

REQUEST for PROPOSAL # 7004703

Aging & Disability Resource Center (ADRC)



Solicitation Information
JUNE 4, 2007

RFP# 7004703

TITLE: Aging & Disability Resource Center (ADRC)

Submission Deadline: JULY 2, 2007 at 11:00 A.M. (Eastern Daylight 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 **JUNE 18, 2007 at 12 Noon (Eastern Daylight Time)**. 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

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Aging & Disability Resource Center (ADRC)

The Rhode Island Department of Administration, Office of Purchases, on behalf of the State of Rhode Island, Department of Elderly Affairs, is requesting proposals from qualified vendors to provide a full service Aging & Disability Resource Center (ADRC), in accordance with the terms of this solicitation.

The Rhode Island Department of Elderly Affairs (RIDEA) is seeking one contractor to provide:

- A statewide information, referral and assistance phone line and walk-in center
- A comprehensive center that will include, but not be limited to:
 - Screening
 - Assessment
 - Counseling
 - Eligibility Determination
 - Enrollment Services

The focus of the ADRC is to serve as the primary gateway to home and community-based long term care services and institutional care. The ADRC will ensure that all individuals have access to information, assistance, assessment and counseling services regarding home and community based services, institutional care and any other related long term care services.

The contractor selected as a result of this solicitation will work in partnership with RIDEA program staff, partnering state agencies; including the Department of Human Services (DHS) and the Executive Office of Health and Human Services (EOHHS); and all other walk-in sites, workgroups and advisory committees that are addressing statewide planning, programs and resources.

The contract awarded pursuant to this solicitation shall be for two years, August 1, 2007 through July 31, 2009, with an option for three one-year extensions through July 31, 2012. No proposal submitted with a total budget that exceeds \$325,000 for a fourteen month period (First budget period: August 1, 2007 thru September 30, 2008) will be considered.

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.

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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) 574-8253.

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,*

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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:

In 2003, RIDEA was a proud recipient of the ADRC initiative grant and in 2006, RIDEA was awarded a continuation ADRC grant. The ADRC is currently known in Rhode Island as THE POINT.

THE POINT believes in empowering seniors and adults with disabilities to have greater control over their lives by improving their ability to make informed choices.

THE POINT improves access to information and linkages to long term supports and chronic care service for seniors and adults with disabilities statewide. Although THE POINT has a special focus on providing access to publicly funded services, it also provides information, counseling, and assessment to anyone regardless of age or income. Early intervention may result in better outcomes for the individual and potential savings to Medicaid, the state and the individual.

THE POINT has the following goals:

- Identify and intervene with individuals at risk of entering an institution with the goal of providing them with information, screening, assessment and counseling that will allow them to make informed choices about the long term supports they receive.
- Collect and disseminate timely and accurate information about the availability and quality of services supporting seniors and adults with disabilities.
- Streamline the intake, assessment, and eligibility determination process for long term support services funded through Medicaid, the Older Americans Act or state revenue to maximize the likelihood that individuals will be able to receive the support they need to stay in the community.
- Collect comprehensive information about services that seniors and adults with disabilities need or desire and identify gaps in available services.
- Assist the state in maximizing the benefit of limited resources by matching needs and preferences of seniors and adults with disabilities to the most cost effective setting.

THE POINT will serve seniors and adults with disabilities statewide.

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THE POINT is operating in an environment affected by the following factors:

- Population aging and increases in survival rates for disabling conditions will increase the number of individuals requiring long term supports and the costs of these services.
- There will always be pressure to contain state and federal spending for these services, although the extent of that pressure will fluctuate over time.
- States will require greater ability to match individuals to the most cost-effective service plan and to have data on the individuals they support in order to make informed policy decisions.

THE POINT will be uniquely situated to serve as the primary entrance hub for Medicaid funded long term supports and services. It is designed to be the principal mechanism for allowing states to control costs by using informed choice to divert individuals from institutions to less expensive community settings.

