

ALLIANCE FOR AGING, INC.

THE AREA AGENCY ON AGING
FOR
MIAMI-DADE AND MONROE COUNTIES

**OLDER AMERICANS ACT (“OAA”)
TITLES IIIB, IIIC, IIID, and IIIE**

AMENDMENT #1

to

Request for Proposal (RFP)

September 20, 2024



TABLE OF CONTENTS

	DESCRIPTION
1.	Table of Contents pagination correction
2.	RFP Page 9, Section B.1.d. Replacement
3.	RFP Page 16, Section B.2.d. Replacement
4.	RFP Page 20, Section B.3.c. Replacement
5.	RFP Page 24, Section B.4.c. Replacement
6.	RFP Page 27, Section B.5.d. Replacement
7.	RFP Page 27, Section B.5.c.ii Replacement
8.	RFP Page 46 replaced entirely
9.	APPENDIX V Service Provider Application
9a.	Removes [Type Here] from the Page Header on several pages
9b.	First paragraph on page 4 changed

1. Table of Contents pagination has been corrected and replaced with the following:

TABLE OF CONTENTS

TABLE OF CONTENTS		
TITLE		PAGE
SECTION A.	INTRODUCTION	1
1.	Overview	1
2.	Statement of Need	1
3.	Statement of Purpose	2
4.	Award Information	4
SECTION B.	OAA Subtitles, Services, and Funding	7
1.	Title III-B	7
a.	Services to be Coordinated	7
b.	Successful Applicant	8
c.	Criteria for Specific Service Bundles and Individual Services	8
d.	Applicants	9
e.	Funding Allocation	9
	III-B Services & Funding Tables	13
2.	Title III-C1	15
a.	Services to be Coordinated	15
b.	Successful Applicant	15
c.	Criteria for Specific Service	15
d.	Applicants	16
e.	Funding Allocation	16
	III-C1 Services & Funding Tables	18
3.	Title III-C2	19
a.	Services to be Coordinated	19
b.	Successful Applicant	19
c.	Applicants	20
d.	Funding Allocation	20
	III-C2 Services & Funding Tables	22
4.	Title III-D	23
a.	Services to be Coordinated	23
b.	Successful Applicant	23
c.	Applicants	24
d.	Funding Allocation	24
	III-D Services & Funding Tables	25
5.	Title III-E	26
a.	Services to be Coordinated	26
b.	Successful Applicant	26

c.	Criteria for Specific Service Bundles and Individual Services	27
d.	Applicants	27
e.	Funding Allocation	28
	III-E, EG, ES Services & Funding Tables	29
SECTION C. RFP Specifications		
1.	Programmatic Requirements	32
a.	Services to be Provided	32
b.	Client Eligibility Requirements	32
c.	Continuity of Services	33
d.	Service Provider Eligibility Requirements	33
e.	Applications for Service Providers	34
f.	Outcome Measures and Standards	35
g.	Subcontracts for Services	35
SECTION D. RFP PROCESS		
1.	General Information	36
a.	Contact Person	36
b.	Cone of Silence	36
c.	Inquiries	36
d.	Funding Source	36
e.	Matching Requirement	36
f.	Type of Contract and Method of Payment	37
g.	Method of Cost Presentation	37
h.	Public Records	37
i.	Costs Incurred by Applicants	38
j.	Contract Formation	38
k.	Calendar of Events	39
l.	Notice of Intent to Submit an Application	40
m.	Corrections to or Modifications of Applications	40
n.	Receipt of Applications	40
o.	Withdrawal of Applications	40
p.	Independent Applications	40
q.	Copyrighted Material	40
r.	Acceptance of Applications	41
s.	Alliance Reservations	41
t.	Organization and Submission of Applications	41
u.	Disposition of Proposals	41
v.	Proposal Evaluation and Selection	41
w.	Recommendations for Contract Award and Funding Allocation	41
x.	Contract Award Decisions	41
y.	Notice of Contract Award	41
z.	Appeals Process	41

2.	Contract Terms and Conditions	42
3.	Applicant's Representations and Authorizations	42
SECTION E.	APPLICATION PREPARATION	44
1.	General	44
2.	Application Part A (Program Module)	45
a.	Title Page	45
b.	Statement of Work/Response to RFP Specifications	45
c.	Organizational Capability Pull-out Package	45
d.	Applicant's Qualifications and Prior Experience	45
3.	Application Part B (Contract Module)	46
a.	Unit Cost Grids	46
b.	Acceptance of Contract Terms and Conditions	46
SECTION E.	APPLICATION EVALUATION PROCESS	47
1.	Application Evaluation	47
2.	Scoring the Proposal	47
3.	Recommendation for Contract Award and Funding Allocation	48
4.	Contract Award Decisions	49
5.	Notice of Contract Award	49
6.	Appeals Process	49
APPENDICES		
APPENDIX I	Model Standard Contract	I
APPENDIX II	Notice of Intent to Apply	II
APPENDIX III	Certifications and Assurances	III
APPENDIX V	Service Provider Application	V
APPENDIX X	Appeals Procedures	X

2. Section B.1.d on page 9 is replaced with the following:

d. Applicants:

Applicants, including current providers, may have their application score reduced under any service of this title for having corrective action taken against them by any funding source in the preceding three years. Depending on whether the CAP has been resolved, some of all of the points associated with question #2 in Section IV.A. of the application may be deducted.

3. Section B.2.d on page 16 is replaced with the following:

d. Applicants:

- i. Applicants, including current providers, may have their application score reduced under any service of this title for having corrective action taken against them by any funding source in the preceding three years. Depending on whether the CAP has been resolved, some of all of the points associated with question #2 in Section IV.A. of the application may be deducted.
 - ii. There shall be at least one Designated Kosher meals provider in Miami-Dade County under Title III-C1. If there is not a Kosher meals provider among the Designated Providers for Miami-Dade County as per the above criteria, the Alliance will designate at least one Kosher meals provider, at its sole discretion from the pool of applicants or other sources, as an additional Designated Provider based first on the provider's ability to serve all existing Kosher meals clients and then on the highest overall score.
 - iii. Each Designated Provider under this title to which an award is made must contract for, and be able to provide, all of the following services: Congregate Meals, Nutrition Counseling, Nutrition Education and Congregate Screening Services.
 - iv. On a service-by-service basis, all ties will be decided pursuant to the procedure set forth in Section B.2.e.vi below.
-

4. Section B.3.c. on page 20 is replaced with the following:

c. Applicants

- i. Applicants, including current providers, may have their application score reduced under any service of this title for having corrective action taken against them by any funding source in the preceding three years. Depending on whether the CAP has been resolved, some of all of the points associated with question #2 in Section IV.A. of the application may be deducted.
- ii. There shall be at least one Designated Kosher meals provider under Title III-C2 serving countywide in Miami-Dade. If there is not a Kosher meals provider among the Designated Providers as per the above criteria, the Alliance will designate at least one Kosher meals

provider, at its sole discretion from the pool of applicants or other sources, as an additional Designated Provider based first on the provider's ability to serve all existing Kosher meals clients and then on the lowest proposed unit rate.

- iii. On a service-by-service basis, all ties will be decided pursuant to the procedure set forth in Section B.3.c.v below.
 - iv. Each entity that is Designated must provide Home Delivered Meals, Nutrition Counseling, Nutrition Education, and Screening and Assessment services.
 - v. Designated Providers shall make reasonable efforts to provide modified diet meals, as indicated in the DOEA Programs and Services Handbook, to serve clients that require them. Applicants under this title that also apply through Title III-B to offer services that address social isolation through the use of Technology will receive an additional 0.1 point(s) their applications score in Title III-C2.
-

5. Section B.4.c. on page 24 is replaced with the following:

c. Applicants

Applicants, including current providers, may have their application score reduced under any service of this title for having corrective action taken against them by any funding source in the preceding three years. Depending on whether the CAP has been resolved, some of all of the points associated with question #2 in Section IV.A. of the application may be deducted.

