



**DETROIT AREA AGENCY ON AGING  
FY 2024 REQUEST FOR PROPOSAL**

**(October 1, 2023 – September 30, 2024)**

**GENERAL COVER FACE SHEET – AGENCY PROFILE**

<b>Applicant Name:</b>			
<b>Applicant Federal ID:</b>		<b>Unique Entity #:</b>	
<b>Executive Director:</b>		<b>Email Address:</b>	
<b>Financial Director:</b>		<b>Email Address:</b>	
<b>Program Coordinator:</b>			
<b>Email Address:</b>			
<b>Business Address</b>			
<b>City:</b>	<b>State:</b>		<b>Zip Code:</b>
<b>Phone Number:</b>	<b>Fax:</b>		
<b>Alternative Number:</b>			
<b>Incorporation Date:</b>	<b>In Business for at least three years:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Financial Viability:</b>	Yes ___ No ___	<b>Financial viability as demonstrated by having a positive fund balance or retained earnings per financial report</b>	
<b>Current on Taxes:</b>	Yes ___ No ___	<b>If not, is there a plan in place with the Internal Revenue service?</b>	Yes ___ No ___
<b>Type of Agency:</b>	___ Public    ___ Private Non-Profit    ___ Private For-Profit ___ Minority-Owned    ___ Female-Owned    ___ Adult with Disability-Owned		
<b>Geographic Service Areas: (List Zip Codes or City)</b>			

***Completion of this form without an Application, Budgets and other Required Attachments represents an incomplete proposal and will not be accepted.***

**Check off service categories your organization will be including in Section II of this Application.**

*Please check off service category your organization is applying for during this RFP process. If you are an existing, funded DAAA provider, you are also eligible to apply for an Information Technology grant to protect your organization from Cyber-security attacks. Preference will be given to private non-profit agencies in good standing with DAAA for three years. Please make sure that your answers are in alignment with the requested information.*

*Remember that this General Cover Sheet must be accompanied by a completed Application, completed Line-Item budget and Unit Reimbursement (Fee-for-Service) Form. If you are applying for an IT Mini-Grant, a separate Application and Budget Sheet is required.*

**Areas of Focus:**

*Place an 'X' in the box next to the Area of Focus if your organization is applying for under this Request for Proposal. DAAA encourages applicants to only apply for services aligned with their mission and area of expertise.*

- Returning Senior Citizens Transitioning from Incarceration (Case Coordination & Support)
- Caregiver Education, Training & Support
- Counseling Services including Substance Abuse Prevention
- Counseling Services Only
- Home Repair Services
- Kinship Support Services

**Community Wellness Service Center – Traditional Model (Apply for All Services Below)**

- Community Navigator (Regional Service Definition)
- Disease Prevention Health Promotion
- Transportation Services

**Social Determinants of Health Coordination (Regional Service Definition)**

- Intergenerational Program
- Information Technology Training
- Senior Mobile Dentistry Services
- Community Wellness Center (New Model)

# FY 2023 – FY 2025 MULTI-YEAR PLAN REQUEST FOR PROPOSAL FOR AGING SERVICES GENERAL SECTIONS

## TERMS AND CONDITIONS

### **Applicant/Organization's Name:**

It is understood and agreed by the undersigned that:

- a. The Applicant accepts the terms and conditions under which is FY 2024 Request for Proposal has been issued;
- b. Funds awarded as a result of this RFP are to be expended for the purpose set forth herein and in accordance with all public laws, regulations, policies, and procedures of the Detroit Area Agency on Aging, the Michigan Bureau of Aging, Community Living, and Supports, Michigan Department of Health and Human Services and the Administration on Community Living.
- c. The Applicant pledges to comply the Detroit Area Agency on Aging's plans to transition Aging Services Agencies funded over the FY 2023 – FY 2025 Multi-Year Plan planning and funding cycle from line-item reimbursement to unit rate, performance-based contracting. Applicants funded in FY 2023 must attest to complying with a 75% Unit Rate Contract/25% Line-Item Grant in FY 2024 while new applicants not funded over the last two years must accept a 100% performance-based contracting arrangement. Applicants receiving American Rescue Plan Act funding may only serve Older Americans Act participants with the awarded funding along with a 10% non-federal Local Match. This one-time only funding is to be spent during the 12-month grant period with continuation of the program/services with other resources to be outlined in your organization's Sustainability Plan.
- d. Any proposed changes in the proposal as approved will be submitted in writing by the applicant and upon written notification of approval of the DAAA shall be deemed incorporated into and become a part of this agreement as an amendment.
- e. Funds awarded by the Detroit Area Agency on Aging may be terminated at any time for violation of any terms and conditions and requirements of the agreement.
- f. Applicants will comply with all Detroit Area Agency on Aging reporting requirements and use forms as required by the Area Agency on Aging.

