detail plans for:
 - (a) staff recruitment,
 - (b) training and development, and
 - (c) Employee performance evaluation.

Note: A copy of your Staff Training Plan must be submitted as part of your organizational capability package (see section V.A.)

E. Leadership and Advocacy

1. Discuss your leadership and advocacy role for elder issues within the area that you intend to serve.

4. Quality Assurance

Discussion of the following shall not exceed two (2) double spaced pages using a font size of at least 11 pt.

- A. **External Quality Assurance.** Each provider is required to periodically and systematically survey a sample of older persons being served in order to objectively determine the level of client satisfaction. The information obtained is to be used to improve services and must be made available to AFA monitoring staff.
1. Consumer Satisfaction --Describe the process and methods that will be followed to:
 - (a) Determine consumer satisfaction,
 - (b) Address consumer concerns and
 - (c) Implement needed changes.
 2. Describe the tools you will use to:
 - (a) Assess the level of consumer participation and
 - (b) Satisfaction with services delivered.
- B. **Internal Quality Assurance**
1. Internal evaluation processes—With regard to the services that you propose to provide, describe the internal methods and management controls to assure:
 - (a) The quality of the services,
 - (b) The quantity and economy of the services,
 - (c) The appropriateness of the services.
 2. Unusual Incidents--Describe your written policies and procedures:
 - (a) Investigate unusual incidents.
 - (b) Document and maintain files of unusual incidents.
 - (c) Timely report unusual incidents
 - (d) Implement corrective measures if warranted.

5. Title III-B Service Grid

A. Place a check in the box to the left of each supportive service that you intend to offer under this RFP.

Table 4. OAA Title III-B Services

Service Offered		Service Offered	
In Home Supportive Services			
Direct Provided Service Y/N	Subcontracted Service Y/N	Direct Provided Service Y/N	Subcontracted Service Y/N
	Adult Day Care		Escort
	Chore		Homemaker/Personal Care
	Companionship		Housing Improvements/Material Aid
	Counseling (Gerontological)		Recreation
	Education/Training		Shopping Assistance
	Emergency Alert Response (Install)/(Maint.)		Specialized Medical Equipment and Supplies
Access			
	Transportation		Screening and Assessment
Legal Assistance			
	Legal Assistance		

INTENTION TO SUBCONTRACT FOR SERVICES

Any subcontracts for services under this application must be identified on this form. Describe the subcontracts below (attach additional pages if needed):

Service to be Subcontracted	Subcontractor Name	License # (if applicable)

Subcontracting requirements are listed in the 2017 DOEA Program and Services Handbook Chapter 4. By submitting this form the applicant attests that it has read and understands these requirements. Execution of any contracts that result from this application is contingent upon satisfactory fulfillment of all subcontracting requirements listed in the 2017 DOEA Program and Services Handbook.

B. Outreach:

OAA, Title III providers must provide targeted community outreach efforts that will assist in identifying individuals who have the greatest economic or social need, particularly low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas.

Outreach is defined as a face-to-face, one-to-one intervention with clients initiated by the agency for the purpose of identifying potential clients or caregivers and encouraging their use of existing and available resources. Outreach efforts shall take place in highly visible public locations or in neighborhoods identified for visiting or canvassing.

A Successful Applicant will be required to semi-annually report to the Alliance the type of outreach events or activities conducted, the date and location of the outreach events or activities, the total number of participants at each event or activity, the individuals service needs identified at each event or activity, and the referral sources or information provided at each outreach event or activity.

The Applicant must:

1. Provide a detailed description, in narrative form, of how it plans to conduct outreach events or activities in the community to identify individuals who have the greatest economic or social need, particularly low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas. The description must include the specific number of outreach events or activities it plans to conduct at a minimum each year.

The description of the above shall not exceed two (2) double spaced pages using a font size of at least 11 pt.

III.A. Outcome Measures and Standards

The next pages list outcome measures and standards that the Alliance has identified for Title III-B funding under this RFP. Using the format provided in the next pages, please describe in sufficient detail the implementation strategies/action steps, outcomes, and outputs/inputs that your agency will follow to achieve or exceed the standards listed.

Outcome Measures 1-4 are required if the Applicant is proposing to provide ANY of the following services: adult day care, chore, escort, homemaker/personal care, and/or screening & assessment.

If the applicant is NOT proposing to provide any of these services then write “N/A” in the following box and skip the rest of the outcome measures section.

<p>Outcome Measure 1: Percent of new service recipients with high risk nutrition scores whose nutritional status improved.</p> <p>Standard: 66 percent (Percent of new consumers with a “high risk” nutritional score in the DOEA 701A or DOEA 701B assessment forms that improved at their next assessment.)</p>
<p>Strategy/Action Steps: Describe your strategies for meeting this outcome measure with the services you are proposing. If you plan to exceed the standard describe how this will be accomplished.</p>
<p>Outcomes: Describe the result or impact of program activities on the client/consumer.</p>
<p>Outputs/Inputs: Describe the services that will be delivered to clients/consumer (units of service) to meet the objective and the resources used to provide those services (dollars, staff, etc).</p>

Outcome Measure 2: Percentage of new service recipients whose ADL assessment scores has been maintained or improved.

Standard: 65 percent (refers to percent of Consumers whose ADL assessment score in DOEA 701A or DOEA 701B assessment forms, improved or stayed the same from one fiscal year to the next.).

Strategy/Action Steps: Describe your strategies for meeting this outcome measure with the services you are proposing. If you plan to exceed the standard describe how this will be accomplished.

Outcomes: Describe the result or impact of program activities on the client/consumer.

Outputs/Inputs: Describe the services that will be delivered to clients/consumer (units of service) to meet the objective and the resources used to provide those services (dollars, staff, etc).

<p>Outcome Measure 3: Percentage of new service recipients whose IADL assessment scores has been maintained or improved.</p> <p>Standard: 62.3 percent (refers to percent of Consumers whose IADL assessment score in DOEA 701A or DOEA 701B assessment forms, improved or stayed the same from one fiscal year to the next.)</p>
<p>Strategy/Action Steps: Describe your strategies for meeting this outcome measure with the services you are proposing. If you plan to exceed the standard describe how this will be accomplished.</p>
<p>Outcomes: Describe the result or impact of program activities on the client/consumer.</p>
<p>Outputs/Inputs: Describe the services that will be delivered to clients/consumer (units of service) to meet the objective and the resources used to provide those services (dollars, staff, etc).</p>

<p>Outcome Measure 4: Percentage of caregivers who self-report being very confident about their ability to continue to provide care.</p> <p>Standard: 89 percent (refers to percent of caregivers who self-report being very confident about their ability to continue to provide care in the DOEA 701A or DOEA 701B assessment forms from one fiscal year to the next.)</p>
<p>Strategy/Action Steps: Describe your strategies for meeting this outcome measure with the services you are proposing. If you plan to exceed the standard describe how this will be accomplished.</p>
<p>Outcomes: Describe the result or impact of program activities on the client/consumer.</p>
<p>Outputs/Inputs: Describe the services that will be delivered to clients/consumer (units of service) to meet the objective and the resources used to provide those services (dollars, staff, etc).</p>

V.A. Organizational Capability Package

The applicant must provide the listed items in the order specified below:

1. A copy of the most recent organizational chart certified as accurate by an officer of the applicant and illustrating the structure and relationship of all paid staff positions related to the program in question.
2. Copies of job descriptions for all key staff involved in the performance of this contract, including management.
3. A copy of the most recent audited financial statements and compliance reporting package. With respect to such audited financial statements, include any letters to management submitted by the independent auditor under separate cover as well as any response stating management's position and plan of action.
4. A full roster of all current members of your Board of Directors or its equivalent (for each member include contact information independent of applicant's corporate address).
5. A copy of your corporate bylaws, if applicable.
6. A certificate of insurance from your agent detailing the types of coverage you currently hold, the maximum dollar amount for each, and the dates when coverage became effective and is scheduled to terminate. Applicant is required to demonstrate liability and worker's compensation insurance coverage.
7. A copy of your disaster and continuity of operations plan (COOP) in accordance with Ch. 8 of the DOEA Programs and Services Handbook using the template provided on the Alliance for Aging website: <http://www.allianceforaging.org/providers/program-documents>
8. A signed assurance of commitment and capacity to comply with CIRT reporting (Appendix XII.)
9. A signed assurance of commitment and capacity to comply with ADRC reporting (Appendix XIII.)
10. Signed attestation certifying that the applicant meets the minimum service provider qualifications as listed in the most recent DOEA Programs and Services Handbook and will comply with the delivery standards set for each service for which funding is requested. The attestation must include a chart listing each of the services for which funding is requested (Appendix XIV-1.)
11. Provide a copy of a current license for each service and/or individual that requires licensure as set forth in the RFP.
12. Copies of Pre-Service and In-Service Staff Training Plans that include at a minimum the required topics referenced in the most recent DOEA Programs and Services Handbook.
13. Quality Assurance Policy in accordance with requirements listed in Chapter 4 of the 2017 DOEA Programs and Services Handbook.
14. Facility based programs must provide a copy of the current Certificate of Use in the name of the applicant for each location providing contracted services under Title III-B.

Note: None of the items listed above are scored, but they are required to be submitted. Failure of an applicant to submit Items 10, 11, and 14 shall automatically be deemed a material deviation that adversely affects that interest of the Alliance and shall result in rejection of the application by the Alliance.

B. CONTRACT MODULE FORMAT

I.B. Unit Cost Grid

Complete the rows for each service that you are applying for.

Enter the current unduplicated number of OAA funded clients for each service, if any.

Enter the annual projected new (unduplicated) clients anticipated in the OAA funded service.

For the “Proposed OAA Funded” column (B), include the total funds requested by OAA Title III-B by service. (Do NOT include match.)

For the “OAA Match Funds” column (C) include the amount of Match. The minimum is \$1 of match for every \$9 of grant funds.

For the “Anticipated All Other Sources” column (D), include other funding resources for these services, for example, CCE, Medicaid, United Way, etc. These funds are not match but will provide the Alliance with a measure of provider capacity and OAA funding leverage. A separate table is provided to enumerate these “Anticipated All Other Sources” funds.

Enter the number of units you are applying for in the “Proposed OAA Units” column (E).

Enter the adjusted unit rate in the “Proposed OAA Adjusted Unit Rate” column (F). See Paragraph C. 1. f. of the RFP for details.

The value in column (F) should not be higher than the amount in the “Maximum Allowed Adjusted Rate” column (G).

The value in the column (B) should equal the number in column (E) times the rate in column (F).

Make sure that each service with a value in the “Proposed OAA Funded” column is checked in Table 4.

Due to the heterogeneity of their units of service, services with an asterisk in column (G) do not have a maximum unit rate.

SCREENING AND ASSESSMENT: The allocation of funds for this service is determined using a formula described in the RFP solicitation--Section A.3.A.4.a.and b. Enter a proposed adjusted rate not to exceed the maximum rate indicated for the county but do not enter units or funding requested.

Note: The Unit Cost Grid provides information about service funding from non-OAA sources and the proposed adjusted unit rate per service. The proposed unit rate per service must be supported by a Unit Cost Methodology which will be reviewed after the intent to award but prior to contract execution.

Current Unduplicated OAA Clients	Projected Annual New OAA Clients (Unduplicated)	(A) Service Offered	(B) Proposed OAA Funded (Total \$)	(C) OAA Match Funds (Total \$)	(D) Anticipated All Other Sources (Total \$) List Detail Below	(E) Proposed OAA Units	(F) Proposed OAA Adjusted Unit Rate	(G) Maximum Allowed Rate ¹
In Home Services/Supportive Services:								
		Adult Day Care (Registered)						\$10.50
		Chore ² (Registered)						\$14.47
		Companionship						\$8.00
		Counseling (Gerontological)						\$48.00
		Emergency Alert Response Install/Maintenance ^{*2}					\$ (inst) \$ (mnt)	\$67.74/ \$1.28
		Escort (Registered)						\$55.80
		Homemaker/ Personal Care(Registered) ^{2,4}						\$14.90
		Housing Improvements/ Material Aid ^{2,4}						*
		Recreation ³						\$11.55
		Shopping Assistance						\$9.32
		Specialized Medical Equipment and Supplies ²						*
Access:								
		Screening and Assessment						\$27.48
		Transportation						\$8.50
Legal Assistance								
		Legal Assistance ²						\$120.00

*For Housing Improvement/Material Aid and Specialized Medical Equipment and Supplies price will not be scored. For Emergency Alert Response applicant must be willing and able to provide installation and maintenance. Only maintenance will be scored.

- 1 Applications for a service at a unit rate that exceeds the cap established by this RFP will be automatically disqualified for that service and will not be considered for funding .
- 2 Applicant must be willing and able to provide the service on a county wide basis. Legal Assistance must be provided in Miami-Dade and Monroe Counties.
- 3 Services must be provided in a group setting.
- 4 Providers wishing to apply for either service must apply to provide both.

MONROE COUNTY

Current Unduplicated OAA Clients	Projected Annual New OAA Clients (Unduplicated)	(A) Service Offered	(B) Proposed OAA Funded (Total \$)	(C) OAA Match Funds (Total \$)	(D) Anticipated All Other Sources (Total \$) List Detail Below	(E) Proposed OAA Units	(F) Proposed OAA Unit Adjusted Rate	(G) Maximum Allowed Rate ¹
In Home Services/Supportive Services:								
		CHORE ² (Registered)						\$25.00
		COMPANIONSHIP ²						\$12.00
		ESCORT ² (Registered)						\$62.79
		HOMEMAKER/PERSONAL CARE ^{2,3} (Registered)						\$29.00
		SHOPPING ASSISTANCE ²						\$13.98
Access:								
		Screening and Assessment						\$26.22

1 Applications for a service at a unit rate that exceeds the cap established by this RFP will be automatically disqualified for that service and will not be considered for funding .

2 Applicant must be willing and able to provide the service on a county wide basis.

3 Providers wishing to apply for either service must apply to provide both.

Anticipated Other Funding Sources Detail:

Service	Other Funding Source	\$\$ ^(Note 1)

Note 1: Sum of Other Funding Sources for each service must equal column (D) for that service in Unit Cost Grid above.

II.B

Use form included in Appendix VI (Acceptance of Contract Terms and Conditions)

III.B

Use form included in Appendix VII (Statement of No Involvement)

III.B 1

Use form included in Appendix XI (OAA Federal Assurances)

IV.B. Match Commitment of Cash Donation

Agency Name: _____

Donor Identification:

- Name:
- Street:
- City:
- State:
- Zip:
- Phone:

Authorized Representative: _____

Total Amount: \$

Payments:

Amount/Payment: \$

Contribution Period:

Special Conditions:

Donor Certification:

I hereby certify intent to make the cash donation set forth above for use in the specified program during the program's upcoming funding period. This cash is not included as match for any other State or Federally assisted program or contract and is not borne by the federal government directly under any federal grant or contract.

Signature of Donor or Representative

Date

V.B. Match Commitment for Donation of Building Space

Agency Name: _____

Donor Identification:

Name:

Street:

City:

State:

Zip:

Phone:

Authorized Representative:

Description of Space: Office Site Other

Provider Owned Space:

- 1. Number of square footage used by project: sq/ft
- 2. Appraised rental value per square foot: \$
- 3. Total value of space used by project (1x2): \$

Donor Owned Space:

- 1. Established monthly rental value: \$
- 2. Number of months rent to be paid by donor:
- 3. Value of donated space (1x2): \$

Special Conditions:

Donor Certification:

I hereby certify intent to donate use of the space set forth above for the program specified above during the program's upcoming funding period. This space is not being used as match for any other State or Federal program or contract.

Signature of Donor or Representative

Date

VI. B. Match Commitment of Supplies

Agency Name: _____

Donor Identification:

Name:
Street:
City:
State:
Zip:
Phone:

Authorized Representative:

The below described supplies are committed for use by the project for the period of:

Description of Supplies:

Computation of value method:

Value to be claimed by project: \$

Donor Certification:

These supplies are not included as contributions for any other State or Federally assisted program or contract and are not borne by the Federal Government directly or indirectly under any Federal grant or contract except as provided for under (cite the authorizing Federal regulation or law if applicable.)

Signature of Donor or Representative

Date

VII. B. Match Commitment of Equipment

Agency Name: _____

Donor Identification:

Name:

Street:

City:

State:

Zip:

Phone:

Authorized Representative:

The equipment described below is committed for use by the project for the period of:

ITEM DESCRIPTION	NUMBER COST	ACQUISITION VALUE	VALUE TO PROJECT*
1.			
2.			
3			
4			
5			
TOTAL VALUE CLAIMED:			\$

*Items that are currently owned by the Grantee or are loaned or donated to the project are valued at an annual rate of 6 $\frac{2}{3}$ % of the acquisition value.

Donor Certification:

This equipment is not included as match for any other State or Federally assisted program or contract and is not borne by the Federal Government directly or indirectly under any Federal grant or contract except as provided for under (cite the authorizing Federal regulation or law if applicable.)

Signature of Donor or Representative_____
Date

VIII. B. Match Commitment of In-Kind Contribution of Services by Staff of Service Provider or Staff of Other Organizations

Agency Name: _____

Donor Identification:

Name:

Street:

City:

State:

Zip:

Phone:

Authorized Representative: _____

The personal services described below are committed for use by the project for the period of:

Description of Positions:

POSITION TITLE	SERVICE	HOURLY RATE OR ANNUAL SALARY	HOURS WORKED	VALUE TO PROJECT*
1.				
2.				
3.				
4.				
5.				
			TOTAL	\$

*Value to project = (hours worked) x (hourly rate of annual salary).

Donor Certification: It is certified that the time devoted to the project will be performed during normal working hours.

These services are not included as match for any other State or Federally assisted program or contract and are not borne by the Federal Government directly or indirectly under any Federal grant or contract except as provided for under (cite the authorizing Federal regulation or law if applicable.)

Signature of Donor or Representative_____
Date

IX. B. Match Commitment of In-Kind Volunteer Personnel and Travel

Agency Name: _____

Donor Identification: The volunteer staff positions identified below will be filled by local volunteers who will be recruited, trained and supervised as an ongoing activity of our agency. We will maintain volunteer records to document individual volunteer activity.

Describe Volunteer Effort:

POSITION TITLE	EQUIVALENT HOURLY RATE(S)	HOURS WORKED	VALUE TO PROJECT
1.			
2.			
3.			
4.			
5.			
TOTAL VALUE TO AGENCY			\$

Equivalent Hourly Rate(s) was/were determined by:

- Rates for comparable positions within own agency.
- State Employment Service estimate of rates for type of work.
- Rates for comparable positions within other local agencies.

Estimated Mileage x Rate per mile = Value

Donor Certification:

I certify that commitments have been received from individual volunteers or groups sufficient to provide the volunteer hours and travel as identified above.

Signature of Agency Official

Date

X. B. Unit Cost Development Methodology

Use forms available on Alliance for Aging Website.

<http://www.allianceforaging.org/providers/fiscal-documents>

- Unit Cost Development Spreadsheet (Excel)
- Unit Cost Development Methodology Supplemental Instructions – July 2015

APPENDIX VIII – PART II

OAA APPLICATION FOR FUNDS

SUBTITLE III-C1

(NUTRITIONAL SERVICES)

**OAA APPLICATION FOR FUNDS
SUBTITLE III-C1**

(Please include page numbers below as they appear in the application)

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X.B. Unit Cost Development Methodology	_____

II.A. General Requirements

1. Consumer Projections, Profile and Targeting

Complete Table 1. The projections requested are your best estimates. The profile of your consumers to be served should be in keeping with the intent of the Older Americans Act which mandates that services be targeted to those 60 years of age and older in greatest social and economic need, especially low income minority individuals or individuals socially or geographically isolated. The total number of consumers (proposed) served is an unduplicated count. The sum of each of the categories could be larger than this total.

Table 2, provides the countywide ratios of these targeted groups.

Table 1. Projected Consumer Profile Summary Under Subtitle III-C1 OAA

	Projected Consumers Served
Total Number of Consumers Served (proposed)	
60+ At Poverty Level or below (\$12,140 single, \$16,460 couple)	
Low Income Minority <125 % of Poverty (\$15,175 single or \$20,575 couple)	
60+ With Mobility & Self Care Limitation	
60+ with Limited English Proficiency	

Table 2. County Level Data – 2016 Estimates

County	Population 60+	60+ In Poverty	Low Income Minority <125% of Poverty Level	60+ With Mobility & Self Care Limitation	60+ Limited English Proficiency
Miami-Dade	564,586	24.47%	28.47%	12.44%	41.60%
Monroe	22,676	10.20%	3.40%	13.30%	3.70%
PSA-11	587,262	20.20%	27.90%	12.47%	40.14%

2. Service Catchment Area/Geographic Profile

Place a checkmark in the corresponding “Plan to Serve” box if your agency plans to serve the zip code with OAA Title III-C1 services under this RFP

Table 3. Catchment Area

Monroe County					
Service Area (Zip Code)	Plan to Serve	Service Area (Zip Code)	Plan to Serve	Service Area (Zip Code)	Plan to Serve
33036		33040		33043	
33037		33042		33050	
		33070			

Miami-Dade County

The Beaches					
Service Area (Zip Code)	Plan to Serve	Service Area (Zip Code)	Plan to Serve	Service Area (Zip Code)	Plan to Serve
33109		33140		33149	
33139		33141		33154	
				33160	

North Dade					
Service Area (Zip Code)	Plan to Serve	Service Area (Zip Code)	Plan to Serve	Service Area (Zip Code)	Plan to Serve
33010		33138		33180	
33012		33147		33181	
33013		33150			
33014		33161			
33015		33162			
33016		33167			
33018		33168			
33054		33169			
33055		33178			
33056		33179			

Central Dade					
33122		33135		33172	
33125		33136		33173	
33126		33137		33174	
33127		33142		33175	
33128		33143		33182	
33129		33144		33183	
33130		33145		33184	
33131		33146		33185	
33132		33155		33192	
33133		33165		33193	
33134		33166		33194	

South Dade			
Service Area (Zip Code)	Plan to Serve	Service Area (Zip Code)	Plan to Serve
33030		33158	
33031		33170	
33032		33176	
33033		33177	
33034		33186	
33035		33187	
33039		33189	
33156		33190	
33157		33196	

If there are additional Zip Codes not listed above that you are proposing to serve, please list them in the appropriate geographic region.

Please provide the following information for each proposed meal site/senior center:

Meal Site/ Senior Center Information

Site Address (Street, number, City, Zip Code)	Capacity	Number of OAA Currently funded Clients (If none enter Zero)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
21.		
22.		
23.		
24.		
25.		
26.		
27.		
28.		
29.		
30.		

3. Older Americans Act Service Delivery System:

Discuss each of the following—to guide your discussion, review the list of objectives listed in section III of this application and Chapter 4 of the July 2017 DOEA Program and Services Handbook. The discussion on the topics detailed below in this section shall not exceed eight (8) double-spaced pages using a font size of at least 11 pt., not including requested copies of training plans which should be incorporated as part of the application. Please follow the same numbering system provided below.

A. **Service access, delivery and reporting process**

1. Explain how your program will:
 - (a) target,
 - (b) identify and
 - (c) serve eligible OAA Consumers as identified in the Projected Consumer Profile Summary (Application for Funds – Table 1) in the identified service areas.
2. Describe the process followed to:
 - (a) assess,
 - (b) prioritize access,
 - (c) coordinate and
 - (d) deliver

OAA services to targeted Consumers (older persons in greatest economic and social need; low income older individuals; including low income minority older individual; older individual with limited English proficiency; and elder individuals residing in rural areas).
3. Detail how your agency's systems will successfully:
 - (a) interface with the resource listing maintained by the Aging and Disability Resource Center (ADRC),
 - (b) make referrals to the ADRC for other Long Term Care programs,
 - (c) ensure comprehensive and accurate wait list management in the Client Information Registration and Tracking System (CIRTS),
 - (d) provide accurate and timely billing and service reports to the Alliance for Aging (AFA).
4. Discuss:
 - a. Coordination with the Community Care for the Elderly (CCE) Lead Case Management Agencies,
 - b. Coordination with local community mental health agencies, including development of cooperative agreements.
 - c. How you will cooperatively respond to requests for assistance for referrals from the Adult Protective System (APS), and
 - d. Coordination with other agencies to ensure there are no overlapping services.

B. **Ability to increase provider capacity by supplementing OAA funds under this RFP**

1. Detail other sources of funding or resources such as local government, philanthropic grants or in-kind contributions and describe recruitment and use of volunteers to supplement/match the funding under this RFP. For each source estimate the dollar amount, including the in-kind value of volunteer time and donations.
2. Describe plans to further develop your agency's financial capacity.

C. New approaches/models of service delivery

1. Discuss any novel approaches to service delivery that your agency plans to implement. Describe how you solicit and incorporate public input into service delivery/planning efforts.

D. Staff Development

1. Detail your plans to ensure you have a pool of staff qualified by experience, education and training with proper and sufficient program and fiscal accountability, and how these activities are funded. Detail plans for:
 - (a) staff recruitment,
 - (b) training and staff development, and
 - (c) employee performance evaluation.

Note: A copy of your Staff Training Plan must be submitted as part of your organizational capability package (see section V.A.)

E. Leadership and Advocacy

1. Discuss your leadership and advocacy role for elder issues within the area that you intend to serve.

4. Quality Assurance

Discussion of the following shall not exceed two (2) double spaced pages using a font size of at least 11 pt.

- A. **External Quality Assurance.** Each provider is required to periodically and systematically survey a sample of older persons being served in order to objectively determine the level of client satisfaction. The information obtained is to be used to improve services and must be made available to AFA monitoring staff.
1. Consumer Satisfaction --Describe process and methods followed to:
 - (a) Determine consumer satisfaction,
 - (b) Address consumer concerns and
 - (c) Implement needed changes.
 2. Describe the tools you will use to:
 - (a) Assess the level of consumer participation and
 - (b) Satisfaction with services delivered.
- B. **Internal Quality Assurance**
1. Internal evaluation processes—With regard to the services that you propose to provide, describe the internal methods and management controls to assure:
 - (a) The quality of the services,
 - (b) The quantity and economy of the services,
 - (c) The appropriateness of the services.
 2. Unusual Incidents--Describe your written procedures and methods to:
 - (a) Investigate unusual incidents.
 - (b) Document and maintain files of unusual incidents.
 - (c) Timely report unusual incidents.
 - (d) Implement corrective measures if warranted.

not had any closures (temporary or permanent) or Administrative Complaints related to food safety in the past 12 months. Copies of the sanitation inspections will be requested prior to contract execution.

