RFP Notification
**February 3, 2015**

Connections Area Agency on Aging, Inc. is currently soliciting proposals to provide services to the elderly and their caregivers. The Request for Proposals (RFP) being issued on February 3, 2015 is for those agencies who wish to contract with Connections AAA for any of the home and community based services listed in the proposal for the specified counties. This RFP does not apply to those agencies that wish to have a purchase of service agreement with the agency in FY 2016. The notification on those agreements will be issued in April.

Proposals are due back into the Connections office by 5:00 pm on March 4, 2015.

Feel free to make additional copies of the proposals if you need to. Also, if the proposal does not apply to you, feel free to pass it on to someone it may apply to.

QUESTIONS? Call Kelly Butts at 328-2540 or 1-800-432-9209, extension 1013.

# Connections Area Agency on Aging, Inc.

**300 W. Broadway, Suite 240, Council Bluffs, Iowa 51503**
**(712) 328-2540**

# Contracted Service Application

***July 1, 2015 through June 30, 2016***

*February 3, 2015*

# Contracted Service Application

Connections Area Agency on Aging serves the following counties Adams, Adair, Cass, Cherokee, Clarke, Decatur, Fremont, Harrison, Ida, Mills, Monona, Montgomery, Page, Plymouth, Pottawattamie, Ringgold, Shelby, Taylor, Union, and Woodbury. Applications are being sought from agencies and organizations in the area who wish to provide the services specified below for the specified counties.

**Chore Service:** Adams, Adair, Cass, Clarke, Decatur, Fremont, Harrison, Mills, Montgomery, Page, Pottawattamie, Ringgold, Shelby, Taylor, and Union counties.
**Transportation:** Adams, Adair, Cass, Clarke, Decatur, Fremont, Harrison, Mills, Montgomery, Page, Pottawattamie, Ringgold, Shelby, Taylor, and Union counties.
**Assisted Transportation:** Cass, Fremont, Harrison, Mills, Montgomery, Page, Pottawattamie, and Shelby counties.

The Contracted Service Application should be utilized by agencies that desire a set unit based contract with Connections AAA. (Your agency would be guaranteed set amounts of money as long as the agreed upon number of units of service were provided to eligible individuals.) Contracted services also have a match requirement. Federal Title IIIB and State Elderly Service contracted services require a 15% match.

| | | |
|---|---|---|
| Timelines: | February 3, 2015 | Contracted Service Application made available. |
| | March 4, 2015 | Application due to Connections Area Agency on Aging. |
| | March 26, 2015 | Contracts awarded. |
| | May 13, 2015 | Contracts sent out. |
| | July 1, 2015 | Start of program year. |

## INSTRUCTIONS

**I. SUBMISSION:** You can submit in one of two ways.

1) Send your application electronically to kbutts@connectionsaaa.org [Please send only the appropriate pages and not the entire RFP.] **and** mail in the audit **and** mail in the signed assurance pages.

OR

2) Submit one original complete application, one (1) copy of the Summary and Narrative, the audit and signed assurance pages in a sealed envelope marked **FY 2016 Proposal.**

**II. APPLICANT COVER SHEET** (page 4)

The Cover Sheet is required of all contract applicants. **Please place this sheet as the first page of your application so that the name of your organization is clearly visible.** Connections AAA utilizes both Federal Title III B funds and the State of Iowa ES funds for these home and community based service contracts. If you can only utilize one or the other because of your match source, please indicate that on your cover sheet.

For each service, circle any of the funding sources you would be willing to accept and your clientele meet the requirements for. If you are willing to accept a combination of funds for the same service, please circle "Combo". We will try to keep combinations to a minimum, as they would increase reporting requirements.

**III. CONTRACTED SERVICES PROGRAM SUMMARY** – page 5 & 6 – Provide organizational information requested. Note that this page also requests your most recent audit, financial statement and/or operating budget be submitted.

**CHART-** Complete one chart for each service you wish to contract for. At the top of each chart indicate the total amount of funding you are requesting from Connections AAA for that service.

