



Community Care for the Elderly
Lead Agency
Alzheimer's Disease Initiative
Home Care for the Elderly

Continuing Application

July 1, 2019 – June 30, 2020

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Introduction. This Continuing Application is intended to be used for Community Care for the Elderly, Home Care for the Elderly and Alzheimer's Disease Initiative and other programs funded under the Area Agency on Aging of Pasco-Pinellas, Inc. When a specific format is required, the instructions will be followed by the format. If a specific format is not required, the applicant may provide the required information in narrative form. Three (3) bound copies of the Continuing Application must be submitted. At least one (1) of the copies must contain original signatures, in blue ink.

For purposes of standardization, certain model formats are provided.

- The formats provided are to be used as "masters" for duplication.
- Applicants may use computer generated formats in lieu of these formats as long as they are equivalent in information and the layout is essentially the same.
- In the event the formats do not allow sufficient space, please attach continuation pages as needed.
- Legible pen entries are permitted for numerical entries. All dollar amounts should be rounded to the nearest whole dollar.
- Where no format is specified by DOEA or the Area Agency on Aging of Pasco-Pinellas, Inc., the applicant may use plain paper with a heading on each page to identify the proposal section.
- Each page of the completed proposal is to be sequentially numbered.

Title Page

- Title of Proposal
- Bidders Name
- Name of Area Agency on Aging proposal is being submitted to
- Name, title, phone number, and address of person who can respond to Continuing Application inquiries
- Name of Project Director

Table of Contents

This format outlines the content and the sequence of the application formats. Enter the appropriate page numbers for each format. Appendices or Exhibits may be added to provide supporting documentation or reference material if needed. Any applicant may provide supplemental or reference information pertinent to the application. Revisions to the Service Provider Application which add pages are likely to also require changes to the Table of Contents, which must be kept current.

Section I.A. - SERVICE PROVIDER SUMMARY INFORMATION

This format is to be used as a cover sheet for submission of the Service Provider Application and all subsequent revisions to the document.

- Item 1.** Enter identification elements for the agency.
- Item 2.** Self-explanatory.
- Item 3.** Self-explanatory. (If Advisory Council exists)
- Item 4.** Place an "X" in the appropriate space indicating the type of agency/organization.
- Item 5.** Self-explanatory.
- Item 6.** Indicate the funding sources requested and/or administered by the agency with an "X" in the block in front of the sources listed.
- Item 7.** Place an "X" in the appropriate space to indicate the type of service area and include county name(s).
- Item 8.** Self-explanatory.
- Item 9.** The individual signing this document must have the full authority of the grantee agency. This should be a Board President or other Board member as designated by the Board to act on its behalf.

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: <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: _____</p> <p>Title: _____ Date: _____</p>	

Section II.A. - CORPORATE QUALIFICATIONS AND CAPABILITY

The following items are intended to update the original response to the RFP. Format for the following sections will be narrative.

II.A.1. Narrative synopsis of the background and qualifications of the applicant agency that attests to its capability as a Lead Agency. Revisions to this section are necessary ONLY if changes to the

information contained in the original RFP response are necessary. If no changes are required please include a statement explaining that the applicable information is contained in the proposal response for the most recent RFP.

- II.A.2. **Organizational Chart(s)** depicting how project staff fit into total agency and how project staff positions interrelate should be current and included. Chart must be current.
- II.A.3. **Board of Directors/Corporate Officers.** Provide a current list of names, addresses and telephone numbers of current members of the agency's Board of Directors and/or Corporate Officers. Each member's term of office and term expiration date should be noted.
- II.A.4. **Audited Financial Statements** attesting to the reliability of the applicant's financial and administrative system should be provided. Must be an attachment to the application.
- II.A.5. **Certification of Availability of 60 days Operating Funds** must be provided in a signed statement.
- II.A.6. **Corporate Bylaws.** A copy of corporate bylaws must be submitted.
- II.A.7. **IRS Determination.** For non-profits only, a copy of the IRS determination letter granting you tax exempt status as a 501c3.
- II.A.8. **Statement of No Involvement and Contract 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. Required format is as follows:

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 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 Signature: _____

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 Continuing Application.

Authorized Representative Signature: _____

Date: _____

- II.A.9. **Assurance of Insurance Coverage** The applicant must include copies of the statement of insurance coverage. Minimum coverage should include liability, worker's compensation, employee bonding, and director's and officer's liability insurance.
- II.A.10. **Administrative Assessment Checklist** The applicant must certify all requirements in the checklist on page 6 are met.

II.A.10 Administrative Assessment Checklist

Agency: _____

Date: _____

Address: _____

No. of Employees: _____

No. of Business Locations: _____

I hereby certify that the below requirements are met and if reviewed would reflect compliance.

1. Property records are kept with the following information:
 - Description/Item Number/Manufacturer/Identification Number/Grant; or
 - Contract Number/Acquisition Date/Location/Condition
2. Procurement Policy which covers the following: Supplies/Equipment/Construction.
3. Code of Conduct which governs performance of the officers, employees or agents engaged in procurement which states that they will avoid any conflict of interest.
4. Accounting- Complies with generally accepted accounting practices and the accounting requirements of funding sources
5. Financial Statements and Reports are prepared monthly at a minimum
6. Insurance to cover all employees, facilities, vehicles, and volunteers are adequately insured against liability
7. Independent audit and 990 are filed annually.
8. Segregation of duties among personnel in accounting functions.
9. Revenue is identified by funding source
10. Expenditures are posted by funding source
11. Travel policy
12. Time and attendance records are kept for all employees by program, by funding source
13. UCT6 and Form 941 are filed timely
14. Record retention follows all applicable laws, regulations and professional standards.
15. Bank Accounts are maintained and reconciled monthly. Compliance with fiscal requirements and funding sources, public or private is maintained.
16. Cash is segregated and controls are in place to ensure segregation of duties. Cash is reconciled to bank statements monthly.