Nutrition Providers are required to have at least three (3) days' worth of shelf stable meals; or a pre-approved three-day menu for emergency meals with reserved funds set aside to purchase the food items; AND at least one back-up caterer (for the same meal type) who can provide meals immediately in the event of an emergency. Applicants must attest that this requirement has been met with the submission of the Application.

Congregate Meals Screenings will be reimbursed at a maximum of \$20.00 per unit, one unit maximum. Consumers receiving congregated meal services only must be screened using congregated meal screening service under C1.

B. Outreach:

OAA, Title III providers must provide targeted community outreach efforts that will assist in identifying individuals who have the greatest economic or social need, particularly low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas.

Outreach is defined as a face-to-face, one-to-one intervention with clients initiated by the agency for the purpose of identifying potential clients or caregivers and encouraging their use of existing and available resources. Outreach efforts shall take place in highly visible public locations or in neighborhoods identified for visiting or canvassing.

A Successful Applicant will be required to semi-annually report to the Alliance the type of outreach events or activities conducted, the date and location of the outreach events or activities, the total number of participants at each event or activity, the individuals service needs identified at each event or activity, and the referral sources or information provided at each outreach event or activity.

The Applicant must:

1. Provide a detailed description, in narrative form, of how it plans to conduct outreach events or activities in the community to identify individuals who have the greatest economic or social need, particularly low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas. The description must include the specific number of outreach events or activities it plans to conduct at a minimum each year.

The description of the above shall not exceed two (2) double spaced pages using a font size of at least 11 pt.

III.A. Outcome Measures and Standards

The next table list outcome measures and standards that the Alliance has identified for Title III-C1 funding under this RFP. Using the format provided in the table below, please describe in sufficient detail the implementation strategies/action steps, outcomes, and outputs/inputs that your agency will follow to achieve or exceed the standards listed.

<p>Outcome Measure 1: Percent of new service recipients with high risk nutrition scores whose nutritional status improved.</p> <p>Standard: 66 percent (Percent of new consumers with a “high risk” nutritional score in the DOEA 701C assessment form that improved at their next assessment.)</p>
<p>Strategy/Action Steps: Describe your strategies for meeting this outcome measure with the services you are proposing. If you plan to exceed the standard describe how this will be accomplished.</p>
<p>Outcomes: Describe the result or impact of program activities on the client/consumer.</p>
<p>Outputs/Inputs: Describe the services that will be delivered to clients/consumer (units of service) to meet the objective and the resources used to provide those services (dollars, staff, etc).</p>

V.A. Organizational Capability Package

The applicant must provide the listed items in the order specified below:

1. A copy of the most recent organizational chart certified as accurate by an officer of the applicant and illustrating the structure and relationship of all paid staff positions related to the program in question.
2. Copies of job descriptions for all key staff involved in the performance of this contract, including management
3. A copy of the most recent audited financial statements and compliance reporting package. With respect to such audited financial statements, include any letters to management submitted by the independent auditor under separate cover as well as any response stating management's position and plan of action.
4. A full roster of all current members of your Board of Directors or its equivalent (for each member include contact information independent of applicant's corporate address.)
5. A copy of your corporate bylaws, if applicable.
6. A certificate of insurance from your agent detailing the types of coverage you currently hold, the maximum dollar amount for each, and the dates when coverage became effective and is scheduled to terminate. Applicant is required to demonstrate liability and worker's compensation insurance coverage.
7. A copy of your disaster and continuity of operations plan (COOP) in accordance with Ch. 8 of the DOEA Programs and Services Handbook using the template provided on the Alliance for Aging website: <http://www.allianceforaging.org/providers/program-documents>
8. A signed assurance of commitment and capacity to comply with CIRTS reporting (Appendix XII.)
9. A signed assurance of commitment and capacity to comply with ADRC reporting (Appendix XIII.)
10. Signed attestation certifying that the applicant meets the minimum service provider qualifications as listed in the most recent DOEA Programs and Services Handbook and will comply with the delivery standards set for each service for which funding is requested. The attestation must include, a chart listing each of the services for which funding is requested (Appendix XIV-2)
11. Provide a copy of the dietician's license.
12. Signed attestation certifying that the applicant's caterer has not had an administrative complaint and/or closure (permanent or temporary) within the last twelve months of the date of applicant's submission of this proposal (Appendix XV-2).
13. Copies of Pre-Service and In-Service Staff Training Plans that include at a minimum the required topics referenced in the most recent DOEA Programs and Services Handbook.
14. Quality Assurance Policy in accordance with requirements listed in Chapter 4 of the 2017 DOEA Programs and Services Handbook.
15. A copy of the food vendor's license.
16. Facility based programs must provide a copy of the current Certificate of Use (or its equivalent) in the name of the applicant for each location providing contracted services

under Title III-C1.

Note: None of the Organizational Capacity Package items listed on page VIII-2-15 are scored, but they are required to be submitted. Failure of an applicant to submit Items 10, 11, 12, 15 and 16 shall automatically be deemed a material deviation that adversely affects that interest of the Alliance and shall result in rejection of the application by the Alliance.

B.CONTRACT MODULE FORMAT

FAILURE TO SUBMIT ALL OF THE ITEMS LISTED BELOW AS PART OF THE CONTRACT MODULE PART B WILL RESULT IN AN AUTOMATIC REJECTION OF THE APPLICATION.

I.B. Unit Cost Grid

Complete the rows for each service that you are applying for.

Enter the current unduplicated number of OAA funded clients for each service, if any.

Enter the annual projected new (unduplicated) clients anticipated in the OAA funded service.

For the “Proposed OAA Funded” column (B), include the total funds requested by OAA Title III-B by service. (Do NOT include match.)

For the “OAA Match Funds” column (C) include the amount of Match. The minimum is \$1 of match for every \$9 of grant funds.

For the “Anticipated All Other Sources” column (D), include other funding resources for these services, for example, CCE, Medicaid, United Way, etc. These funds are not match but will provide the Alliance with a measure of provider capacity and OAA funding leverage. A separate table is provided to enumerate these “Anticipated All Other Sources” funds.

Enter the number of units you are applying for in the “Proposed OAA Units” column (E).

Enter the adjusted unit rate in the “Proposed OAA Adjusted Unit Rate” column (F). See Paragraph C. 1. f. of the RFP for details.

The value in column (F) should not be higher than the amount in the “Maximum Allowed Adjusted Rate” column (G).

The value in the column (B) should equal the number in column (E) times the rate in column (F).

Make sure that each service with a value in the “Proposed OAA Funded” column is checked in Table 4.

SCREENING AND ASSESSMENT: The allocation of funds for this service is determined using a formula described in the RFP solicitation--Section A.3.B.4. Enter a proposed adjusted rate not to exceed \$20, but do not enter units or funding requested.

Note: The Unit Cost Grid provides information about service funding from non-OAA sources and the proposed adjusted unit rate per service. The proposed unit rate per service must be supported by a Unit Cost Methodology which will be reviewed after the intent to award but prior to contract execution.

MONROE COUNTY

Current Unduplicated OAA Clients	Projected Annual New OAA Clients (Unduplicated)	(A) Service Offered	(B) Proposed OAA Funded (Total \$)	(C) OAA Match Funds (Total \$)	(D) Anticipated All Other Sources (Total \$) List Detail Below	(E) Proposed OAA Units	(F) Proposed OAA Unit Adjusted Rate	(G) Maximum Allowed Rate ¹
Congregate Meal Services:								
		Congregate meals—traditional						\$9.25
		Nutrition Education*						20 cents per client per month
		Nutrition Counseling*						\$59.03
		Congregate Meals Screening*						\$20.00

1) Applications for a service at a unit rate that exceeds the cap established by this RFP will be automatically disqualified for that service and will not be considered for funding.

* Contract amounts for these services will be allocated on a pro-rata basis among all meals contracts in proportion to the number of persons proposed to be served. Applicants will not be scored on the rate for these services. However, the reimbursement rate cannot exceed the maximum allowed rate.

Anticipated Other Funding Sources Detail:

Service	Other Funding Source	\$\$ ^(Note 1)

Note 1: Sum of Other Funding Sources for each service must equal column (D) for that service in Unit Cost Grid above.

II.B

Use form included in Appendix VI (Acceptance of Contract Terms and Conditions)

III.B

Use form included in Appendix VII (Statement of No Involvement)

III.B.1

Use form included in Appendix XI (OAA Federal Assurances)

IV.B. Match Commitment of Cash Donation

Agency Name: _____

Donor Identification:

Name:

Street:

City:

State:

Zip:

Phone:

Authorized Representative: _____

Total Amount: \$

Payments:

Amount/Payment: \$

Contribution Period:

Special Conditions:

Donor Certification:

I hereby certify intent to make the cash donation set forth above for use in the specified program during the program's upcoming funding period. This cash is not included as match for any other State or Federally assisted program or contract and is not borne by the federal government directly under any federal grant or contract.

Signature of Donor or Representative

Date

V.B. Match Commitment for Donation of Building Space

Agency Name: _____

Donor Identification:

- Name:
- Street:
- City:
- State:
- Zip:
- Phone:

Authorized Representative:

Description of Space: Office Site Other

Provider Owned Space:

- 1. Number of square footage used by project: sq/ft
- 2. Appraised rental value per square foot: \$
- 3. Total value of space used by project (1x2): \$

Donor Owned Space:

- 1. Established monthly rental value: \$
- 2. Number of months rent to be paid by donor:
- 3. Value of donated space (1x2): \$

Special Conditions:

Donor Certification:

I hereby certify intent to donate use of the space set forth above for the program specified above during the program's upcoming funding period. This space is not being used as match for any other State or Federal program or contract.

Signature of Donor or Representative

Date

VI. B. Match Commitment of Supplies

Agency Name: _____

Donor Identification:

Name:
Street:
City:
State:
Zip:
Phone:

Authorized Representative:

The below described supplies are committed for use by the project for the period of:

Description of Supplies:

Computation of value method:

Value to be claimed by project: \$

Donor Certification:

These supplies are not included as contributions for any other State or Federally assisted program or contract and are not borne by the Federal Government directly or indirectly under any Federal grant or contract except as provided for under (cite the authorizing Federal regulation or law if applicable.)

Signature of Donor or Representative

Date

VII. B. Match Commitment of Equipment

Agency Name: _____

Donor Identification:

Name:
 Street:
 City:
 State:
 Zip:
 Phone:

Authorized Representative: _____

The equipment described below is committed for use by the project for the period of:

ITEM DESCRIPTION	NUMBER COST	ACQUISITION VALUE	VALUE TO PROJECT*
1.			
2.			
3			
4			
5			
TOTAL VALUE CLAIMED:			\$

*Items that are currently owned by the Grantee or are loaned or donated to the project are valued at an annual rate of 6²/₃% of the acquisition value.

Donor Certification:

This equipment is not included as match for any other State or Federally assisted program or contract and is not borne by the Federal Government directly or indirectly under any Federal grant or contract except as provided for under (cite the authorizing Federal regulation or law if applicable.)

 Signature of Donor or Representative

 Date

VIII. B. Match Commitment of In-Kind Contribution of Services by Staff of Service Provider or Staff of Other Organizations

Agency Name: _____

Donor Identification:

Name:

Street:

City:

State:

Zip:

Phone:

Authorized Representative: _____

The personal services described below are committed for use by the project for the period of:

Description of Positions:

POSITION TITLE	SERVICE	HOURLY RATE OR ANNUAL SALARY	HOURS WORKED	VALUE TO PROJECT*
1.				
2.				
3.				
4.				
5.				
			TOTAL	\$

*Value to project = (hours worked) x (hourly rate of annual salary).

Donor Certification: It is certified that the time devoted to the project will be performed during normal working hours.

These services are not included as match for any other State or Federally assisted program or contract and are not borne by the Federal Government directly or indirectly under any Federal grant or contract except as provided for under (cite the authorizing Federal regulation or law if applicable.)

Signature of Donor or Representative

Date

IX. B. Match Commitment of In-Kind Volunteer Personnel and Travel

Agency Name: _____

Donor Identification: The volunteer staff positions identified below will be filled by local volunteers who will be recruited, trained and supervised as an ongoing activity of our agency. We will maintain volunteer records to document individual volunteer activity.

Describe Volunteer Effort:

POSITION TITLE	EQUIVALENT HOURLY RATE(S)	HOURS WORKED	VALUE TO PROJECT
1.			
2.			
3.			
4.			
5.			
TOTAL VALUE TO AGENCY			\$

Equivalent Hourly Rate(s) was/were determined by:

- Rates for comparable positions within own agency.
- State Employment Service estimate of rates for type of work.
- Rates for comparable positions within other local agencies.

Estimated Mileage x Rate per mile = Value

Donor Certification:

I certify that commitments have been received from individual volunteers or groups sufficient to provide the volunteer hours and travel as identified above.

Signature of Agency Official

Date

X.B Unit Cost Development Methodology

Use forms available on Alliance for Aging Website.

<http://www.allianceforaging.org/providers/fiscal-documents>

- Unit Cost Development Spreadsheet (Excel)
- Unit Cost Development Methodology Supplemental Instructions – July 2015

APPENDIX VIII – PART III

OAA APPLICATION FOR FUNDS

SUBTITLE III-C2

(NUTRITIONAL SERVICES)

OAA APPLICATION FOR FUNDS SUBTITLE III-C2

(Please include page numbers below as they appear in the application)

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C. New approaches/models of service delivery	_____
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III.A. Outcome Measures and Standards	_____
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II.A. General Requirements

1. Consumer Projections, Profile and Targeting

Complete Table 1. The projections requested are your best estimates. The profile of your Consumers to be served should be in keeping with the intent of the Older Americans Act which mandates that services be targeted to those 60 years of age and older in greatest social and economic need, especially low income minority individuals or individuals socially or geographically isolated. The total number of consumers served (proposed) is an unduplicated count. The sum of each of the categories could be larger than this total.

Table 2 provides the countywide ratios of these targeted groups.

Table 1. Projected Consumer Profile Summary Under Subtitle III-C2 OAA

	Projected Consumers Served
Total Number of Consumers Served (proposed)	
60+ At Poverty Level or below (\$12,140 single, \$16,460 couple)	
Low Income Minority <125 % of Poverty (\$15,175 single or \$20,575 couple)	
60+ With Mobility & Self Care Limitation	
60+ with Limited English Proficiency	

Table 2. County Level Data – 2016 Estimates

County	Population 60+	60+ In Poverty	Low Income Minority <125% of Poverty Level	60+ With Mobility & Self Care Limitation	60+ Limited English Proficiency
Miami-Dade	564,586	24.47%	28.47%	12.44%	41.60%
Monroe	22,676	10.20%	3.40%	13.30%	3.70%
PSA-11	587,262	20.20%	27.90%	12.47%	40.14%

2. Service Catchment Area/Geographic Profile

Place a checkmark in the corresponding “Plan to Serve” box if your agency plans to serve the zip code with OAA Title III-C2 services under this RFP.

Table 3. Catchment Area

Monroe County					
Service Area (Zip Code)	Plan to Serve	Service Area (Zip Code)	Plan to Serve	Service Area (Zip Code)	Plan to Serve
33036		33040		33043	
33037		33042		33050	
		33070			

Miami-Dade County

The Beaches					
Service Area (Zip Code)	Plan to Serve	Service Area (Zip Code)	Plan to Serve	Service Area (Zip Code)	Plan to Serve
33109		33140		33149	
33139		33141		33154	
				33160	

North Dade					
Service Area (Zip Code)	Plan to Serve	Service Area (Zip Code)	Plan to Serve	Service Area (Zip Code)	Plan to Serve
33010		33138		33180	
33012		33147		33181	
33013		33150			
33014		33161			
33015		33162			
33016		33167			
33018		33168			
33054		33169			
33055		33178			
33056		33179			

Central Dade					
33122		33135		33172	
33125		33136		33173	
33126		33137		33174	
33127		33142		33175	
33128		33143		33182	
33129		33144		33183	
33130		33145		33184	
33131		33146		33185	
33132		33155		33192	
33133		33165		33193	
33134		33166		33194	

South Dade			
Service Area (Zip Code)	Plan to Serve	Service Area (Zip Code)	Plan to Serve
33030		33158	
33031		33170	
33032		33176	
33033		33177	
33034		33186	
33035		33187	
33039		33189	
33156		33190	
33157		33196	

If there are additional Zip Codes not listed above that you are proposing to serve, please list them in the appropriate geographic region.

3. Older Americans Act Service Delivery System:

Discuss each of the following—to guide your discussion, review the list of objectives listed in section III of this application and Chapter 4 of the July 2017 DOEA Program and Services Handbook. The discussion on the topics detailed below in this section shall not exceed eight (8) double-spaced pages using a font size of at least 11 pt. not including requested copies of training plans which should be included as part of the application. Please follow the same numbering system provided below.

A. **Service access, delivery and reporting process**

1. Explain how your program will:
 - (a) target,
 - (b) identify and
 - (c) serve eligible OAA Consumers identified in the Projected Consumer Profile Summary (Application for Funds – Table 1) in the identified service areas.
2. Describe the process followed to:
 - (a) assess,
 - (b) prioritize access,
 - (c) coordinate and
 - (d) deliver .

OAA services to targeted Consumers (older persons in greatest economic and social need; low income older individuals; including low income minority older individual; older individuals with limited English proficiency; and elder individuals residing in rural areas).
3. Detail how your agency's systems will successfully:
 - (a) interface with the resource listing maintained by the Aging and Disability Resource Center (ADRC),
 - (b) make referrals to the ADRC for other Long Term Care programs,
 - (c) ensure comprehensive and accurate wait list management in the Client Information Registration and Tracking System (CIRTS),
 - (d) provide accurate and timely billing and service reports to the Alliance for Aging (AFA).
4. Discuss:
 - a. Coordination with the Community Care for the Elderly (CCE) program,
 - b. Coordination with local community mental health agencies, including development of cooperative agreements.
 - c. How you will cooperatively respond to requests for assistance for referrals from the Adult Protective System (APS), and
 - d. Coordination with other agencies to ensure there are no overlapping services.

B. **Ability to increase provider capacity by supplementing OAA funds under this RFP**

1. Detail other sources of funding or resources such as local government, philanthropic grants or in-kind contributions and describe recruitment and use of volunteers to supplement/match the funding under this RFP. For each source, estimate the dollar amount, including the in-kind value of volunteer time and donations.
2. Describe plans to further develop your agency's financial capacity.

C. New approaches/models of service delivery

1. Discuss any novel approaches to service delivery that your agency plans to implement. Describe how you solicit and incorporate public input into service delivery/planning efforts.

D. Staff Development

1. Detail your plans to ensure you have a pool of staff qualified by experience, education and training with proper and sufficient program and fiscal accountability. and how these activities are funded. Detail plans for:
 - (a) staff recruitment,
 - (b) training and staff development and
 - (c) employee performance evaluation..

Note: A copy of your Staff Training Plan must be submitted as part of your organizational capability package (see section V.A.)

E. Leadership and Advocacy

1. Discuss your leadership and advocacy role for elder issues within the area that you intend to serve.

4. Quality Assurance

Discussion of the following shall not exceed two (2) double spaced pages using a font size of at least 11pt.

- A. **External Quality Assurance.** Each provider is required to periodically and systematically survey a sample of older persons being served in order to objectively determine the level of client satisfaction. The information obtained is to be used to improve services and must be made available to AAA monitoring staff.
1. Consumer Satisfaction --Describe process and methods followed to:
 - (a) Determine consumer satisfaction,
 - (b) Address consumer concerns and
 - (c) implement needed changes.
 2. Describe the tools you will use to:
 - (a) assess the level of consumer participation and
 - (b) satisfaction with services delivered.
- B. **Internal Quality Assurance**
1. Internal evaluation processes—With regard to the services that you propose to provide, describe the internal methods and management controls to assure:
 - (a) The quality of the services,
 - (b) The quantity and economy of the services,
 - (c) The appropriateness of the services
 2. Unusual Incidents--Describe your written procedures and methods to:
 - (a) Investigate unusual incidents.
 - (b) Document and maintain files of unusual incidents.
 - (c) Report unusual incidents.
 - (d) Implement corrective measures if warranted.

5. Subtitle III-C2 Service Grid

- A. Place a Y (for yes) or N (for no) in the box to the left of each Nutritional service that you intend to offer under this RFP.

Table 4. OAA Subtitle III-C2 Services

Service Offered		Service Offered
Congregate Meal Services*		
Direct Provided Service Y/N	Subcontracted Service Y/N	
		Home Delivered Meals – Traditional Hot
		Home Delivered Meals – Traditional Frozen
		Home Delivered Meals – Kosher
		Nutrition Education
		Nutrition Counseling
		Home Delivered Meals Screening

INTENTION TO SUBCONTRACT FOR SERVICES

Any subcontracts for services under this application must be identified on this form. Describe the subcontracts below (attach additional pages if needed):

Service to be Subcontracted	Subcontractor Name	License # (if applicable)

Nutrition Provider shall obtain the services of a licensed dietician in planning and providing nutrition services. The dietician paid by the project’s food service vendor cannot provide these services. Responsibilities and functions of the Qualified Dietician are identified on Chapter 4 of 2017 DOEA Programs and Services Handbook. The Nutrition Provider will include copies of the dietician’s license with this application.

With this application, applicants must submit a copy of the food vendor license and a valid permit, license or certificate of use issued by the appropriate regulatory authority for the premises from which food will be prepared. Contracts for the provision of food may be executed only with those vendors who supply meals from premises that have a valid permit, license, or certificate issued by the appropriate regulatory authority.

Applicants must only contract with food vendors that have had no closures (temporary or permanent) or Administrative Complaints related to food safety in the past 12 months. Applicants must attest (APPENDIX XIV-3) that the food vendor has not had any closures (temporary or permanent) or Administrative Complaints

related to food safety in the past 12 months. Copies of the sanitation inspections will be requested prior to contract execution.

Nutrition Providers are required to have at least three (3) days' worth of shelf stable meals; or a pre-approved three-day menu for emergency meals with reserved funds set aside to purchase the food items; AND at least one back-up caterer (for the same meal type) who can provide meals immediately in the event of an emergency. Applicants must attest that this requirement has been met with the submission of the Application.

Home delivered meals screenings will be reimbursed at a maximum of \$25.00 per unit, one unit maximum. Consumers receiving home delivered meal services only must be screened using screening and assessment service under Title III-C2

B. Outreach:

OAA, Title III providers must provide targeted community outreach efforts that will assist in identifying individuals who have the greatest economic or social need, particularly low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas.

Outreach is defined as a face-to-face, one-to-one intervention with clients initiated by the agency for the purpose of identifying potential clients or caregivers and encouraging their use of existing and available resources. Outreach efforts shall take place in highly visible public locations or in neighborhoods identified for visiting or canvassing.

A Successful Applicant will be required to semi-annually report to the Alliance the type of outreach events or activities conducted, the date and location of the outreach events or activities, the total number of participants at each event or activity, the individuals service needs identified at each event or activity, and the referral sources or information provided at each outreach event or activity.

The Applicant must:

1. Provide a detailed description, in narrative form, of how it plans to conduct outreach events or activities in the community to identify individuals who have the greatest economic or social need, particularly low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas. The description must include the specific number of outreach events or activities it plans to conduct at a minimum each year.

The description of the above shall not exceed two (2) double spaced pages using a font size of at least 11 pt.

III.A. Outcome Measures and Standards

The next pages list outcome measures and standards that the Alliance has identified for Title III-C2 funding under this RFP. The next pages list outcome measures and standards that the Alliance has identified for Title III-C2 funding under this RFP. Using the format provided in the next pages, please describe in sufficient detail the implementation strategies/action steps, outcomes, and outputs/inputs that your agency will follow to achieve or exceed the standards listed.

<p>Outcome Measure 1: Percent of new service recipients with high risk nutrition scores whose nutritional status improved.</p> <p>Standard: 66 percent (Percent of new consumers with a “high risk” nutritional score in the DOEA 701A or DOEA 701B assessment forms that improved at their next assessment.)</p>
<p>Strategy/Action Steps: Describe your strategies for meeting this outcome measure with the services you are proposing. If you plan to exceed the standard describe how this will be accomplished.</p>
<p>Outcomes: Describe the result or impact of program activities on the client/consumer.</p>
<p>Outputs/Inputs: Describe the services that will be delivered to clients/consumer (units of service) to meet the objective and the resources used to provide those services (dollars, staff, etc).</p>

<p>Outcome Measure 2: Percentage of new service recipients whose ADL assessment scores has been maintained or improved.</p> <p>Standard: 65 percent (refers to percent of Consumers whose ADL assessment score in DOEA 701A or DOEA 701B assessment forms, improved or stayed the same from one fiscal year to the next.).</p>
<p>Strategy/Action Steps: Describe your strategies for meeting this outcome measure with the services you are proposing. If you plan to exceed the standard describe how this will be accomplished.</p>
<p>Outcomes: Describe the result or impact of program activities on the client/consumer.</p>
<p>Outputs/Inputs: Describe the services that will be delivered to clients/consumer (units of service) to meet the objective and the resources used to provide those services (dollars, staff, etc).</p>

<p>Outcome Measure 3: Percentage of new service recipients whose IADL assessment scores has been maintained or improved.</p> <p>Standard: 62.3 percent (refers to percent of Consumers whose IADL assessment score in DOEA 701A or DOEA 701B assessment forms, improved or stayed the same from one fiscal year to the next.)</p>
<p>Strategy/Action Steps: Describe your strategies for meeting this outcome measure with the services you are proposing. If you plan to exceed the standard describe how this will be accomplished.</p>
<p>Outcomes: Describe the result or impact of program activities on the client/consumer.</p>
<p>Outputs/Inputs: Describe the services that will be delivered to clients/consumer (units of service) to meet the objective and the resources used to provide those services (dollars, staff, etc).</p>

<p>Outcome Measure 4: Percentage of caregivers who self-report being very confident about their ability to continue to provide care.</p> <p>Standard: 89 percent (refers to percent of caregivers who self-report being very confident about their ability to continue to provide care in the DOEA 701A or DOEA 701B assessment forms from one fiscal year to the next.)</p>
<p>Strategy/Action Steps: Describe your strategies for meeting this outcome measure with the services you are proposing. If you plan to exceed the standard describe how this will be accomplished.</p>
<p>Outcomes: Describe the result or impact of program activities on the client/consumer.</p>
<p>Outputs/Inputs: Describe the services that will be delivered to clients/consumer (units of service) to meet the objective and the resources used to provide those services (dollars, staff, etc).</p>

IV.A. Applicant’s Qualifications and Prior Experience

The applicant shall indicate its experience and performance record in the following boxes.