6. Section B.5.d. on page 27 is replaced with the following:

d. Applicants

- i. Applicants, including current providers, may have their application score reduced under any service of this title for having corrective action taken against them by any funding source in the preceding three years. Depending on whether the CAP has been resolved, some of all of the points associated with question #2 in Section IV.A. of the application may be deducted.
- ii. Applicants and their affiliates, as defined, are limited to one award under this title per region. The term "affiliates" means any entity that, directly or indirectly through one or more intermediaries, controls, is controlled by, or is under common control with, the applicant.
- iii. The initial number of contract awards to Designated Providers for each service per region shall not exceed the maximum number of providers for that service as indicated in Tables B.5.a, B.5.b, and B.5.c.
- iv. Tied scores will be resolved by the lower proposed unit rate first then by years of experience as a provider for the service, regardless of funding source. If none of these criteria resolves

the tie, the tie will be broken by a coin toss. The tied applicants will be informed of the tie and will be provided with reasonable notice of the time and location of the coin toss, which they may attend. The coin will be tossed by the Alliance's Executive Director in the presence of at least two witnesses.

- v. The Alliance reserves the right to contract with unfunded Successful Applicants in the future to the extent that additional funding becomes available for assignment by the Alliance whether through an increase in funding from DOEA that a funded Designated Provider cannot expend or a need to reassign funding as a result of a surplus experienced by a funded Designated Provider.
- vi. In the event that there is not enough funding available under this title to serve all existing Alliance funded clients, awards will be reduced proportionately so as to distribute funding to serve as many existing Alliance funded clients as possible. Notwithstanding any other provision contained in this RFP, the Alliance reserves the right in its sole discretion to:
 - Adjust the award amounts and the number of applications funded for each service to ensure that the totality of the funding allocated for Title III-E of the Older Americans Act is exhausted within this title.
 - Adjust the award amounts and the number of applications funded to ensure that there are sufficient funds to serve existing Alliance funded clients and areas and communities within the PSA that would suffer service reductions that would be attributable to this RFP. In such case, the Alliance reserves the right to contract with a provider of choice, which may include providers who were not identified as Designated Providers, to maintain services in place.

7. Page 46 Section B.5.c.ii. is replaced with the following:

- ii. **Specialized Medical Equipment Services & Supplies:**
This is a standalone service and must be served county-wide.

8. Page 46 is replaced in its entirety with the below page:

Application Part B (Contract Module)

Part B (Contract Module) of each application will be evaluated for accuracy and compliance by a staff member of the Alliance's fiscal department and the contents entered into a spreadsheet that will compute the scores for each section, using the evaluation criteria set forth in this RFP. In order to be accepted for consideration in the bid scoring process, all responses to Part B must be easily accessible and identifiable as a separate folder labeled "Part B" when uploading the application.

Failure to submit all of the items listed below as part of the Contract Module Part B will result in an automatic rejection of the application:

a. **Unit Cost Grids**

The Unit Cost Grids must be completed for each Title and service within each title as per the instructions preceding the Unit Cost Grids. Match and rate are components of the scoring.

b. **Match Commitment**

Part B (Contract Module) of each application must include information regarding match commitments. The form for this information is contained in Appendix V, Section II.B

9. **Appendix V, Service Provider Application (SPA) is replaced in its entirety with the following corrections:**

- a. All instances on page heads for which [Type Here] appeared have been removed.
- b. The first paragraph on page 4 was changed.

The revised SPA is below:

Note: The Revised SPA will also be posted in WORD format for your convenience.

APPENDIX V

**ALLIANCE FOR AGING, INC.
REQUEST FOR PROPOSAL
SERVICE PROVIDER APPLICATION
OAA APPLICATION FOR
FUNDS**

OAA APPLICATION FOR FUNDS
(Please include page numbers below as they appear in the application)

TABLE OF CONTENTS	PAGE
A. PROGRAM MODULE FORMATS	
I.A. Applicant’s Summary Information	_____
II.A. General Requirements	_____
1. Consumer Projections, Profile and Targeting	_____
2. Older Americans Act Service Delivery System	_____
A. Service access, delivery and reporting process	_____
B. Ability to increase provider capacity by supplementing OAA funds	_____
C. New approaches/models of service delivery	_____
D. Staff development	_____
E. Leadership and advocacy	_____
3. Quality Assurance	_____
A. External Quality Assurance	_____
B. Internal Evaluation Process	_____
4. Title Specific (As Applicable)	_____
A. Title III-B Offered Services	_____
B. Title III-B Outcome Measures and Standards	_____
C. Title III-C1 Offered Services	_____
D. Title III-C1 Outcome Measures and Standards	_____
E. Title III-C2 Offered Services	_____
F. Title III-C2 Outcome Measures and Standards	_____
G. Title III-D Offered Services	_____
H. Title III-E Offered Services	_____
I. Title III-E Outcome Measures and Standards	_____
III.A. Outreach	_____
IV.A. Applicant’s Qualifications and Prior Experience	_____
V.A. Organizational Capability Package	_____
B. CONTRACT MODULE FORMATS	
I.B. Unit Cost Grid by Title	_____
II.B. Match Commitment Form	_____

I.A. Applicant's Summary
Information Page

<p>1. PROVIDER INFORMATION: Executive Director: {Name/Address/Phone}</p> <p>Legal Name of Agency:</p> <p>Mailing Address:</p> <p>Telephone Number:]</p>	<p>2. GOVERNING BOARD CHAIR: {Name/Address/Phone}</p> <p>Name of Grantee Agency:</p> <p>3. ADVISORY COUNCIL CHAIR (if applicable): {Name/Address/Phone}</p>
<p>4. TYPE OF AGENCY/ORGANIZATION:</p> <p><input type="checkbox"/> NOT FOR PROFIT <input type="checkbox"/> FOR PROFIT <input type="checkbox"/> PUBLIC OR LOCAL GOVERNMENT</p>	<p>5. <u>Miami-Dade</u> _____ <u>Monroe</u> _____</p> <p><input type="checkbox"/> Region A <input type="checkbox"/> Region B <input type="checkbox"/> Region A <input type="checkbox"/> Region C <input type="checkbox"/> Region D <input type="checkbox"/> Region B <input type="checkbox"/> Region E <input type="checkbox"/> Region F</p>
<p>6. FUNDS REQUESTED IN THIS PARTICULAR PROPOSAL: <input type="checkbox"/> Title III-B <input type="checkbox"/> Title III-C1 <input type="checkbox"/> Title III-C2 <input type="checkbox"/> Title III-D <input type="checkbox"/> Title III-E <input type="checkbox"/> Title III-ES <input type="checkbox"/> Title III-EG</p>	
<p>7. SERVICE(S) OFFERED: Indicate which Couty(s), Title(s), Service(s) and Region(s) you are applying for on the next two pages.</p>	
<p>7. ADDRESS TO MAIL CHECK(S) FOR PAYMENT OF SERVICES:</p>	
<p>9. CERTIFICATION BY AUTHORIZED AGENCY OFFICER:</p> <p>I hereby certify that the contents of this document are true, accurate and complete statements. I acknowledge that intentional misrepresentation or falsification may result in the termination of financial assistance.</p> <p>Name: _____ Signature: _____ Title: _____ Date: _____</p>	

MIAMI-DADE

Title IIIB by Region

SERVICE	REGION A	REGION B	REGION C	REGION D	REGION E	REGION F
Adult Day Care						
In-Home Bundle						
Recreation						
Technology						
Transportation						

Title IIIB County Wide

SERVICE	County Wide
Chore Bundle	
Education/Training	
Gerontological Counseling	
Mental Health Counseling	
Emergency Alert Response Bundle	
Material Aid / Housing Improvement Bundle	
Specialized Medical Equipment, Services, & Supplies	

