



Area  
Agency on  
Aging (IIIIC)  
Branch-St. Joseph

570 N. Marshall Road, Coldwater, MI 49036

Phone: (517) 278-2538

[www.bhsj.org/aaa](http://www.bhsj.org/aaa)

**ANNUAL CONTRACT  
REQUEST FOR PROPOSALS  
FY2027-2029**

---

**PART II  
APPLICATION FORMS & ASSURANCES**

**BRANCH-ST. JOSEPH AREA AGENCY ON AGING (IIIC)  
Funding Application ~ Cover Page ~ FY 2027-2029**

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

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

\_\_\_\_\_ Phone: \_\_\_\_\_

Area Served: \_\_\_\_\_ Hours: \_\_\_\_\_

Federal Tax ID#: \_\_\_\_\_

Minority-Owned/Operated/Targeted Provider? \_\_\_\_Yes \_\_\_\_No

Are one-half of the organizations' board members minority individuals? \_\_\_\_Yes \_\_\_\_No

Legal Status: \_\_\_\_Private \_\_\_\_For Profit \_\_\_\_Private, non-profit Other\_\_\_\_\_

In-Home Services: \_\_\_\_Medicare Certified \_\_\_\_JCAHO Approved \_\_\_\_Medicaid Registered

Estimated Service By County: Branch \_\_\_\_% St. Joseph \_\_\_\_%

**PROGRAM PLAN**

SERVICE NAME(s):			
GRANT FUNDS REQUESTED	\$	\$	\$
TOTAL UNITS			
a. Grant			
b. Match (13% required)			
1. Cash			
2. In-Kind			
c. Program Income			
d. Other Resources			
Unit Rate	\$	\$	\$
Grant Unit Rate	\$	\$	\$
Client Cost	\$	\$	\$
Unduplicated Clients			
Minority			
Low Income			

## Cover Page Instructions

Provided all identifying information as requested. This information will be transferred (less agency identification) to the proposal review sheets.

**Service:** Identify the service category. If more than 3 services are bid, use additional cover page(s).

**Grant Funds Requested:** Input amount of Total Funds Requested in each service category.

**Total Units:** Include the total number of units to be provided with grant funds match, and program income. Other resources are not identified in the (TOTAL) number.

Identify the number of units by funding source to be provided.

**Unit rate:** Enter the unit rate as identified on the budget forms.

**Grant Unit Rate:** Total funds requested divided by total units to be provided (not including those from “other resources”).

**Unduplicated clients:** Number of individuals to be served

**Client cost:** Total Project Funds (not including “other resources”) divided by number of individuals to be served

**Minority:** Anticipated number of minority individuals to be served

**Low Income:** Anticipated number of low-income individuals to be served

## General Format Requirements

Applicants must submit a complete response to this RFP that is consistent with the purpose of the RFP and follows the format described herein.

1. Use 12-point New Times Roman or Arial font; budgets, figures, charts, tables, figure legends, and footnotes may be smaller in size, but must be legible. Narratives must be lower case with appropriate capitalization.
2. Use 1.5 line spacing with 1” page margins (top and bottom, left and right).
3. ELECTRONIC SUBMISSION is required for all grants submitted for the FY27-29 contract cycle. Save all narrative documents in Microsoft Word with service name as the filename; save all budget documents in Microsoft Excel with service name as the filename. One thumb drive/removable storage device containing all application sections of the bidders grant proposal(s) is to be delivered to AAA IIIC OR sent via email to: [aaa3c@bhsj.org](mailto:aaa3c@bhsj.org) according to the grant submission deadline.

Applications that are incomplete or fail to follow the correct format will not be considered for funding and will be returned without review. This directive is to ensure that all proposals are uniform. Applicants will be notified if their proposal is deemed ineligible.

## PART I PROGRAM NARRATIVE

### A. OBJECTIVES/PROGRAM PLAN

After reviewing the service specific minimum standards, describe in detail your agency's plan to implement the proposed project. Include information about unique and innovative aspects that will contribute to the overall success of the program.

Provide program outcomes for each service that your agency is applying for. Objectives must be measurable, verifiable, and time-limited. A format including specific outcomes, activities and time lines is preferred. Outcomes will be monitored at least annually by the AAA.

Provide an overview of your agency's intent to utilize a person-centered approach to service provision. Also include the person-centered philosophy/values that your organization holds or may develop if they are not already in practice currently.