1. How many years of experience does the applicant have in providing Title III-C2 like services (regardless of funding source) to persons age 60 and older?	
2. Has the applicant been placed on corrective action by any funding source(s) for any reason since January 2016?	
<p>2a. If “Yes”, please specify the funding source and the circumstances in the space below. Has it been resolved? If so, when and how. PLEASE PROVIDE DOCUMENTATION FROM FUNDING SOURCE VERIFYING THAT THE REASON(S) FOR THE CORRECTIVE ACTION STATUS HAVE BEEN RESOLVED, AND THAT THE AGENCY IS IN GOOD STANDING.</p>	
3. Has the applicant or any person associated with the applicant in the capacity of owner, partner, director, officer, principal, investigator, project director, manager, auditor, or position involving the administration of federal funds been terminated by any funding source(s) for cause related to financial irregularities or breach of the requirements set forth in the DOEA Programs and Services Handbook within the six year period prior to the submission date of this RFP?	
<p>3a. If “Yes”, please specify the funding source(s) and the circumstances in the space below. COPY OF ANY TERMINATION LETTER MUST BE ATTACHED.</p> <p>NOTE: ANY PROVIDER WHOSE CONTRACT FROM ANY FUNDING SOURCE, INCLUDING ALLIANCE FOR AGING, WAS TERMINATED FOR CAUSE AS A RESULT OF FINANCIAL IRREGULARITIES OR BREACH OF THE REQUIREMENTS SET FORTH IN THE DOEA PROGRAMS AND SERVICES HANDBOOK WITHIN THE PRECEDING SIX YEAR PERIOD PRIOR TO THE SUBMISSION DATE OF THIS RFP IS NOT ELIGIBLE TO APPLY FOR OAA FUNDING DURING THIS RFP CYCLE.</p> <p>For purposes of these questions, the term “applicant” includes: (1) any affiliates that are wholly owned by the applicant; (2) any parent company that owns all interest in the applicant; and (3) any predecessor in interest to the applicant.</p>	

V.A. Organizational Capability Package

Please provide the listed items in the order specified below:

1. A copy of the most recent organizational chart certified as accurate by an officer of the applicant and illustrating the structure and relationship of all paid staff positions related to the program in question.
2. Copies of job descriptions for all key staff involved in the performance of this contract, including management.
3. A copy of the most recent audited financial statements and compliance reporting package. With respect to such audited financial statements, include any letters to management submitted by the independent auditor under separate cover as well as any response stating management's position and plan of action.
4. A full roster of all current members of your Board of Directors or its equivalent (for each member include contact information independent of applicant's corporate address.)
5. A copy of your corporate bylaws, if applicable.
6. A certificate of insurance from your agent detailing the types of coverage you currently hold, the maximum dollar amount for each, and the dates when coverage became effective and is scheduled to terminate. Applicant is required to demonstrate liability and worker's compensation insurance coverage.
7. A copy of your disaster and continuity of operations plan (COOP) in accordance with Ch. 8 of the DOEA Programs and Services Handbook using the template provided on the Alliance for Aging website: <http://www.allianceforaging.org/providers/program-documents>
8. A signed assurance of commitment and capacity to comply with CIRT reporting (Appendix XII.)
9. A signed assurance of commitment and capacity to comply with ADRC reporting (Appendix XIII.)
10. Signed attestation certifying that the applicant meets the minimum service provider qualifications as listed in the most recent DOEA Programs and Services Handbook and will comply with the delivery standards set for each service for which funding is requested. The attestation must include a chart listing each of the services for which funding is requested (Appendix XIV-3.)
11. Provide a copy of the dietician's license.
12. Signed attestation certifying that the applicant's caterer has not had an administrative complaint and/or closure (permanent or temporary) within the last twelve months of the date of applicant's submission of this proposal. (Appendix XV-3).
13. Copies of Pre-Service and In-Service Staff Training Plans that include at a minimum the required topics referenced in the most recent DOEA Programs and Services Handbook.
14. Quality Assurance Policy in accordance with requirements listed in Chapter 4 of the 2017 DOEA Programs and Services Handbook.

15. A copy of the food vendor's license.
16. Facility based programs must provide a copy of the current Certificate of Use (or its equivalent) in the name of the applicant for each location providing contracted services under Title III-C1.

Note: None of the items listed in the Organizational Capability Package above are scored, but they are required to be submitted. Failure of an applicant to submit Items 10, 11, 12, and 15 shall automatically be deemed a material deviation that adversely affects that interest of the Alliance and shall result in rejection of the application by the Alliance.

B. CONTRACT MODULE FORMAT

I.B. Unit Cost Grid

Complete the rows for each service that you are applying for.

Enter the current unduplicated number of OAA funded clients for each service, if any.

Enter the annual projected new (unduplicated) clients anticipated in the OAA funded service.

For the “Proposed OAA Funded” column (B), include the total funds requested by OAA Title III-C2 by service. (Do NOT include match.)

For the “OAA Match Funds” column (C) include the amount of Match. The minimum is \$1 of match for every \$9 of grant funds.

For the “Anticipated All Other Sources” column (D), include other funding resources for these services, for example, CCE, Medicaid, United Way, etc. These funds are not match but will provide the Alliance with a measure of provider capacity and OAA funding leverage. A separate table is provided to enumerate these “Anticipated All Other Sources” funds.

Enter the number of units you are applying for in the “Proposed OAA Units” column (E).

Enter the adjusted unit rate in the “Proposed OAA Adjusted Unit Rate” column (F). See Paragraph C. 1. f. for details.

The value in column (F) should not be higher than the amount in the “Maximum Allowed Adjusted Rate” column (G).

The value in the column (B) should equal the number in column (E) times the rate in column (F).

Make sure that each service with a value in the “Proposed OAA Funded” column is checked in Table 4.

SCREENING AND ASSESSMENT: The allocation of funds for this service is determined using a formula described in the RFP solicitation--Section A.3.c.vi Enter a proposed adjusted rate not to exceed the maximum rate for the county, but do not enter units or funding requested.

Note: The Unit Cost Grid provides information about service funding from non-OAA sources and the proposed adjusted unit rate per service. The proposed unit rate per service must be supported by a Unit Cost Methodology which will be reviewed after the intent to award but prior to contract execution.

Current Unduplicated OAA Clients	Projected Annual New OAA Clients (Unduplicated)	MIAMI-DADE COUNTY(A) Service Offered	(B) Proposed OAA Funded (Total \$)	(C) OAA Match Funds (Total \$)	(D) Anticipated All Other Sources (Total \$) List Detail Below	(E) Proposed OAA Units	(F) Proposed OAA Unit Adjusted Rate	(G) Maximum Allowed Rate ¹
Home delivered meal services:								
		Home delivered meals—traditional (Hot)						\$5.74
		Home delivered meals—Frozen						\$5.00
		Home delivered meals—Kosher						\$6.50
		Nutrition Education*						\$0.20 Per month per client.
		Nutrition Counseling*						\$47.50
		Screening and Assessment*						\$25.00

1 Applications for a service at a unit rate that exceeds the cap established by this RFP will be automatically disqualified for that service and will not be considered for funding .

* Contract amounts for these services will be allocated on a pro-rata basis among all meals contracts in proportion to the number of persons proposed to be served. Applicants will not be scored on the rate for these services. However, the reimbursement rate cannot exceed the maximum allowed rate.

Anticipated Other Funding Sources Detail:

Service	Other Funding Source	\$\$ ^(Note 1)

Note 1: Sum of Other Funding Sources for each service must equal column (D) for that service in Unit Cost Grid above.

Current Unduplicated OAA Clients	Projected Annual New OAA Clients (Unduplicated)	(A) Service Offered	(B) Proposed OAA Funded (Total \$)	(C) OAA Match Funds (Total \$)	(D) Anticipated All Other Sources (Total \$) List Detail Below	(E) Proposed OAA Units	(F) Proposed OAA Unit Adjusted Rate	(G) Maximum Allowed Rate ¹
Home delivered meal services:								
		Home delivered meals—traditional (Hot)						\$6.53
		Home delivered meals—Frozen						\$6.53
		Nutrition Counseling*						\$70.56
		Nutrition Education*						\$0.20*
		Screening and Assessment*						\$26.22

MONROE COUNTY

1 Applications for a service at a unit rate that exceeds the cap established by this RFP will be automatically disqualified for that service and will not be considered for funding .

* Contract amounts for these services will be allocated on a pro-rata basis among all meals contracts in proportion to the number of persons proposed to be served. Applicants will not be scored on the rate for these services. However, the reimbursement rate cannot exceed the maximum allowed rate.

Anticipated Other Funding Sources Detail:

Service	Other Funding Source	\$\$ ^(Note 1)

Note 1: Sum of Other Funding Sources for each service must equal column (D) for that service in Unit Cost Grid above.

II.B

Use form included in Appendix VI (Acceptance of Contract Terms and Conditions)

III.B

Use form included in Appendix VII (Statement of No Involvement)

III.B.1

Use form included in Appendix XI (OAA Federal Assurances)

IV.B. Match Commitment of Cash Donation

Agency Name: _____

Donor Identification:

Name:
Street:
City:
State:
Zip:
Phone:

Authorized Representative: _____

Total Amount: \$

Payments:

Amount/Payment: \$

Contribution Period:

Special Conditions:

Donor Certification:

I hereby certify intent to make the cash donation set forth above for use in the specified program during the program's upcoming funding period. This cash is not included as match for any other State or Federally assisted program or contract and is not borne by the federal government directly under any federal grant or contract.

Signature of Donor or Representative

Date

V.B. Match Commitment for Donation of Building Space

Agency Name: _____

Donor Identification:

- Name:
- Street:
- City:
- State:
- Zip:
- Phone:

Authorized Representative:

Description of Space: Office Site Other

Provider Owned Space:

- 1. Number of square footage used by project: sq/ft
- 2. Appraised rental value per square foot: \$
- 3. Total value of space used by project (1x2): \$

Donor Owned Space:

- 1. Established monthly rental value: \$
- 2. Number of months rent to be paid by donor:
- 3. Value of donated space (1x2): \$

Special Conditions:

Donor Certification:

I hereby certify intent to donate use of the space set forth above for the program specified above during the program's upcoming funding period. This space is not being used as match for any other State or Federal program or contract.

Signature of Donor or Representative

Date

VI. B. Match Commitment of Supplies

Agency Name: _____

Donor Identification:

Name:

Street:

City:

State:

Zip:

Phone:

Authorized Representative:

The below described supplies are committed for use by the project for the period of:

Description of Supplies:

Computation of value method:

Value to be claimed by project: \$

Donor Certification:

These supplies are not included as contributions for any other State or Federally assisted program or contract and are not borne by the Federal Government directly or indirectly under any Federal grant or contract except as provided for under (cite the authorizing Federal regulation or law if applicable.)

Signature of Donor or Representative

Date

VII. B. Match Commitment of Equipment

Agency Name: _____

Donor Identification:

Name:

Street:

City:

State:

Zip:

Phone:

Authorized Representative:

The equipment described below is committed for use by the project for the period of:

ITEM DESCRIPTION	NUMBER COST	ACQUISITION VALUE	VALUE TO PROJECT*
1.			
2.			
3			
4			
5			
TOTAL VALUE CLAIMED:			\$

*Items that are currently owned by the Grantee or are loaned or donated to the project are valued at an annual rate of 6 $\frac{2}{3}$ % of the acquisition value.

Donor Certification:

This equipment is not included as match for any other State or Federally assisted program or contract and is not borne by the Federal Government directly or indirectly under any Federal grant or contract except as provided for under (cite the authorizing Federal regulation or law if applicable.)

Signature of Donor or Representative

Date

VIII. B. Match Commitment of In-Kind Contribution of Services by Staff of Service Provider or Staff of Other Organizations

Agency Name: _____

Donor Identification:

Name:

Street:

City:

State:

Zip:

Phone:

Authorized Representative: _____

The personal services described below are committed for use by the project for the period of:

Description of Positions:

POSITION TITLE	SERVICE	HOURLY RATE OR ANNUAL SALARY	HOURS WORKED	VALUE TO PROJECT*
1.				
2.				
3.				
4.				
5.				
			TOTAL	\$

*Value to project = (hours worked) x (hourly rate of annual salary).

Donor Certification: It is certified that the time devoted to the project will be performed during normal working hours.

These services are not included as match for any other State or Federally assisted program or contract and are not borne by the Federal Government directly or indirectly under any Federal grant or contract except as provided for under (cite the authorizing Federal regulation or law if applicable.)

Signature of Donor or Representative_____
Date

IX. B. Match Commitment of In-Kind Volunteer Personnel and Travel

Agency Name: _____

Donor Identification: The volunteer staff positions identified below will be filled by local volunteers who will be recruited, trained and supervised as an ongoing activity of our agency. We will maintain volunteer records to document individual volunteer activity.

Describe Volunteer Effort:

POSITION TITLE	EQUIVALENT HOURLY RATE(S)	HOURS WORKED	VALUE TO PROJECT
1.			
2.			
3.			
4.			
5.			
TOTAL VALUE TO AGENCY			\$

Equivalent Hourly Rate(s) was/were determined by:

- Rates for comparable positions within own agency.
- State Employment Service estimate of rates for type of work.
- Rates for comparable positions within other local agencies.

Estimated Mileage x Rate per mile = Value

Donor Certification:

I certify that commitments have been received from individual volunteers or groups sufficient to provide the volunteer hours and travel as identified above.

Signature of Agency Official

Date

X. B. Unit Cost Development Methodology

Use forms available on Alliance for Aging Website.

<http://www.allianceforaging.org/providers/fiscal-documents>

- Unit Cost Development Spreadsheet (Excel)
- Unit Cost Development Methodology Supplemental Instructions – July 2015

APPENDIX VIII – PART IV

OAA APPLICATION FOR FUNDS

TITLE III-E

(NATIONAL FAMILY CAREGIVER SERVICES)

OAA APPLICATION FOR FUNDS TITLE III-E

(Please include page numbers below as they appear in the application)

TABLE OF CONTENTS	PAGE
A. PROGRAM MODULE FORMATS	
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2. Service Catchment Area/Geographic Profile	_____
3. Older Americans Act Service Delivery System	
A. Service access, delivery and reporting process	_____
B. Ability to increase provider capacity by supplementing OAA funds	_____
C. New approaches/models of service delivery	_____
D. Staff development	_____
E. Leadership and advocacy	_____
4. Quality Assurance	
A. External Quality Assurance	_____
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5. Title III-E Service Grid	
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B. Assessed Need	_____
III.A. Outcome Measures and Standards	_____
IV.A. Applicant’s Qualifications and Prior Experience	_____
V.A. Organizational Capability Pull-out Package	_____
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I.B. Unit Cost Grid	_____
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III.B. Statement of No Involvement	_____
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VII.B. Match Commitment of Equipment	_____
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IX.B. Match Commitment of in-Kind Volunteer Personnel and Travel	_____
X.B. Unit Cost Development Methodology	_____

II.A. General Requirements

1. Consumer Projections, Profile and Targeting

Complete Table 1. The projections requested are your best estimates. The profile of your Consumers to be served should be in keeping with the intent of the Older Americans Act which mandates that services be targeted to those 60 years of age and older in greatest social and economic need, especially low income minority individuals or individuals socially or geographically isolated. The total number of consumers served (proposed) is an unduplicated count. The sum of each of the categories could be larger than this total.

Table 2, provides the countywide ratios of these targeted groups.

Table 1. Projected Consumer Profile Summary Under Title III-E OAA

	Projected Consumers Served
Total Number of Consumers Served (proposed)	
60+ At Poverty Level or below (\$12,140 single, \$16,460 couple)	
Low Income Minority <125 % of Poverty (\$15,175 single or \$20,575 couple)	
60+ With Mobility & Self Care Limitation	
60+ with Limited English Proficiency	

Table 2. County Level Data – 2016 Estimates

County	Population 60+	60+ In Poverty	Low Income Minority <125% of Poverty Level	60+ With Mobility & Self Care Limitation	60+ Limited English Proficiency
Miami-Dade	564,586	24.47%	28.47%	12.44%	41.60%
Monroe	22,676	10.20%	3.40%	13.30%	3.70%
PSA-11	587,262	20.20%	27.90%	12.47%	40.14%

2. Service Catchment Area/Geographic Profile

For services other than Housing Improvement/ Material Aid, Legal Assistance, Specialized Medical Equipment and Supplies and Chore, which require countywide coverage, place a checkmark in the corresponding “Plan to Serve” box if your agency plans to serve the zip code with OAA Title III-E services under this RFP.

Table 3. Catchment Area

Monroe County					
Service Area (Zip Code)	Plan to Serve	Service Area (Zip Code)	Plan to Serve	Service Area (Zip Code)	Plan to Serve
33036		33040		33043	
33037		33042		33050	
		33070			

Miami-Dade County

The Beaches					
Service Area (Zip Code)	Plan to Serve	Service Area (Zip Code)	Plan to Serve	Service Area (Zip Code)	Plan to Serve
33109		33140		33149	
33139		33141		33154	
				33160	

North Dade					
Service Area (Zip Code)	Plan to Serve	Service Area (Zip Code)	Plan to Serve	Service Area (Zip Code)	Plan to Serve
33010		33138		33180	
33012		33147		33181	
33013		33150			
33014		33161			
33015		33162			
33016		33167			
33018		33168			
33054		33169			
33055		33178			
33056		33179			

Central Dade					
33122		33135		33172	
33125		33136		33173	
33126		33137		33174	
33127		33142		33175	
33128		33143		33182	
33129		33144		33183	
33130		33145		33184	
33131		33146		33185	
33132		33155		33192	
33133		33165		33193	
33134		33166		33194	

South Dade			
Service Area (Zip Code)	Plan to Serve	Service Area (Zip Code)	Plan to Serve
33030		33158	
33031		33170	
33032		33176	
33033		33177	
33034		33186	
33035		33187	
33039		33189	
33156		33190	
33157		33196	

If there are additional Zip Codes not listed above that you are proposing to serve, please list them in the appropriate geographic region.

If this application is requesting funding for Adult Day Care, please provide the following information for each proposed site:

Adult Day Care Facility Site Information

Site Address (Street, number, City, Zip Code)	Capacity	Number of OAA Currently funded Clients	License #
1.			
2.			
3.			
4.			
5.			
6.			
7.			

If this application is requesting funding Respite in Facility, please provide the following information for each proposed site:

Respite in Facility Site Information

Site Address (Street, number, City, Zip Code)	Capacity	Number of OAA Currently funded Clients	License # if applicable
1.			
2.			
3.			
4.			
5.			

3. Older Americans Act Service Delivery System:

Discuss each of the following—to guide your discussion, review the list of objectives listed in section III of this application and Chapter 4 of the July 2017 DOEA Program and Services Handbook. The discussion on the topics detailed below in this section shall not exceed eight (8) double-spaced pages using a font size of at least 11 pt., not including requested copies of training plans which should be included as part of the application. Please follow the same numbering system provided below.

A. Service access, delivery and reporting process

1. Explain how your program will:

- (a) target,
- (b) identify and
- (c) serve eligible OAA Consumers in the identified service areas.

2. Describe the process followed to:

- (a) assess,
- (b) prioritize access,
- (c) coordinate and
- (d) deliver.

OAA services to targeted Consumers (older persons in greatest economic and social need; low income older individuals; including low income minority older individuals; older individuals with limited English proficiency; and elder individuals residing in rural areas).

3. Detail how your agency's systems will successfully:

- (a) interface with the resource listing maintained by the Aging and Disability Resource Center (ADRC),
- (b) make referrals to the ADRC for other Long Term Care programs,
- (c) ensure comprehensive and accurate wait list management in the Client Information Registration and Tracking System (CIRTS),
- (d) provide accurate and timely billing and service reports to the Alliance for Aging (AFA).

4. Discuss:

- a. Coordination with the Community Care for the Elderly (CCE) program,
- b. Coordination with local community mental health agencies, including development of cooperative agreements.
- c. How you will cooperatively respond to requests for assistance for referrals from the Adult Protective System (APS), and
- d. Coordination with other agencies to ensure there are no overlapping services.

B. Ability to increase provider capacity by supplementing OAA funds under this RFP

- 1. Detail other sources of funding or resources such as local government, philanthropic grants or in-kind contributions and describe recruitment and use of volunteers to supplement/match the funding under this RFP. For each source estimate the dollar amount, including the in-kind value of volunteer time and donations.
- 2. Describe plans to further develop your agency's financial capacity.

C. New approaches/models of service delivery

1. Discuss any novel approaches to service delivery that your agency plans to implement. Describe how you solicit and incorporate public input into service delivery/planning efforts.

D. Staff Development

1. Detail your plans to ensure you have a pool of staff qualified by experience, education and training with proper and sufficient program and fiscal accountability. and how these activities are funded. Detail plans for:
 - (a) staff recruitment,
 - (b) training and development, and
 - (c) employee performance evaluation.

Note: A copy of your Staff Training Plan must be submitted as part of your organizational capability package (see section V.A.)

E. Leadership and Advocacy

1. Discuss your leadership and advocacy role for elder issues within the area that you intend to serve.

4. Quality Assurance

Discussion of the following shall not exceed two (2) double spaced pages using a font size of at least 11 pt.

- A. External Quality Assurance. Each provider is required to periodically and systematically survey a sample of older persons being served in order to objectively determine the level of client satisfaction. The information obtained is to be used to improve services and must be made available to AAA monitoring staff.
 - 1. Consumer Satisfaction --Describe process and methods followed to:
 - (a) Determine consumer satisfaction,
 - (b) Address consumer concerns and
 - (c) Implement needed changes.
 - 2. Describe the tools you will use to:
 - (a) Assess the level of consumer participation and
 - (b) Satisfaction with services delivered.
- B. Internal Quality Assurance
 - 1. Internal evaluation processes—With regard to the services that you propose to provide, describe the internal methods and management controls to assure:
 - (a) The quality of the services,
 - (b) The quantity and economy of the services,
 - (c) The appropriateness of the services.
 - 2. Unusual Incidents--Describe your written procedures and methods to:
 - (a) Investigate unusual incidents.
 - (b) Document and maintain files of unusual incidents.
 - (c) Timely report unusual incidents
 - (d) Implement corrective measures if warranted.

5. Title III-E Service Grid

- A. Place a check in the box to the left of each National Family Caregiver service that you intend to offer under this RFP.

Table 4. OAA Title III-E Services

Service Offered			Service Offered		
Direct Provided Service Y/N	Subcontracted Service Y/N		Direct Provided Service Y/N	Subcontracted Service Y/N	
III-E - Support Services					
		Adult Day Care (Registered)			Respite (Registered)
		Caregiver Training/Support – Individual/Group			Respite in Facility (Registered)
		Counseling			Screening and Assessment
III-EG -Grandparent Support Services					
		Caregiver Training/Support - Individual/Group			Sitter
		Legal Assistance			
III-ES - Supplemental Services					
		Chore (Registered)			Legal Assistance
		Specialized Medical Equipment and Supplies			Material Aid/Home Improvement

INTENTION TO SUBCONTRACT FOR SERVICES

Any subcontracts for services under this application must be identified on this form. Describe the subcontracts below (attach additional pages if needed):

Service to be Subcontracted	Name of Subcontractor	License # (if applicable)

B. OUTREACH:

OAA, Title III providers must provide targeted community outreach efforts that will assist in identifying individuals who have the greatest economic or social need, particularly low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas.

Outreach is defined as a face-to-face, one-to-one intervention with clients initiated by the agency for the purpose of identifying potential clients or caregivers and encouraging their use of existing and available resources. Outreach efforts shall take place in highly visible public locations or in neighborhoods identified for visiting or canvassing.

A Successful Applicant will be required to semi-annually report to the Alliance the type of outreach events or activities conducted, the date and location of the outreach events or activities, the total number of participants at each event or activity, the individuals service needs identified at each event or activity, and the referral sources or information provided at each outreach event or activity.

The Applicant must:

1. Provide a detailed description, in narrative form, of how it plans to conduct outreach events or activities in the community to identify individuals who have the greatest economic or social need, particularly low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas. The description must include the specific number of outreach events or activities it plans to conduct at a minimum each year.

The description of the above shall not exceed two (2) double spaced pages using a font size of at least 11 pt.

III.A. Outcome Measures and Standards

The next pages list outcome measures and standards that the Alliance has identified for Title III-E funding under this RFP. Using the format provided in the next pages, please describe in sufficient detail the implementation strategies/action steps, outcomes, and outputs/inputs that your agency will follow to achieve or exceed the standards listed.

Outcome Measures 1-4 are required if the Applicant is proposing to provide ANY of the following services: Adult Day Care, Respite, Respite In-Home, Respite In-Facility, and/or Chore.

If the applicant is NOT proposing to provide any of these services then write "N/A" in the following box and skip the rest of the outcome measures section.

