



## Appendix III

# Service Provider Application Formats

July 1, 2017 – June 30, 2018

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I.A. SERVICE PROVIDER  
SUMMARY INFORMATION PAGE

PSA:\_\_\_

ORIGINAL SUBMISSION [ ]  
REVISION [ ]

<p>1. PROVIDER INFORMATION: Executive Director: {Name/Address/Phone}</p> <p>Legal Name of Agency:</p> <p>Mailing Address</p> <p>Telephone Number: [ ]</p>	<p>2. GOVERNING BOARD CHAIR: {Name/Address/Phone}</p> <p>Name of Grantee Agency:</p> <p>3. ADVISORY COUNCIL CHAIR: (if applicable) {Name/Address/Phone}</p>
<p>4. TYPE OF AGENCY/ORGANIZATION: NOT FOR PROFIT: __ PRIVATE __ PUBLIC PRIVATE FOR PROFIT __</p>	<p>5. PROPOSED FUNDING PERIOD: A. New Applicant B. Continuation</p>
<p>6. FUNDS REQUESTED:</p> <p><input type="checkbox"/> ADI <input type="checkbox"/> CCE <input type="checkbox"/> HCE <input type="checkbox"/> OTHER (SPECIFY)</p>	
<p>7. SERVICE AREA: <input type="checkbox"/> Single County <input type="checkbox"/> Multi county: List: Selected Communities of a County. Specify</p>	
<p>8. ADDRESS FOR PAYMENT OF CHECKS ITEM #: <input type="checkbox"/> #1 <input type="checkbox"/> #2</p>	
<p>9. CERTIFICATION BY AUTHORIZED AGENCY OFFICER:</p> <p>I hereby certify that the contents of this document are true, accurate and complete statements. I acknowledge that intentional misrepresentation or falsification may result in the termination of financial assistance.</p> <p>Name: _____ Signature: _____ Title: _____ Date: _____</p>	

## RESPONSE TO REQUEST FOR PROPOSAL SPECIFICATIONS

- II.A. Corporate Qualifications and Capability:**  
Narrative
- II.A.1. Narrative Synopsis:**  
Narrative
- II.A.2. Organizational Charts:**  
Proposer Format
- II.A.3. Names/Addresses/Telephone Numbers and Term Expiration Dates of Members of the Board of Directors or Corporate Officers:**  
Proposer Format
- II.A.4. Audited Financial Statements**  
Attachment
- II.A.5. Certification (signed) of Availability of 60 days Operating Funds**  
Proposer Format
- II.A.6. Corporate Bylaws**  
Attachment
- II.A.7. IRS Determination**  
Attachment
- II.A.8. Statement of No Involvement and Contract Terms and Conditions:**

### STATEMENT OF NO INVOLVEMENT

I, \_\_\_\_\_, as an authorized representative of \_\_\_\_\_, certify that no member of this firm nor any person having interest in this firm has been awarded a contract by the Department of Elder Affairs on a noncompetitive basis to:

- (1) develop this Request for Proposals;
- (2) perform a feasibility study concerning the scope of work contained in this RFP; or
- (3) develop a program similar to what is contained in this RFP.

\_\_\_\_\_  
Authorized Representative

\_\_\_\_\_  
Date

## CONTRACT TERMS AND CONDITIONS

I, \_\_\_\_\_, as an authorized representative of \_\_\_\_\_, certify that this firm agrees to all the terms and conditions of the contract as set forth in this Request For Proposal.

\_\_\_\_\_  
Authorized Representative

\_\_\_\_\_  
Date

- II.A.9. Assurance of Sufficient Insurance Coverage:**  
Attachment
- II.A.10. Administrative Assessment Checklist**  
Attachment utilizing the checklist found in **Appendix IV**
- II.A.11. Explanation and/or Outline of Proposed Staffing Plan:**  
Narrative
- II.A.11.a. Current and Proposed Job Descriptions/Pay Rates/Position Qualifications**  
Attachment
- II.A.12. Cost Efficiency and Program Effectiveness Plan:**  
Narrative
- II.A.13. Statement Assuring No CCE Funds Used in Development of RFP.**  
Attachment utilizing the statement found in **Appendix VIII.**

**III.A. DESCRIPTION OF SERVICE DELIVERY AND COORDINATION**  
Narrative

**III.A.1. Service Delivery and Coordination Plan:**

(Provide one for each of the following, as appropriate)

- Case Management (Address separately for CCE/HCE/ADI)

A description of how Case Management will be delivered for clients in common with other programs, i.e., CCE, ADI, HCE, or OAA must be included on the Case Management Description of Service Delivery form.

