

**EXHIBIT I**

**Milwaukee County Department on Aging  
Descriptions of Proposed Programs and Services  
Funding Period \_\_\_\_\_ to \_\_\_\_\_**

1.0 General Program Information

1.01 Program Title or Type of Service to be Provided: \_\_\_\_\_

1.02 Agency Name: \_\_\_\_\_

1.03 Address of Primary Office: \_\_\_\_\_  
\_\_\_\_\_

1.04 Phone Number \_\_\_\_\_ FAX# \_\_\_\_\_

1.05 Office Hours \_\_\_\_\_ E-mail \_\_\_\_\_

1.06 Official(s) Authorized by the Board of Directors to Sign Contracts/Reports for the Agency:

Name, Title \_\_\_\_\_ Signature \_\_\_\_\_

Name, Title \_\_\_\_\_ Signature \_\_\_\_\_

1.07 Staff Contact for the Program:

Name, Title \_\_\_\_\_

1.08 Type of Agency (please check those that apply):

Public \_\_\_\_\_ Non-profit \_\_\_\_\_ Proprietary \_\_\_\_\_

Minority (owned, directed, or predominantly staffed by minority groups) \_\_\_\_\_

1.09 Federal ID No. \_\_\_\_\_ State Tax Exempt No. \_\_\_\_\_

1.10 Type of Request: New \_\_\_\_\_ Continuation \_\_\_\_\_

1.11 Amount of Department on Aging Request: \$ \_\_\_\_\_

1.12 Total Agency Budget: \$ \_\_\_\_\_

1.13 Proposed Cost Per Unit of Service: \$ \_\_\_\_\_

1.14 Proposed Units to be Provided: \_\_\_\_\_  
\_\_\_\_\_

**3.0 Program Staffing Information - Positions Funded by Department on Aging, Match, or Other Resources**

A.	B.	C.	D.	E.	F.		
Position	% Full Time Equivalent	Wages and Salaries Subtotal \$	Fringe Benefit Subtotal \$	Total All (C & D) \$	Staff Demographics		
					Age 45+	Minority	Disabled
<b>Total:</b>		\$	\$	\$			

**Note: Total wages/salaries and fringe benefits for all positions should equal the total wage and fringe on Column 6 of the 4.0 Budget Summary, Personnel Subtotal.**

**Itemize below percentage of agency fringe benefit costs:**

- FICA \_\_\_\_\_
- Pension \_\_\_\_\_
- Workers comp \_\_\_\_\_
- Unemployment comp \_\_\_\_\_
- Disability insurance \_\_\_\_\_
- Health insurance \_\_\_\_\_
- Life insurance \_\_\_\_\_
- Other (specified) \_\_\_\_\_



**3.2 Program Staffing Information: Wages and Benefits**

Please list each individual separately, using as many copies of this form as needed

Position Title	Hours Per Week	Annual Salary	Hourly Wage Rate	Fringe Benefit Category	Check if Employer Pays Fringe Benefit	County of Residence
				Health Insurance		
				Dental Insurance		
				Life Insurance		
				Health Insurance		
				Dental Insurance		
				Life Insurance		
				Health Insurance		
				Dental Insurance		
				Life Insurance		
				Health Insurance		
				Dental Insurance		
				Life Insurance		
				Health Insurance		
				Dental Insurance		
				Life Insurance		
				Health Insurance		
				Dental Insurance		
				Life Insurance		
				Health Insurance		
				Dental Insurance		
				Life Insurance		
				Health Insurance		
				Dental Insurance		
				Life Insurance		

### 3.3 Direct Service Staff Vacancy and Turnover

Name of 2015 Contractor:

---

	I	II	III	IV	V	VI
Name of 2015 Department on Aging Program or Service Contract	Number of Direct Service Staff employed in contract on January 1, 2015	Number of staff listed in Column I who remained employed on July 1, 2015	Number of new employees replacing staff listed in Column I by July 1, 2015	Percent of Column I employees replaced by July 1, 2015 (Column III divided by Column I)	Staff listed in Column I whose positions remained vacant on July 1, 2015	Percent of Column I positions vacant on July 1, 2015 (Column V divided by Column I)
Example: Transportation	10	7	2	20%	1	10%

**Note:**

Direct Service Staff are defined as persons employed under the contract whose job routinely brings them into contact with clients, either in person or over the telephone.