Signature of Authorized Representative

Date

- II.A.11. Explanation/Outline of Proposed Staffing** Provide written explanation of how your agency proposes to meet staffing requirements for the services proposed, as well as for the financial and CIRTS reporting requirements and responsibilities of a Lead Agency.
- II.A.12. Cost Efficiency and Program Effectiveness Plan.** Explain how the organization will assure cost efficiency and program effectiveness without detriment to service quality, as well as how personnel standards will be maintained. Applicants should address how they will communicate service utilization and expenditures to the Area Agency on Aging and ensure all contract funds are utilized.

III.A. - DESCRIPTION OF SERVICE DELIVERY AND COORDINATION

- III.A.1. Service Delivery and Coordination Plan.** Provide a plan of action for delivery and coordination of Case Management and Case Aide (as appropriate) under Community Care for the Elderly, Alzheimer's Disease Initiative, and Home Care for the Elderly. Provide an explanation as to how data will be maintained within the agency to ensure CIRTS is current and accurate and to provide the Area Agency on Aging of Pasco-Pinellas, Inc. with routine reports communicating expenditures, attrition, care plan costs etc. in an effort to ensure all funds are utilized by the PSA Lead Agencies must also ensure that all other funding sources available have been exhausted before utilizing Department of Elder Affairs funds. In addition, an explanation of the process for reviewing general revenue clients who appear eligible for Statewide Medicaid Managed Care and how communication with the ADRC is conducted for waitlist management.

Applicants may use the Service Delivery and Coordination Plan Format, but should provide one for each of the service. The plan must describe how clients receiving services from more than one program or funding source (Community Care for the Elderly, Home Care for the Elderly, Alzheimer's Disease Initiative) will be case managed. Include a thorough description of how services will be provided, the activities included, location of staff, proposed case loads, hours of operation and how the different Programs (Community Care for the Elderly, Home Care for the Elderly, Alzheimer's Disease Initiative) will be administered and coordinated. The DOEA Program and Services Handbook should be reviewed at: <http://agingcarefl.org/our-network/> for a description of services and specific standards, record keeping and reporting requirements. For HCE, please reference DOEA Notice of Instruction #022219-1-I-SWCBS regarding HCE Case Management Roles and Responsibilities and dual enrollment with Statewide Medicaid Managed Care Long Term Care (SMMC LTC) program. Based on the Notice of Instruction, describe the new HCE Case Management coordination plan.

For Home Care for the Elderly, a single Description of Service Delivery form entitled "Special Subsidy" must be included. The description should explain how services purchased with the special subsidy will be obtained, delivered and monitored. The Special Subsidy services must first be authorized in the Uniform Care Plan, then the caregivers may purchase the service and be reimbursed. Providers must also be aware that funds will be limited and they should assist care givers to obtain quality services at market rates. Per DOEA Notice of Instruction #020819-1-I-SWCBS, "No Special Subsidy benefits will be available for new, not previously enrolled, HCE clients for services available through any other funding source without AAAPP/DOEA approval. All existing and potential HCE clients who are SMMC LTC eligible should complete the SMMC LTC enrollment process." Please outline how Special Subsidies will be utilized according to this Notice of Instruction.

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

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

Provide an update as to how the agency will coordinate with vendors, the Area Agency on Aging of Pasco-Pinellas, Inc. and other Lead Agencies as necessary. Applications must update Case Management and Case Aide work plans and describe how cases will be assigned and supervised internally.

III.A.3. Client Identification Methodology. Describe efforts, which will be made to ensure services are initiated to the most frail. Include interagency efforts and list cooperating agencies that will help identify seniors in need.

III.A.4. Client Prioritization and Termination Plan. Describe the process that will be used to ensure the most frail clients are served first in each program. Applicants must explain how clients receiving a low risk score at the time of the initial assessment will be returned to the Assessed Priority Consumer List.

III.A.5. Emergency Service / Referral Response. Provide an update to the agency's plan and procedures for handling emergency service requests and referrals for service from Adult Protective Services (DCF). Also include procedures for CIRTS and ARTT data entry.

III.A.6. Client Adverse Incident, Complaint and Grievance Procedures. Provide an update on procedures regarding handling of client adverse incidents, complaints and for processing grievance appeals regarding denial, reduction or termination of services. Please include a copy of your complaint, adverse incident and client grievance/appeal procedures. Refer to the Department of Elder Affairs Programs and Services Handbook, Appendix D. The handbook can be found at: <http://agingcarefl.org/our-network/>.

III.A.7. Client Confidentiality and Security. Provide an update on methods and procedures that the applicant utilizes to safe guard client confidentiality. It should include client file security, CIRTS data access, shredding of printouts containing client identifiable data, sharing of information with other agencies and training of Case Managers and other staff on confidentiality guidelines.

