**AAASWFL**

**Older Americans Act Programs Service Provider Application Format 1/1/2020 – 12/31/2020 Contract Period**

##### SECTION I. PROGRAM MODULES

This packet contains formats to be used by providers applying to receive funding under the following Older Americans Act funded titles:

* + - Title III-B: Supportive and Access Services
    - Title III-C1: Congregate Nutrition Services
    - Title III-C2: Home-Delivered Nutrition Services
    - Title III-E/ES/EG: National Family Caregiver Support Program

**2002colorlogo**



Service Provider Application Update

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|  |  |
| --- | --- |
| 1. PROVIDER INFORMATION:  Executive Director:  [Name/Address/Phone]  Legal Name of Agency:  Mailing Address:  Telephone Number: | 2. OVERNING 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:  **1/1/20 – 12/31/20**   1. New Applicant ☐ 2. Continuation ☐ |
| 6. FUNDS REQUESTED:  ☐ OAA Title IIIB  ☐ OAA Title III – C1  ☐ OAA Title III – C2  ☐ OAA Title IIIE  ☐ OAA Title IIIEG  ☐ OAA Title IIIES | |
| 7. SERVICE AREA:  ☐ Single County  ☐ Multiple Counties   |  |  | | --- | --- | | List County/Counties: |  | | |
| 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: |  | | |

##### Service Provider Summary Information

1. **Needs Assessment**

Describe the methods used to determine service needs of elders and caregivers in the area. Include a summary of the process and use of waiting list information. The summary must also include a description of the method employed to assess needs and prioritize funding. Include consumer profile information along with population statistics for the area being served.

##### Targeting

Specify how the service needs of low-income, minority individuals, older individuals with limited English proficiency, older individuals residing in rural areas will be satisfied, older individuals who are living alone, and probable Alzheimer’s cases. If your agency provides services in multiple counties, describe how these targeted populations will be reached and served in each county.

* 1. Detail all 2020 Targeting Plan outreach activities. (Include types of community events/activities, approximate dates and locations, and numbers of anticipated participants). Include methods for ensuring the provision of outreach is targeted to the populations most in need of services.
  2. Detail all 2020 Targeting Plan educational activities. (Include types of community events/activities, approximate dates and locations, and numbers of anticipated events). Include methods for ensuring the provision of education/training is targeted to the populations most in need of services.

***Please note:*** *Providers are required to submit to AAASWFL a semi-annual outreach report.*

*Caregivers Initiative Service (III-E) Service Providers Only:*

Provide the goals, strategies, and action steps your agency will complete in support of the following five Title III-E Targeting Plan objectives as established by the DOEA. Be specific in your outlined strategies and action steps. Include names of organizations and frequency of participation planned to reach the established goals.

* + 1. Target caregivers of older individuals with Alzheimer’s disease and related disorders with neurological and organic brain dysfunction.
    2. Target grandparents or older individuals who are relative caregivers who provide care for children with severe disabilities.
    3. Target caregivers who are older individuals with greatest social need.
    4. Target caregivers who are older individuals with the greatest economic need (with particular attention to low-income individuals).
    5. Target caregivers who are older individuals who provide care to individuals with severe disabilities, including children with severe disabilities.

\**NOTE*: 2018 County Targeting Goals (**Attachment V**) are included as an attachment to assist providers in the development of their goals, strategies, and action steps for this section. County Profile information can be found in Attachment IV.

##### Service Delivery System and Coordination

1. Describe how clients are linked to other community providers and/or resources when service needs cannot be met by your agency.
2. Provide a list of community elder resources available in the service area.

##### Eligibility and Assessment/Reassessment Process (When Applicable To the Service)

##### Describe your agency’s processes and plans for:

1. Targeting and screening at risk seniors for eligibility for DOEA funded programs.
2. Using all other available alternative resources for consumer services prior to using general revenue or federal funds.
3. Ensuring that assessments and reassessments are completed in a timely manner and entered accurately into CIRTS if applicable).

##### Describe System for Consumer Targeting Prioritization

1. Include a “Targeting Plan Summary” narrative of the agency’s targeting methodology which is to include:
   1. Explanation of how the provider has identified or located the targeted populations in the planning and service area;
   2. Description of the barriers or obstacles to reaching targeted individuals;
   3. Description of the characteristics of the targeted populations and their identified service needs; and
   4. Explanation of how identified service needs of targeted populations are addressed (i.e. through attrition or redirecting resources).
2. Provide a summary of your OAA targeting prioritization policy and procedures. Preference for services will be given to those persons of greatest social or economic need, with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, older individuals residing in rural areas, older individuals living alone, and probable Alzheimer’s cases.