### B. ACCESS/UTILIZATION/QUALITY CONTROL

1. Does the agency participate in collaborative activities to enhance the lives of older adults and/or their families? Please describe. Explain which organizations you coordinate service(s) with most frequently and why. Will you collaborate with any particular entity for these (this) grant? Include an explanation of when referrals are made. How are services with multiple providers coordinated?
2. Explain the criteria your agency uses in determining service priority for when demand exceeds resources. How are waiting lists established (if appropriate)? Do you have a Waiting List Policy/Procedure? If so, please include it with the proposal.
3. How will you prioritize and/or target services to older adults in the greatest social and economic need with substantial emphasis given to low income and minority individuals? How will you coordinate services and prioritize serving Community Living Program participants referred to you by the Area Agency on Aging IIC? Please include how your organization will address accessibility of services for and outreach to minority groups including black, indigenous, and people of color and LGBTQ+ communities.
4. How will you promote/market/advertise the service(s) which you are proposing to the public and target audience? Explain specific marketing techniques and resources. Please address the availability of and/or need for translation services to assure access to services.
5. Discuss how your agency assures the quality of the service(s) provided. Do you use a recognized quality improvement process? How do you maintain consistent quality of care as you work with individuals and their family? Is quality assurance incorporated in program job descriptions? Please address how you implement staff training. Please share policies/procedures related to quality improvement/assurance.

**C. ORGANIZATIONAL CAPABILITY**

1. Describe the experience your agency has in administering similar programs.
2. Does your agency operate other programs within Branch or St. Joseph Counties? Does your agency provide services to populations other than 60+? Describe.
3. Are Older American's Act funds the primary fund source for the program? If not, what percentage is provided by other funds? What is the source of those funds & how will they be used? Discuss the primary funding source available to support programming of the proposed project.

Attachments for All Applications: Assurances (Part II, III, IV, and Assurance of Compliance)  
Organizational Chart  
Governing Board Membership  
Suggested Donation Schedule(s)

Additional Attachments, if Applicable: Subcontracts  
Waiver Requests

**PART II**  
**Agreement between Applicant Agency and the Region IIIC Area Agency on Aging Upon Submission of Proposal**

The applicant agency \_\_\_\_\_, submits this application for a contract award in accordance with the provision of part and the information provided in Parts I and III of this application. The applicant agency understands and agrees that the following provisions are part of the official application and as such become binding upon the conduct of the project subsequent to the award of any funds by the Region IIIC Area Agency on Aging (AAA).

The applicant agency agrees:

1. That the project will be carried out in accordance with the policies and procedures established by the AAA, and the terms and conditions of this application as approved by the AAA in making an award of funds.
2. That where subcontractors are proposed for the operation of one or more components of the proposal, the applicant agency retains full and complete responsibility for the operation of the project in keeping with the policies and procedures established by the AAA for the project. The applicant agency will be held accountable by the AAA for all project expenditures; and will ensure that all expenditures incurred by the sub-contracting agency(ies) will be in accordance with the cost policies and procedures established by the AAA, in keeping with the federal granting agency. Copies of the proposed subcontracts are submitted with the application.
3. To cooperate with the AAA in its efforts toward developing a comprehensive and coordinated system of services for the elderly, by participating in joint planning efforts and other activities mutually agreed upon to meet this goal.
4. To actively seek qualified older persons for paid and volunteer positions on the project.
5. To cooperate and assist in efforts undertaken by the AAA, the Bureau of Aging, Community Living, and Supports, the Administration on Aging, or any other agency or organization duly authorized by any of the preceding to evaluate the effectiveness, feasibility and costs of the project.
6. To conscientiously seek out community resources to be utilized by the aging network and to make such resources known to the AAA and thus all of Region IIIC.
7. To keep records and make reports on forms and containing information as may be required by the AAA.
8. To maintain documents and accounts as well as service records to permit expeditious determination to be made at any time of the status of funds within the award, including the disposition of all monies received from the AAA, and the nature and amount of all charges claimed against such funds.

- 9. That funding provided under the terms of this contract is for providing services to elder individuals as defined in this application only and that no sectarian religious activities will be promoted in whole or in part through use of these funds.
- 10. To accept the responsibility to raise and submit payment of cash match as required by the AAA.

Signature(s) of person(s) authorized on behalf of the applicant agency to commit such agency to the assurances outlined herein:

\_\_\_\_\_  
Signature of Authorized Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Authorized Official

\_\_\_\_\_  
Date

**PART III**  
**MINIMUM STANDARDS ASSURANCE**

Any service funded by the Branch-St. Joseph Area Agency on Aging (IIIC) [AAA] must be in compliance with the Michigan Department of Health & Human Services/Bureau of Aging, Community Living, and Supports, AAA service definitions, unit definitions, and minimum service standards for operation except for specific standards for which compliance has been waived by the AAA according to prescribed policy waiver procedures.

I hereby enter this assurance of compliance.

\_\_\_\_\_, (herein called the Contractor),

**HEREBY ASSURES** that the persons involved in implementing the proposal contract have read the minimum standards (standards for each service) on each of the services for which funds are being requested.

**FURTHERMORE**, the Contractor assures that it is completely in compliance with all standards for the following services: (List all services for which funding is requested.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This assurance is given in consideration of and for the purpose of obtaining Federal or state funds, contracts, or other financial assistance from the AAA. The Contractor recognizes and agrees that any approved financial assistance will be extended based on agreements made in this assurance and that the AAA shall have the right to seek enforcement of this assurance.