Outcome Measure 1:	Percent of new service recipients with high risk nutrition scores whose nutritional status improved.
Standard:	66 percent (Percent of new consumers with a “high risk” nutritional score in the DOEA 701A or DOEA 701B assessment forms that improved at their next assessment.)
<p>Strategy/Action Steps: Describe your strategies for meeting this outcome measure with the services you are proposing. If you plan to exceed the standard describe how this will be accomplished.</p>	
<p>Outcomes: Describe the result or impact of program activities on the client/consumer.</p>	
<p>Outputs/Inputs: Describe the services that will be delivered to clients/consumer (units of service) to meet the objective and the resources used to provide those services (dollars, staff, etc).</p>	

<p>Outcome Measure 2: Percentage of new service recipients whose ADL assessment scores has been maintained or improved.</p> <p>Standard: 65 percent (refers to percent of Consumers whose ADL assessment score in DOEA 701A or DOEA 701B assessment forms, improved or stayed the same from one fiscal year to the next.).</p>
<p>Strategy/Action Steps: Describe your strategies for meeting this outcome measure with the services you are proposing. If you plan to exceed the standard describe how this will be accomplished.</p>
<p>Outcomes: Describe the result or impact of program activities on the client/consumer.</p>
<p>Outputs/Inputs: Describe the services that will be delivered to clients/consumer (units of service) to meet the objective and the resources used to provide those services (dollars, staff, etc).</p>

<p>Outcome Measure 3: Percentage of new service recipients whose IADL assessment scores has been maintained or improved.</p> <p>Standard: 62.3 percent (refers to percent of Consumers whose IADL assessment score in DOEA 701A or DOEA 701B assessment forms, improved or stayed the same from one fiscal year to the next.)</p>
<p>Strategy/Action Steps: Describe your strategies for meeting this outcome measure with the services you are proposing. If you plan to exceed the standard describe how this will be accomplished.</p>
<p>Outcomes: Describe the result or impact of program activities on the client/consumer.</p>
<p>Outputs/Inputs: Describe the services that will be delivered to clients/consumer (units of service) to meet the objective and the resources used to provide those services (dollars, staff, etc).</p>

<p>Outcome Measure 4: Percentage of caregivers who self-report being very confident about their ability to continue to provide care.</p> <p>Standard: 89 percent (refers to percent of caregivers who self-report being very confident about their ability to continue to provide care in the DOEA 701A or DOEA 701B assessment forms from one fiscal year to the next.)</p>
<p>Strategy/Action Steps: Describe your strategies for meeting this outcome measure with the services you are proposing. If you plan to exceed the standard describe how this will be accomplished.</p>
<p>Outcomes: Describe the result or impact of program activities on the client/consumer.</p>
<p>Outputs/Inputs: Describe the services that will be delivered to clients/consumer (units of service) to meet the objective and the resources used to provide those services (dollars, staff, etc).</p>

V.A. Organizational Capability Package

The applicant must provide the listed items in the order specified below:

1. A copy of the most recent organizational chart certified as accurate by an officer of the applicant and illustrating the structure and relationship of all paid staff positions related to the program in question.
2. Copies of job descriptions for all key staff involved in the performance of this contract, including management.
3. A copy of the most recent audited financial statements and compliance reporting package. With respect to such audited financial statements, include any letters to management submitted by the independent auditor under separate cover as well as any response stating management's position and plan of action.
4. A full roster of all current members of your Board of Directors or its equivalent (for each member include contact information independent of applicant's corporate address.)
5. A copy of your corporate bylaws, if applicable.
6. A certificate of insurance from your agent detailing the types of coverage you currently hold, the maximum dollar amount for each, and the dates when coverage became effective and is scheduled to terminate. Applicant is required to demonstrate liability and worker's compensation insurance coverage.
7. A copy of your disaster and continuity of operations plan (COOP) in accordance with Ch. 8 of the DOEA Programs and Services Handbook using template provided on the Alliance for Aging website: <http://www.allianceforaging.org/providers/program-documents>
8. A signed assurance of commitment and capacity to comply with CIRTTS reporting (Appendix XII.)
9. A signed assurance of commitment and capacity to comply with ADRC reporting (Appendix XIII.)
10. Signed attestation certifying that the applicant meets the minimum service provider qualifications as listed in the most recent DOEA Programs and Services Handbook and will comply with the delivery standards set for each service for which funding is requested. The attestation must include, a chart listing each of the services for which funding is requested. (Appendix XIV-4.)
11. Provide a copy of a current license for each service and/or individual that requires licensure as set forth in the RFP.
12. Copies of Pre-Service and In-Service Staff Training Plans that include at a minimum the required topics referenced in the most recent DOEA Programs and Services Handbook.
13. Quality Assurance Policy in accordance with requirements listed in Chapter 4 of the 2017 DOEA Programs and Services Handbook.
14. Facility based programs must provide a copy of the current Certificate of Use (or its equivalent) in the name of the applicant for each location providing contracted services under Title III-E.

Note: None of the Organizational Capacity Package items listed on page VIII-4-19 are scored, but they are required to be submitted. Failure of an applicant to submit Items 10, 11, and 14 shall automatically be deemed a material deviation that adversely affects that interest of the Alliance and shall result in rejection of the application by the Alliance.

B. CONTRACT MODULE FORMAT**I.B. Unit Cost Grid**

Complete the rows for each service that you are applying for.

Enter the current unduplicated number of OAA funded clients for each service, if any.

Enter the annual projected new (unduplicated) clients anticipated in the OAA funded service.

For the “Proposed OAA Funded” column (B), include the total funds requested by OAA Title III-E by service. (Do NOT include match.)

For the “OAA Match Funds” column (C) include the amount of Match. The minimum is \$1 of match for every \$9 of grant funds.

For the “Anticipated All Other Sources” column (D), include other funding resources for these services, for example, CCE, Medicaid, United Way, etc. These funds are not match but will provide the Alliance with a measure of provider capacity and OAA funding leverage.

Enter the number of units you are applying for in the “Proposed OAA Units” column (E).

Enter the adjusted unit rate in the “Proposed OAA Adjusted Unit Rate” column (F). See Paragraph C. 1. f. of the RFP for details.

The value in column (F) should not be higher than the amount in the “Maximum Allowed Adjusted Rate” column (G).

The value in the column (B) should equal the number in column (E) times the rate in column (F).

Make sure that each service with a value in the “Proposed OAA Funded” column is checked in Table 4.

Due to the heterogeneity of their units of service, services with an asterisk in column (G) do not have a maximum unit rate.

SCREENING AND ASSESSMENT: The allocation of funds for this service is determined using a formula described in the RFP solicitation--Section A.3.d. Enter a proposed adjusted rate not to exceed \$25, but do not enter units or funding requested.

Note: The Unit Cost Grid provides information about service funding from non-OAA sources and the proposed adjusted unit rate per service. The proposed unit rate per service must be supported by a Unit Cost Methodology which will be reviewed after the intent to award but prior to contract execution.

MIAMI-DADE COUNTY

Current Unduplicated OAA Clients	Projected Annual New OAA Clients (Unduplicated)	(A) Service Offered	(B) Proposed OAA Funded (Total \$)	(C) OAA Match Funds (Total \$)	(D) Anticipated All Other Sources (Total \$) List Detail Below	(E) Proposed OAA Units	(F) Proposed OAA Unit Adjusted Rate	(G) Maximum Allowed Rate ¹
Program III-E: Support Services								
		Adult Day Care (Registered)						\$8.18
		Caregiver Training/Support-Ind/Group ⁴					\$ (ind.) \$ (grp)	\$61.32(ind)/ \$81.76(grp)
		Respite ² In-Home (Registered)						\$18.40
		Respite in Facility						\$11.24
		Screening & Assessment						\$25.00
Program III-EG: Grandparent Support Services								
		Caregiver Training/Support-Ind/Group					\$ (ind.) \$ (grp)	\$61.32(ind)/ \$81.76(grp)
		Legal Assistance ⁵						\$120.00
		Sitter DP						\$11.24
Program III-ES: Supplemental Services								
		Housing Improvements/Material Aid ^{2,3}						* No Maximum Rate
		Specialized Medical equipment and Supplies ²						* No Maximum Rate

1 Applications for a service at a unit rate that exceeds the cap established by this RFP will be automatically disqualified for that service and will not be considered for funding

2. Applicant must be willing and able to provide the service on a countywide basis.

3. Providers wishing to apply for either service must apply for both.

4. All applicants must be willing and able to provide both group and individual services. Applications will be scored and ranked based on the group rate.

5. Applicant must be willing and able to provide the service on a countywide basis in both Miami- Dade and Monroe Counties.

MONROE COUNTY

Current Unduplicated OAA Clients	Projected Annual New OAA Clients (Unduplicated)	(A) Service Offered	(B) Proposed OAA Funded (Total \$)	(C) OAA Match Funds (Total \$)	(D) Anticipated All Other Sources (Total \$) List Detail Below	(E) Proposed OAA Units	(F) Proposed OAA Unit Adjusted Rate	(G) Maximum Allowed Rate ¹
Program III-E: Support Services								
		Caregiver Training/ Support-Ind/Group ⁴						\$75.69(ind)/ \$100.92(grp)
		Respite ² In Home (Registered)						\$22.71
		Respite in Facility (Registered)						\$13.87
		Screening & Assessment						\$25.00
Program III-ES: Supplemental Services								
		Chore ² (Registered)						\$22.71
		Housing Improvements/Material Aid ^{2,3}						*No Maximum Rate
		Specialized Medical Equipment and Supplies ^{2,3}						*No Maximum Rate

1 Applications for a service at a unit rate that exceeds the cap established by this RFP will be automatically disqualified for that service and will not be considered for funding

2. Applicant must be willing and able to provide the service on a countywide basis.

3. Providers wishing to apply for either service must apply for both.

4. All applicants must be willing and able to provide both group and individual services. Applications will be scored and ranked based on the group rate.

II.B

Use form included in Appendix VI (Acceptance of Contract Terms and Conditions)

III.B

Use form included in Appendix VII (Statement of No Involvement)

III.B.1

Use form included in Appendix XI (OAA Federal Assurances)

IV.B. Match Commitment of Cash Donation

Agency Name: _____

Donor Identification:

Name:
Street:
City:
State:
Zip:
Phone:

Authorized Representative: _____

Total Amount: \$

Payments:

Amount/Payment: \$

Contribution Period:

Special Conditions:

Donor Certification:

I hereby certify intent to make the cash donation set forth above for use in the specified program during the program's upcoming funding period. This cash is not included as match for any other State or Federally assisted program or contract and is not borne by the federal government directly under any federal grant or contract.

Signature of Donor or Representative

Date

V.B. Match Commitment for Donation of Building Space

Agency Name: _____

Donor Identification:

- Name:
- Street:
- City:
- State:
- Zip:
- Phone:

Authorized Representative:

Description of Space: Office Site Other

Provider Owned Space:

- 1. Number of square footage used by project: sq/ft
- 2. Appraised rental value per square foot: \$
- 3. Total value of space used by project (1x2): \$

Donor Owned Space:

- 1. Established monthly rental value: \$
- 2. Number of months rent to be paid by donor:
- 3. Value of donated space (1x2): \$

Special Conditions:

Donor Certification:

I hereby certify intent to donate use of the space set forth above for the program specified above during the program's upcoming funding period. This space is not being used as match for any other State or Federal program or contract.

Signature of Donor or Representative

Date

VI. B. Match Commitment of Supplies

Agency Name: _____

Donor Identification:

Name:

Street:

City:

State:

Zip:

Phone:

Authorized Representative:

The below described supplies are committed for use by the project for the period of:

Description of Supplies:

Computation of value method:

Value to be claimed by project: \$

Donor Certification:

These supplies are not included as contributions for any other State or Federally assisted program or contract and are not borne by the Federal Government directly or indirectly under any Federal grant or contract except as provided for under (cite the authorizing Federal regulation or law if applicable.)

Signature of Donor or Representative

Date

VII. B. Match Commitment of Equipment

Agency Name: _____

Donor Identification:

Name:
 Street:
 City:
 State:
 Zip:
 Phone:

Authorized Representative: _____

The equipment described below is committed for use by the project for the period of:

ITEM DESCRIPTION	NUMBER COST	ACQUISITION VALUE	VALUE TO PROJECT*
1.			
2.			
3			
4			
5			
TOTAL VALUE CLAIMED:			\$

*Items that are currently owned by the Grantee or are loaned or donated to the project are valued at an annual rate of 6²/₃% of the acquisition value.

Donor Certification:

This equipment is not included as match for any other State or Federally assisted program or contract and is not borne by the Federal Government directly or indirectly under any Federal grant or contract except as provided for under (cite the authorizing Federal regulation or law if applicable.)

 Signature of Donor or Representative

 Date

VIII. B. Match Commitment of In-Kind Contribution of Services by Staff of Service Provider or Staff of Other Organizations

Agency Name: _____

Donor Identification:

Name:

Street:

City:

State:

Zip:

Phone:

Authorized Representative: _____

The personal services described below are committed for use by the project for the period of:

Description of Positions:

POSITION TITLE	SERVICE	HOURLY RATE OR ANNUAL SALARY	HOURS WORKED	VALUE TO PROJECT*
1.				
2.				
3.				
4.				
5.				
			TOTAL	\$

*Value to project = (hours worked) x (hourly rate of annual salary).

Donor Certification: It is certified that the time devoted to the project will be performed during normal working hours.

These services are not included as match for any other State or Federally assisted program or contract and are not borne by the Federal Government directly or indirectly under any Federal grant or contract except as provided for under (cite the authorizing Federal regulation or law if applicable.)

Signature of Donor or Representative_____
Date

IX. B. Match Commitment of In-Kind Volunteer Personnel and Travel

Agency Name: _____

Donor Identification: The volunteer staff positions identified below will be filled by local volunteers who will be recruited, trained and supervised as an ongoing activity of our agency. We will maintain volunteer records to document individual volunteer activity.

Describe Volunteer Effort:

POSITION TITLE	EQUIVALENT HOURLY RATE(S)	HOURS WORKED	VALUE TO PROJECT
1.			
2.			
3.			
4.			
5.			
TOTAL VALUE TO AGENCY			\$

Equivalent Hourly Rate(s) was/were determined by:

- Rates for comparable positions within own agency.
- State Employment Service estimate of rates for type of work.
- Rates for comparable positions within other local agencies.

Estimated Mileage x Rate per mile = Value

Donor Certification:

I certify that commitments have been received from individual volunteers or groups sufficient to provide the volunteer hours and travel as identified above.

Signature of Agency Official

Date

X. B. Unit Cost Development Methodology

Use forms available on Alliance for Aging Website.

<http://www.allianceforaging.org/providers/fiscal-documents>

- Unit Cost Development Spreadsheet (Excel)
- Unit Cost Development Methodology Supplemental Instructions – July 2015

APPENDIX VIII – PART V

OAA APPLICATION FOR FUNDS

TITLE III-D

(EVIDENCE-BASED DISEASE PREVENTION AND HEALTH PROMOTION SERVICES)

**OAA APPLICATION FOR FUNDS
TITLE III-D**

(Please include page numbers below as they appear in the application)

TABLE OF CONTENTS	PAGE
A. PROGRAM MODULE FORMATS	
I.A. Applicant’s Summary Information	_____
II.A. General Requirements	
1. Consumer Projections, Profile and Targeting	_____
2. Service Catchment Area/Geographic Profile	_____
3. Older Americans Act Service Delivery System	
A. Service access, delivery and reporting process	_____
B. Ability to increase provider capacity by supplementing OAA funds	_____
C. New approaches/models of service delivery	_____
D. Staff development	_____
E. Leadership and advocacy	_____
4. Quality Assurance	
A. External Quality Assurance	_____
B. Internal Evaluation Process	_____
5. Title III-D Service Grid	
A. Offered Services	_____
B. Assessed Need	_____
III.A. Applicant’s Qualifications and Prior Experience	_____
IV.A. Organizational Capability Package	_____

B. CONTRACT MODULE FORMATS

I.B. Unit Cost Grid	_____
II.B. Acceptance of Contract Terms and Conditions	_____
III.B. Statement of No Involvement	_____
IV.B. Match Commitment of Cash Donation	_____
V.B. Match Commitment for Donation of Building Space	_____
VI.B. Match Commitment of Supplies	_____
VII.B. Match Commitment of Equipment	_____
VIII.B. Match Commitment of In-Kind Contribution of Services	_____
IX.B. Match Commitment of in-Kind Volunteer Personnel and Travel	_____
X.B. Unit Cost Development Methodology	_____

SCOPE OF SERVICES

The primary purpose of the Title III-D Disease Prevention and Health Promotion program is to provide services and activities which have been demonstrated, through rigorous evaluation, to be effective evidence-based programs to assist older adults in maintaining a healthy lifestyle. As set forth by the Florida Department of Elder Affairs, the program shall target elders aged 60 and over for education and implementation activities that support healthy lifestyles and promote healthy behaviors. Programs will serve elders with highest level evidence-based programs living in medically underserved areas¹ of Miami-Dade or Monroe, or who are of greatest economic need. The program requires particular attention be given to low-income older individuals, including low-income minority elders, older adults with limited English proficiency, and older adults residing in rural areas.

The services provided under this contract shall be in a manner consistent with this solicitation, the sample contract, the current area plan, and the current Department of Elder Affairs' Programs and Services Handbook. The Contractor will self-monitor and self-evaluate the quality of service delivery by its own staff. Additionally, the Alliance for Aging will conduct independent quality assurance monitoring and performance evaluations of all awarded Agencies.

The Alliance intends to award up to one (1) contract for evidence-based disease prevention and health promotion services in Miami-Dade County, and up to one (1) contract in Monroe County, for a total of up to two (2) Title III-D awards. An applicant must submit two separate applications if they choose to apply in each County.

The Contractor shall deliver all approved evidence-based disease prevention and health promotion services as listed in Section 5 of this document. A written plan for delivery of services must be submitted and approved by the Alliance prior to delivery of services. In fulfilling the scope of work, the contractor shall perform the following service tasks in accordance with the current DOEA Programs and Services Handbook (This Handbook can be downloaded from the Alliance website at www.allianceforaging.org) :

- (1) Program Participants and Client Eligibility Determination
- (2) Delivery of evidence-based disease prevention and health promotion services
- (3) Development of Partnerships and Collaborations
- (4) Data Collection and Reporting

Successful applicants shall demonstrate their ability to offer these programs throughout the County, particularly in areas of highest need.

• 1 See the website of the U.S. Department of Health and Human Services Health Resources and Services Administration at <http://muafind.hrsa.gov/> for information about medically under-served areas.

Delivery of evidence-based disease prevention and health promotion services.

Services shall be delivered according to the evidence-based disease prevention and health promotion program guidelines provided by the Florida Department of Elder Affairs for the highest level criteria evidence-based programs. These programs have been:

- Demonstrated through evaluation to be effective for improving the health and wellbeing or reducing disease, disability and/or injury among older adults;
- Proven effective with older adult population, using Experimental or Quasi-Experimental Design;
- With research results published in a peer-review journal;
- Fully translated in one or more community site(s); and
- Developed dissemination products that are available to the public.

III-D Services to be funded are listed in Section 5 of this document.

Successful Applicants must demonstrate the ability to consistently deliver high quality, cost-effective programs that improve the health, well-being and independence of vulnerable populations. Programs must adhere to ALL licensure standards set forth by the licensing agency.

II.A. General Requirements

1. Consumer Projections, Profile and Targeting

Complete Table 1. The projections requested are your best estimates. The profile of your consumers to be served should be in keeping with the intent of the Older Americans Act which mandates that services be targeted to those 60 years of age and older in greatest social and economic need, especially low income minority individuals or individuals socially or geographically isolated. The total number of consumers served (proposed) is an unduplicated count. The sum of each of the categories could be larger than this total.

Table 2 provides the countywide ratios of these targeted groups.

Table 1. Projected Consumer Profile Summary Under Title III-D OAA

	Projected Consumers Served
Total Number of Consumers Served (proposed)	
60+ At Poverty Level or below (\$12,140 single, \$16,460 couple)	
Low Income Minority <125 % of Poverty (\$15,175 single or \$20,575 couple)	
60+ In Medically Underserved Areas ¹	
60+ with Limited English Proficiency	

Table 2. County Level Data – 2016 Estimates

County	Population 60+	60+ In Poverty	Low Income Minority <125% of Poverty Level	60+ With Mobility & Self Care Limitation	60+ Limited English Proficiency
Miami-Dade	564,586	24.47%	28.47%	12.44%	41.60%
Monroe	22,676	10.20%	3.40%	13.30%	3.70%
PSA-11	587,262	20.20%	27.90%	12.47%	40.14%

¹ See the website of the U.S. Department of Health and Human Services Health Resources and Services Administration at <http://muafind.hrsa.gov/> for information about medically under-served areas.

2. Service Catchment Area/Geographic Profile

Place a checkmark in the corresponding “Plan to Serve” box if your agency plans to serve the zip code with OAA Title III-D services under this RFP.

Table 3. Catchment Area

Monroe County					
Service Area (Zip Code)	Plan to Serve	Service Area (Zip Code)	Plan to Serve	Service Area (Zip Code)	Plan to Serve
33036 ²		33040 ²		33043 ²	
33037 ²		33042 ²		33050 ²	
		33070 ²			

Miami-Dade County

The Beaches					
Service Area (Zip Code)	Plan to Serve	Service Area (Zip Code)	Plan to Serve	Service Area (Zip Code)	Plan to Serve
33109		33140 ²		33149	
33139 ²		33141 ²		33154	
				33160 ²	

North Dade					
Service Area (Zip Code)	Plan to Serve	Service Area (Zip Code)	Plan to Serve	Service Area (Zip Code)	Plan to Serve
33010 ²		33138		33180	
33012 ²		33147 ²		33181 ²	
33013 ²		33150 ²			
33014 ²		33161 ²			
33015		33162 ²			
33016 ²		33167 ²			
33018 ²		33168 ²			
33054 ²		33169 ²			
33055		33178			
33056		33179 ²			

Central Dade					
33122		33135 ²		33172 ²	
33125 ²		33136 ²		33173	
33126		33137 ²		33174 ²	
33127 ²		33142 ²		33175	
33128 ²		33143		33182	
33129 ²		33144		33183	
33130 ²		33145		33184	
33131		33146		33185	
33132 ²		33155		33192	
33133		33165		33193	
33134		33166		33194	

South Dade			
Service Area (Zip Code)	Plan to Serve	Service Area (Zip Code)	Plan to Serve
33030 ²		33158	
33031		33170	
33032		33176	
33033 ²		33177	
33034 ²		33186	
33035 ²		33187	
33039		33189	
33156		33190	
33157 ²		33196	

If there are additional Zip Codes not listed above that you are proposing to serve, please list them in the appropriate geographic region.

²Zip codes containing Medically Underserved Populations

Please provide the following information for each proposed site:

Evidence Based Program Facility Site Information

Site Address (Street, number, City, Zip Code)	Room Capacity	Name of Evidence Based Program to be delivered
1.		
2.		
3.		
4.		
5.		
6.		
7.		

3. Older Americans Act Service Delivery System:

Discuss each of the following—to guide your discussion, review the list of objectives listed in section III of this application and Chapter 4 of the July 2017 DOEA Program and Services Handbook. The discussion on the topics detailed below in this section shall not exceed eight (8) double-spaced pages using a font size of at least 11 pt., not including requested copies of training plans which should be incorporated as part of the application. Please follow the same numbering system provided below.

A. **Service access, delivery and reporting process**

1. Explain how your program will:
 - (a) target,
 - (b) identify and
 - (c) serve eligible OAA Consumers as identified in the Projected Consumer Profile Summary (Application for Funds - Table 1) in the identified service areas.
2. Describe the process followed to:
 - (a) assess,
 - (b) prioritize access,
 - (c) coordinate and
 - (d) deliver

OAA services to targeted Consumers (older persons living in Medically Underserved Areas, or those in greatest economic and social need; low income older individuals; including low income minority older individuals; older individuals with limited English proficiency; and elder individuals residing in rural areas).
3. Describe your process to ensure timely submission of the following requirements:
 - a) Workshop completion data;
 - b) Updated partnership list; (including copies of the agreements with the partners) and
4. Discuss:
 - a) Coordination with other agencies to ensure there are no overlapping services.
 - b) Collaboration and partnership with other agencies to extend the reach of health promotion programs and to address the building and sustaining of an infrastructure for the dissemination of evidence-based disease prevention and health promotion services within Miami-Dade and Monroe Counties

B. **Ability to increase provider capacity by supplementing OAA funds under this RFP**

1. Detail other sources of funding or resources such as local government, philanthropic grants or in-kind contributions and describe recruitment and use of volunteers to supplement/match the funding under this RFP. For each source estimate the dollar amount, including the in-kind value of volunteer time and donations.
2. Describe plans to further develop your agency's financial capacity.

C. **Program Delivery**

1. Detail your plans to deliver all listed highest level evidence based programs in both English and Spanish (if available).

D. Staff Qualifications

1. Detail your plans to ensure you have a pool of qualified staff. Discuss staff's certifications, experience, education and training.

E. Data Collection and Reporting

1. Detail your plans for entering program information into CIRTS (the proprietary client invoicing and tracking system of DOEA)

4. Quality Assurance

Discussion of the following shall not exceed two (2) double spaced pages using a font size of at least 11 pt.

- A. **External Quality Assurance.** Each provider is required to periodically and systematically survey a sample of older persons being served in order to objectively determine the level of client satisfaction. The information obtained is to be used to improve services and must be made available to AFA monitoring staff.
1. Consumer Satisfaction --Describe the process and methods that will be followed to:
 - (a) Determine consumer satisfaction,
 - (b) Address consumer concerns and
 - (c) Implement needed changes.
 2. Describe the tools you will use to:
 - (a) Assess the level of consumer participation and
 - (b) Satisfaction with services delivered.
- B. **Internal Quality Assurance**
1. Internal evaluation processes—With regard to the services that you propose to provide, describe the internal methods and management controls to assure:
 - (a) The quality of the services,
 - (b) The quantity and economy of the services,
 - (c) The appropriateness of the services.
 2. Unusual Incidents--Describe your written policies and procedures:
 - (a) Investigate unusual incidents.
 - (b) Document and maintain files of unusual incidents.
 - (c) Timely report unusual incidents
 - (d) Implement corrective measures if warranted.

5. Title III-D Service Grid

- A. Place a check in the box to the left of each service that you intend to offer under this RFP. Successful applicants must offer all five (5) Evidence Based programs in Miami-Dade County, or all four (4) Evidence Based programs in Monroe County as listed on the I. B. Unit Cost Grid. Programs that have been created in English and Spanish must be offered in both languages. Successful applicants must include an attestation of their plan to get staff certified within 60 days of contract commencement if they do not currently have certified/trained staff for the program.

Table 4. OAA Title III-D Services

Direct Provided Service Y/N	Subcontracted Service Y/N	EVIDENCE BASED PROGRAMS
		A Matter of Balance
		Un Asunto De Equilibrio
		Chronic Disease Self-Management Program (CDSMP)
		Tomando Control de su Salud
		Diabetes Self-Management Program (DSMP)
		Programa de Manejo Personal de la Diabetes
		Enhance Fitness
		HomeMeds

INTENTION TO SUBCONTRACT FOR SERVICES

Any subcontracts for services under this application must be identified on this form. Describe the subcontracts below (attach additional pages if needed):

Service to be Subcontracted	Subcontractor Name

Subcontracting requirements are listed in the current DOEA Program and Services Handbook Chapter 4. By submitting this form the applicant attests that it has read and understands these requirements. Execution of any contracts that result from this application is contingent upon satisfactory fulfillment of all subcontracting requirements listed in the current DOEA Program and Services Handbook.

B. Outreach:

OAA, Title III providers must provide targeted community outreach efforts that will assist in identifying individuals who have the greatest economic or social need, particularly low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas.

Outreach is defined as a face-to-face, one-to-one intervention with clients initiated by the agency for the purpose of identifying potential clients or caregivers and encouraging their use of existing and available resources. Outreach efforts shall take place in highly visible public locations or in neighborhoods identified for visiting or canvassing.

A Successful Applicant will be required to semi-annually report to the Alliance the type of outreach events or activities conducted, the date and location of the outreach events or activities, the total number of participants at each event or activity, the individuals service needs identified at each event or activity, and the referral sources or information provided at each outreach event or activity.

The Applicant must:

1. Provide a detailed description, in narrative form, of how it plans to conduct outreach events or activities in the community to identify individuals who have the greatest economic or social need, particularly low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas. The description must include the specific number of outreach events or activities it plans to conduct at a minimum each year.

The description of the above shall not exceed two (2) double spaced pages using a font size of at least 11 pt.