Column:

A. Indicate the Service(s) your agency is requesting to provide. [See Definitions – page~~s 9-11~~ 8]
B. Indicate whether service will be area wide with ***"YES".*** If answer is ***"NO"*** list counties to be served.
C. Indicate the number of clients who meet each criterion as explained on the bottom of the form. [Note: Last year not everyone provided an estimate of the number of clients or only gave an estimate of total clients. Estimates for all categories are required. Applications will be sent back if estimates are not given for each category. If you estimate zero clients in a category, please put 0 on the application form.]
D. Indicate the total amount of service you wish to provide through the contract.
E. Indicate your Actual Cost per unit of the service you will be providing.
F. Indicate the amount per unit you are requesting from Connections.
G. Indicate the amount of Match per unit you will provide [Column E- column F]. (Minimum of 15% match for both Title IIIB/ES)
H. Specify the source of your match and the dollar amount each source is providing. C is for the County funds (or other local public funds). OL is for other local cash (private source). IK is for in-kind or non-cash resources please specify the source. O is for any other source, please specify the source. **Note: Client contributions are encouraged and should be reported on your monthly financial report. They cannot be used as match and so are not listed as a match source on the Program Summary page.**

**SIGNATURE AND DATE:** Must have signature of the person authorized to sign for legal receipt of funds.

**IV. NARRATIVE** – page 7 – A Program Narrative is required for each service you wish to provide.

**V. DEFINITIONS**– page 8 – Services for which contracts are being solicited that may be funded with Older Americans Act and Elderly Services funds and descriptors.

**VI. PROPOSAL ASSURANCES/CONDITIONS**- pages 12-14 – Signature of the person authorized to sign for legal recipient of funds.

# Applicant Cover Sheet

Name of Organization: _____

Address: _____

_____

Contact Person: _____

Date of Submission: _____

| Service(s) Requested: | Acceptable Funding Sources: Circle all that apply | | |
|---|---|---|---|
| _____ | IIIB | ES | Combo |
| _____ | IIIB | ES | Combo |
| _____ | IIIB | ES | Combo |
| _____ | IIIB | ES | Combo |
| _____ | IIIB | ES | Combo |
| _____ | IIIB | ES | Combo |

**NOTE:** ***Application must be received in the Connections office no later than 5:00 pm March 4, 2015.***

# Contracted Service Program Summary

| | | |
|---|---|---|
| Organization: | | Tax Identification #: |
| Address: | Director: | Contact Person: |
| | City/State: | Zip Code: |
| Telephone #: | Fax #: | Email Address: |
| Organization is: Public Agency | Private, Nonprofit Agency | For Profit Agency |

Services this organization currently offers are open to persons, regardless of sex, ethnicity, religion or race:

oYes oNo

If no, explain:_____

_____

DUNS Number:_____

Attach a copy of your most recent audit, financial statement and/or operating budget.

TOTAL FUNDING REQUESTED _____(column D x column F)

| [A] SERVICE TO BE PROVIDED | [B] SERVICE PROVIDED AREA WIDE YES OR NO | [C] NUMBER OF CLIENTS TO BE SERVED | [D] TOTAL UNITS OF SERVICE REQUESTED | [E] ACTUAL COST ($) PER UNIT | [F] REQUESTED CONNECTIONS AAA COST ($) PER UNIT | [G] MATCH $ PER UNIT [E-F] | [H] MATCH SOURCES/ TOTAL $ AMOUNTS |
|---|---|---|---|---|---|---|---|
| | | **T** | | | | | **C** |
| | | **LI** | | | | | **OL** |
| | | **M** | | | | | **IK** |
| | | **R** | | | | | **O** |
| | | **LIM** | | | | | |
| | | | | | | | |
| | | | | | | | |

**CLIENTS TO BE SERVED: T:** TOTAL 60+ SERVED (UNDUPLICATED) **LI:** 60+ LOW INCOME **M:** 60+ MINORITY **R:** 60 + RURAL **LIM:** 60+ LOW INCOME MINORITY

