

Detroit Area Agency on Aging

FY 2023 – FY 2025 Multi-Year Plan

Request for Proposal

Introducing Performance-Based Contracting to Aging Service Providers



Federal, State and Local Funding

APPLICATION

Due By 11:59PM EST, Wednesday, August 24, 2022

Late Applications Will Be Rejected

Planning and Service Area - Region 1-A

Detroit, Grosse Pointe, Grosse Pointe Farms, Grosse Pointe Park, Grosse Pointe Shores,
Grosse Pointe Woods, Hamtramck, Harper Woods, and Highland Park

WAYNE W. BRADLEY, SR.
Chairperson
Board of Directors

RONALD TAYLOR
President and Chief
Executive Officer

**DETROIT AREA AGENCY ON AGING
REQUEST FOR PROPOSAL APPLICATION
FY 2023 – FY 2025**

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(All of forms are located at
detroit seniorsolution.org/become-a-network-partner)

Face Sheet
General Section
Service Category Forms (Where Applicable):
Adult Day Services
Caregiver Education, Training & Support
Chore Services
Community Service Navigator
Counseling Services
Caregiver Education, Training & Support
Disease Prevention and Health Promotion
Elder Abuse Prevention
Friendly Reassurance
Home Repair Services
Homemaking
Kinship Support
Legal Assistance
Outreach
Personal Care
Respite Care
Transportation Services
Vision Services

**DETROIT AREA AGENCY ON
AGING REQUEST FOR PROPOSAL
APPLICATION
FY 2023-2025**

SECTION I: AGENCY INFORMATION

APPLICANT AGENCY		
<input type="checkbox"/> Non-Profit	<input type="checkbox"/> For-Profit	<input type="checkbox"/> Public
<input type="checkbox"/> Minority	<input type="checkbox"/> Female-Owned	<input type="checkbox"/> Person with Disability
Agency Name: _____		
Address: _____		
City: _____	State: _____	Zip: _____ -
Telephone () _____	Fax: () _____	
E-mail address: _____	Website: _____	
Type of Organization: _____	Federal I.D. No: _____	
IRS Tax Exempt? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, IRS Code 501: _____	
Date of Incorporation: _____	Has the applicant agency been in existence 3 or more years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
NOTIFICATION OF FUNDING DECISIONS (include address if different from above)		
Name: _____		
Title: _____		
Agency: _____		
Address: _____		
City: _____	State _____	Zip: _____ -
MAJOR CONTACT PERSON		
Name: _____		Title: _____
Telephone () _____		

* An email receipt of delivery application in the Shared File will be provided upon request.

**THE APPLICATION SHOULD BE SIGNED BY THE PERSON(S) DULY
AUTHORIZED TO CONDUCT THE AGENCY'S LEGAL RESPONSIBILITIES.**

CERTIFICATION, ACCEPTANCE, AND ASSURANCES

We, undersigned, certify that the statements herein are true and complete to the best of our knowledge and will comply, if a grant is awarded, with all Area Agency on Aging (AAA) guidelines and contract provisions as well as the following laws and regulations as cited in the Michigan Bureau of Aging, Community Living and Supports (Formerly AASA) Operating Standards for Area Agencies on Aging - Contracting for Service Provision.

COMPLIANCE WITH CIVIL RIGHTS, OTHER LAWS

The contract shall require that the contractor not discriminate against any employee or applicant for employment because of race, color, religion, national origin, age, sex, height, weight, or marital status pursuant to the Elliot-Larsen Civil Rights Act, P.A. 453, Section 209, 1976. The contractor shall also comply with the provisions of the Michigan Handicappers Rehabilitation Act of 1973, P.L. 93-122, 87 Stat. 394. Each contract must contain a completed form HHS 441 assuring compliance with the Civil Rights Act of 1964.

APPLICABLE LAWS AND REGULATIONS

The contract shall require the contractor to comply with applicable provisions of the Older Americans Act and the regulations and policies pertaining thereto; to all other applicable federal laws and regulations, including licensure (S1321.105); to policies of the Department of Health and Human Services, the Bureau of Aging, Community Living and Supports and policies, procedures, and standards of the AAA; Health Insurance Portability and Accountability Act (HIPAA) and all applicable state and local laws. The grant application will become part of the contract between the applicant agency and the DAAA if funds are awarded.