IV.A. Organizational Capability Package

The applicant must provide the listed items in the order specified below:

1. A copy of the most recent organizational chart certified as accurate by an officer of the applicant and illustrating the structure and relationship of all paid staff positions related to the program in question.
2. Copies of job descriptions for all key staff involved in the performance of this contract, including management.
3. A copy of the most recent audited financial statements and compliance reporting package. With respect to such audited financial statements, include any letters to management submitted by the independent auditor under separate cover as well as any response stating management's position and plan of action.
4. A full roster of all current members of your Board of Directors or its equivalent (for each member include contact information independent of applicant's corporate address).
5. A copy of your corporate bylaws, if applicable.
6. A certificate of insurance from your agent detailing the types of coverage you currently hold, the maximum dollar amount for each, and the dates when coverage became effective and is scheduled to terminate. Applicant is required to demonstrate liability and worker's compensation insurance coverage.
7. A copy of your disaster and continuity of operations plan (COOP) in accordance with Ch. 8 of the DOEA Programs and Services Handbook using the template provided on the Alliance for Aging website: <http://www.allianceforaging.org/providers/program-documents>
8. A signed assurance of commitment and capacity to comply with CIRT reporting (Appendix XII.)
9. Signed attestation certifying that the applicant meets the minimum service provider qualifications as listed in the most recent DOEA Programs and Services Handbook and will comply with the delivery standards set for each service for which funding is requested. The attestation must include a chart listing each of the programs for which funding is requested (Appendix XIV-5.)
10. Provide a copy of a current license or certification for each service and/or individual that requires licensure or certification. Licensure and certification requirements can be found at <https://www.ncoa.org/resources/ebpchart/>.
11. Quality Assurance Policy in accordance with requirements listed in Chapter 4 of the 2017 DOEA Programs and Services Handbook.
12. Facility based programs must provide a copy of the current Certificate of Use (or its equivalent) in the name of the applicant for each location providing contracted services under Title III-D..

Note: None of the Organizational Capacity Package items listed above on page VIII-5-16 are scored, but they are required to be submitted. Failure of an applicant to submit Items 9, 10, and 12 shall automatically be deemed a material deviation that adversely affects the interest of the Alliance and shall result in rejection of the application by the Alliance.

B. CONTRACT MODULE FORMAT

I.B. Unit Cost Grid

Complete all rows for each county that you are applying for.

For the “Proposed OAA Funded” column (B), include the total funds requested by OAA Title III-D by service. (Do NOT include match.)

For the “OAA Match Funds” column (C) include the amount of Match. The minimum is \$1 of match for every \$9 of grant funds.

For the “Anticipated All Other Sources” column (D), include other funding resources for these services. These funds are not match but will provide the Alliance with a measure of provider capacity and OAA funding leverage. A separate table is provided to enumerate these “Anticipated All Other Sources” funds.

Enter the number of units you are applying for in the “Proposed OAA Units” column (E) (The minimum number of units is indicated in the far left column for each program).

Enter the adjusted unit rate in the “Proposed OAA Adjusted Unit Rate” column (F). See Paragraph C. 1. f. of the RFP for details.

The value in column (F) should not be higher than the amount in the “Maximum Allowed Adjusted Rate” column (G).

The value in column (E) times the rate in column (F) cannot exceed the amount in column (B).

Make sure that each service with a value in the “Proposed OAA Funded” column is checked in Table 4.

UNIT COST GRID

Minimum Number of Sessions (Units) to be Provided	(A) Service Offered	(B) Proposed OAA Funded (Total \$)	(C) OAA Match Funds (Total \$)	(D) Anticipated All Other Sources (Total \$) List Detail Below	(E) Proposed OAA Units	(F) Proposed OAA Adjusted Unit Rate	(G) Maximum Allowed Rate ¹
Evidence Based Disease Prevention and Health Promotion Services:							
4	A Matter of Balance/Un Asunto Equilibrio	\$10,000					\$2,500
6	Chronic Disease Self-Management Program/Tomando Control	\$15,000					\$2,500
6	Diabetes Self-Management Program/Programa de Manejo Personal de la Diabetes	\$15,000					\$2,500
936	Enhance Fitness	\$117,000					\$125
302	HomeMeds	\$25,670					\$85

1 Applications for a service at a unit rate that exceeds the cap established by this RFP will be automatically disqualified for that service and will not be considered for funding .

2 Applicant must be willing and able to provide the service in areas of greatest need.

3 Services must be provided in a group setting, unless otherwise specified. (See Appendix A of the DOEA Program and Services Handbook.)

4 Applicant must be able to meet any applicable staff certification requirements under each service, and be willing and able to provide all of the listed services. Certification requirements can be found at <https://www.ncoa.org/resources/ebpchart/>

5. Applicants must be able to meet any applicable licensing requirements (<https://www.ncoa.org/resources/ebpchart/>)

MIAMI-DADE COUNTY - Continued

Anticipated Other Funding Sources Detail:

Service	Other Funding Source	\$\$ ^(Note 1)

Note 1: Sum of Other Funding Sources for each service must equal column (D) for that service in Unit Cost Grid above.

UNIT COST GRID

Minimum Number of Sessions (Units) to be Provided	(A) Service Offered	(B) Proposed OAA Funded (Total \$)	(C) OAA Match Funds (Total \$)	(D) Anticipated All Other Sources (Total \$) List Detail Below	(E) Proposed OAA Units	(F) Proposed OAA Adjusted Unit Rate	(G) Maximum Allowed Rate ¹
Evidence Based Disease Prevention and Health Promotion Services:							
1	A Matter of Balance/Un Asunto Equilibrio	\$2,500					\$2,500
2	Chronic Disease Self-Management Program/Tomando Control	\$5,000					\$2,500
2	Diabetes Self-Management Program/Programa de Manejo Personal de la Diabetes	\$5,000					\$2,500
156	Enhance Fitness	\$19,500					\$125

1 Applications for a service at a unit rate that exceeds the cap established by this RFP will be automatically disqualified for that service and will not be considered for funding.

2 Applicant must be willing and able to provide the service in areas of greatest need.

3 Services must be provided in a group setting, unless otherwise specified. (See Appendix A of the DOEA Program and Services Handbook.)

4 Applicant must be able to meet any applicable staff certification requirements under each service, and be willing and able to provide all of the listed services. Certification requirements can be found at <https://www.ncoa.org/resources/ebpchart/>

5. Applicants must be able to meet any applicable licensing requirements (<https://www.ncoa.org/resources/ebpchart/>)

Anticipated Other Funding Sources Detail:

Service	Other Funding Source	\$\$ ^(Note 1)

Note 1: Sum of Other Funding Sources for each service must equal column (D) for that service in Unit Cost Grid above.

II.B

Use form included in Appendix VI (Acceptance of Contract Terms and Conditions)

III.B

Use form included in Appendix VII (Statement of No Involvement)

III.B 1

Use form included in Appendix XI (OAA Federal Assurances)

IV.B. Match Commitment of Cash Donation

Agency Name: _____

Donor Identification:

Name:
Street:
City:
State:
Zip:
Phone:

Authorized Representative: _____

Total Amount: \$

Payments:

Amount/Payment: \$

Contribution Period:

Special Conditions:

Donor Certification:

I hereby certify intent to make the cash donation set forth above for use in the specified program during the program's upcoming funding period. This cash is not included as match for any other State or Federally assisted program or contract and is not borne by the federal government directly under any federal grant or contract.

Signature of Donor or Representative

Date

V.B. Match Commitment for Donation of Building Space

Agency Name: _____

Donor Identification:

- Name:
- Street:
- City:
- State:
- Zip:
- Phone:

Authorized Representative:

Description of Space: Office Site Other

Provider Owned Space:

- 1. Number of square footage used by project: sq/ft
- 2. Appraised rental value per square foot: \$
- 3. Total value of space used by project (1x2): \$

Donor Owned Space:

- 1. Established monthly rental value: \$
- 2. Number of months rent to be paid by donor:
- 3. Value of donated space (1x2): \$

Special Conditions:

Donor Certification:

I hereby certify intent to donate use of the space set forth above for the program specified above during the program's upcoming funding period. This space is not being used as match for any other State or Federal program or contract.

Signature of Donor or Representative

Date

VI. B. Match Commitment of Supplies

Agency Name: _____

Donor Identification:

Name:
Street:
City:
State:
Zip:
Phone:

Authorized Representative:

The below described supplies are committed for use by the project for the period of:

Description of Supplies:

Computation of value method:

Value to be claimed by project: \$

Donor Certification:

These supplies are not included as contributions for any other State or Federally assisted program or contract and are not borne by the Federal Government directly or indirectly under any Federal grant or contract except as provided for under (cite the authorizing Federal regulation or law if applicable.)

Signature of Donor or Representative

Date

VII. B. Match Commitment of Equipment

Agency Name: _____

Donor Identification:

Name:

Street:

City:

State:

Zip:

Phone:

Authorized Representative:

The equipment described below is committed for use by the project for the period of:

ITEM DESCRIPTION	NUMBER COST	ACQUISITION VALUE	VALUE TO PROJECT*
1.			
2.			
3			
4			
5			
TOTAL VALUE CLAIMED:			\$

*Items that are currently owned by the Grantee or are loaned or donated to the project are valued at an annual rate of 6 $\frac{2}{3}$ % of the acquisition value.

Donor Certification:

This equipment is not included as match for any other State or Federally assisted program or contract and is not borne by the Federal Government directly or indirectly under any Federal grant or contract except as provided for under (cite the authorizing Federal regulation or law if applicable.)

Signature of Donor or Representative_____
Date

VIII. B. Match Commitment of In-Kind Contribution of Services by Staff of Service Provider or Staff of Other Organizations

Agency Name: _____

Donor Identification:

Name:

Street:

City:

State:

Zip:

Phone:

Authorized Representative: _____

The personal services described below are committed for use by the project for the period of:

Description of Positions:

POSITION TITLE	SERVICE	HOURLY RATE OR ANNUAL SALARY	HOURS WORKED	VALUE TO PROJECT*
1.				
2.				
3.				
4.				
5.				
			TOTAL	\$

*Value to project = (hours worked) x (hourly rate of annual salary).

Donor Certification: It is certified that the time devoted to the project will be performed during normal working hours.

These services are not included as match for any other State or Federally assisted program or contract and are not borne by the Federal Government directly or indirectly under any Federal grant or contract except as provided for under (cite the authorizing Federal regulation or law if applicable.)

Signature of Donor or Representative_____
Date

IX. B. Match Commitment of In-Kind Volunteer Personnel and Travel

Agency Name: _____

Donor Identification: The volunteer staff positions identified below will be filled by local volunteers who will be recruited, trained and supervised as an ongoing activity of our agency. We will maintain volunteer records to document individual volunteer activity.

Describe Volunteer Effort:

POSITION TITLE	EQUIVALENT HOURLY RATE(S)	HOURS WORKED	VALUE TO PROJECT
1.			
2.			
3.			
4.			
5.			
TOTAL VALUE TO AGENCY			\$

Equivalent Hourly Rate(s) was/were determined by:

- Rates for comparable positions within own agency.
 State Employment Service estimate of rates for type of work.
 Rates for comparable positions within other local agencies.

Estimated Mileage x Rate per mile = Value

Donor Certification:

I certify that commitments have been received from individual volunteers or groups sufficient to provide the volunteer hours and travel as identified above.

Signature of Agency Official_____
Date

X. B. Unit Cost Development Methodology

Use forms available on Alliance for Aging Website.

<http://www.allianceforaging.org/providers/fiscal-documents>

- Unit Cost Development Spreadsheet (Excel)
- Unit Cost Development Methodology Supplemental Instructions – July 2015

APPENDIX IX – PART I (OAA TITLE III-B)

NOTE: This Application Evaluation Instrument is applicable for OAA Title III-B

Applicant: _____

Reviewer: _____ **Date:** _____

This application evaluation instrument covers Part A—Program Module, and Part B-Contract Module.

The Program Module contains five separate components. The maximum possible score for this module is 200 points. Four of these components are scored. The fifth component is not scored, but requests documents and assurances that are mandatory.

Component 1 contains the applicant’s Client projections based on the Alliance’s targeting criteria, the maximum possible score is 50 points. Component 2 describes the applicant’s service delivery system proposed items, the maximum possible score is 70 points. Component 3 contains strategies and action steps related to achieving performance measures, the maximum possible score is 20 points. Component 4 contains information about the applicant’s experience and performance, the maximum possible score is 60 points. Component 5 is a list of compliance documents and assurances.

The Contract Module will be reviewed by Alliance for Aging Fiscal Staff, and contains the Unit Cost Grid, and several forms containing fiscal and contract assurances. The maximum possible score for this module is 200 points. Only the Unit Cost Grid is scored. The Unit Cost Grid provides information about service funding from non-OAA sources and the proposed adjusted unit rate per service. The proposed unit rate per service must be supported by a Unit Cost Methodology which will be reviewed after the intent to award but prior to contract execution. The aggregate level of service funding from non-OAA sources as a share of requested OAA funds provides a maximum of 25 points. The proposed adjusted unit rate provides a maximum of 175 points.

NOTE TO REVIEWERS: Please complete only the required items. Cells shaded in grey are automatically computed. Please enter information only in the non-shaded areas as requested.

Component 1.

Item					Rating
A. Program Module					
II.A. General Requirements					
<p>1. Consumer Projections. Applicant provided a projected profile of consumers to be served consistent with OAA mandates and targeting criteria. From Table 1 of the application, enter the number of consumers that the Applicant proposed to serve for each category in the corresponding line. The percent, which is automatically computed, is derived by dividing the number for each category by the total number of consumers served. The score for this item is the value rounded to one decimal point, with a maximum score of 50. Score range is 0-50</p>					
	Number	Percent	Weight	Product	
Total Number of Consumers Served (proposed)		100%			
60+ At Poverty Level or below (\$12,140 single, \$16,460 couple)			12.5		
Low Income Minority <125 % of Poverty (\$15,175 single or \$ 20,575 couple)			12.5		
60+ With Mobility & Self Care Limitation			18.75		
60+ with Limited English Proficiency			6.25		
Total (Product)					
<p>Component Score: The score is computed as the sum of the product of the percent and weight columns.</p> <p style="text-align: right;">of this Component (0-50)</p>					

Reviewer note: Please do not fill in any shaded area in the score sheet. These items will be automatically computed based on the input provided in the non-shaded boxes.

Component 2

Item	Score
<p>3.A.1 Service access, delivery and reporting process (Targeting). Applicant provided an explanation on how it plans to target, identify and serve eligible OAA consumers as identified in the Projected Consumer Profile Summary (Application for Funds - Table 1) in the identified service areas.</p> <p>Check box if the applicant reasonably explains how it will:</p> <p><input type="checkbox"/> Target <input type="checkbox"/> Identify <input type="checkbox"/> Serve</p> <p>The score equals the number of checked boxes multiplied by 2. (0-6)</p>	
<p>3.A.2. Service access, delivery and reporting process. (Service Prioritization). Applicant described the process followed to assess, prioritize access, coordinate and deliver OAA services to targeted consumers.</p> <p>Check box if the applicant reasonably explains how it will:</p> <p><input type="checkbox"/> Assess <input type="checkbox"/> Prioritize <input type="checkbox"/> Coordinate <input type="checkbox"/> Deliver</p> <p>The score equals the number of checked boxes. (0-4)</p>	
<p>3.A.3. Service access, delivery and reporting process. (ADRC Interface) Applicant detailed how it will interface with the Aging and Disability Resource Center for resource listing, referral, wait list management and service reporting.</p> <p>Check box if the applicant reasonably explains how it will interface with ADRC for:</p> <p><input type="checkbox"/> Resource Listing <input type="checkbox"/> Referrals <input type="checkbox"/> Wait List Management <input type="checkbox"/> Service Reporting</p> <p>The score equals the number of checked boxes. (0-4)</p>	
<p>3.A.4. Service access, delivery and reporting process. (Service Coordination). Applicant explained how it will coordinate services and develop cooperative agreements, if applicable, with other agencies in the community.</p> <p>Check box if the applicant reasonably explains how it will coordinate and develop cooperative agreements, if applicable, with:</p> <p><input type="checkbox"/> CCE <input type="checkbox"/> Local Community Mental Health Agencies (cooperative agreements) <input type="checkbox"/> Adult Protective Services <input type="checkbox"/> Other Agencies</p> <p>The score equals the number of checked boxes. (0-4)</p>	
<p>3.B.1. Provider Resources. Applicant identified other sources of funding or resources used to supplement the funding under this RFP and described recruitment and use of volunteers</p> <p>Check box if applicant reasonably described:</p> <p><input type="checkbox"/> Other sources of funding <input type="checkbox"/> Recruitment and use of volunteers</p> <p>The score equals the number of checked boxes. (0-2)</p>	
<p>3.B.2. Provider Financial Capacity. Applicant described plans for further development of its financial capacity.</p> <p>If applicant reasonably described a plan for further development of its financial capacity, mark the Yes box. If not, mark the No box.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>"Yes" equals 2. "No" equals 0. (0-2)</p>	

<p>Check <u>all boxes</u> that identify applicant's annual outreach commitments:</p> <p><input type="checkbox"/> 1 to 2 annual events <input type="checkbox"/> 3 to 4 annual events <input type="checkbox"/> 5 or more annual events</p> <p>The score equals the number of checked boxes multiplied by 2. (0-6)</p>	
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Component 2 Score (Items II.A. 3.A.1 through II.A.5.B.)

<p>Component Total</p> <p>Total the scores from this section: (0-60)</p>	
<p>Component Score: Multiply Total Above by 1.1667 (0 – 70)</p>	

Component 3

Item	Score
III.A. Outcome Measures and Standards	
<p>Performance Measures. Applicant described how the agency and services proposed contribute to the achievement of client outcomes standards for each of the following measures:</p>	
<p>Reviewer note: Outcome Measures 1-4 are required if the Applicant is proposing to provide ANY of the following services: adult day care, chore, escort, homemaker/personal care, and/or screening & assessment. If the applicant is NOT proposing to provide any of these services then write “N/A” in the space on the right and skip the rest of the outcome measures in this section. Otherwise, review and score the five remaining outcome measures.</p>	
<p>1. Outcome Measure 1: Percent of new service recipients with high risk nutrition scores whose nutritional status improved.</p> <p>Standard: 66 percent (refers to new consumers with a “high risk” nutritional score in the 701A, 701C, or 701B assessment forms that improved at their next assessment.)</p> <p>Place a check in the box next to each item that the application reasonably describes with respect to the outcome standard:</p> <p><input type="checkbox"/> Provided Strategy/Action Steps <input type="checkbox"/> Provided Outcomes <input type="checkbox"/> Provided Outputs/Inputs</p> <p style="text-align: center;">The score equals the number of checked boxes as score. (0-3)</p>	
<p>2. Outcome Measure 2: Percentage of new service recipients whose ADL assessment scores has been maintained or improved.</p> <p>Standard: 65 percent (refers to percent of Consumers whose ADL assessment score in DOEA 701A or DOEA 701B forms, improved or stayed the same from one fiscal year to the next.)</p> <p>Place a check in the box next to each item that the application reasonably describes with respect to the outcome standard:</p> <p><input type="checkbox"/> Provided Strategy/Action Steps <input type="checkbox"/> Provided Outcomes <input type="checkbox"/> Provided Outputs/Inputs</p> <p style="text-align: center;">The score equals the number of checked boxes (0-3)</p>	

<p>3. Outcome Measure 3: Percentage of new service recipients whose IADL assessment scores has been maintained or improved.</p> <p>Standard: 62.3 percent (refers to percent of Consumers whose IADL assessment score in DOEA 701A or DOEA 701B forms, improved or stayed the same from one fiscal year to the next.)</p> <p>Place a check in the box next to each item that the application reasonably describes with respect to the outcome standard:</p> <p><input type="checkbox"/> Provided Strategy/Action Steps <input type="checkbox"/> Provided Outcomes <input type="checkbox"/> Provided Outputs/Inputs</p> <p style="text-align: right;">The score equals the number of checked boxes. (0-3)</p>	
<p>4. Outcome Measure 4: Percentage of caregivers who self-report being very confident about their ability to continue to provide care.</p> <p>Standard: 89 percent (refers to caregivers stating that they are very likely to continue to provide care as per DOEA 701A and DOEA 701B form).</p> <p>Place a check in the box next to each item that the application reasonably describes with respect to the outcome standard:</p> <p><input type="checkbox"/> Provided Strategy/Action Steps <input type="checkbox"/> Provided Outcomes <input type="checkbox"/> Provided Outputs/Inputs</p> <p style="text-align: right;">The score equals the number of checked boxes. (0-3)</p>	

Component 3 Score (Items III.A.)

<p>This section is automatically computed. If Applicant is providing only non-registered services, the score is automatically calculated for this section, no Applicant input required. If Applicant is providing any registered services, then the score is based on all four Outcome Measures.</p>	
<p>Section Score. The score is based on the table below. (0-20)</p>	

Total Check Marks	Applying for Registered Services	
	Yes	No
0	0.00	20.00
1	1.67	
2	3.33	
3	5.00	
4	6.67	
5	8.33	
6	10.00	
7	11.67	
8	13.33	
9	15.00	
10	16.67	
11	18.33	
12	20.00	

Component 4

The applicant indicated its experience and performance record in the following boxes

1. How many years of experience does the applicant have in providing Title III-B like services in the State of Florida (regardless of funding source) to persons age 60 and older?	POINTS
<p>At least five years of experience 30 points, more than 1 but less than 5 years of experience 15 points, Less than a year zero points</p>	
<p>2. Has the applicant been on corrective action by any funding source(s) for any reason since January 2016?</p> <p>If No ->30 points; If Yes, but corrective action has been resolved positively and documentation from funding source was provided verifying the reason(s) for the corrective action and that the agency is currently in good standing ->15 points; If not resolved or documentation of resolution from funding source not provided -> zero points.</p>	
<p>3. Has the applicant or any person associated with the applicant in the capacity of owner, partner, director, officer, principal, investigator, project director, manager, auditor, or position involving the administration of federal funds been terminated by any funding source(s) for cause related to financial irregularities breach of the requirements set forth in the DOEA Programs and Services Handbook within the six year period prior to the submission date of this RFP?</p> <p>If No - -> 0 points; PROCEED WITH APPLICATION. If yes, the applicant has identified the funding source and submitted copy of termination letter- STOP HERE</p>	
<p>For purposes of these questions, the term "applicant" includes: (1) any affiliates that are wholly owned by the applicant; (2) any parent company that owns all interest in the applicant; and (3) any predecessor in interest to the applicant.</p>	
<p>TOTAL QUALIFICATIONS AND EXPERIENCE (0-60)</p>	

Component 5

Item	Checked
V.A. Description of Organizational Capability	
Make a check mark for the inclusion in the application of each of the items listed below. If item is missing from the application, leave the box blank.	
1. A copy of the most recent organizational chart certified by an officer of the applicant and illustrating the structure and relationship of all paid staff positions related to the program in question.	
2. Copies of job descriptions for all key staff involved in the performance of this contract, including management.	
3. A copy of the most recent audited financial statements and compliance reporting package. With respect to such audited financial statements, include any letters to management submitted by the independent auditor under separate cover as well as any response stating management's position and plan of action.	
4. A full roster of all current members of your Board of Directors or its equivalent (for each member include contact information independent of applicant's corporate address.)	
5. A copy of corporate bylaws, if applicable.	
6. A certificate of insurance from the applicant's agent detailing the types of coverage you currently hold, the maximum dollar amount for each, and the dates when coverage became effective and is scheduled to terminate. Applicant is required to demonstrate liability and worker's compensation insurance coverage.	
7. A copy of the disaster and continuity of operations plan (COOP) using the template from the Alliance for Aging website.	
8. A signed assurance of commitment and capacity to comply with CIRTIS reporting	
9. A signed assurance of commitment and capacity to comply with ADRC reporting	
10. Signed attestation certifying that the applicant meets the minimum service provider qualifications as listed in the 2017 DOEA Programs and Services Handbook and will comply with the delivery standards set for each service for which funding is requested. The attestation must include, a chart listing each of the services for which funding is requested.	
11. A copy of current license for each service and/or individual that requires licensure.	
12. Copies of Pre-Service and In-Service Staff Training Plans.	
13. Quality Assurance Policy in accordance with requirements listed in Chapter 4 of the 2017 DOEA Programs and Services Handbook.	
14. Facility based programs must provide a copy of the current Certificate of Use (or its equivalent) in the name of the applicant for each location providing services under Title III-B.	

Note: None of the items listed above are scored, but they are required to be submitted. Failure of an applicant to submit Items 10, 11 and 14 shall automatically be deemed a material deviation that adversely affects that interest of the Alliance and shall result in rejection of the application by the Alliance.

PROGRAM MODULE SCORE:

Program Module Score (0 – 200 points) = sum of:	
Component 1 - (0 to 50 points):	
Component 2 – Mean of Reviewers Score (0 to 70 points):	
Component 3 – Mean of Reviewers Score (0 to 20 points):	
Component 4 - (0 to 60 points):	

This Program Module score will apply to all services under this OAA title’s application.

B. Application Evaluation Instrument for Part B (Contract Module)

Applicant: _____

Date: _____

Scoring of Contract Module:

Proposed Adjusted Rate Score

For each service, except Housing Improvement/Material Aid and Specialized Medical Equipment and Supplies, calculate the proposed rate score by assigning the following:

Lowest Proposed OAA Adjusted unit rate: 175 points

For all other applicants use the following formula:

$(\text{Lowest Proposed OAA Adjusted Rate} / \text{Applicant's Proposed OAA Adjusted Rate}) \times 175 = \text{Applicant's Proposed Adjusted Rate Score}$

Leverage Score

For each service, calculate the leverage score by the following algorithm:

$10 \times (\text{Anticipated All Other Sources} / \text{Proposed OAA Funded})$, with a maximum score of 25 points. (0-25)

CONTRACT MODULE SCORE (varies by service)

Total Contract Module Score (per service) = Rate score + Leverage score (0-200)

Fiscal Forms

Item	Checked	
Make a check mark for the inclusion in the application of each of the items listed below. Failure to submit all of the items listed below (including at least one Match Commitment item) as part of the Contract Module Part B will result in an automatic rejection of the application:		
1. Acceptance of Contract Terms and Conditions (Item II.B. in the Application--form included as Apendix VI.)		Must Provide at Least One Match Commitment Source
2. Statement of No Involvement (Item III.B. in the Application--form included as Appendix VII.)		
3. OAA Federal Assurances (Item III.B.1 in the Application--form included as Appendix XI.)		
4. Match Commitment of Cash Donation (Item IV.B. in the Application.)		
5. Match Commitment for Donation of Building Space (Item V.B. in the Application.)		
6. Match Commitment of Supplies (Item VI.B. in the Application.)		
7. Match Commitment of Equipment (Item VII.B. in the Application.)		
8. Match Commitment of In-Kind Contribution of Services by staff of service provider or staff of other organizations (Item VIII.B. in the Application.)		
9. Match Commitment of In-Kind Volunteer Personnel and Travel (Item IX.B. in the Application.)		
10. Intention to Subcontract for Services (Table 4 in the Application.)		
11. Unit Rate Methodology Schedules (Item X.B. in the Application)		

OVERALL APPLICATION SCORE SHEET BY SERVICE

Service Offered	Program Module Score	Adjusted Unit Rate Score	Leverage Score	Final Score Sum of Scores
Adult Day Care				
Chore				
Companionship				
Counseling (Gerontological)				
Emergency Alert Response Install/ Maintenance*				
Escort				
Homemaker/ Personal Care				
Recreation				
Shopping Assistance				
Telephone Reassurance				
Transportation				
Legal Assistance				
Housing Improvements/ Material Aid				
Specialized Medical Equipment and Supplies				

APPENDIX IX – PART II (OAA SUBTITLE III-C1)

NOTE: This Application Evaluation Instrument is applicable for OAA Subtitle III-C1

Applicant: _____

Reviewer: _____ **Date:** _____

This application evaluation instrument covers Part A—Program Module, and Part B-Contract Module.

