**APPENDIX G2**

**SERVICE PROVIDER APPLICATION FORMAT**

|  |  |
| --- | --- |
| **Provider Name** |  |

|  |  |
| --- | --- |
| **Contract Period** |  |

|  |  |
| --- | --- |
| **Funds Requested** |  |

|  |  |
| --- | --- |
|  | **DESCRIPTION OF SERVICE PROGRAM** |
| Service Program #1 | Focal Point Senior Center Southeast/Southcentral |
| Service Program #2 | Focal Point Senior Center - Southwest |
| Service Program #3 | Focal Point Senior Center - Northeast |
| Service Program #4 | Focal Point Senior Center - Northwest |
| Service Program #5 | Focal Point Senior Center - Central One |
| Service Program #6 | Focal Point Senior Center - Central Two |
| Service Program #7 | Home Improvement Program |
| Service Program #8 | Senior Citizens Law Program |
| Service Program #9 | National Family Caregiver Support Program |

|  |
| --- |
| **Question** |
| Are you a New Applicant? |
| Are you an applicant applying for Continuation funding? |

|  |
| --- |
| **Essential Forms (all required)** |
| Statement of No Involvement (Appendix D) |
| Statement of Acceptance in Involvement of Special Activities (Appendix E) |
| Acceptance of Contract Terms and Conditions (Appendix F) |
| State of Florida PUR Form 7033 (Appendix H1) |
| Signed Statement or commitment that a 10% match is secure |

1. PROGRAM MODULE

**A.I. SERVICE PROVIDER SUMMARY INFORMATION**

PSA:

ORIGINAL SUBMISSION [ ]

REVISION [ ]

|  |  |
| --- | --- |
| 1. PROVIDER INFORMATION:  Executive Director:  {Name/Address/Phone}  Legal Name of Agency:  Mailing Address:  Telephone Number: [ ] | 2. GOVERNING BOARD CHAIR:  {Name/Address/Phone}  Name of Grantee Agency:    3. ADVISORY COUNCIL CHAIR:  (if applicable)  {Name/Address/Phone} |
| 4.TYPE OF AGENCY/ORGANIZATION:  NOT FOR PROFIT: PRIVATE  PUBLIC  PRIVATE FOR PROFIT | 5. PROPOSED FUNDING PERIOD:    A. New Applicant  B. Continuation |
| 6. FUNDS REQUESTED:  [ ] OAA Title IIIB [ ] CCE [ ] CCPE  [ ] OAA Title III-C1 [ ] HCE [ ] OTHER (SPECIFY)  [ ] OAA Title III-C2 [ ] ADI  [ ] OAA Title IIID [ ] LSP  [ ] OAA Title IIIE [ ] Contracted Services  [ ] OAA Title VII [ ] HCBS  [ ] USDA [ ] EHEAP | |
| 7. SERVICE AREA: [ ] Single County  [ ] Multi county: List:    Selected Communities of a County. Specify: | |
| 8. ADDRESS FOR PAYMENT OF CHECKS ITEM #: [ ] #1 [ ] #2 | |
| 9. CERTIFICATION BY AUTHORIZED AGENCY OFFICER:  I hereby certify that the contents of this document are true, accurate and complete statements. I acknowledge that intentional misrepresentation or falsification may result in the termination of financial assistance.  Name: Signature:  Title: Date: | |

## **A. II. GENERAL INFORMATION**

(The most recent DOEA Program and Services Handbook should be reviewed for specific program requirements)

**A.II.1. Demographic, Needs Assessment, and Community Care Service System:**

1. Provide an overview of the demographics characteristics, social and economic needs of the older adult population in the Planning and Service Area (PSA) with focus given to geographic areas and population groups within the county that have special needs.
2. Describe the methods used to determine service needs in the area. (May use needs assessment data (local, state, etc.)
3. Describe how the waiting list information will be used to identify needs of older adults.