Authorized Signature of Applicant Agency

Date

Typed Name

Title

**ASSURANCE OF COMPLIANCE WITH
THE DEPARTMENT OF HEALTH AND HUMAN SERVICES REGULATION
UNDER TITLE VI OF THE CIVIL RIGHTS ACT OF 1964**

_____(hereinafter called the "Applicant")
Name of Applicant Agency (type or print)

WHEREBY AGREES THAT it will comply with Title VI of the Civil Rights Act of 1964 (P.L. 88-352) and all requirements imposed by or pursuant to the regulation of the Department of Health and Human Services (45 CFR Part 80) issued pursuant to that title, to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation under any program or activity for which the Applicant receives Federal financial assistance from the Department; and HEREBY GIVES ASSURANCE THAT it will immediately take any measures necessary to effectuate this agreement.

If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this Assurance shall obligate the Applicant, or in the case of any transfer of such property, and transferees, for the period during which the real property of structure is used for the purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this Assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. In all other cases, this Assurance shall obligate the Applicant for the period during which the Federal financial assistance is extended to it and the Department.

THIS ASSURANCE is given in consideration of and for the purpose of obtaining any and all Federal grants, loans, contracts, property, discounts, or other Federal financial assistance extended after the date hereof to the Applicant by the Department, including installment payments after such date on account of applications for Federal financial assistance which were approved before such date. The Applicant recognizes and agrees that such Federal financial assistance will be extended in reliance on the representations and agreements made in this Assurance, and that the United States shall have the right to seek judicial enforcement of this Assurance. This Assurance is binding on the Applicant, its successors, transferees and assignees, and the person or persons whose signatures appear below are authorized to sign this Assurance on behalf of the Applicant.

Authorized Signature of Applicant Agency

Date

Typed Name

Title

ASSURANCE OF COMPLIANCE WITH FEDERAL, STATE, AND LOCAL TAX REQUIREMENTS

Indicate the agency's compliance with each tax specified below. **DAAA requires that applicants be current on all Federal, State and Local taxes, or be current on any payment arrangements for previously delinquent taxes, in order to be eligible to apply.** Complete the table below as indicated:

1. Is the applicant agency current on this tax?

- Place an "X" in the "YES" column if the applicant agency is current on the specified tax. "Current" is defined as having **no** outstanding tax obligations and **no** payment arrangements in place for previously delinquent taxes. (Skip question 2 if all answers to question 1 are "yes" or "n/a".)
- Place an "X" in the "NO" column if the applicant agency is delinquent on the specified tax, or is under a payment arrangement for previously delinquent taxes. (Answer question 2 and provide additional information below.)

2. If "no" to question 1, is the applicant agency current on payments required under an approved payment plan for previously delinquent taxes?

- Place an "X" in the "YES" column if the applicant agency is current on all payments required under an approved payment plan for previously delinquent taxes.
- Place an "X" in the "NO" column if the applicant agency has an outstanding tax liability and is **not** under an approved payment plan, or if the applicant agency has an approved payment plan but is **not** current on all required payments under the approved plan.

TYPE OF TAX	1. Is the applicant agency current on this tax?			2. If "no" to question 1, is the applicant under an approved payment plan?	
	YES	NO	N/A (non-profit)	YES	NO
Income Taxes					
Federal					
State (Single Business Tax)					
Payroll Taxes					
FICA					
Unemployment Insurance					
Federal Withholding					
State Withholding					
Local Withholding					

For all "no" answers in the table above, attach additional information directly behind this page. The additional information for each "no" response must include the total amount of the outstanding tax liability, the time period of the delinquent tax, the amount of any delinquent payments, and any other pertinent information. **The signature below certifies that the information indicated in the table above and attached behind this page (if required) is true and accurate.**

Authorized Signature of Applicant Agency

Date

Typed Name

Title

MINORITY CONTRACTOR STATUS DEFINITION

Indicate whether the applicant is a Minority Contractor: [] YES [] NO

NOTE: A minority contractor, which is private, non-profit making, must satisfy both of the following criteria:

- ☐ 51% of Board must be of a minority group; and
- ☐ 50% of Staff (Title III and non-Title III) must be members of a recognized minority group.

