



**DETROIT AREA AGENCY ON AGING MULTI-YEAR PLAN REQUEST FOR PROPOSAL
FY 2023 – FY 2025 (October 1, 2022 – September 20, 2025)
FACE SHEET**

Applicant Name:			
Applicant Federal ID:		Unique Entity #:	
Executive Director:		Email Address:	
Financial Director:		Email Address:	
Program Coordinator:			
Email Address:			
Business Address			
City:		State:	Zip Code:
Phone Number:		Fax:	
Alternative Number:			
Incorporation Date:		In Business for at least three years:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Financial Viability:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Financial viability as demonstrated by having a positive fund balance or retained earnings per financial report	
Current on Taxes:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If not, is there a plan in place with the Internal Revenue service?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Agency:	<input type="checkbox"/> Public <input type="checkbox"/> Private Non-Profit <input type="checkbox"/> Private For-Profit <input type="checkbox"/> Minority <input type="checkbox"/> Female-Owned <input type="checkbox"/> Adult with Disability-Owned		
Geographic Service Areas: (List Zip Codes)			

On the next page, check off service categories your organization is applying for in Section II of your Grant Application. Documents are being requested to substantiate the information reported above. Please make sure that your answers are in alignment with the requested information.

Remember that a Funding Request form for each service category must be accompanied by a completed budget and a Unit Cost, Fee-for-Service Form.

Check off service categories your organization will be including in Section II of this application.

COMMUNITY SERVICES

- ☐ Adult Day Services
- ☐ Counseling Services
- ☐ Disease Prevention & Health Promotion
- ☐ Elder Abuse Prevention
- ☐ Legal Assistance
- ☐ Vision Services

ACCESS SERVICES

- ☐ Community Service Navigator (Regional Definition)
- ☐ Outreach
- ☐ Transportation

IN-HOME SERVICES

- ☐ Chore Services
- ☐ Homemaking
- ☐ Personal Care
- ☐ Respite Care
- ☐ Telephone Reassurance

CAREGIVING SERVICES

- ☐ Caregiver Education, Training & Support
- ☐ Kinship Support

FY 2023 – FY 2025 MULTI-YEAR PLAN REQUEST FOR PROPOSAL FOR AGING SERVICES

GENERAL SECTIONS

TERMS AND CONDITIONS

Applicant/Organization's Name:

It is understood and agreed by the undersigned that:

1. The Applicant accepts the terms and conditions under which is Multi-Year Plan Request for Proposal has been issued;
2. Funds awarded as a result of this RFP are to be expended for the purpose set forth herein and in accordance with all public laws, regulations, policies, and procedures of the Detroit Area Agency on Aging, the Michigan Bureau of Aging, Community Living, and Supports, Michigan Department of Health and Human Services and the Administration on Community Living.
3. The Applicant pledges to honor the Detroit Area Agency on Aging's plans to transition Aging Services Agencies funded over the FY 2023 – FY 2025 Multi-Year Plan planning and funding cycle from line-item reimbursement to unit rate, performance-based contracting. The applicant attests to moving from a 50% Line-Item Grant/50% Unit Rate Contract in FY 2023 to a 75% Unit Rate Contract/25% Line-Item Grant in FY 2024 to a 100% Unit Rate Contract in FY 2025. During this three-year period, the applicant agrees to participate in technical assistance, training and support to assist themselves in this transition phase. The applicant understands that the agency will encourage service providers to participate in a Five-Star Rewards Program with Incentive Payments.
4. Any proposed changes in the proposal as approved will be submitted in writing by the applicant and upon written notification of approval of the DAAA shall be deemed incorporated into and become a part of this agreement as an amendment.
5. Funds awarded by the Detroit Area Agency on Aging may be terminated at any time for violation of any terms and conditions and requirements of the agreement.
6. Applicants will comply with all Detroit Area Agency on Aging reporting requirements and use forms as required by the Area Agency on Aging.

7. Applicant will comply with all Aging Services Contract provisions, DAAA policies and Michigan's Bureau of ACLS and/or Regional Definitions should this proposal be accepted including program and financial reporting, client tracking and NAPIS reporting, where applicable.

Name and position title of individual authorized by applicant to commit applicant to this Agreement

Typed Name:		Title:	
Signature:		Date:	

FY 2023 – FY 2025 MULTI-YEAR

GENERAL REQUIREMENTS FOR ALL SERVICE PROGRAMS

Applicant/Organization's Name:

Instructions: Read the following service standards and check (X) the boxes in the “Agree” column to indicate if the organization agree to abide by that standard. Asterisks in the “Agree” column indicate the need to respond to the statement or question in bold italics. Responses should be typed in the text box given. If the statement does not apply to the organization, type “N/A” and explain why. Note: Refer to Bureau of ACLS Operating Standards for Service Programs for more information.