**A.II.2. Consumer Identification:**

Targeting Strategies:

1. Specify how the service needs of low-income minority older adults and older individuals residing in urban/rural areas will be satisfied. Include how your agency will provide services to low-income older adults in accordance with their need for services rather than in proportion to their percent of the population. A summary of other targeting efforts directed at groups included in the Older Americans Act should also be included.
2. Include a summary of targeting efforts including a plan to coordinate with the Nutrition Program and other agencies serving the targeted population

Outreach Strategies:

1. Outline FY 2026 outreach activities planned to identify and inform frail older adults and their caregivers of the range and availability of service within the service area
2. Describe outreach methods to low income minority individuals and persons with physical and mental disabilities
3. Describe efforts to expand outreach by providing some services at other locations in the community
4. Describe the process of coordinating all formal and informal resources to meet the needs of older adults (EHEAP, Food Stamps, etc.)

**A.II.3. ELIGIBILITY AND ASSESSMENT/REASSESSMENT PROCESS, WHEN APPLICABLE TO THE SERVICE:(The most recent DOEA Program and Services Handbook should be reviewed for specific program requirements) The agency’s plan for each of the following must be addressed:**

(a) Outline plan to target and screen frail at risk older adults for eligibility for DOEA funded

programs

(b) Outline plan to review ongoing eligibility for transfer of consumers from general revenue

funded programs into SMMLTC Program

(c) Outline plan to use all other available alternative resources for consumer services prior to

using general revenue or federal funds

**A.II.4. CLIENT PRIORITIZATION PROCESS FOR REDUCING OR TERMINATING SERVICES (The most recent DOEA Program and Services Handbook should be reviewed for specific program requirements)**

1. Define prioritization system and discuss the waiting list process
2. Discuss services where all clients may not be served, as well as the process for reducing or terminating services
3. Describe the process for handling referrals from (1) Adult Protective Services (APS) (2) Comprehensive Assessment and Review for Long-Term Care Services (CARES) and (3) Elder Helpline

**A.II.5 QUALITY ASSURANCE: (The most recent DOEA Program and Services Handbook should be reviewed for specific program requirements.)**

Consumer Satisfaction:

1. Identify specific methods and procedures used to determine older adult satisfaction with service delivery, including frequency. The description should include the use of an Advisory Council or other well-developed mechanisms for receiving views of program participants.
2. IF Applicable – provide a description of the methods and procedures used to assure delivery of quality services (s) by subcontractors. The description should include process and frequency.
3. Describe how the results of the quality assurance process will be used to improve services and/or service delivery
4. Provide a narrative of quality improvement initiatives undertaken during the preceding calendar year, as appropriate
5. Describe the process of how survey results will be tabulated, analysis and follow up process, and information on how the results are utilized to make improvements to services.

Internal Evaluation Process:

1. Describe internal methods to assure delivery of quality services by staff and/or subcontractors and if applicable include subcontractor monitoring dates.

**A.II.6. TRAINING:**

(a) Describe plans to provide the required pre-service and in-service staff training. The minimum standards/topics as outlined in Appendix A of the most recent DOEA Program and Services Handbook. **Attach** a 12-month Pre Service Training/Ongoing Training Plan.

(b) Describe internal methods to track training attendance

## **A.III. DESCRIPTION OF SERVICE DELIVERY** (This format is to be used for description of service delivery. **Attach continuation sheets as needed**.)

(a) Include a separate description of service delivery form for each requested service.

SERVICE: PROGRAM(S)**:**

(b) SITE LOCATION: (Include locations of services to be provided. **Provider may attach a list of site locations.)**

(c) DAYS AND HOURS OF OPERATION: (Include days and hours of operation, including dates of scheduled holidays when services will not be delivered)

1. DESCRIBE THE SPECIFIC ACTIVITIES YOUR AGENCY WILL PROVIDE UNDER EACH SERVICE AS WELL AS THE RATIONALE FOR THE COMPONENTS OF THE SERVICE (The most recent DOEA Program and Services Handbook should be reviewed for service requirements)

1. Describe how the service delivery relates to the identified needs assessment and targeting section
2. **Attach** a Sample calendar/schedule of activities for each service and if applicable the list of all subcontractors
3. Describe the scope of the services to be provided including the varying range of services available for participants
4. Describe how the project attracts participants to utilize the services, including how it demonstrates sensitivity to individuals with special needs, disabilities, impairments and cultural variety
5. IF APPLICABLE – New Service/New Provider Business Plan

**NEW BIDDERS** and **current providers offering a NEW SERVICE**. The New Service/New Provider Business Plan must include the service, estimated number of consumers, anticipated start date of the service, Business Plan to achieve the objective, and the start-up activities (briefly describe tasks with estimated completion dates related to initiating and maintaining provision of quality services)

**A.IV**. **PROCESS FOR HANDLING AND REPORTING CLIENT COMPLAINTS**, **GRIEVANCES, AND APPEALS**

(a) Provide a description of the process for dealing with complaints and processing appeals for denial, reduction or termination of services.