**4.0 Budget Summary**

Provider Name \_\_\_\_\_ Contract Period \_\_\_\_\_  
 Program/Service \_\_\_\_\_

ITEM	1	2	3	4	5	6
	Department on Aging Request	Non-Federal Match (10% of Program Costs) Cash                      In-Kind		Program Revenue	All Other Resources	Total
<b>1. PERSONNEL</b>						
A. Wages & Salaries						
B. Fringe ( ____ %)						
C. Other (Describe)						
SUBTOTAL						
<b>2. TRAVEL EXPENSES</b>						
A. Local						
B. Out of Town						
SUBTOTAL						
<b>3. FACILITIES EXPENSE</b>						
A. Rent						
B. Utilities						
C. Other (Describe)						
SUBTOTAL						
<b>4. OPERATING EXPENSES</b>						
A. Office Supplies						
B. Consumable Supplies						
C. Telephone						
D. Postage						
E. Equipment						
F. Other (Describe)						
SUBTOTAL						
<b>5. MISCELLANEOUS</b>						
A. Office Supplies						
B. Consultant Fees						
C. Audit						
D. Other (Describe)						
SUBTOTAL						
<b>6. INDIRECT COSTS</b>						
A. Indirect Costs (Form 4.1)						
B. Other (Describe)						
SUBTOTAL						
<b>7. COLUMN TOTAL FOR ALL COSTS</b>						
<b>8. TOTAL NON-FEDERAL</b>						
<b>9. PROFIT FACTOR</b>						

\*Provide source of Non-Federal Cash match or description of In-Kind Match:

\*\* Indirect costs must be reported by agencies that provide more than one program, service, or activity. See the RFP document for a more detailed definition. (Form 4.1 must be completed, describing specific indirect costs and the plan for allocating those costs.)

**4.1 Indirect Cost Allocation Plan**

Name of Agency \_\_\_\_\_

If your agency provides only one kind of program, service or activity, and all costs are directly related to providing this program, service or activity, even if only partially allocated to the proposed Department on Aging program or service, you are not required to complete the Indirect Cost Allocation Plan.

- Description of Item Costs**
- 1. General Administration**
- A. Salaries of Executive Officers
  - B. Expenses of Executive Officers
  - C. Personnel Administration
  - D. Accounting
  - E. Other (Describe) \_\_\_\_\_
  - F. Other (Describe) \_\_\_\_\_
  - G. Other (Describe) \_\_\_\_\_

- 2. Buildings and Equipments**
- A. Depreciation
  - B. Use
  - C. Operation
  - D. Maintaining Facilities
  - E. Other (Describe) \_\_\_\_\_
  - F. Other (Describe) \_\_\_\_\_

- 3. Communication Costs**
- A. Advertising Costs
  - B. General Communication Costs  
(Telephone, postage, etc.)
  - C. Other (Describe) \_\_\_\_\_
  - D. Other (Describe) \_\_\_\_\_
  - E. Other (Describe) \_\_\_\_\_

- 4. Other Indirect Costs**
- A. Other (Describe) \_\_\_\_\_
  - B. Other (Describe) \_\_\_\_\_
  - C. Other (Describe) \_\_\_\_\_
  - D. Other (Describe) \_\_\_\_\_

**TOTAL ALL INDIRECT COSTS**

Total Agency Cost	Department of Aging Program Costs	Indirect Cost Rate
<b>1. General Administration</b>		
<b>2. Buildings and Equipments</b>		
<b>3. Communication Costs</b>		
<b>4. Other Indirect Costs</b>		
<b>TOTAL ALL INDIRECT COSTS</b>		

Total Department on Aging Program Costs should be included on Line 6A of the 4.0 Budget Summary.

For allowability of certain selected items of cost, refer to Office of Management and Budget Circular A-122

**4.2 Program Voume Data and Unit Rate Calculation  
Purchase of Service Applicants Only**

- 1. Name of Agency \_\_\_\_\_
- 2. Name of Program/Service \_\_\_\_\_
- 3. Number of Program Operating Days \_\_\_\_\_
- 4. Number of Program Operating Hours \_\_\_\_\_
- 5. Specific Type of Unit of Services \_\_\_\_\_  
*(See Program Specifications/Guidelines for Unit of Service Definitions)*

- 6. Estimated Total Number of Unduplicated Clients to be Served  
*(Unduplicated clients counted only once no matter how many times served)*
  - Monthly \_\_\_\_\_
  - Annually \_\_\_\_\_

- 7. State law requires that purchase of service contracts must specify the anticipated absenteeism rate under such contracts. The absenteeism rate is defined as the rate the overall purchase clientele is expected to be absent at the scheduled time without prior planning.  
  