THE POINT will provide a comprehensive call and walk-in center that will include the following range of screening, assessment, counseling, eligibility determination and enrollment services:

- *Intake*: The process through which inquiries are initially answered with the goal of quickly and efficiently routing the individual to the most appropriate information source or type of service.
- *Benefits Counseling*: Benefit Specialists will be available to ensure that individuals receive information about and assistance in applying for public and private benefits for which they are eligible.
- *Linkage to LTC Service*: THE POINT will connect individuals in need of long term supports with the providers of these services.

THE POINT will serve as the doorway to all publicly administered long term supports. The contractor will be responsible for the following tasks and deliverables:

- The contractor shall establish a call and walk-in center.
- The contractor will install a phone system, computer system and all furnishings and office equipment necessary to accomplish the goals of THE POINT.
- The contractor will employ one full time manager to manage, coordinate and organize all activities and responsibilities within this solicitation. The scope of work described within does not exceed one full time manager.
- The contractor will employ and train benefit specialists to cover the operating hours of THE POINT. THE POINT manager will determine staffing based on call

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- volume statistics which will be provided upon award. The workforce must include, at a minimum, bilingual capacity in Spanish during all operating hours. THE POINT must establish links to provide service capacity in other languages.
- The contractor shall develop a plan to implement the AIRS (Association of Information and Referral Specialists) Standards for Information, Referral and Assistance. These Standards include, but are not limited to the following:
 - THE POINT will act as a knowledgeable and courteous initial client contact that sets the tone for successful consultation or referral.
 - THE POINT will provide the public with a toll-free number, TTY and email capabilities.
 - THE POINT will answer all inquiries with a system that ensures that a client speaks directly with a person, as opposed to an answering machine or voicemail, where practicable.
 - THE POINT will be open Monday, Wednesday and Friday from 8:30 am to 4:00 pm, Tuesday and Thursday from 8:30 am to 8:00 pm and Saturday from 8:30 am to Noon.
 - THE POINT will have a mechanism for routing after hour inquiries through a staffed answering service, either privately or publicly run, including 2-1-1 services, this provision must be included in this proposal.
 - The contractor must work in partnership with all walk-in sites. This partnership will include, but not be limited to the following:
 - Scheduling appointments for walk-in or home visit services throughout the state.
 - Coordinating and organizing training events, staffing trade shows and development of public relations materials.
 - Participating in workgroup and advisory committee meetings.
 - The contractor must have the capacity to provide the following:
 - Meet physical accessibility requirements and be able to provide information and assistance to walk-ins in a private location that is easily accessible through public transportation.
 - Identify if a caller has previously contacted THE POINT, using a database of caller information.
 - Identify the problem leading to the inquiry, the knowledge and capacities of the inquirer, and the urgency of the problem, to determine how to approach the information-giving service.
 - Provide information, which is updated through continual revision at intervals sufficiently frequent to ensure accuracy of information and comprehensiveness of content, about services, resources, providers and programs related to LTC or chronic care.
 - Indicate to the client those organizations that may be capable of meeting the client's need(s). Assist in linking clients to those resources and organizations. Organizations may include, but are not limited to:
 - Adult Protective Services, abuse, neglect and exploitation
 - Transportation
 - Health and nutrition

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- Legal and financial matters
- Employment, training and vocational rehabilitation
- Education, recreation, life enhancement and volunteerism
- Long-Term Care Ombudsman Program and other advocacy groups
- Other relevant social service hotlines
- Licensing and monitoring agencies for nursing facilities and other relevant providers
- Refer calls with defined legal issues to the proper authorities. These include calls that must by law be handled by RIDEA Adult Protective Services (APS), the police department, the fire and emergency medical services, and any agency responsible for serving specific populations.
- Escalate all inquiries for urgent or emergency service or for which the client's need can not be identified to the THE POINT manager. THE POINT manager will determine the severity of the case and the best course of action.
- The contractor will collect all information as required by RIDEA. Examples of such information will include but not be limited to: sufficient information (name and address) and applicable data concerning the client's condition, environment or need to facilitate a link to the most appropriate individual or agency.
- The contractor will complete and submit all required reporting monthly to RIDEA. Reports will include, but not be limited to the following:
 - Call Tracker Reporting
 - ADRC Monthly Report
 - ADRC Semi-Annual Report
 - SHIP Talk
 - SMP Smart Facts
 - All required federal and state grant reports
 - Financial Monthly Report
- The contractor will develop and implement a system of customer satisfaction tracking based on a sampling of follow-up inquiries to client's of THE POINT and provide a written report on the results to RIDEA. This survey will be required twice a year.
- The contractor will employ and train a sufficient number of benefit specialists to staff THE POINT. Benefit specialists should demonstrate a working knowledge of, but not limited to the following topics:
 - Medicaid
 - Medicare
 - Medicare Supplement Insurance
 - Long Term Care Financial Planning
 - Supplemental Security Income
 - Social Security
 - Medical Assistance
 - RIPAE
 - Medicare Part A, B and D
 - RI Help

