Area Agency on Aging for Southwest Florida

State General Revenue Programs
Service Provider Application Update
7/1/2018 – 6/30/2019 Contract Period

This packet contains the formats to be used by Lead Agencies receiving funding under the following Department of Elder Affairs State General Revenue funded programs:

- Community Care for the Elderly
- Home Care for the Elderly
- Alzheimer's Disease Initiative
- Emergency Home Energy Assistance Program

Service Provider Application Update
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I.A. SERVICE PROVIDER SUMMARY INFORMATION PAGE

PSA: 8 ORIGINAL [ ] REVISION [ ]

1. PROVIDER INFORMATION: Executive Director: [Name/Address/Phone] Legal Name of Agency: Mailing Address: Telephone Number:	2. GOVERNING BOARD CHAIR: [Name/Address/Phone] Name of Grantee Agency: 3. ADVISORY COUNCIL CHAIR: (if applicable) [Name/Address/Phone]
4. TYPE OF AGENCY/ORGANIZATION: NOT FOR PROFIT: ___ PRIVATE ___ PUBLIC PRIVATE FOR PROFIT: ___	5. PROPOSED FUNDING PERIOD: **07/01/2018 – 06/30/2019** A. New Applicant ___ B. Continuation ___

6. FUNDS REQUESTED:

[ ] OAA Title IIIB	[ ] CCE	
[ ] OAA Title III-C1	[ ] HCE	[ ] OTHER (SPECIFY)
[ ] OAA Title III-C2	[ ] ADI	
[ ] OAA Title IIID	[ ] LSP	
[ ] OAA Title IIIE	[ ] ARRA	
[ ] OAA Title VII	[ ] EHEAP	
[ ] NSIP	[ ] CCPE	

7. SERVICE AREA: [ ] Single County _____

[ ] Selected Communities of a County: Specify

[ ] Multiple Counties: List

8. ADDRESS FOR PAYMENT OF CHECKS ITEM #: [ ] #1 [ ] #2

9. CERTIFICATION BY AUTHORIZED AGENCY OFFICER:

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.

Name:_____ Signature: _____

Title: _____ Date:_____

Area Agency on Aging for Southwest Florida

State General Revenue Programs
Service Provider Application Update
7/1/2018 – 6/30/2019 Contract Period

Section II. A.

Program Module – General Requirements

I.A.1. DEMOGRAPHICS AND COMMUNITY CARE SERVICE SYSTEM

a. Provide an overview of the social, economic and demographic characteristics of your county. Focus should be given to geographic areas and population groups within the county that have special needs.

b. Describe your agency's ability to accept referrals and provide services on a countywide basis. This must include administering and managing the Community Care for the Elderly program (CCE), the Home Care for the Elderly program (HCE), the Alzheimer's Disease Initiative program (ADI), and the Emergency Home Energy Assistance Program (EHEAP).

c. Describe your agency's efforts to participate in local networks and consortiums where hospitals, home health, social and medical providers are represented in order to target high-risk individuals in need of services.

   It is important to include strategies for gaining input from the public in your agency's planning process. This should address how your agency will reach out to the community for feedback when significant program service changes are being considered (i.e. discontinuation of service or change in model being used to provide services).

II.A.2. Consumer Identification

a. Describe the anticipated activities your agency will conduct for the 2018-2019 fiscal year to identify and inform frail elders and their caregivers of the range and availability of services.

b. Describe your agency's outreach efforts and the process of coordinating all formal and informal resources to meet client need (ADRC, EHEAP, Food stamps, etc.).

c. Charlotte, Collier, Desoto, Glades, Hendry, Lee and Sarasota: Describe your agency's process for referral to the Aging and Disability Resource Center (ADRC) for the intake and screening, assessment, and eligibility determination of consumers.

d. Local Service Program County(s), if applicable: Describe your agency's process for intake, initial screening, assessment, and eligibility determination of consumers.

e. Describe what procedures are in place to request enrollment of clients on the Assessed Priority Consumer List through communication with the ADRC following priority list enrollment protocols.

