

COASTLINE ELDERLY SERVICES, INC.

AREA AGENCY ON AGING
and
AGING SERVICES ACCESS POINT

Federal Fiscal Year 2012

REQUEST FOR PROPOSAL

Family Caregiver Support Program
Health Promotion
Legal Assistance
Medication Management
Supportive Services

Serving elders and caregivers in Acushnet, Dartmouth, Fairhaven, Gosnold, Marion,
Mattapoisett, New Bedford and Rochester

Rita L'Etoile, President, Board of Directors
Maria Connor, Chairperson, Advisory Council
Paula Shiner, CEO, Coastline Elderly Services, Inc.

Coastline Elderly Services, Inc. Area Agency on Aging and Aging Service Access Point, is an Equal Opportunity/Affirmative Action Employer.

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LEGAL NOTICE

Coastline Elderly Service, Inc.
Area Agency on Aging/Aging Services Access Points

Request For Proposal (RFP)

Coastline Elderly Services, Inc. (CESI) Area Agency on Aging, is requesting proposals for projects pursuant to Public Law 109-365 for Supportive Services, Legal Services (please request description for Legal Services); Medication Management, Disease Prevention and Health Promotion, and the Family Caregiver Support Program. Projects should be targeted to individuals, 60 years of age or older or caregivers throughout the communities of Acushnet, Dartmouth, Fairhaven, Gosnold, Marion, Mattapoisett, Rochester and New Bedford. This RFP is opened to both private for profit organizations and businesses as well as non-profit, both within and outside the planning and service area. The vendor need not have its headquarters in Massachusetts but it must be a legal entity that has filed/registered to do business in Massachusetts through the Commonwealth's Secretary of State. Women and minority business enterprises are encouraged to apply. Projects should provide services to older individuals with the greatest social and economic need, low-income minority individuals, older individuals in rural areas, those with severe disabilities, and individuals who are limited English speaking. A bidder's conference will be held on Tuesday, May 17, 2011 at 9:30 a.m. at Coastline, 1646 Purchase Street, New Bedford, MA 02740. Applications will be distributed on or after that day. Technical assistance will be provided to applicants. Completed applications must be received at Coastline on Friday, June 17, 2011 by 3 p.m. Late applications will not be accepted. For more information, please contact Ann McCrillis, Area Agency on Aging Planner, at 508-999-6400, ext. 160. AA/EOE.

4/28, 4/29/11

LEGAL NOTICE

Coastline Elderly Services, Inc.
Area Agency on Aging/Aging Services Access Points

Request for Proposal (RFP)
Legal Assistance

Coastline Elderly Services, Inc. Area Agency on Aging, is requesting proposals for Legal Assistance pursuant to 45 C.F.R § 1321.71. Legal assistance includes legal advice and representation provided by an attorney (including to the extent feasible, counseling or other appropriate assistance by a paralegal or law student under the direct supervision of an attorney). Services may include advice and consultation, drafting legal documents, negotiation, community education, outreach, and the representation of clients or groups and judicial tribunals, to the extent permitted by the Older Americans Act. Activities shall be rendered in a manner consistent with the Code of Professional Responsibility as promulgated by the Massachusetts Supreme Judicial Court, and with the Standards for Providers of Civil Legal Services to the Poor, as promulgated by the Standing Committee on Legal Aid and Indigent Defense of the American Bar Association. Legal assistance must serve individuals who are 60 years of age and older throughout the communities of Acushnet, Dartmouth, Fairhaven, Gosnold, Marion, Mattapoisett, New Bedford and Rochester. Projects should provide services to older individuals with the greatest social and economic need, low-income minority individuals, older individuals in rural areas, those with severe disabilities, and individuals who are limited English speaking. A bidder's conference will be held on Tuesday, May 17, 2011 at 9:30 a.m., at Coastline, 1646 Purchase Street, New Bedford, MA 02740. Applications will be distributed on or after that day. Technical assistance will be provided to applicants. Completed applications must be received at Coastline on Friday, June 17, 2011 by 3 p.m. Late applications will not be accepted. For more information, please contact Ann McCrillis, Area Agency on Aging Planner, at 508-999-6400, ext. 160. AA/EOE.