**MATCH SOURCES: C:** COUNTY FUNDS **OL:** OTHER LOCAL CASH **IK:** IN-KIND OR NON –CASH RESOURCES (SPECIFY) **O:** OTHER (SPECIFY)

_____ _____

AUTHORIZED SIGNATURE DATE

TOTAL FUNDING REQUESTED _____(column D x column F)

| [A] SERVICE TO BE PROVIDED | [B] SERVICE PROVIDED AREA WIDE YES OR NO | [C] NUMBER OF CLIENTS TO BE SERVED | [D] TOTAL UNITS OF SERVICE REQUESTED | [E] ACTUAL COST ($) PER UNIT | [F] CONNECTIONS AAA $ REQUESTED PER UNIT | [G] MATCH $ PER UNIT | [H] MATCH SOURCES/ TOTAL $ AMOUNTS |
|---|---|---|---|---|---|---|---|
| | | **T** | | | | | **C** |
| | | **LI** | | | | | **OL** |
| | | **M** | | | | | **IK** |
| | | **R** | | | | | **O** |
| | | **LIM** | | | | | |
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| | | | | | | | |

**CLIENTS TO BE SERVED: T:** TOTAL 60+ SERVED (UNDUPLICATED) **LI:** 60+ LOW INCOME **M:** 60+ MINORITY **R:** 60 + RURAL **LIM:** 60+ LOW INCOME MINORITY

**MATCH SOURCES: C:** COUNTY FUNDS **OL:** OTHER LOCAL CASH **IK:** IN-KIND OR NON-CASH RESOURCES (SPECIFY) **O:** OTHER (SPECIFY)

TOTAL FUNDING REQUESTED _____(column D x column F)

| [A] SERVICE TO BE PROVIDED | [B] SERVICE PROVIDED AREA WIDE YES OR NO | [C] NUMBER OF CLIENTS TO BE SERVED | [D] TOTAL UNITS OF SERVICE REQUESTED | [E] ACTUAL COST ($) PER UNIT | [F] CONNECTIONS AAA $ REQUESTED PER UNIT | [G] MATCH $ PER UNIT | [H] MATCH SOURCES/ TOTAL $ AMOUNTS |
|---|---|---|---|---|---|---|---|
| | | **T** | | | | | **C** |
| | | **LI** | | | | | **OL** |
| | | **M** | | | | | **IK** |
| | | **R** | | | | | **O** |
| | | **LIM** | | | | | |
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**CLIENTS TO BE SERVED: T:** TOTAL 60+ SERVED (UNDUPLICATED) **LI:** 60+ LOW INCOME **M:** 60+ MINORITY **R:** 60 + RURAL **LIM:** 60+ LOW INCOME MINORITY

**MATCH SOURCES: C:**COUNTY FUNDS **OL:**OTHER LOCAL CASH **IK:** IN-KIND OR NON-CASH RESOURCES (SPECIFY) **O:** OTHER (SPECIFY)

# PROGRAM NARRATIVE

**All contractors** must answer the following questions.

1. Give a brief background on your agency. (How long in existence, mission, goals, full scope of services provided, funding sources, etc.)
2. Explanation and documentation of the specific service need you are requesting assistance with. Include:
   - a breakdown of the total need for the service,
   - an explanation on how you arrived at or determine the total need for the service,
   - what percentage of the need your agency would provide from other sources (please specify the sources), and
   - what percentage of the need you are asking Connections Area Agency on Aging to fund.

   [Example: Total need for chore service is 100 hours. 10% or 10 hours will be provided by private pay clients; 55% or 55 hours will be provided by our county funds; 25% or 25 hours will be provided by other outside donations; 10% or 10 hours will be provided by Connections Area Agency on Aging.]

