
**KIPDA
REQUEST FOR PROPOSAL APPLICATION
TITLE III-B Home Management Services
Financial Management**

**FY 2020 - FY 2022 Procurement Cycle
July 1, 2019 – June 30, 2020 – 1st Year of Cycle**

COVER PAGE

Legal Name of Agency: _____

Address: _____

Program Contact Person: _____ **E-Mail:** _____

Fiscal Contact Person: _____ **E-Mail:** _____

Phone: _____ **Fax:** _____

Website Address: _____

Federal Tax I.D. # _____ **Kentucky Tax I. D. #** _____

Date of Incorporation _____

LEGAL FORM OF ORGANIZATION

Not For Profit

Community Based Organization

For Profit

Faith Based Organization (Non-Profit)

Other (Describe) _____

COUNTIES TO BE SERVED

Bullitt Henry Jefferson Oldham Shelby Spencer Trimble

Name of Authorized Person **Title**

Signature of Authorized Person **Date**

Provider: _____

**PROPOSAL APPLICATION
TABLE OF CONTENTS**

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 Completed in prescribed format and each section identified.....	
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 Completed in prescribed format and each section identified.....	
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Minimum Office Requirement/Computer Equipment Certification	_____
Evaluation Tool	_____

**SECTION I
PROPOSAL APPLICATION - GENERAL SECTION**

This section shall be completed as a description of the overall operation of the organization applying for funds. If a question is not applicable to the proposed service(s), mark the question "not applicable". Include sufficient information to provide a clear understanding of the organization's experience and procedures for the delivery of services.

I. Organization Profile

- A. Check all that apply to the organization's history and experience providing Financial Management Services with seniors.

Currently provide Financial Management Services

Previously provided Financial Management Services

Never provided Financial Management Services

- B. Briefly describe any Financial Management Services you have provided in the past three (3) years.

- C. **Attach** a current organizational chart; list of Board Members, or other governing body.

Attachment # ____

- D. Submit a copy of the most recent financial statements as they relate to the organization, and program specific for each bid. Describe the organization's financial management system to be used for tracking and reporting funds and services.

Attachment # ____

- E. Other partnerships, cooperative ventures and funds will support proposed services?

Yes No

If yes, will KIPDA funds duplicate services?

Yes No

II. Staffing and Personnel:

- A. Who will be responsible for management and supervision?
- B. List the steps management staff will complete to ensure that the agency delivers services that are accurate and completed in a timely manner.
- C. Explain how the entity separates responsibilities or duties to ensure accountability and internal control.
- D. Number of staff who will provide assessment and case management services.
- E. Describe method for ensuring a back-up mechanism available in the event staff is not available to provide a service as scheduled.
- F. List training to be provided to new and existing staff.
- G. Describe how the applicant will comply with the provisions of KRS:216.793 Criminal Records Check.
- H. Complete the following staffing matrix:

PROVIDER STAFFING MATRIX

Direct Service Staff:

Position	Qualifications	Responsibilities	% of Total Time to this Project

Administrative Staff:

Position	Qualifications	No. staff supervised	Responsibilities	% of Total Time to this Project

III. LOCATION(S):

A. Identify where activities will be conducted.

At Client Home

In Community

At Home and In Community

B. List addresses for community locations and the contact information of individuals responsible. Include hours of operation when services will be available.

**SECTION II
PROPOSAL APPLICATION – SCOPE OF WORK**

I. Program Implementation

- A. Identify the number of eligible clients, who could be served with the available funding.
- B. Describe how clients on the waiting list will be prioritized.
- C. List at least 4 outreach activities to be conducted to identify potential clients:
- D. Describe coordination with mental health organizations and long-term care facilities.
- E. How will services be provided for individuals with limited English-speaking ability?
- F. Attach a plan for service delivery during an emergency or disaster. **Attachment #** _____
- G. List the primary staff person(s) responsible for implementing emergency policies and procedures.

II. Service Delivery

- A. Describe implementation of financial management services from intake through completion and integration of case management.
- B. Describe how services will be provided to homebound or institutionalized persons.
- C. Please provide assessment tool. **Attachment # _____**
- D. Describe the financial management services to be provided. Identify the type of transactions completed on behalf of a client, timeliness of deposits, payments and reconciliation.
- E. Describe the role of the organization if selected to become the guardian of an individual in accordance to KRS 387.010-387.280.
- F. Identify any limitations of the organization to provide specific financial management services.
- G. How are participants or guardians notified of changes in services/case management staff/ methods of payment /factors affecting client's finances?
 Phone In-person Letter Other method
- H. Explain when and how KIPDA is notified if modifications to services must occur. (type of changes prompting the need for notification)
- I. Describe the process used when concluding or terminating services for a client receiving financial management services.

