



Solicitation Information
16 Jan 07

RFP # **7003087**

TITLE: **Disease Prevention & Health Promotion Services – D.E.A.**

Submission Deadline: February 15, 2007 @ 2:00 PM (Eastern Standard Time)

Pre-Proposal Meeting: No

Questions concerning this solicitation may be e-mailed to the Division of Purchases at questions@purchasing.state.ri.us no later than **26 Jan 07 at 12:00 Noon (EST)**. Questions should be submitted in a *Microsoft Word attachment*. Please reference the RFP / LOI # on all correspondence. Questions received, if any, will be posted on the Internet as an addendum to this solicitation. It is the responsibility of all interested parties to download this information.

SURETY REQUIRED: **No**

BOND REQUIRED: **No**

Jerome D. Moynihan, C.P.M., CPPO
Administrator of Purchasing Systems

Vendors must register on-line at the State Purchasing Website at
www.purchasing.ri.gov

Note to Vendors:

Offers received without the entire completed three-page RIVP Generated Bidder Certification Form attached may result in disqualification.

THIS PAGE IS NOT A BIDDER CERTIFICATION FORM

Application Cover Sheet

Please type or print clearly. All information refers to the applicant organization.

Part I. Organizational Background
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Organization Name Amount Requested

Address City/State Zip Code

Executive Director

Phone Fax e-mail

501© 3 Status: circle YES NO

Primary contact person (if different from above) Position

Phone e-mail

Part II Types of Programs & Geographic Area Served

Please list geographic communities you serve: _____

Please list populations you serve:

- a) Low income and socially isolated _____ %
- b) Ethnic/racial minority _____ %
- c) Residents medically underserved areas _____ %

Race:
White ____ % Black ____ % Hispanic ____ % Asian ____ %

Native American ____ % Other ____ %

The Rhode Island Department of Administration, Division of Purchases, on behalf of the Department of Elderly Affairs is requesting a Request for Proposal (RFP) from qualified vendors to provide Stanford Chronic Disease Self-Management Program; Health Promotion & Disease Prevention Program and/or Medication Management in accordance with the terms of this solicitation and the State's General Terms and Conditions of Purchase (available at www.purchasing.ri.gov).

This document includes three (3) different options to the Requests for Proposal (RFP). One for Stanford Model Chronic Disease Self-Management, One for Medication Management, and one for Health Promotion and Disease Prevention Activities. A vendor may respond to any one of them. Should an agency choose to respond to more than one, they **must submit** separate RFPs clearly titled: Stanford Model Chronic Disease Self-Management, Health Promotion & Disease Prevention or Medication Management.

The Rhode Island Department of Administration is soliciting RFP from qualified agencies to provide the above programs to seniors, as described elsewhere herein, and in accordance with the terms of this Request and the State's General Conditions of Purchase.

This is a RFP, not an invitation for bid. Responses will be evaluated on the basis of the relative merits of the proposal, in addition to the appropriateness of the Proposed Budget. There will be no public opening and reading of responses received pursuant to this Request.

The contract awarded pursuant to this solicitation shall be for a one year period, commencing approximately late March, 2007. Funds will be determined based on individual need and availability during the scoring process. Successful applicants may be awarded two (2) 1-year contract extensions from the expiration of the initial contract term, contingent upon first year performance and availability of funds.

The focus of this health promotion program is:

- To recruit Rhode Island seniors who have chronic disease and provide them with education through strict adherence to the Stanford Chronic Disease Self-Management Program; and to recruit and train Peer Leaders. (2 grants);
- To provide health promotion and disease prevention services to low income, isolated, minority, medically under-served areas of seniors in Rhode Island (12 grants), and
- To provide Medication Management Program to seniors throughout Rhode Island (1 grant).

INSTRUCTIONS AND NOTIFICATIONS TO OFFERORS:

- Potential offerors are advised to review all sections of this Request carefully, and to follow instructions completely, as failure to make a complete submission as described elsewhere herein may result in rejection of the proposal.
- Alternative approaches and/or methodologies to accomplish the desired or intended results of this procurement are solicited. However, proposals which depart from or materially alter the terms, requirements, or scope of work defined by this Request will be rejected as being non-responsive.
- All costs associated with developing or submitting a proposal in response to this Request, or to provide oral or written clarification of its content, shall be borne by the offeror. The State assumes no responsibility for these costs.

