



2019
OLDER AMERICANS ACT & LOCAL SERVICES PROGRAM
CONTINUING SERVICE PROVIDER APPLICATION

- IIIB/LSP Transportation Services (Pasco and Pinellas)**
- IIIB/LSP Adult Day Care Services & Expanded Adult Day Care (Pasco and Pinellas)**
- IIIB/LSP Legal Services (Pasco and Pinellas)**
- IIIB/LSP Chore Services (Pasco and Pinellas)**
- IIIB/LSP Homemaker Services (Pasco and Pinellas)**
- IIIB/LSP Counseling Services (Pasco and Pinellas)**
- IIIB/LSP Emergency Alert Response (Pasco and Pinellas)**
- IIIC/LSP Nutrition Services (Pasco and Pinellas)**
- IIID Disease Prevention & Health Promotion (Pasco and Pinellas)**
- IIIEG Relative Caregiver Support Program (Pasco and Pinellas)**

TABLE OF CONTENTS

Table of Contents		1
General Instructions		2
A. PROGRAM MODULE		
I.A	Service Provider Summary Information	2-3
II.A.1.	Needs Assessment	4
II.A.2.	Provider Qualifications	4
II.A.3.	Provider Capability	4
II.A.4.	Targeting	4
II.A.5.	Identifying and Prioritizing Clients	4
II.A.6.	Process for Reducing or Terminating Services	4
II.A.7.	Eligibility and Assessment/Reassessment Process	4
II.A.8.	Client Confidentiality	5
II.A.9.	Quality Assurance	5
III.A	Description of Service Delivery	5
III.A.1.	Site Location	5
III.A.2.	Specific Activities	5
III.A.3.	Explanation of Proposed Staffing	5-6
III.A.4.	Cost Efficiency and Program Effectiveness Plan	6
B. CONTRACT MODULE		
I.B.1.	Audited Financial Statement	7
I.B.2.	Certification of Operating Funds	7
I.B.3.	Statement of No Involvement	7
I.B.4.	Insurance Coverage	8
*II.B1.	Personnel Cost Flow Worksheet	8
*II.B.2.	Supporting Budget Worksheet	8
II.B.3.	Supporting Budget Schedule by Program Activity + FY 2019 Allocations	8-9
II.B.4	Match Commitment Forms	10-15
II.B.5	Availability of Documents	16
II.B.6	Continuing Application Timetable	17

*These sections are not required when completed by a for-profit company.

GENERAL INSTRUCTIONS

- < The service provider application must include the following:
 - A. Program Module - contains general information about the provider and the service for which the continuing application is being made. (See Table of Contents A.I.A through A.III.A.4)
 - B. Contract Module - contains specific funding and service cost information. (See Table of Contents B.I.B.1. through B.II.B.6)
 - C. Two (2) bound copies of the Continuing Application must be submitted. One (1) of the copies must contain original signatures, in blue ink.

- < Prescribed formats are contained in boxes within the document and must be used. If formats do not allow sufficient space, additional pages may be attached as needed.

- < Where no format is prescribed, the applicant may use plain paper with a heading on each page to identify the application section.

- < Dollar amounts must be rounded to the nearest whole dollar and must match allocations by service on pages 8 and 9.

- < Applications must include all information requested and each page must be numbered sequentially.

Table of Contents: To be included in every application and must have corresponding page numbers identified.

I.A. Service Provider Summary Information: To be completed by every applicant. Format follows:

I.A. SERVICE PROVIDERSUMMARY INFORMATION PAGE

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: <input type="checkbox"/> PRIVATE <input type="checkbox"/> PUBLIC PRIVATE FOR PROFIT</p>	<p>5. PROPOSED FUNDING PERIOD: January 1, 2019 – December 31, 2019</p> <p>A. New Applicant B. Continuation <input checked="" type="checkbox"/></p>
<p>6. FUNDS REQUESTED:</p> <p><input type="checkbox"/> OAA Title IIIB <input type="checkbox"/> OAA Title III-C1 <input type="checkbox"/> OTHER (SPECIFY) <input type="checkbox"/> OAA Title III-C2 <input type="checkbox"/> OAA Title IIID <input type="checkbox"/> LSP <input type="checkbox"/> OAA Title IIIEG <input type="checkbox"/> OAA Title VII <input type="checkbox"/> USDA</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 #: [] #1 [] #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>	

A. PROGRAM MODULE

Responses to this section should be in narrative format.

II.A.1. NEEDS ASSESSMENT: Update information provided in original application as appropriate.

II.A.2. PROVIDER QUALIFICATIONS:

- Provide current organizational chart of department and agency involved with the proposal, including any proposed changes.
- Provide list of current Board of Directors or Corporate Officers with term dates and contact information.

