



Western Reserve

Area Agency on Aging

-
- **Alzheimer's Respite Technical Assistance Meeting**
 - June 25, 2024



Western Reserve

Area Agency on Aging

Welcome & Introductions

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Director, Program Development and Planning

Agenda

- Funded Services
- Helpful Reminders
- Application Overview
- Application Instructions and Forms
- Dropbox Instructions

- Q&A

Funded Services

- Adult Day Service
- Short-Term Institutional Care
- Alzheimer's Respite Reimbursement

APPLICATION DEADLINE REQUIREMENTS

- One (1) complete 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) complete Proposal packet with signatures submitted **via Dropbox** using the link below by 4pm on Tuesday, **July 9, 2024**.
- <https://www.dropbox.com/request/mhpzb2Yy8URshbTTNO0l>
- WRAAA is not responsible for lost submissions. Faxed and emailed proposals will be rejected. It is the responsibility of an Applicant to obtain from WRAAA a receipt to verify physical delivery of the Applicant's packet with original signatures. **The receptionist is available to accept delivered competitive proposal packets 8am until 4pm, Tuesday through Thursday.**
- It is the responsibility of the applicant to retain a copy of the packet submitted. WRAAA is not responsible for providing copies of submitted proposal packets to the applicant for the current or past years.

Helpful Reminders

- Review: Ohio Department of Aging (ODA) Rules and ODA Policy 109-SPP-09 (Alzheimer's Respite) BEFORE completing the application; reflect the current rules in your responses to questions.
- Rules are available from the ODA Website
 - <https://aging.ohio.gov/wps/portal/gov/aging/agencies-and-service-providers/rules-and-forms/currently-effective-rules>
- Review: “Sample Contract” carefully
- Thoroughly read through “all documents before completing the proposal.”
- Each question and all required documents are scored.

Application Overview

Application Materials available at:

- <https://www.areaagingsolutions.org>
 - [Application Overview](#)
 - [Alzheimer's RFP Instructions and Forms](#)
 - [Alzheimer's Respite Contract Workbook](#)
 - [Sample Contract](#)
 - [Alzheimer's Respite Policy](#)
 - [Dropbox Instructions](#)
 - [W-9](#)

Application Overview

- Proposals are now for a four-year cycle, one contract for each year
- 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:
ALZRFPQuestions@areaagingsolutions.org
until noon on July 9th

Application Overview

BEFORE SUBMITTING YOUR PROPOSAL

- REVIEW
- **PROPOSAL DOCUMENT CHECKLIST**
(Page 3 of 28: Instructions and Forms)
- **SIGNATURES AND DATES**
- **REVIEW ANSWERS TO ALL “QUESTIONS”**

APPLICANT PROPOSAL DOCUMENT CHECKLIST

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

Applicant Name:

- This application proposal includes all materials needed to apply for Alzheimer's Respite funding, including appropriate original signatures, plus one complete copy of the application.
- This application will be received by the Western Reserve Area Agency on Aging (WRAAA), 1700 E. 13th St., Suite 114, Attn: Connie Benedum, Cleveland, OH 44114 before **4:00 p.m. on January 13, 2020.**

Document Name	Application Order	Applicant Provides	Forms in This Word Document	Forms in Excel Workbook	Your Checklist
Applicant Proposal Document Checklist	1		This Page		<input type="checkbox"/>
Applicant Information Sheet	2			X	<input type="checkbox"/>
Applicant Authorization to Submit Certification	3		X		<input type="checkbox"/>
General Assurance	4		X		<input type="checkbox"/>
Department Of Health And Human Services Assurances Of Compliance With Section 504 Of The Rehabilitation Act Of 1973, As Amended	5		X		<input type="checkbox"/>
Certification Regarding Debarment, Suspension, and Other Responsibility Matters	6		X		<input type="checkbox"/>
Applicant Overview Questions	7		X		<input type="checkbox"/>
Conditions of Participation Questions	8		X		<input type="checkbox"/>
Organizational Chart	9	X			<input type="checkbox"/>
Service Application Questions (1 per service proposed)	10		X		<input type="checkbox"/>
Contract Service Page and supporting worksheets (1 set per service)	11			X	<input type="checkbox"/>
Proof of registration with the Ohio secretary of state as a non-profit organization, association, or trust, or as a co-operative, or as a for-profit business, limited liability company, limited partnership, or partnership having limited liability.	12	X			<input type="checkbox"/>
Evidence of at least One Million Dollars of commercial liability insurance coverage aggregate and per occurrence.	13	X			<input type="checkbox"/>
Evidence of insurance coverage of at least \$50,000.00 for consumer loss due to theft or property damage.	14	X			<input type="checkbox"/>
A copy of the written procedure describing the step-by-step instructions a consumer may follow to file an insurance claim	15	X			<input type="checkbox"/>
Form IRS W-9 - Print and submit with original signature.	16		Form W9.pdf		<input type="checkbox"/>
Mission Statement	17	X			<input type="checkbox"/>

Application Overview

EXCEL WORKBOOK

- Read the instructions and fill out the workbook starting at the top of each page.
- Matching Funds : Not Required
- Cost Sharing and Voluntary Contributions are not mandatory but are encouraged.