III. Quality Assurance:

The organization's plan for quality and continuous improvement will be described in this section.

- A. Who will be responsible for internal monitoring?
- B. How often will internal monitoring be performed?
 Daily Weekly Monthly Quarterly Other _____
- C. How does the entity assure fair client representation by an adequate number of qualified staff?

D. Client files and other confidential records are:

Maintained in locked file cabinets (paper records)

Password protected (electronic records)

Other (specify) _____

E. Describe the administration of client satisfaction surveys or other methods used to measure client satisfaction.

F. Transition Plans: In the event the bidding entity is new to performing this service for KIPDA or has experienced extensive changes within its organization, describe how the entity will ensure it is prepared to implement services for clients on July 1, 2019.

IV. Reporting

A. Identify staff responsible for data entry:

B. Who will be responsible for reconciling number of units provided with number of units reported in the data system? [Job title]

C. List source documents to be used for reconciliation:

D. The following performance measures will be utilized for the Title III-B Financial Management Program for Fiscal Year 2020. Describe how they will be met.

1. **90%** of individuals (or guardians) responding to a client satisfaction survey will indicate satisfaction with the financial management services.

2. **100%** accuracy as it relates to payments and completion of case management requirements.

3. Implement performance measures or internal controls to ensure continuous improvement.

SECTION III PROPOSAL BUDGET

A. **INSTRUCTIONS:**

As a separate Excel file to this RFP, a budget template, **Title III-B Budget Workbook - FY2019 Procurement - ALL Services**, shall be completed which supports the request for funds necessary to implement services as proposed.

All funds and contracts are contingent upon the availability of funding annually, performance of services and success in performing services by providers annually and authorization for KIPDA to award the funds.

Complete the budget workbook information as follows:

INSTRUCTIONS: *This budget is prepared with various links from budget narrative pages to the line-item Total Project Budget Cells. The applicant should prepare its budget with the amount of KIPDA funds anticipated to be needed and match to support program costs.* **1. Begin by completing each backup page or budget narrative page such as staffing plan, operating costs, travel, etc. These totals will link to the Total Project Budget cell on the Line-Item Budget worksheet. 2. Complete the backup page by entering projected service units (1 unit = one contact) and entering in the amount of funds (based on the line-item budget total) to be expended for each respective service. Historical information is a good indicator of how funds might need to be budgeted. For new applicants, reviewing the Q & A information from the inquiry period and internal practices would assist in allocating amounts budgeted by service.**

1. Be sure the line-item budget totals match the backup pages for each line-item. If there are problems completing the budget provided, contact: KipdaDSS.procurement@kipda.org for assistance or error detection.
2. Submit the excel file completed and by signing this proposal, the authorized official certifies that the information contained in the proposal is true and correct at the time of submission.

B. MATCH

All applicants are required to provide **15%** match toward the overall project cost. This rate may vary depending on the availability of funds to support the required match each fiscal year. To be allowable, match must be provided through non-federal sources, must be used to conduct an allowable Title III-B services, amount reported may not be used for match toward any other program, and must be verifiable. Complete the match form included as an attachment to this proposal and include with the complete proposal. Match shall be reported monthly and as requested, record of match presented to KIPDA. Match may be provided as follows:

In-Kind Match: This is the value of a third-party contribution such as the value of volunteer time, value of space utilized, or the value supplies contributed to conduct the Title III-B services. Records to substantiate match reported shall be maintained by the provider.

Cash Match: Cash match is the amount of the contribution by the Second Party to carry out Title III-B services. This form of match may be supplies, personnel contributing to the project in addition to the support provided by KIPDA for staffing, space, or cash. Records of match shall be maintained and made available to KIPDA upon request.

Match Calculation:

Total Project Cost x .15 = Match Amount; or
KIPDA Request / .85 = Total Project Budget
Total Project Budget – KIPDA Request = Match Amount

C. PROGRAM INCOME

Program Income is the value of donations or contributions (no fees) provided by clients or other parties to support program activities. Providers are prohibited from assessing fees to clients receiving services or caregivers benefiting from services under Title III-B. All program income received must be reported to KIPDA monthly and shall be utilized to expand the Title III-B program services. Providers receiving program income will report income on the monthly billing report and shall retain records to account for program income and its disposition.

Describe how program income will be used to expand program services.

ATTACHMENT DOCUMENTS

Submit the following documents and checklist with the proposal narrative and budget. All items are required for consideration of funding.