- Proposals are considered to be irrevocable for a period of not less than sixty (60) days following the opening date, and may not be withdrawn, except with the express written permission of the State Purchasing Agent.
- All pricing submitted will be considered to be firm and fixed unless otherwise indicated herein.
- Proposals misdirected to other State locations or which are otherwise not present in the Division of Purchases at the time of opening for any cause will be determined to be late and may not be considered. The “Official” time clock is in the reception area of the Division of Purchases.
- In accordance with Title 7, Chapter 1.1 of the General Laws of Rhode Island, no foreign corporation shall have the right to transact business in the state until it shall have procured a Certificate of Authority to do so from the Rhode Island Secretary of State (401-222-3040). This will be a requirement only of the successful bidder (s).
- Offerors are advised that all materials submitted to the State of Rhode Island for consideration in response to this Request for Proposals will be considered to be public records, as defined in Title 38 Chapter 2 of the Rhode Island General Laws, without exception, and will be released for inspection immediately upon request, once an award has been made.
- It is intended that an award pursuant to this Request will be made to a prime contractor, who will assume responsibility for all aspects of the work. Joint venture and cooperative proposals will not be considered, but subcontracts are permitted, provided that their use is clearly indicated in the offeror's proposal, and the subcontractor(s) proposed to be used are identified in the proposal.
- The State of Rhode Island has a goal of ten per cent (10%) participation by MBE's in all State procurements. For further information, visit the web site www.rimbe.org. To speak with an M.B.E. Officer, call (401) 457-8253.
- Interested parties are instructed to peruse the Division of Purchases web site on a regular basis, as additional information relating to this solicitation may be released in the form of an addendum to this RFP / LOI
- **Equal Employment Opportunity (RIGL 28-5.1)**
§ 28-5.1-1 Declaration of policy. – (a) Equal opportunity and affirmative action toward its achievement is the policy of all units of Rhode Island state government, including all public and quasi-public agencies, commissions, boards and authorities, and in the classified, unclassified, and non-classified services of state employment. This policy applies in all areas where the state dollar is spent, in employment, public service, grants and financial assistance, and in state licensing and regulation. For further information, contact the Rhode Island Equal Employment Opportunity Office, at 222-3090

BACKGROUND AND PURPOSE:

The Rhode Island Department of Elderly Affairs' mission is to improve the health status of Rhode Island seniors. Many seniors need improved access and information to maximize their health status. This is especially true among low income, isolated, minority and medically under-served area seniors who face structural and/or cultural barriers to optimum health.

- For the purpose of this RFP, applicants must be public or private tax exempt organizations under section 501(c)(3) of the Internal Revenue Code; and
- The agency or unit of local government has demonstrated ability to provide disease prevention and health promotion programs for seniors:
 1. are low income or socially isolated;
 2. members of ethnic/racial minorities; and/or
 3. residents of medically under-served areas.

Qualifications

The contractor will provide all services and materials to support this project. To be considered vendors must demonstrate proven experience in the following:

- Ability to develop materials for different levels of understanding/education;
- Providing information to multi-cultural groups;
- Capacity to recruit, hire and train staff; and must
- Provide identification of all staff and/or subcontractors proposed as members of the project team, and the duties, responsibilities, and concentration of effort which apply to each, as well as resumes, curricula vitae, or statements of prior experience and qualification with complex public sector programs and/or benefit programs and
- Provide a detailed budget for the above requirements in the format included in Attachment 2 of this RFP along with all other required information as detailed below.

REQUEST FOR PROPOSAL (A): RI Healthy Aging: Stanford Chronic Disease Self-Management Program (CDSMP) Under the Older Americans Act Disease Prevention & Health Promotion Services, Title III, Part F; DEA seeks two (2) vendors to provide CDSMP Outreach, Recruitment and Education via strict adherence to the Stanford University Evidence-Based Disease and Disabilities Model. Each award is \$10,000.