f. Describe how your Agency will staff referrals from the Department of Children and Families for Aging Out and Adult Protective Services (APS) moderate and low risk clients and other assessed priority ranked community referred clients using the required priority ranking guidelines.

g. Provide current copies of the internal procedures that will ensure first priority service delivery to APS High Risk clients.

h. Provide copies of the current procedures your agency uses to ensure client data entry into APS Referral Tracking Tool (ARTT) and Client Information and Registration Tracking System (CIRTS) occurs as required. Include the agency's internal tracking log and provide assurance that all required case managers have received the necessary ARTT Training Tutorial and certifications. The training log and case manager certification(s) assuring compliance must be included in the agency's Appendix to the Service Provider Application.

i. Provide current copies of the internal procedures which ensure prioritization as well as appropriate and timely follow through on referrals through the ADRC. The procedure should include each step from the initial receipt of the referral through all required and documented actions.

j. What plans and procedures are in place to interface with the ADRC's Information and Referral function? Describe the steps and criteria your agency will use to determine if a caller should be referred to the ADRC's Helpline. Provide current copies of your agency's ADRC interface and determination policies and procedures in the Service Provider Application (SPA) Appendix.

II.A.3. Case Management Functions

a. Describe the action steps, number of staff involved, consumer to case manager ratio and average timelines for consumer assessments, care plan development, and service initiation. Specifically address the timeline procedures from the ADRC wait list enrollment authorization date through service initiation. The timeline should correlate with the current applicable wait list enrollment guidelines and with processes that are streamlined to ensure consumers are promptly assessed and enrolled.

b. Explain how overall coordination will be provided to inform consumers of all programs and services accessible through the lead agency.

c. Explain your agency's process for reviewing general revenue funded clients for potential services in other DOEA funded and non-funded programs, including steps staff will use when placing consumers on the priority list.

> ***Please note*** – The Lead Agency's process should include a mechanism for notifying the ADRC when an individual appears to be eligible for State Medicaid Managed Care Long Term Care (SMMC LTC) services; however, it is the ADRC's responsibility to enroll the individual on the Assessed Prioritized Client List (i.e. APCL for LTCC) for Medicaid Waiver services (preferred method is a fax referral).

d. Describe how all other available alternative resources for consumer services will be explored, used, and documented prior to using general revenue funded services. Explain any changes in the amount of other resources your agency plans to commit in the support of these services for the coming year compared to the amount of the current contract period.

e. Explain your agency's internal procedure for assessing, billing, and collecting co-payments in a timely manner. Identify any changes your agency plans to make to the internal procedures to improve the assessing, billing or collection of co-payments.

II.A.4. Services

It is important lead agencies ensure a variety of home-delivered, day care services, and other needed basic services to prevent institutionalization are available within your service area. When planning your agency's service array, please take into account the recent Area Plan implemented by the Area Agency on Aging for Southwest Florida. This plan indicates priority service needs include access to chore, homemaking, personal care, nutrition and transportation.

a. List the services your agency will offer other than Case Management. Note: A detailed explanation of each service must be provided in section "II.A.12. "Description of Service Delivery".

b. List the services your agency plans to offer directly.

c. List the services your agency intends to subcontract.

d. Describe the subcontractor bid and selection process (include timeframes).

e. Outline the process for ensuring all required subcontractor employees/volunteers have successfully completed a level 2 background screening.

f. Provide an action plan for the programmatic and fiscal monitoring of subcontractors. Include copy of the subcontract monitoring tool(s) used by your agency in the SPA Appendix.

g. Complete the attached "Subcontract Monitoring Schedule" on the following page. Include information on all subcontractors who will provide services with State General Revenue funding.

h. Provide copies of all CCE, ADI, HCE, and EHEAP subcontracts in the SPA Appendix.

