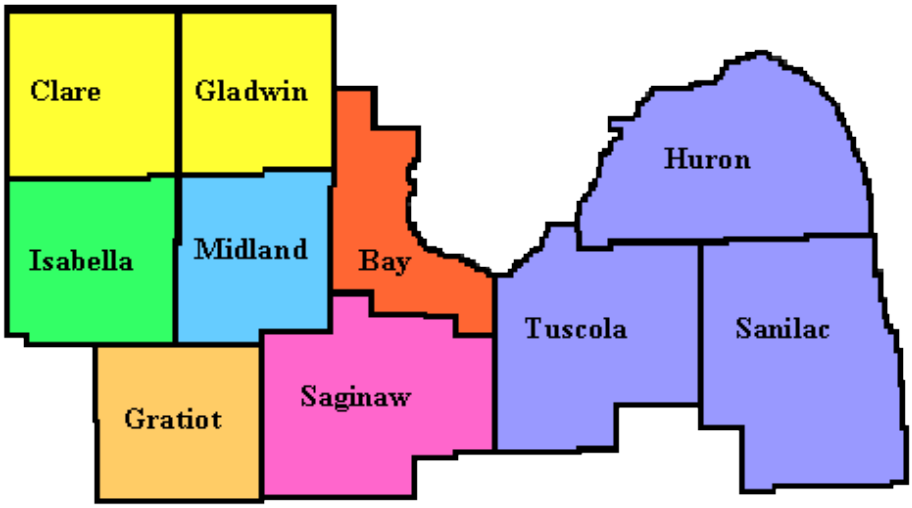
REGION VII AREA AGENCY ON AGING

Services for Older Adults and Persons with Disabilities

REQUEST FOR PROPOSALS
FY 2027

Submit To: Stephanie Nelson, Contract & Billing Manager
1615 S. Euclid Avenue
Bay City, MI 48706



Submit one (1) ELECTRONIC Copy
Via email to: nelsons@region7aaa.org

<u>All Budgets must be submitted in Excel Format</u>

Submission Deadline: 4:00 p.m.
Monday, June 22, 2026

REGION VII AREA AGENCY ON AGING

REQUEST FOR PROPOSALS

FY 2027

INSTRUCTIONS

GENERAL INFORMATION

I. Request for Proposal Purpose

Region VII Area Agency on Aging is accepting Request for Proposal applications for the upcoming fiscal year from qualified organizations that wish to provide services to older adults residing in Bay, Clare, Gladwin, Gratiot, Huron, Isabella, Midland, Saginaw, Sanilac, and Tuscola Counties. Following is a list of all services, however, only services listed on the Allocation Plan for Contracted Services FY 2027 are available for accepting letters of intent and proposals.

Service Area	Services
Bay County:	Adult Day Services, Congregate Nutrition, Home Delivered Meals, Caregiver Case Management, Case Coordination & Support, Personal Care, Homemaker, Respite Care, Senior Center Staffing, Caregiver Training, Caregiver Case Management, Legal Assistance, Elder Abuse Prevention.
Clare County:	Congregate Nutrition, Home Delivered Meals, Caregiver Case Management, Case Coordination & Support, Personal Care, Homemaker, Respite Care, Senior Center Staffing, Caregiver Training, Caregiver Case Management, Legal Assistance, Elder Abuse Prevention.
Gladwin County:	Adult Day Services, Congregate Nutrition, Home Delivered Meals, Case Coordination & Support, Personal Care, Homemaker, Respite Care, Senior Center Staffing, Caregiver Training, Caregiver Case Management, Legal Assistance, Elder Abuse Prevention.
Gratiot County:	Congregate Nutrition, Home Delivered Meals, Case Coordination & Support. Homemaking, Home Repair, Chore, Personal Care, Respite Care, Senior Center Staffing, Caregiver Training, Caregiver Case Management, Legal Assistance, Elder Abuse Prevention.
Huron County:	Congregate Nutrition, Home Delivered Meals, Case Coordination & Support, Transportation, Chore, Personal Care, Homemaking, Respite Care, Senior Center Staffing, Caregiver Training, Caregiver Case Management,
Isabella County:	Congregate Nutrition, Home Delivered Meals, Case Coordination & Support, Transportation, Chore, Personal Care, Homemaking, Respite Care, Caregiver Training, Caregiver Case Management, Legal Assistance, Elder Abuse Prevention.
Midland County:	Adult Day Services, Congregate Nutrition, Home Delivered Meals, Case Coordination & Support, Caregiver Training, Caregiver Case Management, Homemaking, Home Repair, Personal Care, Transportation, Respite Care, Legal Assistance, Elder Abuse Prevention.
Saginaw County:	Adult Day Services, Congregate Nutrition, Home Delivered Meals, Case Coordination & Support, Senior Center Staffing (2 programs), Senior Center Operations, Outreach/Advocacy (2 programs), Personal Care, Homemaking, Respite Care, Transportation, Caregiver Training, Caregiver Case Management, Legal Assistance, Elder Abuse Prevention.
Sanilac County:	Congregate Nutrition, Home Delivered Meals, Case Coordination & Support, Transportation, Chore, Personal Care, Homemaking, Respite Care, Senior Center Staffing, Caregiver Training, Caregiver Case Management, Legal Assistance, Elder Abuse Prevention.

Tuscola County	Congregate Nutrition, Home Delivered Meals, Case Coordination & Support, Transportation, Chore, Personal Care, Homemaking, Respite Care, Senior Center Staffing, Caregiver Training, Caregiver Case Management, Legal Assistance, Elder Abuse Prevention.

Huron/Sanilac/Tuscola Counties	Outreach/Advocacy

II. Service Definitions

Adult Day Services: Daytime care for any part of a day but less that twenty-four (24) hour care for functionally impaired 60 years of age and older persons provided through a structured program of social and rehabilitative and/or maintenance services in a supportive group setting other than the client's home.

Caregiver Case Management:
A service provided for a caregiver that assesses needs, and arranges, coordinates, and monitors services to meet the individual needs of the caregiver.

Caregiver Training: Provides assistance to family caregivers in understanding and coping with a broad range of issues associated with care giving. Education programs pertaining to the physical and emotional aspects of care giving may be conducted in group sessions by a qualified individual. Caregiver training can also be conducted on a one-to-one basis for caregivers providing personal care and respite care to a recipient.

Case Coordination & Support: Case Coordination & Support (CCS) is the provision of a comprehensive assessment to people aged 60 and over with a role of brokering existing community services and enhancing informal support systems. CCS includes the assessment and reassessment of individual needs, and identification of and communication with appropriate community agencies to arrange for services, evaluation of the effectiveness and benefit of services provided, and assignment of a single individual as the caseworker for each client.

Chore: Chore services are those non-continuous household maintenance tasks intended to increase the safety of the individual(s). This service includes such tasks as installing screens and storm windows, washing walls and windows, scrubbing floors, clearing walkways of snow and leaves, etc.

Congregate Nutrition: The provision of nutritious meals to older individuals in congregate settings. The service includes provision of nutritional education services and other appropriate nutrition services for older people.

Elder Abuse Prevention: Activities to develop, strengthen, and carry out coordinated, comprehensive services and treatment of elder abuse, neglect, and exploitation. Activities include contact with aging network providers, Adult Protective Services, law enforcement, health care professionals, community mental health, and other relevant entities with the reason for the contract being to meet the service definition.

Home Delivered Meals: The provision of nutritionally sound, general and special diet meals delivered to homebound older persons who are assessed to be physically or emotionally unable to attend congregate meal sites, obtain food or prepare complete meals.

Home Repair: Permanent improvement(s) to an older person's home to prevent or remedy a sub-standard condition or safety hazard. Repairs may include structural or mechanical repairs. Home repair would not include temporary repairs, home maintenance or purely aesthetic improvements.

Homemaker: The performance of routine household tasks to maintain an adequate living environment for older individuals with functional limitations. Allowable tasks are limited to laundry, ironing, meal preparation, shopping for necessities, light housekeeping tasks, and observing/reporting changes in client's condition and/or home environment.

In-Home Respite Care: Provides temporary companionship, supervision and assistance with daily living activities for people who require continual supervision in order to remain at home in situations where the primary caregiver is either away from the home or in need of a break from the caregiver role.

Legal Assistance: Legal Assistance offers the provision of legal advice and representation by an attorney (including counseling or other appropriate assistance by a paralegal or law student). Service components may include intake, advice and counsel, referral, representation, legal research, preparation of legal documents, negotiation and legal education.

Long Term Care Ombudsman: Long Term Care Ombudsman service is the provision of assistance to residents of long-term care facilities to resolve complaints through problem identification and definition, education, provision of appropriate rules, and making referrals to community resources. Each program must provide: Family Support, Complaint Investigation/Advocacy, Community Education and Volunteer Support.

Outreach/Advocacy: Outreach/Advocacy service refers to efforts to identify and contact isolated older persons and/or older persons in the greatest social and economic need, with particular attention to low-income minority people who may have service needs and assisting them in gaining access to all appropriate services. Outreach does not include comprehensive assessment of need, development of a service plan, or arranging for service provision.

Personal Care: Personal Care service is the provision of in-home assistance with activities of daily living for an individual, including assistance with bathing, dressing, toileting, transferring, eating, ambulating and grooming. Personal Care does not include health-oriented services as specified for Home Health Aide Services.