SCOPE OF WORK

The Goal of this RFP is to establish in Rhode Island for seniors, a Chronic Disease Self-Management Program through strict adherence to the evidence-based Stanford Program. This program must target individuals who have a chronic disease or diseases, such as arthritis, cardiovascular diseases, lung diseases, and who are able to be educated in chronic disease self-management utilizing the English materials prepared by Stanford.

TASKS

- Outreach and Recruitment Activities include, but are not limited to:
 - 1) Coordinate (plan, organize, advertise and set up) three (3) CDSMP workshops for seniors with chronic disease(s) who are able to be educated using Stanford materials in English. The number of people completing each event should be a minimum of 10;
 - 2) Coordinate (plan, organize, advertise and set up) one (1) Peer Leader Training for seniors with chronic disease who are interested and able to educate their peers who have chronic disease, utilizing the Stanford CDSMP model;
- Education Activities include, but are not limited to:

Provide support (space, training materials) to two (2) Master Trainers who will conduct the three (3) CDSMP workshops for elder constituents within the broader community served by the agency; and provide support (space, training materials) to Peer Leader Trainers who will conduct the Peer Leader Training;

- Create strategies to reach hard to reach constituents;
- Purchase and/or make copies of Stanford CDSMP materials including but not limited to 135-page Leaders Manuals and books for each trainee that cost approximately \$18.95 each;
- Attend and participate in all required meetings with RI Healthy Aging Team, as scheduled by the Team, and bring to Team meetings for discussion and resolution challenges that arise in applying the Stanford CDSMP Model;
- Prepare quarterly and other required reports to RI Healthy Aging Team including, but not limited to type of workshop, number of attendees, demographic information of attendees (age, income, race, primary language etc);
- Complete and submit to RI Healthy Aging Team all pre-and post training and other evaluations, as required.

Applicants who choose to apply for the RI Healthy ACDSMP grant are required to submit a completely separate application and competitive review process as explained on page 8, 9 and 10. **The RIDEA requires assurance that the grantee or the subcontractor is credentialed to provide the Stanford Chronic Disease Self-Management Program as a contingency for acceptance of the review process.**

DELIVERABLES

1. Vendors shall report service data to DEA in a manner and format to be specified by DEA. Data to be gathered and transmitted to DEA by each vendor shall include, but may not be limited to: project goal, activities for the quarter (What/ When/ Where), materials prepared (flyers/posters/press releases).
2. Vendors shall provide DEA with quarterly reports on outreach and education activities in a manner and format provided by DEA. Data to be provided shall include, but may not be limited to: date of activity; group name; number of attendees; number of people who participated in activities this quarter, ethnic group(s) served during this quarter, geographical area served during this quarter.
3. Vendors shall provide DEA with quarterly reports documenting progress in performing tasks. Reports will be due on April 1, 2007, July 1 2007, October 1, 2007 and December 31, 2007.

Contract Performance Evaluation:

The above described reports, together with customer satisfaction data, will form the basis for evaluating contractor performance.

REQUEST FOR PROPOSAL (B): Health Promotion & Disease Prevention

A total of approximately twelve (12) grants of \$5,000 each for a specific program will be awarded. An agency may choose to conduct more than one program at \$5,000 each during the calendar year. It is DEA's intent to provide a mix of health promotion & disease prevention services that are responsive to ethnic and cultural diversity seniors.

SCOPE OF WORK

The Goal of this RFP is to establish eight (12) Health Promotion and Disease Prevention programs in Rhode Island. The agencies responding to the RFP must have demonstrated ability to provide disease prevention and health promotion services for seniors who:

- are low income or socially isolated;
- members of ethnic/racial minorities;
- residents of medically under-served areas.

Each program will develop a culturally and linguistically appropriate Health Promotion & Disease Prevention Program to address the needs of the community they serve as well as collaborate with other organizations providing services and activities to seniors in Rhode Island.

