



**REGION 2 AREA AGENCY ON AGING**

**REQUEST FOR PROPOSAL**

**FISCAL YEARS 2023 – 2025**

**OLDER AMERICANS ACT SERVICES**

**SERVING:**

**HILLSDALE COUNTY**

**JACKSON COUNTY**

**LENAWEE COUNTY**

**MICHIGAN**

REGION 2 AREA AGENCY ON AGING  
102 N. Main Street, P.O. Box 189  
Brooklyn, MI 49230  
(800) 335-7881  
Website: [www.r2aaa.net](http://www.r2aaa.net)

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Region 2 Area Agency on Aging is seeking non-profit or private organizations to provide community and in-home services to Individuals age 60 and older, persons with disabilities and caregivers in Hillsdale, Jackson and Lenawee County, Michigan.

### TIMELINE

Region 2 Area Agency on Aging is issuing a Request for Proposal to obtain Service Providers from October 1, 2023 through September 30, 2025.

#### **This RFP is NOT for MI Choice Medicaid Waiver Services**

Services delivered are required to meet Federal and State Service Standards and Region 2 Area Agency Aging Contractual Terms. Operating Standards can be found at:

<https://www.osapartner.net/pubsitedocs/OPERATING-STANDARDS-SERVICE-PROGRAMS-Feb-2022.pdf>

The Request for Proposal Application and supporting documents are due no later than 4:30 PM on August 1, 2022.

A virtual, open learning session for potential applicants will be held on Monday, June 27, 2022 at 10:00 - 11:00 AM. The RFP process will be reviewed and applicants may ask questions. Please register for this event by contacting [Nichole.baker@r2aaa.net](mailto:Nichole.baker@r2aaa.net) with 'RFP Learning Session' in the subject line.

Request for Proposal can be found at Region 2 Area Agency on Aging website at

[www.r2aaa.net](http://www.r2aaa.net) or by contacting Nichole Baker (517) 592-1922 or [Nichole.baker@r2aaa.net](mailto:Nichole.baker@r2aaa.net)

REGION 2 AREA AGENCY ON AGING  
REQUEST FOR PROPOSAL

Completed document deadline is 4:30 PM, August, 1 2022. Proposals will be accepted by U.S. Mail, hand delivered to 102 N. Main Street, Brooklyn, MI 49230, or emailed to [Nichole.baker@r2aaa.net](mailto:Nichole.baker@r2aaa.net). All submissions must include an electronic copy (e-mail, thumb drive) with one signed, original copy included.

Questions regarding this Request for Proposal document will be accepted by calling Nichole Baker at (517) 592-1922 or email [Nichole.baker@r2aaa.net](mailto:Nichole.baker@r2aaa.net)

**SECTIONS FOR SUBMISSION:**

- 'Request to Bid Form' and any supplemental documentation
- 'Goals and Objectives' on form provided
- 'Targeting Plan' on form provided (targeting plan for Nutrition Services must include the agency's ability/plans to accommodate meals based on special diets, and religious or ethnic requirements.
- Completed budgets (on forms provided) using allocations provided. ('Units of service' and 'clients served' will be determined by applicant agency)
- Signed 'Assurance of Compliance' on form provided.
- 'Cost Share' policy (using instructions provided on pg. 13)
- Copies of documentation required in 'General Requirements for All Service Programs'.
- Diversity, Equity, and Inclusion Statement
- General Agency Budget on form provided (to include all fund sources)
- Agency's most recent year-end programmatic/fiscal report.
- Agency's most recent client satisfaction survey results.
- Any other documentation needed to demonstrate compliance with programmatic and fiscal requirements in the Request for Proposal.

REGION 2 AREA AGENCY ON AGING  
 102 N. Main Street,  
 P.O. BOX 189  
 BROOKLYN, MI 49230  
 (517) 592-1974 TELEPHONE  
 (517) 592-1975 FAX

REQUEST TO BID FORM  
 Hillsdale, Jackson and Lenawee Counties

**PLEASE COMPLETE AND RETURN WITH PROPOSALS**

ORGANIZATION NAME:		
ADDRESS:		
TELEPHONE NUMBER:		
FAX Number:		
CONTACT PERSON NAME, TITLE AND EMAIL ADDRESS:		
COUNTY/COUNTIES TO BE SERVED:		
HILLSDALE	JACKSON	LENAWEE
TYPE OF ORGANIZATION:		
PRIVATE NON-PROFIT	PRIVATE FOR-PROFIT	
PUBLIC NON-PROFIT	GOVERNMENT	
MINORITY CORPORATION	OTHER	

SERVICE AREA: PLEASE INDICATE THE SERVICES YOUR ORGANIZATION IS APPLYING FOR:

ADULT DAY CARE	INFORMATION & ASSISTANCE
CAREGIVER EDUCATION SUPPORT & TRAINING	LEGAL ASSISTANCE
CAREGIVER SUPPLEMENTAL SERVICES	LONG TERM CARE OMBUDSMAN
CASE COORDINATION AND SUPPORT	OUTREACH
CHORE	PERSONAL CARE
CONGREGATE MEALS	RESPITE
COUNSELING	SENIOR CENTER OPERATIONS
EVIDENCED BASED DISEASE PREVENTION	TRANSPORTATION
HOME DELIVERED MEALS	
HOMEMAKER	

**REQUIRED DOCUMENTATION:**

**ORGANIZATION:**

- Proof of liability insurance; also malpractice insurance if appropriate.
- Diversity, Equity, and Inclusion Statement.
- Submit organizational chart.
- Submit a list of Board of Directors.
- Submit wait list policy and any forms or procedures used to organize wait lists.

**FISCAL:** Submit copy of fiscal policies. Include who is responsible for financials.

**GRANT CONTRACTOR SUSPENSION AND DISBARRED**

**DECLARATION** Region 2 Area Agency on Aging (R2AAA) is prohibited from contracting with providers that are suspended or disbarred. Signing this form indicates that the agency is not suspended or debarred, to include the principles of your agency.

Additionally, Region 2 Area Agency on Aging is interested in the provider agency's experience over the past four years in reference to the following. Please indicate whether your agency has had any of the following:

Grievance or complaints against the organization (not discrimination)

Lawsuits or judgments

Investigations of fraud, abuse, conflict of interest, political activities, nepotism, or any criminal activities

Default or breach of contract

Cancellation or non-renewal of contracts due to non-performance or poor performance

Bankruptcy or receivership by the organization or a parent

Discrimination complaints or rulings against the organization/agency

If your agency checked one or more of the above, information must be provided which should include at a minimum: Date item checked was initiated; party or parties involved with specific reference to any Federal funds; brief description of the circumstances; final disposition and date; and brief description if action is still pending.

I certify that the agency and its principles are not suspended or debarred from receiving federal funds.

Responses to the requested information in this application are true to the best of my knowledge and belief. It is further understood that approval of this application qualifies the applicant organization to apply only for the named specific services. If for any reason, any of the above information is found to be untrue, I understand that my proposal/contract will be null and void.

---

.Authorized Applicant Signature

Title

Date

## **SERVICES**

The following services have been identified in Region 2 Area Agency on Aging’s fiscal year 2023 – 2025 Multi-Year Plan as those necessary to keep clients safely in their homes and communities with dignity. Services listed below are available for bid in Hillsdale, Jackson and Lenawee Counties. Funding represents the total, combined available amounts in the Region 2 service area. Funding will be awarded based on quality of proposal and the contractor’s ability to provide adequate and timely services to the most vulnerable individuals.

<b>ACCESS SERVICES</b>	<b>SERVICE</b>	<b>FUNDING</b>	<b>UNIT OF SERVICE</b>
	Case Coordination and Support	Up to \$39,337	One hour of service
	Information and Assistance	Up to \$14,549	One hour of service
	Outreach	Up to \$8,720	One hour of service
	Transportation	Up to \$72,725	One one-way ride
<b>IN HOME SERVICES</b>	<b>SERVICE</b>		<b>UNIT OF SERVICE</b>
	Chore	Up to \$9,366	One hour of service
	Homemaker	Up to \$192,586	One hour of service
	Personal Care	Up to:\$157,571	One hour of service
	Home Delivered Meals	Up to \$913,764	One meal served
	Respite	Up to \$66,001	One hour of service

<b>COMMUNITY SERVICES</b>	<b>SERVICE</b>	<b>FUNDING</b>	<b>UNIT OF SERVICE</b>
	Adult Day Care	Up to \$95,482	One hour of service
	Caregiver Education, Support and Training	Up to \$ 17,401 Kinship \$3,885	One activity or session
	Caregiver Supplemental Services	Up to \$13,520 Kinship \$3,886	One good or service purchased or each hour of related service
	Congregate Meals	Up to \$514,497	One meal served
	Counseling	Up to \$15,316	One activity session

	Disease Prevention & Health Promotion	Up to \$14,445	One hour of service
	Senior Center Operations	Up to \$36,787	One hour of service

**REGIONAL SERVICES: Providers must bid on Hillsdale, Jackson and Lenawee Counties for each service.**

COMMUNITY SERVICES	SERVICE	FUNDING	UNIT OF SERVICE
	Legal Services	Up to \$21,240	One hour of service
	Long Term Care Ombudsman	Up to \$39,236	Each hour of family support, complaint investigation/advocacy; community education or volunteer support/activities

**MATCH REQUIREMENTS**

All service funding listed below have a 15% match requirement except for the following which have no match requirements:

- Federal EAP (Long Term Care Ombudsman, Prevention of Elder Abuse)
- Federal VI-A (Long Term Care Ombudsman, Prevention of Elder Abuse)
- Merit Trust Fund (Transportation, Respite, Adult Day, Dementia Adult Day)
- Respite Escheats (Respite, Adult Day, Dementia Adult Day)

**INFORMATION FOR PROSPECTIVE CONTRACTORS**

**ELIGIBLE PROPOSERS**

Any public, private non-profit or profit making organization may submit a proposal for the service specified in this RFP if they have been deemed qualified to provide the service by completion, submission and acceptance of Request to Bid Form.

**REJECTION OF PROPOSALS**

The Area Agency reserves the right to reject any and all proposals received as a result of this RFP or to negotiate separately with any source whatsoever in any manner necessary to serve the best interests of the region.

**Proposals arriving at the Area Agency after the date and time specified in the RFP will not be considered.**



### **TYPE OF CONTRACT AND PERIOD OF PERFORMANCE**

The period of performance will be October 1, 2022 through September 30, 2024 based on the contractor's full compliance with the terms and provisions of the contract. The determination as to a contractor's compliance with the contract terms and provisions will be made by the Area Agency through monitoring and service evaluation procedures. Contractors found to be out of compliance will be subject to disciplinary action as specified in the Area Agency's probation, suspension and termination policy.

Contracts for service will be written on a unit price or cost reimbursement basis as noted.

Contractors will include individual service budgets including the number of units and clients they determined will be served under each contract.

The allocation and service levels indicated represent the funds available and required unit and client levels for a one year contract period as outlined in individual service **WORK STATEMENT**.

### **RE-ISSUANCE OF RFPS**

The presence of any of the following conditions could cause the Area Agency to seek new/competing proposals:

- Unsatisfactory fulfillment of the contract, based on program and fiscal performance
- An amendment to the Area Agency's Plan that calls for the addition or deletion of a service;
- Significant changes in the scope or nature of the service to be provided as related to state or federal requirements
- A reduction in funding levels
- A service provider's decision to terminate a contract
- An inability to negotiate yearly budget and service levels
- An increase in federal and/or state funds for the service of 25% or more.