II.A.3. PROVIDER CAPABILITY: Update original application as appropriate.

1. Provider meets the minimum qualifications to provide the service being bid on. See Service Definitions in Appendix A of the 2017 DOEA Program and Services Handbook found at: <http://agingcarefl.org/documents-publications-area-agency-on-aging-of-pasco-pinellas/>
2. Provider has the capacity (staff and technology) for utilizing CIRTTS to record client information and/or to report units of service.
3. Provider is aware of and willing to partner with the Aging and Disability Resource Center (ADRC).

II.A.4. TARGETING: Update targeting methods and goals from original application. Numbers of unduplicated clients to be served must be identical to the Supporting Budget Schedule located in the Contract Section. (Please be cognizant of all OAA/LSP Targeting categories: Greatest economic need; Minority; Individuals with greatest social need, Low-Income Minority; Rural; Limited English Proficiency; and At Risk of Institutional Placement.

In addition to OAA/LSP Targeting categories, providers of Legal Services must include targeting methods specific to the "Priority Issue Areas", e.g. Income; Health Care; Long-Term Care; Nutrition; Housing and Utilities; Defense of Guardianship; Abuse, Neglect & Exploitation; Age Discrimination; and Protective Services.

II.A.5. IDENTIFYING AND PRIORITIZING CLIENTS: Update the Agency's process for receiving and processing requests for service. The Supporting Budget Schedule, located in the Contract Section should support the number of clients proposed to be served. Additionally, prioritization forms and policies/procedures must include OAA targeting categories as a major factor. Please include your agency's most current Prioritization policy/procedure and the accompanying tool used to accomplish this task.

II.A.6. PROCESS FOR REDUCING OR TERMINATING SERVICES:

Provide an update describing process and criteria to be used when reducing services, terminating a client from the program, or placing an individual on "Hold" Status.

II.A.7. ELIGIBILITY AND ASSESSMENT/REASSESSMENT PROCESS: Update original proposal describing the intake process, eligibility determination and documentation procedures.

Provide assurance that active clients and clients waiting for services are to be reassessed yearly.

II.A.8. CLIENT CONFIDENTIALITY: Update method utilized to ensure client confidentiality. It should include client file security, CIRT data access, shredding of printouts containing client identifiable data, sharing of information with other agencies, including how email with client confidential information will be sent securely.

II.A.9. QUALITY ASSURANCE:

- a. Provide an update on the process, including the frequency, for determining consumer satisfaction with service delivery. This process must include how data is compiled and used to promote further or enhanced satisfaction.
- b. Provide an update on the internal methods to assure delivery of quality services by staff and subcontractors.

III.A. DESCRIPTION OF SERVICE DELIVERY: Update "Description of Service Delivery" from original application.

SERVICE: _____ **PROGRAM(S):** Older Americans Act/Local Service Program

III.A.1. SITE LOCATION: Provider must include a list of addresses and contact information for administrative and service delivery sites, with corresponding days and hours of operation.

III.A.2. SPECIFIC SERVICE ACTIVITIES

Provide an update to original application as necessary.

III.A.3. EXPLANATION/OUTLINE OF PROPOSED STAFFING

Provide an update as to how your agency proposes to meet staffing requirements, as indicated within the 2017 DOEA Program and Services Handbook, for the services proposed, as well as for the financial and CIRT reporting requirements and responsibilities of an Older Americans Act/LSP provider. Elaborate on how employees or volunteers with direct contact with clients or the client's personal property will be Level II Background Screened in accordance with Chapter 2010-114, Laws of Florida (L.O.F.), Sections 430.0402 and 435.01(2) Florida Statutes and applicable Area Agency on Aging Notices of Instruction.

Subcontractors: If applicable, provide information on how subcontractors are going to be used in the implementation of the service being performed and how subcontractors will be selected. Service providers are responsible for exercising independent judgment in the selection of the subcontractor that can best meet the service needs of the older persons within the service area. For each subcontractor to be used in the provision of service during the 2019 contract year, the following information will be required by the AAA:

1. The scope of service being performed by the subcontractor.
2. Amount of funds expected to be paid to the subcontractor. Include detail on unit rate and units to be provided by subcontractor.
3. Provide detailed explanation how the following will be assured to the AAA:

- a. Non-federal financial participation;
 - b. Methodology for contributions;
 - c. Methodology for reporting the number of unduplicated persons and units of service;
 - d. Methodology for CIRTS reporting; and
 - e. Audit trail for financial transactions.
4. The detail including the frequency by which you will be monitoring the sub-contractor for contractual requirements.

