

**SOMERVILLE-CAMBRIDGE ELDER SERVICES, INC. --AREA AGENCY ON AGING  
Older Americans Act Title III-B and Title III-D Request for Proposals**

**Available:** Friday, April 14, 2017  
Somerville-Cambridge Elder Services  
61 Medford Street, 2nd Floor  
Somerville, MA 02143  
628-2601 ext. 3201

**Due:** **No later than 12 noon on Friday, May 12, 2017**  
Somerville-Cambridge Elder Services  
61 Medford Street, 2nd Floor  
Somerville, MA 02143

*LATE PROPOSALS CANNOT BE CONSIDERED FOR FUNDING*

**GENERAL INFORMATION**

**Priorities for Funding**

**General Older Americans Act Priorities**

Services provided with Older Americans Act funds must give priority to elders with the greatest economic need (“need resulting from an income level at or below the poverty line”), and the greatest social need (“need caused by non-economic factors, which include: physical and mental disabilities; language barriers; cultural, social or geographic isolation, including isolation caused by racial or ethnic status that restricts the ability of an individual to perform normal daily tasks, or threatens the capacity of the individual to live independently”).

- The Older American Act requires that local **Title III-B** allocations include awards for ***legal services, in-home services, and services that facilitate access to other existing services.***
- Services provided under **Title III-D** of the Older Americans Act must give priority to ***medically undeserved elders and elders*** with the greatest economic need for the services. These funds can only be used for evidenced based programs.

**Local Service Priorities**

1. Additional Title III-B priorities include the following local service priorities as identified in the Area Plan on Aging:
  - a) transportation - expanded and improved options;
  - b) in-home or community-based services that:
    - address isolation and loneliness; or
    - support the ability of elders to remain in their homes or prevent eviction.

SCES is specifically interested in funding collaborative transportation initiatives that emphasize existing transportation resources to address the ongoing lack of appropriate transportation services for elders.

2. Priority for Title III-D funding will be given to those proposals that address the following needs and concerns of elders in Somerville and Cambridge:
  - a) information concerning diagnosis, prevention or treatment of Alzheimer’s Disease, or counseling regarding social services or follow-up health services for individuals with Alzheimer’s Disease;
  - b) screening for the prevention of depression, coordination of community mental health services, provision of mental health-related educational activities, or referral to psychiatric and psychological services; or
  - c) medication management screening and education to prevent incorrect medication use and adverse drug reactions.

## **Allocation Information**

1. An Allocation Committee, comprised of Area Agency on Aging (AAA) Advisory Council Members and Board Members, and staffed by the AAA Coordinator, will review proposals and make a funding recommendation to the SCES Board of Directors at the joint Advisory Council/Board Meeting in July. The Board of Directors votes to accept, reject, or change the recommendations. The decision of the board is final, although applicants do have an appeal process if they feel the Board's decision not to fund them was arbitrary or capricious. Letters announcing decisions are sent out within ten days of the Board's decision.
2. The following factors (not listed in order of priority) will be considered in rating the proposals:
  - a) evidence of planning in collaboration with other agencies;
  - b) project meets a demonstrated need, avoiding duplication;
  - c) directed to elders with the greatest economic need and the greatest social need (defined above);
  - d) ability to target services to low-income minority elders;
  - e) potential for alternative funding in addition to and beyond Title III-B and Title III-D funding; and
  - f) previous agency and program experience.
3. The allocation of Title III-B and III-D funds is based on need, but the Area Agency on Aging gives consideration to ensuring balanced support for projects serving Somerville and projects serving Cambridge.

Please note:

1. Available funds are extremely limited.
2. Continuation of federal funding is uncertain.
3. SCES reserves the right to reject or amend any and all proposals received in response to this Request for Proposals, or to negotiate separately in any manner necessary to best serve the interests of elders in Somerville and Cambridge.