Title IIIC1 County Wide

SERVICE	County Wide
Kosher Congregate Meals Bundle	

Title IIIC2 County Wide

SERVICE	County Wide
Kosher Home Delivered Melas Bundle	

Title IIIC1 by Region

SERVICE	REGION A	REGION B	REGION C	REGION D	REGION E	REGION F
Congregate Meals Bundle						

Title IIIC2 by Region

SERVICE	REGION A	REGION B	REGION C	REGION D	REGION E	REGION F
Home Delivered Meals Bundle - Hot						
Home Delivered Meals Bundle - Frozen						

Title IIID by Regional Area

SERVICE	REGIONAL AREA A,B,D	REGIONAL AREA C,E,F
A Matter of Balance		
Un Asunto de Equilibrio		
Bingosize (English & Spanish)		
Enhanced Fitness (English)		
Enhanced Fitness (Spanish)		
Arthritis Foundation Tai Chi (English & Spanish)		
Tai Chi / Tai Ji Quan Moving for Better Balance (English & Spanish)		
Diabetes Self-Management		
Programa de Manejo Personal de la Diabetes		
Chronic Disease Self-Management		
Tomando Control de su Salud		
Walk Waith Ease (English and Spanish)		
Fir & Strong (English & Spanish)		
Savvy Caregiver (English)		
Savvy Caregiver (Spanish)		

Title IIIE by Region

SERVICE	REGION A	REGION B	REGION C	REGION D	REGION E	REGION F
Adult Day Care						
Respite Services – In Home						
Respite Services - Facility						

MIAMI DADE CONTINUED

Title IIIES County Wide

Service	County Wide
Chore Bundle	
Material Aid / Housing Improvement Bundle	
Specialized Medical Equipment, Services, & Supplies	

Title IIIEG County Wide

Service	County Wide
Grandparents Bundle	

MONROE

Title IIIB by Region

SERVICE	REGION A	REGION B
In-Home Bundle		
Recreation		
Technology		

Title IIIB County Wide

SERVICE	County Wide
Chore Bundle	
Mental Health Counseling	
Specialized Medical Equipment, Services, & Supplies	

Title IIIC1 by Region

SERVICE	REGION A	REGION B
Congregate Meals Bundle		

Title IIIC2 by Region

SERVICE	REGION A	REGION B
Home Delivered Meals Bundle - Frozen		

Title IIID County Wide

SERVICE	County Wide
A Matter of Balance / Un Asunto de Equilibrio	
Bingosize	
Enhanced Fitness	
Chronic Disease Self-Management / Tomando Control de su Salud	
Savvy Caregiver	

Title IIIE by Region

SERVICE	REGION A	REGION B
Adult Day Care		
Respite Services – In Home		
Respite Services – In Facility		

Title IIIES County Wide

SERVICE	County Wide
Chore Bundle	
Material Aide / Housing Improvement Bundle	
Specialized Medical Equipment, Services, & Supplies	

Title IIIEG County Wide

SERVICE	County Wide
Grandparent Bundle	

COMBINED MIAMI-DADE & MONROE COUNTIES

IIIB

SERVICE	Both Counties
Legal Assistance	

Title IIIES

SERVICE	Both Counties
Legal Assistance	

II.A. General Requirements

1. Consumer Projections, Profile and Targeting

In keeping with the intent of the Older Americans Act, which mandates that services be targeted to those 60 years of age and older in greatest social and economic need, especially low-income minority individuals or individuals socially or geographically isolated the Alliance has established the below projections for service.

	Projected Consumers Served III-B	Projected Consumers Served III-B	Projected Consumers Served III-B	Projected Consumers Served III-B	Projected Consumers Served III-B
Total Number of Consumers Served (proposed)	4,066	8,902	6,287	1,757	454
60+ At Poverty Level or below (\$12,140 single, \$16,460 couple)	705	1,543	1,090	305	79
Low Income Minority <125% Poverty (\$15,175 single, \$20,575 couple)	947	2,074	1,465	409	106
60+ with Mobility & Self Care Limitations	1,018	2,229	1,574	440	114
60+ with Limited English Proficiency	1,393	3,050	2,154	602	156

Table 1. Projected Consumer Profile Summary Under OAA

County	Population 60+	60+ In Poverty	Low Income Minority <125% od Poverty Level	60+ With Mobility & Self Care Limitation	60+ Limited English Proficiency
Miami-Dade	629,531	111,710	150,360	160,750	224,210
Region A	74,914	13,293	17,893	19,129	26,681
Region B	78,691	13,964	18,795	20,094	28,026
Region C	117,093	20,778	27,967	29,900	41,703
Region D	88,134	15,639	21,050	22,505	31,389
Region E	135,979	24,129	32,478	34,722	48,429
Region F	134,720	23,906	32,177	34,401	47,981
Monroe	27,748	2,210	7,784	3,810	970
Region A	15,024	1,197	4,215	2,063	525
Region B	12,724	1,013	3,569	1,747	445
PSA-11	657,279	113,920	158,144	164,560	225,180

Table 2. County Level Data – 2024 Estimates

Older Americans Act Service Delivery System:

Discuss each of the following—to guide your discussion, review the list of objectives listed in section III of this application and DOEA Program and Services Handbook. Please follow the same numbering system provided below.

Any supporting documentation or evidence should be included in the applicant-created “Exhibit File” which shall have its own labeling and table of contents unless stated otherwise.

A. Service access, delivery and reporting process.

1. Explain how your program will:
 - a) Target eligible individuals in the respective region(s);
 - b) Prioritize services to individuals in greatest economic and social need; low-income older individuals; including low-income minority older individuals; older individuals with limited English proficiency; and elder individuals residing in identified region(s); and
 - c) Serve eligible OAA Consumers in the identified region(s).

2. Describe how you will ensure the following processes will comply with the **DOEA Program and Services Handbook and Alliance for Aging Area Plan including annual updates** to:
 - a) Assess for program and service eligibility;
 - b) prioritize service delivery during the screening process to serve most in need;
 - c) coordinate needed services, to include services not provided by your agency; and
 - d) deliver OAA services to targeted Consumers (older persons in greatest economic and social need; low-income older individuals; including low-income minority older individuals; older individuals with limited English proficiency; and elder individuals residing in rural areas).

3. Detail and explain how your agency's systems will successfully:
 - a) determine if a consumer should be referred to the ADRC for other Long-Term Care programs;
 - b) ensure comprehensive and accurate wait list management for registered services in the Enterprise Client Information Registration and Tracking System (eCIRTS);
 - c) provide accurate and timely billing and service reports to the Alliance for Aging.
 - d) ensure that you do not surplus any funding at the end of each contract period for the proposed region(s).
 - e) allow for timely response to all routine and/or special requests for information and reports. This explanation shall include how the applicant will establish due dates for any subcontractors and vendors to ensure compliance with the Alliance's reporting periods.

4. Acknowledge your requirement to and discuss how you will:
 - a) Ensure sufficient trained and skilled workers are available to provide services to clients in English, Spanish, and Creole;
 - b) Cooperatively respond to requests for assistance for referrals from the Adult Protective System (APS); and
 - c) Coordinate with other Alliance funded agencies to ensure there are no overlapping services.

D. Staff Development

1. Detail your plans to ensure you have a pool of staff qualified by experience, education and training with sensitivity to culture, religious and language differences and with proper and sufficient program and fiscal accountability. Also include how these activities are funded. Detail plans for:
 - a) staff recruitment, including steps that will be taken to ensure a complete and consistent workforce to perform services under the Older Americans Act, and
 - b) staff pre-service and in-service training. Your plan should include the minimum standards/topics as outlined in Appendix A and Chapter 5 (if applicable) of the DOEA Programs and Services Handbook. Note: Copies of staff training procedures must be maintained and available upon request by the Alliance.
 - c) Employee performance evaluation.