Information about functionally impaired elderly persons who receive services under the Community Care for the Elderly Program is confidential (s. 430.207, F.S.). Information received through files, reports, inspections, or otherwise, by the Area Agency on Aging, DOEA, or by

departmental employees, by persons who volunteer services, or by persons who provide services through contracts with the Department, area agencies on aging, lead agencies or other contracting agencies, is confidential and exempt from the provisions of Section 119.07(1), F.S.

The Lead Agency must ensure confidentiality of consumer information by all employees, service providers and volunteers as required by state laws. It is essential for training to be established to promote security of information, including protection from loss, damage, defacement or unauthorized access.

- III.A.8. HIPAA.** Provide an update on how the agency will comply with all requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996. The Area Agency on Aging and Lead Agency recognize each is a Business Associate of the other under the terms of HIPAA.
- III.A.9. E-Verify Requirements.** Provide an update on how the agency will comply with all requirements pursuant to Executive Order Number 11-116 and all applicable Area Agency on Aging Notices of Instruction related to the requirements to use the U.S. Department of Homeland Security's E-verify system to verify the employment of all new employees hired by the agency.
- III.A.10. Social Security Disclosure.** Provide an update on how the agency will comply with all requirements of the Social Security number confidentiality and security measures as required by Section 119.07 (5) F.S. Whenever possible, please submit reports which include client identifying information to the Area Agency on Aging using the assigned client CIRTTS id in lieu of the individual's social security number.
- III.A.11. Background Screening.** Provide an update on how the agency will comply with all requirements pursuant to Chapter 2010-114, Laws of Florida (L.O.F.), Sections 430.0402 and 435.01(2) Florida Statutes, applicable Area Agency on Aging Notices of Instruction, and according to Appendix E of the DOEA Programs and Services handbook, which can be found at: <http://agingcarefl.org/our-network/>.
- III.A.12. Plan to Maintain Quality Control of Services and Monitor Client Satisfaction.** Provide a current description of the process used to determine/evaluate client satisfaction with the services they receive. A detailed description of how CIRTTS reports will be used to routinely review and resolve exceptions in data accuracy. Copies of current agency procedures must be provided.
- III.A.13. Plan to Achieve Outcome / Output Measures.**
In keeping with the legislatively mandated requirements for performance-based budgeting, the Florida Department of Elder Affairs has identified six key objectives which serve as overarching goals to planning and developing implementation strategies to assist the department in achieving the statewide outcome and output measures it has identified for the aging network. The identified goals are:
- Empower older people, individuals with disabilities, their families and other consumers to choose and easily access options for existing mental and physical health and long-term care.
 - Enable individuals to maintain a high quality of life for as long as possible through the provision of home and community-based supports, including supports for family caregivers.
 - Empower older people and their caregivers to live active, healthy lives to improve their mental and physical health status.

- Ensure the legal rights of older people are protected and prevent their abuse, neglect and exploitation.
- Promote planning and collaboration at the community level that recognize benefits and needs of its aging population.
- Maintain effective and responsive management.

Provide an update on how the agency is working to achieve these 6 goals in addition to identifying action steps to address outcome measures identified by the Florida Legislature as identified below. Bidders are to include new strategies and actions for objectives to address compliance issues and improve quality assurance.

Objectives	Performance Measures	Standards*
To provide prompt and appropriate services to elders who are at risk of nursing home placement.	Outcome Measure: Percent of customers who are at imminent risk of nursing home placement who are served with community-based services	90%
To provide prompt and appropriate services to elders referred from Adult Protective Services who meet the frailty level criteria.	Outcome Measure: Percent of Adult Protective Services (APS) referrals who are in need of immediate services to prevent further harm who are served within 72 hours	97%
To help elders to have home environments that are as safe as possible.	Outcome Measure: Percent of elders assessed with high or moderate risk environments who improved their environment score	79.3%
To improve the nutritional status of elders.	Outcome Measure: Percent of new service recipients with high-risk nutrition scores whose nutritional status improved	66%
To assist elders to maintain their independence and choices in their homes as long as possible.	Outcome Measure: Percent of new service recipients whose ADL assessment score has been maintained or improved	65%
To assist elders to maintain their independence and choices in their communities as long as possible.	Outcome Measure: Percent of new service recipients whose IADL assessment score has been maintained or improved	62.3%
To provide caregivers with assistance/respite to help them	Outcome Measure: Percent of family and family-assisted caregivers who self-report they are very likely to provide care	89%

Objectives	Performance Measures	Standards*
to be able to continue providing care.	Outcome Measure: Percent of caregivers whose ability to provide care is maintained or improved after one year of service intervention (as determined by the caregiver and the assessor)	90%
To leverage a variety of non-state resources whenever possible.	Outcome Measure: Average time in the Community Care for the Elderly program for Medicaid Waiver probable customers	2.8 months

III.A.14. Volunteers

Provide an update regarding the strategic action plan identifying how volunteers will be utilized and managed. This will include recruitment methods, training and orientation materials, volunteer opportunity written descriptions, methods of retention and background screening requirements.

III.A.15. Disaster Preparedness

Provide an update regarding the requirement to enter disaster preparedness data for all active consumers in CIRTS. In addition to basic identification, location, emergency contact and handicap information, this data includes fields to indicate if a consumer needs help with emergency evacuation; specially equipped shelter; and a special disaster registry listing.