Anticipated Monthly Absenteeism Rate \_\_\_\_\_ %

- 8. Total Cost of Program/Service \$ \_\_\_\_\_  
*(Include Department on Aging Request, Non-federal match, and Other Resources (4.0 Budget Summary))*

- 9. Total Milwaukee County Department on Aging Units of Sevices for Entire Contract Period \_\_\_\_\_  
*(Briefly describe the methodolgy used to determine total units of service)*

- 10. Total Milwaukee County Department on Aging Request for Entire Contract Period \$ \_\_\_\_\_  
*(This amount should be included in 4.0 Budget Summary, Column 1 and should also be included on the cover page, Exhibit I, Line 1.11)*

- 11. Unit Cost per Milwaukee County Department on Aging Funded Unit of Service \$ \_\_\_\_\_  
*(Divide Item Number 10, Total Milwaukee County Department on Aging Request, by Item Number 9, Total Milwaukee County Department on Aging Units of Service, with the unit cost shown on the cover page, Exhibit I, Line 1.13)*

- 12. Other comments by applicant concerning client volume and cost of program/service. (Include in this section any unique characteristics of your agency and/or service which further clarify the amount and cost of service offered in this proposal. Attach any additional pages needed to answer this question.

### **5.0 Terms, Conditions, and Assurances**

The applicant agrees to comply with the following regulations, requirements, policies, and documents for the entire period of any contract with the Milwaukee County Department on Aging.

1. The applicant will comply with all federal, state, and local laws and requirements relating to equal opportunity in employment and the delivery of services and will submit, as required below, Affirmative Action Plans and Civil Rights Compliance Action Plans that meet Equal Opportunity Requirements under the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Titles VI and XVI of the Public Service Health Act, the Age Discrimination Act of 1975, the Americans with Disabilities Act of 1990, as amended, and other relevant federal laws, state statutes, and County Ordinances.
2. The terms of a Milwaukee County Department on Aging Purchase Agreement.
3. Milwaukee County Department on Aging Program/Service Guidelines or Specifications.
4. Milwaukee County Department on Aging Administrative Policies and Procedures.
5. All federal, state, and local laws and regulations pertaining to the funding or provision of the proposed program or services.

The undersigned further offers the following specific assurances:

#### **A. Environment, Licensure, and Accessibility**

1. The proposed service site meets minimum standards of local Building, Fire, and Health Departments.
2. The proposed service site has adequate space and equipment to provide the proposed program or services.
3. Where state or local public jurisdiction requires licensure, certification, or permits for the provision of the proposed program or service, the applicant assures that it will possess all required licenses, permits, and certifications for the entire period of any contract with the Department on Aging.
4. The proposed service site will be accessible to older persons with disabilities.

#### **B. Sponsorship and Sponsor Goals**

1. The applicant will acknowledge the sponsorship of the Milwaukee County Department on Aging on all announcements of the proposed program or service, but will not attribute any statement to the Department without written clearance.
2. The applicant will not be in conflict with the stated goals and policies of the Milwaukee County Department on Aging.

**C. Staffing**

1. The applicant is willing to employ staff appropriate for the primary service population in need of the proposed program or service.
2. The applicant will not discriminate in its employment policies as to race, age, creed, sex, or national origin, and will, as appropriate, attempt to employ people 45 years of age and older.
3. The applicant will provide proper supervision for the proposed program or service and specify supervisory responsibilities.
4. The applicant will comply with the requirements of Wisconsin 1997 Act 27 and s. 48.685 and s. 50.065, Wis. Stats., including conducting employee background checks as may be required under state law.

**D. Training**

The applicant agrees to provide for, or participate in, such training as may be necessary to enable paid and volunteer project personnel to effectively provide and administer the proposed program or service.

**E. Reporting and Record Keeping**

1. The applicant will assist the Milwaukee County Department on Aging in meeting reporting and/or research requirements, including outcomes and outcome measures.
2. The applicant will use only the official forms provided by the Milwaukee County Department on Aging to submit required monthly reports on the proposed program or service. Any computer-generated substitute of official forms must be approved in advance by the Milwaukee County Department on Aging prior to use.

**F. Coordination with Other Service Providers**

The applicant assures that it will coordinate its proposed program or service with other service providers serving older adults in Milwaukee County, including senior centers and the Senior Meal Program.

**G. Maintenance of Non-Federal Funding**

The applicant assures that it will continue or initiate efforts to obtain funds from private sources and other public organizations to maintain the proposed program or service.

**H. Equal Employment Opportunity Requirements**

Based upon Section 56.17 of Milwaukee County General Ordinances, and relevant Federal and State laws and regulations, the applicant must, and assures that it will, comply with the following requirements during the entire period of any contract with the Milwaukee County Department on Aging.