NOTE: A minority contractor, which is private, profit-making must satisfy either of the following criteria:

- ☐ Organization whose sole ownership, or at least 51% of whose stock, is held by minorities; or
- ☐ In a partnership, 50% of the interest in the partnership must be controlled by a minority individual.

BOARD OF DIRECTORS

- 1 Total Number of Directors on Board: _____
- 2 Frequency of Meetings: _____
- 3 List below, or attach directly behind this page, a list of the names of your current Board of Directors, indicating those who are minority by placing an asterisk (*) next to their name. Indicate the organizational affiliation or background/credentials of each member. Provide copies of the minutes from the last three (3) board meetings labeled as **Attachment A**.

BOARD MEMBER NAME:

ORGANIZATIONAL AFFILIATION:

INSURANCE COMPLIANCE

On the chart below, indicate the amount of coverage the applicant agency currently has, noting the expiration date next to the appropriate type of insurance. A copy of the cover page for each type of insurance that is required for the provision of the proposed service must be included as **Attachment B**. All insurance must be effective under valid and enforceable policies and written by an insurance company with an A.M. Best Company rating of A- or above. Successful applicants will be required to add the Detroit Area Agency on Aging as additionally insured, and increase coverage to the minimum requirements, if necessary. Thirty (30) day notice of cancellation must be provided to the DAAA.

<u>Type of Insurance</u>	<u>Amount of Coverage</u>	<u>Expiration Date</u>	<u>Minimum Required</u>
1. Facility Insurance			
2. Auto Liability Insurance			\$1,000,000
3. Worker's Compensation / Employer's Liability			Statutory / \$500,000
4. Professional Liability, if applicable (\$1,000,000 per professional incident /\$2,000,000 aggregate)			\$2,000,000
5. General Liability, Products / Completed Operations, Premises, and Advertising Injury / Personal Injury (Including product liability)			\$2,000,000
6. Property & Theft			
7. Directors & Officers, if applicable			
8. Employee/Independent Contractor Bonding Insurance			
9. Malpractice Insurance, if applicable			\$100,000
10. Umbrella / Excess Liability (suggested amount \$1,000,000)			\$2,000,000

AGENCY INFORMATION NARRATIVE

Provide a concise narrative addressing each question on pages A-7 through A-9. Long or elaborate responses will not enhance the prospects of approval. Label the narrative as **Attachment C**.

AGENCY PROFILE

- A. Provide a brief description of the agency's background, mission, length of operations, experience in serving the target population, experience providing the proposed service, and total services offered. State the qualifications of applicant agency's management and staff that will provide the proposed service. Include an organizational chart that indicates where the proposed program fits within the overall agency structure as **Attachment D**.
- B. Is the applicant agency:
1. A private for-profit?
 2. A private non-profit?
 3. A public non-profit?
 4. A unit of local government?
 5. A minority-owned business?
 6. A female-owned business
 7. A person with disability-owned business?
 8. A school district
 9. Have a 501 C(3) designation?
 10. Have a Charter and/or Articles of Incorporation?
 11. A business that has been in existence for 3 years or longer? Indicate the date of incorporation.
- C. Is the applicant agency established in accordance with State statutes and authorized to conduct business in the State of Michigan?
- D. Is the applicant agency aware of any reason or conflict of interest, which would preclude this application from being considered for funding as requested? If yes, provide an explanation.

FINANCIAL MANAGEMENT

- A. Describe the applicant agency's financial management system including, but not limited to, billing, payroll, and financial reporting.
- B. Indicate the accounting software utilized and the qualifications of the person/entity responsible for preparing the agency's financial reports.
- C. Describe the agency's current capacity for automated billing.

