



FY 2024 Request for Proposal Application

Name of Organization: _____

Service Category: _____

Program Name: _____

Projected Clients: _____ Projected Units: _____

Contact Person: _____

Telephone Number: _____ Email Address: _____

General Cover Sheet – Please complete the General Cover Sheet and have the authorized official within your organization sign and date it. Program Operating Standards, Laws, Rules & Regulations and other information should be reviewed before signing this attestation form.

Proposal Check List – Use the Proposal Checklist to check off whether you have completed and included the required sections and documents before submission of the application to ensure that you have not missed anything required. Include this completed document right after the General Cover Sheet and before the completed Application.

SECTION I: General Information

Instructions for Application Questions & Budgets – To prepare the Application, create a word document and use the outline below to answer all the questions in this application. Then complete the budget forms and attach the required attachments in the order described. Budgets and the Unit Cost sheet should be uploaded as MS Excel Spreadsheets or as a separate pdf in the case of the Unit Cost Fee-for-Service form.

1. **Agency Information Profile**

Provide a brief description of the agency’s background, mission, length of operations, experience in serving the target population, experience providing the proposed service(s) to older adults/caregiver or related target group offered by your organization.

2. **Financial Management**

Provide a description of the agency's financial management of the agency. Include details regarding any audit findings in recent audits.

3. **Agency Administration**

Provide a description of the agency's administrative capabilities, by answering each question concisely. Does your agency have a board of directors which meets frequently. Note membership, frequency of meetings and any standing committees of the Board.

4. **Client Grievance Procedures**

Describe the agency's client grievance procedure and how clients will be made aware of this procedure.

SECTION II: Program Information

PROGRAM NARRATIVE - Provide a concise narrative addressing each question below. Long or elaborate responses will not enhance the prospects of approval.

Statement of Need

Clearly state the specific need the proposed project will address. Demonstrate an understanding of how the proposed project will impact needs.

Service/Program Description

1. **Program Overview** – State the proposed service to be delivered by your organization to meet the need stated under Statement of Need. Please reference the applicable AASA Operating Standard or DAAA Regional Service definition. Within the stated guidelines, please keep in mind that we are asking for a description of your organization's proposed services and programs.
2. **Program Description** – Provide clear, concise responses to all the items listed. Additional information is requested for specific service categories only (as indicated).
3. **Community to be Served** – If your organization is not serving DAAA's Service Area, please provide a sketch of a map showing the exact boundaries where your service(s) will be provided. Attach a map if a specific set of Zip Codes or sub-area is to be targeted under attachments.
4. **Target Population** – Describe the target population the proposed program will service. How

will the program prioritize cultural diversity, address needs equitably and promote inclusion within the population to be served (i.e., plans for targeting frail, low-income, minority, disabled older adults, LGBTQ+ as well as Native American tribes and organizations).

5. **Covid-19 Response/Rebuilding** – How will the program reduce the impact from the Covid-19 pandemic on participants and the organization.

6. **Project Management and Staffing** - Provide detailed description of your management plans that clearly delineate each program member's area of responsibility and how key staff will be accountable for carrying out their responsibilities. Please name and describe any other partners your agency will be collaborating with to implement the project.

7. **Program Capacity** - Indicate the number of clients served on a monthly basis and an annual basis. Also describe plans to bring on any new programs. Also project the number of clients to be served and the hours of service or units to be served monthly and annually during the grant period. Projected Units and Clients must align with the budget and Unit Cost form.

8. **Consultant/Contractual Service Affiliation Agreement** – Describe the planned work of each consultant, independent contractors, or affiliate agency to be used to carry out services.

9. **Goals, Objectives, Outcomes & Work Plan** - Provide a description of your comprehensive work plan including goals, objectives, and timelines. Also describe three (3) measurable outcomes that you will use to determine the success of the program that highlight the impact of the service on the participants to be served. (If granted funding, a formal work plan will be required)

10. **Sustainability Plan & Procurement of Other Resources** - Describe the strategy to be used to continue the program after the ARPA funding is no longer available. Also note plans to procure other resources for support of the proposed program during the program period and after the grant period. Note specific public and private resources to be targeted. Resources to be used for the grant period should appear in the proposed budget.

SECTION III: Budget & Unit Cost Forms

Please complete the Line-Item Budget and the Unit Cost (Fee-for-Service) form outlining the fee-for-service rate for the services to be provided. The Unit Cost should align to the Line-Item Budget.

Reference the Line-Item Budget and Unit Cost Instructions on the DAAA Website. Applicants applying to provide traditional Community Wellness Service Center services should use the CWSC Line-Item Budget.

DAAA can only provide the percentage of funding that will be used to provide services to Older Americans Act participants and a 10% local non-federal local match is required.

SECTION IV: Attachments

All attachments should be labeled and uploaded as a single pdf. If your application is funded, a separate Face Sheet will be required for your Contract.

Attachment A: Face Sheet

Attachment B: Insurance Certificate and/or Listing of Insurances with Coverage Levels

Attachment C: Organizational Chart

Attachment D: Certified Audit Report or Unaudited Financial Statement Report

Attachment E: Any Audit Findings (Recent Fiscal Years)

Attachment F: IRS Form 941 with Proof of Payment

Attachment G: IRS Tax Return (i.e., Form 990 or 1120)

Attachment H: Articles of Incorporation

Attachment I: Agency's 501 c (3) Notification Letter

Attachment J: Independent Contractor Agreement (Upload, if relevant)

Attachment K: Management / Program Staff Resumes or Job Description

Attachment L: Client Rights & Grievances

Attachment M: Information Technology Cybersecurity Policy

REFERENCES & SUPPORTING DOCUMENTS

AASA – Bureau of ACLS Operating Standards for Service Programs

Regional Service Definitions

- Community Service Navigator
- Social Determinants of Health Coordination

Community Wellness Service Center Line-Item Budget Form

Line-Item Budget Form

Line-Item Budget Instructions

Unit Cost Forms (Fee-for-Service Form)

Budget Instructions

Proposal Criteria / Score Sheet

Evidence-Based Program Handbook

Demographic Charts – 2016 – 2020 American Community Survey

Go to Home Page and www.DetroitSeniorSolution.org-become-a-partner to access the links to the FY 2024 RFP Application Guide, Application Questions/Template, Budget Attachments and References.