



## PART I - GENERAL INFORMATION

### 1. INTRODUCTION

Sourcewise is a nonprofit organization designated by the State of California Department of Aging as the Area Agency on Aging (AAA) for Santa Clara County. As the AAA, Sourcewise is responsible for planning, advocacy, coordination, and community development for senior programs and the contract administration of Older Americans Act and Older Californians Act funds allocated for seniors in Santa Clara County. The goal of SOURCEWISE is to provide a comprehensive system of services to older persons in order to allow them to live independently and avoid inappropriate institutional placement.

Sourcewise's annual planning process identifies the needs of older persons in Santa Clara County and develops Area Plan objectives to address these needs. The objectives are accomplished, in part, through the purchase of services from community-based organizations. SOURCEWISE is permitted to renegotiate annual service contracts up to a maximum of three years. After four years, an open competitive bid process must be conducted for all programs receiving an allocation of more than \$10,000. For the 2016-2017 fiscal year (July 1, 2016 through June 30, 2017), SOURCEWISE has Older Americans Act funds available and invites the submission of proposals for the provision of the following supportive services: **Adult Day Care, Case Management, Legal Assistance, Transportation, Congregate Meals, Home Delivered Meals, Disease Prevention & Health Promotion, Elder Abuse Prevention, Ombudsman Initiative, and Ombudsman.** The minimum amount requested per application shall be \$25,000.

### 2. GLOSSARY OF TERMS

AAA: Area Agency on Aging. SOURCEWISE is an AAA.

Bidder: Refers to the applicant organization responding to the Request for Proposal. This term is used interchangeably with 'applicant.'

CDA: California Department of Aging

Contract: An official document binding both parties regarding the program and services to be provided. The selected proposal budget and work program become a part of the contract along with a complete statement of terms and conditions.

Focal Point: A designated senior center that provides a broad spectrum of senior services.

Greatest Economic Need: having an income at or below the federal official poverty line defined by the federal Bureau of the Census and published annually by the Department of Health and Human Services.



Greatest Social Need: the need caused by noneconomic factors which include any of the following:

- (1) Physical and mental disabilities.
- (2) Language barriers.
- (3) Cultural, social, or geographical isolation, including isolation caused by racial or ethnic status that does the following:
  - A. Restricts the ability of an individual to perform normal daily tasks.
  - B. Threatens the capacity of an individual to live independently.

Matching Share: The cash and/or in-kind contribution provided by the bidder organization; each bidder is required to match at least 11.11% of the total program grant allocation. The match requirement relates to Title IIIB and Title IIIC funding.

Minority Provider: A not for profit organization whose controlling board is comprised of at least 51% minority individuals who are African American, Hispanic origin, American Indian/Native Alaskan/Native Hawaiian, or Asian American/Pacific Islander.

Minority Status: means an ethnic person of color who is any of the following:

- a) Black - a person having origins in any of the Black racial groups of Africa.
- b) Hispanic - a person of Mexican, Puerto Rican, Cuban, central or South American, or other Spanish or Portuguese culture or origin regardless of race.
- c) Asian/Pacific Islander - a person whose origins are from India, Pakistan or Bangladesh, Japan, China, Taiwan, Korea, Vietnam, Laos, Cambodia, the Philippines, Samoa, Guam, or the United States Trust Territories of the Pacific including the Northern Marianas.
- d) American Indian/Alaskan Native - an American Indian, Eskimo, Aleut, or Native Hawaiian.

Non-Profit: Any agency, institution or organization which is owned and operated by one or more corporations or associations with no part of the net earnings benefiting any private shareholder or individual.

Older Americans Act: The Older Americans Act is the federal funding source for supportive service programs funded under this RFP.

Older Californians Act: The Older Californians Act is the state funding source for Community Based Services Programs.

Open and Competitive Process: Formal SOURCEWISE process followed to solicit proposals for the provision of services.

Request for Proposal: An official document that requests community organizations to respond to a formal invitation to provide a specific program

of services. It contains the terms and conditions an operating organization must comply with in order to fulfill its contract with SOURCEWISE.

Target Population: Persons 60 years and older who are in the greatest social need, the greatest economic need, and a proportionate number of low-income ethnic minority elderly for the area served.

Technical Assistance and Coordination:

(a) Sourcewise shall furnish information in a timely manner and provide technical assistance, both on-site and through written communications, to service providers under contract with the AAA. The assistance shall be based upon both of the following:

(1) The AAA's assessment findings of the service providers.

(2) Requests made by service providers.

(b) In addition to (a), the AAA shall provide technical assistance to other organizations concerned with the needs of older individuals upon the request of such an organization.

(c) Sourcewise shall:

(1) Undertake coordination activities designed to develop or enhance the development of community-based systems of care in, or serving, each community, as defined by the AAA, in the Planning and Service Area. These coordination activities shall include, but not be limited to, all of the following:

(A) Coordination with services provided under both of the following:

(1) Title VI, Part A, Grants for Native Americans, commencing with 42 U.S.C. 3057b.

(2) Title VI, Part B, Grants for Supportive and Nutrition Services to Older Hawaiian Natives, commencing with 42 U.S.C. 3057g.

(B) Programs described in 42 U.S.C. 3013(b).

(C) The coordination of access, in-home and legal assistance services, with community-based organizations established to benefit individuals with Alzheimer's disease and their families.

(D) Agencies that provide services related to health, social services, rehabilitation and mental health services.

(2) Require the service providers with which it contracts to both:

- (A) Coordinate services with other appropriate services available in the community.
- (B) Ensure that no service constitutes a duplication of a service provided by other entities.

