

SOURCEWISE
COMMUNITY RESOURCE SOLUTIONS



Request for Proposals

- Title III B
- Title III C
- Title III D
- Ombudsman Initiative
- Ombudsman (Title VII)





Timeline

- RFP Made Available - 3/30/2016
- Bidder's Conference - 4/13/2016
- Proposals Due - 5/13/2016
- Proposals Reviewed - 5/16/2016 – 5/20/2016
- Board of Director Review - 5/23/2016
- Notification - 5/27/2016
- Appeals Deadline - 6/10/2016
- Contract Negotiation - 6/20/2016 – 6/24/2016
- Services Begin - 7/1/2016



General Requirements

- Availability - Open to all BUT targeted
- Location
 - Service location in Santa Clara County
 - East San Jose (Case Management) and Mountain View (Case Management)
- Minimum Match - Required for Title IIIB and Title IIIC funding
- Goals - 6 areas
 - Target Population
 - Staffing & Volunteers
 - Coordination
 - Public Information
 - Client Input
 - Client Contribution





General Requirements, con't.

- Reporting - Ability, 60+ only
 - Greatest social need
 - Low-income minority
 - Geographically isolated individuals





Program Standards





Program Standards

- Refer to the Program Standards attachment. Apply for:
 - Adult Day Care
 - Case Management
 - Legal Assistance
 - Transportation
 - Congregate Meals
 - Home Delivered Meals
 - Disease Prevention & Health Promotion
 - Elder Abuse Prevention
 - Ombudsman Initiative
 - Ombudsman (Title VII)



Program Standards, con't.

TITLE III B – ADULT DAY CARE PROGRAM STANDARDS

I. Adult Day Care

- a. Program Name: Adult Day Care
- b. Program Goal: To assist licensed adult day care centers with the cost of serving individuals 60 years of age and older, in order to maintain their optimal capacity for self-care and enable them to continue to live in their community rather than being placed in a long-term care institution.
- c. Program Definition: Adult day care centers (licensed) are community-based programs that provide non-medical care to meet the needs of functionally impaired adults. Services are provided according to an individual plan of care in a structured comprehensive program that provides a variety of social, psychosocial and related support services in a protective setting on a less than 24 hour basis.
- d. Unit of Service: Adult Day Care is counted as number of hours.
- e. Area to be Served: Services must be provided within Santa Clara County. Services may be provided to as general as the entire county or as specific as a single neighborhood or population. As discussed in the Federal Program Requirements, priority will be given to services provided to residents who are at-risk economically or socially.
- f. Estimated Funding: A total of **\$100,000** is available for Adult Day Care services
- g. Minimum Service Standard and Required Match: The contract must provide, at a minimum, **11,261** hours per year for **\$25,000** or minimum **28,959** hours per year for \$100,000 of Title III B funding. The minimum cash and in-kind match is **\$2,778** for \$25,000 per year or **\$11,110** for \$100,000 per year. See the Budget section for more detail.



Program Standards, con't.

h. Scope of Service:

- o Adult Day Care Centers shall be licensed by the State of California, Health and Welfare Agency, Department of Social Services and shall abide by the Manual of Policies and Procedure issued by the Department.
- o Provider shall develop and maintain an individualized care plan for each participant and include the following components:
 - i. Scheduled days of attendance;
 - ii. Health history, diet requirements, and emergency procedures preferred by participant's physician;
 - iii. Prescribed medication and frequency of admission;
 - iv. Participant objectives and therapeutic goals;
 - v. Individual activity plan, including group activities;
 - vi. A plan for transportation needs; and
 - vii. Discharge planning, if appropriate.
- o Provider shall monitor participants for changes in physical, mental, emotional, and social functioning which reveal unmet needs, or a need in the change in the level of services, specialized services, discharge, or a transfer to another type of facility. Such changes shall be documented and recorded as an ongoing assessment activity.
- o Staff shall be trained and experienced in working with seniors who are in the greatest economic and social need. The skills to direct group activities, facilitate discussion, provide informal counseling, and coordinate community resources and linkages for participants are required.
- o A meal shall be served to each participant who is in the Center for four hours or more, and special equipment shall be provided for self-help in eating when necessary.