- D. Describe the applicant agency's internal controls for procedures such as bank reconciliations, invoicing, cash management, etc.
- E. Does the agency have a competitive procurement process that complies with the provisions of 45 CFR 74? (Administration of Grant regulations, U.S. Dept. of Health & Human Services.) Describe.
- F. Does an independent firm regularly audit the applicant agency's records, including, if necessary, a single audit (Uniform Guidance)? How frequently are the audits conducted? How many independent audits have been conducted in the past 5 years? Indicate the name of the audit firm.
- G. Has the applicant agency had any audit-related problems, including questioned or disallowed costs, in the past 5 years? If yes, attach all details, including reconciliation and/or final determination as **Attachment E**.
- H. Provide a copy of the following **REQUIRED** documents, labeled as attachments as indicated:
1. Certified audit for 2021 or 2020, including the audit report and management letter, as **Attachment F**.
OR, if the agency did not have a certified audit for 2021 or 2020, then attach the following two (2) financial statements with a notation of the qualifications of the person/entity that prepared the statements, as **Attachment F**:
 - Statement of Financial Position (covering the last annual period preceding the issuance of this RFP).
 - Statement of Activities (covering the last annual period preceding the issuance of this RFP).
 2. Latest IRS Form 941 including proof of payment, as **Attachment G**.
 3. Current IRS Form 990 or 1120 or Other (completed and signed), as **Attachment H**.
 4. Articles of Incorporation as **Attachment I**.
 5. Applicant agency's 501 (c)(3) Notification Letter, as **Attachment J**.
 6. Most recent Annual Report as **Attachment K**.

AGENCY ADMINISTRATION

- A. Describe the qualifications of the agency's administrative staff, and turnover of administration. Attach copies of resumes of management to demonstrate experience and qualifications at the end of the application as **Attachment L**.
- B. Describe evidence of progressive administrative leadership/innovation of the agency. Provide one or more specific examples including partnerships, collaborations, and new programs or services developed within the past two years.
- C. Describe examples of the agency's leadership engaging in forward (strategic) planning. What have been the outcomes / successes? Does the agency have a strategic plan? Does the plan address sustainability?

- D. List any accreditations the agency has earned. Indicate the name of the accrediting organization, the type of accreditation and the effective period.
- E. Provide examples of any new programs, marketing, and/or entrepreneurial activities by the agency that target additional revenues from private pay, corporate or other sources.
- F. Does the applicant agency have written personnel policies?
If yes, do they address the following:
1. Open recruitment, selection, and promotion?
 2. Uniform wage and salary schedules?
 3. Regular performance evaluations?
 4. Compliance with Federal and State anti-discrimination laws?
 5. Prohibitions against political activity?
 6. Provisions for employee training?
 7. Protection against coercion for political purposes?
 8. Uniform travel policies, including compensation?
 9. Disciplinary procedures?
 10. Grievance procedures?
- G. Does the agency have job descriptions for all staff and volunteer positions involved in providing, supervising, and managing the proposed service(s)?
- H. Describe Information system that will be used for maintenance and reporting of programmatic data including client demographic information, quantity, and type of service, etc. Also describe the agency's current use of technology for communication. Are there protections in place to protect the agency against Cyber Security Attacks and Senior Scams?
- I. Will all clients of in-home services be given a copy of their rights, including their right to contact DAAA at any time (with address and phone number) and their civil rights and remedies, and of your grievance procedure; and will these documents be posted at all service offices? If yes, describe the procedure. ***(The DAAA model form in this RFP is recommended for adoption.)***
- J. Will all staff and volunteers who enter a client's home be required to present pictured identification? If yes, describe.
- K. Will a background check with the Michigan State Police and other sources (e.g. references, work history, etc.) be made of all prospective in-home service workers, including volunteers, prior to their entry into any client's home? If yes, describe the procedure.
- L. Describe any past or pending legal issues facing the agency.
- M. Describe the organization's current Emergency Preparedness Plan or willingness to develop such a plan in accordance with the U.S. Department of Homeland Security recommendations (<http://www.ready.gov/business/>).

CLIENT GRIEVANCE PROCEDURES

- A. Describe the agency's client grievance procedure, and how clients will be made aware of this procedure. All contractors must post the written procedure in offices (where applicable); a copy must be given to each in-home service client.
- B. Enclosed in the Instruction portion of the Request for Proposal is a Model Client Bill of Rights. Attach as **Attachment M**, either the applicant agency's own written grievance procedure, or indicate the agency's commitment to adopt the DAAA Model. Include a statement indicating the agency's adherence to all posting and distribution requirements.