E. Leadership and Advocacy

1. Discuss your leadership and advocacy role for elder issues within the area that you intend to serve.

2. Quality Assurance

- A. External Quality Assurance.** Each provider is required to annually survey a sample of older persons being served annually for each service in order to objectively determine the level of client satisfaction. The information obtained is to be used to improve services and must be made available to the Alliance monitoring staff. Copies of the Consumer Satisfaction policies and procedures must be maintained on file for Alliance review.
1. Consumer Satisfaction --Describe the process and methods that will be followed to:
 - a) Determine annual consumer satisfaction,
 - b) Address consumer concerns and
 - c) Implement needed changes.

 2. Describe the tools you will use to:
 - a) Assess the level of consumer participation and
 - b) Satisfaction with services delivered.

B. Internal Quality Assurance

1. Internal evaluation processes—With regard to the services that you propose to provide, describe the internal methods and management controls to assure:
 - a) The quality of the services,
 - b) The quantity and economy of the services,
 - c) The appropriateness of the services.
 - d) Grant budget management.

2. Unusual Incidents--Describe your written policies and procedures:
 - a) Investigate unusual incidents.
 - b) Document and maintain files of unusual incidents.
 - c) Timely report unusual incidents
 - d) Implement corrective measures if warranted.

3. Title Specific

A. Title III-B Offered Services: The selected services must be consistent with the previously submitted Notice of Intent to Apply submitted by Applicant. Place a check in the box of each supportive service and region that you intend to offer under this RFP.

If the applicant is NOT proposing to provide any of these Title III-B services, then write "N/A" in the following box and skip the rest of this section.

OAA Title III-B Services

MIAMI-DADE COUNTY

SERVICE	REGION A	REGION B	REGION C	REGION D	REGION E	REGION F
Adult Day Care						
In-Home Bundle						
Recreation						
Technology						
Transportation						

SERVICE	County Wide
Chore Bundle	
Education/Training	
Gerontological Counseling	
Mental Health Counseling	
Emergency Alert Response Bundle	
Material Aid / Housing Improvement Bundle	
Specialized Medical Equipment, Services, & Supplies	

OAA Title III-B Services

MONROE COUNTY

SERVICE	REGION A	REGION B
In-Home Bundle		
Recreation		
Technology		

SERVICE	County Wide
Chore Bundle	
Material Aid / Housing Improvement Bundle	
Specialized Medical Equipment, Services, & Supplies	

OAA Title IIIB Services

COMBINED MIAMI-DADE AND MONROE COUNTY

SERVICE	Both Counties
Legal Services	

INTENTION TO SUBCONTRACT FOR SERVICES

Any subcontracts for services under this application must be identified on this form. (attach additional pages if needed):

Service to be Subcontracted	Subcontractor Name	License # (if applicable)

Subcontracting requirements are listed in the DOEA Program and Services Handbook. **By submitting this form, the applicant attests that it has read and understands these requirements.** Execution of any contracts that result from this application is contingent upon satisfactory fulfillment of all subcontracting requirements listed in the Handbook.

Any Subcontracted services requiring a valid permit, license or certificate of use should be inserted as part of the applicant’s Exhibit folder.

If this application is requesting funding for Center Based Services, please provide the following information for each proposed site (attach additional pages if needed):

Center Based Services Facility Site Information

Site Address (Street, number, City, Zip Code)	Region	Capacity	AHCA License #	License Expiration Date	Facility Type
1.					
2.					
3.					
4.					
5.					
6.					

B. Title III-B Outcome Measures and Standards

The next pages list outcome measures and standards that the Alliance has identified for Title III-B funding under this RFP. Using the format provided in the next pages, please describe in sufficient detail the implementation strategies/action steps, outcomes, and outputs/inputs that your agency will follow to achieve or exceed the standards listed.

If you are applying for a registered service in this title, this section must be completed.

(attach additional pages if needed)

Outcome Measure 1: Percentage of new service recipients whose ADL assessment scores has been maintained or improved.

Standard: 65 percent (refers to percent of Consumers whose ADL assessment score in DOEA 701A assessment forms, improved or stayed the same from one fiscal year to the next.).

Strategy/Action Steps: Describe your strategies for meeting this outcome measure with the services you are proposing. If you plan to exceed the standard describe how this will be accomplished.

Outcomes: Describe the result or impact of program activities on the client/consumer.

Outputs/Inputs: Describe the services that will be delivered to clients/consumer (units of service) to meet the objective and the resources used to provide those services (dollars, staff, etc.).

<p>Outcome Measure 2: Percentage of new service recipients whose IADL assessment scores has been maintained or improved.</p> <p>Standard: 62.3 percent (refers to percent of Consumers whose IADL assessment score in DOEA 701A assessment forms, improved or stayed the same from one fiscal year to the next.)</p>
<p>Strategy/Action Steps: Describe your strategies for meeting this outcome measure with the services you are proposing. If you plan to exceed the standard describe how this will be accomplished.</p>
<p>Outcomes: Describe the result or impact of program activities on the client/consumer.</p>
<p>Outputs/Inputs: Describe the services that will be delivered to clients/consumer (units of service) to meet the objective and the resources used to provide those services (dollars, staff, etc.).</p>

<p>Outcome Measure 3: Percent of caregivers whose ability to provide care is maintained or improved after one year of service intervention (as determined by the caregiver and the assessor)</p> <p>Standard: 90 percent (Percent of caregivers whose ability to provide care is maintained or improved after one year of service intervention (as determined by the caregiver and the assessor in the DOEA 701A assessment forms from one fiscal year to the next.)</p>
<p>Strategy/Action Steps: Describe your strategies for meeting this outcome measure with the services you are proposing. If you plan to exceed the standard describe how this will be accomplished.</p>
<p>Outcomes: Describe the result or impact of program activities on the client/consumer.</p>
<p>Outputs/Inputs: Describe the services that will be delivered to clients/consumer (units of service) to meet the objective and the resources used to provide those services (dollars, staff, etc.).</p>

C. Title III-C1 Offered Services: The selected services must be consistent with the previously submitted Notice of Intent to Apply submitted by Applicant. Place a check in the box of each service and region that you intend to offer under this RFP.

If the applicant is NOT proposing to provide any of these Title III-C1 services, then write "N/A" in the following box and skip the rest of this section.

--

**OAA Title III-C1 Services
MIAMI-DADE COUNTY**

SERVICE	REGION A	REGION B	REGION C	REGION D	REGION E	REGION F
Congregate Meals Bundle						

SERVICE	County Wide
Kosher Congregate Meals Bundle	

**OAA Title III-C1 Services
MONROE COUNTY**

SERVICE	REGION A	REGION B
-Congregate Meals Bundle		

INTENTION TO SUBCONTRACT FOR SERVICES

Any subcontracts for services under this application must be identified on this form. Describe the subcontracts below (attach additional pages if needed):

Service to be Subcontracted	Subcontractor Name	License # (if applicable)

Nutrition Provider shall obtain the services of a licensed dietician in planning and providing nutrition services. The dietician paid by the project's food service vendor cannot provide these services. Responsibilities and functions of the Qualified Dietician are identified in the DOEA Programs and Services Handbook.

The Nutrition Provider will include copies of the dietician's license with this application and inserted as part of the applicant's created Exhibit folder.

With the application, applicants must submit a copy of the food vendor license, and a valid permit, license or certificate of use issued by the appropriate regulatory authority for the premises from which food will be prepared. Contracts for the provision of food may be executed only with those vendors who supply meals from premises that have a valid permit, license, or certificate issued by the appropriate

regulatory authority.

The food vendor license and a valid permit, license or certificate of use should be inserted as part of the applicant's Exhibit folder.