##### Services

1. List the OAA funded services to be offered during the 2020 contract year.

*Note:* A detailed explanation of each service must be provided in section XIII Description of Service Delivery).

1. List the services you plan to offer directly.
2. List the services you intend to subcontract.
3. Action plan to be followed for the selection of subcontractors.
4. Outline the process for ensuring all subcontractor employees/required volunteers have successfully completed a level 2 background screening.
5. Provide an action plan for the programmatic and fiscal monitoring of subcontractors and complete the OAA Subcontract Monitoring Schedule (on the following page).
6. Include copy of the subcontract monitoring tool(s) utilized by your agency in the SPA Appendix.
7. Complete the attached (Attachment I) OAA Site Information Sheets for Adult Day Care, Congregate Dining, In-Facility Based Respite and Support Groups service providers.

##### OAA Subcontract Monitoring Schedule

Include information on all OAA funded Subcontracts

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **County:** |  |  | **Date:** |  |
|  | **II.A.4.a SUBCONTRACT MONITORING SCHEDULE** | | | | |
|  | **Include all OAA Funded**  **Subcontractors and Vendors** | |  |  |  |
|  | **Subcontractor or Vendor** | **Date of Visit** | **Program** | **Service** | **[F]iscal/Admin. [P]rogrammatic** |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
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| 14. |  |  |  |  |  |
| 15. |  |  |  |  |  |

##### Process for Adverse Incidents, Consumer Complaints And Grievances

1. Explain your agency’s policies and procedures for ensuring compliance with the required reporting of adverse incidents consistent with Chapter 415, F.S. and all related AAASWFL notices, policies and procedures. Include a copy of your agency’s Adverse Incident Procedure and blank log in the SPA Appendix.
2. 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.
3. Explain your agency’s process for handling consumer grievances; 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 Appendix D, “Minimum Guidelines for Recipient Grievance Procedures” located in the DOEA Programs and Services Handbook.

##### Quality Assurance

1. 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.
2. Describe your agency’s methods (i.e. process/frequency) for assuring the delivery of quality services by subcontractors (if applicable).
3. 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 2020 calendar year.
4. In-Service Staff Training
   1. Describe your plan to provide required in-service training to staff. Your plan should include the minimum standards as outlined in the DOEA Programs and Services Handbook.
   2. List and describe all Staff Training Lesson Topics and your anticipated schedule for training dates:
   3. Include a copy of the agency’s staff training log covering at a minimum all staff currently employed and the type of training provided in the SPA Appendix. This is provided in order to assure that all staff have received the required training for their positions.
5. 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, and 5) information on how the results are utilized to make improvements to services

*For current providers receiving OAA funding, please provide a sample survey, copy of the*

*agency’s 2019 consumer satisfaction survey results, including the analysis and any necessary follow-up in the SPA Appendix*.

##### Goals, Objectives and Performance Measures

|  |  |
| --- | --- |
| **Outcome Measure 1: to be Completed by C1 & C2 Applicants Only** | |
| Outcome Measure 1 | Percent of new service recipients with high risk nutrition scores whose nutritional status improved. |
| Standard: | 66 percent (Percent of new consumers with a “high risk” nutritional score in the DOEA 701C assessment form that improved at their next assessment.) |
| **Strategy/Action Steps**: Describe your strategies for meeting this outcome measure with the services you are proposing. If you plan to exceed the standard describe how this will be accomplished. | |
| **Outcomes:** Describe the result or impact of program activities on the client/consumer. | |
| **Outputs/Inputs:** Describe the services that will be delivered to clients/consumer (units of service) to meet the objective and the resources used to provide those services (dollars, staff, etc). | |

|  |  |
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| **Outcome Measure 2: to be Completed by 3B Applicants Only** | |
| Outcome Measure 2: | Percentage of new service recipients whose ADL assessment scores has been maintained or improved. |
| Standard: | 65 percent (refers to percent of Consumers whose ADL assessment score in DOEA 701A or DOEA 701B assessment forms, improved or stayed the same from one fiscal year to the next.). |
| **Strategy/Action Steps**: Describe your strategies for meeting this outcome measure with the services you are proposing. If you plan to exceed the standard describe how this will be accomplished. | |
| **Outcomes:** Describe the result or impact of program activities on the client/consumer. | |
| **Outputs/Inputs:** Describe the services that will be delivered to clients/consumer (units of service) to meet the objective and the resources used to provide those services (dollars, staff, etc). | |

