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**2025**

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 (Pinellas)**

**IIIB/LSP Legal Services (Pasco and Pinellas)**

**IIIB/LSP Homemaker Services (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 (NFCSP) (Pasco and Pinellas)**

## 

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

###### GENERAL INSTRUCTIONS

1. The service provider application must include the following:
2. Program Module contains general information about the provider and the service for which the continuing application is being made.
3. Contract Module contains specific funding and service cost information.
4. Two (2) bound copies of the Continuing Application and **an electronic copy stored on a flash drive** must be submitted. One (1) of the copies must contain original signatures, in blue ink.
5. 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.
6. Where no format is prescribed, the applicant may use plain paper with a heading on each page to identify the application section.
7. Dollar amounts must be rounded to the nearest whole dollar and must match allocations by service on pages 9 and 10.
8. Applications must include all information requested and each page must be numbered sequentially.

**Table of Contents:** Is required in every application and must have corresponding page numbers identified.

1. **PROGRAM MODULE**

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

I.A. SERVICE PROVIDER SUMMARY INFORMATION PAGE

ORIGINAL SUBMISSION [ ]

REVISION [ ]

|  |  |
| --- | --- |
| 1. PROVIDER INFORMATION:  Executive Director:  {Name/Address/Phone}  Legal Name of Agency:  Mailing Address:  Telephone Number: [ ] | 2. GOVERNING BOARD CHAIR:  {Name/Address/Phone}  Name of Grantee Agency:    3. ADVISORY COUNCIL CHAIR:  (if applicable)  {Name/Address/Phone} |
| 4.TYPE OF AGENCY/ORGANIZATION:  NOT FOR PROFIT: PRIVATE  PUBLIC  PRIVATE FOR PROFIT | 5. PROPOSED FUNDING PERIOD:  **January 1, 2025 – December 31, 2025**  A. New Applicant  B. Continuation [X] |

|  |
| --- |
| 6. FUNDS REQUESTED:    [ ] OAA Title IIIB  [ ] OAA Title III-C1 [ ] OTHER (SPECIFY)  [ ] OAA Title III-C2  [ ] OAA Title IIID [ ] LSP  [ ] OAA Title IIIEG  [ ] OAA Title VII  [ ] USDA |
| 7. SERVICE AREA: [ ] Single County  [ ] Multi county: List:    Selected Communities of a County. Specify: |
| 8. ADDRESS FOR PAYMENT OF CHECKS ITEM #: [ ] #1 [ ] #2 |
| 9. CERTIFICATION BY AUTHORIZED AGENCY OFFICER:  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.  Name: Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Title: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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 application, 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 2023 DOEA Program and Services Handbook found at: https://elderaffairs.org/publications-reports/programs-services-handbook/
2. Provider has the capacity (staff and technology) for utilizing eCIRTS to record client information and/or to report units of service, if applicable.
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 the original application by using a grid format provided. Please include number of clients for each target category for FY 2025 along with the overall percentage per category. Although “Minority” category is no longer included in the targeting criteria, it is recommended provider continues to track and address “Minority” targeting goals.

|  |  |  |  |
| --- | --- | --- | --- |
| **2025 TARGET NUMBERS** | | | |
| **OAA Funds** | | **LSP Funds** | |
| Economic Need (100%) | #(%) | Economic Need (100%) | #(%) |
| Social Need | #(%) | Social Need | #(%) |
| At Risk | #(%) | At Risk | #(%) |
| LI, MIN (125%) | #(%) | LI, MIN (125%) | #(%) |
| LEP | #(%) | LEP | #(%) |
| Rural | #(%) | Rural | #(%) |
| Minority | #(%) | Minority | #(%) |

Numbers of overall unduplicated clients to be served must be identical to the Supporting Budget Schedule located in the Contract Section. Efforts to provide outreach should be detailed in this section. Address the statutory requirement to assure that outreach efforts are conducted to identify and target older persons who are:

1. Older individuals with greatest economic need (BPL – 100% of Federal Poverty Level & Low-Income = 125% of Federal Poverty Level),
2. Older individuals with greatest social need,
3. Older individuals at risk for institutional placement,
4. Low-Income minority older individuals,
5. Older individuals with limited English proficiency,
6. Older individuals residing in rural areas,

and to inform these elders of the availability of supportive and nutrition services. The Supporting Budget Schedules should support the number of overall clients to be served.

**For Nutrition Service applicants only,** It Is necessary to propose levels of outreach for the following specific populations:

1. older individuals residing in rural areas;
2. older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
3. older individuals with the greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
4. older individuals with severe disabilities;
5. older individuals with limited English proficiency;
6. older individuals with Alzheimer’s disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
7. older individuals at risk of institutional placement.