Nutrition Providers are required to have at least three (3) days' worth of shelf stable meals for emergency meals with reserved funds set aside to purchase the food items; AND at least one back-up caterer (for the same meal type) who can provide meals immediately in the event of an emergency. **Applicants must attest that this requirement has been met with the submission of the Application and attestation shall be included in the Exhibit File.**

Please provide the following information for each proposed site (attach additional pages if needed):

Meal Site/ Senior Center Information

Site Address (Street, number, City, Zip Code)	Region	# of OAA participants you are applying to serve at this facility
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		

D. Title III-C1 Outcome Measures and Standards

The next table lists outcome measures and standards that the Alliance has identified for Title III-C1 funding under this RFP. Using the format provided in the table below, please describe in sufficient detail the implementation strategies/action steps, outcomes, and outputs/inputs that your agency will follow to achieve or exceed the standards listed.

(attach additional pages if needed)

<p>Outcome Measure 1: Percent of new service recipients with high-risk nutrition scores whose nutritional status improved.</p> <p>Standard: 66 percent (Percent of new consumers with a “high risk” nutritional score in the DOEA 701C assessment form that improved at their next assessment.)</p>
<p>Strategy/Action Steps: Describe your strategies for meeting this outcome measure with the services you are proposing. If you plan to exceed the standard describe how this will be accomplished.</p>
<p>Outcomes: Describe the result or impact of program activities on the client/consumer.</p>
<p>Outputs/Inputs: Describe the services that will be delivered to clients/consumer (units of service) to meet the objective, and the resources used to provide those services (dollars, staff, etc.).</p>

E. Title III-C2 Offered Services. The selected services must be consistent with the previously submitted Notice of Intent to Apply submitted by Applicant. Place a check in the box of each service and region that you intend to offer under this RFP.

If the applicant is **NOT** proposing to provide any of these Title III-C2 services, then write "N/A" in the following box and skip the rest of this section.

--

OAA Subtitle III-C2 Services

MIAMI-DADE COUNTY

SERVICE	REGION A	REGION B	REGION C	REGION D	REGION E	REGION F
Home Delivered Meals Bundle – Hot						
Home Delivered Meals Bundle - Frozen						

SERVICE	County Wide
Kosher Home Delivered Meals Bundle	

OAA Subtitle III-C2 Services

MONROE COUNTY

SERVICE	REGION A	REGION B
Home Delivered Meals Bundle - Frozen		

INTENTION TO SUBCONTRACT FOR SERVICES

Any subcontracts for services under this application must be identified on this form. Describe the subcontracts below (attach additional pages if needed):

Service to be Subcontracted	Subcontractor Name	License # (if applicable)

Nutrition Provider shall obtain the services of a licensed dietician in planning and providing nutrition services. The dietician paid by the project's food service vendor cannot provide these services. Responsibilities and functions of the Qualified Dietician are identified in the DOEA Programs and Services Handbook.

The Nutrition Provider will include copies of the dietician's license with this application and submit them in the applicant's created Exhibit folder.

With this application, applicants must submit a copy of the food vendor license, and a valid permit, license or certificate of use issued by the appropriate regulatory authority for the premises from which food will be prepared. Contracts for the provision of food may be executed only with those vendors who supply meals from premises that have a valid permit, license, or certificate issued by the appropriate regulatory authority.

The licenses, permits and certificate of use documents should be submitted in the applicant's Exhibit folder.

Nutrition Providers are required to have at least three (3) days' worth of shelf stable meals; or a pre-approved three-day menu for emergency meals with reserved funds set aside to purchase the food items; AND at least one back-up caterer (for the same meal type) who can provide meals immediately in the event of an emergency. **Applicants must attest that this requirement has been met with the submission of the Application and the attestation must be submitted in the Exhibit folder.**

As part of the C2 bundle, a rate must be submitted for Screening and Assessment, Emergency Shelf Stable Meals, Nutrition Counseling, and Nutrition Education.

F. Title III-C2 Outcome Measures and Standards

The next table lists outcome measures and standards that the Alliance has identified for Title III-C2 funding under this RFP. Using the format provided in the table below, please describe in sufficient detail the implementation strategies/action steps, outcomes, and outputs/inputs that your agency will follow to achieve or exceed the standards listed.

(attach additional pages if needed)

<p>Outcome Measure 1: Percentage of new service recipients whose ADL assessment scores has been maintained or improved.</p> <p>Standard: 65 percent (refers to percent of Consumers whose ADL assessment score in DOEA 701A assessment forms, improved or stayed the same from one fiscal year to the next.).</p>
<p>Strategy/Action Steps: Describe your strategies for meeting this outcome measure with the services you are proposing. If you plan to exceed the standard describe how this will be accomplished.</p>
<p>Outcomes: Describe the result or impact of program activities on the client/consumer.</p>
<p>Outputs/Inputs: Describe the services that will be delivered to clients/consumer (units of service) to meet the objective, and the resources used to provide those services (dollars, staff, etc.).</p>

Outcome Measure 2: Percentage of new service recipients whose IADL assessment scores has been maintained or improved.

Standard: 62.3 percent (refers to percent of Consumers whose IADL assessment score in DOEA 701A assessment forms, improved or stayed the same from one fiscal year to the next.)

Strategy/Action Steps: Describe your strategies for meeting this outcome measure with the services you are proposing. If you plan to exceed the standard describe how this will be accomplished.

Outcomes: Describe the result or impact of program activities on the client/consumer.

Outputs/Inputs: Describe the services that will be delivered to clients/consumer (units of service) to meet the objective, and the resources used to provide those services (dollars, staff, etc.).

<p>Outcome Measure 3: Percent of caregivers whose ability to provide care is maintained or improved after one year of service intervention (as determined by the caregiver and the assessor)</p> <p>Standard: 90 percent (Percent of caregivers whose ability to provide care is maintained or improved after one year of service intervention (as determined by the caregiver and the assessor in the DOEA 701A assessment forms from one fiscal year to the next.)</p>
<p>Strategy/Action Steps: Describe your strategies for meeting this outcome measure with the services you are proposing. If you plan to exceed the standard describe how this will be accomplished.</p>
<p>Outcomes: Describe the result or impact of program activities on the client/consumer.</p>
<p>Outputs/Inputs: Describe the services that will be delivered to clients/consumer (units of service) to meet the objective, and the resources used to provide those services (dollars, staff, etc.).</p>

Outcome Measure 4: Percent of new service recipients with high-risk nutrition scores whose nutritional status improved.

Standard: 66 percent (Percent of new consumers with a “high risk” nutritional score in the DOEA 701C assessment form that improved at their next assessment.)

Strategy/Action Steps: Describe your strategies for meeting this outcome measure with the services you are proposing. If you plan to exceed the standard describe how this will be accomplished.

Outcomes: Describe the result or impact of program activities on the client/consumer.

Outputs/Inputs: Describe the services that will be delivered to clients/consumer (units of service) to meet the objective, and the resources used to provide those services (dollars, staff, etc.).

G. Title III-D Offered Services. The selected services must be consistent with the previously submitted Notice of Intent to Apply submitted by Applicant. Place a check in the box of each service and Regional Area that you intend to offer under this RFP.

If the applicant is **NOT** proposing to provide any of these Title III-D services, then write "N/A" in the following box and skip the rest of this section.



