

**HOME AND COMMUNITY CARE BLOCK GRANT SERVICE PROPOSAL  
INFORMATION/INSTRUCTIONS**

- I. In submitting a proposal to provide Home and Community Care Block Grant (HCCBG) services, the service agency guarantees adherence to all policies, rules, and guidelines of the Older Americans Act of 1965, as amended; all current and future policies, rules, and guidelines of the NC Division of Aging and Adult Services, including those described in the HCCBG Policies and Procedures Manual and the NC Division of Aging and Adult Service Standards for the services being proposed. The service agency will maintain a copy of the HCCBG Policies and Procedures Manual and the NC Division of Aging and Adult Service Standards in its offices if the service funding is awarded to the agency.

Copies of these materials are available from the Albemarle Commission Area Agency on Aging at 252-426-8244.

- II. The service area will be **Camden, Chowan, Gates, Hyde, Pasquotank, Perquimans, Tyrrell & Washington** Counties, North Carolina.
- III. The contractual period for service provision will be **July 1, 2020 through June 30, 2022**, as part of the Home and Community Care Block Grant. The budget will be developed for the first 12-month funding cycle. Prior to the end of the first service year (July 1, 2020 – June 30, 2021), the Area Agency on Aging and the HCCBG Planning Committee will make a recommendation to county commissioners that the grantee continue to provide the second year of service (July 1, 2021- June 30, 2022) based upon a satisfactory assessment conducted by the Area Agency on Aging and the availability of funds. The provider will submit the required forms (DOA 732, 732A, 732A1, 733, and 734) for the next service year to the Area Agency on Aging, on a date to be determined by the Area Agency on Aging.
- IV. The funds listed are based on funds allocated during Fiscal Year 2019-2020. Fund distributions are based on availability of Federal, State and Local resources. These amounts are subject to change.

<b>County</b>	<b>Service Name</b>	<b>Federal/State Funding</b>	<b>Local Match</b>	<b>Total Funding</b>
Camden	IHA Level I, II, III	\$27,588	\$3,065	\$30,653
Chowan	IHA Level I, II, III	\$61,514	\$6,834	\$68,348
Gates	IHA Level I, II, III	\$46,927	\$5,214	\$52,141
Hyde	IHA Level II (PC/HM)	\$35,307	\$3,923	\$39,230
Pasquotank	IHA Level II, III	\$45,158	\$5,018	\$50,176
Perquimans	IHA Level I, II	\$60,542	\$6,726	\$67,268
Tyrrell	IHA Level I, II	\$56,087	\$6,232	\$62,319
Washington	IHA Level I, II	\$21,667	\$2,407	\$24,074

Payments to providers are made monthly on a reimbursement basis by Albemarle Commission Area Agency on Aging (ACAAA). Providers are reimbursed 90% of the cost (calculated as number units x unit cost) of services, minus the amount of any cost sharing revenue collected by the agency.

The amount available for reimbursement may increase or decrease due to changes in budget appropriations at the federal or state level. Provider agencies will receive notice of these changes from the Area Agency on Aging and /or County.

- V. A 10% cash or in-kind match must be provided by the provider agency or county, and must be expended at the same time the contract funds are expended.
- VI. Agencies will complete forms DAAS 732, 732A, 732A1, 733, and 734. Instructions for completing these forms are included in the proposal packet.
- VII. The ARMS user fee for providers is \$.17 per record (a record = all units submitted in a given month for a given client). The cost of the ARMS user fee will be included as an expense on the Unit Cost Development Worksheet.
- VIII. Unit rates will be determined on the basis of total service cost (federal, state and local match).
- IX. Agencies will complete form DAAS 733, describing the agency's methodology to address service needs of low-income minority elderly.

The AAA expects service providers to serve minority elderly in proportions equal to or greater than the proportion of the county population they comprise.

- X. Non-government organizations that perform as service authorizing agencies through grants or contracts with AAA's shall maintain fidelity bonding. Fidelity bonding indemnifies the grantee/contractor against losses resulting from fraud or lack of fidelity of persons in a position of trust within the organization.
- XI. Subcontracting – The HCCBG Grantee/Service Provider shall not subcontract any of the work contemplated without prior written approval from the Area Agency on Aging Director. Any approved subcontract shall be subject to HCCBG Service Standards for the service being provided. The Grantee/Service Provider shall be responsible for the performance and monitoring of all of its subcontractors. Subcontracts must include at a minimum the full scope of work, deliverables and appropriate references to service standard requirements.
- XI. General Audit Requirements  
All public, non-profit, and for-profit grantees/contractors or subgrantees/  
subcontractors who receive funding through the Home and Community Block Grant are subject to *Financial Reporting Requirements as Defined by General Statute 143-6.2*  
Grantees that have federal revenue in the amount of \$500,000 or more are required to

have a single audit. A copy of the audit must be sent to the Area Agency on Aging within six months from the end of the grantee's fiscal year. Grantees that have federal revenue under \$500,000 must complete forms from the NC State Audits Office within six months of the end of the grantee's fiscal year. The Area Agency on Aging will provide the forms to the grantee. Grantees that do not turn in audit requirements within the required time frame will forfeit the opportunity for renewal of the grant.

