

# Western Reserve

Area Agency on Aging

- Older Americans Act Technical Assistance Meeting
- October 12, 2023



# Western Reserve

Area Agency on Aging

#### Welcome & Introductions

Karen Webb, MSW, LSW

Director, Program Development and Planning

#### **Funded Services**

Supportive Services (IIIB)

Nutrition Services (IIIC1, IIIC2)

Evidence-Based Health Promotion (IIID)

Family Caregiver Support (IIIE)

### **Timeline**

Submission Due Date
 October 20<sup>th</sup> 3pm

Tentative Award announcement November 2023

First Day of Service January 1, 2024

Last Day of Service December 31, 2024

# **Helpful Reminders**

- Review: Ohio Department of Aging (ODA) Rules BEFORE completing application; reflect the current rules in your responses to questions.
- Rules are available from the ODA Website
  - <a href="https://aging.ohio.gov/wps/portal/gov/aging/agencies-and-service-providers/rules-and-forms/currently-effective-rules">https://aging.ohio.gov/wps/portal/gov/aging/agencies-and-service-providers/rules-and-forms/currently-effective-rules</a>
- Review: "Sample Contract" carefully
- Thoroughly read through "all documents before completing the proposal."
- Each question and all required documents are scored.

#### Application Materials available at:

- https://www.areaagingsolutions.org
  - 2024 Agency Overview
  - 2023 Sample Contract
  - Service Specific Questions
  - RFP Instructions & Forms
  - Contract Workbook
  - FW9
  - Dropbox Instructions

- Required forms are in Microsoft Word, Excel and PDF format
- All responses must be typed in a legible font style and size
- Handwritten responses are not acceptable
- Send questions to: <u>RFPQuestions@areaagingsolutions.org</u> until Noon on October 19<sup>th</sup>

**BEFORE SUBMITTING YOUR PROPOSAL** 

- REVIEW
- Proposal Document Checklist (Page 15 of 20: <u>Instructions and Forms</u>)
- Signatures And Dates
- Review Answers to ALL "Questions"

#### OAA APPLICANT PROPOSAL DOCUMENT CHECKLIST

All forms should be compiled in order and double-checked for completion and appropriate, original signatures. A copy of the entire application should be made. The original and copy of the application should be submitted in a single packet to WRAAA by the due date.

Please use this checklist to organize all application documents in your Application Proposal

Type Applicant Name:

This application proposal includes all materials needed to apply for Older Americans Act Title IIIB, C and/or E funding, including appropriate original signatures, and one copy of the application.

| and/or E fullding, including appropriate original signatures, and one copy of the application. |   |                      |   |                       |                                 |                                |
|--|---|----------------------|---|-----------------------|---------------------------------|--------------------------------|
| You  | - | Application<br>Order | Form Type and Document Name   | Applicant<br>Provides | Document                        | Forms in<br>Excel<br>Wibribook |
|  | ] | 1                    | Application Proposal Document Checklist   |                       | Instructions &<br>honrar        |                                |
|  |   | 2                    | Application Information Sheet   |                       |                                 | х                              |
|  |   | 3                    | Applicant Authorization to Submit Certification   |                       | Instructions &<br>Ponns         |                                |
|  | ] | 4                    | General Assurance   |                       | Instructions &<br>Forms         |                                |
|  | ] | 5                    | Proof of registration with the Ohio Secretary of State as a non-profit<br>organization or as a for-profit business                | Х                     |                                 |                                |
|  | ] | 6                    | Evidence of at least one million dollars of commercial liability insurance<br>coverage  | х                     |                                 |                                |
|  | ] | 7                    | Evidence of insurance coverage for consumer loss due to theft or<br>property damage   | Х                     |                                 |                                |
|  | ] | 8                    | A copy of the written procedure describing the step-by-step instructions<br>a consumer may follow to file a claim                 | x                     |                                 |                                |
|  | ] | 9                    | Grievance Policy  | х                     |                                 |                                |
|  | ] | 10                   | Form IRS W-9  |                       | horm W9                         |                                |
|  | ] | 11                   | Department of Health and Human Services Assurance of Compliance<br>with Section 504 of the Rehabilitation Act of 1973, as amended |                       | Instructions &<br>Forms         |                                |
|  | ] | 12                   | Certification Regarding Debarment, Suspension and Other<br>Responsibility Matters   |                       | Instructions &<br>Forms         |                                |
|  | ] | 13                   | Organizational Chart  | х                     |                                 |                                |
|  | ] | 14                   | Applicant Overview Questions  |                       | Service Specific<br>Questions   |                                |
|  |   | 15                   | Mission Statement   | х                     |                                 |                                |
|  |   | 16                   | Strategic Plan  | х                     |                                 |                                |
|  | ] | 17                   | Current Annual Report   | х                     |                                 |                                |
|  |   | 18                   | Most Recent Audit Statement   | х                     |                                 |                                |
|  |   | 19                   | Conditions of Participation Questions   |                       | Service Specific<br>Questions   |                                |
|  | ] | 20                   | Service Application Questions (Complete the questionnaire for each<br>service you propose to provide)                             |                       | Service Specific<br>Quasificity |                                |
|  | ] | 21                   | Contract Service Page and supporting worksheets (1 set per service)   |                       |                                 | х                              |
|  | ] | 22                   | Meal Worksheet(s) 1 per nutrition site proposed if proposing nutrition<br>services  |                       |                                 | х                              |