## **Award Information and Requirements**

1. Upon notification of funding, SCES may require revisions of the subgrantee's proposed project budget and workplan, in accordance with the project's funding level. These revisions will be required prior to the signing of a contract between SCES and the subgrantee on or before October 1, 2017. SCES may attach conditions or provisions to contracts as needed to best serve the interests of elders in Somerville and Cambridge.
2. Title III-B and Title III-D awards will be made for FY 2018 (October 1, 2017 to September 30, 2018) and are renewable for FY 2019 contingent upon satisfactory program performance and monitoring reports and determination by SCES of continued need for the project. Prior to contracting for year two, a proposed project workplan, budget and projected clients and services chart will be required for FY 2019 projected activities.
3. The proposal, including the budget and workplan, will be incorporated into the contract and serve as the basis for all grant monitoring and evaluation.
4. Subgrantees will be required to submit to SCES quarterly program reports and monthly fiscal reports. These reports will be due within fifteen calendar days after the end of the month or quarter for which the reports are made. In addition, each subgrantee will be asked to complete a written self-evaluation in preparation for on-site monitoring
5. SCES evaluates subgrantees on-site at least once a year. The evaluation is based on compliance with requirements of the contract, the stated workplan and the budget.
6. Granted funds are disbursed on a cost reimbursement basis. The subgrantee incurs expenses and receives reimbursement only upon submission of the required reports. Reimbursements usually take two to three months.

7. Subgrantees are required to develop and use a formal mechanism for gathering and incorporating client or participant opinion on the services supported with Title III-B/III-D funding.
8. Subgrantees must give clients or participants the opportunity to make voluntary confidential contributions to the cost of Title III-B/III-D funded services. Contributions must be spent on the funded project, and must be spent during the fiscal year in which they are collected.
9. Any increase or decrease in federal monies available for allocation by SCES will be reflected in a contract amendment or, in the case of an increase, another RFP process may be conducted at the discretion of the agency.

## **TITLE III-B/III-D PROPOSAL INSTRUCTIONS**

### **Guidelines**

1. Typical single year funding awards range from \$4,000 to \$8,000. The Allocation Committee prefers funding requests within this range, but will consider all proposals.
2. Application must specify whether the request is for Title III-B or Title III-D funds.
3. Applicant agencies must be registered to do business within the state of Massachusetts.
4. Proposals must be complete to be considered for funding. **Complete proposals include all items listed on the cover page, in the order in which they are listed.**
5. **Ten complete proposals must be submitted. Each copy must be three-hole punched and secured with a paper clip in the upper left-hand corner (no staples please). Please do not submit proposals in binders or folders. Do not attach any additional supporting documentation.**
6. Instructions to complete the answers to questions, project workplan, projected clients and services chart, project budget and project budget narrative follow.

### **Questions**

Please clearly label all questions and provide answers in the order below. Do not exceed a total limit of five pages (excluding cover page and attached forms).

1. a) Briefly describe your agency and its goals. b) What have been the agency's objectives and accomplishments in serving elders, particularly in the past year? c) If this is a request for continued funding, please give a progress report on the current fiscal year's objectives. If objectives are not being achieved or have changed, please explain.
2. Describe the proposed project. Be as specific as possible. Please describe specifically how the second year of your project will build on the objectives of the first.
3. Describe specifically how the proposed project addresses one or more of the Title III-B, III-D priorities as described under **"General Older Americans Act Priorities"** and **"Local Service Priorities."** (page 1-2)
4. What is the target population (include only Somerville-Cambridge elders)? How will you ensure the project reaches the targeted group? In what ways does the project particularly meet the needs of low-income minority elders? Describe your outreach plans to these groups.
5. Describe how this project is coordinated with existing community services. How is this project different from others that may be providing similar services?

6. What are your efforts to acquire other funds for this project, both in this Title III-B/III-D funding period and for future funding periods? Include specific information on other potential funding sources.

### **Project Workplan**

Outline a workplan for your proposed project for fiscal year 2018. This workplan must be on a separate page. A workplan consists of project goal(s) with a minimum of two specific objectives for each goal. Examples follow.