Lead Agencies must be prepared to use CIRTS reports to routinely provide registry information to the local emergency management team and identify, locate and assist with the evacuation and other needs of endangered elderly in the event of a disaster.

To prepare for an emergency / disaster event, the Lead Agency will cooperate, coordinate and train with the Area Agency on Aging of Pasco-Pinellas, Inc.'s Emergency Coordinating Officer to the fullest extent possible. The Lead Agency will maintain a current Disaster Plan to be implemented, at the direction of the DOEA or the Area Agency on Aging, in the event a disaster is declared by federal, state or local officials. The plan minimally calls for the following measures and procedures:

- Designation of a Disaster Coordinator
- Plans for contacting all at-risk consumers, on a priority basis, prior to and immediately following a disaster
- Plans for receiving referrals and conducting outreach and delivering services, before and after a disaster, to elderly persons in need who are not current consumers
- Plans for after-hours coverage of network services, as necessary
- Plans for dispatching the Disaster Coordinator or other staff to shelters outside the disaster area to assist elderly evacuees with special needs
- Plans for helping at-risk consumers register with the Special Needs Registry of the local emergency management agency
- Plans for delivering meals to consumers prior to and following a disaster
- Plans for assigning staff to Emergency Operation Centers and / or declared assistance centers to ensure elderly victims in the disaster area receive help

III.A.16. Co-Payments

Provide an update regarding the collection of fees for service in accordance with rules adopted by DOEA. Provider agencies shall assess fees for services rendered in accordance with those rules. Co-payments assessed, based on overall ability to pay, are to be collected in accordance with these goals, and used to increase services in the state fiscal year it was collected in accordance with these goals, or carried forward and used in the following state fiscal year. Co-payments are to be collected for both ADI and CCE. Co-payments collected in CCE can be used as part of local match. Describe the plan to adhere to DOEA requirements including goals, assessment and collection, and utilization of co-payments.

III.A.17. Staff Development and Training Plan

Provide an update regarding staff receiving required training as described in the Department of Elder Affairs Programs and Services Manual. Be sure to include applicable topics and indicate the appropriate staff which will be receiving the training. Length of training should meet the requirements as set forth in the Department of Elder Affairs Programs and Services Manual. Also, provide an update on fiscal training to being received by staff appropriate to the position receiving the training.

B. CONTRACT MODULE INSTRUCTIONS

I. Description of Standardized Unit Costing Methodology:

The unit cost methodology is a tool for assigning costs involved in delivering services, which can be used prospectively for contract rate setting purposes. Utilizing documented employee time and salary devoted to the delivery of specific services and prior year expense information, the methodology allocates the agency's resources among its activities, both service and non-service related.

Employing this methodology encourages the agency to determine which activities benefit from its outlays, and to understand the components of their total service costs. Providers can use the methodology to automatically distribute resources among the services they administer, or can manually distribute resources when documentation indicates specifically how they are used.

Services for this Continuing Application for Lead Agency are Case Management and Case Aide. In the methodology, these services (as defined in the Department of Elder Affairs Programs and Services Handbook) are the end-goals of all provider activity and will act as receivers capturing all direct and indirect provider costs. The receivers assume all related direct costs, such as employee time and line item support expenses that are clearly incurred for the purpose of that program. Related indirect costs, which include activities such as administration, payroll, and budgeting, will be allocated to the services based on an allocation statistic.

A. Basic principles of the unit cost methodology:

Consistent treatment of similar costs

Consistently treating similar costs and documenting direct staff time and line item expenditures ensures that service costs will be treated consistently within the organization.

Costs allocated in a particular manner must always be allocated in that fashion. Cost must be treated as either a direct or indirect cost in like circumstances. For example, administrative costs cannot be allocated both directly and indirectly to services. Once an allocation method is chosen (either direct or indirect), that same method must be used consistently each year.

Documentation

Supporting documentation must exist to directly allocate staff time, or budgeted line-item expenditures, to a specific service or services. Documentation includes paid invoices, vouchers, logs or journals, which clearly identify the expenditure amount and service benefited. For salary and wage costs, documentation will consist of a time study conducted bi-annually or time sheets or service logs that clearly reflect time spent delivering the various services. Since unit costs will be determined on a prospective (or budget) basis, documentation will consist of aforementioned invoices, etc. from the prior actual year as a basis for directly allocating costs. The Department will require a supplemental Schedule of Functional Expense by Service as part of the fiscal year audit. Entities not required to have a fiscal year audit performed may be asked to provide their general ledger financial statements to substantiate costs.

B. Source of the methodology:

The cost principles used in this methodology were derived from Office of Management and Budget (OMB) Circulars A-87 Cost Principles for State, Local, and Indian Tribal Governments and A-122 Cost Principles for Nonprofit Organizations regarding the allowability of costs for federal reimbursement. Determining unit costs within this framework fosters the:

- (1) Clear representation of costs, and
- (2) Stops the shifting of expenses from one program to another.

C. Definitions:**Direct Expense and Indirect Expense**

Direct expenses include items that are easily associated with a particular service or services. Wages for an employee who performs Case Management/Case Aide services can be allocated directly to these services proportionate to the time spent in each service.

Indirect costs are those costs that have been incurred for common or joint objectives and that cannot be readily identified with a particular approved cost or service objective. These costs are allocated based on the Modified Total Direct Cost. Once a cost is considered and treated as an indirect cost, that treatment must be applied consistently.