SECTION 1

1. **Introduction**

Coastline Elderly Services, Inc. is a federally designated Area Agency on Aging (AAA) and state Aging Services Access Point (ASAP) providing services to elders in the communities of Acushnet, Dartmouth, Fairhaven, Gosnold, Marion, Mattapoisett, Rochester and New Bedford since 1977. The mission of the agency is “*to enhance the lives of seniors, caregivers, and those with similar needs by assisting them to remain in their homes through a range of quality services.*”

2. **Title III**

The purpose of Title III of the Older Americans Act is to develop a comprehensive and coordinated health and social service system which assists elders to maintain independent living in their homes as long as desired. All projects should support the goals of the AAA and the Older Americans Act in ensuring elders and caregivers the opportunity for lives of optimal independence, security, dignity and fulfillment. All programs must give particular attention to low income minority individuals including:

- a. older individuals with the greatest social and economic need
- b. older individuals with limited English proficiency
- c. older individuals residing in rural areas
- d. older individuals with Alzheimer’s disease and related disorders with neurological and organic brain dysfunction and,
- e. older individuals at risk for institutional placement.

3. **Funding Level:**

Funding is contingent upon the allocation and receipt of federal Title III funding from the Massachusetts Executive Office of Elder Affairs. Contracts will be issued for one year with the possible option of renewal based on program performance, existing need for service, and funding availability.

4. **Funding Guidelines:**

Each proposal will be individually reviewed and evaluated for “Best Quality and Economic Value to the AAA,” the validity of proposed expenditures and the overall cost effectiveness of its budget. Funding is provided on the basis of reimbursement for monthly billing submitted to the Area Agency on Aging. *For this reason, the sponsoring agencies must have sufficient financial resources to support the initial 2-3 months of operation of the proposed project.*

5. **Information and Assistance:**

The AAA will provide technical assistance to all applicants. Please contact Ann McCrillis, AAA Planner at 508-999-6400, ext. 160.

6. **Monitoring and Evaluation:**

All projects will be required to submit timely monthly budget and statistical data and will be subject to on-site evaluations by the AAA.

7. **Priority Funding Areas:**

Innovative projects providing direct services to target populations will be considered for priority funding. Among proposed services, funding priority will be directed to – but not limited to - the following priority areas:

- Development and expansion of transportation services including Escort Transportation projects.
- In-home and community medical and mental health services
- Evidenced-based programs
- Legal services
- Medication management
- Programs for grandparents who are raising grandchildren
- Support groups
- Respite care (nursing home / in home)
- Social day
- Companionship
- Alzheimer’s resources and support
- Or other supportive service(s) to enhance the capability of the elder to live independently.

8. **Selection Criteria:**

Qualified organizations are invited to submit applications for programs targeted to priority areas. Review and evaluation of the applications will be conducted by a 5-member Title III-Committee comprised of Coastline’s Board of Directors and the AAA Advisory Council. Final Funding decisions will be made by Coastline’s Board of Directors. *(A summary of the review criteria is included on page 13).*

9. **Handicapped Accessibility:**

All sites where the proposed program will take place must be handicapped accessible with provisions for emergency preparedness.

10. **Coordination of Services:**

Proposed projects should address a documented need and not duplicate, supplant or overlap existing services and functions. Projects must demonstrate appropriate coordination of services with other providers in the elder service network. Memoranda of Understanding will be required from community agencies with which the proposed project would coordinate services (i.e., referral sources, additional funding sources) and from any site, not under the aegis of the sponsoring agency at which the project is proposed to operate (i.e., senior centers, elder housing units, etc.).

11. **Reference on Funded Publications:**

If an organization publishes or distributes brochures, periodicals or other publications describing any program funded in part or in whole by Coastline Elderly Services, Inc. and the Executive Office of Elder Affairs, the publication must prominently display in such a report a statement to the following effect. *“This agency and its programs are funded (in whole or in part) by a grant from Coastline Elderly Services, Inc. and the Massachusetts Executive Office of Elder Affairs.”*

12. **Policies and Procedures for the Management of Title III Program Income Derived from Voluntary Contributions:**

- (A) Each service provider must:
- (1) Provide each recipient with an opportunity to voluntarily contribute to the cost of the service.
 - (2) Clearly inform each recipient that there is no obligation to contribute and that the contribution is purely voluntary.
 - (3) Protect the privacy and confidentiality of each recipient with respect to the recipient's contribution or lack thereof.
 - (4) Establish appropriate procedures to safeguard and account for all contributions.
 - (5) Use all collected contributions to expand the service for which the contributions were given.
- (B) A service provider that receives funds under this Part (Title III) may not deny service to any older person, or to a caregiver, because the individual will not or cannot contribute to the cost of the service. A Means test is strictly prohibitive.