### **INCURRING COSTS**

The Area Agency is not liable for any costs incurred by a contractor prior to the signing of the actual contract.

### **ADDENDUM TO THE RFP**

In the event it becomes necessary to revise any part of this RFP, addendums will be provided to all applicants who received the original RFP.

### **INQUIRIES**

No inquiries will be entertained after proposals are submitted for consideration by Region 2 Area Agency on Aging.

### **ECONOMY OF PREPARATION**

Proposals should be well conceived and well documented, providing a straightforward concise description of the applicant's ability to meet the requirements of the RFP for every service for which applicant is submitting a proposal.

## **ACCEPTANCE OF PROPOSAL CONTENT**

The contents of a successful applicant's proposal will become contractual obligations if a contract is awarded. Failure of the successful applicant to abide by contract obligations may result in cancellation of the award.

## **ORAL PRESENTATION**

Applicants will be required to make an oral presentation of their proposal to the Region 2 Area Agency on Aging Review Committee. These presentations will provide an opportunity for the applicant to clarify his/her proposal to ensure thorough mutual understanding. The Region 2 Area Agency on Aging will schedule these presentations with the applicant.

## **CONTRACT AWARD PROCESS**

Contract awards will be made utilizing the Region 2 Region 2 Area Agency on Aging's Proposal Rating Form. Process and outcome evaluation will be used to determine efficiency.

Region 2 Area Agency on Aging reserves the right to award any contract to more than one service provider in the same county, thus splitting the allocated funds equally.

Successful applicants will be notified no later than ten (10) working days after approval by the Region 2 Area Agency on Aging Board of Directors.

Unsuccessful applicants will be notified within ten (10) working days after denial of their proposal by the Region 2 Area Agency on Aging Board of Directors. The notice of denial will cite reasons for the action and indicate to the applicant that they do have the right to appeal the decision in accordance with the established procedure. A copy of the appeals procedure will also be enclosed with the notice of denial.

All awards are subject to the availability of funds and the approval of the Region 2 Area Agency on Aging's Annual Implementation Plan by the State Commission on Aging.

## **PAYMENT PROCEDURE:**

Reimbursement for any contract entered into as a result of this RFP will be made monthly, no more than one twelfth of contract amount, upon accurate submission of financial reports received at Region 2 Area Agency on Aging by the 10th of each month.

## **REPORTING SYSTEM**

The selected contractor(s) will be required to submit a billing statement no later than ten (10) days after the end of each month using the required Region 2 Area Agency on Aging billing forms. Billing statements may be emailed to Region 2 Area Agency on Aging. An Original copy of the emailed reports must be received by the 15th of each month to the attention of the Financial Director.

Financial reports received after the 10th of the month will be considered late, and reimbursement will not be processed until the following month. Original copies of emailed reports will be considered late if they are received later than the 15th of the Month.

Nutrition Contractors must submit menus and nutritional analysis to Region 2 Area

Agency on Aging Dietitian on the 1<sup>st</sup> of the month prior to the month signed menus are needed.

The selected contractor(s) will also be required to submit fully completed National Aging Program Information System (NAPIS) registration forms monthly. **NAPIS data must be submitted on clients for each contracted service. Special attention must be given to capturing Caregiver statistics.**

The selected contractor(s) will also be required to submit quarterly program reports no later than ten (10) days after the end of each quarter on forms supplied by the Region 2 Area Agency on Aging:

<b>Quarter</b>	<b>Ending Date</b>	<b>Report Due</b>
First	December 31	January 10th
Second	March 31st	April 10th
Third	June 30th	July 10th
Fourth	September 30th	October 10th

### **REPROGRAMMING AND REDISTRIBUTION OF FUNDS**

Region 2 Region 2 Area Agency on Aging reserves the right to reduce funds awarded, to reprogram or redistribute funds based on contract under spending of at least ten (10) percent of grant amount.

### **PARTICIPANT RECRUITMENT**

Each agency operating a program, service, or activity included in this RFP will be responsible for outreach and recruitment of older adults with emphasis placed on low-income, minority, and those in greatest social need.

All marketing activities including, but not limited to, newsletters, advertisements, direct mailers, brochures, letterhead, signs and promotional materials purchased with Older American Act dollars must include the following acknowledgement: "Funded from Title III of the Older American Act by the Aging and Adult Services Agency and Region 2 Area Agency on Aging".

### **MONITORING**

Region 2 Area Agency on Aging will monitor, assess and evaluate programs and activities throughout the grant period. Contractors must allow Region 2 Area Agency on Aging staff full access to all staff, files and records relating directly to the funding, client case files, accounting files and records.

### **HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA):**

Any covered entity that must be compliant with HIPPA of 1996 shall share a Business Associates Agreement with Region 2 Area Agency on Aging HIPPA Officer prior to sharing client medical information.

## **PERSON CENTERED PLANNING**

Person Centered Planning: a process for planning and supporting the individual receiving services that builds upon the individual's capacity to engage in activities that promote community life and that honor the individual's preferences, choices, and abilities. The Person Centered Planning process involves families, friends, and professionals as the individual desires or requires. Person Centered Planning Concept must be used for clients served under R2AAA contracts.

## **OBJECTIVES AND WORK PLANS October 1, 2022 – September 30, 2024**

Individual County proposals must be written for each service category unless service is identified in the Request for Proposal as a Regional Service. Agencies seeking funding for services in all three counties for services identified as county specific must submit individual proposals.

The proposal must contain objectives and work plans that outline the applicant's proposed approach to developing and providing services during the contract period. The objectives and work plans should be written so that a reviewer will have a clear understanding of what is to be accomplished, using minimum professional jargon, stating major features of the plan set forth clearly and logically. (Applicant must use form provided).

Indicators of measurability: Proposal shall specifically state what data will be gathered to measure the accomplishment of each goal; specific time lines to collect the data; name of staff responsible for the data collection and analysis of the results; where will final results be disseminated. Attach copies of tools used to collect data.

Activities/tasks in the work plans lead to the accomplishment of each stated objective. Completion dates for objectives cannot be later than September 30, 2024.

The work plan outline shall contain:

- Clearly stated activities that will tell the review panel exactly what applicant agency will do to meet the needs of older adults using the programs standards as listed in the RFP.
- List all activities necessary to complete the project meeting the requirements as listed in the RFP.
- List all staff responsible for accomplishing the project including job descriptions, credentials and competence of persons involved.
- List estimated completion dates for the project.
- Clearly state how project outcomes will be measured and by whom, including type of data to be gathered, what will be generated from the data and who will receive the outcome reports which must include Region 2 Area Agency on Aging.

Each proposal must contain a Targeting Plan that specifies how the service will be targeted to:

- Individuals with greatest economic and social need
- Low income individuals, minority and non-minority
- Minority individuals
- Particular emphasis on low-income minority individuals
- Projected number of targeted individuals to be served
- Specifics as to identifying and serving targeted individuals

- When viewed as a whole, the objectives and work plans, for each service, must clearly address all the other areas listed below:
- The actual provision of service including estimated time between referral taken and service beginning;
- The establishment/maintenance of working relationships with other service providers for referral and resource coordination;
- Intended training for staff and volunteers: topics, names of presenters, dates, etc.
- Specifically detailed plan on how service will be provided on days when the contracting agency is closed. This documentation will address both planned closings (holidays, etc.) and emergency closings (weather related, etc.)
- Outline the methods and procedures that will be used to encourage, collect, and account for contributions from program participants including donation policies.
- Proposals must contain specific process that will be used to complete background and police checks on staff and volunteers.
- Proposals must contain a detailed marketing plan.

### **COST SHARE POLICY**

For Adult Day Care, Dementia Adult Day Care and Respite Care services (using Merit and State Respite funding), a Cost Share policy and sliding donation scale must be submitted with the proposal.

### **SUB-CONTRACTING**

Any sub-contracting arrangement is subject to R2AAA approval. Any applicant who intends to sub-contract funds is responsible for providing a detailed justification for the proposed arrangement with their initial submission. The contract shall prohibit the assignment of responsibilities under the contract or the execution of subcontracts involving an additional party without prior written approval of the AAA. Assignees or subcontractors shall be subject to all conditions and provisions of the contract. The contractor shall be responsible for the performance of all assignees or subcontractors. However, the AAA must be able to monitor, assess, or otherwise determine performance.

### **AWARDED CONTRACTS ARE CONTINGENT ON STATE AND FEDERAL FUNDING.**

#### **TARGETING INFORMATION:**

FY 2023-2025: Focus will ensure that preference is given in the delivery of services funded under the Older Americans Act to older persons with the greatest economic or social need with particular attention to low-income minority individuals; older adults who reside in rural areas; older persons who are frail; homebound by reason of illness or disability; older persons who are isolated and those with limited English speaking proficiency.

R2AAA will review NAPIS data and quarterly reports numbers to ensure that targeting by grant contractors are effective. R2AAA will require a focus on maintaining targeted population with a goal of increasing the current client counts in the delivery of Older American Act services.

R2AAA staff will provide technical assistance and guidance in cases where programs are not meeting minimum minority participation levels.

R2AAA contractors are required to target and provide services to older adults, age 60 and older; low income; minorities; those with greatest social and economic

need; and with particular emphasis to low-income minority individuals. Contractors must make an effort to serve a greater percentage of older adults with economic and social needs than to the general older population in their counties.

**\*Submit a Targeting Form for each proposal submitted\***

<b>Service category</b>	<b>Number of clients</b>
1. Total number of Clients projected	
2. Rural Clients	
3. Clients in Poverty	
4. Minority Clients	
5. Minority Clients in Poverty	
6. American Indian/Eskimo	
7. Asian	
8. African American	
9. Native Hawaiian/Pacific Islander	
10. Hispanic	
11. Non-Minority Clients	
12. Frail/Disabled Clients	
13. Low-income Clients	
14. Low-income Non-Minority Clients	
15. Low-income Minority Clients	

**2022 POVERTY GUIDELINES**

(100% & 150% of poverty)

**SOURCE:** *Federal Register, January, 2022.*

**ANNUAL GUIDELINES**

<b>Size of Family Unit</b>	<b>100% of Poverty Yearly</b>	<b>150% of Poverty Yearly</b>
1	\$13,590	\$20,385
2	\$18,310	\$27,465
3	\$23,030	\$34,545
4	\$27,750	\$41,625
5	\$32,470	\$48,705
6	\$37,190	\$55,785
7	\$41,910	\$62,865
8	\$46,630	\$69,945

**REGION 2 AREA AGENCY ON AGING PROPOSAL RATING FORM**

**Applicant:** \_\_\_\_\_

**Service:** \_\_\_\_\_

**Reviewed by:** \_\_\_\_\_

Proposal Review Committee will rate each proposal using the following format for each section of the proposal:

**Yes** indicates necessary item was included in the proposal

**No** indicates necessary item was NOT included in the proposal

**SERVICE DELIVERY SECTION: Proposal should clearly define how service will be provided to older adults.**

Please check "YES" or "NO" appropriately.