**DETROIT AREA AGENCY ON
AGING REQUEST FOR
PROPOSAL APPLICATION
FY 2023-2025**

SECTION II: PROGRAM INFORMATION

A separate "Section II: Program Information" packet must be completed for each service category. This includes a form for each service category the applicant is applying for including a full budget and unit-cost form.

APPLICANT AGENCY	
Agency Name:	<hr/>
Address:	<hr/>
City:	<hr/> State: <hr/> Zip: <hr/> - <hr/>
<div style="display: flex; justify-content: space-between;"><div style="width: 45%;">SERVICE CATEGORY: AMOUNT OF FUNDING REQUESTED: PLANNED CLIENTS: PLANNED UNITS:</div><div style="width: 50%;"><hr/><hr/><hr/><hr/></div></div>	
SERVICE SITE ADDRESS (if different from above)	
Agency/Site Name:	<hr/>
Address:	<hr/>
City:	<hr/> State: <hr/> Zip: <hr/> - <hr/>
MAJOR CONTACT PERSON	
Name:	<hr/> Title: <hr/>
Telephone: () <hr/>	

PROGRAM NARRATIVE

Provide a concise narrative addressing each question on pages A-11 through A-13. Long or elaborate responses will not enhance the prospects of approval. Label the narrative as **Attachment 1** at the end of *Section II: Program Information* portion of the proposal.

STATEMENT OF NEED

- A. Clearly state the specific need for the proposed service. The program design, as described in the next portion of the proposal, should be developed so that the program will address the needs indicated in this Statement of Need section.

SERVICE/PROGRAM DESCRIPTION

- A. **OVERVIEW** – Provide a clear description of the proposed activities and services. Indicate the methods to be used to deliver the program/services. If appropriate, include a flow chart.

- B. **PROGRAM DESIGN** – Provide clear responses to the items listed below.

1. Describe how outreach activities will be accomplished.
2. Provide a client flow chart detailing how clients will move through the system, from intake to closure.
3. Describe the method for ensuring quality service delivery and quality indicators to be measured.
4. Detail the system for supervising review of client status.
5. Describe the staff orientation process and in-service training procedures.
6. Describe how clients will be prioritized.
7. Describe how emergency situations will be handled.
8. Detail the client termination process.
9. Describe how current and planned health-related activities will be incorporated into the proposed program.
10. Describe the expected outcomes from the proposed service.
11. Provide examples of the agency's current implementation of best practices research and models.

In addition to the above, applicant agencies applying for the services listed below should also respond to the following questions:

Adult Day Services / Counseling Services

12. Indicate the hours of operation.

Caregiver Education, Support, and Training

13. If applicable, list the names and addresses of collaborating community/faith-based organizations and provide a description of the roles of each.

14. Describe the method of volunteer recruitment and the use of volunteers.

15. Describe the specific evidence-based programs to be provided to caregivers, including certification of staff and volunteer facilitators.

16. Describe the plans for marketing and client outreach.

17. Indicate the content of training – evidence-based and non-evidenced-based.

18. Describe the format of training including face-to-face and virtual programming.

19. Indicate the schedule or frequency of training and any NEW planned programs.

Outreach

20. Describe how the agency will incorporate Michigan Medicare/Medicaid Assistance Program (MMAP) and other benefits access activities into the program design. Indicate who will be trained as MMAP counselors. Describe other benefit assistance and outreach efforts to be made available including Mi Café, utility assistance, etc.

Successful applicants will be required to submit comprehensive Scope of Services and Work Plan with goals, objectives, key performance indicators and timelines. Instructions will be provided during contract negotiations.

C. **COMMUNITY TO BE SERVED** - Indicate whether the proposed service will be provided throughout the entire PSA. If NOT, indicate the zip codes or sub-communities to be served, and attach a map with street boundaries as **Attachment 2**.