(3) Conduct efforts to facilitate both of the following:

(A) The coordination of community-based long-term care services designed to allow individuals to stay in their homes.

(B) The involvement of long-term care providers in the coordination of community-based long-term care services.

(C) The community awareness of and involvement in addressing the needs of residents in long-term care facilities, including residential care facilities and skilled nursing facilities.

Unit of Service: The activity which describes the type of service to be contracted for; all SOURCEWISE funded programs must provide a required number of units for the program area.

### 3. GENERAL INFORMATION FOR BIDDERS

- A. Estimated Program Funding  
Proposals must be limited to the amount of funds that correspond to the specific program as stated in the renewal. Each of the allocations represents a planning estimate provided by the California Department of Aging and is subject to change. Funding is contingent upon the availability of state and federal funds.
- B. Required Program Match  
All bidders must provide a share of the program cost. The match must directly relate to the project and expansion activities being proposed. A minimum match is required for Title IIIB and Title IIIC funding. The Older Americans Act funding is not intended to be sole support for any service provided. Funding from other sources is necessary to effectively provide services. Additional points for otherwise responsive proposals will be awarded for applicants who exceed the minimum matching requirements and who utilize Older Americans Act funding for primary gap filling purposes.
- C. Equipment Availability  
List the model numbers, cost, age and condition of equipment that has been purchased with Older Americans Act one-time-only funds.
- D. Contract Period  
The contract period for programs included in this renewal is the twelve-month period from July 1, 2016 through June 30, 2017. Contracts

awarded as a result of this process may be renewed annually for the next three consecutive contract periods and are subject to annual renegotiation and availability of federal, state and local funds. SOURCEWISE will issue a new RFP for services every four years.

- E. Multiple Contract Awards  
SOURCEWISE reserves the right to enter into multiple contracts for any program at a lesser amount than stated in the non-competitive renewal.
- F. Eligible Organizations  
All interested applicants, whether public, private, non-profit or profit-making agencies are eligible organizations. Contract awards made to profit-making organizations must be approved by the California Department of Aging. All recipients of funds that are private agencies must be incorporated in order to safeguard the interests of the California Department of Aging and SOURCEWISE.

#### 4. FEDERAL AND STATE PROGRAM REQUIREMENTS

Before completing the proposal forms, bidders should review the following minimum program requirements. Bidders have no discretion in modifying these requirements; these requirements become a condition of any contract awarded for this service. The selected proposal shall become a part of the contract.

- A. Program Support  
Bidders must assure that Older Americans Act funds are not used to replace funds from non-federal sources and must take steps to obtain support from private sources and other public organizations for services. The intent of this funding is to serve as a catalyst for receipt of additional funding.
- B. Coordination  
Bidders must form and administer cooperative agreements with other community agencies and organizations in order to ensure comprehensive and coordinated service delivery and to prevent duplication of services.
- C. Public Information and Outreach  
Bidders must have planned public information and outreach activities, including distribution of a brochure, to ensure the participation of those eligible older persons in the target population.
- D. Recruitment and Training  
Bidders must demonstrate recruitment and appropriate training of staff and volunteers to support the funded services.

- E. Client Contribution  
Bidders must provide clients with the opportunity to contribute voluntarily and confidentially to the cost of the service.
- F. Client Input  
Bidders must have procedures for obtaining the views of the participants of the service being provided.
- G. Targeting
  - (a) Sourcewise (and thereby the contracted providers of Sourcewise) shall target services to older individuals within the County of Santa Clara with the following characteristics:
    - (1) Older individuals with the greatest economic need, with particular attention to low-income minority and geographically isolated individuals.
    - (2) Older individuals with the greatest social need, with particular attention to low-income minority individuals.
    - (3) Older Native Americans.
  - (b) Shall use outreach efforts to identify individuals eligible for assistance under federal law. Special emphasis shall be given to the following groups. Older individuals:
    - (1) Who reside in rural areas or in areas distant from major population centers.
    - (2) Who have greatest economic need, with particular attention to low-income minority individuals.
    - (3) Who have greatest social need, with particular attention to low-income minority individuals.
    - (4) With severe disabilities.
    - (5) With limited English-speaking ability.
    - (6) With Alzheimer's disease or related disorders with neurological and organic brain dysfunction and the caretakers of these individuals.
  - (c) For the purposes of (a), targeting of services within the County of Santa Clara shall be addressed as follows:
    - (1) Determine the number, location, and needs of older individuals with these characteristics.

(2) Consider the needs of the targeted groups in planning the services to be included in the Area Plan.

(3) If possible, locate the provision of services in areas where a significant number of the targeted groups resides.

(4) Develop methods specific to the local community to serve the targeted group.

(d) For the purposes of (b), outreach means to provide information and encouragement about existing services and benefits to individuals.

## 5. LOCAL SOURCEWISE POLICIES

### A. Priorities and Preferences

Preference will be given to those agencies meeting the definition of minority agency, specifically those applying for service provision to geographic areas with high concentrations of low-income minority elders.

#### Single Agency Subcontracts with Minority Agencies

Where a program is offered on a countywide basis for a single agency contract, preference will be given to agencies that subcontract with minority agencies/organizations for services to low-income minority persons.

### B. Late Proposal Submissions or Revisions

Proposals submitted anytime after the deadline will not be accepted.