Senior Center Staffing: Provision of funding to support staff positions at a senior center, which may include a senior center director, senior center program coordinator, or senior center specialist.

Senior Center Operations: Provision of support for the operation of a senior center. A senior center is defined as a community facility where older persons can come together for services and activities which enhance their dignity, support their independence and encourage their involvement in and with the community.

Transportation: A centrally organized service for transportation of older persons to and from community facilities in order to receive support services, reduce isolation, or otherwise promote independent living.

III. Letter Of Intent

An organization interested in providing services for Region VII AAA must submit a Letter of Intent.
Letters of Intent must:

1. Address only those services for which competitive proposals are requested and must conform to the service areas and services listed on the allocation plan for contracted services.

2. Services must be proposed for a complete service area as designated unless approved by a 2/3 vote of the Region VII AAA Board of Directors to break up a designated service area into distinct and separate service jurisdictions.

Region VII AAA will announce the availability of funds for services in the following methods:

1. Classified legal notices section of major daily newspapers.

2. A direct email to service providers.

3. A direct mailing to other interested parties who formally request to be placed on Region VII AAA's RFP mailing list. The notice will specify the geographic area served, the general types of services to be funded and instructions and deadlines for obtaining and filing the Letter of Intent forms. The deadline for submittal to Region VII AAA and special requirements and conditions are explained in the Letter of Intent instructions. ***An organization that fails to submit a Letter of Intent on the prescribed form on or before the deadline will be ineligible to participate in the RFP process.***

If Region VII AAA fails to receive an acceptable Letter of Intent for each designated service within a service area, a second call for Letters of Intent will be issued. If the second round fails to generate applicants, Region VII AAA Board of Directors will determine further action.

V. Application Process

Applicants are required to submit a proposal to Region VII AAA to be considered for funding awards. Proposals must be prepared using the prescribed Region VII AAA forms and must adhere to the guidelines outlined in this document.

An applicant can submit a proposal only for services and service areas as indicated in their Letter of Intent. Service categories, service areas and allocation amounts utilized in the preparation of proposal documents and budgets must correspond to the service categories, service areas and dollar allocations listed in the allocation plan for contracted services. The proposal material consists of the following sections:

Section A: Application Process

Section B: Program Development

Section C: Program Cost

Section D: Budgets

VI. Technical Assistance

In order to provide consistent information for all applicants, Region VII AAA requests each applicant to submit questions regarding the RFP in writing.

The scope of requested technical assistance would consist of a general review of the application package and completion procedure. The AAA will not provide assistance in the development of the proposal and/or the preparation of the budget.

Written requests should be directed to Region VII Area Agency on Aging, 1615 S. Euclid Avenue, Bay City, MI 48706, by **June 2, 2026**.

Region VII will offer a RFP Workshop to interested parties on **June 9, 2026 at 10:00 a.m. at Region VII AAA or via TEAMS**. At which time, a general review of the application package and completion procedures will be discussed.

VII. Deadline for Proposals

All Proposals are due at Region VII Area Agency on Aging, 1615 S. Euclid Avenue, Bay City, Michigan 48706 by 4:00 p.m., Monday, **June 22, 2026**. All providers must submit One (1) electronic proposal with attachments. ***All budgets are to be submitted in Excel format***. Under extenuating circumstances, the Region VII AAA Executive Director may grant an extension of up to two working days from the due date for submission of the complete proposal.

Region VII AAA retains the right to reject late and/or incomplete proposals or proposals not submitted on the prescribed forms.

VIII. Proposal Review

Region VII AAA will utilize Proposal Review Criteria to review competing applications within each service area and to assign a numerical ranking for each proposal. Application Process=22 points. Program Development=54 points. Program Cost=21 points. Budgets=26 points. Summary=24 points. Total=147 points.

An application must receive an aggregate score of at least 70%, and 60% of the maximum points assigned to each review criteria category to be considered for funding. Applicants with proposals determined not to be fundable will be notified in writing.

If there is no competition for a particular service within a service area, and the sole applicant has *not* previously held a subcontract with Region VII AAA, the applicant's proposal will undergo review and ranking as outlined above. The applicant must establish minimum competency for a contract for services by scoring at least 60% of the total points and 60% in each of three review categories to be considered for funding.

If there is no competition for a particular service within a service area, and the sole applicant for the service has previously held a subcontract with Region VII AAA, the applicant's proposal for that service may not be required to undergo a comprehensive proposal rating process. All applications, however, will be reviewed to determine if minimum requirements are met and for completeness, accuracy, and cost allowability.

IX. County Board Summary

Each applicant must submit a three-page summary of its application narrative and a copy of budgets to each county Board of Commissioners governing the counties in the selected service area. The summary and budgets must be submitted to the county on or before **June 22, 2026**. Organizations proposing to serve multiple counties must submit a copy of the application summary and budgets to each county board.

County Board of Commissioners may submit written comments regarding applications for their county directly to the Region VII AAA office on or before **July 1, 2026** in order to be considered by the Region VII AAA Board of Directors.

X. Funding Decisions and Contract Negotiations

Region VII AAA reserves the right to accept or reject any or all proposals received through this bid process.

Awards shall be made to the most responsible and responsive bidder considering all factors as well as cost. All bids may be denied at the determination of Region VII Area Agency on Aging policy board.

The aggregate score attained through the proposal review and rating process shall be one of the major factors in determining funding awards. Not withstanding the aggregate score, the Board of Directors may consider any and all relevant factors in selecting contractors and awarding funds.

When two or more competitors attain aggregate scores within the range of consideration and in which the variances are minor, the selection of a contractor or contractors may be made on the basis of a "best and final" offer. Under this provision, a separate negotiation session shall be scheduled by the review panel with each acceptable competitor. Requirements will be clarified, and applicants given an opportunity to prepare a best and final offer based on a more informed understanding of the standards and expectations. Following the negotiation session, final recommendation and selection shall be made on the basis of cost, organizational responsibility and responsiveness to the service specifications. In this process the scores shall not be made public until the negotiations are complete.

Following Region VII AAA Board selection, announcement and notification will be made to selected contractors. Contract negotiation sessions will be scheduled for resolving outstanding contractual issues and concerns. A schedule for contract negotiation sessions will be attached to the notice of funding award. In negotiation sessions, agreements will be made concerning unresolved issues relating to service levels, client levels and service delivery considerations prior to the start of the contract year.

It is the responsibility of the Service Provider to arrange for authorized signatures for finalized contracts due by the **September 30, 2026,** deadline. If the corrected application material and duly authorized Service Provider signatures are not received by Region VII on or before **September 30, 2026**, Region VII reserves the right to re-bid the contract.

All contract awards will be subject to the availability of Federal and State funds awarded to Region VII AAA.

XI. Multi-Year Contracts

Region VII Area Agency on Aging may select Service Providers for a multi-year contract. Under a multi-year contract, an agency will be designated as the service provider for more than one fiscal year. The multi-year contract will be for all Region VII AAA funded services for which the Service Provider is approved.

The multi-year contract period coincides with the three-year cycle under which the Region VII Area Plan is approved and does not exceed a three-year period of service provider designation. However, the current ACLS Bureau is extending this to align with the State Planning on Aging beginning October 1, 2026 and ends September 30, 2029.

Funds under a multi-year contract will be awarded on a year-to-year basis only. All Region VII Area Agency on Aging contractual obligations are subject to the availability of State and Federal funds.

The Region VII Area Agency on Aging Board of Directors reserves the right to determine which applicant agencies will receive a multi-year contract. Considerations in designating Service Providers for multi-year contracts may include, but not be limited to, the following:

1. The applicant agency has been an approved Region VII AAA Service Provider for the past three (3) years.

2. The applicant agency has not been placed on probationary status since October 1, 2025.

3. The applicant agency has not had a major or multiple assessment or audit findings or have been cited more than once for the same finding since October 1, 2025.

4. The applicant agency has not had a history of difficulties since October 1, 2025, in service delivery and/or contract management as identified by funding agencies other than Region VII.

Region VII Area Agency on Aging reserves the right to re-issue the RFP in any or all geographic service areas and for any or all services if it is determined that a new RFP is in the best interest of Region VII AAA and/or the client population.

1. Contract Renewal Materials

Service Providers who are approved for and operate under a multi-year contract must submit the materials required by Region VII AAA for funding renewal by the established RFP deadline for proposals. All materials must be complete and accurate. The contract renewal materials may include but not be limited to the following:

a. Contract Face Sheet and Signature Page

b. General Application for Services Section (materials are only submitted if changes occurred)

c. Summary Description of Services

d. Budget

Other contract materials will be carried forward. Any proposed changes in other contract materials are subject to Region VII AAA approval.

2. Automatic Contract Renewal

A funding award to a Service Provider approved for and operating under a multi-year contract may be automatically renewed after the first year if the following conditions are satisfied:

a. The proposed unit cost for subsequent contract years is reduced or remains the same for each category.

b. The proposed levels of service units for subsequent contract years have increased or remains the same for each same service category.

c. The proposed number of clients to be served in subsequent contract years has increased or remains the same for each service category.

d. There is no significant change in the Service Provider's administrative or organizational structure or in the staffing pattern for each approved service category.

e. The Service Provider has not had major or multiple audit or assessment findings during the fiscal year prior to the fiscal year for which new funds are requested.