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| --- | --- |
| **Outcome Measure 3: to be Completed by 3B Applicants Only** | |
| Outcome Measure 3: | Percentage of new service recipients whose IADL assessment scores has been maintained or improved. |
| Standard: | 62.3 percent (refers to percent of Consumers whose IADL assessment score in DOEA 701A or DOEA 701B assessment forms, improved or stayed the same from one fiscal year to the next.) |
| **Strategy/Action Steps:** Describe your strategies for meeting this outcome measure with the services you are proposing. If you plan to exceed the standard describe how this will be accomplished. | |
| **Outcomes:** Describe the result or impact of program activities on the client/consumer. | |
| **Outputs/Inputs:** Describe the services that will be delivered to clients/consumer (units of service) to meet the objective and the resources used to provide those services (dollars, staff, etc). | |

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| --- | --- |
| **Outcome Measure 4: to be Completed by 3B Applicants Only** | |
| Outcome Measure 4: | Percentage of elders assessed with high or moderate risk environments who improved their environment score. |
| Standard: | 79.3 percent (refers to percent of Consumers whose environment assessment score on the DOEA 701B assessment form, improved or stayed the same from one fiscal year to the next.) |
| **Strategy/Action Steps:** Describe your strategies for meeting this outcome measure with the services you are proposing. If you plan to exceed the standard describe how this will be accomplished. | |
| **Outcomes:** Describe the result or impact of program activities on the client/consumer. | |
| **Outputs/Inputs:** Describe the services that will be delivered to clients/consumer (units of service) to meet the objective and the resources used to provide those services (dollars, staff, etc). | |

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| --- | --- |
| **Outcome Measure 5: to be Completed by 3B and 3E Applicants Only** | |
| Outcome Measure 5: | Percentage of caregivers who self-report being very confident about their ability to continue to provide care. |
| Standard: | 90 percent (refers to percent of caregivers who self-report being very confident about their ability to continue to provide care in the DOEA 701A or DOEA 701B assessment forms from one fiscal year to the next.) |
| **Strategy/Action Steps:** Describe your strategies for meeting this outcome measure with the services you are proposing. If you plan to exceed the standard describe how this will be accomplished. | |
| **Outcomes:** Describe the result or impact of program activities on the client/consumer. | |
| **Outputs/Inputs:** Describe the services that will be delivered to clients/consumer (units of service) to meet the objective and the resources used to provide those services (dollars, staff, etc). | |

1. **Reporting (Only For Providers Utilizing CIRTS)**
2. 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.
3. 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.
4. Include a listing of all reports run, the schedule for running these CIRTS reports and the required follow-up due dates for staff addressing any exceptions identified as part of this process.
5. Provide current copies of your agency’s internal policies and procedures utilized to ensure timely and accurate CIRTS reporting in the SPA Appendix.

##### Disaster Preparedness

The information provided in response to this section should serve as a quick reference for the key elements outlined in your full disaster plan. The response should be written from the viewpoint of disaster preparedness in general, not hurricane preparedness. Listed below are key elements to include in your service provider application update.

**Additionally in the section below, please indicate the following:**

1. Identification of all key personnel. Provide e-mail addresses and cell phone numbers.
2. Emergency Coordinating Officer and alternate and contact information.
3. Identification of all subcontractor contacts.
4. Alternate office site in time of disaster.
5. Plans for contacting all at-risk consumers, on a priority basis, prior to and immediately following a disaster.
6. Describe your coordination efforts and processes specific to special needs clients in the event of an emergency or disaster.
7. Plans to receive referrals, conduct outreach, and deliver services, before and after a disaster, to older adults who may or may not be current consumers
8. Description of how the Applicant’s services are integrated with the local County Emergency Plan.
9. Nutrition providers should include how meal delivery will be handled in the event of an emergency or disaster.
10. Plans for after-hours coverage of network services, as necessary

##### Client Confidentiality

1. The Provider must ensure the confidentiality of consumer information by all employees, service providers and volunteers as required by state and federal laws. Describe the steps your agency is taking to secure client information and protect clients from identity theft and fraud. Outline the agency’s policies and procedures; as well as the physical 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 HIPAA compliant and included in the SPA Appendix.