### C. Contract Award Requirements

Following are additional contractual obligations for all SOURCEWISE contractors that will influence the submission of a proposal:

#### 1. Performance-Based Contracting

Contract awards include a performance standard clause with a specific, negotiated unit cost reimbursement rate and remedies if performance (quality or quantity) falls below a specified level in a specified period of time.

#### 2. Program and Fiscal Reporting and Record Keeping

Service providers will be required to submit monthly reports of various aspects of program activities according to a standard format. All records of the service provider relating to the contract award must be maintained at the project site or local office and be made available for SOURCEWISE review.

Service providers will be required to establish and maintain a financial management system that assures control over the use of

contract funds in accordance with federal and state requirements.

Monthly detailed fiscal reports will be required for request of contract funds. All costs reported by the provider in monthly and final fiscal reports must be supported by appropriate accounting documentation.

3. A written grievance process for reviewing and attempting to resolve complaints of older individuals shall be included under Part D Supporting Documentation of the proposal.
4. A transition plan for the termination or transfer of services shall be included under Part D Supporting Documentation of the proposal.
5. Insurance  
Prior to commencement of any work under this Agreement, the Contracted Service Provider will be required to procure and maintain comprehensive general liability insurance of not less than \$1,000,000 per occurrence for bodily injury and property damage combined. Higher limits may be required in cases of higher than usual risks.

Workers compensation, as prescribed by the laws of California and certificates of insurance will be requested.

Automobile liability, including non-owned auto liability, of not less than \$1,000,000 for volunteers and paid employees providing services supported by the contract.

If applicable, or unless otherwise amended by future regulations, the provider shall comply with the Public Utilities Commission General order No. 115-F which requires higher levels of insurance for charter-party carriers of passengers and is based on seating capacity as follows:

- a. \$750,000 if seating capacity is under 8
- b. \$1,500,000 if seating capacity is 8-15
- c. \$5,000,000 if seating capacity is over 15

6. Bonding  
Service provided will be required to secure and maintain during the contract period a commercial fidelity bond in the penalty of either \$10,000 or 20% of the total contract award, whichever is larger, to protect against misappropriation of funds by any employee or volunteer or the agency.



7. Audits  
Service providers will be required to submit to SOURCEWISE an audit of expenditures made under the contract award. This audit must be conducted by an independent auditor or auditing firm in accord with Federal guidelines and specifically identify revenue, expenditures, matching funds and program income from the project.  
Contracts that expend \$750,000 or more in federal funds shall arrange for an audit to be performed as required by the Single Audit Act of 1984 (Public Law 98-502); the Single Audit Act Amendments of 1996 (Public Law 104-156); and 2 CFR 200.501 to 200.521 (formerly OMB Circular A-133).
8. Other Applicable Regulations  
Applicants must be in conformity with the rules and regulations of the U.S. Administration on Community Living and other applicable Federal and State mandates.
9. Contracts in Excess of \$100,000  
If all funding provided herein exceeds \$100,000, the CONTRACTOR shall comply with all applicable orders and requirements issued under the following laws:
  1. Clean Air Act, as amended [42 USC 1857]
  2. Clean Water Act, as amended [33 USC 1368]
  3. Federal Water Pollution Control Act, as amended 33 USC 1251, et seq.]
  4. Environmental Protection Agency Regulations [40 CFR, Part 15] and [Executive Order 11738]
  5. Public Contract Code Section 10295.3
10. California Code Regulations relating to RFP process can be reviewed at:  
[https://govt.westlaw.com/calregs/Browse/Home/California/CaliforniaCodeofRegulations?guid=I744DC110D4B711DE8879F88E8B0DAAAE&originationContext=documenttoc&transitionType=Default&contextData=\(sc.Default\)](https://govt.westlaw.com/calregs/Browse/Home/California/CaliforniaCodeofRegulations?guid=I744DC110D4B711DE8879F88E8B0DAAAE&originationContext=documenttoc&transitionType=Default&contextData=(sc.Default))
11. California Code Regulations relating to program information can be reviewed at:  
[https://govt.westlaw.com/calregs/Browse/Home/California/CaliforniaCodeofRegulations?guid=I69FD3880D4B711DE8879F88E8B0DAAAE&originationContext=documenttoc&transitionType=Default&contextData=\(sc.Default\)](https://govt.westlaw.com/calregs/Browse/Home/California/CaliforniaCodeofRegulations?guid=I69FD3880D4B711DE8879F88E8B0DAAAE&originationContext=documenttoc&transitionType=Default&contextData=(sc.Default))

12. Federal Regulations relating to the Older Americans Act can be reviewed at:  
  
[http://www.aoa.gov/AoA\\_programs/OAA/index.aspx](http://www.aoa.gov/AoA_programs/OAA/index.aspx)
13. Bidders can review Sourcewise's policy manuals, memorandums, and assessment/evaluation criteria and instruments with a written request submitted via regular mail or email to Sourcewise Chief Operating Officer, Manuel Altamirano (maltamirano@mysourcewise.com).

## PART II - SUBMISSION OF PROPOSAL; GENERAL INFORMATION

### 6. SUBMISSION OF PROPOSAL

#### A. General Information

Each program in Part III of the RFP contains program standards. Part IV contains the application. A separate and complete application must be submitted for each program. An original and five copies should be submitted in the order in which it is presented. Each proposal shall include the following four sections:

- |                                      |                              |
|--------------------------------------|------------------------------|
| (A) Program Description              | (C) Program Budget           |
| (B) Program Management Documentation | (D) Supporting Documentation |

Proposals may be withdrawn from consideration by written notice received at any time prior to award. An authorized bidder representative may withdraw proposals in person.

