



UPPER PENINSULA AREA AGENCY ON AGING/UPCAP
 MULTI-YEAR RFP SERVICES FOR OLDER ADULTS APPLICATION
 Fiscal Years 2020-2022 (October 1, 2019 – September 30, 2022)
COVER PAGE

APPLICANT NAME:					
APPLICANT FEDERAL ID:			APPLICANT DUNS #:		
EXECUTIVE DIRECTOR:			EMAIL ADDRESS:		
FINANCIAL DIRECTOR:			EMAIL ADDRESS:		
BUSINESS ADDRESS:					
CITY:			STATE:		ZIP:
PHONE NUMBER:			FAX:		
TYPE OF AGENCY:	<input type="checkbox"/> Public	<input type="checkbox"/> Private Non-Profit	<input type="checkbox"/> Private For-Profit	<input type="checkbox"/> Minority	
GEOGRAPHIC SERVICE AREA (Counties served)					

Only applications for those services indicated on your Letter of Intent are included with this packet, and are indicated below:

- IN-HOME SERVICES**
- Home Care Assistance (Personal Care)
 - Homemaker Aide
 - Respite Care
 - Chore

- CAREGIVER RESPITE SERVICES**
- In-Home Respite
 - Adult Day Care

- NATIONAL FAMILY CAREGIVER SERVICES**
- In-Home Respite
 - Adult Day Care Services
 - Caregiver Education & Training
 - Kinship Support Services

- COMMUNITY SERVICES**
- Adult Day Care
 - Legal Services
 - Long Term Care Ombudsman
 - Elder Abuse Prevention
 - Disease Prevention/Health Promotion

- NUTRITION SERVICES**
- Congregate Meals
 - Home Delivered Meals

- ACCESS SERVICES**
- Transportation

FY 2020-2022 MULTI-YEAR RFP SERVICES FOR OLDER ADULTS APPLICATION
GENERAL SECTION

Applicant/Organization's Name:

Any questions not completed may delay or prohibit approval of this application. Use additional pages if necessary.

1. **Organization's Background:** Include a history of the organization and a description of current programs offered, as well as the organization's experience in providing all services for which funding is being requested:

2. **Organization's Purpose & Planning:**

a. State the organization's purpose and current goals:

b. Describe how the organization engages in planning and its methods for identifying community needs:

c. If funding requested is not received, will the services you are applying for still be provided? If yes, what other funding sources might be used to provide the service(s)?

d. How will this funding add to or enhance your current program(s)?

3. **Board/Governance**: How does the organization ensure its board members become knowledgeable about current programs, services, contracts, and fiscal responsibilities?

4. **Financial Management**:

a. Indicate the amount of Federal and State dollars presently being managed by the applicant and whether the applicant has ever been cited for non-conformance and/or violation of Federal/State and Regional/Local standards. Be specific.

b. Briefly describe your bookkeeping procedures and accounting control mechanism:

c. Name of auditing firm & date a copy of latest audit was sent to the UPAAA, if applicable:

5. **Collaboration**: Describe any significant collaboration with other agencies that routinely contribute to program success. Include agencies that formally refer clients, provide complimentary services, or with which the organization has contractual agreements or shared resources. Also include your ongoing relationship with the local UPCAP Care Management Office:

6. **Subcontractor Waiver Request**: If requesting a waiver to utilize subcontractors, list each subcontractor and explain why each is necessary for the provision of service. Also describe how the organization will ensure that subcontractors comply with applicable AASA Operating Standards for Service Programs:

Additional Information:

If the application is for a private, non-profit organization, proof of tax-exempt status must be filed as an attachment to this section if not previously submitted. Two pieces of evidence are required:

Please provide **ONE** of the following:

1. A reference to the organization's listing in the Internal Revenue Services most recent cumulative list of organizations described in Section 501 (3) (c) of the Internal Revenue Code as tax exempt;

Or

2. A copy of a currently valid Internal Revenue tax exemption certificate.

Please provide **ONE** of the following:

1. A statement from the Michigan Department of Treasury of the Michigan Attorney General's Office verifying that the organization is a non-profit organization operating within the State and that no part of its earnings may lawfully inure to the benefit of any private share holder or individual;

OR

2. A certified copy of the organization's certificate of incorporation or similar document if it clearly established the non-profit status of the organization.

TERMS AND CONDITIONS

Applicant/Organization’s Name:

It is understood and agreed by the undersigned that:

1. The Applicant accepts the terms & conditions under which this Multi-Year Request for Proposals (RFP) has been issued;
2. Funds awarded as a result of this request are to be expended for the purposes set forth herein and in accordance with all public laws, regulations, policies, and procedures of the U.P. Area Agency on Aging, the Michigan Aging and Adult Services Agency, The Administration on Community Living, and the Michigan Department of Health and Human Services, where applicable;
3. Any proposed changes in the proposal as approved will be submitted in writing by the applicant and upon written notification of approval of the Area Agency on Aging shall be deemed incorporated into and become part of this agreement;
4. Funds awarded by the Area Agency on Aging may be terminated at any time for violations of any terms and conditions and requirements of the agreement;
5. Application will comply with all Area Agency on Aging reporting requirements and use forms as required by the Area Agency on Aging;
6. Applicant will comply with all Aging Services Contract provisions, Area Agency on Aging policies and Michigan’s Aging & Adult Services standards and definitions should this proposal be accepted.

Name and title of individual authorized by applicant to commit applicant to this agreement:

Typed Name:		Title:	
Signature:		Date:	