3. Conditional Contract Renewal

One or more of the following conditions will require a conference session between the Service Provider and the AAA to evaluate the continuation of the multi-year contract and any special conditions thereof:

a. The Service Provider proposes an increase in the unit cost for approved service program(s) in a subsequent contract year. Such proposed increases shall be negotiated on a separate, case-by-case basis.

b. The proposed service level units and/or client level are reduced from the first year;

c. There are changes in the Service Provider's administrative or organizational structure.

d. The Service Provider has outstanding audit or assessment findings.

XII. Re-Solicitation of Bids

Region VII Area Agency on Aging will re-issue the RFP for any or all of the service categories approved for a multi-year contract under any one or more of the following conditions:

1. The designated Service Provider demonstrates inadequate contract performance, including but not limited to; unsatisfactorily resolved audit or assessment findings, inability to attain program objectives with regard to service and client levels, and violation of generally accepted accounting procedures.

2. There are irreconcilable differences between the Service Provider's proposed unit costs, service levels and/or client levels and AAA's acceptable cost, service and client levels.

3. There is a major change in the administrative authority or organizational structure of the designated Service Provider agency.

4. Subsequent amendments to Region VII Area Agency on Aging's Multi-Year Plan or Annual Implementation Plan delete or otherwise modify the scope of fundable services within the region or re-designate service areas within the region.

5. Significant changes in the scope or nature of the service to be provided as related to State or Federal requirements are clearly set forth in the RFP.

XIII. Appeals

Region VII AAA's RFP and proposal review process is designed to ensure a fair and objective method for the acquisition of services for people with public funds administered by Region VII AAA. Region VII AAA utilizes an open and competitive request for proposal process in awarding funds to provide services.

An applicant may appeal a decision by Region VII AAA to deny funding of a proposal. Region VII AAA Appeals Procedure outlines the steps to be taken in the event of an appeal. Copies of the procedure will be available at the RFP workshop and are included in the Region VII AAA Policy Manual and can be obtained through Region VII AAA office.

XIV. Funding For Minority Contracts

A minority organization must have at least 51% of its Board members from the minority groups as defined by the Federal/State rules.

In response to State and Federal mandates (Older Americans Act Amendments of 1987, P.L. 100-175), the Region VII Board of Directors shall reserve an appropriate amount of funds for minority contracts, which will be awarded either through negotiation or by request for proposal to minority organizations as defined by the State and Federal standards. Such contracts shall be intended to enhance efforts to give particular emphasis to serving low-income minority persons.

The bidding process, as outlined in this RFP Package, does not apply to a negotiated contract. The Region VII Board of Directors reserves the right to negotiate a contract under the following two conditions:

1. When it is determined that a negotiated contract would be in the best interest of the targeted minority population of a service area. An example would be a minority organization, which may need extensive technical assistance from Region VII in preparing the funding proposal and developing capacity for the approved services for its constituency.

2. No competition exists among the minority organizations within the defined service area as determined through the letter of intent process.

Any organization applying for minority contracts must clearly define the target area(s), which has concentration of minority and low-income minority persons. Preference would be given to minority organizations, which are located in the areas where there is a concentration of minority/low-income population.

XV. Additional Funding

If additional State and/or Federal funds are received by Region VII AAA during the fiscal year, every effort will be made to award these funds to Service Providers selected during the initial RFP process. However, Region VII Area Agency reserves the right to initiate a second RFP process during the fiscal year for new services or for currently funded services should circumstances warrant such a decision.

XVI. Region VII Area Agency on Aging Policies

All service providers of Region VII Area Agency on Aging are required to adhere to Region VII AAA mandates regarding service provision, financial management, contractual obligation and other issues as outlined in the Region VII AAA Policy Manual. Copies of the manual may be obtained from the Region VII AAA website (https://region7aaa.org/)

XVII.Performance Bond

Region VII AAA reserves the right to require a performance bond from the applicant agency if it is determined necessary in the interest of service delivery to the client and the organization's ability to fulfill its contractual obligations. This provision shall be applicable under any or all of the following circumstances:

- The applicant agency has been in existence for a period of two years or less from the date of submission of the funding application to Region VII AAA.
- The applicant agency does not have an established track record of two or more years in the delivery of the services for which Region VII AAA funds are requested or in the provision of services which are similar in definition, scope of tasks or components performed, staffing and supervisory requirements, etc.
- The application information provided to Region VII AAA does not substantiate the agency's ability to deliver the proposed service levels, client levels and/or meet the unit rates to the satisfaction of the Region VII AAA Board of Directors.

Region VII Area Agency on Aging

Request for Proposals

FY 2027

Section A
Application Process

Contents

Application Instructions
Application Form
Signature Page
Board of Directors Form
Personnel Profile Form
Volunteer Information Form
Fiscal Management Information Form
Attachments Checklist

GENERAL APPLICATION FOR SERVICES

Instructions

All applicants must complete a General Application Face Sheet and all forms following.

I. APPLICATION FACE SHEET FORM

Applicant Agency:	Enter the name, address, federal tax ID #, and telephone number of the applicant agency. The applicant is the organization that would assume legal and financial responsibility and accountability for the use and disposition of funds awarded on the basis of this application.
Project/Agency Director:	Enter the name of the person who has immediate responsibility for the Project and the Chairperson of the Policy Board of the applicant agency.
Funding Period:	All service programs funded on the basis of this application will operate for the period beginning October 1, 2026, to September 30, 2027.
Type of Agency:	Check appropriate classification.
Terms and Conditions:	Read carefully.
Signatures:	Signatures on the Signature Page must be obtained prior to submittal to Region VII AAA.

II. BOARD OF DIRECTORS FORM

Provide a list of your organization's Board Members, filling in all information. Identify the demographics for all members.

III. PERSONNEL PROFILE FORM

Identify each job description for people who are directly involved in services to be funded through Region VII AAA. Identify the demographics for all employees funded through Region VII AAA.

IV. VOLUNTEER INFORMATION FORM

For each service program, identify the number of volunteers and the number of volunteer hours.

V. FISCAL MANAGEMENT INFORMATION

Fiscal Management Information Form; Description of fiscal management components. Fiscal management check list; Administration Management check list; Attestation form

VI. ATTACHMENTS CHECKLIST FORM

New applicants are required to complete this form and provide all attachments. Current service providers must provide any new attachments as well as any updated attachments if there have been any changes to previously submitted materials.

REGION VII AREA AGENCY ON AGING

APPLICATION

Agency _____ **Phone** _____

Address _____ **Fax** _____

City _____ **Zip Code** _____ **Website** _____

Federal Tax ID # _____

FUNDING PERIOD: Begin _____ End _____

TYPE OF AGENCY: Non-Profit _____ For Profit _____ Unit of Government _____

TERMS AND CONDITIONS:

A. The undersigned acknowledges receipt of the Region VII AAA RFP Guidelines.

B. The undersigned acknowledges receipt of the Region VII AAA Policy Manual and a copy of standard required contract provisions. Further, it is understood that said policies and provisions shall become binding upon the conduct of the project subject to the award of any funds by Region VII Area Agency on Aging.

C. It is agreed and understood by the undersigned that:

1. Funds granted as a result of this application are to be expended for the purpose set forth herein and in accordance with all applicable laws, regulations, policies and procedures of the State of Michigan and the U. S. Department of Health and Human Services. This shall include, but not be limited to, Title VI of the Civil Rights Act of 1964; Non Utilization of Federal Funds for Matching Purposes, Section 21.8f and 22.6c of the Older Americans Act of 1965 as amended; Affirmation of Equal Opportunity in the provision of services, activities and programs; Michigan Executive Order 11914 and Act 220 of the Public Acts of 1976; Michigan Freedom of Information Act of 1976; and Michigan Open Meetings Act of 1976.

2. Any changes in this proposal as approved will be in accordance with AAA and AASA policies, and upon notification of approval by Region VII AAA shall be deemed incorporated into and become a part of this agreement.

3. Funds awarded may be terminated unilaterally by Region VII AAA with due notice at any time for violations of any terms or requirements of this agreement.

D. Authorized Signatures, Titles, Dates, and E-mail addresses, if available. Budgets, Summary Description of Services, and other required signature pages do not have to be signed. Authorized signatures will be referred to on the Signature Page.

REGION VII AREA AGENCY ON AGING

SIGNATURE PAGE

The Request for Proposal Signature Page must be filled out and signed by the organization's Board Chairperson and the organization's Director.

The Signatories below acknowledge that they have reviewed the entire Request for Proposal, including all budgets, Summary Description of Services, and other required signature pages and commit the organization to all provisions and requirements of the Request for Proposal.