During the period of this grant, the vendor shall focus on one or two of the following Health Promotion activities for seniors:

- educational workshops addressing diabetes, heart disease, cancer and nutrition
- physical activity (exercise group, Tai-Chi, Yoga, etc)
- fall prevention (walking program, strengthening etc)

TASKS

Outreach activities include, but are not limited to:

- Coordinate (plan, organize, and set up) ten (10) Health Promotion & Disease Prevention workshops on the following chronic diseases: diabetes, heart disease, cancer and nutrition;
- The number of people attending each event should be a minimum of 30;
- Ensure appropriate advertising of each event;
- Provide information and materials in languages other than English that may assist eligible individuals in accessing health services;
- Participate in at least two (2) health promotion and disease prevention informational events during the grant year such as health fair, community fair etc;
- Provide information, referral and assistance regarding health topics as needed for seniors and adults with disabilities;
- Coordinate 2 additional workshops to educate Medicare Beneficiaries about the My Medicare Health Prevention benefits to be conducted by the Senior Health Insurance Program (SHIP);
- Prepare quarterly reports to DEA Program Manager on: Type of workshop, number of attendees, demographic information of attendees (age, income, race, primary language etc);
- A budget cost proposal that includes agency fee;
- Organize one of these activities to be held during Older Americans month in May;
- Create strategy to reach hard to reach communities.
- Coordinate information and promotional activities with existing CIS & SHIP programs

Physical activity program includes but is not limited to:

The types of proposals that will be funded are those that provide services outlined under the Disease Prevention and Health Promotion Act such as:

- Develop two physical fitness programs during grant period;
- Each program will be no less than 3 hrs per week for 10 weeks and include a minimum of 20 seniors;

Fall Prevention Program includes but is not limited to:

- Develop an educational program on injury prevention (including fall and fracture prevention) in the home environment;
- Provide 10 educational workshops during the grant period with a minimum of 20 seniors designed to educate seniors on fall prevention in the home;
- Coordinate (plan, organize, and set up) ten (10) Fall Prevention workshops.
- The number of people attending each workshop should be a minimum of 30;

REQUEST FOR PROPOSAL (C): Medication Management

Under the Older Americans Act Disease Prevention & Health Promotion Services, Title III, Part F we seek a vendor to provide Medication Management activities. A total of one grant will be awarded totaling approximately \$26,000 in total grant awards.

SCOPE OF WORK

The Goal of this RFP is to establish a Medication Management Program in Rhode Island for seniors and adults with disabilities. In particular, this program should target and be able to address the needs of hard to reach, minority and non-English speaking seniors who need assistance in managing their medication.

TASKS

The purpose of the Medication Management Program is to:

- Effectively assess, counsel and monitor the consumer resulting in improved medication adherence and positive therapeutic outcomes.
- Identify actual and potential medication related problems (e.g. dosage, interaction etc) in older adult population,
- Evaluate and counsel older people on the effects of medication non-compliance and,
- Provide counseling on drug therapy and medication management to older patients, their families and caregivers, with particular attention given to low income and minority communities.

The RIDEA requires assurance that the grantee or the subcontractor is credentialed to provide professional counseling and advice on medication management techniques and disbursements of said medications as a contingency for acceptance of the review process.

DELIVERABLES: (for both Health Promotion and Medication Management)

Reports:

4. Vendors shall report service data to DEA in a manner and format to be specified by DEA. Data to be gathered and transmitted to DEA by each vendor shall include, but may not be limited to: project goal, activities for the quarter (What/ When/ Where), materials prepared and samples (flyers/posters/press releases). See Attachment A
5. Vendors shall provide DEA with quarterly reports on outreach and education activities in a manner and format provided by DEA. Data to be provided shall include, but may not be limited to: date of activity; group name; number of attendees; number of people who participated in activities this quarter, ethnic group(s) served during this quarter, geographical area served during this quarter.
6. Vendors shall provide DEA with quarterly reports documenting progress in performing tasks. Reports will be due on April 1, 2007, July 1 2007, October 1, 2007 and December 31, 2007.

Contract Performance Evaluation:

The above described reports, together with customer satisfaction data, will form the basis for evaluating vendor performance.