1. **State the goal or goals for your project.** A goal is a general statement that is long-range and conceptual, developed in response to an identified need. A goal does not have to be measurable, but should be clearly enough defined so that progress towards it can be identified. If there is more than one goal for the project, number each goal sequentially.

Examples:

- To assist disabled elders to stay safely in their homes.
- To provide legal services to elders with consumer disputes in order to reduce economic harm.

2. **Provide at least two objectives for each goal.** An objective is a specific statement that measures concrete progress towards a goal. An objective must have concrete measures of success and clearly define what and how much will be done, how it will be done, and when it will be done.

Number each objective sequentially within each goal. Start the description of each objective with a verb.

Examples:

- Install 50 grab-bars for at least 40 unduplicated elders by September 30, 2018.
- Provide 35 hours of legal representation to 20 older individuals by September 30, 2018.

### **Projected Clients and Services**

Complete the enclosed Projected Clients and Services forms for year one of the project. **Projected Clients and Services** estimates the number of elders the project will reach during fiscal year 2018 and the kinds and quantity of services that will be provided to them in that period.

1. **Unduplicated Number of Elders To Be Served.** Please provide a count of the unduplicated number of elders to be served by this program from October 1, 2017 through September 30, 2018. An **unduplicated** count means that each elder, regardless of the number of times s/he comes in contact with your program, is **counted only once**.
2. **Number of Economically and/or Socially Needy Elders and or Caregivers.** Provide estimates of the numbers of elders this program expects to serve in each of the listed categories. Definitions follow.

**Elders or Caregivers in Poverty** have incomes at or below the poverty threshold established by the Office of Management and Budget.

**Minority Elders or Caregivers** are African American, Haitian, Hispanic, Asian, or Native American.

**Disabled Elders or Caregivers** have a physical or mental handicap that substantially limits one or more major life activities such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning or working.

**Socially Needy Elders or Caregivers** have a need caused by non-economic factors: physical and mental disabilities; language barriers; cultural, social or geographic isolation. The need restricts the ability of an individual to perform normal daily tasks, or threatens the capacity of the individual to live independently.

An individual may be counted several times in this section. For example, a low-income Haitian elder who lives in a nursing home would be counted as low-income, minority, disabled and socially needy.

3. **Units of Service.** Provide estimates of the amount of service you will be providing to Somerville and/or Cambridge elders under the proposed project between October 1, 2017 through September 30, 2018.

First, identify up to **three primary services** (taken from the Service Unit Categories list attached at the end of this packet) that you will be providing to elders under your proposed project.

List each of the primary services that you will be providing in **column a. Service Type**. Enter the **Unit of Service** for each in **column b**; these are defined on the Service Unit Categories list. Finally, for each service to be delivered, estimate the total **Number of Service Units** that will be provided with the funding in fiscal year 2018. Remember, an individual elder might receive several units of service.

### **Agency Budget**

Provide a copy of the annual total budget for your agency, including current funding sources. **Please be specific about funding sources.**

### **Project Budget**

Outline the **TOTAL** budget for the project on the enclosed form. Budget figures must include all project costs and income from all sources. Please note that there is a **15% match requirement for Title III-B/III-D funds. The match may be met with either other non-federal cash funds or with in-kind support. Indicate funds that meet the match requirement with an asterisk.**

#### ***Cost Categories:***

Please itemize the costs in each of the following categories:

**Personnel** costs include both direct and indirect personnel necessary for the proposed project. Identify staff by position title. Include fringe benefits as a percentage of personnel costs.

**Purchased Services** are obtained from a third party for the achievement of project objectives (e.g., adaptive equipment and materials).

**Support Costs** are administrative costs associated with the project (e.g., postage and supplies).

#### ***Line Item Costs:***

**Column A., Project Cost** details the expenses for each of the cost categories. All the other columns, B through E, should add up to the totals in column A.

#### ***Line Item Cost Allocations:***

Columns B through E indicate how the project will be funded.