Signature Section

_____ _____

BOARD CHAIRPERSON DATE

_____

TYPED NAME

_____ _____

AGENCY DIRECTOR DATE

_____ _____

TYPED NAME EMAIL ADDRESS

RFP DOCUMENTS REFERENCED BY THE SIGNATURE PAGE

BUDGET DOCUMENTS

- Support Services Budget Summary Page
- Congregate Meals Budget Summary Page
- Home Delivered Meals Budget Summary Page

APPLICATION

- Terms and Conditions

PROGRAM COST

- Summary Description of Service

BOARD OF DIRECTORS

As of (date): _____

DEMOGRAPHICS

	Asian/Pacific Island	African American	Arab/ Chaldean	Native American/ Alaskan	Hispanic Origin	White	**Total**	Persons with Disabilities	Female
Membership									
Age 60 or Over									

Name of Board Member	Number of Years on Board	Elected Official	Appointed

PERSONNEL PROFILE

As of (date): _____

DEMOGRAPHICS

	Asian/Pacific Island	African American	Arab/ Chaldean	Native American/ Alaskan	Hispanic Origin	White	**Total**	Persons with Disabilities	Female
AAA funded employees									

JOB CLASSIFICATION	NAME	STANDARD WORK WEEK HOURS	AAA HOURS ALLOCATED ON BUDGETS	REGION VII AAA SERVICE PROGRAM NAME

VOLUNTEER INFORMATION

SERVICE PROGRAM	NUMBER OF VOLUNTEERS	VOLUNTEER HOURS

FISCAL MANAGEMENT INFORMATION
(Fiscal Criteria)

A. ORGANIZATION RESPONSIBLE FOR FISCAL RECORDS OF APPLICANT AGENCY:

NAME: _____ PHONE: _____

RESPONSIBLE AGENCY: _____

ADDRESS: _____

B. DEPOSITORY TO BE USED:

NAME: _____ PHONE: _____

ADDRESS: _____

ACCT. #: _____

C. BONDING INSURANCE INFORMATION:

INSURANCE CARRIER: _____

AMOUNT OF BOND: $_____

PERSONS COVERED:

NAME	TITLE
_____	_____
_____	_____

D. GENERAL LIABILITY INSURANCE INFORMATION:

INSURANCE CARRIER: _____

AMOUNT OF COVERAGE: _____

DESCRIPTION OF FISCAL MANAGEMENT COMPONENTS

Describe the policies and procedures used by the applicant agency for the following:
(Attach a separate page if necessary)

(See Internal Control Section of the Financial Management System policy)

1. Check Issuance

2. Check Signing

3. Purchase Authorization

4. Bank Account Reconciliations

5. Trial Balance Account Reconciliations

6. Petty Cash

7. Collection and Deposit of all Revenue, including Program Income.

FISCAL MANAGEMENT CHECKLIST

1. What form of accounting system do you use?
Accrual_____ Cash_____ Modified Accrual_____ Other_____

2. Does your system allow for accurate reporting of all transactions, including receivables and payables as of the last day of the report period? Yes_____ No_____

If no, within how many days are such financial reports available? _____

3. What bookkeeping system do you use?

Single –entry_____ Double-entry_____ Other_____

Other (describe): _____

4. What journals/ledgers do you use (check all that apply)?

Accounts payable_____ Accounts receivable_____ Check register_____

General Journal_____ General Ledger_____ Payroll Ledger_____

Receipts Journal_____ Other_____

Other (describe): _____
_____
_____
_____

5. What documentation is required for expenditures (check all that apply)?

Packing Slips_____ Purchase Orders_____ Purchasing Requisition_____

Receipts_____ Employee Timesheets_____
Employee Expense Reports_____ Employee Training/Trip Reports_____

Other_____

Other (describe): _____
_____
_____
_____
_____

6. Does your system provide separate accounting of receipts and expenditures by funding source?
Yes_____ No_____

Comments: _____
_____

7. Is all income, including client donations, deposited in a financial institution with FDIC (or the equivalent) coverage within one (1) working day of receipt? Yes_____ No_____

   Comments:_____

8. Are receipts and expenditure recorded on a daily basis? Yes_____ No_____

   Comments: _____

9. How often are the following reconciled with ledgers, journals, and documentation?

   a. Financial Reports:_____

   b. Bank Statements: _____

   c. Equipment inventories:_____

   d. Supply Inventories:_____

10. Are reconciliations performed by someone not responsible for day-to-day maintenance of the records being reconciled? Yes_____ No_____

11. Are receipts of cash, equipment, and supplies verified by someone not responsible for receiving them? Yes_____ No_____

12. Are all persons involved in handling of cash or checks bonded or otherwise covered by insurance?

    Yes_____ No_____

13. Do you have a competitive procurement process which complies with the provisions of 45CFR74? (Administration of Grant regulations, U.S. Dept. of Health & Human Services. Some distinctions are made between purchases of $10,000 or less and those of more than $10,000.)

    Yes_____ No_____

14. When were your financial records last audited by an independent firm?_____

15. Have you had any audit-related problems, including questioned or disallowed costs, in the past five (5) years? Yes_____ No_____

If yes, attach all details, including reconciliation and/or final determination.

ADMINISTRATIVE MANAGEMENT CHECKLIST

1) Do you have a Charter and/or Articles of Incorporation? Yes_____ No_____

2) Do you have written personnel policies? Yes_____ No_____

   If yes, do they provide for the following:

   a. Open recruitment, selection, and promotion? Yes_____ No_____

   b. Background checks for employees? Yes_____ No_____

   c. Uniform wage and salary schedules? Yes_____ No_____

   d. Regular performance evaluations? Yes_____ No_____

   e. Compliance with federal and state anti-discrimination laws? Yes_____ No_____

   f. Prohibitions against political activity? Yes_____ No_____

   g. Provisions for employee training? Yes_____ No_____

   h. Protection against coercion for political purposes? Yes_____ No_____

   i. Uniform travel policies, including compensation? Yes_____ No_____

   j. Non-Discrimination policies? Yes_____ No_____

   k. Disciplinary procedures? Yes_____ No_____

   l. Grievance procedures? Yes_____ No_____

3) Do you have job descriptions for all staff and volunteer positions involved in providing, supervising, and managing the proposed service(s)? Yes_____ No_____

4) Do you have written volunteer policies and procedures? Yes_____ No_____

   a. If yes, do your volunteer policies and procedures include information on background checks for individuals entering client homes or engaging in client activities? Yes _____No____

   b. Non-Discrimination policies? Yes_____ No_____

5) What kind of management information system will you use for maintenance and reporting of programmatic and statistical data (client characteristics, levels and types of service, etc.)?

6) How often are source documents reconciled with summary data to ensure accurate reporting of client characteristics, levels and types of services, etc.?

7) Will all clients be given a copy of their rights, including the right to contact Region VII AAA at any time, the civil rights and remedies, and your grievance procedure; and will these documents be posted at all service offices and congregate service sites? Yes_____ No_____

8) Will all staff and volunteers who enter a client's home be required to present pictured identification? Yes_____ No_____

9) Will a background check (e.g., references, work history, a criminal record, etc.) be complete for all prospective service workers, including volunteers? Yes _____ No_____

REGION VII AREA AGENCY ON AGING
Compliance Attestation Document
FY 2027

PROGRAM INTEGRITY
Authority: 42CFR438.610; 42CFR455, Subsection B

Provider Enrollment, Screening and Disclosure Requirements Attestation

I,_____, as a legally authorized representative of

_____, hereby certify that the following statements are true and accurate:

_____The agency has no director, officer, partner, managing employee, or person with beneficial ownership of 5% or more of the equity who is currently debarred or suspended by any State or Federal agency.

_____The agency has no contract, employee, consulting service, or any other agreement with people or entities debarred or suspended for the provision of items or services.

Disclosures, if any, have been made to MDHHS-OIG or the Centers for Medicare and Medicaid Services (CMS).

_____
Provider Name

_____
Signature of Authorized Representative

_____
Title of Authorized Representative

_____
Date

_____
Email address of Authorized Representative

_____
Phone Number of Authorized Representative

ATTACHMENTS CHECKLIST

All materials listed below are needed from new applicants. Current Service Providers must submit annual & current information if there has been changes to previously submitted materials.

Each item should be appropriately labeled by the Checklist Numbers. Please check which items are being submitted, indicate "no changes" for items that have not changed and "N/A" if the item does not apply to your agency.

_____ 1. Brochure that describes the Agency's services

_____2. Articles of Incorporation

_____ 3. Policy Board By-Laws

_____ 4. Annual Report (FY 2025)

_____ 5. Agency Audit (FY 2025)

_____ 6. Certificate of Insurance for Workers Compensation

_____ 7. Board Minutes (three most recent meetings of full policy Board)

_____ 8. Personnel Policy

_____ 9. Position Description for Each AAA-Funded Position

_____10. At least one (1) Sample: Written Agreements of Coordination in Service Delivery

_____11. Staff emergency contact list for use in a disaster

_____12. A Current Equipment Inventory with the location of equipment. Include only equipment purchased with Older Americans Act, State or Local matching funds.

_____13. Nutrition Providers – Nutrition Education Plan

_____14. Nutrition Providers – List of Congregate Nutrition Sites, include address, phone number, and the days and hours of operation

_____15. Cost Share Policy

_____16. Emergency Management Policy

_____17. Limited English Proficiency Policy

Region VII Area Agency on Aging

Request for Proposals

FY 2027

Section B
Program Development

Contents

Organizational Overview
Targeting Analysis Form
Work Plan
Staff & Volunteer Training
Action Plan

ORGANIZATIONAL OVERVIEW

- Provide a brief summary of the organization's history, mission and goals.
- Describe the background, experience and accomplishments of your organization as a provider of human services including current programs.
- On a separate page, provide an Organizational Chart that reflects the organization structure and the established lines of authority.
- Staff positions included on the Personnel Profile must be shown, including volunteers.
- Indicate on the chart the number of people proposed or actual for each position identified in the chart.