- Case Aide

Service:

Site Location:

Days and Hours of Operation:

Specific Activities Your Agency Will Provide Under This Service:

Coordination Methodology:

**III.A.2. Provider Work Plan**

This format is applicable only to agencies not currently serving as a Lead Agency. Such agencies are considered new applicant agencies or previous providers offering a new service. This format must address the "phase in" process. Attach continuation sheets as needed.

**SERVICE: \_\_\_\_\_ ESTIMATED # OF CLIENTS:**  
**ANTICIPATED START DATE OF SERVICE:**

**MAJOR WORK TASKS TO ACHIEVE SERVICE OBJECTIVE**

**START-UP ACTIVITIES (Briefly describe tasks and estimated completion dates):**  
**TASK:**

**ESTIMATED COMPLETION DATE:** \_\_\_\_\_  
**TASK:**

**ESTIMATED COMPLETION DATE:** \_\_\_\_\_  
**TASK:**

**ESTIMATED COMPLETION DATE:** \_\_\_\_\_  
**TASK:**

**ESTIMATED COMPLETION DATE:** \_\_\_\_\_



For applicants currently serving as Lead Agency, a narrative will be submitted addressing how their agency will coordinate with vendors (in Pinellas County). In Pasco County, a narrative will discuss the vendor agreement process and vendor monitoring schedule using the below format. Both counties must discuss coordination with the Area Agency on Aging on all service delivery components.

**County:**

**Date:**

<b>II.A.2. SUBCONTRACT/VENDOR MONITORING SCHEDULE</b>					
	<b>Include all AAA Funded Subcontractors and Vendors</b>				
	<b>Subcontractor or Vendor</b>	<b>Date of Visit</b>	<b>Program</b>	<b>Service</b>	<b>[F]iscal/Admin. [P]rogrammatic</b>
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					

- III.A.3. Client Identification Methodology:**  
Narrative
- III.A.4. Client Prioritization/Termination Plan:**  
(Address High Risk, Moderate Risk and Low Risk. Include procedure to terminate low risk clients, if necessary, to serve higher risk clients.)
- III.A.5. Emergency Service /Referral Response Methodology:**  
Narrative
- III.A.6. Client Adverse Incident, Complaint and Grievance Procedures.**  
Narrative
- III.A.7. Client Confidentiality and Security:**  
Narrative
- III.A.8. HIPAA**  
Narrative
- III.A.9. E-Verify Requirements**  
Narrative
- III.A.10. Social Security Disclosures**  
Narrative
- III.A.11. Background Screening**  
Narrative
- III.A.12. Plan to Maintain Quality Control of Services and Monitor Client Satisfaction:**  
Narrative
- III.A.13. Continuation Bidder Documentation of Effective Management / Service Quality:**  
Attach monitoring reports and letter of reference.
- III.A.14. New Bidder Documentation of Effective Management / Service Quality:**  
Attach monitoring reports and letter of reference.
- III.A.15. Documentation of Bidder Experience:**  
Attach monitoring reports and letter of reference.
- III.A.16. Plan to achieve Outcome/Output measures:**  
Narrative
- III.A.17. Volunteers**  
Narrative
- III.A.18. Disaster Preparedness**  
Narrative
- III.A.19. Co-Payments**  
Narrative

## **B. CONTRACT MODULE FORMATS**

- II.B.1. Personnel Cost Flow Worksheet**  
Included with the “2017-2018 Contract Module Worksheets.xls”
- II.B.2. Supporting Budget Worksheet**  
Included with the “2017-2018 Contract Module Worksheets.xls”
- II.B.3. Supporting Budget by Program Activity**  
Included with the “2017-2018 Contract Module Worksheets.xls”

**III.B.1. MATCH COMMITMENT OF CASH DONATION**

Original, dated  
SFY: \_\_\_\_\_ FFY: \_\_\_\_\_  Revision, dated  
Contract Amendment #

**Agency Name: Program:**

**Donor Identification:**

Name:

Street:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip:

Phone:

Authorized Representative:

Total Amount	# Payments	Amount/Payment	Contribution Period
\$		\$	

**Special Conditions:**

**Donor Certification:**

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

X \_\_\_\_\_ Date:

**Signature of Donor or Representative**

### III.B.2. MATCH COMMITMENT FOR DONATION OF BUILDING SPACE

Original, dated  
SFY:\_\_\_\_FFY:\_\_\_\_ Revision, dated  
Contract Amendment #