(b) Explain policies and procedures for ensuring compliance with the required Notice to Recipient of Adverse Action Taken and Explanation of Grievance Review as outlined in AAABC Policy and Procedure related to Client Adverse Incident Reporting, and consistent with Chapter 415, F.S., DOEA Programs and Services Handbook (See Appendix D, Minimum Guidelines for Recipient Grievance Procedures) and all related AAABC notices, policies and procedures. **Attach** a copy of agency’s Adverse Incident Procedure and blank log.

(c) Detail a method of informing all consumers of the grievance/appeal process. **Attach** a copy of the agency’s Complaint Procedures and blank log.

(d) Ensure grievance procedure complies with the guidelines set forth in the Master Agreement.

(e) Explain the process for handling consumer grievances; along with the process for appeals regarding denial, reduction, or termination of services. The grievance procedures must provide for informing all consumers of the grievance/appeal process and providing assistance to consumers desiring to file a grievance/appeal.

(f) **Attach** a copy of Grievance Procedure including Appeals and a blank log.

**A.V. REPORTING**

(a) Outline the procedures for the ongoing accurate and timely entry of all service and consumer specific information into the eCIRTS database.

(b) Describe thoroughly how the data integrity maintenance process is designed to ensure accuracy, including a list of all reports run, schedule for running the eCIRTS reports and required follow-up due dates for staff addressing any exceptions noted as part of this process.

(c) Include process and a sufficient method of checking and cross checking data entered into eCIRTS to ensure accuracy.

**A.VI. CLIENT CONFIDENTIALITY**

(a) Describe what security measures are in place to address confidentiality and consumer-specific information as it relates to state and federal (HIPAA) requirements. The security measure must ensure confidentiality of consumer information by all employees, service providers and volunteers.

(b) Ensure HIPAA Privacy Notice is compliant. Each client must be provided with a HIPAA Privacy Notice. **Attach** a copy of HIPAA Privacy Notice and agency’s current consumer notification which discloses the purpose for which the client’s social security number is being collected.

**A.VII. EMPLOYEE SCREENING AND SECURITY**

(a) Detail the process used for complying with Executive Order Number 11-116 and all applicable AAABC Notices of Instruction related to requirements to use the U.S. Department of Homeland Security’s E-verify system to verify the employment of all new employees hired by the agency. Include a brief summary of the procedures implemented by your agency to be certain all required employees/subcontractors employees/volunteers are properly verified and determined eligible for hire through the U.S. Department of Homeland Security’s E-verify system.

(b) Outline the process for ensuring all required employees/subcontractor employees/volunteers are properly screened and determined to have no disqualifying offenses prior to employment; and successfully completed a level 2 background screening through the Department of Elder Affairs. The process includes maintaining verification for monitoring purposes by the AAABC.

(c) Detail the process to be used to maintain documentation to assure new employees hired by the agency within the contract period are eligible for employment. Verification of eligibility must be maintained for monitoring purposes by the AAABC.

(d) Include agency’s process for notifying the AAABC/Department of Elder Affairs when staff/volunteers are no longer employed by the organization.

**A.VIII. DISASTER PREPAREDNESS**

(a) IF APPLICABLE – NEW BIDDER – **Attach** a full copy of the Disaster Plan.

(b) Include at a minimum the following information within the application

1. Key personnel, include names, titles, cell phone, office phone and email address. Identify Emergency Coordinator and Alternate.
2. IF APPLICABLE: Contact information for all subcontractors is included- key personnel, include names, titles, cell phone, office phone and email address
3. An alternative office site location is designated
4. Identify Emergency Coordination Office and alternate contact information
5. Description of how services are integrated with the local County Emergency Plan
6. Detail the process for coordinating efforts for special needs clients.
7. Description of how the disaster preparedness plan is written from the viewpoint of disaster preparedness, not hurricane preparedness

**A.IX. VOLUNTEER PLAN**

(a) **Attach** procedures on recruitment, training, utilization and retention of volunteers to assist with agency function.