County: **Date:**

II.A.4.a SUBCONTRACT MONITORING SCHEDULE

	Include all AAA Funded Subcontractors and Vendors				
	Subcontractor or Vendor	**Date of Visit**	**Program**	**Service**	**[F]iscal/Admin. [P]rogrammatic**
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					

II.A.5. Quality Assurance

a. Describe your agency's methods (i.e. process/frequency) to assure the delivery of quality services by staff. Provide current copies of your Quality Assurance/Quality Initiative procedures in the SPA Appendix.

b. Describe your agency's methods (i.e. process/frequency) to assure the delivery of quality services by subcontractors (if applicable).

c. Explain how the results of your quality assurance process will be used to improve services. Provide a narrative of quality improvement initiatives undertaken by your agency during the 2017 calendar year as appropriate.

d. In-Service Case Management Staff Training

    1. Describe your plan to provide required six hours of in-service training to case management staff. Your plan should include the minimum standards as outlined in the DOEA Programs and Services Handbook.

    2. List and describe all Case Management Staff Training Lesson Topics and your anticipated schedule for training dates (see Chapter 2, In-Service Training Program for required standards):

    3. For current Lead Agencies: Include a copy of the agency's current Case Management Training Log in the SPA Appendix in order to provide assurance that all case managers are current and have received the required training for their positions. Include certification documents for all currently employed case managers to ensure they have received the required training on the new DOEA Comprehensive Assessment (DOEA 701B) screening form.

e. Provide current copy of the policies and procedures your agency uses to evaluate consumer satisfaction in the SPA Appendix. The policies should include: 1) the proposed survey schedule, 2) proposed sample size, 3) tabulation information, 4) analysis and follow up process, 5) information on how the results are used to make improvements to services, and 6) timeframe for forwarding the results of the survey to the Area Agency on Aging.

    Please provide a sample survey, copy of the agency's consumer satisfaction survey results, including the analysis and any necessary follow-up in the SPA Appendix.

II.A.6. Process for Handling and Reporting Adverse Incidents, Consumer Complaints and Grievances

a. Explain your agency's policies and procedures for ensuring compliance with the required reporting of adverse incidents as outlined in AAA Policy and Procedure "#Client023 Adverse Incident Reporting", and consistent with Chapter 415, F.S., DOEA Programs and Services Handbook (See Appendix D, Minimum Guidelines for Recipient Grievance Procedures) and all related AAA notices, policies and procedures. Include a copy of your agency's Adverse Incident Procedure and blank log in the SPA Appendix.

b. Provide a summary of the process your agency follows for receiving, reporting and remediating consumer complaints. Include a copy of the agency's Complaint Procedures and blank log in the SPA Appendix. Please be sure that the complaint log allows for detailed information to be maintained, including the nature of the complaint, outcome and resolution.

c. Explain your agency's process for handling consumer grievance, along with the process for appeals regarding denial, reduction, or termination of services. The grievance procedures must provide for informing all consumers of the grievance/appeal process and providing assistance to consumers desiring to file a grievance/appeal.

   Include a copy of your agency's Grievance Procedures and blank log in the SPA Appendix. The applicant's Grievance Procedure must comply with the Master Contract.

II.A.7. Reporting

a. Describe the steps your agency will follow in order to provide for accurate and timely entry of all service and consumer specific information in the Client Information and Registration Tracking System (CIRTS) database.

b. Explain your agency's policies and procedures for utilizing available CIRTS reports. Include how your agency uses these reports to improve data integrity in the CIRTS database.

c. Include a listing of all reports run, the schedule for running these CIRTS reports and required follow-up due dates for staff addressing any exceptions noted as part of this process.

d. Provide current copies of your agency's internal policies and procedures used to ensure timely and accurate CIRTS reporting in the SPA Appendix.

II.A.8 Client Confidentiality and Security

a. The Lead Agency must ensure the confidentiality of consumer information by all employees, service providers and volunteers as required by state and federal laws. Describe what security measures are in place to address confidentiality and consumer-specific information as it relates to state and federal (HIPAA) requirements.

   Submit a copy of your Privacy Notice. The applicant's Privacy Notice must be HIPPA compliant and included in the SPA Appendix.

b. The Lead Agency must ensure consumers are notified of the purpose for collecting an individual's social security number in compliance with section 119.071(5), F.S. Whenever possible, when a CIRTS identification number is available, it is to be used for reporting purposes in lieu of a social security number. For example, when communicating information for billing or client concerns to the AAA, the provider should use the CIRTS identification number provided by DOEA.