1. Affirmative Action Plan: Agencies that have fewer than 50 employees and a Milwaukee County contract are urged to voluntarily develop and keep on file an Affirmative Action Plan and a Civil Rights Compliance Action Plan. Agencies that have a Milwaukee County contract and have 50 or more employees are required to develop and/or update an Affirmative Action Plan. Plans should be submitted to Office of the Comptroller, Audit Services Division at 633 West Wisconsin Avenue, Suite 904, Milwaukee, WI 53203.

Information regarding basic statistics on population and labor force can be obtained from the Labor Market Analyst, Job Service, State Office Building, 819 North 6th Street, Milwaukee, WI 53203 (Tel. 227-4310).

2. Civil Rights Compliance Action Plan: Agencies that have a Milwaukee County contract shall have a Civil Rights Compliance Action Plan that ensures that no person shall, on the grounds of race, color, national origin, age, sex, religion, or handicap, be excluded from participation in or be subjected to discrimination in any program or activity funded, in whole or in part, by Federal and State funds. Copies of a sample plan that meets Wisconsin Department of Health Services requirements are available from the Department on Aging.
3. EEO-1 Report: Applicable to agencies that have a contract of \$50,000 or more and have 50 or more employees. An EEO-1 report is to be submitted annually on or before March 31 to the Joint Reporting Committee, P. O. Box 1480, Arlington, Virginia, 22210 (Tel: 703-841-9620); a copy must be sent to the County Audit Compliance Manager. Forms are available from the U. S. Department of Labor, Office of Federal Contract Compliance Programs.
4. Equal Employment Opportunity Certificate for Milwaukee County Contracts: Applicable to all agencies. Form is enclosed. Each applicant must sign and return this form with their proposal.
5. Equal Opportunity Policy Statement: Applicable to all agencies. Form is enclosed. Agencies must sign and post copies on bulletin boards in each facility operated under a Department on Aging contract.
6. Equal Employment Opportunity Poster: Applicable to all agencies. Agencies must post one in each facility operated under a Department on Aging contract.
7. Equal Employment Opportunity Requirements: Following are the equal opportunity requirements by which all contract agencies must abide:
  - a. No otherwise qualified person shall be excluded from participation in, be denied the benefits of, or otherwise be subject to discrimination in any manner on the basis of race, color, national origin, religion, sex, disability, or age. This policy covers eligibility for and access to service delivery and treatment in all programs and activities.
  - b. No otherwise qualified person shall be excluded from employment, be denied the benefits of employment, or otherwise be subject to discrimination in employment

in any manner or term of employment on the basis of age, race, religion, color, sex, national origin, ancestry, or handicap [as defined in Section 504 and the Americans with Disabilities Act (ADA)], physical condition, developmental disability [as defined in s. 51.01 (5)], arrest or conviction record (in keeping with provisions of s. 111.32), sexual orientation, marital status, or military participation. All employees are expected to support goals and programmatic activities relating to non-discrimination in employment.

- c. Should the applicant be awarded a contract by Milwaukee County, the applicant shall, during the period of that contract, post the Equal Opportunity Policy, the name of the Equal Opportunity Coordinator, and the discrimination complaint process in conspicuous places available to applicants and clients of services, and applicants for employment and employees. The complaint process will be Family Services and made available in languages and formats understandable to applicants, clients, and employees. The Department of Health Services will provide appropriately translated state-mandated brochures and forms for local distribution.
- d. The applicant agrees to comply with guidelines in the Civil Rights Compliance Standards and a Resource Manual for the Wisconsin Department of Health Services, its County Service Providers, and their Subcontractors for Equal Opportunity in Service Delivery and Employment, copies of which are available through the Department on Aging.
- e. The applicant agrees to cooperate with the Department on Aging and the Wisconsin Department of Health Services in developing, implementing, and monitoring corrective action plans that result from complaint investigations or other monitoring efforts.

#### **I. Authorizations**

1. The applicant authorizes the Department on Aging to contact other governmental agencies with which the applicant has contracted to determine:
  - a. If the amount and quality of contracted programs or services provided by the applicant have been satisfactory.
  - b. Whether the applicant has met all programming requirements under its contracts.
2. The applicant assures the Department on Aging that the applicant possesses the legal authority to submit a proposal to provide programs or services for the Department on Aging during 2016, and that its Board of Directors has authorized the filing of this proposal at its meeting of:

---

(Date of board meeting)

I hereby certify that the information in this proposal is true and correct, and that the program or service proposed herein is consistent with our organization's Articles of Incorporation and Bylaws and that submission of the proposal has been approved by a majority of the Board of Directors. Our organization further agrees to all of the above terms, conditions, and assurances and will submit all required reports and a certified financial audit for the years during which the organization has contracted to provide programs or services for the Department on Aging.

