

FORMS PACKET

TO BE USED

FOR COMPLETION OF

SECTION VII

EXHIBIT I

MILWAUKEE COUNTY

DEPARTMENT ON AGING

SECTION I

GENERAL PROGRAM INFORMATION

All applicants must complete the 1.0 General Program Information page by completing items 1.01 through 1.12.

Proposal to administer Family Support for Aging and Persons with Developmental Disabilities or Specialized Elderly Transportation Service must include a unit rate and complete items 1.13 and 1.14.

SECTION II

PROGRAM SUMMARY

Applicants must complete, submit, and clearly label each section of the proposal narrative. Proposals are evaluated based on submission of required narratives, forms, and appendices. Proposals are scored based on that information. Failure to complete a section or provide required information may result in the reviewers being unable to fully score the proposal.

Your narrative should be organized according to the application format outlined below. Failure to follow the format outline may result in the loss of appropriate credit for the information provided.

Before completing the proposal narrative, it is also important that the applicant review the specific Program Service Guidelines/Specifications (Section VI) that applies to the program or service area for which the applicant is submitting a proposal. The standards and/or additional information required by the Guidelines/Specifications must be reflected in the appropriate sections of the narrative below. Your proposed program or service **MUST** meet or exceed these standards for service.

Narrative

1. Mission and Goals (5 points or 4.0% of a perfect score)

- A. Provide a brief outline of your agency's official mission statement and goals. Include a description of your agency's overall purpose, its primary target population and the desired outcomes for your clients.

2. Service Delivery Plan (25 points or 20.0% of a perfect score)

- A. Describe how your agency intends to provide the proposed program or service. (See Section VI for the specific Program Service Guidelines or Specifications for the program or service that you are applying to provide). Address here any special requirements asked for in the Program Service Guidelines or Specifications that are not asked for in the subsequent sections of the narrative.
- B. Describe how your agency will maintain records for the proposed program or service, including client files. (Refer to Section VI, Program Service Guidelines or Specifications for specific record keeping requirements).
- C. Describe any special equipment needed for the proposed program or service and how the equipment will be provided.
- D. Outline how your agency will offer all clients the opportunity to contribute towards the cost of the proposed program or service. (See Section V for the general Contribution

- Policy and Section VI, Program Service Guidelines or Specifications, for the specific policy that applies to your proposed program or service). Please include a sample of the letter, sign, or other text that you propose to use to solicit contributions as Appendix 7.
- E. Please describe how your agency will target services to low income, minority, frail and disabled elders as required by the specific Program Service Guidelines or Specifications.
 - F. Clearly specify the objectives for the proposed program or service, including the action plans and time frames to implement these objectives. (See Section VI, Program Service Guidelines or Specifications for additional information).
 - G. Using Form 3.3, please describe the Vacancy and Turnover among Direct Service Staff occurring in the program during the first six months of 2015.

3. Staffing Plan (15 points or 12.0% of a perfect score)

- A. Using Form 3.0 in Exhibit I, describe your agency's staffing plan for the proposed program or service, including the names of the positions and the percentage of time to be devoted to the proposed program or service. Using Form 3.1, report the gender, age, and race/ethnicity of persons to be employed in the program. Using Form 3.2, please describe the compensation and fringe benefits that each person to be employed in the program will receive and provide their county of residence.
- B. Attach as Appendix 1 to your application written job descriptions for each position included on Form 3.0, and attach as Appendix 2 an Organization Chart for the entire proposed program or service, which clearly identifies the staff providing this service and how they relate to the rest of your agency, including lines of authority and responsibility.
- C. Describe any special staff qualifications that you require or that your staff may possess. Outline your agency's methods for orienting new staff, providing on-going staff training, and communicating with staff, such as staff meetings. (Refer to Section VI, Program Service Guidelines/Specifications for specific staff qualifications and training requirements for the proposed program or service).
- D. Describe how and explain who supervises your agency's direct service staff.
- E. Describe your agency's efforts and ability to employ persons aged 45 or older.
- F. Describe your agency's efforts to provide opportunities for older adults to volunteer in your programs, including the proposed program or service.
- G. Describe your agency's willingness to provide hourly staff employed in the proposed program or service with a "living wage" of **\$9.34** per hour consistent with County Board Resolution File No. 01-386.
- H. Describe your agency's willingness to provide all full-time employees employed in proposed program or service with family supporting benefits similar to those provided to

full-time managerial, professional, and administrative personnel, including comparable health insurance coverage and pension plans. Please make clear whether all full-time employees in the proposed program or service will receive comparable health insurance and pension benefit coverage.