   Include a copy of your agency's current consumer notification which discloses the purpose for which the client's social security number is being collected in the SPA Appendix.

c. The Lead Agency is responsible for complying with Executive Order Number 11-116 and all applicable AAA Notices of Instruction related to the requirements to use the U.S. Department of Homeland Security's E-verify system to verify the employment of all new employees hired by the agency.

   Include a brief summary of the procedures implemented by your agency to be certain that all required employees are properly verified and determined eligible for hire through the U.S. Department of Homeland Security's E-verify system. Provider is required to maintain documentation to ensure new employees hired by the agency within the contract period are eligible for employment. Verification of eligibility must be maintained for monitoring purposes by the AAA.

d. The Lead Agency must ensure that all employees, volunteers and contractors have successfully completed the background screening process pursuant to Chapter 2010-114, Laws of Florida (L.O.F.) and Sections 430.0402 and 435.01(2) Florida Statutes and all applicable AAA Notices of Instruction.

   Include a brief summary of the procedures implemented by your agency to be certain that all applicable parties are properly screened and determined to have no disqualifying offenses prior to employment. Be sure to include your agency's process for notifying the Department of Elder Affairs when staff/volunteers are no longer employed by your organization. Provider is required to maintain documentation to ensure required direct service providers used by the agency have successfully completed the level 2 background screen through the Department of Elder Affairs. Verification ensuring compliance must be maintained for monitoring purposes by the AAA.

II.A.9. Disaster Preparedness

The information provided in response to this section will serve as a quick reference for the key elements outlined in your agency's full disaster plan. The response should be written from the viewpoint of disaster preparedness in general, not just hurricane preparedness.

Listed below are key elements to include in your service provider application.

a. Identification of all key personnel

b. Identification of all subcontractor contacts

c. Alternate office site in time of disaster

d. Emergency Coordinating Officer and alternate contact information

e. Description of how the Applicant's services are integrated with the local County Emergency Plan

f. Detail coordination efforts for special needs clients

II.A.10. Volunteer Plan

The information provided in response to this section should provide a written plan of action to ensure that your agency maintains procedures on recruitment, training, use, and retention of volunteers to assist with your agency's functions.

II.A.11. Organizational Chart

Submit a current organizational chart which illustrates the structure and relationship of positions, units, supervision, and functions of your agency in the SPA Appendix.

II.A.12. Description of Service Delivery (by Service)

(This page must be completed for each service including case management)

Service: _____ **Program(s): _____**

a. **Subcontractor:**
Will your Agency provide this service directly? ____ Yes ____ No

If your Agency will subcontract this service then list all subcontractors below:

Subcontractor(s)
Business Name:
Address:
Phone Number:
License Number (if applicable):
Contract Start/End Date:
Anticipated Monitoring Date(s):

b. **Site Location**: (Bidder may attach a list of site locations.)

c. **Days And Hours Of Operation:**

d. **Activities:** Describe the specific activities your agency or subcontractor will provide under this service.

e. **Training Requirements**: Describe the orientation and annual in-service training required of direct service staff providing this service.

f. **Unit Tracking Methodology**: Describe the method for validating service units from referral, to service delivery, to billing the AAA.

II.A.13. 2018-2019 OBJECTIVES AND PERFORMANCE MEASURES

GOALS 1&2: ***Enable elders, their families and caregivers to experience a high quality of life through easy service access, home and community based supports, and long term care options.***

Objective 1-2.1
Decrease demand for institutional long-term care services through infrastructure modernization and increased emphasis on prevention.

Outcome(s):

- Percent of most frail elders who remain at home or in the community instead of going into a nursing home (Standard: 97%)
- Percent of new service recipients whose ADL assessment score has been maintained or improved (Standard: 63%)
- Percent of new service recipients whose IADL assessment score has been maintained or improved (Standard: 62.3%)

Strategies/Action steps to meet this objective:

Objective 1-2.2:
Increase provider network capacity.