The Program Module contains five separate components. The maximum possible score for this module is 200 points. Four of these components are scored. The fifth component is not scored, but requests documents and assurances that are mandatory.

Component 1 contains the applicant’s Client projections based on the Alliance’s targeting criteria, the maximum possible score is 50 points. Component 2 describes the applicant’s service delivery system proposed items, the maximum possible score is 70 points. Component 3 contains strategies and action steps related to achieving performance measures, the maximum possible score is 20 points. Component 4 contains information about the applicant’s experience and performance, the maximum possible score is 60 points. Component 5 is a list of compliance documents and assurances.

The Contract Module will be reviewed by Alliance for Aging Fiscal Staff, and contains the Unit Cost Grid, and several forms containing fiscal and contract assurances. The maximum possible score for this module is 200 points. Only the Unit Cost Grid is scored. The Unit Cost Grid provides information about service funding from non-OAA sources and the proposed adjusted unit rate per service. The proposed unit rate per service must be supported by a Unit Cost Methodology which will be reviewed after the intent to award but prior to contract execution. The aggregate level of service funding from non-OAA sources as a share of requested OAA funds provides a maximum of 25 points. The proposed adjusted unit rate provides a maximum of 175 points.

NOTE TO REVIEWERS: Please complete only the required items. Cells shaded in grey are computations that will be done for you. Please enter information only in the non-shaded areas as requested.

Item					Rating
A. Program Module					
II.A. General Requirements					
<p>1. Consumer Projections. Applicant provided a projected profile of consumers to be served consistent with OAA mandates and targeting criteria. From Table 1 of the application, enter the number of consumers that the Applicant proposed to serve for each category in the corresponding line. The percent, which is automatically computed, is derived by dividing the number for each category by the total number of consumers served. The score for this item is the value rounded to one decimal point, with a maximum score of 40. Score range is 0-40</p>					
	Number	Percent	Weight	Product	
Total Number of Consumers Served (proposed)		100%			
60+ At Poverty Level or below (\$12,140 single, \$16,460 couple)			12.5		
Low Income Minority <125 % of Poverty (\$15,175 single or \$20,575 couple)			12.5		
60+ With Mobility & Self Care Limitation			18.75		
60+ with Limited English Proficiency			6.25		
Total (Product)					
<p>Component Score: The score is computed as the sum of the product of the percent and weight column.</p> <p style="text-align: right;">Score of this Component (0-50)</p>					

Reviewer note: Please do not fill in any shaded area in the score sheet. These items will be automatically computed based on the input provided in the non-shaded boxes.

Item	Score
<p>3.A.1 Service access, delivery and reporting process (Targeting). Applicant provided an explanation on how it plans to target, identify and serve eligible OAA consumers as identified in the Projected Consumer Profile Summary (Application for Funds – Table 1) in the identified service areas.</p> <p>Check box if the applicant reasonably explains how it will:</p> <p><input type="checkbox"/> Target <input type="checkbox"/> Identify <input type="checkbox"/> Serve</p> <p>The score equals the number of checked boxes multiplied by 2. (0-6)</p>	
<p>3.A.2. Service access, delivery and reporting process. (Service Prioritization). Applicant described the process followed to assess, prioritize access, coordinate and deliver OAA services to targeted consumers.</p> <p>Check box if the applicant reasonably explains how it will:</p> <p><input type="checkbox"/> Assess <input type="checkbox"/> Prioritize <input type="checkbox"/> Coordinate <input type="checkbox"/> Deliver</p> <p>The score equals the number of checked boxes. (0-4)</p>	
<p>3.A.3. Service access, delivery and reporting process (ADRC Interface.) Applicant detailed how it will interface with the Aging and Disability Resource Center for resource listing, referral, wait list management and service reporting.</p> <p>Check box if the applicant reasonably explains how it will interface with ADRC for:</p> <p><input type="checkbox"/> Resource Listing <input type="checkbox"/> Referral <input type="checkbox"/> Wait List Management <input type="checkbox"/> Service Reporting</p> <p>The score equals the number of checked boxes. (0-4)</p>	
<p>3.A.4. Service access, delivery and reporting process. (Service Coordination). Applicant explained how it will coordinate services and develop cooperative agreements, if applicable, with other agencies in the community.</p> <p>Check box if the applicant reasonably explains how it will coordinate and develop agreements, if applicable, with:</p> <p><input type="checkbox"/> CCE <input type="checkbox"/> Local Community Mental Health Agencies (cooperative agreements) <input type="checkbox"/> Adult Protective Services <input type="checkbox"/> Other Agencies</p> <p>The score equals the number of checked boxes. (0-4)</p>	
<p>3.B.1. Provider Resources. Applicant identified other sources of funding or resources used to supplement the funding under this RFP and described recruitment and use of volunteers. Check box if applicant reasonably described:</p> <p><input type="checkbox"/> Other sources of funding <input type="checkbox"/> Recruitment and use of volunteers</p> <p>The score equals the number of boxes checked. This is the score (0-2)</p>	
<p>3.B.2. Provider Financial Capacity. Applicant described plans for further development of its financial capacity.</p> <p>If applicant reasonably described a plan for further development of its financial capacity, mark the Yes box. If not, mark the No box.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>"Yes" equals 2. "No" equals 0. (0-2)</p>	
<p>3.C.1. New approaches/models of service delivery. The applicant demonstrated an ability to find new approaches or models for service delivery and demonstrated that it has a system to solicit and incorporate public input into service delivery/planning efforts</p> <p>Check boxes if applicant reasonably described:</p> <p><input type="checkbox"/> New approach(es) <input type="checkbox"/> A system to capture/incorporate public input</p> <p>The score equals the number of checked boxes. (0-2)</p>	

<p>3.D. Staff development. The applicant showed that it would provide training and staff development. Check that copies of pre-service and in-service training plans are attached in section V.A. If not, leave all three boxes blank for this question. Otherwise, check box if the applicant reasonably explains how it will conduct:</p> <p><input type="checkbox"/> Staff Recruitment <input type="checkbox"/> Training and staff development <input type="checkbox"/> Employee Performance Evaluation</p> <p>The score equals the number of checked boxes multiplied by 2. (0-6)</p>	
<p>3.E. Leadership and advocacy. The applicant demonstrated that it would provide leadership in the community and be an advocate for the population to be served. Check box if the applicant reasonably explains how it will provide for:</p> <p><input type="checkbox"/> Leadership in the Community <input type="checkbox"/> Being an Advocate</p> <p>The score equals the number of checked boxes. (0-2)</p>	
<p>4.A.1. External Quality Assurance – Client Satisfaction Methods. Applicant described in detail the process to be followed in determining client satisfaction. Check box if the applicant reasonably explains how it will:</p> <p><input type="checkbox"/> Determine Consumer Satisfaction <input type="checkbox"/> Address Consumer Concerns <input type="checkbox"/> Implement Needed Changes</p> <p>The score equals the number of checked boxes multiplied by 2. (0-6)</p>	
<p>4.A.2. External Quality Assurance – Client Satisfaction Tools. Applicant described the tools used to assess level of consumer participation and satisfaction with services rendered. Check box if the applicant reasonably explains the tools it will use to determine:</p> <p><input type="checkbox"/> Consumer Participation <input type="checkbox"/> Consumer Satisfaction</p> <p>The score equals the number of checked boxes multiplied by 2. (0-4)</p>	
<p>4.B.1. Quality Assurance – Internal Evaluation Process. The application described internal methods and management controls to assure the quality, quantity, economy and appropriateness of services provided. Check box if the applicant complied with above for:</p> <p><input type="checkbox"/> Quality <input type="checkbox"/> Quantity and economy <input type="checkbox"/> Appropriateness</p> <p>The score equals the number of checked boxes multiplied by 2. (0-6)</p>	
<p>4.B.2. Quality Assurance – Unusual Incidents Reporting. Applicant described the procedures and methods used to investigate, document and report unusual incidents. Check box if the applicant reasonably explains the methods used for unusual events:</p> <p><input type="checkbox"/> Investigate <input type="checkbox"/> Document <input type="checkbox"/> Report <input type="checkbox"/> Implement</p> <p>The score equals the number of checked boxes multiplied by 2. (0-6)</p>	
<p>5.B. Outreach Efforts. Applicant provided a detailed description of how it plans to conduct outreach events or activities in the community to identify individuals who have the greatest economic or social need, particularly low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas. The description included the specific number of outreach events or activities it plans to conduct at a minimum each year.</p> <p>Check <u>all boxes</u> that identify applicant’s annual outreach commitments:</p> <p><input type="checkbox"/> 1 or 2 annual events <input type="checkbox"/> 3 to 4 annual events <input type="checkbox"/> 5 or more annual events</p> <p>The score equals the number of checked boxes multiplied by 2. (0-6)</p>	

Component 2 Score (Items II.A. 3.A.1 through II.A.5.B.)

Component Total Total the scores from this section: (0-60)	
Component Score: Multiply Total Above by 1.1667: (0 - 70)	

Component 3

Item	Score
III.A. Outcome Measures and Standards	
<p>Performance Measures. Applicant described how the agency and services proposed contribute to the achievement of client outcomes standards for each of the following measures:</p>	
<p>1. Outcome Measure: Percent of new service recipients with high risk nutrition scores whose nutritional status improved.</p> <p>Standard: 66 percent (refers to new consumers with a “high risk” nutritional score in the 701C or 701B assessment forms that improved at their next assessment.)</p> <p>Place a check in the box next to each item that the application reasonably describes with respect to the outcome standard:</p> <p><input type="checkbox"/> Provided Strategy/Action Steps <input type="checkbox"/> Provided Outcomes <input type="checkbox"/> Provided Outputs/Inputs</p> <p>The score equals the number of checked boxes as score. (0-3)</p>	

Component 3 Score (Items III.A.)

<p>This cell is automatically computed by adding the points for Items II.A.1. (0 – 3 Points)</p>	
<p>The score for this component is automatically calculated by multiplying the total points by 6.667 (maximum 20 points.)</p>	

Component 4

The applicant indicated its experience and performance record in the following boxes

1. How many years of experience does the applicant have in providing Title III-B like services in the State of Florida (regardless of funding source) to persons age 60 and older?	POINTS
<p>At least five years of experience 30 points, more than 1 but less than 5 years of experience 15 points, Less than a year zero points</p>	
<p>2. Has the applicant been on corrective action by any funding source(s) for any reason since January 2016?</p> <p>If No ->30 points; If Yes, but corrective action has been resolved positively and documentation from funding source was provided verifying the reason(s) for the corrective action and that the agency is currently in good standing ->15 points; If not resolved or documentation of resolution from funding source not provided -> zero points.</p>	
<p>3. Has the applicant or any person associated with the applicant in the capacity of owner, partner, director, officer, principal, investigator, project director, manager, auditor, or position involving the administration of federal funds been terminated by any funding source(s) for cause related to financial irregularities or breach of the requirements set forth in the DOEA Programs and Services Handbook within the six year period prior to the submission date of this RFP?</p> <p>If No -> 0 points; PROCEED WITH APPLICATION. If yes, the applicant has identified the funding source and submitted copy of termination letter- STOP HERE</p>	
<p>For purposes of these questions, the term "applicant" includes: (1) any affiliates that are wholly owned by the applicant; (2) any parent company that owns all interest in the applicant; and (3) any predecessor in interest to the applicant.</p>	
<p>TOTAL QUALIFICATIONS AND EXPERIENCE (0-60)</p>	

Item	Checked
V.A. Description of Organizational Capability	
Make a check mark for the inclusion in the application of each of the items listed below. If item is missing from the application, leave the box blank.	
1. A copy of the most recent organizational chart certified by an officer of the applicant and illustrating the structure and relationship of all paid staff positions related to the program in question.	
2. Copies of job descriptions for all staff involved in the performance of this contract, including management.	
3. A copy of the most recent audited financial statements and compliance reporting package. With respect to such audited financial statements, include any letters to management submitted by the independent auditor under separate cover as well as any response stating management's position and plan of action.	
4. A full roster of all current members of your Board of Directors or its equivalent (for each member include contact information.)	
5. A copy of corporate bylaws, if applicable.	
6. A certificate of insurance from your agent detailing the types of coverage you currently hold, the maximum dollar amount for each, and the dates when coverage became effective and is scheduled to terminate. Applicant is required to demonstrate liability and worker's compensation insurance coverage.	
7. A copy of the disaster and continuity of operations plan (COOP) using the template from the Alliance for Aging website.	
8. A signed assurance of commitment and capacity to comply with CIRTTS reporting	
9. A signed assurance of commitment and capacity to comply with ADRC reporting	
10. Signed attestation certifying that the applicant meets the minimum service provider qualifications as listed in the 2017 DOEA Programs and Services Handbook and will comply with the delivery standards set for each service for which funding is requested. The attestation must include, a chart listing each of the services for which funding is requested	
11. A copy of the dietician's license.	
12. Signed attestation certifying that the applicant's caterer has not had an administrative complaint and/or closure (permanent or temporary) within the last twelve months of the date of applicant's submission of this proposal (Appendix XV-2).	
13. Copies of Pre-Service and In-Service Staff Training Plans.	
14. Quality Assurance Policy in accordance with requirements listed in Chapter 4 of the 2017 DOEA Programs and Services Handbook.	
15. A copy of the food vendor's license.	
16. Facility based programs must provide a copy of the current Certificate of Use (or its equivalent) in the name of the applicant for each location providing contracted services	

under Title III-C1.



Note: None of the Organizational Capacity Package items listed on IX-2-8 above are scored, but they are required to be submitted. Failure of an applicant to submit Items 10, 11, 12, 15, and 16 shall automatically be deemed a material deviation that adversely affects that interest of the Alliance and shall result in rejection of the application by the Alliance.

Program Module Score (0 – 200 points) = sum of: Component 1 (0 to 50 points): Component 2 – Mean of Reviewers Score (0 to 70 points): Component 3 – Mean of Reviewers Score (0 to 20 points): Component 4 (0 to 60 points):	

This Program Module score will apply to all services under this OAA title’s application.

B. Application Evaluation Instrument for Part B (Contract Module)

Applicant: _____

Date: _____

Scoring of Contract Module:

Proposed Adjusted Rate Score

For each service, calculate the proposed rate score by assigning the following:

Lowest Proposed OAA Adjusted unit rate: 175 points

For all other applicants use the following formula:

$(\text{Lowest Proposed OAA Adjusted Rate} / \text{Applicant's Proposed OAA Adjusted Rate}) \times 175 = \text{Applicant's Proposed Adjusted Rate Score.}$

Leverage Score

For each service, calculate the leverage score by the following algorithm:

$10 \times (\text{Anticipated All Other Sources} / \text{Proposed OAA Funded})$, with a maximum score of 25 points. (0-25)

CONTRACT MODULE SCORE (varies by service)

Total Contract Score (per service) = Rate score + Leverage score (0-200)

Item	Checked	
Make a check mark for the inclusion in the application of each of the items listed below. Failure to submit all of the items listed below (including at least one Match Commitment item) as part of the Contract Module Part B will result in an automatic rejection of the application:		
1. Acceptance of Contract Terms and Conditions (Item II.B. in the Application--form included as Appendix VI.)		
2. Statement of No Involvement (Item III.B. in the Application--form included as Appendix VII.)		
3. OAA Federal Assurances (Item III.B.1 in the Application--form included as Appendix XI.)		
4. Match Commitment of Cash Donation (Item IV.B. in the Application.)		Must Provide at Least One Match Commitment Source
5. Match Commitment for Donation of Building Space (Item V.B. in the Application.)		
6. Match Commitment of Supplies (Item VI.B. in the Application.)		
7. Match Commitment of Equipment (Item VII.B. in the Application.)		
8. Match Commitment of In-Kind Contribution of Services by staff of service provider or staff of other organizations (Item VIII.B. in the Application.)		
9. Match Commitment of In-Kind Volunteer Personnel and Travel (Item IX.B. in the Application.)		
10. Intention to Subcontract for Services (Table 4 in the Application.)		
11. Unit Rate Methodology Schedules (Item X.B. in the Application)		

OVERALL APPLICATION SCORE SHEET BY SERVICE

Service Offered	Program Module Score	Adjusted Unit Rate Score	Leverage Score	Final Score Sum of Scores
Congregate meals—Traditional				
Congregate meals—Kosher				
Nutrition Education				
Nutrition Counseling				
Congregate Meals Screening				

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APPENDIX IX – PART III (OAA SUBTITLE III-C2)

NOTE: This Application Evaluation Instrument is applicable for OAA Subtitle III-C2

Applicant: _____

Reviewer: _____ **Date:** _____

This application evaluation instrument covers Part A—Program Module, and Part B-Contract Module.

The Program Module contains five separate components. The maximum possible score for this module is 200 points. Four of these components are scored. The fifth component is not scored, but requests documents and assurances that are mandatory.

Component 1 contains the applicant’s Client projections based on the Alliance’s targeting criteria, the maximum possible score is 50 points. Component 2 describes the applicant’s service delivery system proposed items, the maximum possible score is 70 points. Component 3 contains strategies and action steps related to achieving performance measures, the maximum possible score is 20 points. Component 4 contains information about the applicant’s experience and performance, the maximum possible score is 60 points. Component 5 is a list of compliance documents and assurances.

The Contract Module will be reviewed by Alliance for Aging Fiscal Staff, and contains the Unit Cost Grid, and several forms containing fiscal and contract assurances. The maximum score for this module is 200 points. Only the Unit Cost Grid is scored. The Unit Cost Grid provides information about service funding from non-OAA sources and the proposed adjusted unit rate per service. The proposed unit rate per service must be supported by a Unit Cost Methodology which will be reviewed after the intent to award but prior to contract execution. The aggregate level of service funding from non-OAA sources as a share of requested OAA funds provides a maximum of 25 points. The proposed adjusted unit rate provides a maximum of 175 points.

NOTE TO REVIEWERS: Please complete only the required items. Cells shaded in grey are automatically computed. Please enter information only in the non-shaded areas as requested.

Item					Rating
A. Program Module					
II.A. General Requirements					
<p>1. Consumer Projections. Applicant provided a projected profile of consumers to be served consistent with OAA mandates and targeting criteria. From Table 1 of the application, enter the number of consumers that the Applicant proposed to serve for each category in the corresponding line. The percent, which is automatically computed, is derived by dividing the number for each category by the total number of consumers served. The score for this item is the value rounded to one decimal point, with a maximum score of 50. Score range is 0-50</p>					
	Number	Percent	Weight	Product	
Total Number of Consumers Served (proposed)		100%			
60+ At Poverty Level or below (\$12,140 single, \$16,460 couple)			12.5		
Low Income Minority <125 % of Poverty (\$15,175 single or \$20,575 couple)			12.5		
60+ With Mobility & Self Care Limitation			18.75		
60+ with Limited English Proficiency			6.25		
Total (Product)					
<p>Component Score: The score is computed as the sum of the product of the percent and weight column.</p> <p style="text-align: right;">Score of this Component (0-50)</p>					

Reviewer note: Please do not fill in any shaded area in the score sheet. These items will be automatically computed based on the input provided in the non-shaded boxes.

Item	Score
<p>3.A.1 Service access, delivery and reporting process (Targeting). Applicant provided an explanation on how it plans to target, identify and serve eligible OAA consumers as identified in the Projected Consumer Profile Summary (Application for Funds – Table 1) in the identified service areas.</p> <p>Check box if the applicant reasonably explains how it will:</p> <p><input type="checkbox"/> Target <input type="checkbox"/> Identify <input type="checkbox"/> Serve</p> <p>The score equals the number of checked boxes multiplied by 2. (0-6)</p>	
<p>3.A.2. Service access, delivery and reporting process (Service Prioritization). Applicant described the process followed to assess, prioritize access, coordinate and deliver OAA services to targeted consumers.</p> <p>Check box if the applicant reasonably explains how it will:</p> <p><input type="checkbox"/> Assess <input type="checkbox"/> Prioritize <input type="checkbox"/> Coordinate <input type="checkbox"/> Deliver</p> <p>The score equals the number of checked boxes. (0-4)</p>	
<p>3.A.3. Service access, delivery and reporting process (ADRC Interface.) Applicant detailed how it will interface with the Aging and Disability Resource Center for resource listing, referral, wait list management and service reporting.</p> <p>Check box if the applicant reasonably explains how it will interface with ADRC for:</p> <p><input type="checkbox"/> Resource Listing <input type="checkbox"/> Referral <input type="checkbox"/> Wait List Management <input type="checkbox"/> Service Reporting</p> <p>The score equals the number of checked boxes. (0-4)</p>	
<p>3.A.4. Service access, delivery and reporting process (Service Coordination). Applicant explained how it will coordinate services and develop cooperative agreements, if applicable, with other agencies in the community.</p> <p>Check box if the applicant reasonably explains how it will coordinate and develop agreements, if applicable, with:</p> <p><input type="checkbox"/> CCE <input type="checkbox"/> Local Community Mental Health Agencies (cooperative agreements) <input type="checkbox"/> Adult Protective Services <input type="checkbox"/> Other Agencies</p> <p>The score equals the number of checked boxes. (0-4)</p>	
<p>3.B.1. Provider Resources. Applicant identified other sources of funding or resources used to supplement the funding under this RFP and described recruitment and use of volunteers</p> <p>Check box if applicant reasonably described:</p> <p><input type="checkbox"/> Other sources of funding <input type="checkbox"/> Recruitment and use of volunteers</p> <p>The score equals the number of checked boxes. (0-2)</p>	
<p>3.B.2. Provider Financial Capacity. Applicant described plans for further development of its financial capacity.</p> <p>If applicant reasonably described a plan for further development of its financial capacity, mark the Yes box. If not, mark the No box.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>"Yes" equals 2. "No" equals 0. (0-2)</p>	

Check all boxes that identify applicant's annual outreach commitments:			
<input type="checkbox"/> 1 to 2 annual events	<input type="checkbox"/> 3 to 4 annual events	<input type="checkbox"/> 5 or more annual events	
The score equals the number of checked boxes multiplied by 2. (0-6)			

Component 2 Score (Items II.A. 3.A.1 through II.A.5.B.)

Component Total Total the scores from this section: (0-60)	
Component Score: Multiply Total Above by 1.1667 (0 – 70)	

Item	Score
III.A. Outcome Measures and Standards	
<p>Performance Measures. Applicant described how the agency and services proposed contribute to the achievement of client outcomes standards for each of the following measures:</p>	
<p>1. Outcome Measure 1: Percent of new service recipients with high risk nutrition scores whose nutritional status improved.</p> <p>Standard: 66 percent (refers to new consumers with a “high risk” nutritional score in the 701C or 701B assessment forms that improved at their next assessment.)</p> <p>Place a check in the box next to each item that the application reasonably describes with respect to the outcome standard:</p> <p><input type="checkbox"/> Strategy/Action Steps <input type="checkbox"/> Outcomes <input type="checkbox"/> Outputs/Inputs</p> <p style="text-align: right;">The score equals the number of checked boxes as score. (0-3)</p>	
<p>2. Outcome Measure 2: Percentage of new service recipients whose ADL assessment scores has been maintained or improved.</p> <p>Standard: 65 percent (refers to percent of Consumers whose ADL assessment score in DOEA 701A or DOEA 701B forms, improved or stayed the same from one fiscal year to the next.)</p> <p>Place a check in the box next to each item that the application reasonably describes with respect to the outcome standard:</p> <p><input type="checkbox"/> Strategy/Action Steps <input type="checkbox"/> Outcomes <input type="checkbox"/> Outputs/Inputs</p> <p style="text-align: right;">The score equals the number of checked boxes (0-3)</p>	
<p>3. Outcome Measure 3: Percentage of new service recipients whose IADL assessment scores has been maintained or improved.</p> <p>Standard: 62.3 percent (refers to percent of Consumers whose IADL assessment score in DOEA 701A or DOEA 701B forms, improved or stayed the same from one fiscal year to the next.)</p> <p>Place a check in the box next to each item that the application reasonably describes with respect to the outcome standard:</p> <p><input type="checkbox"/> Strategy/Action Steps <input type="checkbox"/> Outcomes <input type="checkbox"/> Outputs/Inputs</p> <p style="text-align: right;">The score equals the number of checked boxes. (0-3)</p>	
<p>4. Outcome Measure 4: Percentage of caregivers who self-report being very confident about their ability to continue to provide care.</p> <p>Standard: 89 percent (refers to caregivers stating that they are very likely to continue to provide care as per DOEA 701B form.)</p> <p>Place a check in the box next to each item that the application reasonably describes with respect to the outcome standard:</p> <p><input type="checkbox"/> Strategy/Action Steps <input type="checkbox"/> Outcomes <input type="checkbox"/> Outputs/Inputs</p> <p style="text-align: right;">The score equals the number of checked boxes. (0-3)</p>	

Component 3 Score (Items III.A.)