13. **Geographic Planning and Service Areas:**

Proposed projects may serve all or part of the planning and service area which includes the communities of Acushnet, Dartmouth, Fairhaven, Gosnold, Marion, Mattapoisett, New Bedford and Rochester. In some cases, if selected, certain projects will be instructed to provide services to all communities within the planning and service area.

14. **Time Line:**

The project selection process will proceed according to the following schedule. Projects must commence operations by **October 1, 2011**.

| | |
|------------------|--|
| 4/26 and 4/28/11 | Publication of Request for Proposals |
| 5/17/11 | Bidder's conference |
| 6/17/11 | Closing date for submission of applications. Applications must be received at CESI by 3 p.m. |
| 6/21 – 6/24/11 | Title III Committee will review applications |
| 6/27 – 6/30/11 | Applicants will be invited to make a presentation to the Title III Committee |
| 8/2/11 | Funding recommendations of the Advisory Council |
| 8/18/11 | Funding decision of the Board of Directors |
| 8/25/11 | Notification of funding awards |
| 9/15/11 | Contracts and Notification of Grant Award (NGA) mailed |
| 9/28/11 | Contract and NGA must be signed and received by CESI on or before this date |
| 10/1/2011 | Fiscal Year 2012 T-III Program must commence |

SECTION 2

APPLICATION INSTRUCTIONS

15.
 - a. All applications must be typed and should not exceed the space provided.
 - b. Submit (1) original application with signature and appendices.
 - c. Submit seven (7) copies of the application: **pages 1-11 only**.

16. **Program Budget** (*Guidelines for line item cost categories*)
 - ❑ Personnel - include the hourly rate and the number of hours worked weekly for each position title. Fringe rate for Title III funded position should not exceed 25%. A complete job description for each position should be included in the appendix.

 - ❑ Travel - consistent with Coastline's policy and not to exceed .51 cents per mile.

 - ❑ Building space, communications and utilities - in shared facilities, this should be a reasonable pro-rated portion of expenses.

 - ❑ Printing/supplies - projects which include an outreach or information component would be expected to produce a brochure.

 - ❑ Equipment - ownership of all equipment purchased with funds received from the Area Agency on Aging, with a cost of more than \$500 and/or anticipated life of more than one year, may be retained by the Area Agency on Aging at the conclusion of the grant period.

 - Guidelines for funding sources:**
 - ❑ Title III - the amount requested in Title III funding for each of the corresponding line items cost categories. (Refer to Budget I).

 - ❑ Cash Match - at least 15% or more of the proposed total project costs must be provided by the applicant in either **non-federal cash or in-kind services**. Funding sources (United Way, corporate grants, etc.) should be identified and the amount(s) applied to the appropriate cost category. ***Please note: Title III-E (Family Caregiver Support) match requirement is 25% or more of the proposed project costs.***

 - ❑ In-Kind Match - the value of non-cash resources made available to the project. These may include the services of volunteers, supervisory time, building space or administrative support.

 - ❑ Generated Income - Title III funded projects are required to provide participants with the opportunity for confidential and voluntary donations. There can be no charge for services to project participants and no means test to determine eligibility for project services. Estimate donations on the projected number of program participants.

SECTION 3

**Coastline Elderly Services, Inc.
Area Agency on Aging and Aging Services Access Point
1646 Purchase Street
New Bedford, MA 02740**

Federal Fiscal Year 2012

APPLICATION COVER PAGE

1. General Information:

Name of Proposed Project: _____

Name / Address Applicant Agency: _____

Location where program will operate: _____

Program Contact: _____

Name

Title

Phone: _____ Fax: _____ email _____

SOMWBA Certified :

YES

NO

(State Office of Minority and Women Business Assistance)

501(c) (3) Organization : YES NO

Federal ID # _____ DUNS Number: _____

Amount of Funds Requested: _____ Number of years receiving Title III funds: _____

Communities to be served: _____

Total estimated number of new individuals to be served in one year: _____

Chief Executive Officer: _____ Date: _____

Title:

Signature:

2. **Applicant Agency Description:** Please describe your agency's mission, current programs and activities. Please describe your agency's experience in providing services and programs to the elderly or caregivers. If relevant, please describe the facility where the program will operate.