The bidder will bear all costs of developing the renewal and submitting one original and five copies to SOURCEWISE. SOURCEWISE reserves the right to reject all or part of any proposal if that proposal does not meet the minimum submission qualifications stated in the RFP document.

#### B. Process of Preparing and Submitting a Proposal

1. The steps in the RFP process and the timeline for this process are listed below:
 

(1) RFP available for applicants	3/30/2016
(2) Due date for proposals	5/13/2016
(3) RFP evaluation	5/16/2016 – 5/20/2016
(4) Board of Directors approval of Review Team recommendation	5/23/2016

- (5) Notification of contract awards 5/27/2016  
mailed
- (6) Deadline for appeals 6/10/2016
- (7) Contract negotiations 6/20/2016 – 6/24/2016
- (8) Services begin 7/1/2016

2. Step-By-Step Instructions

The following instructions correspond with each of the steps above:

Step 1: Due Date for Proposal: All proposals must be submitted in a completed form no later than 4:00PM on 5/13/16. Proposals submitted after this deadline will **not** be accepted. Postmarked, faxed or e-mailed submissions are **not** acceptable.

Step 2: RFP Evaluation: SOURCEWISE RFP Evaluation Committee evaluates the proposals based on the criteria outlined in the RFP and submits the recommendations to Sourcewise governing board.

Step 3: Board of Directors Approval: The SOURCEWISE Board of Directors makes the final decision to select the contractors for award.

Step 4: Notification: Notification will be made by mail to both successful and unsuccessful applicants. A notice of adverse determination from the AAA shall meet all of the following conditions:

- (a) Be in writing and delivered by either of the following methods:
  - (1) Faxed or emailed with a mailed follow-up original.
  - (2) Certified or overnight mail, return receipt requested.
- (b) Description of the grounds for the adverse determination in sufficient detail to enable the entity to respond.
- (c) Include all of the following information:
  - (1) The reason(s) for the adverse determination.
  - (2) The evidence on which the adverse determination is based.
  - (3) The effective date of the adverse determination.
  - (4) The legal or contractual citation upon which the adverse determination is based.

(5) A citation to, or copy of, the hearing process to be followed, including the entity's right to a hearing and the time period in which to request a hearing.

(6) In addition, Sourcewise shall include in its final notice of adverse determination to an existing service provider or an applicant service provider a statement that all appeal procedures have been exhausted.

Step 5: Appeals must be made in writing to the CEO of SOURCEWISE within seven days of the notification of award. Appeals can only be filed based upon an applicant agency alleging disparate treatment in the review process not on the merits of a proposal.

Step 6: Contract Negotiations: As part of the review process, the review team, the SOURCEWISE Advisory Council and the Board of Directors may require modifications or revisions to a proposal. This assures that all necessary program requirements are covered before the contract is signed.

Step 7: Service Begins: This is the date on which funded services begin and the date for beginning program monitoring and evaluation.

#### C. RFP Evaluation Criteria and Weighting

Proposals will be evaluated according to the criteria outlined below for each section of the proposal.

##### 1. Program Description (50%)

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 for 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 the recruitment and use of volunteer and staff resources.

Capability of agency process to work with and encourage client input in planning and program evaluation.

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.

## 2. Program Management (25%)

Structure of organization and staffing patterns of paid staff and volunteers and its potential impact on achievement of proposed objectives.

Experience of applicant agency, particularly in providing the proposed services.

Experience of applicant agency in serving older persons, particularly the target population.

Qualifications of personnel to achieve proposed objectives and access the target population.

Adequacy of training plan for staff and volunteers.

Adequacy of applicant's facility to accomplish the proposed program.

Adequacy of agency's system of record keeping and data collection for evaluation purposes.

Capability of agency plan to obtain additional funding support from private and other public sources.

Adequacy of agency plan to self-evaluate and monitor proposed objectives.

Status as a minority organization, or organizations serving the target population of highest social and physical need.

## 3. Budget (25%)

Reasonable estimated cost of proposed program.

Estimated agency match must directly relate to the project and expansion activities being proposed. Additional points of otherwise responsive proposals will be awarded for those who exceed the

required match. The required match is for Title IIIB and Title IIIC funding.

Percentage of program budget allocated for direct service costs vs. administration, overhead and indirect costs.

Comparison of total program costs with program objectives and units of service for geographic area to be served.

Competitive salary/benefit package. Supervision/Training built into budget.

### PART III PROGRAM STANDARDS

#### 7. DISEASE PREVENTION & HEALTH PROMOTION

- A. Program Name: Disease Prevention & Health Promotion
- B. Program Goal: To assist older adults prevent illness and manage chronic physical conditions by providing disease prevention services or health promotion programs.
- C. Program Definition: Provide health risk assessments; routine health screening; nutrition counseling/education services; evidence-based health promotion; physical fitness, group exercise, music, art therapy, dance movement and programs for multigenerational participation; home injury control services; screening for the prevention of depression and coordination of other mental health services; medication management screening and education; gerontological and social service counseling; and education on preventative health services. Primary activities are normally on a one-to-one basis; if done as a group activity, each participant shall be counted as one contact unit.
- D. Unit of Service: Disease Prevention & Health Promotion is counted in units of contacts.
- E. Estimated program funding: \$90,000
- F. Required Match: N/A
- G. Minimum number of units required: 1,238
- H. Area to be Served: Santa Clara County
- I. Scope of Service
  - 1. Provider shall target the delivery of Disease Prevention & Health Promotion at SOURCEWISE designated focal points

and senior centers, with a priority emphasis on outreach in geographic areas with a high concentration of ethnic minority and low-income elderly. The remaining service effort may be delivered at other approved sites. Applicant will comply with standards outlined in attached Program Memo dated 7/29/2015 from the California Department of Aging.