(See: [Application Overview](#) p. 9)

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

Application Overview

- 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 persons with Alzheimer's Disease and their caregivers
 - Applicant has outreach capability

What happens next?

- Applications: Evaluated, Reviewed and Scored (Team of WRAAA Staff)
- Funded Applicants are informed of their *award* amounts
- Final contract agreements are issued (only if all contracting materials are complete and correct for service to begin)

Application Overview

READY TO SUBMIT PROPOSAL

Submit Complete proposal plus one Dropbox copy due July 9th

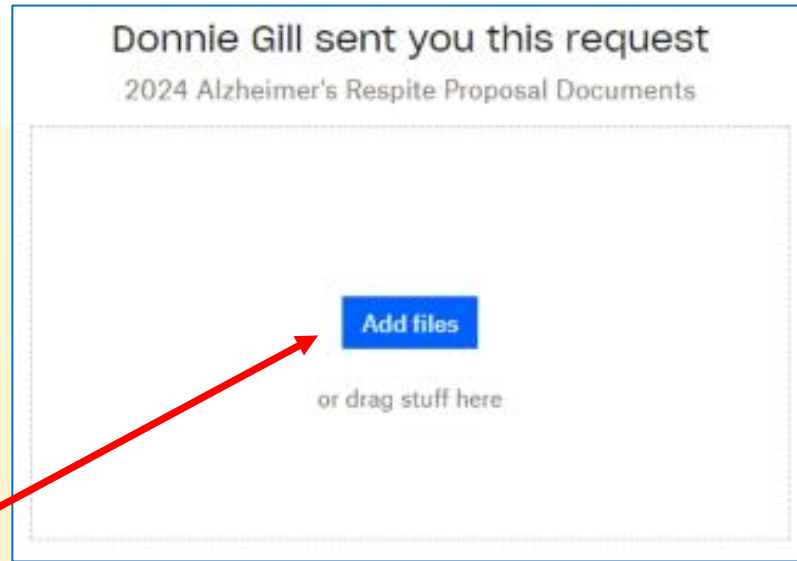
- Must include:
 - **All documents:** See Application Document Checklist which includes...
 - **Service-Specific Questions** (p 9-21) (Applicant Overview, Conditions of Participation and answer all the service specific questions..
 - **EXCEL Workbook Pages (Alzheimer's Respite)** for each service.
 - If the application is “incomplete”; (i.e.: missing documents or no signatures) **The proposal will not be accepted**

Dropbox Instructions

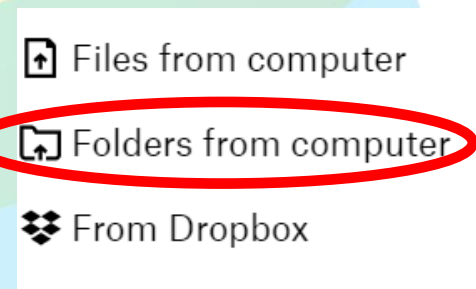
- 1. Before going to Dropbox compile all of the required proposal documents on your computer.
 - a. Place them all in a folder that includes your agency name.
 - b. Name each separate file with the Application Order # (including any leading zeroes) before the file name.
- 2. When all of the competitive proposal documents are complete:
 - a. Click on Dropbox Address. (Address will not work with Internet Explorer)
- <https://www.dropbox.com/request/mhpzb2Yy8URshbTTNO0l>

Dropbox Instructions (2)

- b. You will see this:



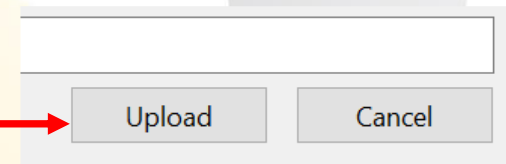
- c. Click on Add Files
- d. Choose Folders from computer



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. →



- 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 hand deliver your complete competitive proposal with original signatures. *****

Questions



ADVOCACY. ASSISTANCE. ANSWERS ON AGING AND DISABILITIES.