Name of Applicant  
Representative: \_\_\_\_\_

Title of Applicant  
Representative: \_\_\_\_\_

Signature of Applicant  
Representative: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

6.0 EQUAL EMPLOYMENT OPPORTUNITY CERTIFICATE  
FOR MILWAUKEE COUNTY CONTRACTS

In accordance with Section 56.17 of the Milwaukee County General Ordinances and Title 41 of the Code of Federal Regulations, Chapter 60, SELLER or

SUCCESSFUL BIDDER or CONTRACTOR or LESSEE or (Other-specify) \_\_\_\_\_ (Henceforth referred to as VENDOR) certifies to MILWAUKEE COUNTY as to the following and agrees that the terms of this certificate are hereby incorporated by reference into any contract awarded.

**Non-Discrimination**

VENDOR certifies that it will not discriminate against any employee or applicant for employment because of race, color, national origin, age, sex or handicap which includes but is not limited to the following: employment, upgrading, demotion or transfer, recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training including apprenticeship.

VENDOR will post in conspicuous places, available to its employees; notices to be provided by the County setting forth the provisions of the non-discriminatory clause.

A violation of this provision shall be sufficient cause for the County to terminate the contract without liability for the uncompleted portion or for any materials or services purchased or paid for by the contractor for use in completing the contract.

**Affirmative Action Program**

VENDOR certifies that it will strive to implement the principles of equal employment opportunity through an effective affirmative action program, which shall have as its objective to increase the utilization of women, minorities, and handicapped persons and other protected groups, at all levels of employment in all divisions of the seller's work force, where these groups may have been previously under-utilized and under-represented.

**Non-Segregated Facilities**

VENDOR certifies that it does not and will not maintain or provide for its employees and segregated facilities at any of its establishment, and that it does not permit its employees to perform their services at any location, under its control, where segregated facilities are maintained.

**Subcontractors**

VENDOR certifies that it has obtain or will obtain certifications regarding non-discrimination, affirmative action program and non-segregated facilities from proposed subcontractors that are directly related to any contracts with Milwaukee County, if any, prior to the award of any sub-contracts, and that it will retain such certifications in its files.

**Reporting Requirements**

Where applicable, VENDOR certifies that it will comply with all reporting requirements and procedures in Title Code 41 Code of Federal Regulations, Chapter 60.

**Affirmative Action Plan**

VENDOR certifies that, if it has 50 or more employees, it has filed or will develop and submit (within 120 days of contract award) for each of its establishments a written affirmative action plan. Current Affirmative Action plans, if required, must be filed with ANY one of the following: The Office of Federal Contract Compliance Programs or the State of Wisconsin, or the Audit Services Division, Milwaukee County Office of the Comptroller, 633 W. Wisconsin Avenue, Suite 904, Milwaukee Wisconsin 53203. If a current plan has been filed, indicate where filed \_\_\_\_\_ and the year covered \_\_\_\_\_. Please provide proof of your AA Plan approval.

VENDOR will also require its lower-tier subcontractors who have 50 or more employees to establish similar written affirmative action plans.

**Employees**

VENDOR certifies that it has \_\_\_\_\_ employees in the Standard Metropolitan Statistical Area (Counties of Milwaukee, Waukesha, Ozaukee and Washington, Wisconsin) and \_\_\_\_\_ employees in total.  
(No. of employees) (No. of employees)

**Compliance**

VENDOR certifies that it is not currently in receipt of any outstanding letters of deficiencies, show cause, probable cause, or other notification of noncompliance with EEO regulations.

Executed this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_ by:

Firm Name \_\_\_\_\_

WARNING: An unsigned form shall be considered as a negative response.

Address \_\_\_\_\_

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

By \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

**7.0 Board of Directors/Agency Owners**

Demographic Summary of Board of Directors/Agency Owners

Ethnicity	Gender		Age				
	Female	Male	Under 45	45 - 54	55 - 64	65 - 74	75+
American Indian or Alaska Native							
Asian							
Black or African American							
Hispanic or Latino							
Native Hawaiian or Other Pacific Islander							
White							
Totals							
Persons with Disabilities							

Date Submitted \_\_\_\_\_

A person with disabilities is defined pursuant to section 504 of the Rehabilitation Act of 1973 as any person who:

1. Has a physical or mental impairment that substantially limits one or more major life activity (e.g. personal care, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working);
2. Has a record of such impairment, or;
3. Is regarded as having such an impairment.