2. Provider shall present group training and education in areas of:
  - i. Illness prevention.
  - ii. Manage chronic physical conditions.
  - iii. Promote healthy and independent living.
  - iv. Improve older adults' quality of life.
3. Provider shall ensure service quality and maintain professional standards by:
  - i. Comply with standards outlined in attached Program Memo dated 7/29/2015 from the California Department of Aging.
4. Volunteers: Describe your methods for recruitment and training of volunteers in the proposed program; include: (a) the kinds of tasks that will be performed by volunteers and (b) the estimated number of volunteer hours during an average month. (10 points)
5. Client Contributions: Describe your plan for collecting voluntary client contributions including (a) how clients will be informed of the opportunity to contribute to the cost of the service, (b) the amount of the suggested client contribution and how it was determined, (c) the method used to collect and record client contributions to ensure confidentiality. (10 points)
6. Client Input: Describe the process by which regular client input is received and areas that are monitored for quality of service. (10 points)
7. Objectives: List at least one measurable objective for each of the following program areas; reaching the target population, staffing and volunteers, coordination with other agencies, public information, obtaining contributions, client input, and fundraising. (20 points)

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)

C. Budget (50 points)

One program budget must be submitted on the forms attached (C-1 through C-5) for each proposal application. The program budget must include all costs, both cash and in-kind, required to provide all service activities proposed.

The program budget must cover the entire contract period and include the requested amount of Older Americans Act funds, other sources of cash, anticipated program income and the value of all donated services and materials.

If the program budget includes start-up costs of a one-time-only nature, please list these on a separate sheet of paper. This is in addition to including them in the program budget. Start-up costs should be identified using the proper budget category, source and amount of anticipated expenditure.

On budget forms C-1 through C-5, the individual funding sources must be listed and the sum of all the funding sources must equal the Total Program Cost (column A) for each budget category. The funding sources are defined as follows:

1. Older Americans Act Funds Requested- This column reflects the actual Title III amount from the SOURCEWISE. The total of this column must equal the amount of funding provided for the program as specified in the Program Standards section.



2. Non-Federal Match- This column reflects non-federal cash or in-kind resources received by the applicant and used to fulfill or exceed the local match requirement.

Cash Match- Non-federal cash received by the agency and used to fulfill the local match requirement.

In-Kind Match- Equivalent value of donated or volunteer services, supplies, etc. from nonfederal third party sources and used to fulfill the local match requirement. It may also include the value of agency owned property utilized in the program.

Example of Non-federal Matching Sources:

- a) Revenues from city, county and state sources;
  - b) Revenues from private organizations;
  - c) Individual contributions not tied to receiving service;
  - d) United Way revenues;
  - e) Revenue sharing;
  - f) Volunteer services, space, consultants, and any sources.
3. Program Income - This column reflects the anticipated amount of funding or earnings to be received by the provider during the contract period from the following: client contributions for service, other individual donations, fund raising activities in the name of the program, rents, payments and residuals to the program for use of facilities, interest, etc.  
  
Program income received as a direct result of the program must be used for costs directly related to that program and shall be spent before the SOURCEWISE funds are applied. It cannot be used to meet the local match requirement.
  4. Other Resources - This column reflects any other cash or in-kind governmental (public) or private resources (United Way, foundation grants, etc.), which are used in the program.

Budget Summary (Form C-1) should be completed after the detailed cost breakdown, forms C-2, C-3, C-4 and C-5. List by budget category for summary totals from Forms C-2 through C-5 for each funding source in columns B through E. Column A should reflect the total costs for each budget category and match the totals for each budget category in the detailed breakdown. Refer to the definition of each funding source as outlined above.

A detailed breakdown of budget categories (Forms C-2 through C-5) represents the detailed itemizations for each budget category. All entries should be rounded off to the nearest dollar. Detailed costs must be shown for each expenditure made in support of the program. The budget categories are:

101 - Personnel - List the exact number of paid or in-kind staff members used in support of the proposed program, their title, percentage of time in the program and annual salary at 100% or FTE (full-time equivalent). Any change of salary status anticipated during the contract period must be listed.

102 - Payroll Taxes & 103 - Fringe Benefits: Enter the appropriate payroll taxes and employee benefit costs for paid staff. The rates for formulating totals should be shown. State if an employee is exempt. All benefits provided to paid staff must be shown as broken out on this form.

104 - Travel: This category is for all staff or volunteer travel costs related to the program. Staff travel and operational travel (such as mileage paid for escort service) must be listed separately. Staff travel must be in support of the program. The mileage reimbursement rate for staff and operational travel must be shown under description of budget item, as follows

( \_\_\_\_\_ Month x \_\_\_\_\_ miles x \_\_\_\_\_ cents x \_\_\_\_\_ Staff = \_\_\_\_\_

Sourcewise may limit travel reimbursement to State approved levels.

105 - Training: This category refers to expenses incurred for paid staff and volunteer attendance at conferences, conventions and meetings that relate to the proposed program.

106 - Equipment: Separate listings should be made in this category if equipment is to be purchased, or to be leased, and each item must be listed and described. If equipment is to be leased, indicate the cost per month. Also included in this category should be the cost of operations, repairs, and/or maintenance for equipment. Enter a separate listing for each item and indicate whether the cost is for operations, repairs and/or maintenance. Include the value of in-kind contributions.