TARGETING ANALYSIS FORM

- Provide a brief summary on how your organization will target and provide service to people with:
    - the greatest economic need;
    - low-income, elderly, minority;
    - those unable to perform activities of daily living; and
    - those with cognitive impairments.
- Please include a plan for each target group listed above.
- Identify the target groups and number that are to be served.
- Describe how the target groups' needs will be met.
- Explain what activities will be carried out to prioritize the target population.
- Include a copy of a priority scale if one is used.

WORK PLAN

- Describe separately the design and rationale describing who will do what, when, where, and how for each service applicant is applying for.

- Describe how the service will be provided:

    - the process by which clients will gain access to the service,
    - who will be eligible,
    - the intake method to be used,
    - any assessment/care plan method to be used, and
    - how available the service will be.

- Describe the recruitment and screening methods to be used for each service.

- Explain how information about availability of the service will be distributed, and how recipients will provide feedback regarding the quality of the service.

STAFF & VOLUNTEER TRAINING

List the Service Program, type of training provided, and hours of training provided for each program. Indicate the general content of the training, including workshops, conferences, staff orientation, or seminars (read service definitions for training requirements).

Service Program	Type of Training	Number of hours	Number Participating	Job Classification

ACTION PLAN

- Action Plan forms must be completed by organizations who do not currently have a service subcontract with Region VII AAA or current sub-contractors who propose to develop and implement a new service program during this contract period.

- The general purpose of the Action Plan is to identify the objectives and sequential steps or activities that must be carried out in order to develop and implement the proposed service.

- The following example illustrates the required format:

ACTION STEPS	ESTIMATED DATE OF COMPLETION	PERSON RESPONSIBLE
Objective #1: The service of transportation will be publicized through various local media at least on a semi-annual basis.		
1) Press release covering all the services of the agency will be sent to The Bay City Times, Pinconning Journal, and the Bay Area Review.	10/1/21 05/1/22	Program Coordinator
2) The service of transportation will be publicized in the agency newsletter (cir. 6,000)	03/22 06/22	Program Coordinator

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Action Plan objectives and task identification must address the following service development and delivery concerns:

1) Acquisition of facilities, equipment and supplies.

2) Recruitment and training of staff or volunteers.

3) Publicity and dissemination of information about the availability of service program.

4) Establishment of interagency agreements, linkages and/or cooperative arrangements.

5) Development of a client record-keeping system and procedures.

6) Development and implementation of service delivery procedures.

7) Development of methodology, guidelines and procedures for acquiring program income.

Region VII Area Agency on Aging

Request for Proposals

FY 2027

Section C
Program Cost

Contents

Client and Unit Definitions
Target Clients
Summary Description of Service Instructions
Summary Description of Services Form - Blue
Cost Containment Instructions
Unit Rate Rationale Statement
Cost Containment Unit Rates by Area and Service

CLIENT AND UNIT DEFINITIONS

Program	Client	Unit
Adult Day Services	the caregiver of one person age 60 or over who receives adult day services.	one hour of care provided per client.
Case Coordination and Support	one person age 60 or over that receives CCS services.	one hour of component CCS functions.
Chore	one person age 60 or over who receives Chore Services.	one hour spent performing allowable Chore tasks.
Elder Abuse Prevention	one person age 60 or over who receives Elder Abuse Prevention services.	the provision of one hour of allowable activities for the prevention of elder abuse, neglect, and exploitation.
Congregate Meals	one person age 60 or over who receives Congregate Meals. (Persons under age 60 are included in this category if they are the spouse of a participant age 60+).	one meal served to an eligible participant.
Home Delivered Meals (HDM)	one person age 60 or over. Persons under age 60 are included in this category if the spouse is age 60+. Participants age 60+ who are homebound due to physical or emotional difficulties, unable to prepare meals, or has no family or friends available to help with meal preparation.	one meal served to an eligible participant.
Home Repair	one person age 60 or over that receives Home Repair services.	performance of one hour of allowable Home Repair tasks.
Homemaker	one person age 60 or over who receives Homemaker services.	one hour spent performing allowable Homemaker activities.
Legal Assistance	one person age 60 or over who receives Legal Assistance.	provision of one hour of an allowable legal service component.
Long Term Care Ombudsman	one resident (current or prospective) of a long-term care facility, age 60 or over who receives assistance or information or on whose behalf assistance is furnished.	Each closed compliant and completed ombudsman activity is a unit of service. 1. Providing information and assistance. 2. Participation in a resident or family council. 3. Participation in a facility survey. 4. Conducting a facility visit. 5. Providing training or education.
Caregiver Case Management	A service provided for a caregiver that assesses needs, and arranges, coordinates, and monitors services to meet the individuals needs of the caregiver.	One hour of service providing an assessment, arranging services, coordinating services, or monitoring services for a caregiver.

CLIENT AND UNIT DEFINITIONS

Program	Client	Unit
Outreach/Advocacy	one person age 60 or over that is contacted by Outreach staff.	one hour of outreach service to isolated older persons, which includes identification, contact, and assistance in gaining access to needed services and follow-up.
Personal Care	one person age 60 or over who receives Personal Care.	one hour spent performing Personal Care activities.
In-Home Respite Care	the caregiver of one person age 60 or over who receives In-Home Respite Care.	one hour of In-Home Respite Care provided.
Senior Center Operations	one person age 60 or over who attends senior center activities.	one hour of senior center operations.
Senior Center Staffing	one person age 60 or over who attends senior center activities.	each hour of staff time worked.
Transportation	one person age 60 or over who receives Transportation services.	one one-way trip per person.
Caregiver Training	One person age 60 or over who cares for a recipient 60 or older, one person 60 or older who cares for a recipient under 60, one person under 60 who cares for a recipient 60 or older.	One hour of caregiver training and activities.

TARGET CLIENTS

1. **Greatest Economic Need** - the need resulting from an annual income level at or below the poverty level established by the Office of Management and Budget for current year.

   185% of the poverty level: One Person: $ 29,526

2. **Three or more ADLs** - persons aged 60+ who are unable to perform 3 or more Activities of Daily Living (ADLs) without human assistance including verbal reminding, physical cueing or supervision. ADLs include walking, eating/feeding, bathing, toileting, transferring, wheeling, general mobility, dressing, bladder or bowel function, stair climbing, and bed mobility.

3. **Cognitive Impairment** – persons age 60+ who have a cognitive or other mental impairment which 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.

4. **Greater Substantial Emphasis** - this is an effort to serve a greater percentage of persons with economic needs and those of minority status where the percentage is high relative to the total elderly population.

5. **Minority** - refers to minority status, i.e. American Indian/Alaskan Native, Asian/Pacific Islander, African American or Hispanic.

6. **Low Income Minority** - refers to minorities in greatest economic need.

SUMMARY DESCRIPTION OF SERVICES
Instructions

All applicants must complete the Summary Description of Services form. Program Cost Criteria is explained as follows:

A) Supportive Services

- Services 1-7 list all supportive services for which the application is being made.

- Clients and Units, enter the number of eligible clients to be served and units to be provided for each service.

- Greatest Economic Need, enter the estimated number of persons to be served who are in greatest economic need.

- Low Income Minority Elderly; enter the estimated number of minority persons to be served whose annual income is at or below 185% of the poverty level.

- Three or more ADLs, enter the estimated number of older persons to be served who have three or more deficiencies of activities of daily living (ADL).

- Cognitive Impairment, enter the estimated number of older persons to be served who have a cognitive or other mental impairment.

- Cost Per Client and Unit: calculate by using the following formula:

$$\text{Cost Per Client} = \frac{\text{Region 7AAA Funds (90\%) + Local Match (10\%)}}{\text{Number of Clients to be served}}$$

$$\text{Cost Per Unit} = \frac{\text{Region 7AAA Funds (90\%) + Local Match (10\%)}}{\text{Total Units to be Provided}}$$

  Do not include program income and other resources. Calculate each service in lines 1 through *7* separately.

- **For Multi-Year providers where the cost per unit and cost per client are contracted and remain the same:** calculate by using the following formula:

$$\text{Number of Clients} = \frac{\text{Region 7AAA Funds (90\%) + Local Match (10\%)}}{\text{Cost per client}}$$

$$\text{Number of Units} = \frac{\text{Region 7AAA Funds (90\%) + Local Match (10\%)}}{\text{Cost per unit}}$$

  Do not include program income and other resources. Calculate each service in lines 1 through *7* separately.

- Service Area indicates the county number listed in the allocation plan for the county receiving the service. The Service Area is defined in the Allocation Plan.