3. **Program Description:** Please describe the goals and major components of the proposed program.

4. **Need:** Please describe how the need originated. Reference statistical data when necessary.

5. **Eligibility Criteria:** Please explain the procedure you will utilize to determine age-eligibility for the program. (Please be reminded that elders must be 60 years of age or older).

6. **Program Work Plan Action Steps.** Please complete the following Action Steps. This page can be photocopied and an individual work plan completed for each program objective.

PROGRAM WORK PLAN

Goal:

Objective:

| Action steps to achieve objective | First Quarter | | | Second Quarter | | | Third Quarter | | | Fourth Quarter | | |
|-----------------------------------|---------------|--|--|----------------|--|--|---------------|--|--|----------------|--|--|
| | Oct-Dec. | | | Jan.- March | | | April-June | | | July-Sept. | | |
| | | | | | | | | | | | | |

7. **Program Outcomes:** Please list your Program Outcomes: i.e. benefits for participants during and after program activities for either elders or caregivers, not both.

8. **Outreach / Publicity to the targeted population:** Please provide a specific plan for outreach and service to low-income older individuals or caregivers, including low income minority individuals, limited English speaking, and to those with the greatest economic and social need.

9. **Confidentiality/HIPAA (Health Insurance Portability and Accountability Act)**

Please describe specific methods to be utilized by your agency to protect consumer information / data.

10. **Evaluation and Monitoring:** Please describe the methods that will be used to evaluate the effectiveness of the program. Please describe the technique (or attach a copy of the survey tool) that will be used to determine consumer satisfaction with the proposed program.

11. **Voluntary Donation Policy:** Please describe the donation policy that will be employed to ensure that recipients of Title III services (*elders or caregivers*) will have an opportunity to make voluntary and confidential donations to the cost of the program. Please attach copies of all handouts used to promote voluntary donations. (Refer to Title 42 United States Code (3030c-2); Code of Federal Regulations (45 CFR 1321.67))

12. **Future Funding:** Please describe efforts that have or will be undertaken to secure other permanent funding for the continuation of the service initiated with Title III funds.

13. **Disaster Preparedness:** Please describe your agency's emergency preparedness in a disaster or attach a copy of your agency's plan.

14. **Staffing of the Program:** Please attach an official job description for each Title III funded position being requested. The job description should include necessary qualifications, duties and responsibilities, hours and salary. Please include resumes if specific personnel are involved.

15. **Criminal Background Check:** Please describe the protocol to be utilized for criminal background checks on all staff whose salaries are to be paid wholly or partially through Area Agency on Aging grants, including volunteers participating in the project, with access to clients, confidential information, social security numbers, financial info. etc.

16. **License/Accreditation/Registration:** Please attach an official copy of your agency's license, accreditation or registration (if applicable), including those of staff for each Title III funded position. Please attach a copy of the driver's license for the individual who will be travelling on behalf of this project.

Title III Program Budget

| (A) | (B) | | (C) | (D) | (E) |
|-----------------------|-----------|-------------|----------------|------------------|-------|
| Allocation Categories | Title III | Cash Match* | In-Kind Match* | Generated Income | Total |
| Personnel | | | | | |
| Travel | | | | | |
| Building Space | | | | | |
| Communications | | | | | |
| Utilities | | | | | |
| Printing/Supplies | | | | | |
| Equipment | | | | | |
| Other | | | | | |
| Net Cost | | | | | |

BUDGET JUSTIFICATION

Please provide a detailed budget outlining all costs for each line item from page 10. For example: *Personnel: The RN will work at the downtown location for 4 hours each week for 52 weeks at \$20 per hour = \$4,160.*

SECTION 4

APPENDICES

*One copy of each of the following should be attached to the **original** application only:*

1. List of Board of Directors or Corporate Officers and Principals.
2. Affirmative Action Plan
3. Most recent Audited Financial Statement
4. Agency/organization's complete budget.
5. Personnel policies and procedures, including fringe benefits package, salary schedule, travel allowance rate, leave policy, organizational chart.
6. Job descriptions for each requested Title III position.
7. 501 (c) 3 certification
8. Memoranda of Understanding from community agencies with which the proposed project would coordinate services (i.e: referral source, additional funding sources) and any sites not under the aegis of the sponsoring agency at which the program is proposed to operate, such as senior centers, elder housing units, etc.
9. Copy of SOMWBA certification (if SOMWBA certified)
10. Letters of support (optional)
11. Agency brochure (optional).