107 - Occupancy: Enter the cost and specifics of all building space and utilities charged to this program. Indicate square footage, monthly rent, and time duration of lease, if applicable. If utilities are not included in the rental agreement, indicate and list separately. In-kind contributions should be entered at the fair market value or rental rate.

108 - Telephone: Enter the cost of telephone service necessary to support the program.

109 - Consumable Supplies: Enter the cost of items which are regularly consumed, including: bank checks, accounting or program forms, paper and fluid for duplicating, pens, paper clips, etc.

110 -Printing and Publications: Enter the cost of outside printing. If a special or regular printing or mailing is to be done, indicate as a separate line item (Project Brochure - 5,000 @ 12 cents per brochure). Enter the cost of publications that relate to the proposed program as a separate as a separate line item.

111 - Postage: Enter the cost of postage for regular and special mailings.

112 - Insurance: Record the cost of all insurance (except Workers Compensation or any employee health insurance) under this category, necessary to support the proposed program.

113 - Other Costs: Enter additional cost items which cannot be assigned to any other category. Any item listed must be organization, amount, time period, and a brief description of the service must be included. Some examples of other costs include: audit, accounting, taxes, licenses, legal services and advertising.

114 - Indirect Costs: This category is 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 are nevertheless incurred by the contractor. 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. SOURCEWISE will allow indirect costs up to a maximum of 8% of direct costs, excluding in-kind contributions, capital equipment and contract services.

115 - Subcontracts: An applicant proposing subcontracts to perform the requested service must provide detailed budget information for each of the proposed subcontractors using the same line item format as identified. The total of all subcontracted costs by category must be consolidated into the applicant agency's primary budget. Sourcewise maintains the right to approve, reject and/or modify any proposed subcontracts.

Selection is based on the highest overall scores. A scorecard is included.

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



## TITLE III D – DISEASE PREVENTION & HEALTH PROMOTION PROGRAM STANDARDS

### I. Disease Prevention & Health Promotion

- a. Program Name: Disease Prevention & Health Promotion
- b. Program Goal: To promote the health and well-being of older individuals by assisting such individuals to gain access to disease prevention and health promotion services to delay the onset of adverse health conditions resulting from poor nutritional health or sedentary behavior.
- c. Program Definition: Provide health risk assessments; routine health screening; nutrition counseling/education services; evidence-based health promotion; physical fitness, group exercise, music, art therapy, dance movement and programs for multigenerational participation; home injury control services; screening for the prevention of depression and coordination of other mental health services; medication management screening and education; gerontological and social service counseling; and education on preventative health services. Primary activities are normally on a one-to-one basis; if done as a group activity, each participant shall be counted as one contact unit. **Implementing disease prevention and health promotion programs that are based on scientific evidence and demonstrated to improve the health of older adults.**
- d. Units of Service: Disease Prevention & Health Promotion is counted in units of contacts.
- 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 **\$90,000** is available for Disease Prevention & Health Promotion Programs.
- g. Minimum Service Standard: The contract must provide, at a minimum, **1,238** contacts per year for **\$90,000** of Title III D funding. See the Budget section for more detail.
- h. Scope of Service
  - o The following are examples of allowable activities under this funding:
    - Physical Fitness: To conduct activities, under supervision, to sustain and improve the health and wellbeing of a consumer, such as exercise sessions;



- Health Risk Assessments: To collect information about a client with multiple needs (social, environmental, physical, or mental) and determine the necessary supportive or other appropriate services to meet those needs. (Does not include services covered by Medicare, Medi-Cal, or other health insurance)
  - Health Screening: To provide a brief examination to determine need for more in-depth medical evaluation.
  - Therapy: To provide treatment of a specific physical or mental problem or condition by a health professional or an allied health professional as permitted by law. Includes rehabilitative care such as physical speech/hearing and occupational therapies. (Does not include services covered by Medicare, Medi-Cal, or other health insurance)
  - Other allowable activities, see <https://www.ncoa.org/resources/highest-tier-evidence-based-health-promotiondisease-prevention-programs/>
- The activity must meet the Evidence-Based criteria:
    - Have demonstrated through evaluation to be effective for improving the health and wellbeing or reducing disease, disability and/or injury among older adults; and
    - Have been proven effective with older adult population, using Experimental or Quasi-Experimental Design; and
    - Have research/evaluation results published in a peer-review journal; and
    - Have been implemented previously at the community level (with fidelity to the published research) and shown to be effective outside a research setting.
    - Includes developed dissemination products that are available to the public.
  - Disease Prevention & Health Promotion programs are to be designed to impact seniors in areas such as nutrition and diet, proper use of medications, timely immunizations, physical fitness activities, smoking cessation, substance abuse/misuse, etc.
  - Outreach and coordination with other community programs shall be an integral part of the service delivery plan.
- i. Data Reporting Requirements: The agency must provide a quarterly report of number of one-way trips provided and an estimated unduplicated client count.