If the service provider intends to subcontract with a profit-making organization, prior approval must be obtained from the AAA before contract execution. Copies of all executed subcontract agreements will be required.

III.A.4. COST EFFICIENCY AND PROGRAM EFFECTIVENESS PLAN – Provide an update on how the service provider assures cost efficiency and program effectiveness without detriment to service quality, as well as how personnel standards will be maintained.

B. CONTRACT MODULE

Providers are expected to maximize funding by appropriately budgeting funds to ensure services are available throughout the duration of the contract period. Any deviation from this must be approved by the Area Agency on Aging. At the end of the contract year a provider of OAA Service(s) who exhibits a surplus of 1% of their total budget or more, may be subject to having the next year's budget allocation reduced by that amount.

I.B.1. AUDITED FINANCIAL STATEMENTS attesting to the reliability of the applicant's financial and administrative system must be provided. The agency audit must be an attachment to the proposal

I.B.2. CERTIFICATION OF AVAILABILITY OF 60 DAYS OPERATING FUNDS must be provided in a signed statement.

I.B.3. STATEMENT OF NO INVOLVEMENT AND REQUEST FOR PROPOSAL TERMS AND CONDITIONS must be completed and signed by an authorized representative of the applicant agency. If this is not either a Board Member or Corporate Officer with signatory authority, please also include a signed authorization by the agency's Board of Directors indicating that the individual signing documents for this Proposal has the authorization of the Board to do so. Statement format follows:

STATEMENT OF NO INVOLVEMENT

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

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

Authorized Representative

Date

CONTRACT TERMS AND CONDITIONS

I, _____, as an authorized representative of _____, certify that, if selected as the successful applicant, this agency/firm agrees to all the terms and conditions set forth in the Continuing Application and contract.

Authorized Representative

Date

I.B.4. Assurance of Insurance Coverage must include a list of insurance coverage detailing Insurance Company, type of insurance, amount of insurance and limits. If the applicant chooses to do so, a statement of insurance coverage may be included. Minimum coverage shall include liability, worker's compensation, employee bonding, and director's and officer's liability insurance. (Please note that all applicants are required to present documentation of actual insurance coverage.)

ALLOCATION METHODS: FOR PROFIT COMPANIES ARE EXEMPT FROM RESPONDING TO ITEMS PRECEDED BY AN ASTERISK (*) PERTAINING TO UNIT COST DETERMINATION. THE MATCH REQUIREMENT OF 10% IS APPLICABLE TO ALL PROPOSALS.

***II.B.1. PERSONNEL COST FLOW WORKSHEET:**

DOEA unit cost methodology spreadsheet is available from the Area Agency on Aging.

***II B.2. SUPPORTING BUDGET WORKSHEET:**

DOEA unit cost methodology spreadsheet is available from the Area Agency on Aging.

II.B.3. SUPPORTING BUDGET SCHEDULE BY PROGRAM ACTIVITY:

DOEA unit cost methodology spreadsheet must be utilized to determine the unit rate for the service. The unit rate is subject to approval by the AAAPP. For FY 2019 Allocations, please see below by county and service.

Separate Supporting Budget Schedules must be included for LSP and for OAA.

For Example:

LSP – County and Service Specific

OAA – County and Service Specific

Further, unduplicated clients are to reflect each specific program and need to coincide with the narrative within the Program Module of the Service Provider Application

FY 2019 OAA/LSP Allocations

SERVICE	COUNTY	OLDER AMERICANS ACT (OAA)	LOCAL SERVICES PROGRAM (LSP)
IIIB Adult Day Care	Pasco	\$202,056	\$45,489
IIIB Chore	Pasco	\$102,309	\$26,734
IIIB Homemaker	Pasco	\$156,580	\$25,418
IIIB Legal	Pasco	\$75,244	\$20,272
IIIB Transportation	Pasco	\$197,518	\$48,406
IIIC1 Congregate Meals	Pasco	\$245,284	\$72,745
IIIC2 Home Delivered Meals	Pasco	\$557,906	\$48,493
IIIEG (NFCSP)	Pasco	\$16,000	\$0

SERVICE	COUNTY	OLDER AMERICANS ACT (OAA)	LOCAL SERVICES PROGRAM (LSP)
IIIB Adult Day Care	Pinellas	\$321,864	\$61,998
IIIB Chore	Pinellas	\$166,271	\$32,910
IIIB Homemaker	Pinellas	\$226,153	\$43,087
IIIB Legal	Pinellas	\$62,894	\$15,713
IIIB Transportation	Pinellas	\$443,847	\$168,105
IIIC1 Congregate Meals	Pinellas	\$675,101	\$0
IIIC2 Home Delivered Meals	Pinellas	\$947,399	\$301,818
IIIEG (NFCSP)	Pinellas	\$36,000	\$0