CHECKLIST

The following items are included and signed where appropriate:

- Cover Page
- Table of Contents
- RFP Application – General Section – Completed in prescribed format and each section identified
- RFP Application – Scope of Work – Completed in prescribed format and each section identified
- RFP Application - Proposal Budget – Completed in prescribed format
- Proposed Assessment Tool
- Title III-B Program Planning Form
- Local Resource Match Page
- Certification of Assurances
- Certification of Prohibited Employee Activities
- Computer Capacity Certification
- Certification of Cost or Pricing Data
- Service Funding Summary
- Evaluation Tool – (included as separate attachment)

TITLE III-B PROGRAM PLANNING FORM

APPLICANT: _____

Page: _____

Date: _____

Title III-B Supportive Services Service Delivery / Budget Back-up

Title III-B Services	Unduplicated Clients to Be Served	Units of Service	Unit Cost	Amount Budgeted
Adult Day				
Adult Day Health				
Advocacy				
Alzheimer's/ADC Respite				
*Assessment				
**Caretaker Support				
*Case Management				
*Chore				
Counseling				
Education				
Employment Services				
Escort				
*Friendly Visiting				
Health Promotion				
*Home Health Aide				
Home Repair				
*Homemaker/Home Mgmt.				
*Personal Care				
*I & A				
*Legal Assistance				
Ombudsman-Complaints/Info Request				
Ombudsman-Presentations				
*Outreach				
Recreation				
*Respite				
***Special Needs				
*Telephone Reassurance				
*Transportation				
TOTAL				
UNDUPLICATED TOTAL (PROPOSED)				

* Access, In-Home, Legal

RESOURCES USED FOR MATCH FORM

TITLE III-B LOCAL RESOURCES USED FOR MATCH

Source of Match (Who provides match)	Items of Match and Service (Describe what it is)	Program Income	Local Cash	Local In-Kind
Total Program Income				
Total Local Cash				
Total Local In-Kind				

I certify that all items of match included in this budget have been reviewed and have determined these items appear to be allowable according to Federal and State laws and regulations. Also providers of match are made aware of Federal and State laws and regulations regarding match and have certified that their match is allowable. See previous information related to cash match.

Signature of Authorized Representative

Date

CERTIFICATION OF ASSURANCES AND COMPLIANCE WITH GENERAL PROVISIONS

Bulleted items are requirements of all organizations awarded a contract.

By submission of a proposal, the applicant agrees, if awarded, to the following provisions:

- Continuation as a provider of services is contingent upon satisfactory performance of services.
- The organization understands that more than one agency may be awarded a contract for service delivery. The agency is not assured of a specific amount of units or funding.
- The organization will provide KIPDA with a certificate of insurance for public liability insurance, automobile liability, workers compensation, property insurance, and when applicable, volunteer insurance.
- A fidelity bond will be properly executed. The bond shall be sufficient to cover maximum sums handled quarterly under the contract with KIPDA.
- Applicants receiving \$50,000 or more in State funds through Department for Aging and Independent Living will complete a financial and compliance audit in accordance with state requirements.
- The applicant will collect, account for and expend Program Income in accordance with 45CFR, Part 74, Policy, 45 CFR 1321.67 and 1321.73, and other pertinent law and regulation.
- The price(s) negotiated will remain as funded through June 30, 2022, contingent upon continued availability of funding and delivery of services as contracted.
- The applicant possesses the legal authority to apply for the contract. As appropriate, the organization certifies that a resolution, motion or similar action has been duly adopted or passed as an official act of the applicant's governing body, authorizing the filing of the application, including all assurances contained therein, and directing and authorizing the person identified as the official representative of the applicant to act in connection with the application to provide such additional information as may be required.
- The applicant agrees to assure compliance with the applicable Federal and State Laws, regulations, KIPDA policies and procedures and the executed contract to be realized if awarded funds to operate proposed services.
- The applicant agrees to adhere to appropriate federal and/or state guidelines pursuant to the program of services for which the contract is awarded, particularly, the Older Americans Act of 1965 as Amended in 2016, and its regulations. Kentucky Administrative Regulations pertaining to aging services. Modifications to the Law and Regulations over the course of the procurement period will be implemented by the provider as specified by KIPDA.
- The applicant agrees to adhere to the *KIPDA Policy and Procedures Manual* and fire, health safety, sanitation standards prescribed in law or regulation, and the Department of Aging and Independent Living.
- The applicant is solely responsible for outreach and recruitment, of employees for all services.
- The services shall be available throughout the contract year(s) and provided in a manner consistent with provisions of Title III-B of the Older Americans Act, its corresponding regulations and State Regulations.