OAA Subtitle III-D Services
MIAMI-DADE COUNTY

SERVICE	REGIONAL AREA A,B,D	REGIONAL AREA C,E,F
A Matter of Balance		
Un Asunto de Equilibrio		
Bingosize (English & Spanish)		
Enhanced Fitness (English)		
Enhanced Fitness (Spanish)		
Arthritis Foundation Tai Chi (English & Spanish)		
Tai Chi / Tai Ji Quan Moving for Better Balance (English & Spanish)		
Diabetes Self-Management		
Programa de Manejo Personal de la Diabetes		
Chronic Disease Self-Management		
Tomando Control de su Salud		
Walk With Ease (English and Spanish)		
Fir & Strong (English & Spanish)		
Savvy Caregiver (English)		
Savvy Caregiver (Spanish)		

OAA Subtitle III-D Services
MONROE COUNTY

SERVICE	County Wide
A Matter of Balance / Un Asunto de Equilibrio	
Bingosize	
Enhanced Fitness	
Chronic Disease Self-Management / Tomando Control de su Salud	
Savvy Caregiver	

INTENTION TO SUBCONTRACT FOR SERVICES

Any subcontracts for services under this application must be identified on this form. Describe the subcontracts below (attach additional pages if needed):

Service to be Subcontracted	Subcontractor Name	License # (if applicable)

Evidence Based Program Facility Site Information

(attach additional pages as necessary)

Site Address (Street, number, City, Zip Code)	Room Capacity	Name of Evidence Based Program to be delivered
1.		
2.		
3.		
4.		
5.		

H. Title III-E, III-ES, III-EG Offered Services. The selected services must be consistent with the previously submitted Notice of Intent to Apply submitted by Applicant. Place a check in the box of each service and Regional Area that you intend to offer under this RFP.

If the applicant is **NOT** proposing to provide any of these Title III-E services, then write "N/A" in the following box and skip the rest of this section.



OAA Subtitle III-E Services
MIAMI-DADE COUNTY

SERVICE	REGION A	REGION B	REGION C	REGION D	REGION E	REGION F
Adult Day Care						
Respite Services – In Home						
Respite Services - Facility						

OAA Subtitle III-E Services
MONROE COUNTY

SERVICE	REGION A	REGION B
Adult Day Care		
Respite Services – In Home		
Respite Services – In Facility		

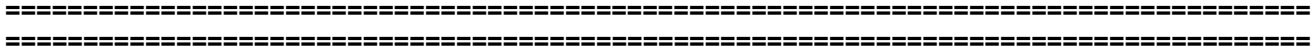
INTENTION TO SUBCONTRACT FOR SERVICES

Any subcontracts for services under this application must be identified on this form. Describe the subcontracts below (attach additional pages if needed):

Service to be Subcontracted	Subcontractor Name	License # (if applicable)

Center Based Facility Site Information

Site Address (Street, number, City, Zip Code)	Region	Capacity	AHCA License #	License Expiration Date	Facility Type
1.					
2.					
3.					
4.					
5.					
6.					



OAA Subtitle III-ES Services

MIAMI-DADE COUNTY

Service	County Wide
Chore Bundle	
Material Aid / Housing Improvement Bundle	
Specialized Medical Equipment, Services, & Supplies	

OAA Subtitle III-ES Services

MONROE COUNTY

SERVICE	County Wide
Chore Bundle	
Material Aid / Housing Improvement Bundle	
Specialized Medical Equipment, Services, & Supplies	

INTENTION TO SUBCONTRACT FOR SERVICES

Any subcontracts for services under this application must be identified on this form. Describe the subcontracts below (attach additional pages if needed):

Service to be Subcontracted	Subcontractor Name	License # (if applicable)



OAA Subtitle III-EG Services
MIAMI-DADE COUNTY

Service	County Wide
Grandparents Bundle	

OAA Subtitle III-EG Services
MONROE COUNTY

SERVICE	County Wide
Grandparent Bundle	

OAA Subtitle III-EG Services
COMBINED MIAMI-DADE & MONROE COUNTIES

SERVICE	Both Counties
Legal Assistance	

INTENTION TO SUBCONTRACT FOR SERVICES

Any subcontracts for services under this application must be identified on this form. Describe the subcontracts below (attach additional pages if needed):

Service to be Subcontracted	Subcontractor Name	License # (if applicable)

Program Facility Site Information (attach additional pages as necessary)

Site Address (Street, number, City, Zip Code)	Room Capacity	Name of Evidence Based Program to be delivered
1.		
2.		
3.		

Title III-E Outcome Measures and Standards

If you are applying for a registered service in this title, this section must be completed.

Outcome Measure 1: Percentage of new service recipients whose ADL assessment scores has been maintained or improved.

Standard: 65 percent (refers to percent of Consumers whose ADL assessment score in DOEA 701A assessment forms, improved or stayed the same from one fiscal year to the next.).

Strategy/Action Steps: Describe your strategies for meeting this outcome measure with the services you are proposing. If you plan to exceed the standard describe how this will be accomplished.

Outcomes: Describe the result or impact of program activities on the client/consumer.

Outputs/Inputs: Describe the services that will be delivered to clients/consumer (units of service) to meet the objective, and the resources used to provide those services (dollars, staff, etc.).

Outcome Measure 2: Percentage of new service recipients whose IADL assessment scores has been maintained or improved.

Standard: 62.3 percent (refers to percent of Consumers whose IADL assessment score in DOEA 701A assessment forms, improved or stayed the same from one fiscal year to the next.)

Strategy/Action Steps: Describe your strategies for meeting this outcome measure with the services you are proposing. If you plan to exceed the standard describe how this will be accomplished.

Outcomes: Describe the result or impact of program activities on the client/consumer.

Outputs/Inputs: Describe the services that will be delivered to clients/consumer (units of service) to meet the objective, and the resources used to provide those services (dollars, staff, etc.).

Outcome Measure 3: Percentage of caregivers who self-report being very confident about their ability to continue to provide care.

Standard: 89 percent (refers to percent of caregivers who self-report being very confident about their ability to continue to provide care in the DOEA 701A assessment forms from one fiscal year to the next.)

Strategy/Action Steps: Describe your strategies for meeting this outcome measure with the services you are proposing. If you plan to exceed the standard describe how this will be accomplished.

Outcomes: Describe the result or impact of program activities on the client/consumer.

Outputs/Inputs: Describe the services that will be delivered to clients/consumer (units of service) to meet the objective, and the resources used to provide those services (dollars, staff, etc.).

IIIA Outreach

OAA, Title III providers must provide targeted community outreach efforts that will assist in identifying individuals who have the greatest economic or social need, particularly low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas.

Outreach is defined as a face-to-face, one-to-one intervention with clients initiated by the agency for the purpose of identifying potential clients or caregivers and encouraging their use of existing and available resources. Outreach efforts shall take place in highly visible public locations or in neighborhoods identified for visiting or canvassing.

A Designated Provider will be required to semi-annually report to the Alliance the type of outreach events or activities conducted, the date and location of the outreach events or activities, the total number of participants at each event or activity, the individuals service needs identified at each event or activity, and the referral sources or information provided at each outreach event or activity.

The Applicant must:

Provide a detailed description, in narrative form, of how it plans to conduct outreach events or activities in the community to identify individuals who have the greatest economic or social need, particularly low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas. The description must include the specific number of outreach events or activities it plans to conduct at a minimum each year.

The description of the above shall not exceed two (2) double spaced pages using a font size of at least 11 pt.

IVA. Applicant's Qualifications and Prior Experience

The applicant shall indicate its experience and performance record in the following responses.

1a. How many years of experience does the applicant have in providing services that are being applied for (specify for each specific service), including funding source?

1b. Provide at least 1 letter of reference from a funding entity, excluding the Alliance for Aging. The letter of reference must reflect the size and scope of the program, any form of disciplinary action taken, and a reflection of programmatic surplus (including total dollar amount of surplus) to demonstrate proper use of the funding allocation. **The letter of reference must be submitted in the applicant's Exhibit folder.**

2. Has the applicant been placed on any form of corrective action by any funding source(s) (including the Alliance) for any reason since January 2020?