This assurance is binding on the Contractor, its successors, transferees, and assignees.

\_\_\_\_\_  
Signature of Authorized Official

\_\_\_\_\_  
Signature of Project Coordinator (if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**PART IV**

**MICHIGAN BUREAU OF AGING, COMMUNITY LIVING, AND SUPPORTS  
Assurance of Compliance with section 504 of the Rehabilitation Act of 1973**

The undersigned recipient of funds from the Michigan Commission and Bureau of Aging, Community Living, and Supports (hereinafter called the "recipient") HEREBY AGREES THAT it will comply with section 504 of the Rehabilitation Act of 1973, as amended (29. U.S.C. 794), all requirements imposed by the applicable HHS regulations (45. C.F.R. Part 84), and all guidelines and interpretations issues pursuant thereto.

Pursuant to 84.5(a) of the regulation (45 C.F.R. 84.5(a)) the recipient gives this assurance in consideration of and for the purpose of obtaining any and all grants, loans, contracts (except procurement contracts and contracts of insurance or guaranty), property, discounts, or other financial assistance extended by the Michigan Bureau of Aging, Community Living, and Supports after the date of this assurance, including payments or other assistance made after such date on applicants for financial assistance that were approved before such date. The recipient recognizes and agrees that such financial assistance will be extended in reliance on the representations and agreements made in this assurance and that the Michigan Bureau of Aging, Community Living, and Supports will have the right to enforce this assurance through lawful means. This assurance is binding on the recipient, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this assurance on behalf of the recipient.

This assurance obligates the recipient for the period during which Federal financial assistance is extended to it by the Michigan Aging, Community Living, and Supports or, where the assistance is in the form of personal property for the period provided for in 84.5(b) of the regulation (45 C.F.R. 84.5(b)).

---

**Assurance of Compliance with the Department of Health,  
Education, & Welfare Regulation Under Title VI of the Civil Rights Act of 1964,  
Michigan Handicappers Civil Rights Act of 1976, Elliott-Larsen Civil Rights Act of  
1976**

The subcontractor named below HEREBY AGREES THAT it will comply with Title VI of the Civil Rights Act of 1964 (P.L. 88-352), the Michigan Handicappers' Civil Rights Act of 1976 (P.A. 220), and The Elliot-Larsen Civil Rights Act of 1976 (P.A. 453, Section 209) and will comply with requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. 80) issued pursuant to that Title to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Subcontractor receives Federal or State financial assistance from the Region III-C Area Agency on Aging, and HEREBY GIVES ASSURANCE THAT it will immediately take any measures necessary to effectuate this agreement.

---

Signature of Authorized Official

---

Date

## ASSURANCE OF COMPLIANCE

ASSURANCE OF COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, SECTION 504 OF THE REHABILITATION ACT OF 1973, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, AND THE AGE DISCRIMINATION ACT OF 1975

The Applicant provides this assurance in consideration of and for the purpose of obtaining Federal grants, loans, contracts, property, discounts or other Federal financial assistance from the Department of Health and Human Services.

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

1. Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R.), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied benefits of, or be otherwise subjected to discrimination under any program or activity for with the Applicant receives Federal financial assistance from the Department.
2. Section 504 of the Rehabilitation Act of 1973 (Pub. L. 93-112), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84), to the end that, in accordance with Section 504 of that Act and the Regulation, no otherwise qualified handicapped individual in the United Sates shall, solely by reason of his handicap, be excluded from participation in, be denied benefits of, or be otherwise subjected to discrimination under any program or activity for with the Applicant receives Federal financial assistance from the Department.
3. Title IX of the Educational Amendments of 1972 (Pub. L. 92-318), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex, be excluded from be excluded from participation in, or be otherwise subjected to discrimination under any program or activity for with the Applicant receives Federal financial assistance from the Department.
4. The Age Discrimination Act of 1975 (Pub. L. 94-135), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. part 91), to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be excluded from participation in, be denied benefits of, or be otherwise subjected to discrimination under any program or activity for with the Applicant receives Federal financial assistance from the Department.

The Applicant agrees that compliance with this assurance constitutes a condition of continued receipt of Federal financial assistance, and that it is binding upon the Applicant, its successors, transferees and assignees for the period during which such assistance is provided. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. The Applicant further recognizes and agrees the United States shall have the right to seek judicial enforcement of this assurance.

The person or persons whose signature(s) appear(s) below is/are authorized to sign this assurance, and commit the Applicant to the above provisions.

\_\_\_\_\_  
Signature of Authorized Official

\_\_\_\_\_  
Name of Applicant or Recipient Agency

\_\_\_\_\_  
Title of Authorized Official

\_\_\_\_\_  
Street

\_\_\_\_\_  
Date

\_\_\_\_\_  
City, State, Zip Code

Form HHS-690 (05/97)