Indirect expenses are costs that relate to the delivery of service, but not directly. For example, the provider's accounting division exists to handle revenue and account for expenditures of all funds, allowing the agency to provide services.

Unit Cost

The sum of expenses directly incurred on behalf of a particular service (including salaries and expenses that can directly be associated with that service), along with its fair share of indirect line-item expenses for activities that do not directly contribute to services but may benefit them indirectly (such as administrative oversight, accounting functions, utilities, etc.) equals the total cost (or full cost) of the service, which represents all activity that is relevant to the delivery of a particular service. The full cost of a particular service reflects the provider's total expenses for that type of service and is divided by the number of service units delivered in a year to yield the cost of producing one unit of service, which is the unit cost. Unit rates may not be changed once approved for the contract year.

Allocated Costs

The provider determines what effort and materials are direct and indirect and with what program they are associated, bearing in mind the premium on consistency. Expenses will be attributed to a particular service through a determination of its nature, and an allocation of costs.

1. Types of Cost Allocations:

- a. Cost identified with a single service is a direct cost 100% allocated to that particular service based on documentation, such as printing costs for brochures distributed for nutrition education.
- b. Costs benefiting multiple services are direct costs allocated to those services based on an equitable allocation basis such as percentage of time or percentage of wages when supported by documentation. An example is an in-home worker who performs Chore & Homemaker services. The salary would be split between the two services proportionate to the percentage of time spent in each service.
- c. Costs benefiting all services are indirect costs accumulated in a cost pool, such as office supplies or salaries for accounting staff, which is allocated from the General & Administrative cost pool across all services based on an appropriate allocation statistic.
- d. Costs unrelated to the delivery of DOEA services are not allocated to DOEA services. Staff software training or a brochure that promotes a fund-raising event are examples of costs for activities unrelated to DOEA service delivery.
- e. Unallowable costs are costs not allowed under state and federal grant awards to sub-recipients. These costs must be accounted for separately. Examples would be costs for lobbying and fundraising activities. These costs would also include salaries and other compensation to personnel for the percentage of time that they are involved in these activities, any directly associated costs, and a fair share of indirect supporting expenses. Further, meals not related to travel incurred in the performance of state business, refreshments and recognition items for staff, and entertainment expenses for employees and management are examples of unallowable costs.

II. ALLOCATION METHODS:

II.B.1. PERSONNEL COST FLOW WORKSHEET:

Some positions can be easily identified with one particular service or activity and therefore do not require additional documentation to allocate their time directly to that service or activity. For positions that may perform multiple services, a time study, service logs, or journals are appropriate documentation to

support the allocation of time to multiple services or activities in the personnel cost spreadsheet. For positions that are not directly related to services, but support services indirectly, wages are allocated to the Management and General Administration cost pool.

All services are converted into hours for the purpose of this spreadsheet. For simplification, if actual time studies or logs are not maintained, or if services are episodic in nature, an estimate of the percentage of time the employee devoted to each service should be used.

Management & General Administrative cost pool

Personnel positions normally associated with Management & General activities are the executive director and assistant director(s), fiscal office staff, human resources staff, data processing office staff, and all related supporting personnel for those offices. Salaries for these positions are usually 100% allocated to the Management & General Administrative cost pool. If any of these positions participate in lobbying, fundraising or other activities unallowable under state and federal grants, an appropriate proportion of time should be allocated to these unallowable activities. A maximum of 15% administrative cost can be charged to the programs.

Facilities Repair and Maintenance cost pool

Personnel positions normally associated with this cost pool are security personnel, and cleaning and janitorial staff. Only salaries for employees of the agency, whether full or part time, are allocable to this cost pool in the personnel cost spreadsheet. If general administrative positions or program service staff perform these functions, an appropriate portion of their time should be allocated to these functions.

Potential Billable Time

To determine the maximum amount of time an employee is available to perform or directly oversee services, hours for non-billable activities must be deducted from the total work hours, which includes various leave time, holidays, etc. The category of "other non-billable time" is for employee training/education hours, travel time (when it is not included as a billable activity of the service), and other time for which an employee is compensated but is not available to perform services. If documentation does not segregate these categories of non-billable time, this time can be grouped aggregately under one of the column headings.

Program Services

Salaries that would be allocated directly to services would normally include the following positions:

Program Managers, Case Managers, and Case Aides

Any other position dedicated full time to providing a particular service or variety of services defined by the department in the Department of Elder Affairs Programs and Services Handbook.

Salaries for these positions should be allocated directly to the service or services performed by the staff member in proportion to the time spent in each service as supported by a time study, activity reports, service logs, or journals.

Program Managers and direct program supervisors' time should be allocated across the services they direct. These salaries should either be allocated equally across all services they direct or, if certain services demand more of their time than others as supported by documentation, their salaries should be distributed according to time actually spent overseeing those services.

Should program services staff perform general administrative functions or unallowable activities such as lobbying, fundraising or other activities unallowable under state and federal grants, an appropriate proportion of time should be allocated to these activities.

For positions that perform CIRTS data entry or billing functions for services, or provide direct support to program staff, if documentation exists to support the allocation of time performing these duties, then their time should be directly distributed proportionately to the services benefited if part of their time is spent performing general administrative support, an appropriate portion of their time should be allocated directly to this cost pool.

The total time allocated for direct service personnel should equal 100% of the available work hours. In no case should time allocated to services exceed the net available hours. The total time for program managers may include time spent in functions that are strictly administrative in addition to service oversight.

