

Proposals must be presented in the format and sequence detailed in this RFP and must be complete. Failure to respond in this manner is sufficient basis for elimination from consideration during comparative review and evaluation.

GSSSI reserves the right to withhold a portion of available funding for a subsequent RFP process should there be insufficient response for specific service needs.

Appeals Procedure

Applications denied for funding may appeal the decision. Information about this process, along with the relevant materials will be made available.

Proposals are due by Monday, May 10th, 2021 by 4:00 p.m.

Submit Proposal to: Anna Randall, Area Agency on Aging Director
anna.randall@gsssi.org
66 Industry Ave, Ste. 9
Springfield, MA 01104
413-781-8800 x 111

Applicants are required to submit one (1) original proposal and all required documentation together.

Submission Checklist

- Complete Proposal Application NOTE: Signatures are required on pages 12 and 15;
- Organization's Affirmative Action/Equal Opportunity Employer policies;
- Certificate of Tax Exempt status, if applicable;
- Certificate of Incorporation, Commonwealth of Massachusetts, if applicable;
- Organizational chart of the agency;
- Roster of Organization's Board of Directors;
- Job description(s) of staff needed for the proposed service, and job description(s) for the immediate supervisor(s);
- Donation Policy;
- Record Retention Policy;
- Client Satisfaction Policy and survey, if applicable;
- Evaluation survey, if applicable.

GREATER SPRINGFIELD SENIOR SERVICES, INC.
 AN AREA AGENCY ON AGING
 66 Industry Avenue, Suite 9
 Springfield, MA 01104
www.gsssi.org

Title III FFY 2022– 2024 Proposal for Funding Year One: October 1, 2021 – September 30, 2022

Organization Name				
Street				
City/Town and Zip Code				
Mailing Address (if different)				
City/Town and Zip Code				
Executive Director				
Contact Person				Title
Contact Person Phone		Fax:		Email
Agency Web Address				
<input type="checkbox"/> Council on Aging		<input type="checkbox"/> Private Non-Profit		<input type="checkbox"/> For Profit
<input type="checkbox"/> Other _____		(please list)		
Organization Description:				
Name of Service to be funded:				
Service Summary:				
Total Program Cost: \$_____		Funding Request: \$_____ (these figures should match information on budget)		
How many persons (unduplicated) do you expect to serve in first year:_____				
Define your target audience_____				
Will this service be accessible to disabled persons? ___ Yes ___ No				
If no, please explain;				

Document the Need for Project:

Which cities and/or towns will you serve? Check all that apply.

- | | | |
|--|-------------------------------------|---|
| <input type="checkbox"/> Agawam | <input type="checkbox"/> Holland | <input type="checkbox"/> Springfield |
| <input type="checkbox"/> Brimfield | <input type="checkbox"/> Longmeadow | <input type="checkbox"/> Wales |
| <input type="checkbox"/> East Longmeadow | <input type="checkbox"/> Monson | <input type="checkbox"/> West Springfield |
| <input type="checkbox"/> Hampden | <input type="checkbox"/> Palmer | <input type="checkbox"/> Wilbraham |

Personnel needed for this service (please include job description for each position in application packet)

Title	Number needed (i.e. 1 FTE)	Paid or volunteer staff

Please describe how your organization meets the requirements for any special licenses/certifications needed to provide your service:

Describe the type of outreach you will use to reach the targeted population and to inform other professionals in the community of the availability of your proposed service?

All Title III funded programs are expected to be fully operational by October 1, 2021. Will your proposed service be fully operational by this date? Yes No

All fiscal and program records for Title III funded projects must be intact and accessible at any time for inspection by GSSSI or other outside auditors for seven (7) years. Are you able to comply? Yes No
Please attach records retention policy.

Grantees are required to allow for voluntary and confidential donations by participants for the proposed service. Will you implement a voluntary donation policy? ___Yes ___ No
(Please include a copy of your donation policy in application packet):

How will your clients' lives be changed by participating (receiving) your service? What knowledge will they gain? What behaviors will they change? What skills will they learn? etc.

How will you measure this change? (i.e. Pre and Post self-assessment, funds saved, etc.)

How will you know (measure) that this program is a success?

