

U.P. AREA AGENCY ON AGING/UPCAP  
 FY 2020-2022 MULTI-YEAR RFP SERVICES FOR OLDER ADULTS APPLICATION

**SERVICE REQUEST & DESCRIPTION**  
**For**  
**LEGAL ASSISTANCE**

**Applicant/Organization’s Name:**

**Geographic Area to be Served:**

Funding Sources: In-Home Negotiated

Reference: AASA Operating Standard for Service Programs VIII. C-10

Unit of Service: One hour spent performing allowable legal service

Instructions: Read the following service standards and check (X) the boxes in the ‘Agree’ column to indicate if the organization agrees to abide by that standard. Asterisks in the ‘Agree’ column indicate the need to respond to the statement or question in bold italics. Responses should be typed in the text box given. *Note: Refer to AASA Operating Standards for Service Programs for more information.*

ALL questions must be completed. Any questions not completed may delay or prohibit approval of this application.

	Agree (X)
<b>Definitions &amp; Service Delivery</b>	
<p>1. Each legal assistance program shall have the capacity to perform the full range of allowable service components that is best able to serve the legal needs of the community given the resources available. <b><i>Describe the types of legal assistance, cases, projects, community education, etc. you will provide, in priority order:</i></b></p> <p style="text-align: center;"><b><i>Are their specific instances/cases that you will not take or assist with? Please explain.</i></b></p>	<input type="checkbox"/> *
<p>2. Legal assistance programs should participate in activities that impact elder rights advocacy efforts for older adults such as policy development, program development, planning and integration activities, targeting and prioritizing activities, and community collaborative events. <b><i>Describe your involvement in community collaboration and planning activities in the past year :</i></b></p>	<input type="checkbox"/> *

<p>3. Each legal assistance program shall work to develop outcome measures to reflect the impact of legal services intervention on individual clients and older adults in the greatest social and economic need in the service area. These outcomes shall be used for program development. <b><i>Describe procedures for measuring these outcome measures and how you have utilized them for program development:</i></b></p>	<input type="checkbox"/> *
<p>4. If a legal assistance program is unable to assist a client, an appropriate referral should be made as available. Referral also may be necessary when the individual's need is outside the program's priorities or can be more appropriately addressed by another legal entity. <b><i>Describe situations where referrals were made to other entities, and to what particular entities referrals are made to most often:</i></b></p>	<input type="checkbox"/> *
<p>5. Each legal assistance program shall demonstrate coordination with local long term care advocacy programs, aging service program, Aging &amp; Disability Resource Centers (ADRCs), elder abuse prevention programs and service planning efforts operating within the project area. <b><i>Describe (in detail) your organization's coordination efforts among these entities:</i></b></p>	<input type="checkbox"/> *
<p>6. Each legal assistance program should participate in elder law training and technical assistance activities. <b><i>Describe your most recent participation in elder law training and technical assistance activities:</i></b></p>	<input type="checkbox"/> *

Please answer these additional questions specific to the delivery of legal assistance:

- A. Please complete the following chart related to your organization's presence in the region (add more rows if needed):

Office Location	Counties Served	Number of staff & their qualifications	Units of Service projected annually

B. Indicate why you feel providing this service is important in your geographical area. Specifically, how will it impact socially isolated, low-income and/or minority individuals? Please provide your area's demographic data, recent outcomes achieved, etc. to explain your answers.

C. As a provider of this service, your agency is required to offer and provide legal services in all 15 counties of the Upper Peninsula. How are your services promoted so that people age 60 and older know what legal services are available under this program, and where to go for assistance? Describe your plan for ensuring that individuals in every county of the Upper Peninsula are provided legal services as needed and requested.

D. Will any part of the proposed service be sub-contracted?  YES  NO

If yes, please explain:

## LOCAL MATCH AND PROGRAM INCOME STANDARDS

Providers are required to furnish a minimum of 10% of total unit costs as a local match. However, providers are not limited to this amount. Match may exceed this 10% minimum. Local match may be cash, in-kind, or a combination of the two. Failure to provide adequate local match for each service will result in termination of this agreement and recapture of costs attributable to that service.

Providers will be required to report Local Match and Program Income, by service/by county, on a quarterly basis. Program income as reported will be deducted from a provider's next payment. Failure to accurately report actual Program Income collected from clients for each service will result in termination of this agreement and recapture of costs attributable to that service.

## AGENCY FUNDING REQUESTS

1. Please indicate on the following form the amount in which you are applying for each category, service and county.
2. Include required match and estimated program income.
3. Provide separate information for each service represented in this application.
4. Grant dollars applied for shall not exceed county formula allocation levels.
5. Local match must be at least 10% (grant amount divided by 9) of grant dollars applied for.
6. Service Schedule – indicated the number of units to be provided by service and category.

## Legal Services: FY 2020 PROPOSED AGENCY FUNDING & UNITS

COUNTY	SERVICE	A FUNDING REQUEST	B UNIT RATE	C (A÷B) UNITS	D (A÷9) LOCAL MATCH	PROGRAM INCOME	Proposed # of PARTICIPANTS to be Served
Alger							
Baraga							
Chippewa							
Delta							
Dickinson							
Gogebic							
Houghton							
Iron							
Keweenaw							
Luce							
Mackinac							
Marquette							
Menominee							
Ontonagon							
Schoolcraft							
	<b>TOTALS:</b>						