3. Describe your plan for providing the service, overall criteria for eligibility, how you decide who will be served by the Connections Area Agency on Aging contract, how you will solicit contributions, geographic area to be served, staffing, and other pertinent information.
4. Disallowed costs will include payment for individuals who have or qualify for a Third Party Payment Source: Examples of third party payer source are: private insurance, Medicare, Medicaid, Medicaid Waivers, and Veterans benefits. Describe how you will determine and monitor if an individual has or qualifies for a Third Party Payment.
5. As required by the Older Americans Act please specify how you intend to the maximum extent feasible, to provide services to:
   - Low-income minority individuals,
   - Older individuals with limited English proficiency, and
   - Older individuals residing in rural areas in the area served.
6. If you received a contract Connections Area Agency on Aging in FY 2014 or FY 2015 please indicate the service(s) provided, the amount of the contract, and whether you fulfilled the FY 2014 contract and are on target to fulfill the FY 2015 contract.
7. If you received a contract from Connections Area Agency on Aging in FY 2015 and are asking for more than a 3% increase in unit cost, explain why. Be as specific as possible.
8. If you indicated in the Funding Request Chart that you are utilizing "In-Kind" resources for all or part of your matching funds, explain in detail what is the source of the "In-Kind" resource.
9. If you indicated in the Funding Request Chart that you are utilizing "Other" resources for all or part of your matching funds, explain in detail what is the source of the "Other".

**(Attach additional pages as needed for Narrative)**

# Services Being Solicited and Eligible for Title III B or ES Funding

**(Services provided directly to individuals age 60 years or older)**

## Service Definitions (service unit)

**Chore (one hour)** -- Providing assistance to persons having difficulty with but not limited to one or more of the following instrumental activities of daily living: doing heavy housework, yard work, or sidewalk maintenance and home repair.

**Assisted Transportation (one – one way trip)** – Provision of assistance, including escort, to a person who has difficulties (physical or cognitive) using regular vehicular transportation.

**Transportation (one – one way trip)** – Provision of a means of transportation for a person who requires help in going from one location to another, using a vehicle. Does not include any other activity.

## OTHER DEFINITIONS

**Minority**: A person is included in the race/ethnicity status definition.

**Non-Minority:** Any person who does not meet the minority definition.

**Race/Ethnicity Status:** The following reflect the requirements of the Office of Management and Budget (OMB) for obtaining information from individuals regarding race and ethnicity. It constitutes what OMB classifies as the "two-question format." When questions on race and ethnicity are administered, respondents are to be asked about their ethnicity and race as two separate questions. Respondents should ideally be given the opportunity for self-identification, and are to be allowed to designate all categories that apply to them. Consistent with OMB requirements, the following are the race and ethnicity categories to be used for information collection purposes:

**Ethnicity**: Hispanic or Latino

**Race:** American Indian or Alaskan Native
Asian
Black or African American
Native Hawaiian or Other Pacific Islander
White

**Rural:** Rural areas are all areas not defined as urban. Urban areas comprise (1) urbanized areas [a central place and its adjacent densely settled territories with a combined minimum population of 50,000]; and, (2) incorporated places or census designated places with 20,000 or more inhabitants.

# CONNECTIONS AREA AGENCY ON AGING
# FISCAL YEAR 2016 - RFP

**GENERAL ASSURANCES AND CONDITIONS OF FUNDING**

**A. GENERAL ADMINISTRATION**

**1. Policies and Procedures**

The service provider/applicant shall administer the program in accordance with all applicable federal and state laws, rules and procedures. Applicable federal and state laws, rules and procedures include, but are not limited to, the following:

- Older Americans Act, as Amended, 2006
- Code of Federal Regulations
- Assurance of Compliance with the Federal Funding Accountability and Transparency Act (FFATA), which requires grantees and their sub-recipients to have a Dun and Bradstreet Numbering System (DUNS) number (www.dnb.com) and to maintain active and current profiles in the Central Contractor Registration (CCR) (www.ccr.gov).
- Iowa Code Chapter 231, Department on Aging-Older Iowans
- Iowa Code Chapter 8F, Government Accountability-Service Contracts, Contractor Certification and Reporting
- Iowa Administrative Code 17, Department on Aging
- Certification and Reporting

**2. Insurance Requirements**

The service provider/applicant shall provide proof of liability and workers compensation insurance.