Outcome:

- Percent of customers who are at imminent risk of nursing home placement who are served with community-based services (Standard: 90%)

Strategies/Action steps to meet this objective:

Objective 1-2.3:
Improve support of caregivers by providing services that are timelier and specifically targeted to individual caregiver needs.

Outcome:

- Percent of family and family-assisted caregivers who self-report they are very likely to provide care (Standard: 89%)

- 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) (Standard: 90%)

Strategies/Action steps to meet this objective:

Objective 1-2.4
Ensure services provided to consumers are meeting consumer needs.

Outcome:

- The Lead Agency must assess consumer satisfaction with services provided at least annually, analyze results, and use information obtained for quality assurance improvements.

Strategies/Action steps to meet this objective:

Objective 1-2.5:
Ensure that funds are appropriately managed to ensure as many consumers are served as possible.

Outcome:

- The Lead Agency must detail procedures to manage grant funded expenditures

Strategies/Action steps to meet this objective:

Objective 1-2.6:
Prioritize services to the frailest elders.

Outcome:

- Percent of high-risk consumers (APS, Imminent Risk, and/or priority levels 4 and 5) out of all referrals who are served.

- Average time for applicants who are APS or Imminent Risk referrals or assessed as priority levels 4 and 5 to start services (other than case management) is less than the average time for applicants assessed as priority levels 1, 2, or 3 to start services.

Strategies/Action steps to meet this objective:

Objective 1-2.7: To maximize resources

Outcome:
The Lead Agency must:

- Detail procedures to identify funding alternatives to be used prior to relying on Community Care for the Elderly Funds
- Identify volunteer and other community resources to be accessed prior to relying on Department-funded services.
- Detail service coordination efforts to prevent duplication of effort.
- Monitor providers for appropriate expenditures and service quality

Strategies/Action steps to meet this objective:

GOAL 3: ***Empower older persons to stay active and healthy.***

Objective 3.1:
Promote healthy lifestyles for elders through improved nutrition.

Outcome:

- Percent of new service recipients with high-risk nutrition scores whose nutritional status improved (Standard: 66%)

- Improvement to the number of clients indicating they do not eat 2 or more meals per day and annual reassessment.

Strategies/Action steps to meet this objective:

GOAL 4: ***Ensure the rights of older people and prevent their abuse, neglect and exploitation.***

Objective 4.1:

To protect elder Floridians through education, enforcement and intervention.

Outcome:

- Percent of Adult Protective Services (APS) referrals that are in need of immediate services to prevent further harm who are served within 72 hours of referral. (Standard: 97%)

Strategies/Action steps to meet this objective:

GOAL 5: ***Promote communities statewide that value and meet the needs of elders.***

Objective 5.1:
Help communities' better support people age 60 and older to age in place, function independently, and live safely and affordably in their community.

Outcome:

- Percent of elders with high or moderate risk environments who improved their environmental score (Standard: 79.3%)

Strategies/Action steps to meet this objective:

GOAL 6: ***Maintain effective and responsive management***

Objective 6.1:
Effectively manage state funds awarded in Lead Agency contracts for consumer services.

Outcome:

- Percent of state funds expended for consumer services (Standard: 100%)

Strategies/Action steps to meet this objective:

Objective 6.2:
The Client Information and Registration Tracking System (CIRTS) data will be accurately maintained.

Outcome:

- Percent of CIRTS data entry error rate (Standard: 1%)

Strategies/Action steps to meet this objective:

II.A.14. SPA Appendix

Submit requested documentation (i.e. recently updated copies of Policies and Procedures, Consumer Complaint and Client Confidentiality documents, Subcontracts, and Sample Survey).