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

Targeting of Participants	Agree (X)
1. Each provider must be able to specify how they satisfy the needs of low-income minority individuals in the area they serve. Each provider must meet specific objectives for providing services to low-income minority individuals in numbers greater than their relative percentage to the total elderly populations within the geographic service area. <i>Describe the number of low-income, minority, and low-income minority individuals served currently by your organization:</i>	<input type="checkbox"/> *
2. Substantial emphasis must be given to serving eligible people with greatest social and/or economic need with particular attention to low-income minority individuals. <i>Describe how your organization targets services to those with the greatest social and/or economic need, and specifically to low-income minority individuals.</i>	<input type="checkbox"/> *
3. Participants shall not be denied or limited services because of their income or financial resources. Where program resources are insufficient to meet the demand for services, each service program shall establish and utilize written procedures for prioritizing clients waiting to receive services, based on social, functional and economic needs. <i>Please attach a copy of your Prioritization Policy with this document.</i>	<input type="checkbox"/> *
4. Each provider must maintain a written list of persons who seek service from a priority service category but cannot be served at that time. Such a list must include the date the service is first sought, the service being sought, and the residence of the person seeking service. The program must determine whether the person seeking service is likely to be eligible for the service requested before being placed on a waiting list. <i>Describe your current waiting list status, if any:</i>	<input type="checkbox"/> *
Contributions	
5. All program participants shall be encouraged to and offered a confidential and voluntary opportunity to contribute toward the costs of providing the service received. No one may be denied service for failing to make a donation. <i>Describe your procedure for offering participants a confidential and voluntary opportunity to contribute towards service received if they so choose:</i> <i>How is it made known that they will not be denied services if unable to contribute.</i>	<input type="checkbox"/>

6. Except for program income, no paid or volunteer staff person of any service program may solicit contributions from program participants, offer for sale any type of merchandise or service, or seek to encourage the acceptance of any particular belief or philosophy by any program participant.	<input type="checkbox"/>
Confidentiality	
7. Each service program must have procedures to protect the confidentiality of information about older persons collected in the conduct of its responsibilities. All client information shall be maintained in controlled access files. It is the responsibility of each service program to determine if they are a covered entity with regard to HIPAA regulations. <i>Describe procedures to protect confidentiality of participants.</i>	<input type="checkbox"/> *
Compliant Resolution, Service Terminations & Appeals	
8. Each program must establish a written service termination procedure that includes formal written notification of the termination of services and documentation in the client record. The written notification must state the reason for the termination, the effective date, and advise about the right to appeal.	<input type="checkbox"/>
9. Each program must establish a written service termination procedure that includes formal written notification of the termination of services and documentation in the client record. The written notification must state the reason for the termination, the effective date, and advise about the right to appeal	<input type="checkbox"/>
10. Each program must also have a written appeals procedure for use by recipients with unresolved complaints, individuals determined to be ineligible for services, or for recipients who have services terminated. These persons must be notified of their right to appeal such decisions in writing and given the procedure to be followed for appealing such decisions.	<input type="checkbox"/>
Civil Rights Compliance	
11. Programs must not discriminate against any employee, applicant for employment or recipient of service because of race, color, religion, national origin, age sex, sexual orientation, height, weight, or marital status.	<input type="checkbox"/>
Older Adults & Risks	
12. Each program must operate in compliance with the Americans with Disabilities Act.	
13. Each program shall have a written procedure in place to bring to the attention of appropriate officials for follow-up, conditions or circumstances that places the older person in imminent danger (e.g., situations of abuse or neglect)	<input type="checkbox"/>
14. Each service program must have established, written emergency protocols for both responding to a disaster and undertaking appropriate activities to assist victims to recover from a disaster, depending on the resources and structures available. Describe involvement in local community emergency preparedness planning:	<input type="checkbox"/>
Staff & Volunteers	
15. Each program that utilizes volunteers shall have a written procedure governing the recruiting, training, and supervising of volunteers that is consistent with the procedure utilized for paid staff. <i>Explain if you will use volunteers for any of the proposed services, and for which services they will be utilized. Note your process for background checks on staff and volunteers:</i>	<input type="checkbox"/> *
16. Each program shall employ competent personnel sufficient to provide services pursuant to the contractual agreement. Each program shall be able to demonstrate an organizational structure including established lines of authority.	<input type="checkbox"/>
17. Each program must conduct, prior to employment or engagement, a criminal background review through the Michigan State Police for all paid and volunteer staff.	<input type="checkbox"/>

An individual with a record of a felony conviction may be considered for employment at the discretion of the program. The safety and security of program clients must be paramount in such considerations.	
18. New program staff & volunteers must receive orientation training that includes at a minimum, introduction to the program, the aging network, maintenance of records, the aging process, ethics and emergency procedures. Describe the topics covered with new employees/volunteers at orientation and the frequency and methods used for employee training:	<input type="checkbox"/>
19. Organization is required to protect client and business data as well as information from Cybersecurity breaches and scams through a secure information system.	<input type="checkbox"/>
20. With the completion of this application, the prospective recipient certifies that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal or State department or agency.	<input type="checkbox"/>

Reminder: Please attach your Client Prioritization Policy.

Name and position title of individual authorized by applicant to commit applicant to this Agreement

Typed Name:		Title:	
Signature:		Date:	