- XII. All MIS data required for reimbursement must be transmitted by the service provider, via internet, to the NC Division of Aging and Adult Services, by 5:00 p.m. on the 11th day of the month following the service month.

Appropriate provider agency staff will be trained by the AAA staff in method(s) of data collection and transmission.

- XIII. In submitting this proposal, the service agency certifies that they will authorize service to clients determined eligible under eligibility guidelines described in the HCCBG Manual and applicable Service Standards. If the agency subcontracts for service provision, the agency will retain these service authorization responsibilities.
- XIV. The AAA reserves the right to negotiate specific terms contained within each proposal, as well as the right to request additional information from the proposer(s) at any time during the proposal review process.

The AAA reserves the right to accept or reject any or all proposals in whole or in part. The response time may be extended if proposals are rejected and additional advertisements for proposals must be made.

All proposals submitted will become public information immediately after opening. Further, any correspondence between the AAA and the proposer(s) becomes public record/information.

- XV. The proposal(s) will be evaluated by the AAA Director and AAA Aging Program and Contract Specialist who will make a recommendation to the County Board of Commissioners. The County Commissioners shall have final power over the decision for service provision.

**The proposal(s) will be evaluated on:**

1. Unit cost/ rate
2. Proposer's qualifications to provide the service(s)
3. Proposal's capacity and demonstrated ability to increase resources for service provision to older adults.
4. Completeness and accuracy of proposal

5. Minority, female and/or handicapped business status whereby priority will be given according to this status if all aspects including price are determined by the Advisory Committee to be equal with such status indicated by the following criteria:

- 51% of the governing board of a private-not-for-profit agency are minority, female, or handicapped; or
- 51% of the stock of a private-for-profit company is controlled by minority, female, or handicapped interest or a partnership exists which is at least 50% owned by such interests as specified above.

XVI. Successful and unsuccessful agencies will be notified by the Area Agency on Aging Director of the recommendation from the AAA. The decision of the County Commissioners in designating service providers shall be final.

**XVII. Each agency will prepare one original of their proposal and one copy. Return the original and copy to the Albemarle Commission Area Agency on Aging by 5:00 p.m. on Friday, April 24, 2020. Proposals postmarked on that date, but not received by the AAA will not be considered. Please note that sealed bids must be submitted in a sealed envelope or box and marked "Sealed Bid."**

The completed proposal will consist of:

- I. Narrative Responses
- II. Forms DOA 732, 732A, 732A1, 733, and 734.

**SFY 2021-2022  
HOME AND COMMUNITY CARE BLOCK GRANT SERVICES  
FUNDING PROPOSAL**

**AGENCY NAME:** \_\_\_\_\_

**AGENCY DIRECTOR:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**PERSON PREPARING APPLICATION:** \_\_\_\_\_

**COUNTY TO BE SERVED:** *Please complete a different proposal for each county you intent to bid on.*

**SERVICES PROPOSED** \_\_\_\_\_  
\_\_\_\_\_

**I - NARRATIVE**

1. Organizational Capability Statement:

- A. Describe the purpose and brief history of your organization. Include your mission statement if developed. Cite any accreditations your agency has achieved which are related to the service(s).  
**Licensed Home Care Agencies – Please attach a copy of the agency license**
  
- B. Describe your organization's facilities and resources and their adequacy to carry out the tasks of the proposed program.
  
- C. Describe your organization's technological capacities, including presence and types of computers, printers, software, etc. used on a regular basis. Also describe staff's competence with computers, software, and modems.

2. Experience:

- A. Describe your organization's knowledge and experience in providing the service(s) proposed:
  
  
  
  
  
  
  
  
  
  
- B. Has your agency previously provided this service? If so, provide details of when, what funding sources were used and other related details.
  
  
  
  
  
  
  
  
  
  
- C. If this service was provided using HCCBG funds during the past five years did the agency:
  - 1. At any time terminate service to clients before the end of the fiscal year? If yes, when and how long was service terminated? What were the reasons for terminating service?
  
  
  
  
  
  
  
  
  
  
  - 2. If the service was not officially terminated, were there any times when no clients were served or when the service was inactive? If yes, what were the reasons?

3. Staffing

A. List key staff, by position name, with responsibilities for the service delivery component of proposed service, and describe the responsibilities of each. List any special skills, education or training.

B. List the qualifications of key administrative staff to be assigned responsibility to this program. (Executive Director, Program Administrator, Fiscal Officer, Project Director.) Use the space provided or attach resumes.

4. Community Supports:

A. Demonstrate that your organization possesses local community support from both the public and private sectors. Applicants may describe alliances with local community groups and/or include general letters of reference from community leaders, related agencies, and governmental entities expressing support for your organization and your proposed program.

5. Service Implementation:

- A. Describe how this service would be provided. Include information as to the hours and days service is available.
  
  
  
  
  
  
  
  
  
  
- B. Describe back-up arrangements when regular staff and/or volunteers are unavailable in order to ensure consistent service delivery.
  
  
  
  
  
  
  
  
  
  
- C. Describe your intake procedures when referrals are made for the service. Include information on the follow-up, time frame to make client contact, informing the referral source of the action taken, waiting list status, etc., and assisting clients in taking advantage of benefits under other programs. Attach appropriate forms.
  
  
  
  
  
  
  
  
  
  
- D. How will your agency determine service priority for clients, particularly in the case of waiting lists?

6. Weather-Related Emergencies:

- A. Explain how you will, where feasible and appropriate, make arrangements for the availability of services to older person in weather-related emergencies.
  
  
  
  
  
  
  
  
  
  
- B. Beyond making efforts to provide the service in weather-related emergencies, how will you reach out to frail clients before and/or after emergencies to insure their well-being?



7. Community Awareness:

- A. Describe the method(s) of increasing community knowledge about the service(s).

8. Program Evaluation:

- A. Describe the results you expect to help clients achieve through provision of the service. How will you measure your success in helping the clients achieve these results?

9. Transition Plan:

- A. If you are not currently providing this service include information on how you would transition from the current provider to your agency, causing as little disruption for clients as possible.

10. Consumer Contributions and Resource Development:

- A. Describe how your agency implements or will implement the Consumer Contributions and Procedures Policy. Include a description of the process for collecting cost-sharing revenues as well as how services will be expanded through cost-sharing income.
  
- B. Describe your agency's strategy for expanding services in the event there is an increase in funding.

- C. Describe your agency's strategy for increasing service resources on your own, such as through fundraising, grant writing, volunteer development, etc.

**II. MINORITY, FEMALE, AND/OR HANDICAPPED CONTROLLED BUSINESS/AGENCY**

Is this a minority, female, and/or handicapped controlled business/agency?\* \_\_\_\_\_ YES \_\_\_\_\_ NO

\*If private-for-profit, at least 51% of the stock is controlled by minority, female and/or handicapped interest or a partnership exists which is at least 50% owned by these interests.  
If private-non-profit, 51% of the board of the governing body are minority, female, and/or handicapped persons.

**III. BUDGET INFORMATION**

Complete the attached forms DOA 732, 732-A, 732A1, 733, 734 and 734 In Home Clients Rights . Instructions for completing these forms are included. If there are questions, call the Area Agency on Aging at (252) 426-8244.

**IV. AUDIT OR ACCOUNTANT’S OPINION**

Submit as an attachment one copy of the most recent company/agency audit or accountant’s opinion of the fiscal operations, if available.

**V. CERTIFIED ASSURANCES AND AVAILABILITY OF DOCUMENTS**

The undersigned hereby gives full assurance that the following documents will be maintained in the administrative offices of the applicant in such a manner as to ensure ready availability for inspection by the Albemarle Commission Area Agency on Aging at any time during the program period.

- 1) North Carolina Home and Community Care Block Grant Policy and Procedures Manual, Complete Service Standards
- 2) Corporate/Agency By-Laws
- 3) Agency Personnel Policies and Procedures Manual
- 4) Equal Opportunity Employment Statement
- 5) Assurance of Compliance with the Department of Health and Human Service regulations under Title VI of the Civil Rights Act of 1964.
- 6) Affirmative Action Plan
- 7) Copy of current home care license
- 8) Assurance of Compliance with Section 504 of the Rehabilitation Act of 1973
- 9) Interagency Agreements
- 10) Assurance of Compliance with Americans with Disabilities Act

\_\_\_\_\_  
Executive Director / CEO

\_\_\_\_\_  
Date