1. 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.
2. The Provider is responsible for complying with Executive Order Number 11-116 and all applicable AAASWFL Notices of Instruction related to the requirements to utilize 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 assure new employees hired by the agency within the contract period are eligible for employment. Verification of eligibility must be maintained for monitoring purposes by AAASWFL.

1. The Provider must ensure that all employees, volunteers and contractors have successfully completed the background screening process pursuant to Chapter 2012-73, Laws of Florida (L.O.F.) and Sections 430.0402 and 435 Florida Statues and all applicable DOEA Notices of Instruction and AAASWFL Instruction Memoranda.

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.

The provider is required to maintain documentation to assure required direct service providers utilized by the agency have successfully completed the level 2 background screen through the Department of Elder Affairs; and volunteers who assist on an intermittent basis for less than 20 hours per month are not listed on the FDLE Career Offender Search database or the Dru Sjodin National Sex Offender Public Website. Verification assuring compliance must be maintained for monitoring purposes by AAASWFL.

##### Description of Service Delivery (By Service). This page must be completed for each service funded through OAA.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Service:** |  |  | **Program:** |  |

1. **Subcontractor**

Will your agency provide this service directly?  Yes  No

If your agency will subcontract this service, list all subcontractors below:

Subcontractor(s)

Business Name:

Address:

Phone Number:

License Number (if applicable):

Contract Start/End Date:

Anticipated Monitoring Date:

1. **Site Location**

For Congregate, Adult Day Care, and Facility Respite sites, the OAA Site Information Form must be utilized. This document is included Attachment I.

1. **Days and Hours of Operation**
2. **Activities**

Describe the specific activities your agency will provide under this service.

1. **Training Requirements:**

Describe the orientation and annual in-service training required of direct service staff providing this service.

1. **Program Income/Voluntary Contributions:**
   * Describe for this service the procedure for informing OAA clients of voluntary contributions.
   * Describe for this service the voluntary contribution collection methods.
   * Include a plan for ensuring program income contributions will be obtained and identify ways that your agency can increase contributions.

***Note:*** The following services require additional attachments. Please include as part of the SPA Appendix.

* + Homemaking – AHCA Homemaker Services Registration
* Adult Day Care – Adult Day Care License

**The following sections: II.A.14.a through IIA14.g are only applicable to OAA Title C1 and C2 providers.**

* + - 1. **NUTRITION EDUCATION SCHEDULE**

Describe your plan and method to provide nutrition education monthly. Include assurance that all education training plan and material development is the responsibility of the Registered Dietician (RD), along with the requirement for the RD to train and oversee Agency staff responsible for conducting the trainings.

* + - * 1. List and describe all OAA III C-1 Lesson Topics and scheduled dates:
        2. List and describe all OAA III C-2 Lesson Topics and scheduled dates:

##### NUTRITION COUNSELING

Describe your plan and method to provide nutrition counseling to at risk meal recipients with nutrition risk scores 5.5 or greater.

##### NUTRITION PROVIDER TRAINING AND CERTIFICATION

Nutrition service providers shall ensure that training will be provided for both paid and volunteer staff. Training and certifications must be maintained in accordance with the standards of nutrition service provision as outlined in the DOEA Programs and Services Handbook and all applicable DOEA Notices of Instruction and AAASWFL Instruction Memoranda

* + - * 1. Describe your agency’s education and training plan developed for staff and volunteers. The plan must include the required orientation to safe food handling and sanitations practices, along with at least annual food borne illness training. Provide assurance that the Registered Dietician’s contribute to the training materials at a minimum.

##### NUTRITION PROVIDER MEAL SITE REVIEW

Describe the methods used to ensure that meal site reviews are conducted quarterly at each physical meal site location utilizing the proper “Nutrition Program Compliance Review (NPCR)” tool. Include assurance that the reviews are completed by the appropriate Agency staff and are in compliance with all applicable DOEA Notices of Instruction and AAASWFL Instruction Memoranda.