As noted in sections above, the Appendix, at a minimum, should include the following:

- Adult Protective Service and ARTT Procedures, including training tutorial log
- Prioritization Policies
- Aging and Disability Resource Center, Helpline Interface Procedures
- Program and Fiscal Subcontractor Monitoring Tool Samples
- CCE Subcontracts
- Current Case Manager Training Log, ensuring all employed staff have received required training
- Quality Assurance and Quality Improvement Initiative Procedures
- 2014 Customer Satisfaction Survey Report, including results, analysis and necessary follow-up
- Customer Satisfaction Sample Survey
- Adverse Incident Procedure and Log
- Consumer Complaint Procedure and Log
- Grievance Procedure
- CIRTS Reporting Procedures
- Sample of Privacy Notice Issued to Clients
- Sample of Notification to Clients Regarding Collection of Social Security Number
- Current Organizational Chart
- CIRTS Error Exception Achievement Level Report

II.A.15. SPA Program Module Checklist

Submit a completed Program Module Checklist indicating each item has been addressed and the page location for each item.

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Section II. B.

Contract Module – General Requirements

II. B. 1. Personnel Allocations Worksheet
Included with the “2018-2019 SGR Contract Module Worksheets.xls”

II. B. 2. Unit Cost Worksheet
Included with the “2018-2019 SGR Contract Module Worksheets.xls”

II. B. 3. Supporting Budget Schedule by Program Activity
Included with the “2018-2019 SGR Contract Module Worksheets.xls”

II. B. 4. Commitment of Cash Donation (form attached)

II. B. 5. Commitment for Donation of Building Space (form attached)

II. B. 6. Commitment of In-Kind Contribution of Supplies (form attached)

II. B. 7. Commitment of In-Kind Contribution of Equipment (form attached)

II. B. 8. Commitment of In-Kind Contribution of Services (form attached)

II. B. 9. Commitment of In-Kind Volunteer Personnel and Travel (form attached)

II. B. 10. Availability of Documents (form attached)

II.B.11. SPA Contract Module Checklist
Submit a completed Contract Module Checklist indicating each item has been addressed and the page location for each item.

II. B. 4. Match Commitment of Cash Donation

Agency Name:

Donor Identification:

Name:
Street:

City:
State:
Zip:
Phone:

Authorized Representative:

Total Amount $

Payments

Amount/Payment $

Contribution Period

Special Conditions:

Donor Certification:

I hereby certify intent to make the cash donation set forth above for use in the specified program during the program's upcoming funding period. This cash is not included as match for any other State or Federally assisted program or contract and is not borne by the federal government directly under any federal grant or contract.

Signature of Donor or Representative:_____Date:_____

II. B. 5. Match Commitment for Donation of Building Space

Agency Name:

Donor Identification:

Name:
Street:

City:
State:
Zip:
Phone:

Authorized Representative:

Description of Space: [ ] Office [ ] Site [ ] Other

Provider Owned Space:

1. Number of square footage used by project: ____sq/ft

2. Appraised rental value per square foot: $

3. Total value of space used by project (1x2): $

Donor Owned Space:

1. Established monthly rental value: $

2. Number of months rent to be paid by donor: _____mos.

3. Value of donated space (1x2): $

Special Conditions:

Donor Certification:

I hereby certify intent to donate use of the space set forth above for the program specified above during the program's upcoming funding period. This space is not being used as match for any other State or Federal program or contract.

Signature of Donor or Representative:_____Date:_____

II. B. 6. Match Commitment of Supplies

Agency Name:

Donor Identification:

Name:
Street:

City:
State:
Zip:
Phone:

Authorized Representative:

The below described supplies are committed for use by the project for the period of:

Description of Supplies:

Computation of value method:

Value to be claimed by project: $

Donor Certification:

These supplies are not included as contributions for any other State or Federally assisted program or contract and are not borne by the Federal Government directly or indirectly under any Federal grant or contract except as provided for under _____ (cite the authorizing Federal regulation or law if applicable).

Signature of Donor or Representative:_____Date:_____

II. B. 7. Match Commitment of Equipment

Agency Name:

Donor Identification:

Name:
Street:

City:
State:
Zip:
Phone:

Authorized Representative:

The below described equipment is committed for use by the project for the period of:

Item Description	Number	Acquisition Cost	Value to Project*
1.			
2.			
3.			
4.			

TOTAL VALUE CLAIMED: $

* Items that are currently owned by the Grantee or are loaned or donated to the project are valued at an annual rate of 6-2/3 percent of the acquisition value.