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- Housing Problems
 - Homestead tax credit
 - Information on age discrimination
 - Supportive home services
 - Home modifications
 - Heating Assistance
 - Reverse Mortgages
 - General relief
 - Legal Services
- The contractor will assist all partners, other community agencies and individuals with inquiries about federal and state rules and regulations for government benefits and programs.
 - The contractor will field basic inquiries and detailed questions from individuals regardless of age or income to streamline the navigation through the long term care system.
 - The contractor will assist potential applicants as a secondary resource to family members and caregivers in gathering information and assistance in completing applications.
 - The contractor will organize, schedule and conduct trainings for all ADRC staff on long term care programs, benefits, eligibility requirements and processes for application.
 - The contractor will identify areas of repeated difficulty for individuals and bring those issues to the attention of RIDEA.
 - The contractor will organize, schedule and facilitate quarterly advisory meetings and monthly workgroup meetings.
 - The contractor will follow advisory board recommendations for changes to operating policies and procedures.
 - The contractor will continue to service an individual in securing their needs and will not place any timeframe or limitation on the number of times an individual may utilize THE POINT.

QUALIFICATIONS:

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

- Ability to develop materials for all levels of education/understanding.
- Provide information to multi-cultural populations (at least two languages, in addition to English).
- Demonstrate the capacity to recruit, hire and train a work force.
- 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 qualifications with complex public sector programs and/or benefit programs.

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- Provide a detailed budget for the above requirements in the format included in this request for proposal.

CONTRACT TERMS:

The contract issued pursuant to the request for proposal shall be awarded for a two year period August 1, 2007 through July 31, 2009 (contingent on continued funding). The contract will allow for three one year extensions to July 31, 2012 based on satisfactory performance of the contractor and availability of funding.

The contract issued pursuant to the request for proposal shall include a budget of no more than \$325,000 for a fourteen month period (First budget period: August 1, 2007 thru September 30, 2008). RIDEA reserves the right to negotiate final contracts that allow for increasing and decreasing staffing support for this project based on the volume of service. RIDEA reserves the right to increase or decrease the amount awarded for staffing in this contract based on the documented level of need. RIDEA reserves the right to increase or decrease contractor responsibilities based on future needs and funding availability.

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

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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 utilizing the following criteria:

1. Previous Experience and Background (15 points)
2. Agency Capacity (15 points)
3. Workplan/Approach (50 points)
4. Suitability of Cost Proposal (20 points)

RESPONSE CONTENTS:

The Division of Purchases MUST receive proposals to provide services covered by this request on or before **July 2, 2007 at 11:00 a.m. (Eastern Daylight Time)**. Responses received after this date and time as registered by the official time clock in the reception area of the Division of Purchases will not be considered.

Responses (an original plus three (3) copies) should be mailed or hand-delivered in a sealed envelope marked: RFP# 7004703 Aging & Disability Resource Center to:

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Aging & Disability Resource Center (ADRC)

By Courier:

RI Department of Administration
Division of Purchases (2nd Floor)
One Capitol Hill
Providence, RI 02908-5855

By Mail:

RI Department 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 will 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 will not be considered. Proposals faxed to the Division of Purchases will not be considered.