##### NUTRITION PROVIDER PUBLIC INFORMATION AND ADVISORY COUNCIL PLANS

* + - * 1. Describe your plan and method to keep the public informed about the nutrition program for seniors using all appropriate media sources. Sources are to include newspaper announcements, publishing menus in the paper, radio or TV copy. It is necessary to maintain documentation verifying all releases of public information throughout the year.
        2. Provide assurance that your Agency will, at a minimum, meet twice annually with an Advisory Council. Documentation to verify Advisory Council meetings were conducted must include agenda with dates, topics discussed and a sign-in sheet.

##### NUTRITION CONSULTATION AGREEMENT/NUTRITION ASSURANCES

In accordance with Section 339(1) of the OAA which requires each nutrition project to be established and administered with the advice of dieticians (or individuals with comparable expertise), and Section 339(2)(F) which requires compliance with applicable state or local laws regarding safe and sanitary handling of food, equipment, and supplies used in the storage, preparation, service, and delivery of meals to elderly nutrition program participants.

(Name of Nutrition Consultant) will provide Nutrition Consultation for the nutrition project of

(Name of Provider).

**(Name of Nutrition Consultant)** is a registered/licensed dietitian whose current registration number from the Commission on Dietetic Registration is and/or whose license number from the Florida Department of Professional Regulation is . All nutrition providers funded through OAA must submit the following documents with their completed Service Provider Application Update:

1. Nutrition Consultant Agreement for Services with defined responsibilities as outlined in the DOEA Programs and Services Handbook which include but are not limited to:
   * Monitoring of Food Service, to ensure compliance with FAC Chapter 64E-11, Florida Administrative Code;
   * Training Staff and volunteers in areas of nutrition, food service management and sanitation;
   * Assist in developing participant’s satisfaction surveys
2. Current resume of the Nutrition Consultant
3. Nutrition Consultant Contact Information (address, e-mail, and phone number)
4. Copy of documentation validating one of the following: registration number from the Commission on Dietetic Registration, license from the Florida Department of Professional Regulation.

**(Name of Provider)** assures the following:

* Meals provided through the project comply with the Dietary Guidelines for Americans and all applicable DOEA nutrition requirements. All meals must comply with the Dietary Guidelines for Americans and provide a minimum of 33 1/3 percent of Dietary Reference Intake/Adequate Intake (DAI/AI) for a moderately active age 70+ female, as established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences.

##### Congregate Meal Site Holiday Closure

Each nutrition service provider must provide assurance that policies and procedures address meal site holiday closures including, but not limited to, the following:

* Holiday closing schedule - The State of Florida recognizes the holidays listed below for employees. Nutrition Program Service Providers must receive prior written authorization from the AAASWFL for any additional planned closing dates. Also, providers must ensure that planned holiday closings do not result in the closure of a congregate meal site for more than four (4) consecutive days, including weekend days.
  + New Year’s Day
  + Martin Luther King, Jr. Day
  + Memorial Day
  + Independence Day
  + Labor Day
  + Veterans Day
  + Thanksgiving Day
  + Friday after Thanksgiving
  + Christmas Day

a. Describe the Agency’s Procedure to ensure the provision of congregate services during meal site closures.

##### LEGAL SERVICES PROGRAM DELIVERY – section to be completed by Legal Service Providers only

The Legal Providers plan for each of the following must be addressed and in accordance with the DOEA Program and Service Handbook and all applicable AAASWFL Notices of Instruction, including NOI #050610 – OAA Title IIIB Legal Services Delivery Standards:

* + - 1. As required through the OAA, legal providers are responsible for targeting older persons meeting low-income, low-income minority, limited English proficiency, and those residing in rural areas; with special consideration given at the local level to the necessity of prioritizing additional populations for legal assistance based on community need. Describe the agency’s targeting plan to ensure adherence to these requirements. This plan must include the necessary mechanisms that will allow the agency to reach these targeted groups.
      2. Outline Priority Areas for legal service delivery of services. This plan must include the necessary mechanisms that will allow the agency to address priority areas.
      3. If Legal Provider is not a Legal Services Corporation (LSC) project grantee, provide a brief description of how the Agency coordinates services with existing LSC in region. If the agency is an LSC grantee, please include a statement confirming affiliation.
      4. Describe how the Agency will develop and maximize the use of other resources to expand the provision of legal assistance, with emphasis on partnering with the statewide Senior Legal Helpline.
      5. Provide assurance all OAA broad categories of targeted groups able to be served with the proposed budget allocation (i.e. low-income older persons, low- income minority older persons, older persons with limited English proficiency, and those residing in rural areas).