D. TARGET POPULATION

1. Describe fully the plans for targeting and serving low-income, Asian, Arab, Hispanic/Latino, Native American, and disabled older adults as well as caregivers.
2. Describe, in detail, plans for targeting efforts to frail, multi-need (homebound), older adults.
3. Describe the agency's capability in serving non-English speaking clients.

PROJECT MANAGEMENT AND STAFFING

- A. Describe the responsibilities of the key staff members (management staff, project director/supervisor, and professional staff). Include job descriptions as **Attachment 3**.
- B. Describe the qualifications, credentials, and/or degree(s) of the key program staff members (e.g., project director, supervisory staff, professional staff, and direct service staff). How does the agency ensure the cultural competency of program staff?
- C. Describe the agency's or project's experience with turnover of program staff.
- D. Are direct service staffs (excluding professional consultants) treated as employees or independent contractors? If "independent contractors," attach a determination from the IRS that this designation is appropriate and acceptable. Label documentation as **Attachment 4**.

PROGRAMMATIC CAPACITY

- A. Indicate the number of clients served on a daily basis and an annual basis.
- B. Describe plans to expand or enhance programs.

PROCUREMENT OF OTHER RESOURCES

- A. Describe the applicant agency's plan for procuring other resources that will supplement DAAA funds for proposed service or program.
- B. List the source and amount of Other Resources, indicating for each whether it is already procured or to be procured.
- C. If there are no plans to procure other resources, indicate the reason.

**CONSULTANT/CONTRACTUAL SERVICE
AFFILIATION AGREEMENT**

Detail all consultant(s) and/or contractual services which are planned for the delivery of this service, and label as **Attachment 5**.

If the applicant agency plans to enter into an Affiliation Agreement for the proposed project, prior approval from the Area Agency must be obtained.

Name(s) of Contractual Service Provider: _____

Address:

Purpose of Agreement:

Status of Contractual Provider: [] Public [] Minority [] For-Profit [] Non-Profit

Qualification/Experience to provide Service(s) to be rendered: _____

Service(s) to be rendered (Explain fully, including staffing, special equipment required, duration of contract): _____

Contractual Cost (Be specific)

Terms of Payment:

Indicate if Contractual Provider is related to agency director or staff: [] Yes [] No

If yes, explain: Specify the role and responsibility of applicant agency in administering this

Contractual Agreement: _____

NOTE: A copy of the Contract Agreement will be required for successful applicants. A copy of the Contract Boilerplate is available on the DAAA Website under www.detroit seniorsolution.org/become-a-network-partner

BUDGET

A separate “Budget” packet must be completed for each service category. This includes a full budget with summary page and fee-for-service unit cost sheet.

1. Line-Item Budget
2. Fee for Service: Cost Per Unit Analysis
3. Performance-Based Contracting

Performance-Based Contracting

For the FY 2023 – FY 2025 MYP planning and funding cycle, DAAA has adopted a performance-based contracting model for 100% of the services that it funds through Older Americans Act and Older Michiganians Act funding. This means that DAAA will be transitioning traditional line-item grant-based programs to performance-based or fee-for-services contractual arrangements. To do this, DAAA has decided to transition agencies funded through these federal and state funds as follows:

In FY 2023, these providers will have 50% line item grant funding and 50% performance-based, fee-for-service/unit rate funding.

In FY 2024, the line-item grant funding will decline by 50% to 50% line-item grants to 25% line-item to 75% performance-based/fee-for-service/unit-rate funding model.

During FY 2024, the line-item grant will be reduced to 0% with 100% of the funding to be captured through performance-based, unit rate, fee-for-service contracting model. (As noted above, Direct Purchase of Services (DPOS) providers will continue to operate at 100% performance-based contracting and will be awarded contracts under a separate Request for Bid process since they deliver services under different standards.

During Contract Negotiations, successful Aging Service Provider candidates will be awarded funding at a specific level with part of the funding provided as a line-item grant and the other portion tied to key performance indicators. This means that specific outputs and outcomes will be paid if they are achieved as outlined in the approved Scope of Services and work plan.

It is important to provide a separate interactive pdf form for each service category your organization is applying for and attach a budget and unit cost, fee-for-serve form. This will assist the reviewers with the review and facilitate performance-based contracting.