<p>Section Score. The score is based on the table below. (0-20)</p>	
--	--

Total Check Marks	Applying for Registered Services	
	Yes	No
0	0.00	20.00
1	1.67	
2	3.33	
3	5.00	
4	6.67	
5	8.33	
6	10.00	
7	11.67	
8	13.33	
9	15.00	
10	16.67	
11	18.33	
12	20.00	

The applicant indicated its experience and performance record in the following boxes

1. How many years of experience does the applicant have in providing Title III-B like services in the State of Florida (regardless of funding source) to persons age 60 and older?	POINTS
<p>At least five years of experience 30 points, more than 1 but less than 5 years of experience 15 points, Less than a year zero points</p>	
<p>2. Has the applicant been on corrective action by any funding source(s) for any reason since January 2016?</p> <p>If No -→30 points; If Yes, but corrective action has been resolved positively and documentation from funding source was provided verifying the reason(s) for the corrective action and that the agency is currently in good standing →15 points; If not resolved or documentation of resolution from funding source not provided → zero points.</p>	
<p>3. Has the applicant or any person associated with the applicant in the capacity of owner, partner, director, officer, principal, investigator, project director, manager, auditor, or position involving the administration of federal funds been terminated by any funding source(s) for cause related to financial irregularities or breach of the requirements set forth in the DOEA Programs and Services Handbook within the six year period prior to the submission date of this RFP?</p> <p>If No - → 0 points; PROCEED WITH APPLICATION. If yes, the applicant has identified the funding source and submitted copy of termination letter- STOP HERE</p>	
<p>For purposes of these questions, the term "applicant" includes: (1) any affiliates that are wholly owned by the applicant; (2) any parent company that owns all interest in the applicant; and (3) any predecessor in interest to the applicant.</p>	
<p>TOTAL QUALIFICATIONS AND EXPERIENCE (0-60)</p>	

Item	Checked
V.A. Description of Organizational Capability	
Make a check mark for the inclusion in the application of each of the items listed below. If item is missing from the application, leave the box blank.	
1. A copy of the most recent organizational chart certified by an officer of the applicant and illustrating the structure and relationship of all paid staff positions related to the program in question.	
2. Copies of job descriptions for all key staff involved in the performance of this contract, including management.	
3. A copy of the most recent audited financial statements and compliance reporting package. With respect to such audited financial statements, include any letters to management submitted by the independent auditor under separate cover as well as any response stating management's position and plan of action.	
4. A full roster of all current members of your Board of Directors or its equivalent (for each member include contact information.)	
5. A copy of corporate bylaws, if applicable.	
6. A certificate of insurance from the applicant's agent detailing the types of coverage you currently hold, the maximum dollar amount for each, and the dates when coverage became effective and is scheduled to terminate. Applicant is required to demonstrate liability and worker's compensation insurance coverage.	
7. A copy of the disaster and continuity of operations plan (COOP) using the template from the Alliance for Aging website.	
8. A signed assurance of commitment and capacity to comply with CIRTTS reporting.	
9. A signed assurance of commitment and capacity to comply with ADRC reporting.	
10. Signed attestation certifying that the applicant meets the minimum service provider qualifications as listed in the 2017 DOEA Programs and Services Handbook and will comply with the delivery standards set for each service for which funding is requested. The attestation must include a chart listing each of service for which funding is requested.	
11. A copy of the dietician's license.	
12. Signed attestation certifying that the applicant's caterer has not had an administrative complaint and/or closure (permanent or temporary) within the last twelve months of the date of applicant's submission of this proposal. (Appendix XV-3)	
13. A Copy of Staff Training Plan.	
14. Quality Assurance Policy in accordance with requirements listed in Chapter 4 of the DOEA Programs and Services Handbook.	
15. A copy of the food vendor's license.	

Note: None of the items listed above are scored, but they are required to be submitted. Failure of an

applicant to submit Items 10, 11, 12, and 15 shall automatically be deemed a material deviation that adversely affects that interest of the Alliance and shall result in rejection of the application by the Alliance.

PROGRAM MODULE SCORE:

Program Module Score (0 – 200 points) = sum of:	
Component 1 (0 to 50 points):	
Component 2 – Mean of Reviewers Score (0 to 70 points):	
Component 3 – Mean of Reviewers Score (0 to 20 points):	
Component 4 (0 to 60 points):	

This Program Module score will apply to all services under this OAA title’s application.

B. Application Evaluation Instrument for Part B (Contract Module)

Applicant: _____

Date: _____

Scoring of Contract Module:

Proposed Adjusted Rate Score

For each service calculate the proposed rate score by assigning the following:

Lowest Proposed OAA Adjusted unit rate: 175 points

For all other applicants use the following formula:

$(\text{Lowest Proposed OAA Adjusted Rate} / \text{Applicant's Proposed OAA Adjusted Rate}) \times 175$
= Applicant's Proposed Adjusted Rate Score

Leverage Score

For each service, calculate the leverage score by the following algorithm:

$10 \times (\text{Anticipated All Other Sources} / \text{Proposed OAA Funded})$, with a maximum score of 25 points. (0-25)

CONTRACT MODULE SCORE (varies by service)

Total Contract Module Score (per service) = Rate score + Leverage score (0-200)

Fiscal Forms

Item	Checked	
Make a check mark for the inclusion in the application of each of the items listed below. Failure to submit all of the items listed below (including at least one Match Commitment item) as part of the Contract Module Part B will result in an automatic rejection of the application:		
1. Acceptance of Contract Terms and Conditions (Item II.B. in the Application--form included as Appendix VI.)		
2. Statement of No Involvement (Item III.B. in the Application--form included as Appendix VII.)		
3. OAA Federal Assurances (Item III.B.1 in the Application--form included as Appendix XI.)		
4. Match Commitment of Cash Donation (Item IV.B. in the Application.)		Must Provide at Least One Match Commitment Source
5. Match Commitment for Donation of Building Space (Item V.B. in the Application.)		
6. Match Commitment of Supplies (Item VI.B. in the Application.)		
7. Match Commitment of Equipment (Item VII.B. in the Application.)		
8. Match Commitment of In-Kind Contribution of Services by staff of service provider or staff of other organizations (Item VIII.B. in the Application.)		
9. Match Commitment of In-Kind Volunteer Personnel and Travel (Item IX.B. in the Application.)		
10. Intention to Subcontract for Services (Table 4 in the Application.)		
11. Unit Rate Methodology Schedules (Item X.B. in the Application)		

OVERALL APPLICATION SCORE SHEET BY SERVICE

Service Offered	Program Module Score	Adjusted Unit Rate Score	Leverage Score	Final Score Sum of Scores
Home delivered meals—traditional-Hot				
Home delivered meals—Frozen				
Home delivered meals—Kosher				
Nutrition Education				
Nutrition Counseling				
Home Delivered Meals Screening and Assessment				

APPENDIX IX – PART IV (OAA TITLE III-E)

NOTE: This Application Evaluation Instrument is applicable for OAA Title III-E

Applicant: _____

Reviewer: _____ **Date:** _____

This application evaluation instrument covers Part A—Program Module, and Part B-Contract Module.

The Program Module contains five separate components. The maximum possible score for this module is 200 points. Four of these components are scored. The fifth component is not scored, but requests documents and assurances that are mandatory.

Component 1 contains the applicant’s Client projections based on the Alliance’s targeting criteria, the maximum possible score is 50 points. Component 2 describes the applicant’s service delivery system proposed items, the maximum possible score is 70 points. Component 3 contains strategies and action steps related to achieving performance measures, the maximum possible score is 20 points. Component 4 contains information about the applicant’s experience and performance, the maximum possible score is 60 points. Component 5 is a list of compliance documents and assurances.

The Contract Module will be reviewed by Alliance for Aging Fiscal Staff, and contains the Unit Cost Grid, and several forms containing fiscal and contract assurances. The maximum possible score for this module is 200 points. Only the Unit Cost Grid is scored. The Unit Cost Grid provides information about service funding from non-OAA sources and the proposed adjusted unit rate per service. The proposed unit rate per service must be supported by a Unit Cost Methodology which will be reviewed after the intent to award but prior to contract execution. The aggregate level of service funding from non-OAA sources as a share of requested OAA funds provides a maximum of 25 points. The proposed adjusted unit rate provides a maximum of 175 points.

NOTE TO REVIEWERS: Please complete only the required items. Cells shaded in grey are automatically computed. Please enter information only in the non-shaded areas as requested.

Component 1

Item					Rating
A. Program Module					
II.A. General Requirements					
<p>1. Consumer Projections. Applicant provided a projected profile of consumers to be served consistent with OAA mandates and targeting criteria. From Table 1 of the application, enter the number of consumers that the Applicant proposed to serve for each category in the corresponding line. The percent, which is automatically computed, is derived by dividing the number for each category by the total number of consumers served. The score for this item is the value rounded to one decimal point, with a maximum score of 50. Score range is 0-50.</p>					
	Number	Percent	Weight	Product	
Total Number of Consumers Served (proposed)		100%			
60+ At Poverty Level or below (\$12,140 single, \$16,460 couple)			12.5		
Low Income Minority <125 % of Poverty (\$15,175 single or \$20,575 couple)			12.5		
60+ With Mobility & Self Care Limitation			18.75		
60+ with Limited English Proficiency			6.25		
Total (Product)					
<p>Component Score: The score is computed as the sum of the product of the percent and weight columns.</p> <p style="text-align: right;">This is the score of this Component (0-50)</p>					

Reviewer note: Please do not fill in any shaded area in the score sheet. These items will be automatically computed based on the input provided in the non-shaded boxes.

Item	Score
<p>3.A.1 Service access, delivery and reporting process (Targeting). Applicant provided an explanation on how it plans to target, identify and serve eligible OAA consumers as identified in the Projected Consumer Profile Summary (Application for Funds – Table 1) in the identified service areas.</p> <p>Check box if the applicant reasonably explains how it will:</p> <p><input type="checkbox"/> Target <input type="checkbox"/> Identify <input type="checkbox"/> Serve</p> <p>The score equals the number of checked boxes multiplied by 2. (0-6)</p>	
<p>3.A.2. Service access, delivery and reporting process (Service Prioritization). Applicant described the process followed to assess, prioritize access, coordinate and deliver OAA services to targeted consumers.</p> <p>Check box if the applicant reasonably explains how it will:</p> <p><input type="checkbox"/> Assess <input type="checkbox"/> Prioritize <input type="checkbox"/> Coordinate <input type="checkbox"/> Deliver</p> <p>The score equals the number of checked boxes. (0-4)</p>	
<p>3.A.3. Service access, delivery and reporting process (ADRC Interface). Applicant detailed how it will interface with the Aging and Disability Resource Center for resource listing, referral, wait list management and service reporting.</p> <p>Check box if the applicant reasonably explains how it will interface with ADRC for:</p> <p><input type="checkbox"/> Resource Listing <input type="checkbox"/> Referral <input type="checkbox"/> Wait List Management <input type="checkbox"/> Service Reporting</p> <p>The score equals the number of checked boxes. (0-4)</p>	
<p>3.A.4. Service access, delivery and reporting process (Service Coordination). Applicant explained how it will coordinate services and develop cooperative agreements, if applicable, with other agencies in the community.</p> <p>Check box if the applicant reasonably explains how it will coordinate and develop cooperative agreements, if applicable, with:</p> <p><input type="checkbox"/> CCE <input type="checkbox"/> Local Community Mental Health Agencies (cooperative agreements) <input type="checkbox"/> Adult Protective Services <input type="checkbox"/> Other Agencies</p> <p>The score equals the number of checked boxes. (0-4)</p>	
<p>3.B.1. Provider Resources. Applicant identified other sources of funding or resources used to supplement the funding under this RFP and described recruitment and use of volunteers</p> <p>Check box if applicant reasonably described:</p> <p><input type="checkbox"/> Other sources of funding <input type="checkbox"/> Recruitment and use of volunteers</p> <p>The score equals the number of checked boxes. (0-2)</p>	
<p>3.B.2. Provider Financial Capacity. Applicant described plans for further development of its financial capacity.</p> <p>If applicant reasonably described a plan for further development of its financial capacity, mark the Yes box. If not, mark the No box.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>"Yes" equals 2. "No" equals 0. (0-2)</p>	

Check <u>all boxes</u> that identify applicant's annual outreach commitments:			
<input type="checkbox"/> 1 to 2 annual events	<input type="checkbox"/> 3-4 annual events	<input type="checkbox"/> 5 or more annual events	
The score equals the number of checked boxes multiplied by 2. (0-6)			

Component 2 Score (Items II.A. 3.A.1 through II.A.5.B.)

Component Total Total the scores from this section: (0-60)	
Component Score: Multiply Total Above by 1.667: (0 - 70)	

Component 3

Item	Score
III.A. Outcome Measures and Standards	
<p>Performance Measures. Applicant described how the agency and services proposed contribute to the achievement of client outcomes standards for each of the following measures:</p>	
<p>Reviewer note: Outcome measures 1 through 4 apply only if the applicant is proposing to provide ANY of the following services: Adult Day Care, Respite, Respite In-Home, Respite In-Facility, and/or Chore. If the applicant is NOT proposing to provide any of these services then write “N/A” in the space on the right and skip the rest of the outcome measures in this section. Otherwise, review and score the six remaining outcome measures.</p>	
<p>1. Outcome Measure: Percent of new service recipients with high risk nutrition scores whose nutritional status improved.</p> <p>Standard: 66 percent (refers to new consumers with a “high risk” nutritional score in the 701A or 701B assessment forms that improved at their next assessment.)</p> <p>Place a check in the box next to each item that the application reasonably describes with respect to the outcome standard:</p> <p><input type="checkbox"/> Strategy/Action Steps <input type="checkbox"/> Outcomes <input type="checkbox"/> Outputs/Inputs</p> <p style="text-align: right;">The score equals the number of checked boxes as score. (0-3)</p>	
<p>2. Outcome Measure: Percentage of new service recipients whose ADL assessment scores has been maintained or improved.</p> <p>Standard: 65 percent (refers to percent of Consumers whose ADL assessment score in DOEA 701A or DOEA 701B forms, improved or stayed the same from one fiscal year to the next.)</p> <p>Place a check in the box next to each item that the application reasonably describes with respect to the outcome standard:</p> <p><input type="checkbox"/> Strategy/Action Steps <input type="checkbox"/> Outcomes <input type="checkbox"/> Outputs/Inputs</p> <p style="text-align: right;">The score equals the number of checked boxes (0-3)</p>	

3. **Outcome Measure:** Percentage of new service recipients whose IADL assessment scores has been maintained or improved.

Standard: 62.3 percent (refers to percent of Consumers whose IADL assessment score in DOEA 701A or DOEA 701B forms, improved or stayed the same from one fiscal year to the next.)

Place a check in the box next to each item that the application reasonably describes with respect to the outcome standard:

Strategy/Action Steps Outcomes Outputs/Inputs

The score equals the number of checked boxes. (0-3)

4. **Outcome Measure:** Percentage of caregivers who self-report being very confident about their ability to continue to provide care.

Standard: 89 percent (refers to caregivers stating that they are very likely to continue to provide care as per DOEA 701B form.)

Place a check in the box next to each item that the application reasonably describes with respect to the outcome standard:

Strategy/Action Steps Outcomes Outputs/Inputs

The score equals the number of checked boxes. (0-3)

Component 3 Score (Items III.A.)

<p>This section is automatically computed. If Applicant is providing only non-registered services, the score is automatically calculated for this section, no Applicant input required. If Applicant is providing any registered services, then the score is based on all four Outcome Measures.</p>	
<p>Section Score. The score is based on the table below. (0-20)</p>	

Total Check Marks	Applying for Registered Services	
	Yes	No
0	0.00	20.00
1	1.67	
2	3.33	
3	5.00	
4	6.67	
5	8.33	
6	10.00	
7	11.67	
8	13.33	
9	15.00	
10	16.67	
11	18.33	
12	20.00	

Component 4

The applicant indicated its experience and performance record in the following boxes

1. How many years of experience does the applicant have in providing Title III-E like services in the State of Florida (regardless of funding source) to persons age 60 and older?	POINTS
<p>At least five years of experience 30 points, more than 1 but less than 5 years of experience 15 points, Less than a year zero points</p>	
<p>2. Has the applicant been on corrective action by any funding source(s) for any reason since January 2016?</p> <p>If No ->30 points; If Yes, but corrective action has been resolved positively and documentation from funding source was provided verifying the reason(s) for the corrective action and that the agency is currently in good standing ->15 points; If not resolved or documentation of resolution from funding source not provided -> zero points.</p>	
<p>3. Has the applicant or any person associated with the applicant in the capacity of owner, partner, director, officer, principal, investigator, project director, manager, auditor, or position involving the administration of federal funds been terminated by any funding source(s) for cause related to financial irregularities or breach of the requirements set forth in the DOEA Programs and Services Handbook within the six year period prior to the submission date of this RFP?</p> <p>If No -> 0 points; PROCEED WITH APPLICATION. If yes, the applicant has identified the funding source and submitted copy of termination letter- STOP HERE</p> <p>For purposes of these questions, the term "applicant" includes: (1) any affiliates that are wholly owned by the applicant; (2) any parent company that owns all interest in the applicant; and (3) any predecessor in interest to the applicant.</p>	
<p>TOTAL QUALIFICATIONS AND EXPERIENCE (0-60)</p>	

Item	Checked
V.A. Description of Organizational Capability	
Make a check mark for the inclusion in the application of each of the items listed below. If item is missing from the application, leave the box blank.	
1. A copy of the most recent organizational chart certified by an officer of the applicant and illustrating the structure and relationship of all paid staff positions related to the program in question.	
2. Copies of job descriptions for all key staff involved in the performance of this contract, including management.	
3. A copy of the most recent audited financial statements and compliance reporting package. With respect to such audited financial statements, include any letters to management submitted by the independent auditor under separate cover as well as any response stating management's position and plan of action.	
4. A full roster of all current members of your Board of Directors (for each member include contact information.)	
5. A copy of corporate bylaws, if applicable.	
6. A certificate of insurance from the applicant's agent detailing the types of coverage you currently hold, the maximum dollar amount for each, and the dates when coverage became effective and is scheduled to terminate. Applicant is required to demonstrate liability and worker's compensation insurance coverage.	
7. A copy of the disaster and continuity of operations plan (COOP) using the template from the Alliance for Aging website.	
8. A signed assurance of commitment and capacity to comply with CIRT reporting.	
9. A signed assurance of commitment and capacity to comply with ADRC reporting.	
10. Signed attestation certifying that the applicant meets the minimum service provider qualifications as listed in the 2017 DOEA Programs and Services Handbook and will comply with the delivery standards set for each service for which funding is requested. The attestation must include, a chart listing each of the services for which funding is requested.	
11. A copy of a license for each service that requires licensure.	
12. A Copy of Staff Training Plan.	
13. Quality Assurance Policy in accordance with requirements listed in p.4-59 of the 2017 DOEA Programs and Services Handbook.	
14. Facility based programs must provide a copy of the Certificate of Use (or its equivalent) in the name of the application for each location providing contracted services under Title III-E.	

Note: None of the items listed above are scored, but they are required to be submitted. Failure of an applicant to submit Items 10, 11 and 14 shall automatically be deemed a material deviation that adversely affects that

interest of the Alliance and shall result in rejection of the application by the Alliance.

Program Module Score (0 – 200 points) = sum of: Component 1 -(0 to 50 points): Component 2 – Mean of Reviewers Score (0 to 70 points): Component 3 – Mean of Reviewers Score (0 to 20 points): Component 4 -(0 to 60 points):	

B. Application Evaluation Instrument for Part B (Contract Module)

Applicant: _____

Date: _____

Scoring of Contract Module:

Proposed Rate Score

For each service, except Housing Improvement/Material Aid and Specialized Medical Equipment and Supplies, calculate the proposed rate score by assigning the following:

Lowest Proposed OAA Adjusted unit rate: 175 points

For all other applicants use the following formula:

$(\text{Lowest Proposed OAA Adjusted Rate} / \text{Applicant's Proposed OAA Adjusted Rate}) \times 175 = \text{Applicant's Proposed Adjusted Rate Score}$

Leverage Score

For each service, calculate the leverage score by the following algorithm:

$10 \times (\text{Anticipated All Other Sources} / \text{Proposed OAA Funded})$, with a maximum score of 25 points. (0-25)

CONTRACT MODULE SCORE (varies by service)

Total Contract Module Score (per service) = Rate score + Leverage score
(0-200)

FISCAL CONTRACT MODULE SCORE (varies by service)

Total Fiscal Module Contract Score (per service) = Rate score + Leverage score
(0-200)

Item	Checked	
Make a check mark for the inclusion in the application of each of the items listed below. Failure to submit all of the items listed below (including at least one Match Commitment item) as part of the Contract Module Part B will result in an automatic rejection of the application:		
1. Acceptance of Contract Terms and Conditions (Item II.B. in the Application--form included as Appendix VI.)		
2. Statement of No Involvement (Item III.B. in the Application--form included as Appendix VII.)		
3. OAA Federal Assurances (Item III.B.1 in the Application--form included as Appendix XI.)		
4. Match Commitment of Cash Donation (Item IV.B. in the Application.)		Must Provide at Least One Match Commitment Source
5. Match Commitment for Donation of Building Space (Item V.B. in the Application.)		
6. Match Commitment of Supplies (Item VI.B. in the Application.)		
7. Match Commitment of Equipment (Item VII.B. in the Application.)		
8. Match Commitment of In-Kind Contribution of Services by staff of service provider or staff of other organizations (Item VIII.B. in the Application.)		
9. Match Commitment of In-Kind Volunteer Personnel and Travel (Item IX.B. in the Application.)		
10. Intention to Subcontract for Services (Table 4 in the Application.)		
11. Unit Rate Methodology Schedules (Item X.B. in the Application)		

Service Offered	Program Module Score	Adjusted Unit Rate Score	Leverage Score	Final Score Sum of Scores
Support Services:				
Adult Day Care				
Caregiver Training/ Support--Individual				
Caregiver Training/ Support—Group				
Respite				
Respite in Facility				
Grandparent Support Services:				
Caregiver Training/ Support--Individual				
Caregiver Training/ Support—Group				
Legal Assistance				
Sitter				
Supplemental Services:				
Chore				
Housing Improvements/Material Aid				
Specialized Medical Equipment and Supplies				

APPENDIX IX – PART V (OAA TITLE III-D)

NOTE: This Application Evaluation Instrument is applicable for OAA Title III-D

Applicant: _____

Reviewer: _____ **Date:** _____

This application evaluation instrument covers Part A—Program Module, and Part B-Contract Module.

The Program Module contains four separate components. The maximum possible score for this module is 200 points. Three of these components are scored. The fourth component is not scored, but requests documents and assurances that are mandatory.

Component 1 contains the applicant’s Client projections based on the Alliance’s targeting criteria; the maximum possible score is 50 points. Component 2 describes the applicant’s service delivery system proposed items; the maximum possible score is 90 points. Component 3 contains information about the applicant’s experience and performance, the maximum possible score is 60 points. Component 4 is a list of compliance documents and assurances.

The Contract Module will be reviewed by Alliance for Aging Fiscal Staff, and contains the Unit Cost Grid, and several forms containing fiscal and contract assurances. The maximum possible score for this module is 200 points. Only the Unit Cost Grid is scored. The Unit Cost Grid provides information about service funding from non-OAA sources and the proposed adjusted unit rate per service. The proposed unit rate per service must be supported by a Unit Cost Methodology which will be reviewed after the intent to award but prior to contract execution. The aggregate level of service funding from non-OAA sources as a share of requested OAA funds provides a maximum of 25 points. The proposed adjusted unit rate provides a maximum of 175 points.

NOTE TO REVIEWERS: Please complete only the required items. Cells shaded in grey are automatically computed. Please enter information only in the non-shaded areas as requested.

Component 1.

Item					Rating
A. Program Module					
II.A. General Requirements					
<p>1. Consumer Projections. Applicant provided a projected profile of consumers to be served consistent with OAA mandates and targeting criteria. From Table 1 of the application, enter the number of consumers that the Applicant proposed to serve for each category in the corresponding line. The percent, which is automatically computed, is derived by dividing the number for each category by the total number of consumers served. The score for this item is the value rounded to one decimal point, with a maximum score of 50. Score range is 0-50</p>					
	Number	Percent	Weight	Product	
Total Number of Consumers Served (proposed)		100%			
60+ At Poverty Level or below (\$12,140 single, \$16,460 couple)			12.5		
Low Income Minority <125 % of Poverty (\$15,175 single or \$ 20,575 couple)			12.5		
60+ In Medically Underserved Areas ¹			18.75		
60+ with Limited English Proficiency			6.25		
Total (Product)					
<p>Component Score: The score is computed as the sum of the product of the percent and weight columns.</p> <p style="text-align: right;">of this Component (0-50)</p>					

Reviewer note: Please do not fill in any shaded area in the score sheet. These items will be automatically computed based on the input provided in the non-shaded boxes.

- ¹ See the website of the U.S. Department of Health and Human Services Health Resources and Services Administration at <http://muafind.hrsa.gov/> for information about medically under-served areas.