**3. Standards**

The service provider/applicant shall operate in conformance with all applicable Federal, State, and local fire, health, safety and sanitation and other standards prescribed in law or regulations.

**4. Licensure Requirements IAC 321-7.1 (231)(6)**

All services provided with funds from Connections Area Agency on Aging shall meet any existing state and local licensure and safety requirements for the provision of those services.

**5. Confidentiality IAC 321-6.2**(231**)**

The service provider/applicant shall follow such regulations, standards, and procedures as are necessary to meet the requirements on safeguarding confidential information under relevant program regulations. The service provider/applicant will have on file a policy and procedure on confidentiality which will ensure that no information about, or obtained from an individual, will be disclosed in a form identifiable with the individual without the informed consent of that individual.

**6. Program Effectiveness**

The service provider/applicant shall cooperate and assist in any efforts undertaken by Connections Area Agency on Aging, the State Department on Aging or the Administration on Aging to evaluate the effectiveness, feasibility, and cost of activities under the application.

**7. Record Maintenance and Reporting IAC 5.13(231)**

The service provider/applicant shall provide Connections Area Agency on Aging with statistical and other information which the area agency requires in order to meet its planning, coordination, evaluation and reporting requirements.

**8. Management of Funds (AA-Section 307(a)(7)**

The service provider/applicant shall follow sufficient fiscal control and accounting procedures to assure proper accounting for all funds received under this grant/contract and to obtain audits in conformance with AAA, State, and Federal standards.

**9. Safeguarding and Accounting for Contributions IAC 321-6.13(1)c.**

Utilize appropriate procedures to safeguard and account for all contributions, ensure against loss, mishandling, or theft by bonding employees in accordance with guidelines set forth by the Department on Aging.

**10. Revisions and Amendments**

The service provider/applicant shall follow all Connections Area Agency on Aging policies and procedures for revising or amending this application for funding.

**11. Recognition of Funding**

The service provider/applicant will include on its brochures and other publicity, recognition of funding by Connections Area Agency on Aging under Title III of the Older Americans Act and to display the logo of Connections Area Agency on Aging at the applicant agency's facilities. (Connections AAA will provide a certificate indicating that they are a provider of OAA and State of Iowa funded services to seniors.)

**12. Assistance for Elderly Disaster Victims**

Upon declaration of a major disaster by the President or Governor of Iowa, the service provider/applicant shall cooperate with Connections Area Agency on Aging and the state agency to assess the extent of the disaster impact upon persons ages 60 years and over and to coordinate the public and private resources in the field of aging in order to assist older disaster victims.

**13. Arrangements in Weather Related Emergencies**

The service provider/applicant shall, where feasible and appropriate, make arrangements for the availability of services to older persons in weather related emergencies.

**14. Project Council/Board Consultation**

The service provider/applicant assures that the project staff has consulted with the Project Council/Board in preparing this application and has made it available for their review.

**15. Applicable Civil Rights Regulations**

The service provider/applicant agrees to adopt and execute the Civil Rights Program as developed by the Iowa Department on Aging. The service/provider/applicant further agrees to follow a system to ensure operation in conformance with the following Title 45 Code of Federal Regulations requirements:

(a) Part 80 - Nondiscrimination under Programs Receiving Federal Assistance through the Department of Health and Human Services: Effectuation of Title VI of the Civil Rights Act of 1964;

(b) Part 84 - Nondiscrimination on the Basis of Handicap in Programs and Activities Receiving or Benefiting from Federal Financial Participation;

(c) Part 91 - Nondiscrimination on the Basis of Age in HHS Programs or Activities Receiving Federal Financial Assistance from HHS.

**B. SERVICE PROTECTION**

**1. Service Priorities Older Americans Act Section 306(a)(5)(A)(i)**

The service provider/applicant agrees to provide assurances that they will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities.

**2. Service Priority for Frail, Homebound or Isolated Elderly**

The service provider/applicant shall give service priority to persons age 60 or over who are frail, homebound by reason of illness or incapacitating disability, or otherwise isolated.