\*Download the Program Budget from the Request for Proposal drop-down list:  
[www.mysourcewise.com/area-plan](http://www.mysourcewise.com/area-plan)



## 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:**

<input type="checkbox"/> Personal Care	<input type="checkbox"/> Congregate Nutrition	<input type="checkbox"/> LTC Ombudsman
<input type="checkbox"/> Homemaker	<input type="checkbox"/> Transportation	<input type="checkbox"/> Family Caregiver Programs
<input type="checkbox"/> Home Delivered Meals	<input type="checkbox"/> Legal Services	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Adult Day/Health	<input type="checkbox"/> Info & Assistance	
<input type="checkbox"/> Case Management	<input type="checkbox"/> 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: \_\_\_\_\_





Applicant Agency \_\_\_\_\_

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PROGRAM DESCRIPTION

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

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List the minimum number of units to be provided for each required unit of service and the unduplicated persons to be served, as described in Section IV, Part A, #1.d

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TYPE OF UNITS TO BE PROVIDED	NUMBER OF UNITS	UNDUPLICATED PERSONS
---------------------------------	--------------------	-------------------------

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List at least one measurable objective for each of the following program areas: reaching the target population, staffing and volunteers, coordination with other groups, public information, client input, and obtaining client contributions & fund-raising, as described in Section IV, Part A, #8.

Program Area	Objective	How Measured
Target Population		
Staffing & Volunteers		
Coordination		

Public Information		
Client Input		
Client Contribution		



SOURCEWISE  
COMMUNITY RESOURCE SOLUTIONS

Applicant Agency\_\_\_\_\_

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PROGRAM MANAGEMENT  
As described in Section IV, Part B.

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Applicant Agency \_\_\_\_\_

Attach the following documentation:

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



SCORECARD

Agency/Service:

/

Reviewer  
Init:

Program Description		Base Points	Bonus Points	POINTS AWARDED
1	Do services described match the description in the program standards?	8		
2	Does the program have adequate procedures in place to reach all older adults in the service area and to target specific groups	4		
3	Does the program have adequate procedures in place to intake clients and establish service priorities and eligibility?	4		
4	Does the program meet the minimum level of service described in the program standard? Bonus points for exceeding this	8	8	
5	Coordination: Does the program have a specific goal to coordinate with other agencies and minimize duplication of services	5		
6	Targeting: Does the program have a specific goal to outreach and deliver services specifically to target populations?	5		
7	Public Information: Does the program have a specific goal to adequately publicize the program?	5		
8	Staff & Volunteers: Does the program have a specific goal to provide adequate staff and/or volunteers to support the program?	5		
9	Client Contribution: Does the program have a specific goal to provide an opportunity for clients to voluntarily contribute to the cost of service?	5		
10	Client Input: Does the program have a specific goal to solicit clients for feedback on the quality of service? Does it include a written grievance procedure?	5		
<b>Program Management</b>				
11	Does the agency have adequate experience to provide the service?	4		



12	Does the agency have adequate facilities to provide the service?	2		
13	Does the agency have adequate staffing to provide the service?	4		
14	Does the agency have an adequate training plan in place for staff and volunteers?	2		
15	Is the agency able to secure matching funding for the program?	4		
16	Does the agency have procedures in place to manage fiscal and program data reporting?	2		
17	Does the agency meet the definition of a minority provider?	2		
<b>Budget</b>				
18	Does the overall budget of the program reasonably match the staffing and level of service provided?	8		
19	Does the program provide sufficient 10% match for the program? Bonus points for proposals with additional match.	4	4	
20	Ratio of Direct Service Costs to Indirect (Admin, Overhead, other indirect costs)	3		
21	Supervision and/or training built into the budget?	3		
<b>Supporting Documentation</b>				
22	Organizational Chart included	1		
23	501c3 designation included (if necessary)	1		
24	Job Descriptions included	1		
25	Board of Directors roster included	1		
26	Bond & Insurance information included	1		
27	Documentation of Emergency plan included	1		
28	Transition plan for termination or transfer of services included	1		
29	Plan for additional and/or decreased funding included	1		

**Total:**

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## CALIFORNIA DEPARTMENT OF AGING

1300 NATIONAL DRIVE, SUITE 200

SACRAMENTO, CA 95834-1992

Internet Home Page: [www.aging.ca.gov](http://www.aging.ca.gov)

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FAX Only (916) 928-2267

Phone Number (916) 419-7500



## PROGRAM MEMO

CDA 1014 (Rev. 02/14)

TO: <b>Area Agency on Aging Directors</b>	NO.: <b>PM 15- 10 (P)</b>
SUBJECT: <b>Updated Title IIID Disease Prevention and Health Promotion Program Requirements Effective July 1, 2016</b>	DATE ISSUED: <b>July 29 , 2015</b>
	EXPIRES: <b>When superseded</b>
REFERENCES: <b>FY 2012 Congressional Appropriations</b>	SUPERSEDES: <b>PM 12-10 (P)</b>
PROGRAMS AFFECTED:	<input type="checkbox"/> All <input type="checkbox"/> Title III-B <input type="checkbox"/> Title III-C1/C2 <input checked="" type="checkbox"/> Title III-D <input type="checkbox"/> Title III-E <input type="checkbox"/> Title VII <input type="checkbox"/> Title V <input type="checkbox"/> HICAP <input type="checkbox"/> Other:

### Purpose

The purpose of this Program Memo (PM) is to provide guidance to Area Agencies on Aging (AAA) on the new federal requirements for evidence-based Title IIID Disease Prevention and Health Promotion Programs (Title IIID), which go into effect July 1, 2016.

### Background

The Federal Fiscal Year (FFY) 2012 Congressional appropriations law required that by FFY 2016 Older Americans Act (OAA) Title IIID funding be used only for Disease Prevention and Health Promotion programs and activities which have been demonstrated through rigorous evaluation to be evidence-based.

To guide states and AAAs in phasing in these new requirements, the Administration for Community Living (ACL) established a three-tiered set of criteria for defining OAA evidence-based interventions.