Responses MUST include the following:

1. An R.I.V.I.P. generated bidder certification cover sheet (downloaded from the RI Division of Purchases Internet home page at www.purchasing.ri.gov)
2. A completed and signed W-9 form (downloaded from the RI Division of Purchases Internet home page at www.purchasing.ri.gov)
3. A narrative proposal (not to exceed 15 pages, double spaced, font no smaller than 12 point) including the following:
 - a. **Previous Experience and Background:**

Identify the offeror: length of time in operation, corporate status, type of work performed, list of members of the Board of Directors or operating entity, name of chief operating officer and chief fiscal officer, location of agency.
Experience relevant to this solicitation; evidence of ability to design and implement successful projects, evidence of experience in recruiting and hiring staff, names of partner agencies and a description of the scope of the partnership.
 - b. **Agency Capability**

Describe qualifications of existing agency staff who will oversee this project and describe the specific role they will play in this project. Include qualifications that will be required of staff hired to conduct the work of this project. Include no fewer than three and no more than five letters of support from agencies/organizations with whom the offereor has

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conducted business since July 2004. These 3 to 5 letters do not count towards the maximum length of fifteen pages for this response. Provide additional information that supports the agencies ability to successfully administer this project.

c. Workplan/Approach

Present a plan to accomplish the scope of work detailed in this solicitation. Include relevant steps and time frames.

Include staffing plan.

Include options for after hour phone coverage and options for collaboration to conduct home vsits as necessary. Include options for customer satisfaction data collection and analysis.

Describe how the offeror will incorporate AIRS standards into the operations of the Aging and Disability Resource Center.

Identify any agencies with which the offeror plans to sub contract and clearly describe the nature of the sub contract.

d. Cost Proposal

Complete the budget pages included in this solicitation. As stated in this solicitation, the budget can not exceed \$325,000 for a fourteen month period (First budget period: August 1, 2007 thru September 30, 2008).

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

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Aging & Disability Resource Center (ADRC)

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

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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 22		
12. Project Net Cost	\$ _____			
13. Resources used as match	\$ _____	Total from page 22		
14. Funds requested	\$ _____	Total		
		\$ _____ State		
		\$ _____ Federal		

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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 \$ _____

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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: _____

Square Footage: _____ Square Footage: _____

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

Annual Expense \$ _____ Annual Expense \$ _____

Total Estimated Building Space: \$ _____

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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.

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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>
-------------	-----------------	----------------------	-----------------------------

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.

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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..... \$ _____

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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>
---------------------	-----------------------	--------------------------	-----------------------------

Total Estimated Other \$ _____

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Name of Agency: _____

9.

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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.

State of Rhode Island & Providence Plantations

Department of Elderly Affairs

Name of Agency: _____

GRANT APPLICATION NARRATIVE

A. Project Administration

- 1) List each staff position, paid or volunteer:

Title

Statement of Duties

State of Rhode Island & Providence Plantations

Department of Elderly Affairs

Name of Agency: _____

GRANT APPLICATION NARRATIVE

B. Project Facility

Location:

Date of last Fire Inspection:

Date of last Health Department Inspection:

Is the facility covered by
Applicant's Insurance for
Fire / Theft / Liability?