Completed applications must be received at Coastline Elderly Services, Inc. by **3 p.m. on Friday June 17, 2011.** Applications presented after 3 p.m. will not be accepted.

Proposal Evaluation Criteria

You need not respond to this criteria. This is for informational purposes only:

Project Name: _____

Reviewer: _____

| BENCH MARK | |
|--------------------------|--|
| 4. Excellent: (61-80) | Based on the overall quality of the application which is demonstrated by complete responses, excellent presentation, and exceeds the standards and /or requirements. |
| 3. Good: (41-60) | Meets the requirements adequately and completely. |
| 2. Fair: (21-40) | Measured by the overall quality where weaknesses were identified. |
| 1. Unacceptable: (1- 20) | Based on decreased quality standards, incomplete responses and presentation weaknesses. |

PROPOSED PROJECT

SCORE

- | | |
|--|-------|
| 1. Demonstrates ability to target estimated number of individuals. | _____ |
| 2. Demonstrates experience in providing services to elders or caregivers. | _____ |
| 3. Program description is clear and realistic. | _____ |
| 4. Clearly identifies and substantiates the need. | _____ |
| 5. Procedures are in place to determine age eligibility. | _____ |
| 6. Identifies a specific goal and presents realistic objectives and work plans. | _____ |
| 7. Program outcomes demonstrate realistic benefits to elders or caregivers. | _____ |
| 8. Contains a public information/outreach component to publicize the program. | _____ |
| 9. Presents a viable plan for directing services to low-income minority individuals, limited English speaking and to those with the greatest economic and social need. | _____ |
| 10. Presents a plan to protect consumer's data and personal information. | _____ |
| 11. Demonstrates effective evaluation and monitoring procedures for the program. | _____ |
| 12. Contributes significantly toward the development of a comprehensive and coordinated elder /caregiver service system. | _____ |

Project Subtotal: _____

APPLICANT AGENCY

- | | |
|--|-------|
| 1. Is a primary service provider in priority area with credibility and continuity. | _____ |
| 2. Identifies a specific plan to address the voluntary/confidential donation policy. | _____ |
| 3. Demonstrates the commitment and capability to seek alternate funds. | _____ |
| 4. Presents a viable emergency preparedness policy. | _____ |
| 5. Demonstrates adequate, qualified supervision for project. | _____ |
| 6. Provides optimal cash and in-kind support for the project. | _____ |
| 7. Budget is credible and cost effective. | _____ |
| 8. Demonstrates coordination of services and resources. | _____ |

Applicant Agency Subtotal: _____

Total Score: _____

Terms used in this application

Family Caregiver Support Program:

- A caregiver for an older adult (over 60 years of age)
- A grandparent or other relative (over 55 years of age) caring for a child or children under the age of 18
- A parent, grandparent, or other relative (over age 60) caring for one or more individuals with mental retardation or developmental disabilities
- A caregiver for a person with Alzheimer's Disease or dementia

Greatest Economic Need: The need resulting from an income level at or below the poverty level.

Greatest Social Need: The need caused by non-economic factors which includes physical and mental disabilities, language barriers, cultural, social or geographical isolation, including isolation caused by racial or ethnic status that restricts the ability of an individual to live independently.

Technical Assistance:

In addition to the bidder's conference, the Area Agency on Aging staff provides technical assistance to applicants, at their request. This assistance may be provided by phone or in person. It is important to note that the Area Agency on Aging staff cannot assist a grantee agency in developing a proposal for funding, nor can the Area Agency on Aging assist the grantee agency in the research or writing of the application.

Area Agency on Aging staff can provide information pertaining to the:

- Requirements of the Older Americans Act, as amended
- Examples of the type of programs that have been funded in the past
- Explanation of the required guidelines to develop a budget
- Explanation of goals, objectives and/or outcomes
- Explanation of Time Lines, and,
- Other assistance, under the discretion of the Area Agency on Aging