		<b>YES</b>	<b>NO</b>
1)	Is proposal written in a way to allow you to understand how this service will be provided to the senior population?	<input type="checkbox"/>	<input type="checkbox"/>
2)	Does proposal clearly state county to be served and the number of clients and units of service to be provided?	<input type="checkbox"/>	<input type="checkbox"/>
3)	Is it clear to you what steps will be taken to accomplish providing the service?	<input type="checkbox"/>	<input type="checkbox"/>
4)	Is it clear what staff person will be in charge of providing this service?	<input type="checkbox"/>	<input type="checkbox"/>
5)	Does proposal contain completion dates for each planned activity?	<input type="checkbox"/>	<input type="checkbox"/>
6)	Does proposal clearly state how activity outcomes will be measured?	<input type="checkbox"/>	<input type="checkbox"/>
	Does proposal clearly state what type of data will be gathered to measure each activity?	<input type="checkbox"/>	<input type="checkbox"/>
	Does proposal clearly state who will gather the data?	<input type="checkbox"/>	<input type="checkbox"/>
	Does proposal clearly state what will be done with reports created from data gathered?	<input type="checkbox"/>	<input type="checkbox"/>
7)	Are goals and objectives written in the form requested by the Area Agency on Aging?	<input type="checkbox"/>	<input type="checkbox"/>

- 8) Proposal contains plan to target older adults in economic and social need, with emphasis on low-income minority older adults?
- 9) Does targeting plan include activities that agency will use to identify low-income minority and those in greatest economic/ social need?
- 10) Does proposal contain a completed Area Agency On Aging "Targeting Plan" form with minority clients listed by race, etc.?
- 11) Does proposal contain documentation of relationships with other agencies serving older adults for the purpose of referrals and resources?
- 12) Does proposal clearly outline training activities for staff and volunteers?
- 13) Does proposal contain a detailed plan on how service will be provided to clients when the agency is closed (holidays, etc.) or emergency closings (weather, etc.)?
- 14) Does this plan appear that it will adequately service the older population who depend on daily services (Meals, transportation, etc.)?
- 15) Do in-home services (chore, homemaker, personal care and respite) document how supervisors are available to workers when they are in clients homes?
- 16) Does the action plan for supervision appear feasible and/or adequate?
- 17) Does proposal contain a contribution policy that clearly describes how older adults will be encouraged to donate, how donations will be collected and how contributions will be accounted for?
- 18) Do proposals for Adult Day Care and Respite care contain a cost sharing policy?
- 19) If proposal was submitted by an agency not currently funded through R2AAA, does the proposal contain a detailed transition plan that will transfer the program from the current contractor to a new contractor without any disruption in service to clients?
- 20) Proposal includes Diversity, Equity, and Inclusion statement?



**FINANCIAL BUDGET SECTION: Clearly describes costs to be met by the funding agency and those funds provided by all other sources.**

Please check "YES" OR "NO" appropriately.

		YES	NO
1)	The applicant's budget is mathematically correct and filled out correctly.	<input type="checkbox"/>	<input type="checkbox"/>
2)	The unit price offered in this proposal is the lowest of all competing proposals for this service in the designated County (unit-price proposals only).	<input type="checkbox"/>	<input type="checkbox"/>
3)	There is an explanation of how contracted services would survive a program income shortfall.	<input type="checkbox"/>	<input type="checkbox"/>
4)	The applicant listed what would happen if a shortfall in other resources (including staffing shortage) occurred.	<input type="checkbox"/>	<input type="checkbox"/>
5)	Funding match requirements are assured as stated by proposal guidelines.	<input type="checkbox"/>	<input type="checkbox"/>
6)	The budget reflects a match over the 15% requirement in proposal guidelines.	<input type="checkbox"/>	<input type="checkbox"/>
7)	The budget costs accurately reflect the needs of the program.	<input type="checkbox"/>	<input type="checkbox"/>
8)	Each expense line item of the budget is detailed by listing specific expenses.	<input type="checkbox"/>	<input type="checkbox"/>
9)	Detail of how budget items were computed are included with each expense line item.	<input type="checkbox"/>	<input type="checkbox"/>
10)	All amounts for any contingency or miscellaneous are explained.	<input type="checkbox"/>	<input type="checkbox"/>
11)	All items paid for by other sources are included.	<input type="checkbox"/>	<input type="checkbox"/>
12)	All volunteers are included.	<input type="checkbox"/>	<input type="checkbox"/>
13)	All in-kind payments are included.	<input type="checkbox"/>	<input type="checkbox"/>
14)	All fringe benefits are detailed separately from salaries.	<input type="checkbox"/>	<input type="checkbox"/>
15)	There are details on all direct costs.	<input type="checkbox"/>	<input type="checkbox"/>
16)	Indirect costs are reflected appropriately.	<input type="checkbox"/>	<input type="checkbox"/>
17)	The budget is supportive of realistic planning.	<input type="checkbox"/>	<input type="checkbox"/>
18)	Full agency budget is included in proposal.	<input type="checkbox"/>	<input type="checkbox"/>

## GOAL AND OBJECTIVE WORKSHEET

(Each service bid must include goals and objectives)

Agency: \_\_\_\_\_ Service: \_\_\_\_\_

### Proposed 3 Year Work Plans

Goal:

Objective:

Timeline:

Activities (steps to implement objective):

Activities (continued):

Measures (how will progress be evaluated):

**TARGETING PLAN**

**FOR ALL SERVICES: Complete this form for each proposal submitted.**

- A. Region 2 Area Agency on Aging contractors are required to target and provide services to older adults, age 60 and older; low income; minorities; those with greatest social and economic need; and with particular emphasis to low-income minority individuals. Contractors must make an effort to serve a greater percentage of older adults with economic and social needs than to the general older population in their counties.
- B. Please complete form for each service category and submit with proposal:

<b>SERVICE CATEGORY</b>	<b>Number of Clients</b>
1. Total number of Clients projected	
2. Rural Clients projected	
3. Clients in poverty projected	
4. Minority Clients in poverty projected	
5. Total Minority Clients projected:	
<i>American Indian/Alaska Native</i>	
<i>Asian</i>	
<i>African American</i>	
<i>Native Hawaiian/Pacific Islander</i>	
<i>Hispanic</i>	
6. Non-Minority Clients projected	
7. Frail/Disabled Clients projected	
8. Low-income Clients projected	
<i>Low-income Minority Clients</i>	
<i>Low-income Non-Minority Clients</i>	

## **FINANCIAL/BUDGET INSTRUCTIONS**

### **SOCIAL SERVICE PROGRAM BUDGET INSTRUCTIONS**

***Note:** This form is for Social Services ONLY. Congregate and Home Delivered Meal Nutrition Programs may not use this form.*

#### Budget Summary and Budget Cost Detail Schedule

1. The Budget Cost Detail Schedule must be completed BEFORE completing the Budget Summary. The Cost Detail Schedule is designed to itemize line item costs of the proposed service. Totals from the Cost Detail Schedule must be carried forward to the Budget Summary.
2. If a service provider is submitting multiple applications for multiple services funded through Region 2 Area Agency on Aging, each of these services must submit a separate application and budget.

#### Completing the Budget

The following numbered instructions reference numbered lines on both the Cost Detail Schedule and/or the Budget Summary page.

Prepare the Cost Detail Schedule first. If using the Excel Budget, totals will transfer to the corresponding line on the Budget Summary. If filling out the budget on a copy, transfer totals to the corresponding line on the Budget Summary.

1. Line Item # 1. - Agency Name (Cost Detail Schedule)
2. Line Item # 2. – Service (Cost Detail Schedule)
3. Line Item # 3. - Budget Period (Budget Summary)  
This period is typically from October 1, the beginning of R2AAA's fiscal year, through September 30, the end of R2AAA's fiscal year. Each time the budget is revised within that period, you must record the same period on this line.
4. Line Item # 4. - Date Prepared (Budget Summary)  
Record the date that you are filling out the budget.
5. Line Item # 5. - Salaries and Wages (Cost Detail Schedule)  
Itemize the wages paid to all full-time and part-time employees under this budget. This does not include professional fees, contractual services, or personnel hired on a personal contract basis.
  - a. Line Item # 5a. - Standard Work Week (Cost Detail Schedule) – Write in the standard work week for your organization.

b. Line Item # 5b. - "Position/Title" Column (Cost Detail Schedule)

The number of hourly workers should be specified, as well as, the number of hours per week and the number of weeks they are to be

employed.

*Example: "\$8.00/hour, 5 aides, 20 hours per week, 52 weeks."*

- c. Line Item # 5c. - FTE – The "full time equivalent" (FTE) is figured by dividing the number of budgeted work hours per week by the hours in your standard work week.

Examples:

Standard work week is 40 hours

*Employee A is budgeted for 40 hours.  $40/40=1.0$  FTE  
Employee B is budgeted for 12 hours.  $12/40= .3$   
FTE.*

Standard work week is 35 hours

*Employees D, E and F are budgeted for 5 hours each, in the same position.  $3 \times 5 = 15$ ,  $15/35 = .43$  or  $.4$  FTE*

Employees paid hourly should also be listed, grouped by pay rate, and the total number of hours per week should be used to figure the FTE.

Example:

*Standard work week is 35 hours. Four (4) Employees are budgeted for an average of 30 hours per week.  $4 \times 30 = 120$  hours per week -  $120/35 = 3.4$  FTE*

- d. Line Item # 5d. - Total – In the total column, record the total salary amount assigned to each position. If an employee is to function in more than one service, the FTE and salary lines must reflect the percentage that applies to this service only. Sum the itemized wages. Record the total figure on the Budget Summary line 5.

6. Line Item # 6. - Fringe Benefits (Cost Detail Schedule)

This category is to include the employer's contributions for insurance, retirement, unemployment, worker's compensation, FICA, and other similar benefit expenses for all full-time and part-time employees. Enter the total dollar amount representing benefits paid to full-time and part-time

staff attributed to this budget. Calculate the percent to total salaries by dividing the total amount of fringe benefits by wages and salaries total and multiplying this figure by 100, and enter in the box before the

% sign.

7. Line Item # 7. - **Travel-Staff** (Cost Detail Schedule, itemize)

This item is for paid staff travel ONLY. Any travel costs included in this item must be for the purpose of conducting the service activities as described in the application. This includes cost for mileage, per diem, lodging, registration fees for approved conferences, and other approved travel costs incurred by employees.



Travel of consultants is included under "Other". Record the total figure on the Budget Summary line 7.

8. Line Item # 8. - **Supplies** (Cost Detail Schedule, itemize)  
Supplies are items that are consumed or expended when put to use, or non-consumable items that cost less than \$500 per unit. This includes items such as office, janitorial, or educational supplies. Maintenance contracts for equipment should NOT be included in this item; rather, they should be listed under "Service Contracts." Record the total figure on the Budget Summary line 8.
9. Line Item # 9. - **Equipment** (Cost Detail Schedule, itemize)  
Include all equipment with an acquisition cost greater than \$500.
  - a. The cost of each unit or piece of equipment is to include the necessary accessories, installation costs, and taxes.
  - b. The description of the item, the accessories, and installation requirements are to be detailed.
  - c. Maintenance contracts for equipment should be listed under "Service Contracts." Lease and rental of equipment should be listed under "Other". Record the equipment total on the Budget Summary, line 9.
10. Line Item # 10. – **Rent/Utilities/Space** (Cost Detail Schedule, itemize)  
Include rent and utilities (heat, electricity, and water).
  - a. Rent – Indicate cost per square foot.
  - b. Utilities – Identify total cost per month for heat, electricity, and water.