CONTRACT TERMS:

Contract(s) issued pursuant to this RFP shall be awarded for an initial one year period.

DEA reserves the right to increase or decrease the amount awarded for staffing in this contract based on documented level of need.

CONDITIONS:

The following conditions shall be incorporated into any grant that results from this RFP. This listing is not inclusive of all requirements.

1. Changes

Any proposed change in this grant shall be submitted in writing to the Director of DEA. Any amendment to provisions of this contract shall be valid only when it has been signed by both parties and attached to this contract.

2. Acknowledgement of Funding sources

All publicity and printed material relating to the performance of this contract must indicate the assistance of the RI Department of Elderly Affairs.

3. Availability of Funds

It is expressly understood that all funds obligated in this contract are contingent upon receipt of funds by the Department of Elderly Affairs. The DEA reserves the right to reduce its financial obligation, postpone funding, or terminate this agreement.

4. Compliance with Auditing Requirements

The contractor will comply with all DEA auditing policies and procedures.

5. Reports

The vendor shall keep and maintain a record of time spent in performing the services required, and upon request, present such as records to the State of Rhode Island. The vendor must provide quarterly program and financial reports to include but not limited to the number of program participants, program completed, referrals and volunteers recruited and trained (see attached).

6. Prohibited Interest

No member, officer, trustee, or employee of the DEA shall have any interest – direct or indirect – in this grant or the proceeds thereof.

7. Equal Employment Opportunity/Non-Discrimination

In connection with the execution of this grant, the contractor shall not discriminate against any employee, or applicant for employment, or recipient of service, because of race, religion, color, sex, age, national origin, or handicap. In the event of contractor's non-compliance with the Equal Employment Opportunity/Non-Discrimination clauses of this grant, or with any of said rules, regulations, or orders, this grant may be cancelled, terminated or suspended in whole or in part, and contractor may be declared ineligible for further DEA grants.

8. Grant Termination

DEA may terminate this grant, or any portion of it, by serving written notice of termination on contractor. The notice shall state whether the termination is for convenience of DEA or for default of contractor. If the termination is for default, the notice shall state the manner in which contractor has failed to perform the requirements of the grant. Contractor shall account for any property in its possession paid for from funds received from DEA, or property supplied to contractor by DEA.

9. Identifications

The contractor shall indemnify and hold harmless DEA and the State or RI from and against all loss, costs, liability, damage, and expense whether direct, consequential, or incidental; for personal injury and for property damage and expense arising out of, or resulting in whole or in part, directly or indirectly, from work or operations under the contract by not limited to the acts, errors, omissions and negligence of contractor's employees and agency.

EVALUATION CRITERIA:

Responses will be evaluated using the following criteria:

1. Previous Experience and Background (20 points)
2. Agency Capability (20 points)
3. Work plan/Approach (40 points)
4. Suitability of Cost Proposal (20 points)

Responses **(an original plus three (3) copies)** should be mailed or hand-delivered in a sealed envelope marked “**RFP # 7003087**”to:

RI Dept. of Administration
Division of Purchases, 2nd floor
One Capitol Hill
Providence, RI 02908-5855

NOTE: Proposals received after the above-referenced due date and time may not be considered. Proposals misdirected to other State locations or which are otherwise not presented in the Division of Purchases by the scheduled due date and time will be determined to be late and may not be considered. Proposals faxed or emailed to the Division of Purchases will not be considered. The official time clock is located in the reception area of the Division of Purchases

Responses **MUST** include the following:

1. A completed and signed W-9 form (downloaded from the RI Division of Purchases Internet home page at www.purchasing.ri.gov)
2. A narrative proposal (not to exceed 5 pages, single spaced, font no smaller than 12 point) including the following:
 - a. Vendor’s Organization and Staffing: This section shall include identification of all staff and/or subcontractors proposed as members of the project team, and the duties, responsibilities, and concentration of effort which apply to each (as well as resumes, curricula vitae, or statements of experience and qualification for staff already employed).
 - b. Work plan/Approach Proposed: This section shall describe the vendor’s understanding of the State’s requirement, including the result(s) intended and desired, the approach and/or methodology to be employed. The work plan description shall include a detailed proposal project schedule, a list of tasks, activities, and programs proposed for this project.
 - c. Previous Experience and Background: This section shall contain (a) a comprehensive listing of similar projects undertaken and/or similar clients served, including a brief descriptions of the projects; and (b) A description of the business background of the vendor (and all subcontractors proposed), including a description of their financial position.
 - d. Cost Proposal
Complete the budget pages included in Attachment B of this solicitation.
As stated in this solicitation.