Application Instructions



Application Cover Page



APPLICATION FOR OLDER AMERICANS ACT FUNDING

Agency: _____
Address: _____
Contact Name: _____
Phone: _____ E-Mail: _____

Agency Type:
 Public/Government Private Non-Profit Private For Profit

Program Area:
 Personal Care Congregate Nutrition LTC Ombudsman
 Homemaker Transportation Family Caregiver Programs
 Home Delivered Meals Legal Services Other: _____
 Adult Day/Health Info & Assistance
 Case Management Health Services

Geographic Area to be Served: _____

Summary of Cost (See Instructions):

1. Older Americans Act Funds Requested	\$	_____
2. Non-Federal Match		
A) Cash	\$	_____
B) Value of In-Kind	\$	_____
3. Program Income	\$	_____
4. Other Non-Match, Non-Income Funds		
A)	\$	_____
B)	\$	_____
C)	\$	_____
D)	\$	_____
5. Total Program Cost (1+2+3+4)	\$	_____

The governing body of the applicant has authorized this proposal for submission.
Authorized Signature _____ Date: _____



Program Description





Program Description

- Adequacy of plan and methodology to provide proposed services within required program specifications.
- Comparison of program objectives and units of service to those specified in the RFP.
- Capability of proposed timetable and process of achieving objectives.
- Minority persons in greatest economic need proportionate to the total elderly population served.
- Adequacy of plan for client contributions.
- Adequacy of plan for recruitment and use of volunteer and staff resources.
- Capability of agency process to work with and encourage client input in planning and program evaluation.



Program Description, con't.

- ❑ Demonstration of appropriate agency linkage and coordination, including subcontracts or agreements with other community organizations and resources to increase cost effectiveness and reduce duplication.
- ❑ Adequacy of plan for expansion of existing service delivery.
- ❑ 4 pages maximum
- ❑ **Goals and Objectives**
 - ❑ **Specific.**
 - ❑ **Measurable.**
 - ❑ **Attainable.**



Program Description, con't.



Applicant Agency:

PROGRAM DESCRIPTION
As described in Section IV, Part A, #1-7



Program Description, con't.

- ❑ Targeting
 - ❑ Service provider must have established methods, other than use of means of test, to provide services to all persons aged 60 and over
 - ❑ Service provider must show intent and methodology to serve the needs of:
 - ❑ Age 75+
 - ❑ Low Income (<Federal Poverty)
 - ❑ Minority
 - ❑ Living Alone
 - ❑ Demonstrate serving the target population (at-risk socially/economically), keeping in-line with the intent of the Older Americans Act.
 - ❑ Goals include “will serve 80% Hispanic clients”, “will provide service to 50 low-income seniors”





Program Description, con't.

- ❑ Staffing & Volunteers
 - ❑ Demonstrate recruitment and training of staff & volunteers to support the program.
 - ❑ Provide appropriate staff to perform the service.
 - ❑ Goals include:
 - ❑ Hire/Retain a full-time case manager with a MA in Social Work.
 - ❑ Recruit 20 volunteers to perform In-Take process.





Program Description, con't.

- ❑ Coordination
 - ❑ Form and administer cooperative agreements with other agencies to ensure comprehensive service delivery and avoid unnecessary duplication.
 - ❑ Effective coordination with other community programs and avoid duplication of services.
 - ❑ Goals include discussion of MOUs with other agencies, linkage of clients to other agencies.





Program Description, con't.

- ❑ Public Information/Outreach
 - ❑ Provider must have planned information and outreach activities, including distribution of printed materials advertising the program.
 - ❑ Effectively promote the program to the community - communicate availability to all.
 - ❑ Goals include:
 - ❑ “Will distribute 200 program brochures”
 - ❑ “Will perform 10 community outreach events”





Program Description, con't.