4. Accessibility (10 points or 8.0% of a perfect score)

- A. As appropriate, describe the facility or facilities that will be used to provide the proposed program or service. Include reference to the physical accessibility of the site(s) to disabled persons, such as ramps, doorways, elevators, toilet facilities, etc.
- B. Outline any geographic limitations your agency may have for the proposed program or service.
- C. Outline any limitations on the types of clients your agency will serve under the proposed program or service.
- D. Outline the days and hours the proposed program or service will be available. Describe how your agency will inform clients with of the availability of services during weather related emergencies.
- E. Describe how your agency will serve limited English speaking clients and clients with hearing and vision impairments. Specifically, describe the number of bilingual staff you employ in the program and your efforts to hire staff whose language abilities will make your program more accessible to Milwaukee County's underserved cultural and ethnic groups.
- F. Describe your agency's efforts to make your program or service accessible to elderly persons who are socially isolated as a result of cultural or linguistic factors.

5. Experience (25 points or 20.0% of a perfect score)

- A. Describe your past experience in providing the proposed program or service, including the number of years it has provided this program or service in Milwaukee County. Include information on the number and percentages of older adults, low income, and minority clients served by your agency.
- B. Provide information on your agency's prior government contracts or service provision. Include the name of the agencies and the contact person(s) who would know the most about your experience in providing the proposed program or service.
- C. Describe the extent to which your agency's board of directors or owners reflect the targeted populations to be served under the Older Americans Act, which are "older persons having the greatest economic and/or social need."* Describe the frequency of your board's meetings and their oversight process for services. Attach as Appendix 3 information on the name, address, position, and years of service of each board member.

Additionally, attach as Appendix 4 the form entitled “7.0 Demographic Summary of Board of Directors/Agency Owners.”

**Under the Older Americans Act, the term “greatest economic need” refers to needs that result from an income at or below the federal poverty levels established by the Office of Management and Budget. The term “greatest social need” refers to a need that is caused by non-economic factors which include physical and mental disabilities, language barriers and cultural, social, or geographic isolation, including that caused by racial or ethnic status which restricts an individual’s ability to perform normal daily tasks which threaten such individual’s capacity to live independently.*

6. Administrative Ability (15 points or 12% of a perfect score)

- A. Describe the special certifications or licenses that your agency currently possesses or plans to obtain to provide the proposed program or service. Refer to Section VI, Program Service Guidelines Specifications for the specific requirements for your proposed program or service.
- B. Outline your agency’s existing or proposed 2016 insurance and bonding coverage.
- C. Describe your agency’s experience in meeting federal, state, and county administrative requirements. Provide any additional information about contact persons from any governmental agencies who may be able to address your agency’s experience.
- D. Describe your progress in resolving any problem areas identified in your most recent independent financial audit or Department on Aging program assessment.
- E. Attach a copy of your agency-wide budget as Appendix 5.
- F. Attach a copy of your most recent independent financial audit report or financial statement as Appendix 6. If your agency has already submitted a copy of your most recent financial audit to the Department on Aging, please indicate that in this section and do not include an additional copy of the audit report.
- G. Attach signed copies of Section 5.0, Terms, Conditions and Assurances, and Section 6.0 Equal Employment Opportunities for Milwaukee County Contracts. Attach copy of 7.0 Board of Directors/Agency Owners.

7. Program Outcomes and Quality Assurance (15 points or 12% of a perfect score)

- A. Describe the methods your agency will use to measure program outcomes as identified in Program Service Guidelines or Specifications.
- B. Describe how your agency conducts quality assurance, including your internal methods of measuring service quality and determining ways to improve service.

- C. Describe the methods your agency uses to obtain consumer input or feedback, such as client satisfaction surveys, client advisory committees, or other program evaluation activities.
- D. Describe your agency's client grievance procedure.
- E. Describe how your agency involves or will involve consumers of your services, especially low income and minority persons, in policy decisions regarding the services your agency provides to older adults.