**For Legal Services Applicants only,** it is necessary to propose Targeting methods specific to the below “Legal Priority Issue Areas”:

1. Income
2. Health
3. Long Term Care
4. Nutrition
5. Housing
6. Utilities
7. Defense of Guardianship/Protective Services
8. Abuse, Neglect & Exploitation
9. Age Discrimination

### 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 overall number of clients proposed to be served. Additionally, prioritization forms and policies/procedures must include OAA/LSP targeting categories as a major factor. Please include your agency’s most current Prioritization policy/procedure and the accompanying Prioritization tool.

**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 a temporary “Hold” status. Please include your agency’s separate Complaint and Grievance Policies, as well as the accompanying blank log templates. Please also include an example of an adverse notice that may be used in the event of reducing or terminating a client from LSP/OAA services.

**II.A.7. ELIGIBILITY AND ASSESSMENT/REASSESSMENT PROCESS:** Update original proposal describing the intake process, eligibility determination, and documentation procedures. Active clients and clients waiting for services are to be reassessed yearly. Clients waiting on services must be re-prioritized annually during the re-assessment process. Provide assurance and detail as to how this requirement will be met.

**II.A.8. CLIENT CONFIDENTIALITY**: Update methods utilized to ensure client confidentiality. It should include client file security, eCIRTS 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:**

1. 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.
2. Provide an update on the internal methods to assure delivery of quality services by staff and subcontractors.

**II.A.10** **CONFLICT OF INTEREST:** The Provider shall establish safeguards to prohibit employees,   
 board members, management, and subcontractors, where applicable, from using their positions   
 for a purpose that constitutes or presents the appearance of personal or organizational conflict of   
 interest or personal gain. Please include your agency’s Conflict of Interest Policy and a   
 description of the process of how your agency will ensure the Conflict of Interest language   
 included in the Contract will be strictly adhered to.

**II.A.11 DISASTER PREPAREDNESS:** Provide an update regarding the requirement to enter disaster   
 preparedness data for all active consumers in eCIRTS, if applicable. 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.

Providers should be prepared to use eCIRTS 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, Providers will cooperate, coordinate and

train with the Area Agency on Aging of Pasco-Pinellas, Inc.’s Emergency Coordinating   
 Officer to the fullest extent possible. Providers 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.

Provider must submit, as separate attachments, Provider’s Comprehensive Emergency Management Plan (CEMP) and Continuity of Operations Plan (COOP). Please review Chapter 13 of the 2023 DOEA Programs and Services Handbook for further information on Emergency Management and Preparedness: https://elderaffairs.org/publications-reports/programs-services-handbook/

## 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 updateto the original application on how the service will be provided and how the agency is addressing clients’ needs.

Please address any challenges you have with service delivery and coordination.

**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 2023 DOEA Programs and Services Handbook, for the services proposed, as well as for the financial and eCIRTS reporting requirements (if applicable) 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 Statues and applicable DOEA/Area Agency on Aging Notices of Instruction. Please indicate staff development, trainings, and/or education opportunities that will be provided to staff and subcontractors in the 2025 contract year. A clear staff development and training plan to address the full range of training needs for the OAA, Title III Program, including pre-service, orientation, and in-service training, must be submitted.

**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 2025 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:
   1. Non-federal financial participation;
   2. Methodology for contributions;
   3. Methodology for reporting the number of unduplicated persons and units of service;
   4. Methodology for eCIRTS reporting; and
   5. 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.

1. **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 for Pasco-Pinellas, Inc. 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 Application 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, 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. 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.)

**\*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 is available from the Area Agency on Aging. 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. For 2025 estimated 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 2025 OAA/LSP Allocations**

**\*\*\* The allocation amounts are as of the date of issue of this application and are estimates\*\*\***

|  |  |  |  |
| --- | --- | --- | --- |
| **SERVICE** | **COUNTY** | **OLDER AMERICANS ACT (OAA)\*\*** | **LOCAL SERVICES PROGRAM (LSP)\*\*** |
| **IIIB Adult Day Care** | Pasco | $135,534.00 | $45,489.00 |
| **IIIB Chore** | Pasco | $44,740.00 | $3,728.34 |
| **IIIB Homemaker** | Pasco | $234,836.00 | $25,418.00 |
| **IIIB Legal** | Pasco | $75,244.00 | $20,272.00 |
| **IIIB Transportation** | Pasco | $217,518.00 | $48,406.00 |
| **IIIB Telephone Reassurance\*** | Pasco | $0 | $0 |
| **IIIB Shopping Assistance\*** | Pasco | $0 | $0 |
| **IIIC1 Congregate Meals** | Pasco | $197,652.12 | $72,745.00 |
| **IIIC1 Home Delivered Meals\*** | Pasco | $0 | $0 |
| **IIIC1 Telephone Reassurance\*** | Pasco | $0 | $0 |
| **IIIC2 Home Delivered Meals** | Pasco | $869,718.60 | $48,493.00 |
| **IIIC2 Telephone Reassurance\*** | Pasco | $0 | $0 |
| **IIIEG Legal** | Pasco | $16,000.00 | $0 |
| **IIIEG Telephone Reassurance\*** | Pasco | $0 | $0 |