- ❑ Client Contribution
 - ❑ Provider must provide clients with the opportunity to voluntarily contribute to the cost of the program.
 - ❑ Show that opportunity exists.
 - ❑ Goals include:
 - ❑ “Distribute letter upon intake describing voluntary contribution opportunity”
 - ❑ “Conduct annual client contribution drive”





Program Management



Program Management

B. Program Management (50 points)

1. Agency Experience: (a) Describe your organization, its purpose, goals and experience in delivering services to older persons in greatest social and economic need. (b) Describe your organization's experience in delivering the service for which you are applying. (c) Describe how the Title III program will be integrated into other agency services. (10 points)
2. Facility: Describe the physical location(s) where the proposed service will be provided and the days and hours of operation. (5 points)
3. Staff Qualifications: Describe the qualifications of the personnel to achieve the proposed objectives and reach the target population. (10 points)
4. Training Plan: Describe the training plan for paid staff and volunteers. (5 points)
5. Agency Support: Describe the resources to support the proposed services and steps to be taken to obtain funding from other sources. (10 points)
6. Record Keeping: Describe the agency's ability to manage the fiscal and program record system and the resources to report MIS data electronically to the SOURCEWISE (5 points)
7. Minority Organizations: Does your agency fit the definition of a minority organization? (5 points)





Budget





Budget

General Tips:

- Work with Fiscal
- Only show expenses for THIS PROGRAM
 - No other agency expenses
 - No other program expenses
- Meet the 11.11% match for Title IIIB and Title IIIC funding
- Understand funding categories
- No Red! Review for accuracy.





Budget, con't.

- ❑ OLDER AMERICANS ACT FUNDING
 - ❑ Sourcewise funds which you are applying.
 - ❑ If applying for \$100,000 of Adult Day Care, must add up to \$100,000 on the cover sheet (funds must balance)



Budget, con't.

C-1

BUDGET SUMMARY

AGENCY PROGRAM: Happy Adult Day Care
Adult Day Care

Funding Type

Title III B/C

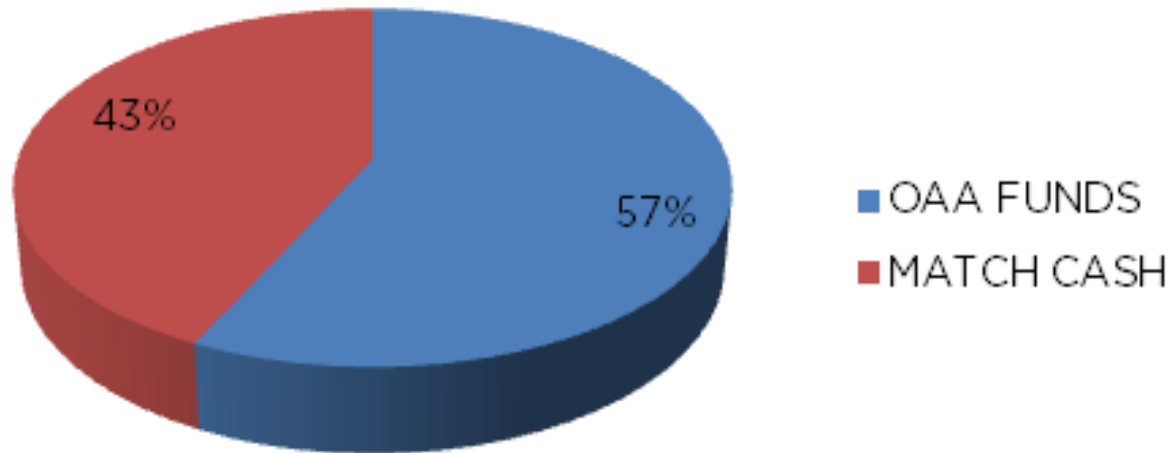
Title III E (Caregiver)

MINIMUM REQUIRED MATCH
11.11%
of OAA + Match
or
\$11,111
for this project

BUDGET CATEGORY	TOTAL PROGRAM COST	GRANT FUNDS	NON-MATCH CASH	NON-MATCH IN-KIND	STATE FUNDS	MATCH CASH	MATCH IN-KIND	GRANT-RELATED INCOME	NSIP (if applicable)
101 PERSONNEL	\$22,750	\$18,500				\$4,250			
102 PAYROLL TAXES & FRINGE	\$32,250	\$21,000				\$12,750			
103 TRAVEL	\$2,500	\$500				\$2,000			
104 TRAINING	\$200	\$200							
105 EQUIPMENT									
106 OCCUPANCY	\$55,000	\$25,440				\$29,560			
107 TELEPHONE	\$1,500	\$1,500							
108 CONSUMABLE SUPPLIES	\$25,000	\$15,000				\$10,000			
109 PRINTING & PUBLICATIONS	\$5,500	\$1,500				\$4,000			
110 POSTAGE	\$500	\$500							
111 INSURANCE	\$9,000	\$4,500				\$4,500			
112 OTHER COSTS	\$15,000	\$11,000				\$4,000			
113 INDIRECT COSTS	\$4,500	\$360				\$4,140			
TOTAL	\$173,700	\$100,000	\$0	\$0	\$0	\$75,200	\$0	\$0	\$0

Budget, con't.