Notwithstanding the above, the State reserves the right to accept or reject any or all vendors. The state also reserves the right to award in whole or part and to act in its best interest.

Attachment A

RI Department of Elderly Affairs

Program Report HEALTH PROMOTION & DISEASE PREVENTION & MEDICATION MANAGEMENT

*Quarterly Program Report
January 1, 2007 through December 31, 2007*

Agency _____

Date Prepared _____

Program Coordinator _____

Report Completed by _____

e-mail _____

Program Reporting: _____ Health Promotion _____ Medication Management

Quarter Reporting:

___ 1st Quarter Report due April, 1 2007 ___ 2nd Quarter Report due July, 1 2007

___ 3rd Quarter Report due October 1, 2007 ___ 4th Quarter Report due January 1, 2008

Project Goal (Brief Description) _____

Activities for this Quarter (What/When/Where) _____

Number of People who participated in activities this quarter

Ethnic group(s) served during this quarter

Geographical Area served during this quarter

Materials prepared (flyers/posters/press releases)

Attachment B

State of Rhode Island & Providence Plantations

Department of Elderly Affairs

APPLICATION FOR FUNDING

State Funds

Federal Funds

Title of Project: _____

Applicant Agency: _____

Telephone Number: _____ Fax Number: _____

Official(s) authorized to sign:

Name/Title _____

Address _____

Telephone Number: _____ Extension: _____

Fax Number: _____

E-Mail: _____

Project Director: _____

Address: _____

Telephone Number: _____ Extension: _____

Fax Number: _____

E-Mail: _____

Budget Period: From: _____ To: _____

Signature: _____

Chief Executive Officer [Name & Title]

Date: _____

Federal Employee Identification Number: _____ (9 Digits)

Is agency part of a municipality? _____
yes no

State of Rhode Island & Providence Plantations

Department of Elderly Affairs

APPLICATION FOR FUNDING

Name of Agency: _____

BUDGET SUMMARY

<u>Budget Category</u>	<u>Total</u>	<u>Federal Funds</u>	<u>State</u>	<u>Other</u>
1. Personnel	\$	\$	\$	\$
2. Travel				
3. Building Space				
4. Utilities				
5. Supplies				
6. Equipment				
7. Contract Services				
8. Other				
9.				
10. Total	\$		\$	\$
11. Resources not used as match	\$ _____	Total from page 10 of 10		
12. Project Net Cost	\$ _____			
13. Resources used as match	\$ _____	Total from page 10 of 10		
14. Funds requested	\$ _____	Total		
	\$ _____	State		
	\$ _____	Federal		

State of Rhode Island & Providence Plantations

Department of Elderly Affairs

APPLICATION FOR FUNDING

Name of Agency: _____

1. PERSONNEL

<u>Position</u>	<u>Salaried</u>	<u>Hourly Rate</u>	<u>Hours Per Week</u>	<u>% of Time on this Grant</u>	<u>Total</u>
-----------------	-----------------	------------------------	-------------------------------	--	--------------

Total: \$ _____

Fringe Benefits: Total: \$ _____

DEA Use: _____ % _____

Includes, but is not limited to:
(Check appropriate box)

Health Insurance []

Workers' Compensation []

RI Unemployment []

FICA []

Retirement []

Other (specify) []

Total estimated salaries/wages/fringe benefits \$ _____

State of Rhode Island & Providence Plantations

Department of Elderly Affairs

APPLICATION FOR FUNDING

2. ESTIMATED TRAVEL

A. In State

Estimated # of miles _____
Rate/mile x _____
Total

B. Out of State of Rhode Island

<u>Purpose</u> (Including, but not limited to)	<u>Estimated Cost</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total \$ _____