If "Yes," please attach an additional document specifying the funding source and the circumstances. If the corrective action has been resolved, indicate when and how. PLEASE PROVIDE DOCUMENTATION FROM FUNDING SOURCE VERIFYING THAT THE REASON(S) FOR THE CORRECTIVE ACTION STATUS HAVE BEEN RESOLVED, AND THAT THE AGENCY IS IN GOOD STANDING. **The supporting documentation for Corrective Action reason and current status and must be submitted in the applicant's Exhibit folder.**

-
3. Has the applicant or any person associated with the applicant in the capacity of owner, partner, director, officer, principal, investigator, project director, manager, auditor, or position involving the administration of funds been terminated by any funding source(s) for cause.

If “Yes,” please attach an additional document specifying the funding source and the circumstances.
COPY OF ANY TERMINATION LETTER MUST BE ATTACHED IN THE EXHIBIT FILE.

NOTE: ANY PROVIDER WHOSE CONTRACT FROM ANY FUNDING SOURCE, INCLUDING ALLIANCE FOR AGING, WAS TERMINATED FOR CAUSE AS A RESULT OF FINANCIAL IRREGULARITIES OR CONTRACTUAL VIOLATION WITHIN THE PRECEDING SIX YEAR PERIOD PRIOR TO THE SUBMISSION DATE OF THIS RFP IS NOT ELIGIBLE TO APPLY FOR OAA FUNDING DURING THIS RFP CYCLE.

For purposes of these questions, the term “applicant” includes: (1) any affiliates that are wholly owned by the applicant; (2) any parent company that owns all interest in the applicant; and (3) any predecessor in interest to the applicant.

VA. Organizational Capability Package

The applicant must provide the listed items in the order specified below:

1. A copy of the most recent organizational chart certified as accurate by an officer of the applicant and illustrating the structure and relationship of all paid staff positions related to the program in question.
2. Copies of job descriptions for all key staff involved in the performance of this contract, including management.
3. A copy of the two (2) most recent consecutive audited financial statements and compliance reporting package. With respect to such audited financial statements, include any letters to management submitted by the independent auditor under separate cover as well as any response stating management's position and plan of action.
4. A full roster of all current members of the applicant's Board of Directors, Officers, or equivalent hierarchical leadership structure (for each member include contact information independent of applicant's corporate address).
5. A copy of the applicant's corporate bylaws, if applicable.
6. A certificate of insurance from applicant's agent detailing the types of coverage currently held, the maximum dollar amount for each, and the dates when coverage became effective and is scheduled to terminate. The applicant is required to demonstrate liability and worker's compensation insurance coverage, as required by law.
7. The completed and signed Certifications and Assurances forms (Attachment II).

Note: None of the items listed above are scored, but they are required to be submitted. Failure of an applicant to submit any of these items shall automatically be deemed a material deviation that adversely affects that interest of the Alliance and shall result in rejection of the application by the Alliance.

A. CONTRACT MODULE

Instructions:

In order for the Contract Module to be reviewed and scored, the applicant must:

1. Complete Section I.B (Unit Cost Grids) for each service (within the appropriate Title and County) that is being applied to serve according to those directions.
2. Complete Form II.B (Match Commitment)

I.B. Unit Cost Grids

Complete the rows for each service that you are applying for.

Enter the current unduplicated number of OAA funded clients for each service, if any.

Enter the annual projected new (unduplicated) clients anticipated in the OAA funded service.

For the “Proposed OAA Funded” column (B), include the total funds requested by OAA Title III-B by service. (Do NOT include match.)

For the “OAA Match Funds” column (C), include the amount of Match. The minimum is \$1 of match for every \$9 of grant funds.

For the “Anticipated All Other Sources” column (D), include other funding resources for these services, for example, CCE, Medicaid, United Way, etc. These funds will provide the Alliance with a measure of provider capacity and OAA funding leverage. A separate table is provided to enumerate these “Anticipated All Other Sources” funds.

Enter the number of units you are applying for in the “Proposed OAA Units” column (E).

Enter the adjusted unit rate in the “Proposed OAA Adjusted Unit Rate” column (F). See Paragraph C.

1. f. of the RFP for details.

The value in column (F) should not be higher than the amount in the “Maximum Allowed Adjusted Rate” column (G).

The value in column (B) should equal the number in column (E) times the rate in column (F).

Make sure that each service with a value in the “Proposed OAA Funded” column is checked in Table 4.

Due to the heterogeneity of their units of service, services with an asterisk in column (G) do not have a maximum unit rate.

Note: The Unit Cost Grid provides information about service funding from non-OAA sources and the proposed adjusted unit rate per service. The proposed unit rate per service must be supported by a Unit Cost Methodology which will be reviewed after the intent to award but prior to contract execution.

MIAMI-DADE COUNTY

TITLE III-B

Current Unduplicated OAA Clients	Projected Annual New OAA Clients (Unduplicated)	(A) Service Offered	(B) Proposed OAA Funded (Total \$)	(C) OAA Match Funds (Total \$)	(D) Anticipated All Other Sources (Total \$) List Detail Below	(E) Proposed OAA Units	(F) Proposed OAA Adjusted Unit Rate	(G) Maximum Allowed Rate ¹
In Home Services/Supportive Services:								
		Chore						113.33
		Chore (enhanced)						113.33
		Education/Training (Individual and/or Group)						45.05
		Emergency Alert Response (Install/Maintenance)						75.57 2.42
		Counseling (Gerontological)						Grp 159.50 Ind 164.22
		Emergency Alert Response						Instal 75.57 Maint 2.42
		Escort (Registered)						25.85
		Homemaker						47.86
		Personal Care						52.01
		Companionship						50.71
		Legal Assistance						206.80
		Housing Improvements					Cost Reimb	Cost Reimb
		Material Aid					Cost Reimb	Cost Reimb
		Mental Health Counseling (Individual and Group)						Grp 159.50 Ind 225.43
		Recreation						131.60
		Screening and Assessment						141.76
		Specialized Medical Equipment and Supplies					Cost Reimb	Cost Reimb
		Technology (Equipment, Install, Staff Support)					Cost Reimb	Cost Reimb
		Transportation						66.67

* The proposed reimbursement rate cannot exceed the maximum allowed rate.

MONROE COUNTY

TITLE III-B

Current Unduplicated OAA Clients	Projected Annual New OAA Clients (Unduplicated)	(A) Service Offered	(B) Proposed OAA Funded (Total \$)	(C) OAA Match Funds (Total \$)	(D) Anticipated All Other Sources (Total \$) List Detail Below	(E) Proposed OAA Units	(F) Proposed OAA Adjusted Unit Rate	(G) Maximum Allowed Rate ¹
In Home Services/Supportive Services:								
		Chore						113.33
		Chore (enhanced)						45.05
		Escort (Registered)						25.85
		Homemaker						47.87
		Personal Care						52.01
		Companionship						50.71
		Mental Health Counseling (Individual and Group)						Grp 159.50 Ind 225.43
		Recreation						131.60
		Screening and Assessment						141.76
		Specialized Medical Equipment & Supplies					Cost Reimb	Cost Reimb
		Technology (Equipment, Install, Staff Support					Cost Reimb	Cost Reimb

* The proposed reimbursement rate cannot exceed the maximum allowed rate.

Anticipated Other Funding Sources Detail for TITLE III-B services

Service	Other Funding Sources	Amount

Note 1: Sum of Other Funding Sources for each service must equal column (D) for that service in Unit Cost Grid above.

MIAMI-DADE COUNTY

TITLE III-C1

Current Unduplicated OAA Clients	Projected Annual New OAA Clients (Unduplicated)	(A) Service Offered	(B) Proposed OAA Funded (Total \$)	(C) OAA Match Funds (Total \$)	(D) Anticipated All Other Sources (Total \$) List Detail Below	(E) Proposed OAA Units	(F) Proposed OAA Unit Adjusted Rate	(G) Maximum Allowed Rate ¹
Congregate Meal Services:								
		Congregate meals—traditional						20.90
		Congregate Meals Kosher						20.90
		Emergency Shelf Stable Meals*						20.90
		Nutrition Education*						17.19
		Nutrition Counseling*						101.20
		Congregate Meals Screening*						69.83

* The proposed reimbursement rate cannot exceed the maximum allowed rate.