8. Coordination Activities (5 points or 4% of a perfect score)

- A. Describe your agency's current or proposed linkages with major social service providers and volunteer organizations that serve older people.
- B. Describe how your agency will assist clients of the proposed program or service to take advantage of benefits under other programs.
- D. Outline your agency's procedures for notifying appropriate officials about any conditions or circumstances that place an older person in immediate danger.
- E. Describe your agency's efforts to assist clients who are not American Citizens to obtain citizenship, including your efforts to work with agencies that assist persons in obtaining citizenship.
- F. Emergency Preparedness Requirement

Under a plan adopted by the Milwaukee County Commission on Aging, the Department on Aging is responsible for coordinating emergency services to frail, at risk elders served through the Department's contracted services. Service providers must participate in the development and implementation of the coordinated emergency preparedness plan.

9. Budget Justification (10 points or 8.0% of a perfect score)

- A. See 4.0 Budget Summary and 4.0 Budget Summary Instructions for details.

SECTION III

PROGRAM STAFFING

Complete and submit Section 3.0 Program Staffing Information: Positions Funded by Department on Aging, Match, or Other Resources

Section 3.0 Instructions

Using the appropriate spaces on Section 3.0, enter all requested information for positions directly employed in providing programs and services in the proposal on either a full or part-time basis. Remember to include positions to be funded in whole or in part through the Department on Aging award, cash or in-kind match, and all other resources.

The totals for the Salary/Wage (Column C), Fringe Benefits (Column D) and Total (Column E) categories should equal the Wages and Salaries, Fringe, and Personnel Subtotal reported in Column 6 of the 4.0 Budget Summary.

Complete and submit Section 3.1 Program Staffing Information: Staff Demographics

Section 3.1 Instructions

Using the appropriate spaces on Form 3.1, please enter the number of staff in each demographic category.

Complete and submit Section 3.2 Program Staffing Information: Wages and Benefits

Section 3.2 Instructions

Using the appropriate spaces on Form 3.2, please enter all requested information for every worker who will be directly employed in providing programs and services in the proposal on either a full or part-time basis. Include all positions listed on Form 3.0 Program Staffing Information: Positions Funded by Department on Aging, Match, or Other Resources.

Please make as many copies of Form 32 as needed to include all workers.

The information provided on Form 3.2 will be used to monitor the applicant's compliance in fulfilling Milwaukee County's goal of providing a 'living wage' of **\$9.34** per hour or higher to all workers employed under purchase of care and services contracts.

Complete and submit Section 3.3 Program Staffing Information: Vacancy and Turnover

Section 3.3 Instructions

See Section 3.3 Program Staffing Information: Vacancy and Turnover for instructions on completion.

Sections 3.0, 3.1, 3.2, and 3.3 must be completed for an applicant to be considered for a contract. If you have questions regarding completion of these sections, please contact Gary Portenier, Program Planning Coordinator, Department on Aging at (414) 289-6547, or the appropriate Department on Aging contract manager.

SECTION IV
PROGRAM BUDGET

Complete and submit Section 4.0 Budget Summary

4.0 Budget Summary Definitions

Non-federal Match: A matching share must be provided by every agency funded by the Department on Aging. For every nine (9) dollars of the contract award, one (1) dollar of in-kind or cash match must be included in the contract budget. Match can be either cash from non-federal sources (other than Community Development Block Grant funds) or in-kind services or facilities. Client contributions may not be used as “match.”

Program Revenue: Program revenues are contributions received from clients for services provided under a Department on Aging contract. In accordance with federal and state mandates, Program Revenue may only be used to provide additional services under the contract.

All Other Resources: Other resources are defined as money other than contract award funds, program revenue, or required match, which an agency uses to support the cost of providing service to Department on Aging funded clients. For example, a service provider for the Department on Aging may also receive funding from United Way, and this United Way funding is used to partially support services provided under a Department on Aging contract.

Indirect Costs: All agencies that provide more than one program must file an Indirect Cost Allocation Plan for review and approval. Indirect costs are defined as those costs outside the Department on Aging funded program control, yet which provide support to the Department on Aging funded program. These costs may include such expenses as space, central personnel services, data processing, accounting, etc. If you agency provides only one kind of program, service, or activity and all costs are directly related to providing this service, even if only partially allocated to the proposed Department on Aging program or service, you are not required to submit an Indirect Cost Allocation Plan.

Profit Factor: An allowance of a reasonable return on equity capital invested and used in the provision of client care may be included as an element of reasonable cost of covered services furnished to beneficiaries by propriety providers. The amount allowable on an annual basis is determined by applying a percentage equal to 7.5% of net allowable operating costs plus 15% applied to net equity defined below, the sum of which may not exceed 10% of the net allowable operating costs. “**Net Equity** is defined as the cost of equipment, cost of buildings, cost of land, and cost of fixed equipment less accumulated depreciation and long term liabilities.” The average of net equity for the year shall be used.