Component 2

Item	Score
<p>3.A.1 Service access, delivery and reporting process (Targeting). Applicant provided an explanation on how it plans to target, identify and serve eligible OAA consumers as identified in the Projected Consumer Profile Summary (Application for Funds - Table 1) in the identified service areas.</p> <p>Check box if the applicant reasonably explains how it will:</p> <p><input type="checkbox"/> Target <input type="checkbox"/> Identify <input type="checkbox"/> Serve</p> <p>The score equals the number of checked boxes multiplied by 2. (0-6)</p>	
<p>3.A.2. Service access, delivery and reporting process. (Service Prioritization). Applicant described the process followed to assess, prioritize access, coordinate and deliver OAA services to targeted consumers.</p> <p>Check box if the applicant reasonably explains how it will:</p> <p><input type="checkbox"/> Assess <input type="checkbox"/> Prioritize <input type="checkbox"/> Coordinate <input type="checkbox"/> Deliver</p> <p>The score equals the number of checked boxes. (0-4)</p>	
<p>3.A.3. Service access, delivery and reporting process. (Service Reporting) Applicant detailed how it will consistently deliver reports by due dates.</p> <p><input type="checkbox"/> Program Implemented <input type="checkbox"/> Success story <input type="checkbox"/> Partnership Agreements <input type="checkbox"/> CIRTs Reporting</p> <p>The score equals the number of checked boxes. (0-4)</p>	
<p>3.A.4. Service access, delivery and reporting process. (Service Coordination). Applicant explained how it will coordinate services to ensure no overlap of services, maximum reach of programs, and building of a sustainable infrastructure.</p> <p><input type="checkbox"/> Service Coordination <input type="checkbox"/> Minimum Overlap <input type="checkbox"/> Maximum reach <input type="checkbox"/> Sustainable infrastructure</p> <p>The score equals the number of checked boxes. (0-4)</p>	
<p>3.B.1. Provider Resources. Applicant identified other sources of funding or resources used to supplement the funding under this RFP and described recruitment and use of volunteers</p> <p>Check box if applicant reasonably described:</p> <p><input type="checkbox"/> Other sources of funding <input type="checkbox"/> Recruitment and use of volunteers</p> <p>The score equals the number of checked boxes. (0-2)</p>	
<p>3.B.2. Provider Financial Capacity. Applicant described plans for further development of its financial capacity.</p> <p>If applicant reasonably described a plan for further development of its financial capacity, mark the Yes box. If not, mark the No box.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>"Yes" equals 2. "No" equals 0. (0-2)</p>	
<p>3.C. Program delivery. Applicant provided a detailed description of its plans to deliver all listed highest level Evidence Based Programs in English and Spanish. Check boxes if applicant reasonably described:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>"Yes" equals 6, "No" equals 0. (0-6)</p>	

<p>3.D. Staff Qualifications. The applicant demonstrated that it would ensure that it maintains a pool of qualified staff. Check box if the applicant explains how it will maintain a pool of qualified staff based upon the following:</p> <p><input type="checkbox"/> Staff Certifications <input type="checkbox"/> Experience <input type="checkbox"/> Education and Training</p> <p>The score equals the number of checked boxes multiplied by 2. (0-6)</p>	
<p>3.E Data Collection and Reporting. The applicant demonstrated that it would provide accurate and timely monthly billing and service reports on required dates, and its capacity for CIRTs data reporting.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>"Yes" equals 2. "No" equals 0. (0-2)</p>	
<p>4.A.1. External Quality Assurance – Client Satisfaction Methods. Applicant described in detail the process to be followed in determining client satisfaction.</p> <p>Check box if the applicant reasonably explains how it will:</p> <p><input type="checkbox"/> Determine Consumer Satisfaction <input type="checkbox"/> Address Consumer Concerns <input type="checkbox"/> Implement Needed Changes</p> <p>The score equals the number of checked boxes multiplied by 2. (0-6)</p>	
<p>4.A.2. External Quality Assurance – Client Satisfaction Tools. Applicant described the tools used to assess level of consumer participation and satisfaction with services rendered.</p> <p>Check box if the applicant reasonably explains the tools it will use to determine:</p> <p><input type="checkbox"/> Consumer Participation <input type="checkbox"/> Consumer Satisfaction</p> <p>The score equals the number of checked boxes multiplied by 1. (0-2)</p>	
<p>4.B.1. Quality Assurance – Internal Evaluation Process. The application described internal methods and management controls to assure the quality, quantity, economy and appropriateness of services provided.</p> <p>Check box if the applicant complied with above for:</p> <p><input type="checkbox"/> quality <input type="checkbox"/> quantity and economy <input type="checkbox"/> Appropriateness</p> <p>The score equals the number of checked boxes multiplied by 2. (0-6)</p>	
<p>4.B.2. Quality Assurance – Unusual Incidents Reporting. Applicant described the procedures and methods used to investigate, document and report unusual incidents.</p> <p>Check box if the applicant reasonably explains the methods used for unusual events:</p> <p><input type="checkbox"/> Investigate <input type="checkbox"/> Document <input type="checkbox"/> Report <input type="checkbox"/> Implement</p> <p>The score equals the number of checked boxes. (0-4)</p>	
<p>5.B. Outreach Efforts. Applicant provided a detailed description of how it plans to conduct outreach events or activities in the community to identify individuals who have the greatest economic or social need, particularly low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas. The description included the specific number of outreach events or activities it plans to conduct at a minimum each year.</p> <p>Check <u>box</u> that identify applicant’s annual outreach commitments:</p> <p><input type="checkbox"/> 1 to 2 annual events <input type="checkbox"/> 3 to 4 annual events <input type="checkbox"/> 5 or more annual events</p> <p>The score equals the number of checked boxes multiplied by 2. (0-6)</p>	

Component 2 Score (Items II.A. 3.A.1 through II.A.5.B.)

Component Total Total the scores from this section: (0-60)	
Component Score: Multiply Total Above by 1.5 (0 – 90)	

Component 3

The applicant indicated its experience and performance record in the following boxes

1. How many years of experience does the applicant have in providing Title III-D like services in the State of Florida (regardless of funding source) to persons age 60 and older?	POINTS
<p>At least five years of experience 30 points, more than 1 but less than 5 years of experience 15 points, Less than a year zero points</p>	
<p>2. Has the applicant been on corrective action by any funding source(s) for any reason since January 2016?</p> <p>If No ->30 points; If Yes, but corrective action has been resolved positively and documentation from funding source was provided verifying the reason(s) for the corrective action and that the agency is currently in good standing ->15 points; If not resolved or documentation of resolution from funding source not provided -> zero points.</p>	
<p>3. Has the applicant or any person associated with the applicant in the capacity of owner, partner, director, officer, principal, investigator, project director, manager, auditor, or position involving the administration of federal funds been terminated by any funding source(s) for cause related to financial irregularities or breach of the requirements set forth in the DOEA Programs and Services Handbook within the six year period prior to the submission date of this RFP?</p> <p>If No - -> 0 points; PROCEED WITH APPLICATION. If yes, the applicant has identified the funding source and submitted copy of termination letter- STOP HERE</p>	
<p>For purposes of these questions, the term "applicant" includes: (1) any affiliates that are wholly owned by the applicant; (2) any parent company that owns all interest in the applicant; and (3) any predecessor in interest to the applicant.</p>	
<p>TOTAL QUALIFICATIONS AND EXPERIENCE (0-60)</p>	

Component 4

Item	Checked
IV.A. Description of Organizational Capability	
Make a check mark for the inclusion in the application of each of the items listed below. If item is missing from the application, leave the box blank.	
1. A copy of the most recent organizational chart certified by an officer of the applicant and illustrating the structure and relationship of all paid staff positions related to the program in question.	
2. Copies of job descriptions for all key staff involved in the performance of this contract, including management.	
3. A copy of the most recent audited financial statements and compliance reporting package. With respect to such audited financial statements, include any letters to management submitted by the independent auditor under separate cover as well as any response stating management's position and plan of action.	
4. A full roster of all current members of your Board of Directors (for each member include contact information independent of applicant's corporate address.)	
5. A copy of corporate bylaws, if applicable.	
6. A certificate of insurance from the applicant's agent detailing the types of coverage you currently hold, the maximum dollar amount for each, and the dates when coverage became effective and is scheduled to terminate. Applicant is required to demonstrate liability and worker's compensation insurance coverage.	
7. A copy of the disaster and continuity of operations plan (COOP) using the template from the Alliance for Aging website.	
8. A signed assurance of commitment and capacity to comply with CIRTIS reporting	
9. Signed attestation certifying that the applicant meets the minimum service provider qualifications as listed in the 2017 DOEA Programs and Services Handbook and will comply with the delivery standards set for each service for which funding is requested. The attestation must include, a chart listing each of the services for which funding is requested. (Appendix XIV-5)	
10. A copy of current license or certification for each service and/or individual that requires licensure or certification.	
11. Quality Assurance Policy in accordance with requirements listed in Chapter 4 of the 2017 DOEA Programs and Services Handbook.	
12. Facility based programs must provide a copy of the Certificate of Use (or its equivalent) in the name of the applicant for each location providing contracted services under Title III-D.	

Note: None of the Organizational Capacity Package items listed above are scored, but they are required to be submitted. Failure of an applicant to submit Items 9, 10, and 12 shall automatically be deemed a material deviation that adversely affects the interest of the Alliance and shall result in rejection of the application by the Alliance.

PROGRAM MODULE SCORE:

Program Module Score (0 – 200 points) = sum of:	
Component 1 - (0 to 50 points):	
Component 2 – Mean of Reviewers Score (0 to 90 points):	
Component 3 – (0 to 60 points):	

This Program Module score will apply to all services under this OAA title’s application.

B. Application Evaluation Instrument for Part B (Contract Module)

Applicant: _____

Date: _____

Scoring of Contract Module:

Proposed Adjusted Rate Score

For each service calculate the proposed rate score by assigning the following:

Lowest Proposed OAA Adjusted unit rate: 175 points

For all other applicants use the following formula:

$(\text{Lowest Proposed OAA Adjusted Rate} / \text{Applicant's Proposed OAA Adjusted Rate}) \times 175 = \text{Applicant's Proposed Adjusted Rate Score}$

Leverage Score

For each service, calculate the leverage score by the following algorithm:

$10 \times (\text{Anticipated All Other Sources} / \text{Proposed OAA Funded})$, with a maximum score of 25 points. (0-25)

CONTRACT MODULE SCORE (varies by service)

Total Contract Module Score (per service) = Rate score + Leverage score (0-200)

Fiscal Forms

Item	Checked	
Make a check mark for the inclusion in the application of each of the items listed below. Failure to submit all of the items listed below (including at least one Match Commitment item) as part of the Contract Module Part B will result in an automatic rejection of the application:		
1. Acceptance of Contract Terms and Conditions (Item II.B. in the Application--form included as Apendix VI.)	<input type="checkbox"/>	Must Provide at Least One Match Commitment Source
2. Statement of No Involvement (Item III.B. in the Application--form included as Appendix VII.)	<input type="checkbox"/>	
3. OAA Federal Assurances (Item III.B.1 in the Application--form included as Appendix XI.)	<input type="checkbox"/>	
4. Match Commitment of Cash Donation (Item IV.B. in the Application.)	<input type="checkbox"/>	
5. Match Commitment for Donation of Building Space (Item V.B. in the Application.)	<input type="checkbox"/>	
6. Match Commitment of Supplies (Item VI.B. in the Application.)	<input type="checkbox"/>	
7. Match Commitment of Equipment (Item VII.B. in the Application.)	<input type="checkbox"/>	
8. Match Commitment of In-Kind Contribution of Services by staff of service provider or staff of other organizations (Item VIII.B. in the Application.)	<input type="checkbox"/>	
9. Match Commitment of In-Kind Volunteer Personnel and Travel (Item IX.B. in the Application.)	<input type="checkbox"/>	
10. Intention to Subcontract for Services (Table 4 in the Application.)	<input type="checkbox"/>	
11. Unit Rate Methodology Schedules (Item X.B. in the Application)	<input type="checkbox"/>	

OVERALL APPLICATION SCORE SHEET BY SERVICE

Service Offered	Program Module Score	Adjusted Unit Rate Score	Leverage Score	Final Score Sum of Scores
A Matter of Balance/ Un Asunto de Equilibrio				
Chronic Disease Self-Management Program/ Tomando Control de su Salud				
Diabetes Self-Management Program/ Programa de Manejo Personal de la Diabetes				
Enhance Fitness				
HomeMeds				

APPENDIX X**OAA RFP APPEAL PROCEDURES**

For purposes of these appeal procedures, an “intended decision” means: (1) issuance of specifications in an RFP or any addenda, or (2) an intended contract award. Failure to file a notice of appeal and a formal written appeal as described in this appendix shall constitute a waiver of proceedings and a waiver of any rights to contest the Alliance’s intended decision. **The procedures in Chapter 120, Florida Statutes, and in Rule 58C-1.0031 do not apply to any OAA RFP.**

STANDARDS FOR APPEAL

- (1). No submission made after the application opening that amends or supplements the application will be considered on appeal.
- (2). The burden of proof shall rest with the party appealing the Alliance's intended decision.
- (3). The decision maker must determine whether the Alliance's proposed action is contrary to its governing statutes or rules, or to the specifications in the RFP. The burden of proof for the appellant is whether the Alliance's intended decision is clearly erroneous, contrary to competition, arbitrary or capricious.

APPEAL PROCEDURES**(4) APPEALING PARTY PROCEDURES.**

(a) Any party who is substantially affected by the Alliance’s intended decision as reflected in the issuance of specifications in an RFP or in any addenda to an RFP must file a written notice of appeal with the Alliance within 72 hours after the posting of the RFP or any addenda, excluding weekends and state holidays.

(b) Any party who is substantially affected by the Alliance’s intended decision to award a contract must file a written notice of appeal with the Alliance within 72 hours after the posting of the notice of intent to award, excluding weekends and state holidays. A substantially affected party is any party who submitted an application for the services that are at issue in the appeal.

(c) A formal written appeal must be filed within 10 calendar days after the date the notice of appeal is filed, unless the 10th day falls on a weekend or state holiday, in which case the deadline shall be the next business day.

(d) The formal written appeal must state, with particularity, the facts and law upon

which the appeal is based. The issues to be addressed in any proceeding conducted pursuant to subsection (6) below are limited to those timely raised in any formal written appeal.

(e) Failure to timely file a notice of appeal and formal written appeal shall constitute a waiver of proceedings and waiver of any rights to contest the Alliance's intended decision.

(f) If any substantially affected party decides to participate in the appeal proceedings, that party must give notice within 3 business days of the posting of the initial notice of the appeal by the Alliance.

(5) PROCEDURES FOR APPEAL.

Upon receipt of a timely filed notice of appeal, the Alliance must take the following steps:

(a) Stop the contract award process until the subject of the appeal is resolved by final action.

(b) Immediately post the notice of appeal in the same manner as the notice of intended award or in the same manner the RFP was posted.

(c) Randomly select an impartial decisionmaker from the Alliance's pool of qualified decisionmakers.

(d) Provide an opportunity to resolve the appeal by mutual agreement between the parties within 7 days, excluding weekends and state holidays. If the subject of an appeal is not resolved by mutual agreement within the time frame set forth in this paragraph, a proceeding must be conducted as set forth in subsection (6) below.

(6) APPEAL RESOLUTION.

(a) If the appeal is not resolved pursuant to paragraph (5)(d), the impartial decisionmaker must commence a hearing within 30 calendar days after the Alliance receives the formal written appeal, unless the 30th day falls on a weekend or state holiday, in which case the deadline shall be the next business day. The provisions of this subsection may be waived only upon stipulation by all parties.

(c) The decisionmaker must render a written decision within 30 calendar days after the hearing. If the 30th day falls on a weekend or state holiday, the deadline shall be the next business day. The provisions of this paragraph may be waived only upon stipulation by all parties.

1. The written decision must include findings of fact and conclusions of law. Based on these findings and conclusions, the decisionmaker may affirm or reject the Alliance's intended decision.

2. If rejecting the Alliance's intended decision, the decisionmaker must simultaneously issue a recommendation to the Alliance supported by findings of fact and conclusions of law.

3. The Alliance may either accept or reject the decisionmaker's recommendation. If the Alliance rejects the decisionmaker's recommendation, the Alliance must notify all parties in writing within 10 calendar days after the recommendation is received, outlining the reason or reasons for rejecting the recommendation; and the Alliance must either start the procurement process again or proceed with its intended decision consistent with its reason or reasons for rejecting the decisionmaker's recommendation.

(d) The decisionmaker may permit the parties to submit findings of fact, conclusions of law, draft orders or memoranda on the issues within a time designated by the decisionmaker.

(e) A default must be entered against a party who:

1. Fails to appear at a hearing as directed by the decisionmaker, unless at least one of the following conditions exists:

a. Illness of a party, witness or attorney that would prevent attendance at the hearing;

b. An act of God that would prevent attendance at the hearing.

c. A designated threat to public safety that would prevent attendance at the hearing;
or

d. Any other circumstance in the opinion of the decisionmaker that would warrant a continuance of the hearing.

(f) An entry of default against a party is deemed the final decision of the decisionmaker.

APPENDIX XI

OAA FEDERAL ASSURANCES

The Applicant certifies that if it receives a contract pursuant to this solicitation:

1. The Applicant will comply with the provisions of 45 CFR 74 and/or 45 CFR 92, 2 CFR Part 200, and other applicable regulations.
2. If the contract is over \$100,000.00, the Applicant shall comply with all applicable standards, orders, or regulations issued under s. 306 of the Clean Air Act as amended (42 U.S.C. 7401, et seq.), s. 508 of the Federal Water Pollution Control Act as amended (33 U.S.C. 1251, et seq.), Executive Order 11738, as amended, and where applicable Environmental Protection Agency regulations 2 CFR Part 1500. The Applicant shall report any violations of the above to the AAA.
3. The Applicant, or an agent acting for the Applicant, may not use any funds received in connection with this contract to influence legislation or appropriations pending before the Congress or any State legislature. If the contract provides funding in excess of \$100,000.00, the Applicant must, prior to contract execution, complete a Certification Regarding Lobbying form. All disclosure forms as required by the Certification Regarding Lobbying form must be completed and returned to the Alliance, prior to payment under this contract.
4. In accordance with Appendix II to 2 CFR 215, the Applicant shall comply with Executive Order 11246, Equal Employment Opportunity, as amended by Executive Order 11375 and others, and as supplemented in Department of Labor regulation 41 CFR 60 and in Department of Health and Human Services regulations 45 CFR 92, if applicable.
5. A contract that provides funding equal to or in excess of \$25,000.00 and certain other contract awards will not be made to parties listed on the government-wide Excluded Parties List System, in accordance with the OMS guidelines at 2 CFR 180 that implement Executive Orders 12549 and 12689, "Debarment and Suspension." The Excluded Parties List System contains the names of parties debarred, suspended, or otherwise excluded by agencies, as well as parties declared ineligible under statutory or regulatory authority other than Executive Order 12549. The Applicant shall comply with these provisions before doing business or entering into a contract to receive federal funds. The Applicant shall complete and sign the CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION FOR LOWER TIER COVERED TRANSACTIONS prior to the execution of this contract.
6. The Applicant shall not employ an unauthorized alien. The AAA shall consider the employment of unauthorized aliens a violation of the Immigration and Nationality Act (8 U.S.C. 1324 a) and the Immigration Reform and Control Act of 1986 (8 U.S.C. 1101). Such violation shall be cause for unilateral cancellation of this contract by the AAA.
7. If the Applicant is a non-profit provider and is subject to Internal Revenue Service (IRS) tax exempt organization reporting requirements (filing a Form 990 or Form 990-N) and has its tax exempt status revoked for failing to comply with the filing requirements of the 2006 Pension Protection Act or for any other reason, the Applicant must notify the AAA in writing within thirty (30) days of receiving the IRS notice of revocation.
8. The Applicant shall comply with Title 2 CFR Part 175 regarding Trafficking in Persons.
9. Unless exempt under 2 CFR Part 170.110(b), the Applicant shall comply with the reporting requirements of the Transparency Act as expressed in 2 CFR 170.
10. To comply with Presidential Executive Order 12989 and State of Florida Executive Order Number 11-116, Applicant agrees to utilize the U.S. Department of Homeland Security's E-verify system to verify the employment of all new employees hired by Applicant during the contract term. Applicant shall include in related subcontracts a requirement that such subcontractors performing work or providing services pursuant to this contract utilize the E-verify system to verify employment of all new employees hired by the subcontractor during the contract term. Applicants meeting the terms and conditions of the E-Verify System are deemed to be in compliance with this provision.

Alliance for Aging

Signature

Title

OAA Federal Assurances

Date

Agency/Organization

APPENDIX XII

CIRTS ASSURANCES

The Applicant certifies that if it receives a contract pursuant to this solicitation it will:

1. Comply with the Client Information and Registration Tracking System reporting requirements as directed by Appendix C of the DOEA Programs and Services Handbook.
2. Ensure the accurate collection and maintenance of client and service information on a monthly basis from the CIRTS or any such system designated by the AAA. Maintenance includes valid exports and backups of all data and systems according to AAA standards.
3. Enter all required data following DOEA's and AAA CIRTS Policy Guidelines for clients and services in the CIRTS database. Data must be entered into CIRTS before the Contractors submit their request for payment and expenditure reports.
4. Run monthly CIRTS reports and verify that client and service data in CIRTS is accurate. This report must be submitted to the AAA with the monthly request for payment and expenditure report and must be reviewed by the AAA before the Contractor's request can be approved by the AAA.
5. Maintain wait lists in CIRTS in accordance with DOEA requirements.

Signature

Date

Title

Agency/Organization

APPENDIX XIII

AGING AND DISABILITY RESOURCE CENTER (ADRC) REPORTING ASSURANCES

The Applicant certifies that it if receives a contract pursuant to this solicitation it will comply with the ADRC reporting requirements as directed by the Alliance. An example of these requirements is included in Attachment K of Appendix IV (Sample Contract) of this RFP.

Signature

Date

Title

Agency/Organization

APPENDIX XIV-1

ATTESTATION THAT APPLICANT MEETS MINIMUM QUALIFICATIONS AS LISTED IN THE DOEA PROGRAM AND SERVICES HANDBOOK TITLE III-B

The Applicant certifies that it meets the minimum service provider qualifications, as listed in the DOEA Program and Services Handbook, including any licensure requirements, if any, and will comply with the delivery service standards set for each service for which funding is requested.

Instructions: To certify please initial after each service being requested in the following table. Then sign at the bottom of the page.

Service Requested		Service Requested	
Initial		Initial	
	Chore		Companionship
	Escort		Homemaker/ Personal Care
	Shopping Assistance		
	Transportation		Adult Day Care
	Counseling (Gerontological)		
	Emergency Alert Response (Install)/(Maint)		Housing Improvements/Material Aid
	Legal Assistance		Recreation
	Specialized Medical Equipment and Supplies		
	Screening and Assessment		

Signature

Date

Title

Agency/Organization

APPENDIX XIV-2

ATTESTATION THAT APPLICANT MEETS MINIMUM QUALIFICATIONS AS LISTED IN THE DOEA PROGRAM AND SERVICES HANDBOOK TITLE III-C1

The Applicant certifies that it meets the minimum service provider qualifications, as listed in the DOEA Program and Services Handbook, including any licensure requirements, if any, and will comply with the delivery service standards set for each service for which funding is requested. The Applicant also certifies that it will meet the Contract Requirements related to nutrition service vendors as referenced in Chapter 4 of the DOEA Programs & Services Handbook.

Instructions: To certify please initial after each service being requested in the following table. Then sign at the bottom of the page.

Service Offered		Service Offered	
Initial		Initial	
	Congregate meals—traditional		Nutrition Education
	Congregate meals—Kosher		Nutrition Counseling
			Congregate Meals Screening

Each Nutrition Provider shall obtain the services of a licensed dietician in planning and providing nutrition services. The dietician paid by the project’s food service vendor cannot provide these services. Responsibilities and functions of the Qualified Dietician are identified on Chapter 4 of the 2017 DOEA Programs and Services Handbook.

Applicants must only contract with food vendors that have had no closures (temporary or permanent) or Administrative Complaints related to food safety in the past 12 months.

Signature

Date

Title

Agency/Organization

**APPENDIX XIV-3
 ATTESTATION THAT APPLICANT MEETS MINIMUM QUALIFICATIONS AS
 LISTED IN THE DOEA PROGRAM AND SERVICES HANDBOOK
 TITLE III-C2**

The Applicant certifies that it meets the minimum service provider qualifications, as listed in the DOEA Program and Services Handbook, including any licensure requirements, if any, and will comply with the delivery service standards set for each service for which funding is requested. The Applicant also certifies that it will meet the Contract Requirements related to nutrition service vendors as referenced in Chapter 4 of the DOEA Programs & Services Handbook.

Instructions: To certify please initial after each service being requested in the following table. Then sign at the bottom of the page.

Service Offered		Service Offered	
Initial		Initial	
	Home delivered meals—traditional Hot		Nutrition Education
	Home delivered meals—Kosher		Nutrition Counseling
	Home delivered meals—traditional frozen		Home delivered meals Screening

Each Nutrition Provider shall obtain the services of a licensed dietician in planning and providing nutrition services. The dietician paid by the project’s food service vendor cannot provide these services. Responsibilities and functions of the Qualified Dietician are identified on Chapter 4 of the July 2017 DOEA Programs and Services Handbook.

Applicants must only contract with food vendors that have had no closures (temporary or permanent) or Administrative Complaints related to food safety in the past 12 months.

Signature

Date

Title

Agency/Organization

APPENDIX XIV-4

**ATTESTATION THAT APPLICANT MEETS MINIMUM QUALIFICATIONS AS LISTED IN THE DOEA PROGRAM AND SERVICES HANDBOOK
TITLE III-E**

The Applicant certifies that it meets the minimum service provider qualifications, as listed in the DOEA Program and Services Handbook, including any licensure requirements, if any, and will comply with the delivery service standards set for each service for which funding is requested.

Instructions: To certify please initial after each service being requested in the following table. Then sign at the bottom of the page.

Service Offered		Service Offered	
Initial	Title III-E	Initial	
	Adult Day Care (Registered)		Respite (Registered)
	Caregiver Training/ Support Individual/Group		Respite in Facility (Registered)
			Screening and Assessment
Title III-EG			
	Caregiver Training/ Support— Individual/Group		Sitter DP
	Legal Assistance		
Title III-ES			
	Chore (Registered)		Material Aid/ Housing Improvement
	Specialized Medical Equipment and Supplies.		

Signature

Date

Title

Agency/Organization

APPENDIX XIV - Part V**CERTIFICATION OF QUALIFICATIONS TO PROVIDE EVIDENCE BASED PROGRAMS**

The Applicant certifies that it will obtain no later than March 1, 2019 and maintain for the term of this RFP (through 12/31/24) all required staff certifications to deliver the following Evidence Based Programs:

<u>Evidence Based Program</u>	<u>Certifying Body</u>	<u>Notes</u>
A Matter of Balance	www.mainehealth.org/mob	Master Trainer
Chronic Disease Self-Management	http://www.selfmanagementresource.com/	
Diabetes Self-Management	http://www.selfmanagementresource.com/	
Enhance Fitness	www.projectenhance.org	nationally recognized fitness instructor certification
HomeMeds	www.HomeMeds.org	

The applicant further attests that it understands and agrees that failure to maintain the above referenced certifications for the duration of the RFP cycle will result in immediate termination of any awarded contract for these services.

 Signature

 Date

 Title

 Agency/Organization

APPENDIX XV-2

CERTIFICATION OF ELIGIBILITY OF PROPOSED CATERER(S)

The Applicant certifies that any and all of its proposed caterer(s) for delivery of services under this Request for Proposal has (have) not had an administrative complaint and/or closure (permanent or temporary) within the last twelve (12) months from the date of the Applicant's submission of this proposal.

The Applicant also certifies that they will have at least three (3) days' worth of shelf stable meals; or a pre-approved three-day menu for emergency meals with reserved funds set aside to purchase the food items; AND at least one back-up caterer (for the same meal type) who can provide meals immediately in the event of an emergency.

Signature

Date

Title

Agency/Organization

APPENDIX XV-3

CERTIFICATION OF ELIGIBILITY OF PROPOSED CATERER(S)

The Applicant certifies that any and all of its proposed caterer(s) for delivery of services under this Request for Proposal has (have) not had an administrative complaint and/or closure (permanent or temporary) within the last twelve (12) months from the date of the Applicant's submission of this proposal.

The Applicant also certifies that they will have at least three (3) days' worth of shelf stable meals; or a pre-approved three-day menu for emergency meals with reserved funds set aside to purchase the food items; AND at least one back-up caterer (for the same meal type) who can provide meals immediately in the event of an emergency.

Signature

Date

Title

Agency/Organization