MONROE COUNTY

TITLE III-C1

Current Unduplicated OAA Clients	Projected Annual New OAA Clients (Unduplicated)	(A) Service Offered	(B) Proposed OAA Funded (Total \$)	(C) OAA Match Funds (Total \$)	(D) Anticipated All Other Sources (Total \$) List Detail Below	(E) Proposed OAA Units	(F) Proposed OAA Unit Adjusted Rate	(G) Maximum Allowed Rate ¹
Congregate Meal Services:								
		Congregate meals—traditional						20.90
		Emergency Shelf Stable Meals*						20.90
		Nutrition Education*						17.79
		Nutrition Counseling*						101.20
		Congregate Meals Screening*						69.83

* The proposed reimbursement rate cannot exceed the maximum allowed rate.

Anticipated Other Funding Sources Detail for Title III-C1

Service	Other Funding Source	\$\$ (Note 1)
	PART	

Note 1: Sum of Other Funding Sources for each service must equal column (D) for that service in Unit Cost Grid above.

MIAMI-DADE COUNTY**TITLE III-C2**

Current Unduplicated OAA Clients	Projected Annual New OAA Clients (Unduplicated)	MIAMI-DADE COUNTY(A) Service Offered	(B) Proposed OAA Funded (Total \$)	(C) OAA Match Funds (Total \$)	(D) Anticipated All Other Sources (Total \$) List Detail Below	(E) Proposed OAA Units	(F) Proposed OAA Unit Adjusted Rate	(G) Maximum Allowed Rate ¹
Home delivered meal services:								
		Home delivered meals— Hot						8.61
		Home delivered meals— Frozen						10.23
		Home delivered meals— Kosher						21.69
		Emergency Shelf Stable Meals						21.69
		Nutrition Education*						17.79
		Nutrition Counseling*						110.23
		Screening and Assessment*						99.00

* The proposed reimbursement rate cannot exceed the maximum allowed rate.

MONROE COUNTY**TITLE III-C2**

Current Unduplicated OAA Clients	Projected Annual New OAA Clients (Unduplicated)	MONROE COUNTY(A) Service Offered	(B) Proposed OAA Funded (Total \$)	(C) OAA Match Funds (Total \$)	(D) Anticipated All Other Sources (Total \$) List Detail Below	(E) Proposed OAA Units	(F) Proposed OAA Unit Adjusted Rate	(G) Maximum Allowed Rate ¹
Home delivered meal services:								
		Home delivered meals— Frozen						10.23
		Emergency Shelf Stable Meals						21.69
		Nutrition Education*						17.79
		Nutrition Counseling*						110.23
		Screening and Assessment*						99.00

* The proposed reimbursement rate cannot exceed the maximum allowed rate.

MIAMI-DADE COUNTY**TITLE III-D**

Minimum Number of Sessions (Units) to be Provided	(A) Service Offered	(B) Proposed OAA Funded (Total \$)	(C) OAA Match Funds (Total \$)	(D) Anticipated All Other Sources (Total \$) List Detail Below	(E) Proposed OAA Units	(F) Proposed OAA Adjusted Unit Rate	(G) Maximum Allowed Rate ¹
Evidence Based Disease Prevention and Health Promotion Services:							
	A Matter of Balance/Un Asunto Equilibrio	\$					2,750.00
	Bingocize	\$					5,530.00
	Enhance Fitness	\$					150.00
	Arthritis Foundation Tai Chi Program	\$					5,500.00
	Tai Chi/Tai Ji Quan Moving for Better Balance	\$					12,000.00
	Diabetes Self- Management Program/Programa de Manejo Personal de la Diabetes	\$					2,710.00
	Chronic Disease Self- Management Program/Tomando Control su Salud	\$					2,710.00
	Walk with Ease	\$					2,750.00
	Fit and Strong!	\$					4,500.00
	Savvy Caregiver	\$					2,700.00

* The proposed reimbursement rate cannot exceed the maximum allowed rate.

MIAMI-DADE COUNTY

TITLE III-E

Current Unduplicated OAA Clients	Projected Annual New OAA Clients (Unduplicated)	(A) Service Offered	(B) Proposed OAA Funded (Total \$)	(C) OAA Match Funds (Total \$)	(D) Anticipated All Other Sources (Total \$) List Detail Below	(E) Proposed OAA Units	(F) Proposed OAA Unit Adjusted Rate	(G) Maximum Allowed Rate ¹
Program III-E: Support Services								
		Adult Day Care						187.00
		Respite In-Home						52.34
		Respite in Facility						89.12
		Screening & Assessment						110.25
Program III-ES: Supplemental Services								
		Chore						165.00
		Chore - Enhanced						76.08
		Legal Assistance						206.80
		Material Aid					Cost Reimb	Cost Reimb
		Housing Improvement					Cost Reimb	Cost Reimb
		Specialized Medical Equipment & Supplies					Cost Reimb	Cost Reimb
Program III-EG: Grandparent Services								
		Home Delivered Meals – Frozen						10.23
		Homemaker						47.86
		Sitter						50.00
		Screening and Assessment						99.00

* The proposed reimbursement rate cannot exceed the maximum allowed rate.

MONROE COUNTY

TITLE III-E

Current Unduplicated OAA Clients	Projected Annual New OAA Clients (Unduplicated)	(A) Service Offered	(B) Proposed OAA Funded (Total \$)	(C) OAA Match Funds (Total \$)	(D) Anticipated All Other Sources (Total \$) List Detail Below	(E) Proposed OAA Units	(F) Proposed OAA Unit Adjusted Rate	(G) Maximum Allowed Rate ¹
Program III-E: Support Services								
		Adult Day Care						187.00
		Respite In Home						52.34
		Respite in Facility						89.12
		Screening & Assessment						110.25
Program III-ES: Supplemental Services								
		Chore						165.00
		Chore - Enhanced						76.08
		Material Aide					Cost Reimb	Cost Reimb
		Housing Improvement					Cost Reimb	Cost Reimb
		Specialized Medical Equipment & Supplies					Cost Reimb	Cost Reimb
Program III-EG: Grandparent Services								
		Home Delivered Meals Frozen						10.23
		Homemaker						47.86
		Sitter						50.00
		Screening and Assessment						99.00

* The proposed reimbursement rate cannot exceed the maximum allowed rate.

Anticipated Other Funding Sources Detail:

Service	Other Funding Source	\$\$ ^(Note 1)

Note 1: Sum of Other Funding Sources for each service must equal column (D) for that service in Unit Cost Grid above

II.B

MATCH COMMITMENT

2024 OAA RFP

Applicant Organizational Name: _____

Place an "X" next to the means for which you have identified as your ability to meet the 10% match requirement for Titles III-B, III-C1, III-C2, and III-E.

1. Match can be met using more than one means.
2. Match, whether Cash or In-Kind, must be related to the program or service you are matching.
3. Federal Funds cannot be used as Match to any OAA awards.

Means to Meet Match	
	Cash
	In-Kind Donated Space
	In-Kind Donated Supplies
	In-Kind Donated Equipment
	In-Kind Professional Services
	In-Kind Volunteer Hours & Milage

For each means you have selected above, provide the original source of the match.

Means	Source	Value
<i>Examples:</i>		
<i>Cash</i>	<i>ABC Foundation for Meals</i>	<i>\$ 150,000.00</i>
<i>Donated Office Space</i>	<i>City of XXX</i>	<i>\$ 625,000.00</i>
<i>Pro Bono Legal Services</i>	<i>Joh Doe, Esquire</i>	<i>\$ 20,000.00</i>

Note: Value determination should be in accordance the 2CFR 200.306

Signature of Applicant Officer