Total Estimated Travel \$ _____

3. BUILDING SPACE

Location: _____ Location: _____

Square Footage: _____ Square Footage: _____ Annual
Rate/Sq. Foot: \$ _____ Annual Rate/Sq. Foot \$ _____
Annual Expense \$ _____ Annual Expense \$ _____

Location: _____ Location: _____

_____ Location: _____

Square Footage: _____ Square Footage: _____

Annual Rate/Sq. Foot: \$ _____ Annual Rate/Sq. Foot: \$ _____

Annual Expense \$ _____ Annual Expense \$ _____

Total Estimated Building Space: \$ _____

State of Rhode Island & Providence Plantations

Department of Elderly Affairs

APPLICATION FOR FUNDING

Name of Agency: _____

A. Telephone

of telephones _____
Monthly Rate \$ _____ x 12 = \$ _____

B. All Other Utilities:

Heat \$ _____
Electricity \$ _____
Gas \$ _____
Water \$ _____
Sewer \$ _____
Other (specify) \$ _____
_____ \$ _____
_____ \$ _____

(Check those that apply)

Total Estimated Utilities: \$ _____

5. SUPPLIES

<u>Category</u>	<u>Estimated Cost</u>
a. Office	\$ _____
b. Maintenance	\$ _____
c. Health	\$ _____
d. _____	
Total Estimated Supplies	\$ _____

“SUPPLIES” – All tangible personal property other than “equipment” as defined in section 6.

State of Rhode Island & Providence Plantations

Department of Elderly Affairs

APPLICATION FOR FUNDING

6. EQUIPMENT

<u>Item</u>	<u>Quantity</u>	<u>Cost Per Unit</u>	<u>Estimated Total Cost</u>
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Total Estimated Equipment \$_____

“EQUIPMENT” – tangible, nonexpendable, personal property having a useful life of more than one year and acquisition cost of \$5,000 or more per unit.

State of Rhode Island & Providence Plantations

Department of Elderly Affairs

APPLICATION FOR FUNDING

Name of Agency: _____

7. CONTRACT SERVICES

<u>Services</u>	<u>Estimated Rate</u>	<u>Units of Service</u>	<u>Estimated Total Cost</u>
a.	\$		\$
b.	\$		\$
c.	\$		\$
d.	\$		\$

Total Estimated Contract Service..... \$ _____

State of Rhode Island & Providence Plantations

Department of Elderly Affairs

APPLICATION FOR FUNDING

Name of Agency: _____

8. O T H E R

<u>Item Service</u>	<u>Estimated Rate</u>	<u>Units of Services</u>	<u>Total Estimated Cost</u>
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Total Estimated Other \$ _____

State of Rhode Island & Providence Plantations

Department of Elderly Affairs

APPLICATION FOR FUNDING

Name of Agency: _____

9.

State of Rhode Island & Providence Plantations

Department of Elderly Affairs

APPLICATION FOR FUNDING

Name of Agency: _____

10. OTHER RESOURCES

Used as Match

Not Used as Match

1. Cash

1. Cash

Subtotal: _____

Subtotal: _____

2. In-Kind

2. In-Kind

Subtotal: _____

Subtotal: _____

Total used as match: _____

Total used as non-match: _____

PLEASE REMEMBER TO INCLUDE THESE TOTALS ON YOUR BUDGET SUMMARY TOTAL PAGE.

Applicant Check List

Please ensure that you have included the following:

- ___ Application Cover Sheet
- ___ Narrative Proposal
- ___ Organizational chart & Board list, as well as demonstration of board endorsement supporting the organization's commitment to undertake the proposed health promotion project.
- ___ Resume of Staff members who will work on this project
- ___ Most Recent Financial Statement
- ___ Proposed Budget
- ___ Other pertinent organizational materials
- ___ Copy of 501 (c)(3) tax exempt IRS Letter, or that of the fiscal sponsor.
- ___ Tax I.D. W-9
- ___ If using a fiscal agent, letter from fiscal agent agreeing to serve in this capacity.