<b>Agency Name:</b>	<b>Program:</b>
<b>Donor Identification:</b> Name: Street: City: _____ State: _____ Zip: Phone: Authorized Representative:	
<b>Description of Space:</b> <input type="checkbox"/> Office <input type="checkbox"/> Site <input type="checkbox"/> Other	
<b>Provider Owned Space:</b> 1. Number of square feet used by project _____ sq.ft. 2. Appraised rental value per square foot \$ _____/sq.ft. 3. Total value of space used by project (1x2) \$ _____	
<b>Donor Owned Space:</b> 1. Established monthly rental value\$ _____ 2. Number of months rent to be paid by donor _____ mos 3. Value of donated space (1x2) \$ _____	
<b>Special Conditions:</b>	
<b>Donor Certification:</b>  I hereby certify intent to donate use of the space set forth above for the program specified above during the program's upcoming funding period. This space is not being used as match for any other State or Federal program or contract.  X _____ Date: <b>Signature of Donor or Representative</b>	

**III.B.3. MATCH COMMITMENT OF SUPPLIES**

[ ] Original, dated  
SFY:\_\_\_\_\_FFY:\_\_\_\_\_ [ ] Revision, dated  
Contract Amendment #

**Agency Name:**

**Program:**

**Donor Identification:**

Name:  
Street:  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip:  
Phone:  
Authorized Representative:

**Description of Supplies:**

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

\_\_\_\_\_

(From)  
(To)

**Computation of Value:**

**Value to be claimed by project:** \$

**Special Conditions:**

**Donor Certification:**

I hereby certify intent to donate these supplies for the program specified above during the program=s upcoming funding period. These supplies are not being used as match for any other State or Federally assisted program or contract.

X \_\_\_\_\_ Date:  
**Signature of Donor or Representative**

**III.B.4 MATCH COMMITMENT OF EQUIPMENT**

[ ] Original, dated  
 SFY: \_\_\_\_\_ FFY: \_\_\_\_\_ [ ] Revision, dated  
 Contract Amendment #

**Agency Name:** \_\_\_\_\_ **Program:** \_\_\_\_\_

**Donor Identification:**  
 Name: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Authorized Representative: \_\_\_\_\_

**Description of Equipment:**  
 The below described equipment is committed for use by the project for the period of: \_\_\_\_\_

		(From)	
		(To)	
	<b>Acquisition</b>		
	<b>Number</b>	<b>Cost</b>	<b>Value to Project*</b>
<b>Description of Item</b>			
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
	<b>Total Value Claimed:</b>		

\*Items that are currently owned by the Grantee or are loaned or donated to the project are valued at an annual rate of 6-2/3 percent of the acquisition value.

**Donor Certification:**

This equipment is not included as a contribution for any other State or Federally Assisted program or contract and costs are not borne by the Federal Government directly or indirectly under any Federal grant or contract except as provided for under:  
 \_\_\_\_\_ (cite the authorizing Federal regulation or law if applicable).

X \_\_\_\_\_ Date: \_\_\_\_\_  
**Signature of Donor or Representative**

**III.B.5. MATCH COMMITMENT OF IN-KIND CONTRIBUTION OF SERVICES  
BY STAFF OF SERVICE PROVIDER OR STAFF OF OTHER ORGANIZATIONS**

[ ] Original, dated  
SFY: \_\_\_\_\_ FFY: \_\_\_\_\_ [ ] Revision, dated  
Contract Amendment #

<b>Agency Name:</b>		<b>Program:</b>			
<b>Donor Identification:</b>					
Name: _____					
Street: _____					
City: _____ State: _____ Zip: _____					
Phone: _____					
Authorized Representative: _____					
<b>Descriptions of Positions:</b>					
	<u>Position Title</u>	<u>Service</u>	<u>Hourly Rate or Annual Salary</u>	<u># Hours Worked</u>	<u>Value to Project*</u>
1.	_____	_____	\$ _____	_____	\$ _____
2.	_____	_____	\$ _____	_____	\$ _____
3.	_____	_____	\$ _____	_____	\$ _____
			<b>Total -</b>		<b>\$ _____</b>
*Value to project = (# of hours worked) x (Hourly rate) or (Annual Salary ) 2080 hrs) x (# of hours worked)					
<b>Donor Certification:</b>					
<p>These services are not included as match for any other State or Federally Assisted program or contract and costs are not borne by the Federal Government directly or indirectly under any Federal grant or contract except as provided for under:            _____ (cite the authorizing Federal regulation or law if applicable). <b>It is certified that the time devoted to the project will be performed during normal working hours.</b></p>					
<p>X _____ Date: _____  <b>Signature of Donor or Representative</b></p>					