Donor Certification:
This equipment is not included as match for any other State or Federally assisted program or contract and are not borne by the Federal Government directly or indirectly under any Federal grant or contract except as provided for under _____ (cite the authorizing Federal regulation or law if applicable).

Signature of Donor or Representative:_____Date:_____

II. B. 8. Match Commitment of In-Kind Contribution of Services by Staff of Service Provider or Staff of Other Organizations

Agency Name:

Donor Identification:

Name:
Street:
City:
State:
Zip:
Phone:

Authorized Representative:

The personal services described below are committed for use by the project for the period of:

Description of Positions:

Position/Title	Service	Hourly Rate or Annual Salary	#Hours Worked	Value to Project
1.				
2.				
3.				
4.				
			TOTAL - $	

* Value to project = (# of hours provided) x (hourly rate of annual salary).

Donor Certification: It is certified that the time devoted to the project will be performed during normal working hours.

These services are not included as match for any other State or Federally assisted program or contract and are not borne by the Federal Government directly or indirectly under any Federal grant or contract except as provided for under _____ (cite the authorizing Federal regulation or law if applicable).

Signature of Donor or Representative:_____Date:_____

II. B. 9. Match Commitment of In-Kind Volunteer Personnel And Travel

Agency Name:

Donor Identification: The volunteer staff positions identified below will be filled by local volunteers who will be recruited, trained and supervised as an ongoing activity of our agency. We will maintain volunteer records to document individual volunteer activity.

Describe Volunteer Effort:

Position Title	Equivalent	# of	Value to Project	Hourly Rate	Hours
1.				$	
2.				$	
3.				$	
4.				$	
5.				$	
TOTAL VALUE TO AGENCY					$

Equivalent Hourly Rates were determined by:

[ ] Rates for comparable positions within own agency.
[ ] State Employment Service estimate of rates for type of work.
[ ] Rates for comparable positions within other local agencies.

Estimated Mileage X Rate per mile = Value

_____ _____

Donor Certification:

I certify that commitments have been received from individual volunteers or groups sufficient to provide the volunteer hours and travel as identified above.

Signature of Agency Official:_____Date:_____

II. B. 10. AVAILABILITY OF DOCUMENTS

The undersigned hereby gives assurance that the following documents are maintained in the administrative office of the provider and are accessible for review by the AAA.

a. Current Board Roster
b. Articles of Incorporation and Corporate By-Laws
c. Advisory Council By-Laws and Membership
d. Corporate fee documentation
e. Insurance and Bonding Verification
f. Staffing Plan (i.e. Position Descriptions, Pay Plan, Organizational Chart with staff names)
g. Personnel Policies Manual
h. Financial and Purchasing Procedures Manual
i. Operational Procedures Manual
j. Affirmative Action Plan
k. Targeting Plan and documentation of activities
l. Americans With Disabilities Act Assurances and Policies
m. Staff Development and Training Plan (i.e. schedule, agendas, handouts, sign in sheets)
n. Unusual Incident File
o. Service subcontracts and subcontractor monitoring reports
p. Co Payment System (i.e. Policies and Procedures for CCE and ADI)
q. Civil Rights Compliance documentation
r. Confirmation of successful completion of the Level II background checks of required staff
s. E-Verify Resolution
t. Volunteer documentation (i.e. hours, assignments, training)
u. Quality Assurance documentation (client satisfaction surveys and compiled results)
v. Safety/Licensure compliance (annual fire inspection reports of administrative offices and agency buildings with SGR funded services and licensure documentation if applicable.)
w. Interagency agreements
x. Conflict of Interest Policy
y. Current equipment inventory
z. Documentation of match commitments
aa. Detailed documentation supporting contract expenditures and units of service
bb. Client files
cc. Subcontractor Affidavit of Compliance

CERTIFICATION BY AUTHORIZED AGENCY OFFICIAL:

I hereby certify that the documents identified above currently exist and are available for review upon request.

_____	_____	_____
Signature	Date	Name and Title of Authorized Individual