On June 4, 2014, ACL announced that this three-tiered set of criteria would no longer apply after September 30, 2016. Effective October 1, 2016, Title IIID funds shall be used only for health promotion programs and activities that meet the highest level evidence-based criteria. ACL encouraged states to work in collaboration with their AAAs to establish a target date for complying with this new standard in advance of the October 1, 2016 effective date.

In consultation with AAAs, the Department established July 1, 2016, as California's implementation date for the new evidence-based standard. This effective date aligns with the State Fiscal Year (SFY), CDA Standard Agreement contract period, and the Area Plan cycle.

*Continued on next page*



**Implementing  
Approved DHHS  
Programs**

AAAs may use the Title IIID funding to support any evidence-based program(s) that have been approved by the U.S. Department of Health and Human Services (DHHS). Included below are links to the DHHS-approved evidence-based programs.

- Administration on Community Living's, Aging and Disability Evidence-Based Programs and Practices.  
<http://www.acl.gov/Programs/CIP/OCASD/ADEPP/index.aspx>
- Center for Disease Control and Prevention's (CDC), Compendium of Effective Interventions.  
<http://www.cdc.gov/homeandrecreationalafety/Falls/compendium.html>
- Substance Abuse and Mental Health Services Administration's (SAMHSA), National Registry of Evidence-Based Programs and Practices.  
<http://www.nrepp.samhsa.gov/>
- NIH's Cancer Control Evidence-Based Portal, Research-tested Intervention programs.  
<http://rtips.cancer.gov/rtips/index.do>

**Implementing  
Programs Not  
Approved by  
DHHS**

If AAAs want to use Title IIID funds to support other programs, they must meet all of the five (5) criteria below:

- Have demonstrated through evaluation that they are effective for improving the health and well-being or reducing the disability and/or injury among older adults.
- Have been proven effective with the older adult population, having used an Experimental or Quasi-Experimental Design.
- Have research/evaluation results that have been published in a peer-reviewed journal.
- Have been implemented previously at the community level (with fidelity to the published research) and shown to be effective outside a research setting.
- Includes program manuals, guides, and/or handouts that are available to the public.

*Continued on next page*

**Implementation  
Process**

Effective July 1, 2016, Title IIID funds shall only be used for health promotion programs that comply with ACL's new evidence-based program standards.

Currently some AAAs fund Nutrition Education and Nutrition Counseling programs. These activities will not meet ACL's new standard for Title IIID evidence-based programs. AAAs may continue to fund Medication Management. However, the program must comply with ACL's new Title IIID evidence-based standards.

Contracts

By July 1, 2016, AAAs must ensure that Title IIID funded program activities comply with ACL's new Title IIID evidence-based program standards.

All Requests for Proposals (RFP) and subcontracts for SFY 2016-17 and beyond must include the new evidence-based definitions.

Area Plan

The following sections of the AAA's SFY 2016-17 Area Plan must reflect that all planned Title IIID activities meet ACL's new evidence-based standard.

- Section 9 Area Plan Narrative Goals and Objectives: The objective(s) shall clearly describe the service activity being performed and explain how the service activity meets ACL's standard for evidence-based programs.
- Section 10 Area Plan Service Unit Plan Objectives: AAAs shall enter proposed units of service and Program Goal and Objective numbers, which link to the written program description in Section 9 of the Area Plan.

Fiscal

Report the SFY 2016-17 funding amount for all Title IIID activities including Medication Management on the Disease Prevention Health Promotion (DPHP) line of the Area Plan Budget. AAAs will not be able to enter Title IIID funds on the Nutrition Counseling and Nutrition Education lines of the budget since these programs will no longer be allowable activities under Title IIID.

Data

Report all SFY 2016-17 Title IIID activities under the Health Promotion service category.

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*Continued on next page*

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**Resources**

The following links provide additional information on implementing Title IIIID evidence-based programs.

- ACL Title IIIID evidence-based criteria and program examples:  
[http://www.aoa.acl.gov/AoA\\_Programs/HPW/Title\\_IIIID/index.aspx](http://www.aoa.acl.gov/AoA_Programs/HPW/Title_IIIID/index.aspx)
- Summary of Evidence-Based Health Promotion Programs Being Offered by California Area Agencies on Aging:

The California Department of Aging developed a matrix of Evidence-Based Health Promotion and Caregiver Support Programs used by home and community based organizations and health care providers in California. This matrix is meant to assist Area Agencies on Aging in analyzing the implementation for these evidence-based health programs. All programs on the matrix meet the evidence-based Title IIIID requirements.

[http://www.aging.ca.gov/ProgramsProviders/AAA/Disease\\_Prevention\\_and\\_Health\\_Promotion/](http://www.aging.ca.gov/ProgramsProviders/AAA/Disease_Prevention_and_Health_Promotion/)

- Highest Tier Evidence-Based Health Promotion/Disease Prevention Programs. This chart is available on the National Council on Aging (NCOA) website. The chart outlines thirty programs that have undergone the Administration on Aging's Older Americans Act Title IIIID evidence-based program submission process.


<https://www.ncoa.org/resources/highest-tier-evidence-based-health-promotion-disease-prevention-programs/>

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**Inquiries**

Barbara Estrada at (916) 928-3326 or [barbara.estrada@aging.ca.gov](mailto:barbara.estrada@aging.ca.gov)  
Andrea Bricker at (916) 928-3324 or [adrea.bricker@aging.ca.gov](mailto:adrea.bricker@aging.ca.gov).

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Lora Connolly  
Director