(b) Provide details of efforts to seek to expand the sense of community participation by expanding the use of volunteers, i.e. involving qualified local persons in either policy making or advisory capacities, by collecting and analyzing information on the needs, opinions and preferences of older persons or by employing qualified staff from local sources.

(c) Describe how service delivery capacity is maximized using volunteer resources.

**A.X. ORGANIZATIONAL CHART & JOB DESCRIPTIONS**

(a) **Attach** an approved organizational chart and job descriptions illustrating the structure and relationship of positions, units, supervision and functions of the agency.

**A.XI. FUNDING SOURCES**

(a) IF APPLICABLE - provide a list of all current funding sources, including the AAABC.

**A.XII. GOALS, OBJECTIVES AND PERFORMANCE MEASURES**

Review the list of Goals and their objectives in the RFP (See pages 20-28).

1. Select a minimum of 2 Goals and a total of 5 objectives that relate to the services offered and are most achievable.
2. Develop strategies to attain the defined goals and objectives. Strategies are action steps detailing and addressing demographic, need assessment, and community care system (AII.1.). They must be measurable and clearly state plans to achieve the objective and outcomes. Words such as “work with” do not provide specific strategies and are to be avoided.
3. To evaluate the effectiveness of the use of resources in meeting needs, incorporate outcomes/output performance measures for each goal/objective selected.
4. Enter selected Goals, Objectives, Explanations, Strategies, Outcomes/Output Measures in the below table. Additional goals and objectives particular to your agency may be added.

## **GOALS, OBJECTIVES AND PERFORMANCE MEASURES**

**(See RFP pages 20-28)**

|  |
| --- |
| Goal |
|  |
| Objective |
| Explanation |
|  |
| Strategies |
|  |
|  |
| Outcome/Output Measures |
|  |
|  |

# CONTRACT MODULE

## **B.I. PERSONNEL ALLOCATION WORKSHEET**

1. List all agency staff and available hours for each staff member on the Personnel Allocation Worksheet. The required information provided must be in sufficient detail, accurate and complete. Staff time should be allocated to the appropriate category. The Total time allocated for direct service personnel should equal 100% of the available work hours. In no case should time allocated to services exceed 100% of the net available work hours.

## **B.** **II. COST ALLOCATION WORKSHEET**

1. Verify that allocated Wages from the Personnel Allocation Worksheet are on the Cost Allocation Worksheet. The Cost Allocation Worksheet submitted reflects all services provided and includes all costs associated with those services regardless of funding source. Costs must be allowable, reasonable and necessary. Costs should be allocated to the appropriate category. The total cost allocated for each line item should equal 100% of the proposed budget total. In no case should total allocated costs exceed 100% of the proposed budget total.

## **B.III. SUPPORTING BUDGET WORKSHEET- COST AND UNITS**

1. Verify that the allocated budgeted costs, budgeted units, and cost per unit of service from the Cost Allocation Worksheet are on the Supporting Budget. All calculation are correct and the form has been completed correctly in Sections 1, 2, and 3 of the Supporting Budget Worksheet.

## **B.IV. SUPPORTING BUDGET WORKSHEET – PROVIDER SUPPORT AND CONTRACT BUDGET**

1. The purpose of Provider Support in the budget is to confirm the availability of non-federal and non-general revenue (local) financial participation in Section 4 of the Supporting Budget Worksheet. Confirm that Provider Match (cash and in-kind) is at least 10% of the Total Contract Budget in Section 5 of the Supporting Budget Worksheet.

**B.V. SUPPORTING BUDGET WORKSHEET – CONTRACT UNIT RATE**

1. Confirm for each service the Contract Unit Rate per service is competitive and does not exceed the Budgeted Cost per Unit of Service in Section 6 of the Supporting Budget Worksheet. Confirm the Total Budgeted Support is equal to the Total Budgeted Costs in Section 7 of the Supporting Budget Worksheet. The estimated number of unduplicated clients to be served should be completed in Section 8 of the Supporting Budget Worksheet.

**Attach** the Unit Cost Methodology Worksheets (Personnel Allocation Worksheet, Cost Allocation Worksheet, Support Budget Worksheet – Cost and Units) as specified in Appendices G1 and G3

**Attach** properly completed forms to document the commitment to match the federal and/or state funds, signed by the person authorized to bind contractual agreements and dated.