If you are not able to serve all target groups due to funding limitation, include information related to how your organization has identified sub-groups to ensure the most vulnerable are being reached with the available resources.

* + - 1. Include documentation to show who is being targeted for service with OAA legal funding.
      2. Describe the process for identification of priority legal issues for OAA funded assistance within your agency.
      3. Describe how your OAA legal program prioritizes legal issues (Income: Health Care: Long Term Care: Nutrition; housing and Utilities: Defense of Guardianship: Abuse, Neglect and Exploitation: Age Discrimination: and Protective Services).

If you are not able to serve all priority legal issues due to limited funding, please indicate. However, it is necessary to include information related to how your organization has identified sub-categories to allow the prioritization of legal

assistance.

* + - 1. Provide supportive documentation verifying your agency is able to prioritize legal issues to the target groups (i.e. low-income older persons, low-income minority older persons, older persons with limited English proficiency, and those residing in rural areas).
      2. Provide a list of legal services provided by your agency.
      3. Provide a list of legal issues your agency can not assist consumers with.

##### 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. Include names and the HIPAA Privacy Officer.

##### SPA Appendix Items

Submit requested documentation (i.e. recently updated copies of Policies and Procedures, Consumer Complaint and Client Confidentiality documents, Subcontracts, etc.). ***Please be sure to list each item included in the SPA Appendix as an “Attachment” on the SPA submission as part of the “Table of Contents”.***

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

* Current staff training log
* Program and Fiscal Subcontractor Monitoring Tool Samples
* Quality Assurance and Quality Improvement Initiative Procedures
* Customer Satisfaction Sample Survey
* Complaint Procedure and Log
* Grievance Procedure and Log
* Adverse Incident Policy and Procedure and Log
* CIRTS Reporting Procedures
* Congregate Meal Site Holiday Closure Policy and Procedure
* Sample of Privacy Notice Issued to Clients
* Sample of Notification to Clients Regarding Collection of Social Security Number
* Current Organizational Chart
* Complete copy of Provider’s Emergency Preparedness Plan (COOP or CEMP)

***Area Agency on Aging for Southwest Florida***

**Older Americans Act Programs**

**Service Provider Application**

**01/01/2020-12/31/2020 Contract Period**

**Section II. B.**

**Contract Module – General Requirements**

**2002colorlogo** 

**II. B. 1. Personnel Allocations Worksheet**

Included with the “2020 OAA Contract Module Worksheets.xls”

**II. B. 2. Unit Cost Worksheet**

Included with the “2020 OAA Contract Module Worksheets.xls”

**II. B. 3. Supporting Budget Schedule by Program Activity**

Included with the “2020 OAA 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 #Hours Value

Annual Salary Worked 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

Hourly Rate Hours Project

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.

1. Current Board Roster
2. Articles of Incorporation and Corporate By-Laws
3. Advisory Council By-Laws and Membership
4. Corporate fee documentation
5. Insurance and Bonding Verification
6. Staffing Plan (i.e. Position Descriptions, Pay Plan, Organizational Chart with staff names)
7. Personnel Policies Manual
8. Financial and Purchasing Procedures Manual
9. Operational Procedures Manual
10. Affirmative Action Plan
11. Targeting Plan and documentation of activities
12. Americans With Disabilities Act Assurances and Policies
13. Staff Development and Training Plan (i.e. schedule, agendas, handouts, sign in sheets)
14. Unusual Incident File
15. Service subcontracts and subcontractor monitoring reports
16. Co Payment System (i.e. Policies and Procedures for CCE and ADI)
17. Civil Rights Compliance documentation
18. Confirmation of successful completion of the Level II background checks of required staff
19. E-Verify Resolution
20. Volunteer documentation (i.e. hours, assignments, training)
21. Quality Assurance documentation (client satisfaction surveys and compiled results)
22. Safety/Licensure compliance (annual fire inspection reports of administrative offices and agency buildings with SGR funded services and licensure documentation if applicable.)
23. Interagency agreements
24. Conflict of Interest Policy
25. Current equipment inventory
26. Documentation of match commitments
27. Detailed documentation supporting contract expenditures and units of service
28. Client files
29. 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 Indiv

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_-