- g. Applicant will comply with all Aging Services Contract provisions, DAAA policies and Michigan’s Bureau of ACLS and/or Regional Definitions should this proposal be accepted including program and financial reporting, client tracking and NAPIS reporting, where applicable.
- h. Applicants will comply with a background check for all employees and subcontractors as well as an OIG screening to ensure that the organization and any employee or subcontractor is not debarred from providing services through federal and state funding.

**Authorized Official:**

The name and position title of individual authorized by applicant to commit applicant to this Agreement.

Typed Name:		Title:	
Signature:		Date:	

## FY 2024 MINI-REQUEST FOR PROPOSAL FOR ARPA FUNDING

### GENERAL REQUIREMENTS FOR ALL SERVICE PROGRAMS

**Applicant/Organization’s Name:**

**Instructions:** Read the following service standards and check (X) the boxes in the “Agree” column to indicate if the organization agrees to abide by that standard. Note: Refer to Bureau of ACLS (formerly AASA) Operating Standards for Service Programs for more information.

Failure to not complete this form may delay or prohibit approval of this application.

<b>Targeting of Participants</b>	<b>Type in Agree</b>
1. Each provider must be able to specify how they satisfy the needs of low-income minority individuals in the area they serve. Each provider must meet specific objectives for providing services to low-income minority individuals in numbers greater than their relative percentage to the total elderly populations within the geographic service area.	
2. Substantial emphasis must be given to serving eligible people with greatest social and/or economic need with particular attention to low-income minority individuals.	
3. Participants shall not be denied or limited services because of their income or financial resources. Where program resources are insufficient to meet the demand for services, each service program shall establish and utilize written procedures for prioritizing clients waiting to receive services, based on social, functional and economic needs.	
4. Each provider must maintain a written list of persons who seek service from a priority service category but cannot be served at that time. Such a list must include the date the service is first sought, the service being sought, and the residence of the person seeking service. The program must determine whether the person is seeking service is likely to be eligible for the service requested before being placed on awaiting list.	
<b>Contributions</b>	
5. All program participants shall be encouraged to and offered a confidential and voluntary opportunity to contribute toward the costs of providing the service received. No one may be denied service for failing to donate.	
6. Except for program income, no paid or volunteer staff person of any service program may solicit contributions from program participants, offer for sale any type of merchandise or service, or seek to encourage the acceptance of any particular belief or philosophy by any program participant.	
<b>Confidentiality</b>	
7. Each service program must have procedures to protect the confidentiality of information about older persons collected in the conduct of its responsibilities. All client information shall be maintained in controlled access files. It is the responsibility of each service program to determine if they are a covered entity according to HIPAA regulations.	
<b>Compliant Resolution, Service Terminations &amp; Appeals</b>	

8. Each program must establish a written service termination procedure that includes formal written notification of the termination of services and documentation in the client record. The written notification must state the reason for the termination, the effective date, and advise about the right to appeal.	
9. Each program must establish a written service termination procedure that includes formal written notification of the termination of services and documentation in the client record. The written notification must state the reason for the termination, the effective date, and advise about the right to appeal	
10. Each program must also have a written appeals procedure for use by recipients with unresolved complaints, individuals determined to be ineligible for services, or for recipients who have services terminated. These people must be notified of their right to appeal against such decisions in writing and given the procedure to be followed for appealing such decisions.	
<b>Civil Rights Compliance</b>	
11. Programs must not discriminate against any employee, applicant for employment or recipient of service because of race, color, religion, national origin, age sex, sexual orientation, height, weight, or marital status.	
<b>Older Adults &amp; Risks</b>	
12. Each program must operate in compliance with the Americans with Disabilities Act.	
13. Each program shall have a written procedure in place to bring to the attention of appropriate officials for follow-up, conditions or circumstances that places the older person in imminent danger (e.g., situations of abuse or neglect)	
14. Each service program must have established, written emergency protocols for both responding to a disaster and undertaking appropriate activities to assist victims to recover from a disaster, depending on the resources and structures available. Describe involvement in local community emergency preparedness planning:	
<b>Staff &amp; Volunteers</b>	
15. Each program that utilizes volunteers shall have a written procedure governing the recruiting, training, and supervising of volunteers that is consistent with the procedure utilized for paid staff.	
16. Each program shall employ competent personnel sufficient to provide services pursuant to the contractual agreement. Each program shall be able to demonstrate an organizational structure including established lines of authority.	
17. Each program must conduct, prior to employment or engagement, a criminal background review through the Michigan State Police for all paid and volunteer staff. An individual with a record of a felony conviction may be considered for employment at the discretion of the program. The safety and security of program clients must be paramount in such considerations.	
18. New program staff & volunteers must receive orientation training that includes at a minimum, introduction to the program, the aging network, maintenance of records, the aging process, ethics and emergency procedures.	
19. Organization is required to protect client and business data as well as information from Cybersecurity breaches and scams through a secure information system.	
20. With the completion of this application, the prospective recipient certifies that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal or State department or agency.	

**Authorized Official:**

The name and position title of individual authorized by applicant to commit applicant to this Agreement.

Typed Name:		Title:	
Signature:		Date:	