State of Rhode Island & Providence Plantations

Department of Elderly Affairs

Name of Agency: _____

GRANT APPLICATION NARRATIVE

C. Relationship to other projects:

1. Describe plans for coordinating with other agencies/organizations.

2. List all agencies with whom the applicant has a current, written cooperative agreement:

Agency

Purpose

Date Signed

State of Rhode Island & Providence Plantations

Department of Elderly Affairs

Name of Agency: _____

GRANT APPLICATION NARRATIVE

D. Service Area / Population [Continuation]

Persons

Over Poverty
Level

Below Poverty
Level

2 Describe the major characteristics of this area.

3. Describe the composition of the elderly population in the area.

State of Rhode Island & Providence Plantations

Department of Elderly Affairs

Name of Agency: _____

GRANT APPLICATION NARRATIVE

E. Other

1. Insurance: List insurance coverage maintained by the project:

Section I - Attachments

Enclosed:	Yes	No	
	<input type="checkbox"/>	<input type="checkbox"/>	List of members of the board of directors.
	<input type="checkbox"/>	<input type="checkbox"/>	By-laws of the board of directors.
	<input type="checkbox"/>	<input type="checkbox"/>	List of members of Advisory Committee
	<input type="checkbox"/>	<input type="checkbox"/>	By-laws of Advisory Committee
	<input type="checkbox"/>	<input type="checkbox"/>	Current organizational chart
	<input type="checkbox"/>	<input type="checkbox"/>	Copy of applicant agency incorporation papers
	<input type="checkbox"/>	<input type="checkbox"/>	Current Affirmative Action Plan
	<input type="checkbox"/>	<input type="checkbox"/>	Job description for each staff person
	<input type="checkbox"/>	<input type="checkbox"/>	Personnel policies
	<input type="checkbox"/>	<input type="checkbox"/>	Volunteer Policies
	<input type="checkbox"/>	<input type="checkbox"/>	Copy of Bonding Insurance Policy
	<input type="checkbox"/>	<input type="checkbox"/>	Copies of leases / deeds on facilities operated by applicant agency
	<input type="checkbox"/>	<input type="checkbox"/>	Map of Service Area
	<input type="checkbox"/>	<input type="checkbox"/>	HEW 641 Form
	<input type="checkbox"/>	<input type="checkbox"/>	HEW 441 Form

Please provide one new set of attachments each Fiscal Year.

State of Rhode Island & Providence Plantations

Department of Elderly Affairs

Name of Agency: _____

**ANNUAL CERTIFICATION
DRUG-FREE WORKPLACE REQUIREMENTS
DEPARTMENT OF ELDERLY AFFAIRS GRANTEE AGENCIES**

This certification is required by the regulations implementing the Drug-Free Workplace Act of 1988, 45 C.F.R. Part 76, Subpart F. The regulations, published in the May 25, 1990 Federal Register require certification by grantees, prior to award, that they will maintain a drug-free workplace. Section 76.630© of the regulations provide that a grantee that is a State may elect to make once certification in each Federal fiscal year (see Section 76.630(b) in regard to mandatory formula grants. The certification set out below is a material representation of fact upon which reliance will be placed when the agency determines to award the grant. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants, or government-wide supervision or debarment (see 45 C.F.R. Part 76, Sections 76.615 and 76.620).

- A. The grantee certifies that it will continue to provide a drug-free workplace by:
- (a) Publishing a statement notifying employee that the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited in the grantee; workplace and specifying the actions that will be taken against employees for violation of such prohibition;
 - (b) Establishing an ongoing drug-free awareness program to inform about:
 - 1. the dangers of drug abuse in the workplace;
 - 2. the grantee's policy of maintaining drug-free workplace.
 - 3. Any available drug counseling, rehabilitation, and employee assistance programs; and,
 - 4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.
 - (c) Making it a requirement that each employee to be engaged in the performance of the grant by giving a copy of the statement required by paragraph (a);

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ANNUAL CERTIFICATION DRUG-FREE WORKPLACE REQUIREMENTS

- (d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will:
 - 1. Abide by the terms of the statement; and
 - 2. Notify the employer in writing of his/her conviction for a violation of a criminal drug statute occurring in the workplace no later than five (5) days after such conviction.
 - (e) Notifying the agency, in writing, within ten (10) calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction.

Employers of convicted employees must provide notice, including position title to: Division of Grants Management & Oversight Office of Management and Acquisition, U.S. Department of Health & Human Services – Room 517 D, 200 Independence Avenue, S. W. Washington, D.C. 20201. Notice shall include the identification number(s) of each affected grant.
 - (f) Taking one of the following actions within thirty (30) calendar days of receiving notice under paragraph (d)(2), with respect to any employee who is so convicted.
 - 1. taking appropriate action against such an employee, up to and including termination, consistent with the requirements of the *Rehabilitation Act of 1973*, as amended, or
 - 2. requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health law enforcement, or other appropriate agency.
 - (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e) and (f).
- B. the grantee may insert in the space provided below the site for the performance of work done in connection with the specific grant; Place of Performance (street address, city, county, state, zip code).

Place of Performance: Name: _____

Address: _____

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Department of Elderly Affairs

ANNUAL CERTIFICATION DRUG-FREE WORKPLACE REQUIREMENTS

Name of Agency: _____

Name and Title of Authorized Representative: _____

Signature: _____

Date: _____

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Department of Elderly Affairs

**ASSURANCE OF COMPLIANCE WITH SECTION 504 OF THE
REHABILITATION ACT OF 1973, AS AMENDED**

The undersigned (hereinafter called the “recipient”) **hereby agrees that** it will comply with section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), all requirements imposed by the applicable HEW regulations (45 C.F.R. Part 84), and all guidelines and interpretations issued pursuant thereto.

Pursuant to subsection 84.5(a) of the regulations [45 C.F.R. 84.55(a)], the recipient gives this Assurance in consideration of and for the purpose of obtaining any and all federal grants, loans, contracts (except procurement contracts and contracts of insurance or guaranty), property, discounts, or other federal financial assistance extended by the Department of Health, Education & Welfare after the date of this Assurance, including payments or other assistance made after such date on applications for federal assistance that were approved before such date. The recipient recognizes and agrees that such federal financial assistance will be extended in reliance on the representations and agreements made in this Assurance and that the United States will have the right to enforce this Assurance through lawful mean. This Assurance is binding on the recipient, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this Assurance on behalf of the recipient.

This Assurance obligates the recipient for the period during which federal financial assistance is extended to it by Department of Health Education and Welfare, or where the assistance is in the form of real or person property, for the period in subsection 84.5(b) of the regulations [45 C.F.R. 84.5(b)].

The recipient employs fifteen (5) or more persons, and, pursuant to section 84.7(a) or the A74 regulations [45 C.F.R. 84.7(a)], has designated the following person(s) to coordinate its efforts to comply with HEW regulations:

Chief Executive Officer

Agency Name: _____

Address: _____

FEIN: _____

Date

Signature of Chief Executive Officer

If there has been a change in name or ownership within the last year, please PRINT the former name below:

State of Rhode Island & Providence Plantations

Department of Elderly Affairs

**ASSURANCE OF COMPLIANCE WITH SECTION 504 OF THE
REHABILITATION ACT OF 1973, AS AMENDED**

NOTE: The "A", "B", and "C" followed by numbers are for computer use: Please disregard. PLEASE RETURN ORIGINAL TO: Office of Civil Rights, Department of Health Education & Welfare, Post Office Box 8222, Washington, DC 20024

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Department of Elderly Affairs

TITLE VI OF THE CIVIL RIGHTS ACT OF 1964

_____ hereby agrees that it will comply with Title VI of the Civil Rights Act of 1964 (P.L. 88-352) and all requirements imposed by or pursuant to the Regulations of the Department of Health, Education & Welfare (45 C.F.R. Part 80) issued pursuant to that title, to the and that, in accordance with Title VI of that Act and the Regulations, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, 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 assurances 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 such date. The applicant recognizes and agrees that such Federal financial 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 appears below are authorized to sign this assurance on behalf of the Applicant.

Signature: _____

Chief Executive Officer

Agency Name: _____

Address: _____

Telephone Number: _____ Extension _____

State of Rhode Island & Providence Plantations

Department of Elderly Affairs

Certification Regarding Lobbying

The undersigned certifies, to the best of his knowledge and belief, that:

1. No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any federal contract, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan or cooperative agreement.
2. If any funds other than federal appropriated funds have been paid or will be paid to any person for influence or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this federal contract, grant, loan or cooperative agreement, the undersigned shall complete and submit Standard Form – LLL, “*Disclosure Form to Report Lobbying*” in accordance with its instructions.
3. The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including sub-contractors, sub-grants, and contracts under grants, loans and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each failure.

Agency: _____

Chief Executive Officer

Agency Name: _____

Specific Agency: _____

Address: _____

Date _____