Record the total figure for Rent/Utilities/Space on the Budget Summary line 10.
11. Line Item # 11. - **Communications** (Cost Detail Schedule, itemize). Itemize telephone, postage, and copying (which includes all printing).  
Record the total figure on the Budget Summary line 11.
12. Line Item # 12. - **Service Contracts** (Cost Detail Schedule, itemize)  
Include all contracts for specific services such as equipment maintenance, janitorial, etc., in which the applicant agency pays another agency or organization for the provision of services. Record the total figure on the Budget Summary line 12.
13. Line Item # 13. - **Other** (Cost Detail Schedule, itemize)  
This is to include cost not included in the previous categories. Examples are liability insurance, bonding, consultant fees, equipment rental/lease, volunteer travel, and supervision. Record the total figure on the Budget Summary line 13.
14. Line Item # 14. - **Total Budget** (Budget Summary)

Add all the line items (lines 5-13) on your Budget Summary. Record the total figure on line 14. This total should equal line 21 (line 21 is the sum of lines 18 thru 20).

15. Line Item # 15. - Less: Program Income (Budget Summary)  
Program income is defined as "earnings or contributions provided by or on behalf of an elderly client for a direct service received." Program income also includes proceeds from the sale of equipment and/or supplies purchased with federal or state funds, and interest income earned.

*Note: This number should also be recorded on line 19 of the Budget Summary.*

16. Line Item # 16. - Less: Program Cost Share (Budget Summary)  
The cost-share line item is currently only used by Adult Day Service and Respite providers. Participants with incomes over 150% of the federal poverty level must participate in mandatory program cost share. Contact the Grants Manager at

(517) 592-1922 for information on the R2AAA Cost Share Guidelines.

*Note: Adult Day Service providers should also record this number on line 20 of the Budget Summary.*

17. Line Item # 17. - Net Costs (Budget Summary)  
Subtract Program Income and Program Cost Share from TOTAL BUDGET. This figure represents dollars that will be used to operate the service.

18. Line Item # 18. - Source of Funds (Budget Summary)  
Leave this line blank.

Itemize each source of funding on the lines provided below # 18 a. giving the title of each source and the amount.

- a. Line Item # 18 a. - **Title III/State** – This must equal the total amount of funding for which you are applying for. This total will automatically appear by formula if using the excel budget form.

- b. Line Item # 18 b. – **Match Total**

- i. On the Cost Detail Schedule, list by source the type of funds and the amounts proposed as non-federal match. Enter these under Local Cash Match or In-Kind Match, as appropriate. Add the totals, and record these totals on both the Cost Detail Schedule and the Budget Summary.

2. Cash or Hard Match includes money that has been designated by the cooperation for the service funded through the R2AAA. Such cash funds cannot be federal monies, except in instances where clearance is allowed, such as in General Revenue Sharing Funds.

- 
- 
3. In-Kind or Soft Match includes resources other than cash,

which used in providing the service. These may include, but are not limited to: donated rent and/or utilities; recorded hours of volunteers working on the project activities; donated consultant time; donated equipment or supplies; donated secretarial time. The value of in-kind donations should relate to

real costs, for example the per-hour value of the work done by a volunteer or the fair market value of donated office space.

***Remember:** a letter verifying Local Match contributions for sources listed on this page must be attached to this application.*

19. **Line Item # 19. – Program Income**  
Record the total from line 15.
  
20. **Line Item # 20. – Program Cost Share.**  
Record the total from line 16.
  
21. **Line Item # 21. - Total Budget**  
Add lines 18a, 18b, 18c, 19 and 20. If your budget is calculated correctly, line 21 will equal the sum of line 18a through 20, **AND** will equal the number on line 14. If the figure on line 14 and 21 are not the same, an error in calculation has occurred, and should be identified and corrected.
  
22. **Line Item # 22. - Total Budgeted Clients (Budget Summary)**  
Enter either the total number of clients for which you are applying.
  
23. **Line Item # 23. - Total Budgeted Units (Budget Summary)**  
Enter the total number of units for which you are applying for.
  
24. **Line Item # 24. - Total Unit Cost (Budget Summary)**  
Total Unit Cost is calculated by dividing the total of ALL funds (Total Budget and Additional/Resources) by the Total Budget Units (line 14 plus all Additional Resources divided by line 24).
  
25. **Line Item # 25. - Unit Share/Unit Rate (Budget Summary)**  
The Unit Share or Unit Rate is calculated by dividing ONLY the R2AAA Title III/ State funds by the projected number of units (line 10a divided by line 24). "Unit Rate" is a term and reimbursement system used for the following service categories:
  - a. Respite Care
  - b. Home Care Assistance
  - c. Case Coordination and Support
  - d. Peer Support
  - e. Legal Assistance
  - f. Adult Day Care
  - g. Outreach
  - h. Demand Transportation

***Note:** Unit rate service contracts must serve all projected units in order to receive full reimbursement from the R2AAA.*

All other services use the term "Unit Share" to denote the R2AAA portion of the unit cost.

**26. Line Item # 26. - Signature, Printed/Typed Name, Title, and Date of Signature**

At least one copy of the Budget Summary must have an original authorized signature (use blue ink). Applications without an original authorized signature on at least one copy of the Budget Summary will NOT be accepted for review.

**27. Line Item # 27. – R2AAA Use Only**

Leave this section blank.

## NUTRITION SERVICE PROGRAM BUDGET INSTRUCTIONS

Applicants are to include all costs of Nutrition Services on the appropriate supporting pages and schedules of the budgets. This includes all expenses as well as the value of donated space, volunteer labor and other donated products and services, which will be used to support the projected service units. Omitting any of the resources listed above will result in the TOTAL MEAL COST on the Budget (Line 20) being under-stated and may adversely affect future federal and state funding decisions. The value of donated space, volunteer labor and other donated products and services, however, is not reimbursable under Title IIIC. Therefore, the value of all donations must be listed on Supporting/Detail Budget Page as Local Non-Federal Participation. You will find further information in the Budget instructions that follow.

### INSTRUCTIONS FOR COMPLETING THE NUTRITION BUDGET

1. Use of the R2AAA Budget file is recommended.
2. Applications without original signatures on at least one (1) copy the budget summary page will not be accepted for review.
3. The Budget Summary Page computes all costs of the proposed service on a single page. Therefore some of the amounts can only be completed AFTER you have completed the supporting budget schedule pages.
4. All lines and columns will total automatically down and across when using the R2AAA provided nutrition budget spreadsheet file.

### COMPLETING THE BUDGET SUMMARY PAGE

1. **Agency/Grantee Name** - Enter at the top of the page.
2. **Service** - indicate for each budget as *Congregate Meals or Home Delivered Meals*.
3. **Budget Period** - Enter the correct fiscal year period. This period is typically from October 1, 2013; the beginning of the R2AAA's fiscal year; through September 30, 2014; the end of the R2AAA's fiscal year. Each time the budget is revised within that period, you must record the same period on this line.
4. **Date prepared** - Enter the date you are preparing the budget.
5. **Revision number** – If this is the original budget, indicate by entering "0". For all revisions, enter the revision number.

## SUPPORTING BUDGET SCHEDULES (DETAIL PAGES)

1. These two pages (detail pages 1-3) indicate the plan to expend funds within each Line Item by Program Function. Information from the Supporting Budget Schedules automatically carries forward on to the Nutrition Budget Summary page when using the R2AAA provided budget spreadsheet file. Supporting Budget Schedules (line items) include the following categories:

Line #6 - Salary and Wages

Line #7 - Fringe Benefits

Line #8 - Raw Food

Line #9 - Travel Line

#10 - Supplies Line

#11 - Equipment

Line #12 - Rent/Utilities/Space

Line #13 - Communications

Line #14 - Other

Line #24 - Local Matching Funds

2. Supporting/Detail Budget Categories are divided into functional areas. If required, the program functions are listed on the Supporting/Detail Budget Schedule pages.

## PROGRAM FUNCTIONS

1. **Meal Production** - Expenditures related to production of a meal, inventory, serving and cleaning in production and service sites.
2. **Program Management/Administration** - Expenditures for salaries and wages for non-food service operations of the program such as administration, clerical activities, and other administrative expenses (i.e., insurance).
3. **Meal Delivery** - Expenditures for salaries and wages related to the delivery of meals and all nutrition supplements under the Liquid Nutrition Program, vehicle insurance, and leased vehicles.
4. **Nutrition Education** - Expenditures for salaries and wages for educational services of the program such as support groups, set-up, surveys, presentations, and clerical activities.
5. **Nutrition Assessment** - Expenditures for salaries and wages for non-food service operations of the program such as intake, client assessment and client related clerical activities.





*Note: Some line items may serve more than one program function on the page and others may have 100% of the cost expended on a single program function.*

## LINE ITEMS

Enter the appropriate dollar amounts (**rounded to the nearest whole dollar**) from each program function on Supporting Budget Schedule that corresponds to each Budget Category as indicated in the allowed functions below:

6. **Salary** - Determine the percent of salary cost for each function for both congregate and home delivered meals.
  - a. This schedule reflects the total wages paid to each permanent and part-time employee for the budget year.
  - b. If you intend to use volunteers:  
  
Local Sources of Funding as Non-Federal Share Participation, indicate position titles and the fair market value of the labor.
  - c. This schedule must **not** include professional fees, contractual services, or personnel hired on a personal contract basis.
7. **Fringe** - Fringe expenditures are to include employer's cost of contributions or **health insurance, retirement, unemployment, worker's compensation, FICA, and other similar benefits for permanent and part-time employees.**
8. **Raw Food** - Complete the Supporting Budget Schedule as follows:  
  
Include all foodstuffs used in preparation and serving of meal. Cost are to be separated into the following types:
  - a. **Food for catered food or scratch cooking** – Each site/caterer should be entered on a separate line with attendant costs and numbers of meals.
  - b. **Shelf Stable or Emergency Meals** - Indicate if frozen.
  - c. Indicate Meal Type as: (B) Breakfast, (H) Hot, (C) Cold.
  - d. Average Cost/Meal is calculated automatically after you enter Meal Production Cost, and the Annual Number of Meals.
9. **Travel** - Indicated for staff and/or volunteers with purpose of conducting

service activities as described in the application.

- a. Include costs for mileage, per diem, lodging, registration fees for approved conferences, and other approved travel costs incurred by employees and/or volunteers.
  - b. Travel of consultants is included under "Other Expenses - "Consultant Fees."
10. **Supplies** - Include items which are consumed or expended when put to use, and have a per unit cost of less than \$1,000 per unit.
- a. Include food service disposables and janitorial supplies under the Meal Production Function and client educational materials under Nutrition Education, etc.
  - b. Maintenance contracts for equipment should NOT be included in this item. They should be listed under the function related to its business use (i.e., NAPIS software would be Program Management/Admin).
11. **Equipment** - The justification and description of the item, including accessories and installation requirements, are to be detailed on SUPPORT SCHEDULE.
- a. Include all stationary and moveable equipment with an expected service life of more than one year and/or an acquisition cost greater than \$1,000 per unit.
  - b. The cost of each unit or piece of equipment is to include the necessary accessories, installation costs and taxes.
    - 1. The description of the item (i.e., model and size), the accessories (both standard and optional if purchased), and installation requirements are to be detailed on the SUPPORT SCHEDULE. Attach supporting documentation of items budgeted.
    - 2. Capital expenditures for equipment are to include the purchase of equipment only. The costs of Equipment Maintenance contracts and Lease and rental of equipment is to be listed in line item Other Costs under budget category (B) Program Management.
12. **Rent /Utilities/Space** - Include rent and utilities (heat, electricity and water) and space and utilities donated by the community.

- a. Rent: Identify the cost per square foot and the number of square feet occupied and multiply to obtain the total annual cost.
  - b. Utilities: Identify heat, electricity, water, etc., at cost per month, indicate the number of months used and multiply to obtain the total annual cost.
  - c. The Value of Donated Space and Utilities: Local Sources of Funding, as Non-Federal Share Participation.
13. **Communications**: Includes telephone, paper and office supplies (including stationary and other paper), postage, copying and printing.
14. **Other** - Attach itemized costs not included in the previous categories. These may include, but are not limited to:
- a. Project Liability Insurance
  - b. Bonding Insurance
  - c. Vehicle Insurance
  - d. Other Insurance
  - e. Equipment Repair and Maintenance, Rental and Leasing (unless itemized in line # 12 under a contract)
  - f. Volunteer Travel
  - g. Catering Labor Costs

Items that follow are calculated automatically using the R2AAA Provided Budget Spread Sheet, except where noted.

15. **GROSS TOTAL** - Add the line amounts of line 6–14, under each Function column, to get the Gross Total for each Function column.
16. **Program Income** - (Enter under Meal Production and/or Program Mgt/ Adm Function)
- a. Earnings or contributions provided by or on behalf of an elderly client for a direct service received;
  - b. Proceeds from the sale of equipment and/or supplies purchased with Federal or state funds; and
  - c. Interest income earned.

*Note: Do not include monies earned from fundraisers unless fundraisers were supported by: 1) federal/state funds, or 2) donations from individuals for services supported by other funding.*

17. **NET BUDGET** - The Net Budget is derived by subtracting Line 16 from Line 15 and entered on Total in Line 17.
18. **TOTAL BUDGETED CLIENTS** - Enter the unduplicated number of clients to whom you propose to deliver service during the first budget year for which you are requesting funds. This figure is not in the detail pages, but is the basis for the number of units requested and is used to develop the Targeting Plan.
19. **TOTAL BUDGETED MEALS** – This number will determine your USDA reimbursement currently calculated at \$0.575536 per meal.
20. **TOTAL MEAL COST** - Calculates the following formula:  
NET BUDGET divided by the total by the number of annual meals you plan to deliver from line 19.
21. **MEAL SHARE/MEAL RATE** - This is line 25. (Federal Share) plus line 26. (State Share) divided by the number of annual meals you plan to deliver from line 19.
22. **USDA Cash** – This is the number of annual meals you plan to deliver from line 19. times the meal reimbursement rate of \$0.575536.

Applicants should contact the Grant Manager at (517) 592-1922 for the current funding rate, if you have not already been notified. If there is a meal reimbursement rate changes, the formula in cell I31 (from line 22. Less: USDA CASH, Column F) **must** be adjusted to reflect the change.

23. **Sub-Total** - Sub-Total equals Net Budget (line 23. Column F) minus USDA cash (line 24 Column F).
24. **Non-Federal Share** -15% of Line 23. This is to match the total of the Local Non-Federal Cash and In-kind match amounts of the budget.

*Note: A letter verifying local match contribution must be attached to this application.*

25. **Federal Share.**  
Enter the federal portion of the total grant funding. For Congregate Meals, it is Title IIIC-1. For Home Delivered Meals, it is Title IIIC-2
26. **State Share.**  
Enter the state portion of the total grant funding. For Congregate Meals, it is State Congregate Meals. For Home Delivered Meals, it is State Home Delivered Meals.



- a. These amounts cannot exceed the amount designated to your geographic area by the Funding Formula.
- b. Applicants should contact the Grants Manager at (517) 592-1922 for the current funding level if you have not already been notified.

Please complete the following formula in order to confirm your budget summary page:

$$\begin{aligned} & \text{Line 16 (Program Income Total, column F)} \\ & + \text{Line 22 (USDA Cash)} \\ & + \text{Line 24 (Non-Federal Share)} \\ & + \text{Line 24 (Federal Share)} \\ & + \text{Line 26 (State Share)} \\ & = 15 \text{ (GROSS TOTAL, column F)} \end{aligned}$$

***Note: Please review and correct your budget if the Gross Total does not agree with 15.***





## Region 2 Area Agency on Aging Social Services Budget

BUDGET SUMMARY  
(Dollars Only: No Cents)

(Only fill in yellow cells)

1.	Agency Name		Page 1 of 2
2.	Service		
3.	Budget Period:	10/01/22 THRU 09/30/23	22. TOTAL BUDGETED CLIENTS
4.	Date prepared:		23. TOTAL BUDGETED UNITS
	Revision number:		24. TOTAL UNIT COST
			25. UNIT SHARE/UNIT RATE
			\$ -
			\$ -
	Line Item	Budget	
5.	Salaries and Wages	\$ -	
6.	Fringe Benefits	\$ -	
7.	Travel-Staff	\$ -	
8.	Supplies	\$ -	
9.	Equipment	\$ -	
10.	Rent/Utilities/Space	\$ -	
11.	Communications	\$ -	
12.	Service Contracts	\$ -	
13.	Other	\$ -	
14.	<b>TOTAL BUDGET</b>	<b>\$ -</b>	
15.	Less: Program Income	\$ -	
16.	Less: Program Cost Share	\$ -	
17.	<b>NET COSTS</b>	<b>\$ -</b>	
18.	Source of Funds		
	18.a. Federal/State Total	\$ -	
	Amount		
	Source:		
	Source:		
	Source:		
	Source:		
	Local Cash Match	\$ -	
	Local In-Kind Match	\$ -	
	18.b. Match Total	\$ -	<b>#DIV/0! Match</b>
19.	Program Income	\$ -	
20.	Program Cost Share	\$ -	
21.	<b>TOTAL BUDGET</b>	<b>\$ -</b>	
	<b>Certification:</b> I certify that I am authorized to sign on behalf of this agency. The budget amounts represent necessary and proper costs for implementing this program. Adequate documentation and records will be maintained to support all program expenditures.		
26.	Signature	Title	Date
	Printed/Typed Name:		
	Printed Name	Printed Title	
	<b>R2AAA USE ONLY</b>		
	Fiscal Budget Approval:		
27.	Signature	Title	Date
	Printed/Typed Name:		
	Printed Name	Printed Title	

**Note:** Numbers below correspond to the Line Item numbers on the Budget Summary Page.

**BUDGET COST DETAIL SCHEDULE**

1. Agency Name:

2. Service:   
Other:

**5. SALARIES AND WAGES**

a. Standard Work Week Hours:

b. Position / Title	c. FTE	d. \$ Total
Line 5: SALARIES AND WAGES TOTAL		\$ -

COMMUNICATIONS	\$ Total
Line 11: COMMUNICATIONS TOTAL	\$ -

FRINGE BENEFITS (Line 6)  
TO TOTAL SALARIES

SERVICE CONTRACTS	\$ Total
Line 12: SERVICE CONTRACTS TOTAL	\$ -

TRAVEL - STAFF (Line 7)

Miles: <input type="text"/>	Rate Per Mile: <input type="text"/>	\$ -
Other: <input type="text"/>		
STAFF TRAVEL TOTAL		\$ -

OTHER	\$ Total
Line 13: OTHER TOTAL	\$ -

SUPPLIES

Line 8: SUPPLIES TOTAL	\$ -

**DESCRIPTION OF MATCHING FUNDS**

Local Cash Match

(Specify Source of Funds)	Amount
Line 18b. Local Cash Match TOTAL	

EQUIPMENT

Line 9: EQUIPMENT TOTAL	\$ -

Local In-Kind Match

(Specify Source of Funds)	Amount
Line 18b. Local In-Kind Match TOTAL	\$ -

RENT/UTILITIES

Rent Rate: <input type="text"/>	Square Feet: <input type="text"/>	\$ -
Utilities: <input type="text"/>	Months: <input type="text"/>	\$ -
Utilities: <input type="text"/>	Months: <input type="text"/>	\$ -
Line 10: RENT/UTILITIES/TOTAL		\$ -

**Region 2 Area Agency on Aging Nutrition Budget**  
 BUDGET SUMMARY  
 (Dollars Only: No Cents)

(Only fill in yellow cells)

1. Agency Name							Page 1 of 2
2. Nutrition Service							
3. Budget Period:		10/1/2022 to 9/30/2023			18. TOTAL BUDGETED CLIENTS		
4. Date prepared:					19. TOTAL BUDGETED MEALS		
5. Revision number:					20. TOTAL MEAL COST		#DIV/0!
					21. MEAL SHARE/MEAL RATE		#DIV/0!
		<b>Federal/State/Program Income/Local Match Budget Categories</b>					
	(Line Item)	(A) Meal Production	(B) Program Mgt/Admin	(C) Meal Delivery	(D) Nutrition Education	(E) Nutrition Assessment	(F) Total Program Expenditures
6.	Salary and Wages						\$0.00
7.	Fringe Benefits						\$0.00
8.	Raw Food	\$0.00					\$0.00
9.	Travel						\$0.00
10.	Supplies Kitchen/Office						\$0.00
11.	Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
12.	Rent/Utilities/Space						\$0.00
13.	Communications						\$0.00
14.	Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
15.	<b>GROSS TOTAL</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
16.	Less Program Income						\$0.00
17.	<b>NET BUDGET</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
					22. Less: USDA CASH		
					23. Sub-Total		\$0.00
					24. Non-Federal/State Share		\$0.00
					25. Federal C-1 Share		
					26. State Congregate Share		
					27. R2AAA Funding		
							\$0.00
<p><b>Certification:</b> I certify that I am authorized to sign on behalf of this agency. The budget amounts represent necessary and proper costs for implementing this program. Adequate documentation and records will be maintained to support all program expenditures.</p>							
22. Signature		Title			Date		
Printed/Typed Name:		Printed Name			Printed Title		
<b>R2AAA USE ONLY</b>							
Fiscal Budget Approval:							
23. Signature		Title			Date		
Printed/Typed Name:		Printed Name			Printed Title		





## **II. GENERAL REQUIREMENTS FOR ALL SERVICE PROGRAMS**

### Authority Reference

- Michigan Commission on Services to the Aging (MCSA).
- Michigan Public Act referred to in the standards can be viewed at [www.legislature.mi.gov](http://www.legislature.mi.gov).
- Federal Laws and Regulations can be viewed at [www.first.gov](http://www.first.gov).
- Policy Statement.

Service programs for older persons provided with state and/or federal funds awarded by the Michigan Commission on Services to the Aging must comply with all general program requirements established by the Commission.

### **Required Program Components**

#### A. Contractual Agreement

Services are to be provided under an approved area plan through formal contractual agreements, including direct purchase agreements, between the area agency on aging and service providers. Assignment of responsibilities under the contract or execution of subcontracts involving an additional party must be approved in writing by the area agency on aging. Direct service provision by the area agency must be specifically approved as part of the area plan. Each contract and direct purchase agreement must contain all required contract components as detailed in Operating Standards for Area Agencies on Aging.

#### B. Compliance with Service Definitions

Only those services for which a definition and minimum standards have been approved by the MCSA may be funded with state and/or federal funds awarded by the MCSA. Each service program must adhere to the definition and minimum standards to be eligible to receive reimbursement of allowable expenses.

#### C. Eligibility

Services shall be provided only to persons 60 years of age and older unless otherwise allowed under eligibility criteria for a specific program (such as a spouse under 60 of a meal program participant).

Services provided under Title III-Part E (The National Family Caregiver Support Program) may be provided to caregivers 60 years of age or over, caregivers of any age when the care recipient is 60 years of age or over, and to kinship care recipients when the kinship caregiver is aged 55 or over.

Services provided under Tobacco Respite Care (adult day services and respite care) may be provided to adults aged 18 or over.

D. Targeting of Participants

1. Substantial emphasis must be given to serving eligible persons with greatest social and/or economic need with particular attention to low-income minority individuals. "Substantial emphasis" is regarded as an effort to serve a greater percentage of older persons with economic and/or social needs than their relative percentage to the total elderly population within the geographic service area.

Each provider must be able to specify how they satisfy the service needs of low-income minority individuals in the area they serve. Each provider, to the maximum extent feasible, must provide services to low-income minority individuals in accordance with their need for such services. Each provider must meet the specific objectives established by the area agency on aging for providing services to low-income minority individuals in numbers greater than their relative percentage to the total elderly population within the geographic service area.

2. Participants shall not be denied or limited services because of their income or financial resources. Where program resources are insufficient to meet the demand for services, each service program shall establish and utilize written procedures for prioritizing clients waiting to receive services, based on social, functional, and economic needs.

Indicating factors are included for:

**Social Need** – isolation, living alone, age 75 or over, minority group member, non-English speaking, etc.

**Functional Need** – handicaps (as defined by the Rehabilitation Act of 1973 or the Americans with Disabilities Act), limitations in activities of daily living, mental or physical inability to perform specific tasks, acute and/or chronic health conditions, etc.

**Economic Need** – eligibility for income assistance programs, self-declared income at or below 125% of the poverty threshold, etc. [Note: National Aging Program Information System (NAPIS) reporting requirements remain based on 100% of the poverty threshold].

Each provider must maintain a written list of persons who seek service from a priority service category (Access, In-Home, or Legal Assistance) but cannot be served at that time. Such a list must include the date service is first sought, the service being sought and the county, or the community if the service area is less than a county, of residence of the person seeking service. The program must determine whether the person seeking service is likely to be eligible for the service requested before being placed on a waiting list.

Individuals on waiting lists for services for which cost sharing is allowable, may be afforded the opportunity to acquire services on a 100% cost share basis until they can be served by funded program.

3. Elderly members of Native American tribes and organizations in greatest economic and/or social need within the program service area are to receive services comparable to those received by non-Native American elders. Service providers within a geographic area in which a reservation is located must demonstrate a substantial emphasis on serving Native American elders from that area.

#### E. Contributions

1. All program participants shall be encouraged to and offered a confidential and voluntary opportunity to contribute toward the costs of providing the service received. No one may be denied service for failing to make a donation.
2. Cost sharing may be implemented according to the Michigan Aging and Adult Services Agency Cost Sharing Policy (refer to Transmittal Letter #393).

Private pay or locally funded fee-for-service programs must be separate and distinct from grant funded programs.

3. Except for program income, no paid or volunteer staff person of any service program may solicit contributions from program participants, offer for sale any type of merchandise or service, or seek to encourage the acceptance of any particular belief or philosophy by any program participant.
4. Each program must have in place a written procedure for handling all donations/contributions, upon receipt, which includes at a minimum:
  - a. Daily counting and recording of all receipts by two, unrelated individuals.
  - b. Provisions for sealing, written acknowledgement and transporting of receipts to either deposit in a financial institution or secure storage until a deposit can be arranged.
  - c. Reconciliation of deposit records and collection records by someone other than the depositor or counter(s).

#### F. Confidentiality

Each service program must have written procedures to protect the confidentiality of information about older persons collected in the conduct of its responsibilities. The procedures must ensure that no information about an older person or obtained from an older person by a service provider is disclosed in a form that identifies the person without the informed consent of that person or of his or her legal representative. However, disclosure may be allowed by court order, or for program monitoring by authorized federal, state, or local agencies which are also bound to protect the confidentiality of client information. All client information shall be maintained in controlled access files. It is the responsibility of each service program to determine if they are a covered entity with regard to HIPAA regulations.



G. Referral and Coordination Procedures

Each service program shall establish working relationships with other community agencies for referrals and resource coordination to ensure that participants have maximum possible choice.

Each program shall be able to demonstrate linkages with agencies providing access services. Each program must establish written referral protocols with Case Coordination and Support, Care Management, and Home and Community Based Medicaid Programs operating in the respective service area.

H. Services Publicized

Each service program must publicize the service(s) in order to facilitate access by all older persons which, at a minimum, shall include being easily identified in local telephone directories.

I. Older Persons at Risk

Each service program shall have a written procedure in place to bring to the attention of appropriate officials for follow-up, conditions or circumstances that place the older person, or the household of the older person, in imminent danger. (e.g., situations of abuse or neglect).

J. Disaster Response

Each service program must have established, written emergency protocols for both responding to a disaster and undertaking appropriate activities to assist victims to recover from a disaster, depending upon the resources and structures available.

K. Insurance Coverage

Each program shall have sufficient insurance to indemnify loss of federal, state, and local resources, due to casualty, fraud, or employee theft. All buildings, equipment, supplies, and other property purchased in whole or in part with funds awarded by the MCSA are to be covered with sufficient insurance to reimburse the program for the fair market value of the asset at the time of loss. The following insurances are required for each program:

1. Worker's compensation
2. Unemployment
3. Property and theft coverage (including employee theft)
4. Fidelity bonding (for persons handling cash)
5. No-fault vehicle insurance (for agency owned vehicles)
6. General liability and hazard insurance (including facilities coverage)

The following insurances are recommended for additional agency protection:

1. Insurance to protect the program from claims against program drivers and/or passengers.
2. Professional liability (both individual and corporate).
3. Umbrella liability.
4. Errors and Omissions Insurance for Board members.
5. Special multi-peril.

#### L. Volunteers

Each program that utilizes volunteers shall have a written procedure governing the recruiting, training, and supervising of volunteers that is consistent with the procedure utilized for paid staff. Volunteers shall receive a written position description, orientation training and a yearly performance evaluation, as appropriate.

#### M. Staffing

Each program shall employ competent and qualified personnel sufficient to provide services pursuant to the contractual agreement. Each program shall be able to demonstrate an organizational structure including established lines of authority. Each program must conduct or cause to be conducted a criminal background check that reveals information similar or substantially similar to information found on an Internet Criminal History Access Tool (ICHAT) check and a national and state sex offender registry check for each new employee, employee, subcontractor, subcontractor employee, and volunteer who has in-person client contact, in-home client contact, access to a client's personal property, or access to confidential client information:

- ✓ ICHAT: <http://apps.michigan.gov/ichat>
  - ✓ Michigan Public Sex Offender Registry: <http://www.mipsor.state.mi.us>
  - ✓ National Sex Offender Registry: <http://www.nsopw.gov>
1. Criminal background checks for new hires must be completed prior to the individual working directly with clients or having access to a client's personal property or confidential client information.
  2. All Programs are required to update criminal background checks for all employees and volunteers every three years to identify convictions in the event they occur while an individual is employed or providing volunteer service:
    - a. All employees and volunteers hired prior to the effective date of this policy must be re-screened within 90 days from the effective date of this policy. Thereafter, criminal background checks for these employees and volunteers must be completed no later than 30 days after every third anniversary from the date of their last background check.
    - b. Updated criminal background checks for employees and volunteers hired after the effective date of this policy must be completed no later than 30 days after every third anniversary of their date of hire.

3. The use of information obtained from a criminal background check shall be restricted to determining suitability for employment and/or volunteer opportunities. All programs are required to maintain a copy of the results of each criminal background check for paid and volunteer staff in a confidential and controlled access file. The information should not be used in violation of any applicable Federal or State equal employment opportunity law or regulation.
4. Exclusions No employee or volunteer shall be permitted to work directly with clients or have access to a client's personal property or confidential client information if:
  - a. Mandatory Exclusions The results of the criminal background check show that the person has a federal or state felony conviction related to one or more of the following crimes:
    - Crimes against a "vulnerable adult" as set forth in MCL 750.145n *et seq.*,
    - Violent crimes including, but not limited to, murder, manslaughter, kidnapping, arson, assault, battery, and domestic violence,
    - Financial crimes including, but not limited to, fraud, forgery, counterfeiting, embezzlement, and tax evasion,
    - Sex crimes including, but not limited to, rape, sexual abuse, criminal sexual conduct, and prostitution,
    - Cruelty or torture,
    - Abuse or neglect, or
    - Felony involving the use of a firearm or dangerous weapon.
  - b. Felony Convictions The results of the criminal background check show that the person has a federal or state felony conviction within the preceding 10 years from the date of the background check, including but not limited to:
    - Crimes involving state, federal, or local government assistance programs,
    - Theft crimes including, but not limited to, larceny, burglary, robbery, extortion, false pretenses, false representation, and conversion; or
    - Drug crimes including, but not limited to, possession, delivery, and manufacturing.
  - c. Misdemeanor Convictions: The results of the criminal background check show that the person has a federal or state misdemeanor conviction within the preceding 5 years from the date of the background check, including but not limited to:
    - Crimes involving state, federal, or local government assistance programs,
    - Crimes against a "vulnerable adult" as set forth in MCL 750.145n *et seq.*,
    - Financial crimes including, but not limited to, fraud, forgery, counterfeiting, embezzlement, and tax evasion,
    - Theft crimes including, but not limited to, larceny, burglary, robbery, extortion, false pretenses, false representation, and conversion,
    - Sex crimes including, but not limited to, rape, sexual abuse, criminal sexual conduct, and prostitution,

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- Drug crimes including, but not limited to, possession, delivery, and manufacturing,
  - Cruelty or torture,
  - Abuse or neglect,
  - Home invasion,
  - Assault or battery; or
  - Misdemeanor involving the use of a firearm or dangerous weapon with the intent to injure, the use of a firearm or dangerous weapon that results in a personal injury, or a misdemeanor involving the use of force or violence or the threat of the use of force or violence.
5. For purposes of the excluded offenses identified above, an individual is considered to have been convicted of a criminal offense when:
- A judgment of conviction has been entered against the individual or entity by a federal, state, tribal or local court regardless of whether there is an appeal pending,
  - There has been a finding of guilt against the individual by a federal, state, tribal or local court, or
  - A plea of guilty or nolo contendere by the individual has been accepted by a federal, state, tribal or local court.

Arrest records, by themselves, do not disqualify an individual.

6. All programs are required to maintain documentation of all criminal background checks, including a list of all paid and volunteer staff that are subject to this policy, the date of the most recently completed criminal background check, and the source of the background check. Employees hired prior to the effective date of this policy are not exempt from this requirement.
7. The ACLS Bureau does not consider Senior Community Service Employment Program (SCSEP) enrollees to be *employees* or *volunteers* for the purposes of this policy. Rather, SCSEP enrollees are participants in a federal employment and training program funded by the U.S. Department of Labor (USDOL). As such, Programs that serve as a host agency for SCSEP participants are advised to comply with the USDOL policy described below:

*“Grantees may take the responsibility of providing background checks before placing participants in community service assignments, provided that the background check is conducted because of the requirements of a specific community service assignment, rather than based on a particular participant, and is consistently applied to all applicants considered for that position. We stress that background checks are relevant to the assignment of participants to particular host agency positions only and cannot be used as a basis for denying eligibility. In addition, grantees should be careful to comply with EEOC and any state or local rules regarding the use of background checks.”*

8. All programs are required to maintain documentation of all criminal background checks, including a list of all paid and volunteer staff that are subject to this policy, the date of the most recently completed criminal background check, and the source of the background check. Employees hired prior to the effective date of this policy are not exempt from this requirement.

N. Staff Identification

Every program staff person, paid or volunteer, who enters a participant's home must display proper identification which may be either an agency picture card or, a Michigan driver's license and some other form of agency identification.

O. Orientation and Training Participation

New program staff must receive orientation training that includes at a minimum, introduction to the program, the aging network, maintenance of records and files (as appropriate), the aging process, ethics, and emergency procedures. Issues addressed under the aging process may include, though are not limited to, cultural diversity, dementia, cognitive impairment, mental illness, abuse, and exploitation.

Service program staff is encouraged to participate in relevant ACLS Bureau or area agency sponsored or approved in-service training workshops, as appropriate and feasible. Records that detail dates of training, attendance, and topics covered are to be maintained. Training expenses are allowable costs against grant funds. Each service program should budget an adequate amount to address its respective training needs.

P. Complaint Resolution and Appeals

Complaints - Each program must have a written procedure in place to address complaints, from individual recipients of services under the contract, which provides for protection from retaliation against the complainant.

Appeals - Each program must also have a written appeals procedure for use by recipients with unresolved complaints, individuals determined to be ineligible for services or by recipients who have services terminated. Persons denied service and recipients of service who have services terminated, or who have unresolved complaints, must be notified of their right to appeal such decisions and the procedure to be followed for appealing such decisions.

Each program must provide written notification to each client, at the time service is initiated, of her/his right to comment about service provision and to appeal termination of services.

Complaints of Discrimination – Each program must provide written notice to each client, at the time service is initiated, that complaints of discrimination may be filed with the U.S. Department of Health and Human Services, Office of Civil Rights, or the Michigan Department of Civil Rights.

Q. Service Termination Procedure

Each program must establish a written service termination procedure that includes formal written notification of the termination of services and documentation in client files. The written notification must state the reason for the termination, the effective date, and advise about the right to appeal. Reasons for termination may include, but are not limited to the following:

1. The client's decision to stop receiving services,
2. Reassessment that determines a client to be ineligible,
3. Improvement in the client's condition so they no longer are in need of services,
4. A change in the client's circumstances which makes them eligible for services paid for from other sources,
5. An increase in the availability of support from friends and/or family,
6. Permanent institutionalization of client in either an acute care or long-term care facility. If institutionalization is temporary, services need not be terminated, and
7. The program becomes unable to continue to serve the client and referral to another provider is not possible (may include unsafe work situations for program staff or loss of funding).

R. Service Quality Review

Each provider must employ a mechanism for obtaining and evaluating the views of service recipients about the quality of services received. The mechanism may include client surveys, review of assessment records of in-home clients, etc.

S. Civil Rights Compliance

Programs must not discriminate against any employee, applicant for employment or recipient of service because of race, color, religion, national origin, age, sex, sexual orientation, height, weight, or marital status. Each program must complete an appropriate DHHS (Federal Department of Health and Human Services) form assuring compliance with the Civil Rights Act of 1964. Each program must clearly post signs at agency offices and locations where services are provided in English, and other languages as may be appropriate, indicating non-discrimination in hiring, employment practices and provision of services.

T. Equal Employment

Each program must comply with equal employment opportunity and affirmative action principles.

U. Universal Precautions

Each program must evaluate the occupational exposure of employees to blood or other potentially hazardous materials that may result from performance of the employee's duties and establish appropriate universal precautions. Each provider with employees who may experience occupational exposure must develop an exposure control plan which complies with Federal regulations implementing the Occupational Safety and Health Act.

V. Drug Free Workplace

Each program must agree to provide drug-free workplaces as a precondition to receiving a federal grant. Each program must operate in compliance with the Drug-Free Workplace Act of 1988.

W. Americans With Disabilities Act

Each program must operate in compliance with the Americans with Disabilities Act.

X. Workplace Safety

Each program must operate in compliance with the Michigan Occupational Safety and Health Act (MOISHA). Information regarding compliance can be found at [www.michigan.gov/lara](http://www.michigan.gov/lara).

### **III. GENERAL REQUIREMENTS FOR NUTRITION SERVICE PROGRAMS**

#### **OVERVIEW**

The MDHHS, ACLS Bureau encourages nutrition providers to operate nutrition programs for older adults that allow for choice and flexibility, while maintaining federal and state standards and requirements. The meals should include key nutrients and follow dietary recommendations that relate to lessening chronic disease and improving the health of older Michiganders.

Diabetes, hypertension, and obesity are three of the most prevalent chronic conditions among all adults in Michigan. Special attention should be paid to nutritional factors that can help prevent and manage these and other chronic conditions.

#### **BUSINESS PRACTICES**

1. Nutrition providers must be able to produce a nutrient analysis for a meal when requested by the ACLS Bureau, the area agency on aging (AAA), a participant, or a participant's family member or medical provider. Nutrition analysis does not have to be listed on the menu. All nutrition providers should purchase, or have access to, an electronic nutritional analysis program. Providers may use up to \$1,000 in state or federal nutrition funds to purchase or maintain such a program. Local funds may be used if the costs exceed \$1,000.



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2. A record of the menu actually served each day shall be maintained for each fiscal year's operation.
3. Each program shall use an adequate food cost and inventory system at each food preparation site facility. The inventory control shall be based on the first-in/first-out method and conform to generally accepted accounting principles. The system shall be able to provide food costs, inventory control records, and other cumulative reports on food and meal costs as requested.

For programs operating under annual cost-reimbursement contracts, the value of the inventory on hand at the end of the fiscal year shall be deducted from the total amount expended during that year. For programs operating under a unit-rate reimbursement contract, the value of the inventory on hand at the end of the fiscal year does not have to be considered. Each program shall be able to calculate the component cost of each meal provided according to the following categories:

- a. Raw food: All costs of acquiring foodstuff to be used in the program.
  - b. Labor: All expenditures for salaries and wages, including valuation of volunteer hours, for personnel involved in food preparation, cooking, delivery, serving, and cleaning of meal sites, equipment, and kitchens; all expenses for salary and wages for persons involved in project management.
  - c. Equipment: All expenditures for purchase and maintenance of items with a useful life of more than one year or with an acquisition cost of greater than \$5,000.
  - d. Supplies: All expenditures for items with a useful life of less than one year and an acquisition cost of less than \$5,000.
  - e. Utilities: All expenditures for gas, electricity, water, sewer, waste disposal, etc.
  - f. Other: Expenditures for all other items that do not belong in any of the above categories (e.g., rent, insurance, fuel, etc.) are to be identified and itemized. Where a provider operates more than one meal/feeding program (congregate, home-delivered meal (HDM), waiver, catering, etc.), costs shall be accurately distributed among the respective meal programs. Only costs directly related to a specific program shall be charged to that program.
4. Each program shall provide or arrange for monthly nutrition education sessions at each meal site and as appropriate to HDM participants. Emphasis should focus on giving the participant the information and tools to make food choices in relation to health and wellness, and to any chronic diseases they may have, including making choices at the meal site, at home, and when they eat out. Educational sessions should be encouraging and informative, as well as encourage participants to take responsibility for the food choices they make throughout the day.

Topics shall include, but not be limited to, food, nutrition, and wellness issues. Nutrition education materials must come from reputable sources. Questions pertaining to appropriateness of materials and presenters are to be directed to the staff dietitian, regional dietitian, or Dietetic Technician, Registered (DTR). Program materials distributed must take into consideration the level of literacy, living alone status, caregiver support and translation

of materials as appropriate for older adults with limited English proficiency. At least once per year, the following topics must be covered:

- a. How food choices affect chronic illnesses
  - b. Food safety at home and when dining out
  - c. Food choices at home
  - d. Emergency preparedness - what to have on hand
5. Compliance with these standards will be part of the nutrition assessment done by the AAA.
  6. Staff of each program shall receive in-service training at least twice each fiscal year, which is specifically designed to increase their knowledge and understanding of the program, and to improve their skills at tasks performed in the provision of service. Volunteers of each program shall receive in-service training at least once each fiscal year. Records shall be maintained which identify the dates of training, topics covered, and persons attending. (Refer to Transmittal Letter #2020-397 for additional guidance on in-service training, including suggested training topics)
  7. All staff and volunteers must undergo a background check (Operating Standards for Area Agencies on Aging (AAA) Indicator #7, Standard B-3, and Transmittal Letter #2012-253). This includes persons who are delivering meals at a special event, or fund-raiser, or any other occasion whereas they would only be delivering a few times. If a group of volunteers from a business or agency participates in the meal delivery representing that business or agency, arrangements may be made for the business or agency to certify that background checks have been completed for their employees, and only no/low risk employees have been cleared to participate.

Nutrition providers may waive the background check requirement for volunteers who are under the age of 18 and/or those who are packing meals or doing other activities that do not involve direct contact with a meal program participant and are under the supervision of nutrition provider staff and/or adult leaders.

### **MENU DEVELOPMENT**

1. Meals may be presented hot, cold, frozen, or shelf-stable and shall conform to the most current edition of the USDA Dietary Guidelines for Americans (DGA) and the ACLS Bureau Nutrition Standards.
2. Each program shall utilize a menu development process, which places priority on healthy choices and creativity, and includes, at a minimum:
  - a. Use of written or electronic standardized recipes,
  - b. Provision for review and approval of all menus by one of the following: a registered dietitian (R.D.) or an individual who is dietitian registration eligible, or a DTR,
  - c. Posting of menu to be served in a conspicuous place at each meal site, and at each place food is prepared. The program must be able to provide information on the nutrition content of menus upon request, and
  - d. Modified diet menus may be provided, where feasible and appropriate, which take into consideration participant choice, health, religious and ethnic diet preferences.

3. The nutrition program must operate according to current provisions of the Michigan Food Code. Minimum food safety standards are established by the respective local Health Department. Each program must have a copy of the most recent Michigan Food Code and all updates available for reference. Programs are encouraged to monitor food safety alerts pertaining to older adults.

Each program, which operates a kitchen for food production, shall have at least one key staff person (manager, cook or lead food handler) complete a Food Service Manager Certification Training Program that has been approved by the Michigan Department of Agriculture and Rural Development (MDARD). A trained and certified staff member may be required at satellite serving and packing sites. Please refer to your local Health Department for local regulations on this issue.

The time-period between preparation of food and the beginning of serving shall be as minimal as feasible. Food shall be prepared, held, and served at safe temperatures. Documentation requirements for food safety procedures shall be developed in conjunction with, and be acceptable to, the respective local Health Department. The safety of food after it has been served to a participant and when it has been removed from the meal site or left in the control of a HDM participant, is the responsibility of that participant.

Purchased Foodstuffs- The program must purchase foodstuff from commercial sources which comply with the Michigan Food Code. Unacceptable items include: home canned or preserved foods; foods cooked or prepared in an individual's home kitchen (this includes those covered under the Cottage Food Law); meat or wild game NOT processed by a licensed facility; fresh or frozen fish donated by sport fishers; raw seafood or eggs; and any un-pasteurized products (i.e., dairy, juices and honey).

Acceptable contributed foodstuff include: fresh fruits and vegetables and wild game from a licensed processor. A list of licensed processors can be found on the Michigan Department of Agriculture and Rural Development website (<http://www.michigan.gov/MDARD>).

Acceptable donated products must be handled and prepared just like products that are purchased from commercial sources.

4. Each program shall use standardized portion control procedures to ensure that each meal served is uniform. At the request of a participant, standard portions may be altered or less may be served than the standard serving size. A participant may refuse one or more items. Less than standard portions shall not be served to 'stretch' available food to serve additional persons.
5. Each program shall implement procedures designed to minimize waste of food (leftovers/uneaten meals).
6. The Area Agency on Aging (AAA) may adjust the number of nutrition grantees to meet the needs of the region.

7. Each meal program is encouraged to use volunteers, as feasible, in program operations.
8. Each program shall develop and utilize a system for documenting meals served for purposes of the National Aging Program Information System (NAPIS). Meals eligible to be included in NAPIS meal counts reported to the respective AAA, are those served to eligible individuals (as described under respective program eligibility criteria) and which meet the specified meal requirements. The most acceptable method of documenting meals is by obtaining signatures daily from participants receiving meals. Other acceptable methods may include, but not limited to, HDMs maintaining a daily or weekly route sheet signed by the driver which identifies the participant's name, address, and number of meals served to them each day.
9. Each program shall use a uniform intake process and maintain a NAPIS registration for each program participant. The intake process shall be initiated within one week after an individual becomes active in the program. Completion of NAPIS registration is not a prerequisite to eligibility and may not be presented to potential participants as a requirement.
10. Nutrition Services Incentive Program (NSIP) – AAAs and their nutrition program service providers are eligible to participate in NSIP. The purpose of the NSIP is to provide incentives to encourage and reward effective performance in the efficient delivery of nutritious meals to older individuals. The NSIP provides an allotment of cash to the state for their nutrition programs based on the number of **eligible** Title IIIC meals served by the state that year, as reported in NAPIS. The State of Michigan has elected to receive cash in lieu of commodities. NSIP cash is allocated to AAAs based on the number of NSIP-eligible meals served by all AAAs as reported through NAPIS. NSIP cash may only be used for meals served to individuals through the congregate meal program or HDM program. The program must make a reasonable attempt to purchase foods of U.S. origin with NSIP funding. Meals counted for purposes of NSIP reporting are those served that meet the Title IIIC requirements and are served at a congregate or HDM setting.

Meals that do not count toward NSIP funding include:

- a. Medicaid (MI-CHOICE Waiver) adult day care meals,
- b. Adult day care meals for which Child and Adult Care Food Program (7 CFR Part 226) funds have been claimed,
- c. Meals funded by Title III E served to caregivers under the age of 60, and
- d. Meals served to individuals under age 60 who pay the full price for the meal.

Each AAA that has NSIP-only (non-AAA funded) sites must have:

- a. A signed contract or Memorandum of Agreement in place detailing the nutrition requirements for the meal,
- b. The mechanism for distributing NSIP only funds, e.g., per meal rate, percentage of total, and
- c. Written plan for assessment of site based on Title IIIC requirements.

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11. Each nutrition program shall carry product liability insurance sufficient to cover its operation.
12. Each program, with input from program participants, shall establish a suggested donation amount that is to be posted at each meal site and provided to HDM participants. The program may establish a suggested donation scale based on income ranges, if approved by the respective AAA. Volunteers under the age of 60 who receive meals shall be afforded the opportunity to donate toward the costs of the meal received.
13. Program income from participant donations must be used in accordance with the additive alternative, as described in the Code of Federal Regulations (CFR). Under this alternative, the income is used in addition to the grant funds awarded to the provider and used for the purposes and under the conditions of the contract. Use of program income is approved by the respective AAA as part of the budget process.
14. Each program shall be allowed to accept donations for the program as long as the following apply:
  - a. The method of solicitation for the donations is non-coercive,
  - b. No qualified person is turned away for not contributing,
  - c. The privacy of each person with respect to donations is protected,
  - d. There are written procedures in place for handling all donations which includes the following at a minimum,
    - i. Daily counting and recording of all receipts by two individuals,
    - ii. Provisions for sealing, written acknowledgement and transporting of daily receipts to either deposit in a financial institution or secure storage until a deposit can be arranged, and
    - iii. Reconciliation of deposit receipts and daily collection records by someone other than the depositor or counter.
15. Each program shall take steps to inform participants about local, State and Federal food assistance programs and provide information and referral to assist the individual with obtaining benefits. When requested, programs shall assist participants in utilizing Supplemental Nutrition Assistance Program (SNAP) benefits, formerly known as “food stamps,” as participant donations to the program.
16. Programs shall not use funds from the ACLS Bureau (federal and state) to purchase vitamins or other dietary supplements.
17. Complaints from participants should be referred to the nutrition provider that hosts the site or manages the HDMs. Each nutrition provider shall have a written procedure for handling complaints. The nutrition provider and AAA nutrition staff shall develop a plan for what type of complaints need to be referred to the AAA.
18. Nutrition providers shall work with the respective AAA to develop a written emergency plan. The emergency plan shall address, but not be limited to:
  - a. Uninterrupted delivery of meals to HDM participants, including, but not limited to use of families and friends, volunteers, shelf-stable meals, and informal support systems,

- b. Provision of at least two, and preferably more, shelf-stable meals and instructions on how to use for HDM participants. Every effort should be made to assure that the emergency shelf-stable meals meet the nutrition guidelines. If it is not possible, shelf-stable meals will not be required to adhere to the guidelines.
  - MI-CHOICE participants may receive two emergency meals that are billed to MI-CHOICE. Additional emergency meals may be billed to Title III-C2.
- c. Back-up plan for food preparation if usual kitchen facility is unavailable,
- d. Agreements in place with volunteer agencies, individual volunteers; hospitals, long-term care facilities, other nutrition providers, or other agencies/groups that could be on standby to assist with food acquisition, meal preparation, and delivery,
- e. Communications system to alert congregate and HDM participants of changes in meal site/delivery,
- f. The plan shall cover all the sites and HDM participants for each nutrition provider, including sub-contractors of the AAA nutrition provider, and
- g. The plan shall be reviewed and approved by the respective AAA and then submitted electronically to the ACLS Bureau for review.

## **MEAL PLANNING**

1. Menu standards are developed to sustain and improve a participant's health through the provision of safe and nutritious meals using specific guidelines. These guidelines should be incorporated into all requests for proposals/bids, contracts, and open solicitations for meals.
2. The Older Americans Act requires that meal components meeting the 33 1/3 percent of the DRI must be offered if one meal is served per day. If two meals are served, meal components with 66 2/3 percent of the DRI must be offered.
3. Nutrition providers must use person-centered planning principles when doing menu planning. Food should be offered, not served. Choices should be offered as often as possible. This is for both congregate and HDM participants. If possible, this should include offering alternatives for food allergies, digestive issues and chewing issues.
4. Follow the five guidelines from the most current edition of the USDA Dietary Guidelines for Americans.
  - a. Follow a healthy eating pattern across the lifespan. All food and beverage choices matter. Choose a healthy eating pattern at an appropriate calorie level to help achieve and maintain a healthy body weight, support nutrient adequacy, and reduce the risk of chronic disease.
  - b. Focus on variety, nutrient density, and amount. To meet nutrient needs with calorie limits, choose a variety of nutrient-dense foods across and within all food groups in recommended amounts.
  - c. Limit calories from added sugars and saturated fats and reduce sodium intake. Consume an eating pattern low in added sugars, saturated fats, and sodium. Cut back on foods and beverages higher in these components to amounts that fit within healthy eating patterns.
  - d. Shift to healthier food and beverage choices. Choose nutrient-dense foods and



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beverages across and within all food groups in place of less healthy choices. Consider cultural and personal preferences to make these shifts easier to accomplish and maintain.

- e. Support healthy eating patterns for all. Everyone has a role in helping to create and support healthy eating patterns in multiple settings nationwide from home to school to work to communities.

5. Key recommendations from the DGA to consider when planning meals.

- a. Consume a healthy eating pattern that accounts for all foods and beverages within an appropriate calorie level.
  - i. A variety of vegetables from all of the sub-groups- dark green, red and orange, legumes (beans and peas), starchy, and other
  - ii. Fruits, especially whole fruits
  - iii. Grains, at least half of which are whole grains
  - iv. Fat-free, or low-fat dairy, including milk, yogurt, and cheese
  - v. A variety of protein foods, including seafood, lean meats and poultry, eggs, legumes, nuts, and seeds
  - vi. Oils
- b. Nutrient-dense meals shall be planned using preparation and delivery methods that preserve the nutritional value of foods.
  - i. Consume less than 10% of calories per day from added sugars.
  - ii. Consume less than 10% of calories per day from saturated fats.
  - iii. Consume less than 2300 grams of sodium per day (this may be averaged in your meal plans).
- c. The target for carbohydrate per meal is 75 grams. If the nutrition provider is following one of the suggested meal patterns from the Dietary Guidelines for Americans, listed below, the CHO grams should follow that pattern.
- d. See “Suggested Meal Patterns” below for more information.

6. Other Considerations:

- a. Desserts: Serving of dessert is optional. Suggested, but not limited to, fruit, fruit crisps with whole grain toppings, pudding with double milk, gelatin with fruit, low-fat frozen yogurt, Italian ices. Use of baked, commercial desserts should be limited to once per week.
- b. Beverages:
  - Congregate: Milk and water must be offered with every meal. Coffee and/or tea, or other beverages, are optional.
  - Home Delivered: Milk, or a milk substitute, must be offered with every meal. If requested, water shall be provided. Milk may be skim, 1%, 2%, full-fat or chocolate. It should be available to participants but is not required.

- 7. Special occasion or celebratory meals are allowed on a periodic basis. These meals do not have to follow the 1/3 DRI rule. The registered dietician, or DTR, must have knowledge of the meal and grant approval of it.

8. Breakfast may include any combination of foods that meet the ACLS Bureau Meal Planning Guidelines.
9. Special Menus. To the extent practicable, adjust meals to meet any special dietary needs of program participants for health reasons, ethnic and religious preference and provide flexibility in designing meals that are appealing to program participants.

### **SUGGESTED MEAL PATTERNS**

1. The Plate Method (<http://www.choosemyplate.gov>) may be used as the meal pattern.
2. The Healthy U.S.-Style Eating pattern may be used as the meal pattern (Dietary Guidelines for Americans, 2015-2020, Appendix 3, Table A3-1, page 80).
3. The Healthy Mediterranean-Style eating pattern may be used as the meal pattern (Dietary Guidelines for Americans, 2015-2020, Appendix 4, Table A4-1, page 84).
4. Vegetarian meals can be served as part of the menu cycle or as an optional meal choice based on participant choice, cultural and/or religious needs and should follow the MDHHS ACLS Bureau Meal Planning Guidelines to include a variety of flavors, textures, seasonings, colors, and food groups at the same meal. (Dietary Guidelines for Americans, 2015-2020, Appendix 5, Table A5-1, page 87).

Vegetarian meals are a good opportunity to provide variety to menus, feature Michigan produce and highlight the many ethnic, cultural, or religious food traditions that use vegetables and grains in greater amounts at the center of the plate and in different combinations with fruits, vegetables, grains, herbs, and spices for added flavor, calories, and key nutrients.



	<b>YTD Budget</b>
<b>Year:</b>	
<b>REVENUE</b>	
Federal	
State	
Millage Funds	
Other Grants & Contributions	
Fees for Service	
Other Income	
<b>TOTAL REVENUE</b>	-

<b>EXPENSES</b>	
Salary & Wages	
Fringe Benefits	
Travel	
Occupancy	
Communications	
Supplies	
Service Contracts	
Other	
<b>Programs:</b>	
Adult Day Care	
Caregiver, Education, & Support	
Caregiver Supplemental Services	
Case Coordination & Support	
Chore	
Congregate Meals	
Counseling	
Evidence Based Disease Prevention	
Homemaker	
Home Delivered Meals	
Information & Assistance	
Legal Assistance	
Ombudsman	
Outreach	
Personal Care	
Respite Services	
Senior Center Operations	
Transportation	
Other Programs	
<b>TOTAL EXPENSES</b>	-

<b>NET</b>	-
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1. Input most recent completed agency budget year in B2.
2. If revenue or expense category does not pertain to your agency, please leave blank.
3. Use column C for notes that may help explain amounts reported.