**III.B.6. MATCH COMMITMENT OF IN-KIND VOLUNTEER PERSONNEL AND TRAVEL**

[ ] Original, dated \_\_\_\_\_  
 SFY: \_\_\_\_\_ FFY: \_\_\_\_\_ [ ] Revision, dated \_\_\_\_\_  
 Contract Amendment # \_\_\_\_\_

<b>Agency Name:</b>	<b>Program:</b>
<b>Donor Identification:</b>	
Name: _____	
Street: _____	
City: _____ State: _____ Zip: _____	
Phone: _____	
Authorized Representative: _____	

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

**Describe Volunteer Effort:**

	Position Title	Equivalent Hourly Rate	# of Hours	Value to Project
1		\$		\$
2		\$		\$
3		\$		\$
<b>TOTAL VALUE TO AGENCY.....</b>				\$

**Equivalent Hourly Rates were determined by:**

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

<b>ESTIMATED MILEAGE</b>	X	<b>RATE PER MILE</b>	=	<b>VALUE</b>
				\$

**Donor Certification:**

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

X \_\_\_\_\_  
 Signature of Agency Official

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

## IV.B. AVAILABILITY OF DOCUMENTS

The undersigned hereby gives full assurance that the following documents are maintained in the administrative office of the provider and will be filed in such a manner as to ensure ready access for inspection by the AAA or its designee(s) at any time. The Provider will furnish copies of these documents to the AAA upon request.

1. Current Board Roster
2. Articles of Incorporation
3. Corporate By-Laws
4. Advisory Council By-Laws and Membership
5. Corporate Fee Documentation
6. Insurance Coverage Verification
7. Bonding Verification
8. Staffing Plan
  - a. Position Descriptions
  - b. Pay Plan
  - c. Organizational Chart
  - d. Executive Director's Resume
9. Personnel Policies Manual
10. Financial Procedures Manual
11. Operational Procedures Manual
12. Interagency Agreements
13. Affirmative Action Plan
14. Outreach Plan, if applicable
15. Americans With Disabilities Act Assurance and supporting documentation
16. Unusual Incident File
17. Contribution System
18. Inventory List

### CERTIFICATION BY AUTHORIZED AGENCY OFFICIAL:

I hereby certify that the documents identified above currently exist and are properly maintained in the administrative office of the Provider. Assurance is given that the AAA or its designee(s) will be given immediate access to these documents, upon request.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Name of Authorized Individual

\_\_\_\_\_

Title of Authorized Individual

**V.B. EQUIPMENT PROPERTY INVENTORY:**

Proposer format

**VI.B. CERTIFICATION REGARDING DEBARMENT, SUSPENSION:**

Debarment and Suspension Certification (29 CFR Part 95 and 45 CFR Part 74)

The undersigned Contractor certifies to the best of its knowledge and belief, that it and its principals:

1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by a Federal Department or agency;
2. Have not within a three-year period preceding this Contract been convicted or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
3. Are not presently indicted or otherwise criminally or civilly charged by a government entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph A.2. of this certification; and/or
4. Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause of default.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Name and Title of Authorized Individual \_\_\_\_\_

Name of Organization \_\_\_\_\_

**ATTACHMENT I: STAFF DEVELOPMENT AND TRAINING PLAN**  
Narrative

**ATTACHMENT II: SITE LIST**

Provider: \_\_\_\_\_  
Federal/State Fiscal Year: \_\_\_\_\_

[ ] Original, Dated  
[ ] Revision, Dated  
Contract Amendment #

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Site No.

Contact:           Name:  
                      Address:

Phone No:

**INSPECTION DATES:**

Fire:  
Safety:  
Other:

---

Site No.

Contact:           Name:  
                      Address:

Phone No:

**INSPECTION DATES:**

Fire:  
Safety:  
Other:

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Site No.

Contact:           Name:  
                      Address:

Phone No:

**INSPECTION DATES:**

Fire:  
Safety:  
Other:

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Attachment III.

FIVE YEAR SERVICE UNIT RATE QUOTE

<u>Proposed Service</u>	<u>Year 2</u>	<u>Year3</u>	<u>Year 4</u>	<u>Year 5</u>	<u>Year 6</u>
Case Management Total Unit cost	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

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Case Aide Total Unit cost	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date