SERVICE	COUNTIES	OLDER AMERICANS ACT (OAA)	LOCAL SERVICES PROGRAM (LSP)
IIIB Counseling (Gerontological Individual & Mental Health Individual)	Pasco & Pinellas	\$60,552	\$28,700
IIIB Emergency Alert Response	Pasco & Pinellas	\$25,433	\$14,512
IIID Health & Wellness	Pasco & Pinellas	\$129,151	\$0

II.B.4. MATCHING COMMITMENT DOCUMENTATION

MATCH COMMITMENT OF CASH DONATION

SFY: _____ FFY: _____

Original, dated
 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:			
<p>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.</p>			
X _____		Date:	
Signature of Donor or Representative			

MATCH COMMITMENT FOR DONATION OF BUILDING SPACE

SFY:____ FFY:____

Original, dated
 Revision, dated
Contract Amendment #

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

MATCH COMMITMENT OF SUPPLIES

SFY: _____ FFY: _____

Original, dated
 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: _____	
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	

MATCH COMMITMENT OF EQUIPMENT

SFY: _____ FFY: _____

Original, dated
 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)			
<u>Description of Item</u>	<u>Acquisition Number</u>	<u>Cost</u>	<u>Value to Project*</u>
1. _____	_____	_____	
2. _____	_____	_____	
3. _____	_____	_____	
4. _____	_____	_____	
5. _____	_____	_____	
Total Value Claimed:			
*Items that are currently owned by the Grantee or are loaned or donated to the project are valued at an annual rate of 6-2/3 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			

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

SFY: _____ FFY: _____

Original, dated
 Revision, dated
 Contract Amendment #

Agency Name:		Program:			
Donor Identification:					
Name: _____					
Street: _____					
City: _____ State: _____ Zip: _____					
Phone: _____					
Authorized Representative: _____					
Descriptions of Positions:					
	<u>Position</u>		<u>Hourly Rate or</u>	<u># Hours</u>	<u>Value to</u>
	<u>Title</u>	<u>Service</u>	<u>Annual Salary</u>	<u>Worked</u>	<u>Project*</u>
1.	_____	_____	\$ _____	_____	\$ _____
2.	_____	_____	\$ _____	_____	\$ _____
3.	_____	_____	\$ _____	_____	\$ _____
				Total -	\$ _____
*Value to project = (# of hours worked) x (Hourly rate) or (Annual Salary) 2080 hrs) x (# of hours worked)					
Donor Certification:					
<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). It is certified that the time devoted to the project will be performed during normal working hours.</p>					
X _____			Date: _____		
Signature of Donor or Representative					

MATCH COMMITMENT OF IN-KIND VOLUNTEER PERSONNEL AND TRAVEL

SFY: _____ FFY: _____

Original, dated
 Revision, dated
 Contract Amendment #

Agency Name:	Program:
---------------------	-----------------

Donor Identification:
 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		\$		\$
TOTAL VALUE TO AGENCY				\$

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.

ESTIMATED MILEAGE	X	RATE PER MILE	=	VALUE
				\$

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 _____ **Date:**
 Signature of Agency Official

Name:

II.B.5. AVAILABILITY OF DOCUMENTS

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

II.B.6. Continuing Application Timetable

**AREA AGENCY ON AGING OF PASCO-PINELLAS, INC.
CONTRACT REVIEW PROCESS TIMETABLE
OLDER AMERICANS ACT (OAA) & LOCAL SERVICE PROGRAMS (LSP) FUNDED SERVICES
CONTRACT YEAR 2019 – January 1 to December 31, 2019**

May 14, 2018	Advisory Council Review of 2019 Proposed OAA and LSP Allocations and Contract Review Process
May 21, 2018	AAA Board of Directors Approval of Contract Review Timetable
June 1, 2018	Continuing Applications for 2019 OAA & LSP services will be available and posted to the AAAPP website (www.agingcarefl.org).
June 29, 2018 at 3 PM	Continuing Applications due to: Area Agency on Aging of Pasco-Pinellas, Inc. 9549 Koger Blvd, Gadsden Building, Suite 100, St. Petersburg, FL 33702
June 29, 2018 – July 27, 2018	Critique of Continuing Applications
TBA	Program Planning and Development Committee Meeting
August 20, 2018	AAA Board of Directors Meeting - Approval of Applicant Agency
August 31, 2018	Final Applications Due
January 1, 2019	Services Initiated

No Older Americans Act Services are out to bid in 2018 for Contract Year 2019