Funding Types - Sample





Budget, con't.

MATCH (Cash and In-Kind)

- ❑ **Cash** – most other non-federal, non-income funding (city, county, state, private foundation, United Way, etc.)
- ❑ **In-Kind** – fair market value of volunteer time, donated goods/space/etc.
- ❑ Usually ~25-80% of total program cost, at least 11.11% Match for Title IIIB and Title IIIC funding
- ❑ See RFP for more examples.





Budget, con't.

Program Income

- Client contributions related to provision of the service: client contributions, donations received in the name of the program, fundraising in the name of the program.
- Program income received as a direct result of the program must be used for costs directly related to that program. Funds shall be spent before Sourcewise funds are applied, and cannot be used to meet the local match requirement.
- Usually ~5-10% of the total program cost, but can be more depending on the type of service.





Budget, con't.

Other Resources

- Funding other than OAA, Match, or Program Income
- Usually just other Federal income (non-HNVF)
- Usually 0% of total program cost!



Budget, con't.

C-1

BUDGET SUMMARY

AGENCY
PROGRAM:

Funding Type

Title III B/C

Title III E (Caregiver)

<p>MINIMUM REQUIRED MATCH</p> <p>11.11%</p> <p>of OAA + Match</p> <p>or</p> <p>\$0</p> <p>for this project</p>
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BUDGET CATEGORY	TOTAL PROGRAM COST	GRANT FUNDS	NON-MATCH CASH	NON-MATCH IN-KIND	STATE FUNDS	MATCH CASH	MATCH IN-KIND	GRANT-RELATED INCOME	NSIP (if applicable)
101 PERSONNEL									
102 PAYROLL TAXES & FRINGE									
103 TRAVEL									
104 TRAINING									
105 EQUIPMENT									
106 OCCUPANCY									
107 TELEPHONE									
108 CONSUMABLE SUPPLIES									
109 PRINTING & PUBLICATIONS									
110 POSTAGE									
111 INSURANCE									
112 OTHER COSTS									
113 INDIRECT COSTS									
TOTAL	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

Budget, con't.

C-2

101 PERSONNEL

POSITION TITLE	% OF TIME IN PROGRAM	ANNUAL SALARY @100%	TOTAL PROGRAM COST	GRANT FUNDS	NON-MATCH CASH	NON-MATCH IN-KIND	STATE FUNDS	MATCH CASH	MATCH IN-KIND	GRANT RELATED INCOME	NSIP (if applicable)
Director	5%	\$85,000	\$4,250					\$4,250			
Program Coordinator	20%	\$55,000	\$11,000								
Program Manager	10%	\$75,000	\$7,500	\$7,500							
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TOTAL PERSONNEL	XXXXXXXXXXXXXXXXXXXX		\$22,750	\$7,500	\$0	\$0	\$0	\$4,250	\$0	\$0	\$0

Budget, con't.

C-2

101 PERSONNEL

POSITION TITLE	% OF TIME IN PROGRAM	ANNUAL SALARY @100%	TOTAL PROGRAM COST	GRANT FUNDS	NON-MATCH CASH	NON-MATCH IN-KIND	STATE FUNDS	MATCH CASH	MATCH IN-KIND	GRANT RELATED INCOME	NSIP (if applicable)
Director	5%	\$85,000	\$4,250					\$4,250			
Program Coordinator	20%	\$55,000	\$11,000	\$11,000							
Program Manager	10%	\$75,000	\$7,500	\$7,500							
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TOTAL PERSONNEL	XXXXXXXXXXXXXXXXXXXX		\$22,750	\$18,500	\$0	\$0	\$0	\$4,250	\$0	\$0	\$0

Budget, con't.

