



**REQUEST FOR PROPOSAL - TITLE III-B
October 1, 2023 - September 30, 2024**

The mission of AgeSpan is to ensure that a wide range of programs and services meet the diverse needs of older adults. Home based care, community support services, and assisted living programs promote and encourage the independence, self-determination, and dignity of the people the agency serves.

I. PURPOSE

The purpose of this Request for Proposal (RFP) is to notify existing as well as interested potential applicants of the availability of Federal Fiscal Year (FFY) 2024 Title III-B Older Americans Act (OAA) funds. Most of these limited funds will be used to strengthen our capacity to reach hard-to-serve older adults, to meet our obligation to ensure access to Legal Services and to enhance programs and services that address the needs of the priority populations specified in this RFP.

II. DESCRIPTION

Title III funding is targeted to those adults aged 60 and over with the greatest social and economic need. The priority populations identified for this RFP are very low income and at-risk older adults and hard-to-reach minority older adults (including those with Limited English Proficiency).

III. FUNDING AVAILABLE

AgeSpan will make available **\$110,560** to qualified applicants including legal services advocates and organizations serving older adults within the PSA. Funding is contingent upon the allocation and receipt of federal Title IIIB funding from the Massachusetts Executive Office of Elder Affairs.

We are required to designate 18% of our total Title III B allocation to legal services for older adults, which are targeted to very low-income and minority older adults across the Merrimack Valley and North Shore.

Please note: Title III-B grants may be extended for one additional fiscal year contingent upon the availability of federal funds and the grantee's successful performance under conditions of the contract. Grantees will be required to update portions of their grant application to reflect the second year of the contract. **AgeSpan reserves the right to adjust the final approved budget levels as necessary, should federal funding levels be reduced or shifted during the grant period.**

IV. PRIORITY AREAS OF NEED

Identified priority service areas include health, including mental health; transportation; legal assistance; services to encourage employment of older workers; crime and abuse prevention; and Councils on Aging (COAs) and Senior Centers. Programs that provide a particular focus on serving low income and minority older adults and those in greatest social need will be given priority consideration.

REQUIRED LEGAL SERVICES:

AgeSpan will allocate 18% of its Title IIIB funds to support Legal Services to older adults in the community, as required by the OAA and EOEA. Applicants who seek to provide Legal Services in response to this RFP are asked to address these priority need areas:

- LEGAL SERVICES TO VERY LOW-INCOME OLDER ADULTS:

AgeSpan requests that applicants target their legal services to very low-income older adults to protect their rights and assist them in meeting their basic needs, including maintaining their housing or tenancy; accessing benefits and entitlements for which they are eligible; and providing mediation, legal advice and counsel on matters related to insurance, disability, scams, discrimination, etc. Applicants also are encouraged to offer training and education to older adults and providers in the community that will promote rights protection, service access, and security.

- LEGAL SERVICES TO MINORITY OLDER ADULTS:

AgeSpan requests that applicants target their legal services to minority older adults to protect their rights and assist them in meeting their basic needs, including maintaining their housing or tenancy; accessing benefits and entitlements for which they are eligible; and providing mediation, legal advice and counsel on matters related to insurance, disability, scams, discrimination, etc. Applicants also are encouraged to offer training and education to minority older adults and providers in the community that will promote rights protection, service access, and security.

All proposals will be evaluated based on how well they address the specific priorities in this RFP. Funding for programs should be considered “seed” money, rather than an ongoing source of revenue. **According to guidelines in the Older Americans Act, all participants in funded programs must be given an opportunity for an anonymous and voluntary contribution.**

V. GEOGRAPHIC AREA TO BE SERVED

Services are to be provided to elder residents within one or more of the twenty-eight (28) cities and towns of the Merrimack Valley and North Shore including: Amesbury, Andover, Billerica, Boxford, Chelmsford, Danvers, Dracut, Dunstable, Georgetown, Groveland, Haverhill, Lawrence, Lowell, Marblehead, Merrimac, Methuen, Middleton, Newbury, Newburyport, North Andover, Peabody, Rowley, Salem, Salisbury, Tewksbury, Tyngsboro, Westford and West Newbury. Applicants may submit a proposal to serve a portion of the Merrimack Valley or North Shore or the entire Merrimack Valley and North Shore.