Page 15 of 20



# Application Overview EXCEL WORKBOOK

- Read the instructions and fill out the workbook starting at the top of each page.
- Matching Funds: Requirements
  (See: <u>Application Overview</u> p. 11 of 16)
- 40% match for catered Congregate, Home Delivered Meals (Restaurant Voucher 15% match)
- 15% match for Title IIIB & Title IIID Services
- 25% match for Title IIIE Services (Family Caregiver Support Services)
- Match can be any combination of "cash" and "in kind"

#### **Excel Workbook**

- Excel documents required
  - One (1) Applicant Information Sheet
  - For each service = one set of documents
    - One set = three (3) pages
      - Contract Service Page
      - Cost of Service Detail Page and
      - Sources of Revenue and Narrative Page
    - And a set for each county, if multiple counties are served

- Evaluation Criteria
  - Need for service in proposed area
  - Applicant meets conditions of participation
  - Applicant has experience and capability to meet service specifications
  - Applicant demonstrates cost effectiveness
  - Applicant has experience serving older adults
  - Applicant has outreach capability

# What happens next?

- Applications: Evaluated, Reviewed and Scored (Team of WRAAA Staff)
- Funded Applicants will receive contracting documents and their award amounts
- Final contracts are issued (only if all contracting materials are complete and correct for service to begin JANUARY 1, 2024)

### APPLICATION DEADLINE REQUIREMENTS

- One (1) Competitive Proposal packet with original signatures, must be delivered to the Western Reserve Area Agency on Aging (WRAAA) at 1700 East 13th Street, Cleveland, Ohio, 44114 AND One (1) Competitive Proposal packet with signatures submitted via Dropbox using the link below by 3pm on Friday, October 20, 2023.
- https://www.dropbox.com/request/yVBQpDfMXU3 uUbt5hXsL

# Application Overview READY TO SUBMIT PROPOSAL

#### <u>Submit Complete proposal packet and Dropbox packet due</u> OCTOBER 20th

- Must include:
  - All documents: See Application Document Checklist which includes...
  - <u>Service-Specific Questions</u> (p 1 of 63) (Agency Overview, Conditions of Participation and answer all the service specific questions)
  - EXCEL Workbook Pages (OAA) for each service.
  - If the application is "incomplete"; (i.e.: missing documents or no signatures)
     The proposal will not be accepted

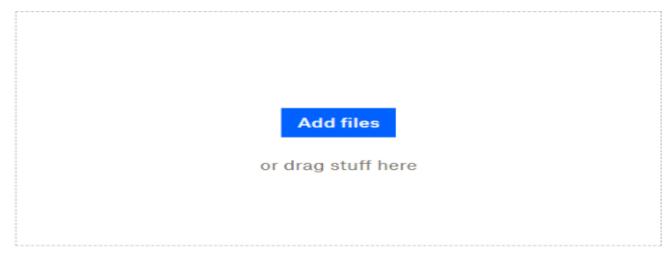
# Dropbox Instructions

- 1. Before going to Dropbox compile all the required proposal documents on your computer.
  - a. Place them all in a folder that includes your agency name.
  - b. Name each separate file with the Application Order # (including any leading zeroes) before the file name.
- 2. When all of the competitive proposal documents are complete:
  - a. Click on Dropbox Address. (Address will not work with Internet Explorer)
- https://www.dropbox.com/request/yVBQpDfMXU3uUbt5hXsL

# Dropbox Instructions (2)

#### Donnie Gill sent you this request

OAA Community Based Services Proposal Link



- c. Click on Add Files
- d. Choose Folders from computer
  - Files from computer
  - ার Folders from computer
  - 🗱 From Dropbox

# Dropbox Instructions (3)

 e. Browse your computer and find the location of the folder containing the Proposal Documents.

- f. Click on that folder and click Upload. Upload Cancel
- g. Uploading may take a moment, please be patient.
- h. We will receive notification that your files have been uploaded via Dropbox.

\*\*\* As a reminder please deliver your complete competitive proposal with original signatures. \*\*\*



ADVOCACY. ASSISTANCE. ANSWERS ON AGING AND DISABILITIES.