**Column B., Amount Allocated to Title III-B, III-D** is the amount requested in this proposal.

**Column C., Other Cash Sources** is income from all other cash sources (except generated income) contributing to the operations of the proposed project. This income includes support from the Title III-C Nutrition Program and the Title V Employment Program (Senior Aides), although income from these sources could not be considered as meeting the match requirements.

**Column D., In-Kind Support** is the cash value of any **non-cash support** contributing to the operations of the proposed project. This support includes the value of **donated space, donated supplies** and the **support of volunteers**.

**Column E., Generated Income** is money raised through **voluntary contributions** or other types of fundraising as a result of project activity. These funds must be used within the project year to expand or supplement proposed project activity. The proposed project must show some projected income, an estimate of how much money will be raised through voluntary confidential contributions.

**Project Budget Narrative**

Provide a specific, line-by-line narrative explanation for each item listed in the proposed project budget on the enclosed Project Budget Narrative form. **Be specific about sources of non Title III-B/III-D income.**

**Personnel** - indicate titles, hourly rates or annualized salaries, number of hours and a breakdown of the fringe benefits offered.

**Purchased Services** - indicate the anticipated service vendor.

**Support Costs** - itemize each cost.

**COVER PAGE**

SOMERVILLE-CAMBRIDGE ELDER SERVICES, INC.  
AREA AGENCY ON AGING - OLDER AMERICANS ACT GRANTS  
TITLE III-B - SUPPORTIVE SERVICES GRANTS  
TITLE III-D - HEALTH PROMOTION & DISEASE PREVENTION GRANTS  
FISCAL YEARS 2018 AND 2019

Agency Name: \_\_\_\_\_

Project Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person (Name/Title): \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_ E-Mail \_\_\_\_\_

Amount of Title III-B/III-D/ Funds Requested in this Proposal: Year one \_\_\_\_\_

**PROPOSALS ARE DUE NO LATER THAN 12:00 NOON ON FRIDAY, MAY 12, 2017**

**CHECKLIST FOR COMPLETED PROPOSAL**

Please submit 10 complete proposals, including:

- 1. \_\_\_\_\_ Cover Page (this page)
- 2. \_\_\_\_\_ Answers to Questions (five page maximum)
- 3. \_\_\_\_\_ Project Workplan
- 4. \_\_\_\_\_ Projected Clients and Services
- 5. \_\_\_\_\_ Agency Budget
- 6. \_\_\_\_\_ Project Budget
- 7. \_\_\_\_\_ Project Budget Narrative

Please submit one copy of each of the following:

- 8. \_\_\_\_\_ Affirmative Action Plan
- 9. \_\_\_\_\_ Agency Audit

Project Abstract (75 Words Maximum):

Is this proposal for III-B or III-D? Please circle one.

All sub-grantees for Title III funds must perform Criminal Offender Record Information (CORI) checks on employees and volunteers who have contact with clients or client information. Does your agency comply with this requirement?  
\_\_\_ Yes \_\_\_ No (If you answer no to this question, your agency cannot be considered for funding.)

Name and Title of Person Authorized to Submit Proposal:

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**TITLE III-B/III-D PROJECTED CLIENTS AND SERVICES - FY 2018**

AGENCY \_\_\_\_\_

PROJECT \_\_\_\_\_

FUNDS REQUESTED \_\_\_\_\_

**1. Unduplicated Number Of Elders**

Total Number of Unduplicated Elders for FY 2018 \_\_\_\_\_

**2. Number of Economically and/or Socially Needy Elders**

# Minority Elders	
# Elders in Poverty	
# Disabled Elders	
# Non-English Speaking Elders	
# Socially Needy Elders	

**3. Units Of Service**

a. Service Type	b. Unit Of Service	Number of Units c. To Be Delivered
_____	_____	_____
_____	_____	_____
_____	_____	_____