II.B.2. SUPPORTING BUDGET WORKSHEET:

The accounting system is set up to allocate expenses by service or expense documentation exists supporting the allocation of part or all of the expense line item directly to a service or services, these costs should be directly assigned. If the sub-recipient entity does not segregate expenses by service in their accounting system or is new to the methodology, line item expenses are assigned to the cost pools (General Administration or Facilities & Maintenance). These cost pooled expenses will automatically be spread across all services proportionate to the direct wage expenses for each service.

The Wages line item will be automatically input from the Personnel Costs spreadsheet.

Management & General Administrative cost pool

Management & General activities include operational oversight, business management, general record keeping, budgeting, financing, and all management and administration except for direct conduct of program services or lobbying or fund-raising activities and are usually associated with the following positions: the executive director, compensated board officers, fiscal office staff, human resources staff, data processing office and all related supporting personnel for those offices.

Expense allocations to the Management & General administrative cost pool are the fringe, travel, communications/postage, advertising, worker's compensation and general liability insurance, printing/office supplies, office equipment, professional/legal/audit fees, and miscellaneous expenses (filing fees, subscriptions and memberships related to DOEA services, etc.) that are usually associated with these positions.

Actual payroll taxes, fringe benefits, and travel costs paid for officers and employees associated with these positions should be allocated to this cost pool. **Travel may only be budgeted at \$.445 per mile.**

Communications/postage, advertising, printing & supplies, office equipment, professional fees/legal/audit expenses, subscriptions/dues/membership costs, insurance premiums for worker's compensation, general liability and cash handling bonds, depreciation of office furnishings and MIS equipment, and other expenses that were incurred for purposes general in nature should be allocated to the management & general administrative cost pool. This cost pool is reallocated to all services automatically based on the percentage of direct services as compared to total direct allocations since these activities indirectly support all services.

However, if documentation exists supporting that all or a portion of that expense is specifically incurred for a programmatic purpose, the appropriate proportion of the expense should be allocated directly to the service(s). Examples: printing costs for brochures regarding improving nutrition would be directly allocated (100% of cost of brochures) to nutrition education. Conversely, the cost of a brochure that lists all services the agency provides would be allocated to the management and general administrative cost pool. In this example the cost of brochure would be distributed across all services in the proportion that services share the redistribution of the Management & General Administrative cost pool.

Expenses that are accumulated in the Management & General Administrative cost pool are redistributed to all the services cost centers in a manner that is proportionate to their share of total direct expenses. For example, if Case Management's direct expenses total 20% of all direct expenses incurred by the agency, then the amount of redistribution of the expenses in the Management & General Administrative cost pool would be 20% to the Case Management cost center.

Facilities Repair and Maintenance cost pool

Salaries of maintenance or security staff will automatically be carried over from the personnel costs worksheet. Expenses or subcontracts for construction, pest control, cleaning, and other building related work should be allocated directly to this cost pool. Additionally, utilities, insurance premiums for property liability and glass replacement, space costs (rent/lease/mortgage payments for office or storage space, building depreciation, loan payments and applicable interest for a building improvement loan), pest control and repair and maintenance costs directly incurred by the agency, and other expenses related directly to the upkeep of the physical facility should be cost pooled here.

Expenses allocated to the Facilities Repair and Maintenance cost pool will automatically be redistributed to all services in the agency proportionately by square footage occupied. In order for this redistribution to occur the management has to first determine how many square feet of available space is dedicated to each service program and to administrative functions and common areas. This may be based on the judgment of the administration if there are not clearly delineated work areas. These values are input in the line provided as "Square Footage Occupied", with the determined values for each service going in the field for that service. The sum of square footage dedicated to common areas and administrative functions should be input on this line in the column for the Management & General Administrative cost pool. The redistribution of space costs formula will then distribute to each service its share of space cost along with its proportionate share of costs related to Management & General Administrative functions.

Program Services Costs

These costs are associated with the activities that result in goods and services being provided to customers in order to fulfill the purpose and mission of the organization. Those services are the major purpose for and the major output of the organization and often related to several major programs. Expenses for program services should be reported by the kind of service function or group of functions. For example, a health and welfare organization may have programs for health and family services, research, and disaster relief, among others.

The Wages line item will be automatically input from the Personnel Costs spreadsheet. Expense allocations to program services are the fringe, travel for program personnel, printing costs directly related to the service(s), professional consultant fees directly supporting the service(s), program -specific audit expenses, allowable public relations and advertisement costs as a required service described in an award, equipment and equipment maintenance charges when the equipment was purchased specifically for a service or services, revenues paid for service subcontracts, program supplies, food supplies, and other miscellaneous expenses incurred for a specific program purpose.

If building space occupied by programs staff is separate from administrative staff, then the utilities, property liability & glass coverage insurance, costs incurred for necessary maintenance, repair, or upkeep of program space, construction subcontracts for program building(s), loan costs and interest for repair, improvement or maintenance of the program building(s), depreciation, maintenance, pest control and security for programs offices would be allocated directly to services based on actual square foot costs if known, or on the same percentage basis their salaries are distributed if staff performs multiple services.

UNALLOWABLE COSTS

While the costs of organized fund raising activities, lobbying activities, investment activities, etc., may be necessary to the agency's operations, are unallowable, regardless of the purpose for which the funds will be used. A proportionate share of indirect support expenses will automatically be allocated by the spreadsheet to these activities.