C4 - Assorted I

C-4										
BUDGET CATEGORY	DESCRIPTION OF BUDGET ITEM	TOTAL PROGRAM COST	GRANT FUNDS	NON-MATCH CASH	NON-MATCH IN-KIND	STATE FUNDS	MATCH CASH	MATCH IN-KIND	GRANT RELATED INCOME	NSIP (if applicable)
		\$2,500	\$500				\$2,000			
103 TRAVEL										
STAFF OPERATIONAL										
		\$200	\$200							
104 TRAINING										
105 EQUIPMENT										
		\$55,000	\$26,940				\$28,060			
106 OCCUPANCY										
		\$1,500	\$1,500							
107 TELEPHONE										
		\$25,000	\$15,000				\$10,000			
108 CONSUMABLE SUPPLIES										



Budget, con't.

C4 - Assorted II

										C-5
BUDGET CATEGORY	DESCRIPTION OF BUDGET ITEM	TOTAL PROGRAM COST	GRANT FUNDS	NON-MATCH CASH	NON-MATCH IN-KIND	STATE FUNDS	MATCH CASH	MATCH IN-KIND	GRANT RELATED INCOME	NSIP (if applicable)
		\$5,500	\$1,500				\$4,000			
109	PRINTING & PUBLICATIONS									
110	POSTAGE	\$500	\$500							
111	INSURANCE	\$9,000	\$4,500				\$4,500			
112	OTHER COSTS	\$15,000	\$11,000				\$4,000			
113	INDIRECT COSTS*	\$4,500	\$360				\$4,140			

* - Indirect costs are used only when the program is to be administered by an operating organization, which is multi operational. Indirect costs are those (a) incurred for a common or joint purpose benefiting more than one cost objective, and (b) not readily identifiable with the program itself, but which the contractor nevertheless incurs. In order to budget indirect costs, it is preferred that the contractor have an established indirect cost rate approved by the Department of Health and Human Services. COA will allow indirect costs up to a maximum of 8% of direct costs, excluding in kind contributions, capital equipment and contract services.

Supporting Documentation

D. Supporting Documentation

1. Attach a copy of the agency's organizational chart including the proposed program.
2. Attach job descriptions of the staff that will be paid with Title III funds.
3. Attach a roster of the agency Board of Directors.
4. Attach the following applicable certificates of insurance; fidelity bond, general liability, private vehicle insurance, project vehicle insurance, worker's compensation insurance.
5. Maintain a written Emergency Operations Plan that can be activated in an emergency. The plan should include assurances that the facility is prepared and that the staff, volunteers and participants have been trained in the emergency plan and in fire safety.
6. Include a written grievance process for reviewing and attempting to resolve complaints of older individuals.
7. Prepare a transition plan for the termination or transfer of services.
8. Prepare contingency plans for an increase or decrease in Funding:
 - a. Describe how additional funds would be used if additional funds become available
 - b. Describe how services would be reduced due to a reduction of funds



Supporting Documentation, con't.



Applicant Agency _____

Attach the following documentation:

<input type="checkbox"/>	Organizational Chart included
<input type="checkbox"/>	501c3 designation included (if necessary)
<input type="checkbox"/>	Job Descriptions included
<input type="checkbox"/>	Board of Directors roster included
<input type="checkbox"/>	Bond & Insurance information included
<input type="checkbox"/>	Documentation of Emergency plan included
<input type="checkbox"/>	Transition plan for termination or transfer of services included
<input type="checkbox"/>	Plan for additional and/or decreased funding included

Scorecard

- ❑ Program Description = 54 points
- ❑ Program Management = 20 points
- ❑ Budget = 18 points
- ❑ Supporting Documentation = 8 points
- ❑ Total points = 100
- ❑ Scores are used as a basis of evaluation for the review panel, but, the final recommendations of the review panel may differ based on funding availability, quantity and quality of other applications, etc.



Application Packets

- ❑ RFP packets and program budget workbook can be downloaded at www.mysourcewise.com/area-plan
- ❑ For RFP information or technical assistance, contact Judy Nguyen, jnguyen@mysourcewise.com
- ❑ For general information on Sourcewise, contact Information & Awareness at community@mysourcewise.com or call (408) 350-3200, option 1.





Thank you





SOURCEWISE

COMMUNITY RESOURCE SOLUTIONS