1. **ORGANIZATIONAL CAPACITY**

**“NEW BIDDERS ONLY”**

**The Organizational Capacity portion of the evaluation is applicable to "NEW BIDDERS" only.**

**C.1. Organizational Chart & Job Descriptions**

1. **Attach** copies of organizational chart and job descriptions for all positions indicated on the Personnel Allocations Worksheet. Ensure it is clear from these documents that proper lines of supervision and adequate staffing are in place.

**C.II. Personnel Policies Statement**

1. **Attach** a statement certifying current Personnel Policies meet the minimum requirements specified in the RFP under "Personnel Standards and Employee Benefits" section.

**C.III. Financial Statement and/or Independent Audit Report**

1. **Attach** a copy of the most recent Financial Statement and/or Independent Audited Report and compliance reports package.

**C.IV. Board Roster or Corporate Officers & By Laws**

1. **Attach** current Board Roster and/or current roster of legal governing body and Corporate Bylaws. The Board composition, in general, must reflect that of the county where service is to be rendered. The Bylaws must provide for Board oversight and involvement in all aspects of the agency.

**C.V. Articles of Incorporation/IRS Determination**

1. IF APPLICABLE - **Attach** copies of the articles of incorporation/IRS determination letter granting tax exempt status.

**C.VI. IRS 990 or Form 1120/1120s**

1. IF APPLICABLE – **Attach** a copy of the most recent IRS Form 990 (Not for Profit) or Form 1120/1120S (for Profit).

**C.VII. Certificate of Insurance (s)/Liability Insurance Coverage to manage project**

1. **Attach** a copy of certificate(s) of insurance. The certificate of insurance indicate General Liability, Professional Liability, Automobile Liability Hired/Non-Owned, Auto for Owned Vehicles, if applicable and Worker's Compensation Insurance, at a minimum. Coverage at a minimum is: $1M/$2M General Liability; $1M/$3M Professional Liability; $500K Auto Liability.

**C.VIII. Administrative Assessment Checklist**

1. **Attach** the Administrative Assessment Checklist. All items must be answered indicating the agency adheres to sound fiscal and administrative standards for its operations.

**C.IX. Certification of 60 days operating funds**

1. Provide Certification of the availability of 60 days operating funds in a signed attached statement.

**C.X. Monitoring Reports**

1. **Attach** monitoring reports: two fiscal and two programmatic reports. Evidence of problems identified in the report were addressed appropriately.

**C.XI. Reference Letters**

1. **Attach** a letter of reference from a major funder addressing the agency's management capabilities, accountability of funds and service provision.

**C.XII. Documentation of Experience**

1. **Attach** documentation of experience in provision of service(s) to frail older adults, as well as the length of time (in years) worked to meet the needs of older adults in the State of Florida. If services have not been provided in the State of Florida, submit service history elsewhere as support documentation. Provide contact person(s), name, address, telephone number of contracting agencies.

**C.XIII. Transition Plan Statement**

1. IF APPLICABLE – **Attach** a statement agreeing to forward a transition plan within 20 days of bid award.

**Additional Attachments for “Continuation Bidders”**

|  |
| --- |
| Recent Financial Statement and/or Independent Audit Report |
| Board Roster or Corporate Officers and Bylaws |
| Articles of Incorporation/IRS Determination Letter |
| Certificate of Insurance (s)/Copy of Liability Insurance Coverage to manage project |
| Administrative Assessment Checklist |
| Certification of 60 Days Operating Funds |
| Monitoring Reports: two fiscal and two programmatic reports. Evidence of problems identified in the report were addressed appropriately |
| Letters of recommendation and evaluation if related to the service bid |
| List of Program's "Closed" Days and Hours of Operation |
| Methodology for Handling Contributions |
| Business Associate Agreement |
| Copies of State Licenses, to provide services, is enclosed, as Applicable |
| Availability of Documents |

**Additional Attachments for “New Applicant”**

|  |
| --- |
| Business Associate Agreement |
| Copies of State Licenses, to provide services, is enclosed, as Applicable |
| List of Program's "Closed" Days and Hours of Operation |
| Methodology for Handling Contributions |
| Availability of Documents |