VI. FEDERAL, STATE & LOCAL CONTEXT FOR SUPPORTIVE SERVICES

The OAA outlines the following broad service categories that bidders are encouraged to consider in developing their proposals:

1. Access services, such as transportation, outreach, information & assistance, and case management
2. In-home services and other supportive services
3. Legal assistance (including services for grandparents raising grandchildren)

AgeSpan is committed to using its Title III funding (B, C, D and E) to support the programs, services and activities that promote the strategic goals as outlined by the ACL and EOEA:

1. Empower older adults, their families, and other consumers to make informed decisions and to be able to easily access existing health and long-term care options.
2. Enable older adults to remain in their own homes with high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers.
3. Empower older adults to stay active and healthy through OAA services and the new prevention benefits under Medicare.
4. Ensure the rights of older adults and prevent their abuse, neglect, and exploitation.

VII. APPLICATION PROCESS

A. Application Forms

Attached is an application package including checklist page, cover page, budget pages, application format, compliance forms and review criteria.

B. Time Frame for Submission

Completed applications must be received on or before **4:00 p.m., Friday, July 28, 2023. No application will be accepted after that date and time.** A Proposal Review Committee made up of members from AgeSpan's Board of Directors, Advisory Council, and staff will review applications. This Committee will make recommendations to the Board of Directors for final approval of awards. Notification of Grant Awards will be sent in September.

C. Submission Information

Mail completed applications to:

Martha Leen, Director of Community Programs/Area Agency Planner
AgeSpan
280 Merrimack Street, Suite 400
Lawrence, MA 01843
mleen@agespan.org

VIII. APPLICATION FORMAT/CONTENT

Proposals should follow the outline stated below. Please use the forms included here for checklist, cover page, budget, and Civil Rights compliance.

A. Checklist (Form 1)

B. Cover Page (Form 2)

Complete attached form and use as a cover page to application. Consider this page as a one-page statement of your proposal. Complete all sections as directed and provide a concise, comprehensive description of the program in the space provided. A duly authorized individual must sign this page. One original signature is required. Program period should cover any part or all of the first year of the funding period: October 1, 2023, to September 30, 2024.

Please Note: "federal" refers to the Title III funds requested; "local" refers to minimum 15% in-kind/cash match for 100% total. Applicants may choose to exceed the match to present the entire scope of the project. Please complete all information requested.

C. Estimated Project Budget (Form 3)

Complete attached form that will follow cover page to application. The total budget includes the requested Title III funding plus the minimum 15% in-kind/cash match.

D. Alternate Funding Sources (Form 4)

E. Proposal Summary (Maximum 1 page)

This should be a brief narrative that outlines the overall proposal, its targeted client population, scope of services provided and how the program will meet the needs of adults aged 60 and over with the greatest social and economic needs.

F. Proposal Narrative (Maximum 4 pages)

This section should include program goals, objectives and the program work plan with quantifiable action steps and clearly stated outcome measures. Include a listing of sites for service delivery, identifying those that are accessible for persons with disabilities and/or include your plan for transportation to sites that meet this requirement. **Emphasis should be placed on how your program will efficiently and effectively meet the growing and changing needs of the area's communities.**

Proposal narrative should include the following information as appropriate: data on minority, low-income or other target populations; demonstration of current and future coordination with other service agencies (including AgeSpan); outline of outreach efforts and service provision that would be specific to the targeted population (such as cultural appropriateness or reaching LEP older adults).

G. Contribution Plan (Maximum 1 page)

Please describe your plan to provide program participants with the opportunity to contribute to the program. Assurance must be included to address confidentiality. Also include any notices and/or literature used for contributions as appendices to the application.

H. Grievance Procedures (Maximum 1 page)

Offer a description of methods used to inform clients and/or potential clients of the availability of a grievance procedure if they are denied services or are dissatisfied with Title III services.

I. Continued Funding (Maximum 1 page)

All applicants **must** specify other sources of funding that have been secured or are being pursued to support this program. These can include private, foundation or public sources. Include in this section plans to continue the program if funding from Title III is no longer available. Identify fundraising strategies.

J. Evaluation (Maximum 1 page)

Include plans for evaluation of the program that measure achievement in reaching the quantitative and qualitative objectives. A copy of a client satisfaction survey should also be included as an appendix.