**TITLE III-B/III-D PROJECT BUDGET - FY 2018**

AGENCY/PROJECT \_\_\_\_\_

COST CATEGORIES	LINE ITEM COSTS	LINE ITEM COST ALLOCATIONS (B+C+D+E = A)			
	A. PROJECT COST	B. TITLE III-B TITLE III-D	C. OTHER CASH	D. IN-KIND SUPPORT (NON-CASH)	E. GENERATED INCOME (CLIENT DONATIONS)
PERSONNEL					
TOTAL PERSONNEL					
PURCHASED SERVICES					
TOTAL PURCHASED SERVICES					
SUPPORT COSTS					
TOTAL SUPPORT COSTS					
<b>TOTAL BUDGET</b>					

- \* Indicate with an asterisk all non-federal cash or in-kind funds which will satisfy the 15% match requirement.
- \* Please be sure all columns add up properly, down and across, prior to proposal submission.

PROJECT BUDGET NARRATIVE - FY 2018

ITEM	EXPLANATION	REVENUE SOURCE	AMOUNT
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PERSONNEL

FRINGE BENEFITS

PURCHASED SERVICES

SUPPORT COSTS

## **SERVICE UNIT CATEGORIES**

### Services with Standard Names, Definitions and Service Units

1. **Adult Day Care/Adult Day Health (1 Day = 1 Unit)** Provision of personal care for dependent adults in a supervised, protective, congregate setting during some portion of a twenty-four hour day. Services offered in conjunction of adult day care/adult day health typically include social and recreational activities, training, counseling, meals for adult day care and services such as rehabilitation, medications assistance and home health aide services for adult day health.
2. **Transportation (1 One Way Trip = 1 Unit)** Provision of a means of going from one location to another. Does not include any other activity.
3. **Legal Assistance (1 Hour = 1 Unit)** - Provision of legal advice, counseling and representation by an attorney or other person acting under the supervision of an attorney, *individual or group*.
4. **Information and Assistance (1 Contact = 1 Unit)** - A service for older individuals that:
  - (A) provides the individuals with current information on opportunities and services available to the individuals within their communities, including information relating to assistive technology;
  - (B) assesses the problems and capacities of the individuals;
  - (C) links the individuals to the opportunities and services that are available; and
  - (D) to the maximum extent practicable, ensures that the individuals receive the services needed by the individuals, and are aware of the opportunities available to the individuals, by establishing adequate follow-up procedures.

*Applies only to individual, one-on-one contacts between a service provider and an elderly client. An activity that involves a contact with several elderly clients or potential clients (group services) should not be counted as a unit of Information and Assistance. Such group services may be reported under applicable category within "Other Services."*
5. **Individual Outreach (1 Contact = 1 Unit)** - Interventions initiated by an agency or organization for the purpose of identifying potential clients and encouraging their use of existing services and benefits. *Applies only to individual, one-on-one contacts between a service provider and an elderly client. An activity that involves a contact with several elderly clients or potential clients (group services) should not be counted as a unit of Outreach. Outreach may be reported under "Other Services" depending on its applicable Mission/Purpose category.*

### Other Services - Mission/Purpose Categories with Some Definitions and Suggested Service Units

#### A. Services Which Address Functional Limitations

- A1. **Home modification - (1 Hour = 1 Unit)** Minor modifications of homes that are necessary to facilitate the ability of older individuals to remain at home and that are not available under other programs, except that not more than \$150 per client may be expended for such modifications.
- A2. **Home Repair - (1 Hour = 1 Unit)**
- A3. **Alternative Living Arrangement/Supportive Services (1 Client = 1 Unit)**
- A4. **Other Supportive Services (1 Hour = 1 Unit)**

#### B. Services Which Maintain Health

- B1. **Medical Alert Emergency Response - (1 Month = 1 Unit)**
- B2. **Health Screening - (1 Screening = 1 Unit)** To provide a brief examination to determine need for more in-depth medical evaluation and referral when appropriate.
- B3. **Exercise/Physical Fitness - (1 Hour = 1 Unit)** To conduct activities, under qualified supervision, to sustain and improve the health and well-being of a client, such as exercise sessions.
- B4. **Wellness/Prevention - (1 Individual Contact = 1 Unit)**
- B5. **Health Education**
  - B5a. **Individual Services - (1 Client Contact = 1 Unit)**
  - B5b. **Group Services - (1 training, 1 presentation, 1 press release edition = 1 Unit)**
- B6. **Treatment - (1 Hour = 1 Unit)**