4.0 Budget Summary Instructions

The following items of importance should be noted when completing the 4.0 Budget Summary

A. Column 1

The Department on Aging 4.0 Budget Summary is to be completed by reflecting only those itemized expenses attributable to the proposed Department on Aging program/service. The line 7.0 Column Total for All Costs in the Department on Aging request is to be used to determine the unit rate calculation for purchase of service proposals.

B. Columns 2 and 3

Non-federal match can be determined in a very simplified way. Divide the Department on Aging request by nine. For example, a Department on Aging request of \$63,000/9 = \$7,000 in “match.” All “in-kind match” must be assigned a reasonable dollar value. The itemized category in which to note the “match” on the Budget Summary will depend upon the source of the “match.” See item H below for instructions on reporting anticipated source of “match” as well as the dollar amount.

C. Column 4

To be completed by applicants for grant programs only. Purchase of service applicants should not complete Column 4.

Program Revenue of the Budget Summary should reflect anticipated client contributions that the applicant would use to provide increased or expanded services under the contract. Program revenue may not be considered as part of the Non-Federal Match requirement, and must be included in the separate Program Revenue column. Leave Column 4 blank if unable to provide a reasonable estimate of client contributions.

D. Column 5

All Other Resources will include itemization of all other funds not previously recorded on the Budget Summary as Non-Federal Match or Program Revenue, which will be used to support the cost of providing service to Department on Aging clients.

E. Column 6

Total all columns horizontally (across) for “Total” costs of each itemized category.

F. Column Total for All Costs

Total all columns vertically (down) for a “Total for All Costs” in each column. Double check all subtotals, which should equal the “Column Total for All Costs.”

G. Totals for Non-Federal Match and the Profit Factor

All applicants must provide Totals for Cash or In-kind Non-Federal Match and proprietary applicants must provide a Profit Factor

H. Match Source and Dollar Amount

At the bottom of 4.0 Budget Summary is a line designated for reporting the source(s) of “match,” and indicate indicate the dollar amount provided by each source of match. The total of all “match” sources and amounts must equal the Total of All Costs in Column 2 and Column 3. Attach an additional page, if necessary, to explain the source(s) of match.

Additional Forms Requiring Completion

5.0 Terms, Conditions, and Assurances

6.0 Equal Employment Opportunity Certificate

7.0 Demographic Summary of Board of Directors/Agency Owners

Insurance Requirements

Applicants must maintain minimum insurance coverage determined by the Milwaukee County Risk Manager in the following areas:

- (1) General Liability
- (2) Automobile Liability
- (3) Employers Liability and Workers Compensation (including waiver of subrogation in favor of Milwaukee County)
- (4) Crime/Employee Dishonesty
- (5) Milwaukee County as additional insured for General Liability and Automobile Liability

Milwaukee County will not award a contract unless the applicant secures adequate coverage, as defined by County, and provides certificate(s) of insurance that include all items listed above and at or above required coverages.

Proposal Checklist

Your completed Proposal must include ALL of the following:

EXHIBIT I

- 1.0 General Program Information
- 2.0 Program Summary (Narrative)
- 3.0 Program Staffing Information: Positions Funded by Department on Aging, Match, or Other Resources
- 3.1 Program Staffing Information: Staff Demographics
- 3.2 Program Staffing Information: Wages and Benefits
- 3.3 2015 Direct Service Staff Turnover and Vacancy
- 4.0 Budget Summary
- 4.1 Indirect Cost Allocation Plan, if applicable
- 4.2 Program Volume and Unit Rate Calculations, if applicable
- 5.0 Terms, Conditions, and Assurances
- 6.0 Equal Employment Opportunity Certificate
- 7.0 Board of Directors/Agency Owners

REQUIRED APPENDICES

1. Job Descriptions
2. Organizational Chart
3. Agency Board of Directors (*Note: include years of continuous serve for each director*)
4. Demographic Summary of Board of Directors/Agency Owners
5. Agency-wide Budget*
6. Most recent agency audit, if not previously submitted
7. Example of a letter or sign on making a voluntary contribution to the service.
8. Certificate(s) of Liability Insurance
9. Any other appendices required by Program/Service Guidelines or Specifications

** Must include all revenue sources and anticipated expenditures for the contract.*