To be allowable, costs must:

- (1) Demonstrate reasonableness for and comparability to current market conditions necessary for the performance of the contract to which they are allocated;
- (2) Conform to any limitations or exclusions set forth in the Department of Elder Affairs Programs and Services Handbook or in the contracts as to type or amount of cost items;
- (3) Be consistent with policies and procedures that apply uniformly to both federally financed and general revenue activities of the Department;
- (4) Be accorded consistent treatment;
- (5) Be determined in accordance with generally accepted accounting principles;
- (6) For OAA funds, not be included as a cost or used to meet cost sharing or matching requirements of any other federally financed program in either the current or prior funding period;
- (7) For CCE funds, core service funds cannot be used to meet matching requirements for Area Agency on Aging administrative costs; and
- (8) Be adequately documented.

The principles to be applied in establishing the allowability of certain items of cost based on 45 CFR, Parts 74 and 92, for nonprofit organizations and 41 CFR, Subpart 1-15.2 for for-profit organizations is incorporated by reference to OMB Circular 122, Cost Principles for Nonprofit Organizations, Attachment B in its entirety. These principles apply to all of the Department's programs whether a cost is treated as direct or indirect. Failure to mention a particular item of cost is not intended to imply that it is unallowable; rather, determination as to allowableness in each case should be based on the treatment or principles provided for similar or related items of cost.

Items restricted from expenditure of state grant funds are defined in 3A-40.1.03, F.A.C. Expenditures prohibited from state or federal funds, as applicable, unless expressly provided by law include, but are not limited to:

Congratulatory telegrams; Flowers and/or telephone condolences;
Presentation of plaques for outstanding service;
Entertainment for visiting dignitaries;
Refreshments such as coffee and doughnuts;
Decorative items (globe, statues, potted plants, picture frames, wall hangings, etc.);
Greeting Cards (section 286.27, F.S.);
Alcoholic beverages;

Portable heaters and fans, refrigerators, stoves, microwave ovens, coffee pots, coffee mugs, etc.;
Clocks for private offices;
Meals, except those served to inmates and clients of State Institutions;
Lobbying expenses

II.B.3. SUPPORTING BUDGET BY PROGRAM ACTIVITY

This form is used to allocate the total units of service budgeted for the agency, which have been calculated on Form II.B. using the DOEA Unit Costing Methodology, to the applicable funding sources.

INSTRUCTIONS

- Enter the PSA, County Name, Period, and Provider Name at the top of the form.
- Put an (x) in the () next to the appropriate funding source.

NOTE - A SEPARATE COPY OF FORM III.B. WILL BE SUBMITTED FOR EACH FUNDING SOURCE.

Instructions for the "SERVICES" box:

Each service listed on Form II.B. Unit Costing Worksheet, for which funding is requested, is entered across the top of form III.B ("SERVICES").

- Line 1: "Total Budgeted Costs" will be calculated after entering the data requested on Line 2 and Line 2a. The Total Budgeted Costs are calculated by multiplying the number of budgeted units (line 2) times total cost per unit (Line 2a).
- Line 2: For each service, enter on line 2 the *Total Budgeted Units* (this is the number of units you are requesting specific funding for from the total units the agency can deliver [Form II.B. Unit Costing Worksheet]), and enter on line 2a the *Total Cost per Unit of Service* (Form II.B. Unit Costing Worksheet).
- Line 2a: The "Total Cost per Unit of Service" found on line 2a is the agency's actual cost per unit of service as determined by DOEA's Unit Cost Methodology.
- Line 3: As applicable, enter by service the cash match .
- Line 4: As applicable, enter by service the in-kind match
- Line 5: As applicable, enter by service the other resources. The portion of the total costs of a service covered by other resources can be computed by dividing the amount entered on line 5 by the units of service found on line 2. This calculation will be reflected on the Invoice for Services and Contributions Report by service in the column labeled Other Resources.
- Line 6: As applicable, enter by service the other non-matching cash amounts. The portion of the total costs of a service covered by cash (non program-income) match can be computed by dividing the amount entered on line 6 by the units of service found on line 2. This calculation will be reflected on the Invoice for Services and Contributions Report by service in the column labeled Cash Match.
- Line 7: Subtotal the amount of match and other resources shown on this schedule by calculating line 4 plus line 5, and line 6.
- Line 8: Subtract lines 7 from line 1 to determine "Adjusted Budgeted Costs" (Line 1 less line 3, 4,

- 5 and line 6)
- Line 9: The adjusted cost per unit of services are calculated by dividing line 8 by line 2. Adjusted Budgeted Cost” refers to the amount of the agency’s budgeted costs that will be reimbursed with DOEAFunds. The “Adjusted Cost per Unit of Service” refers to the unit rate that will be paid by DOEAFunds. This does not change the agency’s actual cost per unit of service.
- Line 10 The Estimated Number of Clients refers to the estimated number of unduplicated clients that will receive services during the contract. The total column for line 8 should represent the estimated total number of unduplicated clients that will be served. Each column should indicated the estimated number of unduplicated clients for each service included in this bid package.