- Comply with all provisions of the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973, as amended (29 USC 794) in providing services to older handicapped individuals.
- Comply with Title VI of the Civil Rights Act of 1964 (Public Law 88-352) and, in accordance with Title VI of that act, no person in the United States shall, on the grounds of race, color, religion, sex or national origin, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives federal and state financial assistance and will immediately take any measures necessary to effectuate this agreement.
- Comply with the provisions of the Federal Fair Labor Standards Act.
- Comply with the requirements that safeguards be established to prohibit employees from using their positions for a purpose that is or gives the appearance of being motivated by a desire for private gain for themselves or others, particularly those with whom they have family, business or other ties.
- Assure maintenance of such accounts and documents as will serve to permit expeditious determination to be made at any time of the status of funds within the contract, including the disposition of all monies received from KIPDA and the nature and amount of all charges claimed to be against such funds.
- Assure the maintenance of records and reports as outlined in the *KIPDA Policy and Procedures Manual*. Reports shall be submitted in a format prescribed by KIPDA if awarded a contract.
- The organization agrees to participate with KIPDA in the gathering of uniform statistical data regarding services delivered through all funded services.
- Assure that KIPDA and the Department of Aging and Independent Living (DAIL) and representatives will be permitted to conduct formal monitoring. Client, personnel, financial, and service delivery records will be monitored.
- Assure that KIPDA, the Commonwealth and/or authorized representatives shall have access to and the right to examine all financial and programmatic records, books, papers or documents related to this program at any time during the contract period and such records will be available for review until three years after all matters pertaining to the contract (i.e. audit, settlement of audit exceptions, disputes) are resolved in accordance with the applicable federal and/or state laws. Participant records, either randomly selected or those filing a grievance, may be reviewed by DAIL or KIPDA staff as part of the monitoring process.
- Assure that a mechanism exists for providing a backup in the event staff assigned to provide services are unable to work.
- Assure that each older person will be given an opportunity to voluntarily contribute to the cost of the service.
- Assures that it will follow the federal, state, and local procurement laws, regulations, policies and procedures as pertaining to this program.
- Assure that formal complaint procedures are available for applicants/participants of services in accordance with policies and procedures of KIPDA.
- Assure that a client satisfaction survey will be completed and submitted to KIPDA on a timeframe established by KIPDA annually.

- Assure that personal information obtained from individuals in conjunction with the project shall not be disclosed in any form identifying the individual without written consent of the individual concerned.
- Assure that the organization will employ and train persons in the administration and delivery of the applicable services. Assurance that the delivery of service shall be only by staff and volunteers trained to deliver those services. New staff shall receive an orientation and shall be trained prior to assuming responsibilities or receive on-the-job training from qualified agency staff. Existing staff shall receive training on job-related topics at minimum of once per year.
- Ensure that all staff and supervisors who have direct contact with clients complete a criminal background check in accordance with 910 KAR 1:170.
- Assure compliance with all applicable standards, orders or requirements issued under Section 306 of the Clean Air Act (42 U.S.C.1857 (h), Section 508 of the Clean Air Act 1368), Executive Order 11738, and environmental Protection Agency regulations (40 CFR Part 15). This applies to contracts in excess of \$100,000.
- Assure compliance with the mandatory standards and policies relating to energy efficiency contained in the state energy conservation plan issued in compliance with the Energy Policy and Conservation Act (Pub. L. 94-163).
- KRS 45A.485 requires the contractor to reveal to the Commonwealth, prior to the award of a contract, any final determination of a violation by the contractor within the previous five (5) year period of the provisions of KRS Chapters 136,139, 141, 337, 338, 341, 342. These statutes relate to the state sales and use tax, corporate and utility tax, wages and hours laws, occupational and safety and health laws, unemployment insurance laws, and workers' compensation insurance laws.
- The applicant assures certifies that neither it nor its principals and or/or subcontractors are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- Assures that the organization will comply with the computer hardware and software standards described in this proposal and have employed sufficiently trained staff to operate computer software applications.
- Assures that the organizational audit has not identified questioned cost(s) in the last three (3) years or if identified, all questioned costs have been appropriately resolved. Provide an explanation of questioned costs and resolution to the findings as a part of this application.