K. Attachments (to original copy only)

Applicants are required to submit the Affirmative Action Plan or Statement, the Civil Rights Assurance, a CORI check compliance statement, a copy of the agency's current financial audit, as well as any additional compliance/assurance documents related to the program.

IX. APPEALS PROCEDURE

An applicant agency whose proposal is denied may appeal in some cases. The Area Agency on Aging will send written notice to the applicant or provider within 10 days of making its decision. If the applicant believes the denial was due to arbitrary or unsubstantiated grounds, a request for appeal must be sent by registered mail or delivered to the Executive Office of Elder Affairs, 1 Ashburton Place, Boston, MA, 02108, Attn: General Counsel, and to AgeSpan, 280 Merrimack Street, Suite 400, Lawrence, MA, 01843, Attn: Martha Leen, within 10 days of receiving notification by the Area Agency. Further details on the Appeals Procedure may be obtained by contacting AgeSpan.

X. AUDIT

All recipients of federal financial assistance must be audited in accordance with the provisions of various circulars of the Office of Management and Budget (OMB). Administrative requirements for state and local governments are contained in OMB Circular A-102 and implementation of audit requirements in OMB Circular A-128. The corresponding circular for institutions of higher learning and other non-profits are A-

110 and A-133. As part of your proposal, please include a statement that you will conform to the pertinent regulations.

If your proposal is funded, we will require that an audit be conducted in accordance with the applicable OMB circulars. In the audit report, the statement on the scope of the audit should reference these circulars as appropriate. A copy of the audit report should be forwarded to this office immediately upon completion.

XI. ADDITIONAL REQUIREMENTS

- A. The grantee will be available to meet at least annually with AgeSpan staff for purposes of monitoring and evaluation. **Grantees will be monitored to assure their programs are in compliance with state and federal regulations.**
- B. An independent auditing firm will perform a financial audit and those results will be forwarded to AgeSpan. Small grants may be excluded from this requirement with prior approval from AgeSpan.
- C. Cost control statements and statistical data forms must be completed and received monthly **on or before the 10th of the month** before any checks can be issued.
- D. All budget line-item changes in grant year must be requested in writing to AgeSpan for approval.
- E. All publications or press releases should include the statement: **"This program has been made possible in part by funding from the Older Americans Act as granted by AgeSpan.**
- F. ACL mandates all Area Agencies on Aging to participate in the Older Americans Act Performance System (OAAPS). This system creates a central client database to clearly track Title III services received by older adults in the Merrimack Valley and North Shore. All Title III grantees are required to participate and to submit data on clients and units.
- G. Per Massachusetts State law and EOEA directives, all Title III Subgrantees are required to retain program and client records for a period of seven (7) years. Compliance with this policy will also be a part of the evaluation conducted for all subgrantees by Title III staff at AgeSpan.

XII. APPLICATION SELECTION PROCESS

A specially designated Proposal Review Committee comprised of members of the Board of Directors, the Advisory Council and staff will review all applications. A scoring sheet will be used to rank proposals and an interview with the applicant by the committee may be requested. Copies of program evaluations for existing grantees will be available to the Proposal Review Committee.

A. CRITERIA FOR SELECTION

Funds will be awarded on a competitive basis. The following criteria will be used by the Review Committee to evaluate the applications:

- 1. Ability of Agency to Implement Program
- 2. Program Need Identification
- 3. Plans to serve target populations

4. Goals and Objectives that reflect budgeted resources
5. Outreach and Publicity Efforts
6. Monitoring and Evaluation
7. Budget (cost effectiveness)
8. Sustainability
9. Adherence to Application Format/Content as outlined in this RFP

XIII. CONDITIONS PERTAINING TO THIS RFP

All applicants understand that this RFP does not commit AgeSpan to award contracts or pay any costs incurred in proposal preparation. Funding is dependent upon the individual merits of applications and available funding.

XIV. TECHNICAL ASSISTANCE

No Bidders Conference will be held for this RFP. Staff is available to answer questions regarding this procurement, completion of the application, or submission.

If you have any questions regarding this RFP, please contact Laura Marsan @ 978-946-1303 or email: lmarsan@agespan.org

The 2022-2025 Area Plan on Aging is available on AgeSpan's website: www.agespan.org

AgeSpan is an Affirmative Action/Equal Employment Opportunity Agency.



For AgeSpan use only
Application #:
Received:

FORM 1

RFP CHECKLIST

Please complete and mail with completed application.

Name of Organization: _____

Address: _____

Contact Person: _____

Phone #: _____

Check off that the following Title III-B Documents and forms have been completed:

- ☐ RFP Checklist (Form 1)
- ☐ Cover Page (Form 2)
- ☐ Estimated Project Budget (Form 3)
- ☐ Alternate Funding Sources (Form 4)
- ☐ Proposal (summary, narrative, contribution plan, Grievance Procedure, continued funding, evaluation)
- ☐ Civil Rights Assurance (Form 5)
- ☐ Attachments (Affirmative Action Plan or statement, CORI Check compliance statement, Agency's current financial audits, any additional compliance/assurance documents related to Project)

Enclosed are:

- ☐ Signed original will all compliance documents

Name of Proposed Project:					Name of Coordinator or Director:				
Name, Address, Phone of Applicant Organization:					Address of Proposed Project:				
Proposed Project Period:					Area To Be Served:				
From _____ To _____									
ESTIMATED PROGRAM BUDGET							ESTIMATED PROGRAM		
Category	Federal Title III	Federal/Other	Non-Federal/InKind/Cash	Total	1. Total unduplicated number to be served.				
Salaries					2. Number of service units to be provided. (Hours, Days, Meals, Contacts, Trips) Please circle correct unit used.				
Fringe									
Travel									
Raw Food					3. Expected number of minority to be served.				
Tele/Postage									
Utilities/Rent									
Printing/Supplies					4. Expected number of low income to be served.				
Equipment									
Other									
Total									
Project Goal:									
<div> <div></div> <div></div> </div>									
Date of Application					Authorizing Signature				



Form 3

ESTIMATED PROGRAM BUDGET
TITLE III APPLICATION PACKAGE

<u>Cost Category</u>	<u>Federal Title III</u>	<u>Federal/Other</u>	<u>Non- Federal/InKind/ Cash</u>	<u>Total</u>
Salaries (Itemize)				
Fringe _____%				
Travel _____%				
Raw Food				
Tele/Postage				
Utilities/Rent				
Printing/Supplies				
Equipment (Itemize)				
Other (Itemize)				
Total	\$	\$		\$



Form 4

Alternate Funding Sources

Please list other sources of funding for this project, which you have either received or for which you have applied. These sources may be grants or fund-raising initiatives. If you have not yet received a commitment of funding, simply write, pending under Date Received.

Agency: _____

Name of Proposed Project: _____

<u>Name of Funding Source</u>	<u>Amount of Funding</u>	<u>Date Received</u>	<u>Restrictions on Funding</u>
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			
6. _____			



Form 5

**ASSURANCE OF COMPLIANCE WITH THE DEPARTMENT OF HEALTH, EDUCATION
AND WELFARE REGULATION UNDER TITLE VI OF
THE CIVIL RIGHTS ACT OF 1964**

_____(hereinafter called Applicant)
Name of Applicant

HEREBY AGREES THAT it will comply with Title VI of the Civil Rights Act of 1964 (P.L. 88-852) and all requirements imposed by our pursuant to the Regulations of the Department of Health, Education, and Welfare (45 CFR Part 80) issued pursuant to that title, to the end that, in accordance with Title VI of that Act and the Regulations, no person in the United States shall on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department; and HEREBY GIVES ASSURANCE THAT it will immediately take any measures necessary to effectuate this agreement.

If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. In all other cases, this assurance shall obligate the Applicant for the period during which the Federal financial assistance is extended to it by the Department.

THIS ASSURANCE is given in consideration of and for the purpose of obtaining any and all Federal grants, loans, contracts, property, discounts or other Federal financial assistance extended after the date hereof to the Applicant by the Department, including installment payments after such date on account of applications for Federal financial assistance which were approved before assistance will be extended in reliance on the representations and agreements made in this assurance, and that the United States shall have the right to seek judicial enforcement of this assurance. This assurance is binding on the Applicant, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this assurance on behalf of the Applicant.

Date _____

Applicant

Applicant Mailing Address

By: _____ (President, Chairman of Board,
Chief Executive Officer, Executive Director
comparable authorized official)