**3. Eligibility Older Americans Act, Section 302(a)(13)(A), Section 343**

The service provider shall establish and follow procedures to assure that activities covered under this grant/contract serve only those individuals and groups eligible under the provisions of the applicable statute.

**4. Residency**

The service provider agrees that no requirements as to duration of residence or citizenship will be imposed as a condition of participation in the program for provision of services, other than a participant must be either a citizen of the United States or lawfully present in the United States.

**5. Contributions - Older Americans Act Section 307(a)(13)(C)(i)**

The service provider/applicant agrees to afford participants the opportunity to contribute to all or part of the costs of the services provided. Each participant will be permitted to determine for himself what he is able to contribute toward the cost of the service. No older person shall be denied a service because of his/her failure to contribute to all or part of the cost of such service. The service provider/applicant provides that the methods of receiving contributions from individuals will be handled is such a manner as not to publicly differentiate among individual contributions.

**6. Coordination and Maximum Utilization 1321.65 (f)(g)**

The service provider/applicant, where appropriate, agrees to enter into a cooperative agreement with Connections Area Agency on Aging designated Case Management unit to assure cooperative efforts in serving the most frail and vulnerable older persons as defined by Connections Area Agency on Aging and the Iowa Department on Aging.

_____

Applicant Agency

_____

Authorized Signature

_____

Date

# Assurance of Compliance with the Minority Impact Statement

Pursuant to section 8.11, Code of Iowa, all grant applications submitted to the State of Iowa due January 1, 2009 and forward, shall include a Minority Impact Statement. This is the State's mechanism to require grant applicants to consider the potential impact of the grant project's proposed programs or policies on minority groups. In order for Connections AAA to comply with this requirement, we are asking each of our contractors to fill out an impact statement. The compiled results will be utilized in Connections AAA's Impact Statement.

**Please choose the statement(s) that pertains to this contract application. Complete all the information requested for the chosen statement(s).**

☐ The proposed projects, programs or policies could have a disproportionate or unique **positive** impact on minority persons.

Describe the positive impact expected from this project below.

Indicate which group below is impacted by typing an **"X"** before the group's name.

___ Women
___ Persons with a disability
___ Blacks
___ Latinos
___ Asians
___ Pacific Islanders
___ American Indians
___ Alaskan Native Americans
___ Other

☐ The proposed projects, programs or policies could have a disproportionate or unique **negative** impact on minority persons.

Describe the negative impact expected from this project below.

Present the rationale for the existence of the proposed program or policy.

Provide evidence of consultation of representatives of the minority groups impacted.

Indicate which group is impacted by typing an **"X"** before the group's name.

___ Women
___ Persons with a disability
___ Blacks
___ Latinos
___ Asians
___ Pacific Islanders
___ American Indians
___ Alaskan Native Americans
___ Other

☐ The proposed project programs or policies are **not expected to have** a disproportionate or unique impact on minority persons.

Present the rationale for determining no impact.

**I hereby certify that the information on this form is complete and accurate, to the best of my knowledge:**

_____

Authorized Signature of Contracting Agency

_____

Name of Agency

_____

Date

## Definitions

“Minority persons”, as defined in Iowa Code Section 8.11, mean individuals who are women, persons with a disability, Blacks, Latinos, Asians or Pacific Islanders, American Indians, and Alaskan Native Americans.

“Disability”, as defined in Iowa Code Section 15.102, Subsection 5, paragraph “b”, subparagraph (1):*B.* as used in this subsection means:

(1) **"Disability"** with respect to an individual, a physical or mental impairment that substantially limits one or more of the major life activities of the individual, a record of physical or mental impairment that substantially limits one or more of the major life activities of the individual, or being regarded as an individual with a physical or mental impairment that substantially limits one or more of the major life activities of the individual.

“State agency”, as defined in Iowa Code Section 8.11, means a department, board, bureau, commission, or other agency or authority of the State of Iowa.