#### C. Services Which Protect Elder Rights

- C1. **Adult Protective Services, Guardianship - (1 Hour = 1 Unit)**
- C2. **Consumer Protection Services**
  - C2a. **Individual Services - (1 Hour = 1 Unit)**
  - C2b. **Group Services - (1 training, 1 presentation delivered, 1 press release edition = 1 Unit)**
- C3. **Crime Prevention Services**

- C3a. Individual Services - (1 Client Contact = 1 Unit)
- C3b. Group Services - (1 training, 1 presentation, 1 press release edition = 1 Unit)
- C4. Protective Payee Services (1 Contact = 1 Unit)
- C5. Advocacy
  - C5a. Individual Services - (1 Hour = 1 Unit)
  - C5b. Group Services - (1 Meeting or Activity, 1 press release edition = 1 Unit)
- D. Services Which Promote Socialization/Participation
  - D1. Recreation - (1 Session = 1 Unit) To participate in activities, such as sports, performing arts, games and crafts, either as a spectator or as a performer, facilitated by a provider.
  - D2. Friendly Visit/Companionship (1 Hour = 1 Unit)
  - D3. Telephone Reassurance - (1 Client Contact = 1 Unit)
  - D4. Letter Writing - (1 Hour = 1 Unit) To provide assistance in writing letters and/or with the completion of financial forms, including tax forms, and other documents.
  - D5. Interpreting/Translation - (1 Hour = 1 Unit) To explain the meaning of oral and/or written communication to non-English speaking and/or handicapped persons unable to perform the function.
  - D6. Volunteer Development/Opportunities
    - D6a. Individual Services - (1 Client Served = 1 Unit)
    - D6b. Group Services - (1 training, 1 presentation, 1 press release = 1 Unit)
  - D7. Services Which Prevent Isolation
    - D7a. Individual Services (1 Client Served = 1 Unit)
    - D7b. Group Services (1 training, 1 presentation, 1 press release = 1 Unit)
- E. Services Which Assure Access and Coordination
  - E1. Counseling - (1 Hour = 1 Unit) To provide advice, guidance and casework support for clients and/or their families/caregivers in order to enable the clients to resolve problems, relieve temporary stresses and/or make more effective use of services from caregivers/ programs.
  - E2. Screening - (1 Person Served = 1 Unit) To provide evaluation to determine a person's eligibility for existing programs and services.
  - E3. Geriatric Assessment - (1 Hour = 1 Unit) Administering standard examinations, procedures or tests for the purpose of gathering information about a client to determine need for services. Information collected may include health status, financial status, activities of daily living status, etc. Pre-nursing home admissions screening as well as routine health screening (blood pressure, hearing, vision, diabetes) activities are included.
  - E4. Home/Roommate Matching (1 Client = 1 Unit)
  - E5. Placement Services (1 Client = 1 Unit)
- F. Services Which Support Other Goals and Purposes
  - F1. Employment Assistance (1 Client = 1 Unit)
  - F2. Utility Bill Assistance (1 Client Served = 1 Unit) Arrange for and provide utility bill assistance.
  - F3. Financial Assistance/Material Aid (1 Client Served = 1 Unit) Arrange for and provide assistance to participants in the form of USDA commodities, surplus food distribution, emergency cash assistance, travel vouchers, and transit passes.
    - F3a. Financial Assistance Includes payment to client.
    - F3b. Material Aid Includes discounts.
  - F4. Financial Management Assistance (1 Client = 1 Unit)
  - F5. Caregivers (1 Hour = 1 Unit)
  - F6. Support Groups (1 Hour = 1 Unit)
  - F7. Short-term Overnight Stay (1 Day = 1 Unit)