B) Nutrition Services

- Clients: the number of clients proposed to be served for each service.
- Units: the number of meals proposed to be served to eligible and non-eligible individuals.
- Total Units: the total number of eligible and non-eligible meals.
- Cost Per Client and Unit
- Greatest Economic Need: the estimated number of persons to be served who are in greatest economic need.
- Low Income Minority Elderly: enter the estimated number of minority persons to be served whose annual income is at or below the poverty level.
- Three or more ADLs: under Home Delivered meals the estimated number of older persons with three or more deficiencies of activities of daily living (ADL) can be served and listed.
- Cost Per Client and Unit: calculate with the formula used in the Supportive Services instructions. Do not include NSIP, program income or other resources. Calculate Congregate and Home Delivered Meals separately.
- Service Area indicates the county number listed in the allocation plan for the county receiving the service. The Service Area is defined in the Allocation Plan.

C) Estimated Clients and Units by County

The multi-county project is to be completed if one Service Provider serves more than one county.

- County: enter the county names as listed in service area column.
- Estimated Clients and Units: the estimated number of clients and units to be served in each county of the service area for each service.

D) Signatures

See instructions on the Signature Page in the Application Section.

COST CONTAINMENT

It is the intent of Region VII Area Agency on Aging to contract for each service at a unit rate that represents the lesser of the current contracted unit rate for a particular service within a designated service area. The Regional Cost Containment Unit Rate for the service is presented in the following Cost Containment Unit Rates by Area Chart.

Region VII AAA may from time to time adjust the Regional Cost Containment Unit Rate.

The intent of such increases is to adjust regional guidelines to the Consumer Price Index, prorated to reflect Region VII AAA share of any increase. Organizations, which are proposing rates exceeding the regional guidelines, as shown in the chart must submit rationale statements for the Region VII Boards review.

Organizations that are currently funded must submit a Unit Rate Rationale with every unit rate increase.

The Region VII AAA Board of Directors shall review statements submitted by applicants recommended for funding and at its discretion, may accept the cost as presented, request additional information, reject the cost and/or place special conditions on the contract.

UNIT RATE RATIONALE STATEMENT

Service Provider Name _____

Service Name_____

Proposed Unit Rate $ _____ (Unit Rate must correspond to Summary Description of Service)

Submit one statement for each service program in which the proposed unit cost exceeds the cost containment guidelines of Cost Containment Unit Rates Area Chart. Organizations that are currently funded must submit a Unit Rate Rationale with every unit rate increase. Complete only if applicable.

1. Explain the circumstances that are responsible for the higher cost as submitted.

2. What plan do you have within the next fiscal year to reduce the cost to correspond to the cost containment guidelines?

3. What plan do you have to generate additional revenue other than AAA funds to share the cost of providing the service?

COST CONTAINMENT UNIT RATES BY AREA AND SERVICE Updated 03/17/2026

FY 2027 Contracted Unit Rate by Service

	Adult Day Care	Caregiver Training	Caregiver Case Mgmt	C.C.S.	Chore	Cong. Meals	Elder Abuse Prev.	Home Del. Meals	Hmk	Home Repair	Legal Asst.	Long Term Care Omb.	Outreach/ Advocacy	Personal Care	Respite Care	S.C.S.	S.CO.	Trans.
FY 2026 Contracted Unit Rate By Service Area																		
Bay		39.80	14.21	14.21		2.64		2.62	11.00					14.75	15.00			
Bay	11.00	36.03																
Clare		36.40	14.21	14.21		2.53		2.65	10.15					13.96	10.58	10.95		
Gladwin		40.87	15.55	15.55		2.79		30.00	10.58					15.33	10.58	10.95		
Gratiot		34.68		14.00	12.30	2.68		2.79	10.25	13.70				11.40	10.85	8.50		
Isabella		40.35	14.21	14.21		2.68		2.58	10.54					14.51	10.74			
Midland (ADC-Gladwin)	13.95	39.68		15.59		2.79		2.79	10.96	28.44				13.88	11.03			5.70
Saginaw	5.10	32.22	13.99	13.99		2.77		2.79					24.55			10.00	7.63	5.45
Saginaw- ISH/Friendship Center				13.51									19.58			11.25		
Huron				17.29		3.25		3.25								16.00		
Sanilac/Tuscola		45.91	17.29	17.29		3.25		3.25					28.92			16.00		6.55
All Counties							19.37				36.16	27.12						
REGIONAL COST CONTAINMENT UNIT RATE	$10.02	$38.44	$14.91	$14.99	$12.30	$2.82	$19.37	$5.86	$10.58	$21.07	$36.16	$27.12	$24.35	$13.97	$11.46	$11.95	$7.63	$5.90

1) Unit Rate = AAA Funds {90%} + Local Match {10%} ÷ Total Units Proposed

2) Applicants who propose a unit rate which exceeds the regional rate or the adjusted FY 2016 contracted rate must submit a cost containment rationale statement.
(Please see Guidelines Section X: Cost Containment)

* Unit rates that exceed cost containment or a current provider's rate will be negotiated.

Region VII Area Agency on Aging

Request for Proposals

FY 2027

Section D
Budgets

Contents

Supportive Services Budget Instructions
Supportive Services Budget Forms – yellow
Nutrition Services Budget Instructions
Congregate Nutrition Budget – pink
Home Delivered Meals Budget – lavender

BUDGET INSTRUCTIONS FOR SUPPORT SERVICES - (Budget Page 1 of 4)

A) PLANNED EXPENDITURES

Complete your agency name and the budget period (as indicated) at the top of the page. At the top of columns 1 through 7, type in the names of the services for which you are applying (one column for each service).

A note for all tabs. Information will only need to be entered into the cells shaded green. All cells shaded gray are populated based on pre-entered formulas and will be locked from editing.

1) LINE ITEMS - Page 1 of 4 is a summary of the information detailed on pages 2 through 4. Consequently, the line-item information on this page in all cells shaded gray, will populate based on information entered on pages budget detail pages 2 and 3.

2) TOTAL - Figures vertically and horizontally will automatically be calculated based on information entered on budget detail pages on pages 2 and 3.

3) PROGRAM INCOME - Refers to funds the applicant expects to generate for the provision of services. It includes, but is not limited to, fees, contributions, and third-party payments from such sources as Medicare, Medicaid, or private insurance. Program Income provides additional funds to the program and therefore the expenditure line items (upper half of the budget) **must** include the expenditure of these funds. Program Income funds may be expended in all line-item categories but must be expended within the direct service category through which it is generated.

   Revenues through Program Income must be projected for all services. Applicants with experience in administering the service program must consider their past year of operation when attempting to project Program Income levels. New applicants should budget a reasonable amount of Program Income based on (1) the projected number of clients to be served, (2) the number of service units to be provided, and (3) the average expected contribution or third-party reimbursement per client or per unit provided.

   In accordance with State policies, Program Income funds must off-set costs before planned expenditures are met through planned revenues presented in the Funding Sources section. Therefore, Program Income must be deducted before Net Costs are determined.

4) NET COSTS – Totals will automatically calculate based on information from above cells.

5) ADMINISTRATIVE COSTS - In column 9, each category's total cost, which is an administrative cost, will automatically populate based on information entered on budget detail pages 2 and 3. The following costs are considered administrative:

   Salary and fringe costs for Director, Program Managers/Coordinators, Bookkeepers, Secretaries and Receptionists.

5) ADMINISTRATIVE COSTS Cont'd

communication costs related to the operation of a central project office, including telephone, postage and printing; space costs (utilities and rent) for administrative office; snow removal insurances; equipment rental and repair; and staff training, membership dues; and conference dues

Services staff are not considered to have administrative functions unless more than 10% of an individual staff person's time is involved in administrative functions. Administrative functions are defined as follows: development and administration of the contract; recordkeeping, accounting and reporting (excluding maintenance of client records); policy and procedure development; and staff training or supervision.

If a staff position's time is prorated between administrative and service functions, the job description for the position must reflect the divided functions.

B) FUNDING SOURCES

1) AREA AGENCY FUNDS - Enter the amount of Area Agency Funds allocated for each service. Do not enter an amount in excess of the allocation for a defined service within a designated service area.

2) LOCAL MATCH - Local Match amounts should likewise be entered. Local Match must be 10% of the amount that includes Area Agency funds (90%) and Local Match (10%).

This amount is calculated as follows:

Area Agency Funds
.90 less Area Agency Funds = 10% Local Match

Local Match may consist of cash and/or in-kind. In-kind match must be appropriate to the service (space, labor, materials, or services that would have to be purchased for the program if not provided as an in-kind match). It cannot originate from a Federally funded service or program. Fair Market Value should be used to determine the dollar value of in-kind contributions.

All local match must be shown as expenditure(s) in the upper half of the budget, as well as being entered in the lower half of the budget as a funding source. Enter the corresponding amount of matching funds in the lines labeled Cash and In-kind. These amounts will total up into the Local Match (10%) line automatically.

3) OTHER RESOURCES (O/R) - Other Resources are those funds that are *not* Area Agency funds, Local Match *or* Program Income, but which will be used to deliver units and serve clients as outlined in the proposal. Applicants who do not budget for Other Resources should not include any additional clients and units that would be financed with Other Resources and included in the totals on the Summary Description of Services page. These amounts will populate based on information already entered.

4) TOTAL FUNDS – Totals will automatically calculate based on information entered above.

C) CERTIFICATION - See instructions on the Signature Page in the Application Section.

BUDGET INSTRUCTIONS - (Budget Pages 2 & 3 of 4) Enter service category at the top of each column.

A) SALARIES

This category includes the compensation paid to all permanent and part-time employees, excluding Personal Service Contracts and Consultation Agreements. Enter the position title and the number of personnel.

Enter each employee's position/title and then indicate with an "X" if the position is full time and list the cost allocated to the appropriate program.

Next, enter into each program the amount of salaries that will be charged to each individual program. These amounts will automatically total in column 8.

For each applicable line-item entry, indicate in column 9 the total amount that represents an administrative cost. Enter in column 10 the amount of each item total represents in-kind expenses. (This includes in-kind volunteer positions made a part of the budget.) Enter in column 11 the amount (or portion) of each line-item total funded through Other Resources (O/R).

B) FRINGES

This category is to include the employer's contributions for insurance, retirement, unemployment, workers' compensation, FICA, and other similar benefits for full-time and part-time employees. Enter the dollar amount by service for part-time salaries; enter the amount for full-time salaried positions. Enter totals. Enter the amount of the total that represents Administrative, In-Kind and Other Resources (O/R) expenses.

C) PERSONAL SERVICE CONTRACTS

The AAA defines Personal Service Contracts as agreements with individuals to provide direct service delivery functions, such as Personal Care or Chore services. (NOTE: The AAA does not allow a second subcontract in which major responsibility for program implementation is assigned to another organization through a contractual agreement.) List the position titles and the amounts. Assign to service categories as appropriate. Enter totals vertically and horizontally. Enter the portion of each line-item total that is administrative, if any. Enter the amount of each line-item totals that represent In-Kind expenses and Other Resource expenses, as applicable.

The following formula should be used for each line-item entry:

#___ Contractual Position x ___ hours/week x #___ weeks/year x $____/hour = $____

D) TRAVEL/CONFERENCES

This category is to include volunteer and staff (including salaried and contracted employees) travel. This includes the cost of mileage, lodging, meals, and registration fees for seminars/conferences. Indicate the type of travel (i.e., staff, volunteer, etc.) and assign costs to service categories as appropriate.

Begin by entering the total miles being budgeted for the budget period and then enter the agency reimbursement rate per mile. The total amount being budgeted for mileage will populate in column F. Next, allocate this amount to the applicable programs. Total in column F should agree to total in column 8. Enter the portion of the cost that is administrative. Enter In-Kind costs in column 10. Enter the amount or portion of each line-item expense paid through Other Resources in column 11.

E) SUPPLIES

This category is to be used for all consumable supplies. Also include any equipment items costing less than $500 per item. This includes administrative and service-related supplies. Indicate the type of supplies (i.e. printing and copying, office supplies, office equipment, etc.) and assign to service categories as appropriate. Enter the portion of the line-item total that is considered administrative. Enter the portion that is In-Kind. Enter the portion that is paid through Other Resources.

F) EQUIPMENT

This category is to be used for all stationery and moveable equipment. The cost of a single unit or piece of equipment includes the necessary accessories, installation costs and taxes. Equipment items costing less than $500 are to be included in "Supplies" category. Equipment items are recorded on the agency's permanent inventory record. Maintenance contracts for equipment should be budgeted under the "Other" category. List the type of equipment and assign costs to service categories as appropriate.

Enter the portion of the line-item total that is administrative, if any. Enter the portion that is In-Kind. Enter the portion that is paid through Other Resources.

G) OCCUPANCY

Office space refers to costs for office space and may include utilities. Utilities should only include the cost of heat and lights (if not already charged as part of the rental rate.) Assign costs to service categories as appropriate. Enter the portion of the line-item total that is administrative. Enter the portion that is In-Kind. Enter the portion representing Other Resources expenses.

Each line-item entry should be comprised of a formula justifying the costs. Reflect "Occupancy" line-item entries as follows:

#___ sq. ft/month x #___ month x $_____/sq. ft = $_____
Total amount, then list the cost allocated to the appropriate program

H) COMMUNICATIONS

This includes telephone and postage costs. Copying and printing costs (printing of brochures, etc.) are charged to supplies. Requests to fund a WATS or toll-free telephone line must be outlined in the budget separately. Assign costs to service categories as appropriate. Enter the portion of the costs that is administrative. Enter the line-item amounts representing In-Kind costs. Enter the line-item amounts representing Other Resources.

I) OTHER

This includes costs not listed in the budget categories previously discussed, such as insurance, memberships, equipment repair, professional consultation agreements, etc. Identify the cost and assign to service categories as appropriate. Enter the portion of each item that is administrative. Enter the portion representing In-Kind costs. Enter the portion paid through Other Resources.

BUDGET INSTRUCTIONS - (Budget Page 4 of 4)

I) LOCAL CASH MATCH. If your agency plans to match the AAA grant with local cash, please note the amount (from Budget Page 1 of 4) and the source of the funds for each proposed service.

II) LOCAL IN-KIND MATCH. If your agency plans to match the AAA grant with local in-kind, please note the amount (from Budget Page 1 of 4) and the source of the funds for each proposed service.

III) OTHER RESOURCE DETAILS. Note the source and amount of any Other Resources your agency is contributing toward each service program. This amount must match the Other Resources total on Budget page 1.

BUDGET INSTRUCTIONS FOR MEAL BUDGETS - BUDGET SUMMARY PAGE (Page 1 of 6)

A) PLANNED EXPENDITURES

Complete your agency name, budget period and meal level information at the top.

A note for all tabs. Information will only need to be entered into the cells shaded green. All cells shaded gray are populated based on pre-entered formulas and will be locked from editing.

1) LINE ITEMS - Page 1 of 6 is a summary of the information detailed on pages 2 through 6. Consequently, the line-item information on this page in all cells shaded gray, will populate based on information entered on budget detail pages 2 – 6.

2) TOTAL - Add figures vertically and horizontally will automatically calculate based on information entered on budget detail pages 2 – 6.

3) PROGRAM INCOME - Refers to funds the applicant expects to generate through the result of donations from clients receiving services. Program Income will provide additional funds to the program and therefore the expenditure line items (upper half of the budget) must include the expenditure of these funds. Program Income funds may be expended within the Meal Cost column only.

   Program Income amounts must be budgeted, in accord with Older Americans Act requirements. Applicants with past experience in administering service programs should consider their past year of operation when attempting to project program income levels. New applicants should budget a reasonable amount of Program Income considering the projected amount of clients and units to be served. In accord with State policies, program income funds must be expended before costs may be assigned to the Funding Sources section. Therefore, Program Income must be deducted before Net Costs are determined.

4) NSIP CASH - Refers to United States Department of Agriculture reimbursements for meals served to eligible participants (refer to Section C of the RFP Guidelines for definition of eligible clients). The NSIP funds will provide additional revenue for the program and therefore the expenditure line items (upper half of the budget) must include expenditure of these funds, NSIP funds may only be expended within the Meal Cost program function of the budget. Like Program Income, NSIP cash must be deducted before net costs are determined.

To budget, use the following numbers:

	Congregate	HDM
Bay	11,969	101,292
Clare	3,496	29,964
Gladwin	3,763	27,621
Gratiot	4,824	21,473
Huron	2,031	12,828
Isabella	7,664	24,051
Midland	13,949	93,482
Saginaw	15,571	85,995
Sanilac	3,168	27,016
Tuscola	2,925	52,763
	69,360	476,485

5) NET COSTS – Totals will automatically calculate based on information from above cells.

B) FUNDING SOURCES

1) <u>Title III C-1</u> - Under the Title III C-1 line; enter the amount of AAA funds which are being requested for the Congregate Meals service. The total cannot exceed the amount available for Congregate Meals for a given Service Area as presented in the Allocation Plan. Title III C-1 funds should be assigned to Program Functions as appropriate.

2) <u>Local Match</u> - Local Match amounts should likewise be entered. Local Match should be 10% of the amount that includes Title III C-1 funds (90%) and Local Match (10%). This amount is calculated as follows:

$$\frac{\textit{Title III C-1 Funds}}{.90} \quad \textit{less Title III C-1 Funds = 10\% Local Match}$$

Local Match may consist of cash and/or in-kind. In-kind match must be appropriate to the service (space, labor, materials, or services that would have to be purchased for the program if not provided on an in-kind match) and cannot originate from a Federally funded service or program. Fair Market Value should be used to determine the dollar value of in-kind contributions.

All <u>local match must be shown as expenditures in the upper half of the budget</u>, as well as being entered in the lower half of the budget as a funding source. Enter the corresponding amount of matching funds in the line labeled Cash and In-kind. These amounts will total up into the Local Match (10%) line automatically.

3) OTHER RESOURCES - Other Resources are those funds that are not part of the Area Agency funds, Local Match, Program Income, or NSIP, but that will be used to deliver units and serve clients as outlined in the proposal. Applicants who do not plan to budget an amount for Other Resources should not include on the Summary Description of Services form the additional clients and units that would be financed with Other Resources. Other Resources should be assigned to Program Functions as appropriate. These amounts will populate based on information already entered above.

4) TOTAL FUNDS – Totals will automatically calculate based on information already entered. The Total Funds line of the Funding Sources section of the budget should equal the Net Costs line of the Planned Expenditures section of the budget.

C) CERTIFICATION - See instructions on the Signature Page in the Application Section.

A) SALARIES

This line item is to include the compensation paid to all full-time and part-time employees. For Personal Service Contracts - see instructions. List the title of each position, and list the cost allocated to the appropriate program. Central office staff should be listed individually. Site staff should be grouped by position. Also, indicate with an "X" whether the position is full-time or not. For example:

POSITION TITLE	FT *	No. of Positions
Director	X	1
Site Manger		7
Cooks		10

The salary section of the budget should represent the same number of site staff positions as listed in RFP. Also, in-kind labor which is being presented as part of Local Match must be budgeted under salaries and should be indicated as in-kind positions. Salaries and in-kind labor budgeted must be assigned to Program Functions as appropriate, utilizing the following guidelines:

Meal Preparation Labor: Includes cooks, assistant cooks and staff involved directly in food preparation.

Other Labor: Includes dishwashers, custodians, meal servers, and bulk food delivery staff.

Project Management: Includes the project director, program managers, coordinators and assistant directors, inventory clerks, food service managers, site managers, fiscal management staff and other central office employees.

Delivery Cost: Includes Home Delivered Meals paid drivers.

Other: Includes HDM assessment staff and Outreach staff, if authorized by the AAA.

In some instances, it may be necessary to prorate staff (based on task assignments) between the Meal Cost and Project Management Program Functions. Prorating should not be done unless at least 10% of a position involves administrative responsibilities. The AAA defines administrative responsibilities as the development and administration of the contract; recordkeeping, accounting and reporting (excluding maintenance of client records); policy and procedure development; and staff training or supervision. At this point in time, it is not allowable to prorate site manager positions. All site manager positions must be budgeted under Project Management.

Staff positions may also be prorated between Meal Preparation, Other Labor functions and Social Services functions. The dollar amount charged to each program function should be based on assigned tasks and the amount of time devoted to those tasks. Once again, prorating should not be performed unless at least 10% of a position involves tasks from another Program Function.

Fringes include the employer's contributions for insurance, retirement, FICA, unemployment insurance, and other similar benefits for all permanent and part-time employees. For each position listed, enter the total dollar amount of fringe benefits paid by the service. The value of in-kind fringes should also be listed if the amount is listed in the lower part of the budget as a component of in-kind match. Fringes should be assigned to Program Functions in the same manner as salaries are assigned. Totals will automatically calculate. Enter the In-Kind portion of Salary/Fringe costs. Show the portion of salary/fringe paid with Other Resources

A) RAW FOOD

This line item is to include the cost of all raw and processed food. The total cost of catered meals should also appear in this line item. For catered meals, list each caterer separately. Under Average Cost Per Meal indicate the caterer's rate per meal, and under Annual Number of Meals, the number of meals being purchased at that rate. The total cost of the catered meals must be assigned to appropriate Program Functions within the Meal Cost category. For example:

PROGRAM FUNCTIONS	AVG. COST/	ANNUAL # OF		LABOR			
RAW FOOD	MEAL	MEALS	FOOD	PREP.	OTHER	OTHER	TOTAL
CATERERS: Mountain H.S.	1.80	500	6825	4100	475	300	11,700

Program functions for this line item are defined as follows:

Food:	includes raw food only
Meal Preparation Labor:	includes cooks, assistant cooks and staff directly
Labor Other:	all other labor
Other:	all other costs

For scratch cooking sites (includes central kitchen operations) enter the average raw food cost per meal for all scratch cooking sites combined. Totals will automatically calculate. Enter that portion of the raw food line-item amounts representing In-Kind expenses. Enter that portion of the raw food line-item amounts representing Other Resources expenses.

B) UTILITIES/RENT

This line item is to include the cost of utilities or rent, including in-kind space used as local match (labeled as in-kind). Indicate the building location, cost per month and the type of cost incurred. Distribute the costs across the appropriate Program Functions, using the following guidelines:

Meal Costs:	Includes meal sites and central kitchens.
Project Management:	Includes central office
Delivery Cost:	Would only include rental space in garage or warehouse for delivery vehicles
Other:	Would include office space/utilities for HDM assessment workers and/or Outreach personnel, if such HDM functions have AAA approval

Totals will automatically calculate. Enter that portion of the Utilities/Rent line-item expenses that represents In-Kind expenses. Enter that portion of the Utilities/Rent line-item costs that are paid through Other Resources.

A) EQUIPMENT

This line item is to be used for all equipment purchases and equipment listed as in-kind match in the lower half of the budget. Equipment is defined as items which cost $500 or more, including necessary and installation costs. For each item enter the dollar amount under the appropriate program functions, using the following guidelines:

A) EQUIPMENT- continued

Meal Cost:	Includes all food service and bulk food delivery equipment
Project Management:	All site management and central office equipment
Delivery Cost:	Includes Home Delivery Carriers (if over $500) and other equipment necessary for the delivery of Home Delivered Meals.
Other:	Not applicable.

Totals will calculate automatically. Enter that portion which is In-Kind costs. Enter that portion of expenses paid with Other Resources.

B) SUPPLIES

This line item is to be used for all paper products (including printing and copying) and small equipment. All items of equipment which cost less than $500 each should be assigned to this line item. Charge supply costs to Program Functions using the following guidelines:

Meal Costs:	Includes disposable food service ware, site cleaning products, storage products, and small equipment.
Administration:	Includes paper, envelopes, receipt books, and recordkeeping supplies.
Delivery Cost:	Includes only supplies necessary for food delivery
Other:	Includes supplies necessary for the performance of HDM assessment and/or Outreach functions, if such functions have AAA approval for the HDM function

Totals will calculate automatically. Enter that portion of Supply line-item costs that represents In-Kind expenses. Enter that portion of Supply line-item expenses that is paid through Other Resources in the last column.

C) TRAVEL

This line item is to include the travel costs of all volunteers, staff and board/advisory council members. This includes mileage reimbursements, lodging, meals and registration fees for conferences/ seminars. The mileage section should include only mileage reimbursements. Enter the position(s) of the person(s) who will be traveling. The conference section should include the cost of lodging, meals, registration, and mileage for conferences. Indicate the position of the person who will be traveling. Both mileage and conference costs must be assigned to the appropriate Program Functions. Use the following as a guideline:

Meal Costs:	Includes mileage reimbursement for bulk food delivery staff reimbursements for cooks or site management staff for travel to deposit program income or submit reports to the central office.
Project Management:	Includes any administrative staff travel, board and advisory council travel, and site staff travel for trainings. Also includes all conference costs.
Delivery Cost:	Would include mileage reimbursements for home delivery drivers only.

Other:	Would include mileage reimbursements for assessors and/or Outreach workers if such functions have AAA approval.

Begin by entering the total miles being budgeted for each position and then enter the agency mileage reimbursement rate per mile. The total amount being budgeted for mileage will populate in the total column. Next, allocate the total mileage to meal costs, project management and delivery. Total will calculate automatically. Enter that portion of Travel amounts that represents In-Kind expenses in that column. Enter that portion of line-item amounts representing Other Resources expenses in the last column.

BUDGET INSTRUCTIONS - (**Page 5 of 6)**

A) COMMUNICATIONS

This line item is to include the costs of telephone services and postage. (Printing and copying should be charged to supplies.) Requests to fund a WATS or Toll-Free line must be outlined in the budget narrative. Assign the costs to the appropriate Program Function. Use the following as a guideline:

Meal Costs:	Includes site telephone and postage costs.
Project Management:	Includes central office telephone and postage costs.
Delivery Cost:	Not applicable.
Other:	Would only include communication costs related to the performance of assessments or Outreach, if such functions have AAA approval for the HDM program.

If postage costs cannot be prorated accurately between the Program Functions and an acceptable audit trail established, all postage costs should be charged to Project Management. Totals will calculate automatically. Enter that portion of In-Kind Communications line-item costs in the In-Kind column. Enter that portion of Communications line-item costs representing Other Resources expenses in the last column.

B) OTHER

This line item is to include any costs not previously listed in the budget, such as the following (appropriate Program Functions are in parentheses):

- Training (Project Management) - a minimum of $500 must be budgeted for line staff in accord with AAA policy (across all Nutrition Budgets)
- Accounting/computer services (Project Management)
- Snow removal (Project Management)
- Insurances (Project Management)
- Memberships, fees and subscriptions (Project Management)
- Office equipment repair (Project Management)
- Site equipment repair/rental (Project Management)
- Garbage disposal (Meal Cost - Other)
- Storage and delivery of USDA commodities (Meal Cost - Other)
- Personal services contracts - (assign to Program Functions as appropriate)
- Other costs (identify and assign to appropriate Program Function)

Totals will calculate automatically. Enter that portion of In-Kind "Other" line-item costs in the appropriate column. Enter that portion of "Other" line-item amounts representing Other Resources expenses in the last column.

FRINGE BENEFITS DETAIL - (**Page 6 of 6)**

I) LOCAL CASH MATCH. If your agency plans to match the AAA grant with local cash, please note the amount (from Budget Page 1 of 6) and the source of the funds for each proposed service.

II) LOCAL IN-KIND MATCH. If your agency plans to match the AAA grant with local in-kind, please note the amount (from Budget Page 1 of 6) and the source of the funds for each proposed service.

IV) OTHER RESOURCE DETAILS. Note the source and amount of any Other Resources your agency is contributing toward each service program. This amount must match the Other Resources total on Budget Page 1.