|  |  |  |  |
| --- | --- | --- | --- |
| **SERVICE** | **COUNTY** | **OLDER AMERICANS ACT (OAA)\*\*** | **LOCAL SERVICES PROGRAM (LSP)\*\*** |
| **IIIB Adult Day Care** | Pinellas | $352,889.00 | $54,561.00 |
| **IIIB Homemaker** | Pinellas | $224,211.00 | $43,087.00 |
| **IIIB Legal** | Pinellas | $62,894.00 | $15,713.00 |
| **IIIB Transportation** | Pinellas | $538,351.00 | $168,105.00 |
| **IIIB Telephone Reassurance\*** | Pinellas | $0 | $0 |
| **IIIB Shopping Assistance\*** | Pinellas | $0 | $0 |
| **IIIC1 Congregate Meals** | Pinellas | $461,188.28 | $0 |
| **IIIC1 Telephone Reassurance\*** | Pinellas | $0 | $0 |
| **IIIC2 Home Delivered Meals** | Pinellas | $2,029,345.00 | $301,818.00 |
| **IIIC2 Telephone Reassurance\*** | Pinellas | $0 | $0 |
| **IIIEG Legal** | Pinellas | $36,000 | $0 |
| **IIIEG Telephone Reassurance\*** | Pinellas | $0 | $0 |

|  |  |  |  |
| --- | --- | --- | --- |
| **SERVICE** | **COUNTIES** | **OLDER AMERICANS ACT (OAA)** | **LOCAL SERVICES PROGRAM (LSP)\*\*** |
| **IIIB Emergency Alert Response** | Pasco & Pinellas | $43,862.00 | $14,512.00 |
| **IIID Health & Wellness (Enhanced Fitness)** | Pasco & Pinellas | $34,900.00 | $0 |

\* There is no funding allocated to these services. The funding must come from the allocated service budget and does not increase the contract amount.

\*\* The Area Agency on Aging reserves the right to contract to entities other than the current OAA provider should the need arise, following Florida Statute and Older Americans Act requirements.

**II.B.4. MATCHING COMMITMENT DOCUMENTATION**

## II.B.5. 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:**  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.   |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | | Signature of Donor Representative |  | Date |  | | | | | |

**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:** [ ] Office [ ] Site [ ] 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 months  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.   |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | | Signature of Donor Representative |  | Date |  | | |

**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.   |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | | Signature of Donor Representative |  | Date |  | | |

**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) \_\_\_\_\_   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | Acquisition | | |  |  |  | | Description of Item |  | Number |  | Cost |  | Value to Project: |  | | 1. |  |  |  |  |  |  |  | | 2. |  |  |  |  |  |  |  | | 3. |  |  |  |  |  |  |  | | 4. |  |  |  |  |  |  |  | | 5. |  |  |  |  |  |  |  | | 6. |  |  |  |  |  |  |  | | 7. |  |  |  |  |  |  |  | | 8. |  |  |  |  |  |  |  |     **\***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).   |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | | Signature of Donor Representative |  | Date |  | | |

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:** | | | | | | | | | | **Position Title** |  | **Service** |  | **Hourly Rate or Annual Salary Worked** |  | **# Hours** |  | **Value to Project \*\*** | | | 1. |  |  |  |  |  |  |  |  | | | 2. |  |  |  |  |  |  |  |  | | | 3. |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  | Total - $ |  |   \*\* Value to project = (# of hours worked) x (Hourly rate) or (Annual Salary /annual hrs) x (# of hours worked) | |
| **Donor Certification:**  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.**   |  |  |  | | --- | --- | --- | |  |  |  | | Signature of Donor Representative |  | Date | | |

**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.   |  |  |  | | --- | --- | --- | |  |  |  | | Signature of Agency Official |  | Date |   **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**

A close-up of a logo

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**AREA AGENCY ON AGING OF PASCO-PINELLAS, INC.**

**CONTRACT REVIEW PROCESS TIMETABLE**

**OLDER AMERICANS ACT (OAA) & LOCAL SERVICE PROGRAMS (LSP) FUNDED SERVICES**

**January 1, 2025 to December 31, 2025**

May 13, 2024 Advisory Council Review of 2025 Proposed OAA and LSP Allocations and Contract Review Process

June 17, 2024 AAA Board of Directors Approval of Contract Review Timetable

June 17, 2024 at 3 PM Continuing Applications for 2025 OAA & LSP services will be available and posted to the AAAPP website ([www.agingcarefl.org](http://www.agingcarefl.org)).

July 8, 2024 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

July 8, 2024 – July 29, 2024 Critique of Continuing Applications

TBD Program Planning and Development Committee Meeting

August 19, 2024 AAA Board of Directors Meeting - Approval of Applicant Agencies and Final Allocations

August 30, 2024 at 3 PM Final Applications Due

January 1, 2025 Services Initiated

**No Older Americans Act Services are out to bid in 2024 for Contract Year 2025**