

Service Proposals to provide Title III Services may be obtained from Alabama-Tombigbee Regional Commission Area Agency on Aging, 107 Broad Street, Camden, Alabama 36726 (1.888.617.0500). SUBMIT NO LATER THAN 07/31/19

SERVICE PROPOSAL FOR TITLE III SERVICES

During the upcoming contract period, October 1, 2019 through September 30, 2020, the Alabama Tombigbee Regional Commission Area Agency on Aging plans to fund the services listed below. However, funding is contingent on available revenue and may be changed at the discretion of the Commission. Any such changes will be set forth in written amendments.

The ATRC Area Agency on Aging reserves the right to reject any and all proposals, and reserves the right to amend or void contracts of award amounts as needed to best serve the interests of seniors in our service area.

- | | | |
|----|-------------------------------------|---|
| 1. | Access Services | Transportation
Outreach
Information/Assistance/Referral |
| 2. | Disease Prevention/Health Promotion | Counseling
Health Screening
Education/Information
Evidence Based Wellness Programs |
| 3. | Nutrition Services | Congregate Meal Services
Home Delivered Meal Services
Nutrition Education
Nutrition Counseling
Outreach
Recreation
Public Education
Public Information/Marketing |

If you are interested in contracting to provide any or all of these services, please provide appropriate information on each of the following pages.

**SERVICE PROPOSAL FOR FISCAL YEAR 2020
PROVIDER AGENCY INFORMATION**

AGENCY NAME: _____

CONTACT PERSON: _____

ADDRESS: _____ PHONE: _____

E-MAIL ADDRESS: _____

Indicate the service(s) agency intends to provide (See Page 2 Service Proposal Definitions)

_____ Access/Transportation Services _____ Nutrition

_____ Disease Prevention/Health Promotion

Other (specify) _____

Current Staff Level _____ Proposed Staff Level _____

Current Funding Level _____ Proposed Funding Level _____

Geographic Area to be served _____

Estimated number of elderly (60+) to benefit from services during project period: _____

Days/Hours of operation: _____

Person(s) authorized as signatory _____

Does this organization have non-profit status _____ If so, is it a 501(C)(3) _____
(Please provide copy of IRS Letter)

Does this organization have liability insurance at a minimum of \$1,000,000 to cover the service(s) to be delivered:

(Please provide a copy of certificate of insurance)

COMMENTS:

AREAS TO BE ADDRESSED IN THE PROPOSAL

Please use the NARRATIVE SECTION to provide required information regarding:

- Description of your agency; its history, organization and accomplishments.
- Past experience and actions which indicate your ability to meet the goals of the program.
- Statistical data (i.e. number of clients served, turnover rates, unmet needs).
- Training and supervision of staff, (including HIPAA if your agency is a covered entity under HIPPA rules).
- Staffing necessary to perform services within the ten county service area (Choctaw, Clarke, Conecuh, Dallas, Marengo, Monroe, Perry, Sumter, Washington and Wilcox counties).
- Condition of facilities including handicapped accessibility
- Future plans for expansion of services and/or development of new services
- Plans for Outreach/ Promotion/ and Delivery of Services

Please use the PROPOSED BUDGET form to provide the following:

Provide the total annual budget amounts for each category on the Proposed Budget Form. This can typically be obtained from a P&L statement. The AAA Fiscal Department will then apply available Title III funds to determine the contractor's local cash and/or in-kind contribution.

Title III does not pay for building space, insurance, bonding, or utilities.

In-kind represents the substituted value of labor forces, material, equipment, etc. aiding in the provision of a service in lieu of actual contribution. The Fair Market Value will be use to determine the value of In-kind contributions which are donated to recipients/contractors.

Title III Funds are those funds expected to be provided through the Area Agency on Aging, State and Federal combined.

Non-Federal (Cash and In-Kind) are those local or private funds or services other than what is provided by the Area Agency on Aging or Federal funds provided through another program.

Contractors must provide at least **10% cash match of the award**. **In addition, a \$2000.00** Administrative cash match payment is due during the current program year. This can be made as one payment or installments. Please notify the Fiscal Department if installments are desired.

SERVICE PROPOSAL NARRATIVE*

CONTRACTOR NAME: _____

LOCATION: _____

TYPE/CATEGORY OF SERVICE PROPOSED: _____

DESCRIPTION:

*Narrative should address each proposed service

TARGETING EFFORT

The 2006 Amendments to the Older Americans Act added the requirement that services be developed and provided with particular attention to the following targeting provisions:

- (I) older individuals residing in rural areas;
- (II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- (III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- (IV) older individuals with severe disabilities;
- (V) older individuals **with limited English proficiency;**
- (VI) older individuals with Alzheimer's disease **and related** disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
- (VII) older individuals at risk for institutional placement;**

The act is also amended to require that ALL SERVICE PROVIDER contracts include details on the presence and needs of the priority target population and how those needs will be met.

All service providers must have a targeting effort statement. Please use the space below to describe how you will comply with the targeting effort.

MINORITY ORGANIZATIONS DEFINITION

A minority organization is defined as follows: (1) Private, profit making organization must have at least 50.1% of their stock owned by minorities or in a partnership at least 50% must be controlled by a minority individual; (2) Private, non-profit agencies/organizations with at least 50.1% minority of the total staff.

If your organization is a minority organization as described above, please provide the necessary information to assure that you meet these requirements.

FY 2020

Grantee

Budget Category	Total Budget
Personnel (Itemized)	
Center Manager	\$ -
Sr. Aide	\$ -
Van Driver	\$ -
Other	\$ -
Fringe Benefits	
Payroll Taxes	\$ -
Health Insurance	\$ -
Workers Comp Insurance	\$ -
Travel Expense	\$ -
Rent	\$ -
Utilities	\$ -
Telephone	\$ -
Office Supplies/Postage	\$ -
Insurance - Building	\$ -
Program Supplies	\$ -
Transportation	
Gasoline Purchases	\$ -
Vehicle Maintenance	\$ -
Transportation Contract	\$ -
Insurance - Van	\$ -
Other Expense	\$ -
(Itemize)	\$ -
Preventive Health	
Disease Prevention / Health Promotion	\$ -
Total	\$ -

Authorized Signature

Date