III.B. MATCHING COMMITMENT DOCUMENTATION

The use of the commitment formats is to document the availability of non federal and non general revenue (local) financial participation. The commitment forms must support all matching requirements identified in the Budget Explanation Worksheets Sections 1 & 2 and Budget Narrative. Signed documentation is required for the local matching resources. Formats for cash (III.B.1), building space (III.B.2), supplies (III.B.3), equipment (III.B.4), staff time (III.B.5), and volunteer personnel and travel (III.B.6) are provided. Entries on the Match Commitment of Cash Donation format (III.B.1) are self-explanatory. Four formats need additional explanation:

Format III.B.2. - This format provides two methods of calculating the value of donated space; a) usage charge; b) fair market value. When the grantee agency or provider offers the use of space in an owned building, the provider must utilize the "usage" methods of calculating the in-kind commitment.

When using fair rental value for in-kind commitment of space the service provider must provide written documentation from qualified individuals (e.g., Realtors, property management specialists) regarding the estimated value of the space.

Formats III.B.3. and III.B.4. - The commitment formats for both supplies and equipment should be filled out as outlined on the format. The significant distinction between "Supplies" and "Equipment" is whether the cost of the donated items meets the State of Florida definition of equipment. If the criterion is met the item should be identified as In-kind equipment and placed on the provider equipment inventory records and the Equipment Inventory Form. Items not meeting this criterion are considered supplies and are not to be included on the equipment inventory form. If property purchased with federal funds is to be considered as nonfederal in-kind contributions, the authorizing federal regulation or law must be cited in the appropriate space in the Donor Certification section of the format. Otherwise, N/A should be entered into this space.

Format III.B.5 - This format is to be utilized to document in-kind staff services available to the service provider from their staff or from staff members of other organizations. Staff members can only commit to providing in-kind services during times when they are not being paid by the provider agency. For staff members of other organizations, their time cannot be counted as in-kind service if the services being donated are included as contributions for other programs or contracts. A separate form for in-kind staff services should be completed for each organization donating staff services. If services purchased with federal funds are to be considered as nonfederal in-kind contributions, the authorizing federal regulation or law must be cited in the appropriate space in the Donor Certification section of the format. Otherwise, N/A should be entered into this space.

Format III.B.6.- This format is for commitment of In-Kind Volunteer Personnel and Travel. It is suitable for up to five individuals. The commitment is valued based on the position title, the reasonable hourly rate, the

number of hours, number of persons, and the travel expense value based on number of miles, and approved mileage rate. The total value of the volunteers' in-kind commitment is a combination of donated time and travel (if applicable). Mileage may not be applicable for all positions; it will depend on the functions performed.

The official of the provider agency authorized to sign the application must also certify the availability of volunteer resources, as substantiated by individual commitment forms retained on file by the provider agency.

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:			
<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>			
<p>X _____ Date:</p> <p>Signature of Donor or Representative</p>			

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

Original, dated
SFY:___FFY:___ 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	

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: _____			
<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			

**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 #

Agency Name:		Program:			
Donor Identification:					
Name: _____					
Street: _____					
City: _____ State: _____ Zip: _____					
Phone: _____					
Authorized Representative: _____					
Descriptions of Positions:					
	<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.	_____	_____	\$ _____	_____	\$ _____
			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				

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

[] Original, dated
 SFY: _____ FFY: _____ [] 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:

IV.B. AVAILABILITY OF DOCUMENTS

All documents listed on the Availability of Documents formats are to be maintained at the administrative office of the service provider and must be current and available for inspection by the AAA or DOEA upon request.

The signature of an authorized representative of the provider must be included along with the date signed.

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

Property inventories are required of all contracted providers on an annual basis. Records on property and/or equipment purchased with Federal or State Funds **must** be maintained at all times.

VI.B. CERTIFICATION REGARDING DEBARMENT, SUSPENSION

The signature of an authorized representative of the provider must be included along with the date signed.

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 _____

VII.B. - Site List

Please list the address of each office(s) and service delivery site planned. Include the name of the individual in charge at each site and the site telephone number.

Fire and/or safety inspections should be made yearly. Please record the date of the last inspection in each category for each site.

VII.B. – Site List

Provider: _____
Federal/State Fiscal Year: _____

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

Site No.

Contact: Name:
Address:

Phone No:

INSPECTION DATES:

Fire:
Safety:
Other:

Site No.

Contact: Name:
Address:

Phone No:

INSPECTION DATES:

Fire:
Safety:
Other:

Site No.

Contact: Name:
Address:

Phone No:

INSPECTION DATES:

Fire:
Safety:
Other:

VIII.B. - Timetable



**CONTRACT REVIEW PROCESS
TIMETABLE**

AREA AGENCY ON AGING OF PASCO-PINELLAS, INC.

**COMMUNITY CARE FOR THE ELDERLY/ALZHEIMERS DISEASE INITIATIVE/
HOME CARE FOR THE ELDERLY
SFY 2019-2020**

February 11, 2019	AAA Board of Directors Meeting Approval of the CCE Contract Review Process
March 4, 2019	CCE/ADI/HCE Continuing Applications available and posted to the AAAPP website (www.agingcarefl.org)
April 4, 2019 (3:00 p.m.)	Continuing Applications Due
April 4-26, 2019	Critique of Continuing Applications
TBA	Program Planning and Development Committee Meeting
May 20, 2019	Board of Directors Meeting 1. Approval of Pasco and Pinellas Continuing Applications 2. Final Allocations Approved
June 3, 2019 (3:00 p.m.)	Final Continuing Applications Due
July 1, 2019	Services Initiated