Describe how your agency will assess client satisfaction for the proposed service. (Please include a copy of your policy on assessing client satisfaction and a copy of any survey in application packet):

Describe how your agency will continue operating your proposed service in the event of an emergency that disrupts programming for more than 1 day.

Budget

October 1, 2021 – September 30, 2022

Income (Program Support)	Amount
GSSSI Title III grant (funding request)	
Donations *	
In-kind **	
Total	
Expenses	
In-kind **	
Total	

Please add additional lines as needed on this page to include all information.

- **It is essential that total income = total expense**
- Income which is not guaranteed may be listed as pending or anticipated
- Incomplete or insufficient information will result in delay of processing or disqualification
- * Voluntary Donations - see fiscal policies on page 5 for clarification
- ** In-kind support - see fiscal policies on page 6 for clarification.

Every authorized Title III grant carries with it a Matching Dollar requirement. By signing your proposal (and grant agreement if awarded) your agency/organization is committed to supporting your total proposed budget with 15% non-federal monies.

Your signature indicates that the information you have entered is both accurate and true.

Signature of Person Completing This Form

Date

Print Name of Person Completing This Form

Title

ASSURANCES OF COMPLIANCE

Please read each of the following statements regarding grant requirements and/or regulations. This section will require signatures of both agency executive and Board President and will serve as verification the agency's authorization to apply for funds under this grant process.

Agencies providing services under Title III Funding of the Older Americans Act agree to:

- Comply with Title VI of the Civil Rights Act of 1964 and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services. No person in the U.S. shall, on the grounds of race/color/sex/national origin be excluded from participation in or be denied the benefits of, or be otherwise subjected to discrimination from this program;
- Provide the required non-federal share of support for this project in the amount and kind specified in the approved budget;
- Provide assurance that all efforts will be made to reach older adults who are 60 years of age or more and who have the greatest social and economic need;
- Establish a system and policy to retain all fiscal and program records for Title III funded projects intact and accessible at any time for inspection by GSSSI or other outside auditors for seven (7) years;
- Establish a system and policy to allow for voluntary and confidential donations by participants of the program;
- Establish a system and policy to assess on a regular basis individual client satisfaction with the service provided under this grant;
- Have in effect, maintain and adhere to, an Affirmative Action policy, which fulfills the applicable requirements of the Americans with Disabilities Act;
- Allow GSSSI representatives to monitor/assess periodically and with advance notice, the program. Findings of such monitoring may indicate revision of objectives or budget to carry out successfully the project's intentions;
- Submit the required reporting and billing material;
- Perform CORI checks on any recently hired employees or volunteers working with older adults in a direct service capacity.
- Indicate source of funding & funding agency on public information distributed on the program;
- Obtain and maintain all licenses and permits required for the service.

- All information about a program which receives Title III funding will include Funding Identification Tagline: **Program supported by Greater Springfield Senior Services, Inc. through funding from the Massachusetts Executive Office of Elder Affairs and the Federal Administration for Community Living.**

GRANT REQUIREMENTS

Providers awarded grants under this grant may be asked to produce the following documentation and information. Failure or inability to do so may result in canceling the decision to award the grant:

- Organization's Affirmative Action/Equal Opportunity Employer policies;
- Documentation of appropriate insurance coverage that will hold GSSSI harmless for any incident during the course of the grant period;
- Certificate of Tax Exempt status, if applicable;
- Documentation of Rate Setting Commission rate, if applicable;
- Certificate of Incorporation, Commonwealth of Massachusetts;
- Roster of organization's Board of Directors;
- Job description(s) of staff needed for the proposed service, and job description(s) for the immediate supervisor(s); and,
- Organizational chart of the agency.
- Continuity of operations plan

TERMS AND CONDITIONS:

It is understood and agreed by the undersigned that the information contained herein is true and correct. Funds granted under this request are to be expended for the purposes and in the manner set forth herein in accordance with all applicable terms as stated. All grants awarded will be approved by Area Agency on Aging Board of Directors, and grant awards are contingent upon availability of funding by the Executive Office of Elder Affairs. By signing below we hereby certify that I have read and understood the terms of this agreement:

Agency Name: _____

Executive Director

Board President

Date

Employer Federal Identification Number