Signature of Authorized Official

Date

PROHIBITED EMPLOYEE AND VOLUNTEER ACTIVITIES

Agencies receiving funds for any service shall clearly prohibit their staff and volunteers from involvement in any of the following activities:

- Direct service employees shall not be accompanied in the home of the client. The only exceptions are the service provider's supervisory or training personnel or KIPDA personnel.
- Employees/volunteers shall not seek or accept personal gifts and/or favors of a significant value (\$25 or more) from a client.
- Employees/volunteers shall not operate a client's personal vehicle.
- Employees/volunteers shall not borrow money or personal property from a client.
- Employees/volunteers shall not loan or accept money from or on behalf of a client.
- Employees/volunteers shall not consume or take client's belongings.
- Employees/volunteers shall not charge KIPDA programs for time spent on political activities.
- Employees/volunteers shall not be under the influence of intoxicating beverages, drug(s) or chemicals, other than those prescribed for the employee by a licensed physician, while acting on behalf of a KIPDA program.
- Employees/volunteers shall not transport a client using KIPDA funds without program authorization.
- Employees/volunteers shall not perform financial management for a client including, but not limited to, completing tax returns, transacting banking business, balancing check books, issuing and/or cashing personal checks, acting under a power of attorney, or selling and/or buying personal and/or real property, unless specifically funded or approved by KIPDA.
- Employees/volunteers shall not accept payment for services performed for a client that would normally be provided as a family member (such as receiving payment from a service provider for providing respite services to your parent).
- Employees/volunteers shall not violate client confidentiality by divulging client specific information.
- Employees/volunteers shall not propose and/or participate in any illegal, unethical or unprofessional behavior with a client.
- Employees/volunteers shall not take part or have an interest in any award of any client referral or other client transaction if a conflict of interest, real or apparent, exists. A conflict of interest occurs when the employee or their immediate family member has a financial or other interest in any of the competing firms.
- Employees/volunteers shall not commit theft of a client's belongings, including prescription drugs.
- Employees shall not administer prescription or over-the-counter medication to a client.
- Comply with KAR 1:180 – Personal Services Agency Certification if providing personal care in accordance with the provisions of KAR 1:180.

Signature of Authorized Official

Date

MINIMUM OFFICE EQUIPMENT AND SOFTWARE REQUIREMENTS
Fiscal Year 2020

*KIPDA may increase its computer requirements as technology advancement needs dictate.

ORGANIZATION: _____

MINIMUM REQUIREMENTS

At least one (1) computer at site with the following capabilities:

- IBM Compatible
- Intel Core i3 3.30 GHz Processor
- 4 GB RAM
- 250GB Hard Drive
- DVD RW
- Windows 7 Professional
- Office 2010 or 2016 (new purchases)

Additional Provisions: Anti-Virus Software (specify): _____; High Speed Internet Access (where available); KIPDA Approved Printer (local but networkable); Facsimile equipment (ink jet quality).

Providers must comply with number one and two or check number three for consideration of award.

1.	The organization owns the minimally required hardware and software.
2.	The organization agrees to have Fast Internet Access capability (where available) and to maintain on-line status throughout the contract period.
3.	The organization agrees to have at least the above minimally required hardware and software available.

A. Does the applicant currently possess a client tracking (data) system?

Yes No

B. If yes, please provide the System name and describe the system:

C. Describe plan to ensure all computers are equipped with up-to-date anti-virus software and critical Operating System (OS) patches/updates.

Signature of Authorized Representative

Date

**KENTUCKIANA REGIONAL PLANNING AND DEVELOPMENT AGENCY
KIPDA
11520 COMMONWEALTH DRIVE
LOUISVILLE, KY 40299**

CERTIFICATION OF CURRENT COST OR PRICING DATA

As an authorized representative and signatory official of _____, I certify that, to the best of my knowledge and belief, the cost or pricing data submitted in this proposal, either actually or by specific identification in writing, are accurate, complete, and current as of the date of submission of this proposal. This certification includes the cost or pricing data supporting any advance information provided to KIPDA to be included in this proposal, if applicable.

This application for the services described in this proposal is accurate and prices contained herein will not increase from the date of proposal submission through the execution of an agreement, if funded.

Signature of Authorized Official

Date

Authorized Official – Name Typed

Title

SERVICE FUNDING SUMMARY
ANTICIPATED FUNDING TO SUPPORT SERVICES
FY 2020

Complete the following information that will provide an overall summary funding available to support proposed services funded, in part, by KIPDA Title III-B. Organizations are cautioned to only represent the resources that may be used to support the proposed service. This information is not intended to be a representation of all funding your organization receives to operate (all programs and services). It is intended to represent all parties and resources that will support the proposed effort.

Funding Source	Amount FY 2020	Used as Match Yes or No	Service Funded to Support Effort
KIPDA Funding			
Applicant Resources			
Other Support:			
Other:			
Other:			
Total Funding Available			

Note: Identify if there are special provisions to a source of funding that would require use of funds for special purposes only. Example: funding source requires entity to use grant for senior transportation for medical transportation only.

Signature of Authorized Official

Date: