



Older Americans Act

Request for Proposal SFY 2016



Proposal Deadline:

January 30, 2015
by 11:00 a.m.

Proposers' Conference:

January 9, 2015 - 2:00 pm
INCOG Executive Conference Room
2 W. Second St. Suite 800 - Tulsa, OK 74103

Serving Creek, Osage, and Tulsa Counties
Under the Older Americans Act

STATE FISCAL YEAR 2016 REQUEST FOR PROPOSAL

Schedule of Events

| | |
|-------------------|--|
| December 15, 2014 | Notice of funding available to area publications |
| December 31, 2014 | Second publication notification |
| January 5, 2015 | RFP Posted to INCOG website http://www.incog.org |
| January 9, 2015 | Proposers Conference (2:00 p.m.) |
| January 23, 2015 | Last day to submit an email for technical assistance |
| January 30, 2015 | Applications due to INCOG Area Agency on Aging by 11:00 a.m. |
| February 13, 2015 | Resource Allocation Committee interviews with applicants |
| February 18, 2015 | Resource Allocation Committee recommendations to TCCA |
| March 10, 2015 | INCOG Board Meeting- Council recommendation goes to INCOG Board for final approval |
| March 11, 2015 | Grant proposals sent to Aging Services |
| May 1, 2015 | Notice of Approval/Denial Mailed (Subject to AS approval). |
| July 1, 2015 | State Fiscal Year 2016 begins |

RFP PART I. INTRODUCTION

| | Page |
|--------------------------|------|
| A. Background | 4 |
| B. Eligible Applicants | 4 |
| C. Grant/Contract Period | 4 |
| D. Technical Assistance | 4 |
| E. Application Submittal | 5 |
| F. Scope of Work | 5 |
| G. Funding Award | 5 |
| H. Grant Revisions | 5 |
| I. Appeal Procedures | 5 |

STATE FISCAL YEAR 2016 REQUEST FOR PROPOSAL GUIDE

PART I. INTRODUCTION

A. BACKGROUND

The Older Americans Act of 1965, as amended, provides grant funding for the development of comprehensive and coordinated service systems for older individuals. The Indian Nations Council of Governments (INCOG) Area Agency on Aging administers Older Americans Act funding in the counties of Creek, Osage, and Tulsa (planning and service area). It is the responsibility of the Area Agency on Aging to assess the needs of older individuals in the planning and service area and to fund (or advocate for) services to meet the identified needs. Older individuals are defined as all persons 60 years of age and over. Services must be targeted to older individuals who are in greatest social and economic need, with particular attention to low-income minority individuals and older individuals residing in rural areas.

The purpose of this guide is to identify potential, quality providers of services to older individuals. This guide is applicable for funds allocated under Title III of the Older Americans Act, Parts B, C, D, and E. The application references, but does not outline in detail, each responsibility associated with the acceptance of Older Americans Act funding.

B. ELIGIBLE APPLICANTS

Organizations eligible to apply for funding under this request for proposal (RFP) include non-profit agencies, private for-profit agencies, and local city/county governmental entities who have the capacity to meet the requirements for service delivery as outlined in the Older Americans Act as amended and applicable regulations/policies. Oklahoma Department of Human Services Aging Services (OKDHS AS) must approve applications by for-profit entities prior to awarding funding. Debarred/suspended parties are not eligible to apply for funding.

C. GRANT/CONTRACT PERIOD

Older Americans Act funding is granted for up to 12 months based on availability of funds from July 1, 2015 to June 30, 2016. The project period will be from July 1, 2014 through June 30, 2016 and July 1, 2015 through June 30, 2016 for Tulsa County Transportation. Contract extensions and amendments for a second year of a two-year grant funding may be negotiated at the discretion of the Area Agency on Aging. See Part IV Appendix C "Grantee Requirements Of A Two-Year Grant Period."

D. TECHNICAL ASSISTANCE

Prospective applicants and second year recipients must attend the proposers' conference in order to be considered for funding. Conference discussion will include an outline of all responsibilities related to the receipt of funding. Applicable standards and policies are available on the OKDHS website at:

<http://www.okdhs.org/library/policy/oac340/105/>. The Area Agency on Aging provides reasonable technical assistance to applicants who request assistance no later than seven calendar days prior to the closing of the application period. To request technical assistance, please submit your request to: INCOG Area Agency on Aging, 2 West Second Street, Suite 800, Tulsa, OK 74103, or e-mail

Rmcmanus@incog.org. All requests for technical assistance must be received on or before January 23, 2015.

E. APPLICATION SUBMITTAL

All applications will be evaluated and given a number score based on the sections in Part II. Each section of the application should be completed in accordance with outlined instructions. Application documents should be typed, double-spaced, and pages numbered. Use forms where indicated. Applicants applying for multiple unbundled services or unbundled with a bundled service must submit individual proposals/budgets for each service. The original, signed application and 5 copies must be delivered to the following address by 11:00 A.M. on January 30, 2015.

Clark Miller, 2 West Second Street, Suite 800, Tulsa, OK 74103

F. SCOPE OF WORK

Refer to “FY 2016 Minimum Unduplicated Count” (Part IV. Appendix E), “FY 2016 Minimum Units of Service” (Part IV. Appendix F), and “Tentative FY 2016 Funding” (Part IV. Appendix G) for information on minimum output, minimum number of persons that must be served, available funding, bundled services and counties to be served. See Part IV. Appendix A, “Taxonomy of Older Americans Act Title III Services”, for service definitions and service unit descriptions and Part IV Appendix D for definitions of units of service.

G. FUNDING AWARD

The Area Agency on Aging is not obligated to award funding if, in the opinion of the INCOG Board of Directors, no applications are received which meet the specifications of this RFP. The INCOG Board of Directors will award funding for services listed on Part IV. Appendix A, “Taxonomy of Older Americans Act Title III Services”, **up to** the indicated Older Americans Act Title III amounts, Part IV Appendix G., for the period of July 1, 2015 through June 30, 2016 based on availability of funds; Execution of Contract and Notification of Grant Award will be required prior to receiving funding.

H. GRANT REVISIONS

Once funded, grant revision requests must be submitted with a grant application cover page, signed and dated by an authorized official. Signatures must be original with current dates. Revisions to the budget must be submitted on a Budget Revision Request form to the INCOG Area Agency on Aging for approval.

I. APPEAL PROCEDURES

Applicants who are denied funding through this RFP process may submit a written request for hearing to the INCOG Area Agency on Aging within 30 days of the applicant’s receipt of funding denial notice. The written request must include a detailed explanation of the applicant’s grounds for appeal. Hearings may also be requested by organizations whose funding is suspended or terminated prior to the end of an approved project period.

STATE FISCAL YEAR 2016 REQUEST FOR PROPOSAL GUIDE

RFP PART II. APPLICATION INSTRUCTIONS

| | |
|---|----|
| A. Application Cover Page | 7 |
| B. Scope of Work Justification | 8 |
| 1. Title III | |
| a. Homemaker | |
| b. Legal Assistance | |
| c. Legal Education | |
| d. Transportation | |
| e. Transportation - nutrition | |
| f. Outreach | |
| g. Congregate Meals | |
| h. Nutrition Counseling | |
| i. Nutrition Education | |
| j. Home Delivered Meals | |
| k. Health Promotion | |
| l. Meal and Dietary Consultation | |
| m. Caregiver Respite | |
| n. Caregiver Respite for Grandparents Raising Grandchildren | |
| o. Caregiver Access Assistance | |
| p. Caregiver Counseling | |
| q. Caregiver Information Services | |
| 2. Commercial and Contractual | |
| C. Service Implementation | 8 |
| D. Characteristics of the Project Area | 9 |
| 1. Geographic | |
| 2. Demographic | |
| E. Project Advisory Council | 9 |
| F. Project Board of Directors | 9 |
| G. Targeting | 9 |
| H. Coordination | 9 |
| 1. Community Service Agencies | |
| 2. Community Focal Points | |
| I. Capacity of Project Sponsor | 10 |
| J. Evaluation/Quality Assurance | 10 |
| K. Budget Justification | 10 |
| 1. Personnel | |
| 2. Travel | |
| 3. Food | |
| 4. Equipment | |
| 5. Rent/Utilities | |
| 6. Other | |
| 7. Indirect Costs | |
| L. Unit Cost Computation and Service Cost Methodology | 12 |
| M. Assurances/Certifications of Compliance | 12 |

PART II. APPLICATION INSTRUCTIONS

All applications will be evaluated and given a number score based on the sections in Part II. Each section of the application should be completed in accordance with outlined instructions. Application documents should be typed, double-spaced, and pages numbered. Use forms where indicated.

A. APPLICATION COVER PAGE (Part III. A) - 5 points

Complete this page with the original signature of the official authorized to sign the application.

1. Project Name: Enter a brief name, descriptive of your project, not exceeding one typed line.
2. Type of Application: Check the appropriate box indicating the type of application: public, private non-profit or private profit-making.
3. Applicant: Enter the legal name, mailing address, and telephone number of the local organization or agency that will administer the project. If applicant receives mail at a post office box, also include street address of applicant.
4. Project Location: This is the actual physical location of the project to be conducted with grant funds. Enter the street, city, state, zip code, county, and telephone number, if known at the time the application is submitted. Do not show a post office box unless a street address is not available.
5. Financial Officer: Enter the name and telephone number of the person who will be responsible for fiscal matters relating to the project. If different, also enter the name and telephone number of the person who will be completing the financial reports.
6. Project Director: Enter the name and telephone number of the individual who will directly oversee the activities of the project.
7. Cost of Project: Enter the cost of your proposed project. Include Older Americans Act Title III funds, donations, grantee cash, Nutrition Service Incentive Program (NSIP - nutrition projects only) and total funding.
8. Contract Reimbursement: If applicable, enter estimated amount of ADvantage funds and/or amount of other contract funds complete with description.
9. Previous Project Years: Enter the number of years the project has received Title III funding, if applicable.
10. Project Duration: Fill in the appropriate year in both blank spaces.
11. Project Summary: Briefly and specifically describe the proposed project, e.g., Funds requested are to purchase, operate, and maintain two, twelve-passenger vans which will be used to transport older individuals to medical and other essential services in Tulsa County. Do not list units of service.
12. Official Authorized to Sign Application: Enter the name of the individual authorized to enter into binding contracts/grants on behalf of the applicant. The authorized official must *sign and date* the grant application cover page.

B. SCOPE OF WORK JUSTIFICATION - 15 Points

1. Complete a Scope of Work Justification (Part III. B.1.) for each OAA Title III service funding requested, listing the following information. There will be a scope of work provided for every service.

Legal name of provider;

- I. Each county where services are to be provided;
- II. Name of service (*See Part IV. Appendix A. "Taxonomy of Older Americans Act Title III Services" for service titles and definitions*);
- III. (A) Projected number of unduplicated persons to be served, if required;
- III. (B) Total Funding for each service – Total funding is Title III and NSIP funding, if applicable, plus Local funding (Program income and Grantee Cash);
- III. (C.) Projected Service Units to be provided;
- III. (D) Service unit costs – Enter the unit cost from Part III.L. Unit Cost Computation and Service Cost Methodology; and
- IV. Activities to meet the scope of work. Any additional information can be added as needed.

2. If applicable, complete a Commercial or Contractual Scope of Work Justification (Part III. B.2.). Projects engaged in public or private commercial or contractual activities must complete a separate Scope of Work Justification for each contracted activity. Unit cost computation and service cost methodology is provided in Part III. L. as specified in OAC Policy 340:105-10-105.1.

C. SERVICE IMPLEMENTATION - 20 Points

1. Provide a **detailed** description of how each service will be implemented using the activities listed in the scope of work justification. Include information such as:
 - Staff to be utilized;
 - Number of persons to be served; and
 - Indicate service delivery from a primary site, in-home, rotating sites, established routes, or on-demand, etc. Nutrition projects have extensive mandates related to service delivery. See OAC 340:105-10-68 and related policies for nutrition program service standards.
2. Provide a brief overview of the following:
 - a description of the project's plan for "*Emergency Preparedness*";
 - a statement that the project will "*confirm and influence the coordinated vaccination of seniors, particularly for influenza and pneumonia,*" and a brief description of plan for implementation.
3. Projects must disclose any public or private commercial or contractual activities which may impact Older Americans Act (OAA) services by detailing the nature of services and completing Scope of Work Justification Part III. B. 2. See OAC 340:105-10-105.1.

D. CHARACTERISTICS OF THE PROJECT AREA - No Points

The following information is provided by INCOG Area Agency on Aging. Refer to Part III. D, to be included with your application.

1. A chart that outlines the geographic service area for the proposed project is provided.
2. A chart describing the composition of older individuals in the proposed service area is provided, including the number and geographic concentrations of older individuals in the greatest economic and social need, with particular attention to low-income minority individuals and older individuals residing in rural areas as outlined in the "Targeting" section of this guide (Item G).

E. PROJECT ADVISORY COUNCIL – 2.5 Points

Outline the purpose of the advisory council and list the membership. A project advisory council is mandatory for all projects. *Form is provided as Part III. E. See OAC Policy 340:105-10-52, Title III Project Advisory Council.*

F. PROJECT BOARD OF DIRECTORS – 2.5 Points

Outline the role of the board of directors and list the membership. *Form is provided as Part III. F.*

G. TARGETING - 10 Points

The priorities listed below should be used to assist in determining recipient of in-home services, including home-delivered meals, homemaker.

1. Economic Need – As outlined in the current federal "Poverty guidelines" as being above or below the poverty line.
2. Social Need – Based on ADL and IADL Impairment count as determined by the Approved Assessment tool.
3. Other consideration should be given to:
 - a. Individuals with Alzheimer's or related disorders;
 - b. Individuals residing in rural areas;
 - c. Minorities; and
 - d. Individuals with language barriers.

H. COORDINATION - 5 Points

1. Describe the activities to be undertaken with other community service agencies to assure maximum utilization of other public and private resources in support of the project, e.g., joint planning, training, and public relations.
2. Describe efforts that will be undertaken to coordinate with the focal points (See OAC 340:105-42 Designation of Community Focal Points).

I. CAPACITY OF PROJECT SPONSOR - 20 Points

1. Give a brief history of the applicant organization including date of incorporation. Include copies of Certificate of Incorporation, Articles of Incorporation, Bylaws, and Certificate of Non-Profit Status, if applicable.
2. Describe the applicant agency's capacity to administer the proposed project, including licenses, certifications, physical facilities and health and safety programs. Registered Dietician must provide a copy of their license and/or certification.
3. Describe the applicant agency's experience in the provision of services to older individuals with specific reference to experience serving the groups listed in the "Targeting" section.
4. New applicants are to describe how services will be provided to existing clients without interruption of services.

J. EVALUATION/QUALITY ASSURANCE - 5 Points

Describe methods that will be used to evaluate and assure that quality services are provided. Attach a copy of the survey to be used at minimum once a year. The required survey must be distributed, collected and analyzed within the second quarter of the fiscal year. Submit analysis to IAAA no later than December 31, 2015.

K. BUDGET - 15 Points

Develop a budget justification; see Part III.K - Budget Justification that lists all budget items and costs associated with the project by the following categories:

1. Personnel;
2. Travel;
3. Food (nutrition projects only);
4. Equipment;
5. Rent/utilities;
6. Other; and
7. Indirect Cost

Show each category in four funding columns which include: Title III Funding, Local Funding, NSIP Funding, and Non-OAA Program Income Funding.

All projects are required to use the Excel spreadsheets provided by IAAA to create their budgets. Do not make any format or formula changes to the spreadsheets; you are to enter budget information only. Submit your budget with your application on the provided flash drive.

NOTE: OAC Policy 340:105-10-121 states the total administration costs charged to the Title III grant may not exceed the maximum provided in Federal law.

- I. Each **“Personnel”** entry in the budget justification must contain, at a minimum, the following information (include all applicable information for vacant positions):
 - a. job title;
 - b. name of individual to occupy position;
 - c. employee anniversary date (month and year);
 - d. Job Family Descriptor and corresponding pay band-- refer to www.ok.gov/opm/HR_and_Employee_Services/index.html to find Job Family Descriptors and information about Pay Bands;
 - e. salary breakdown, i.e., hourly wage x number hours/per day at specific wage x number of days/per year and compute monthly salary x 12 months for salaried employees;
 - f. designate “full-time” or “part-time” for each position;
 - g. longevity for each eligible employee; and
 - h. fringe benefits with each benefit computed separately

NOTE: Reference SUOA Policy Memo 04-12 re: Implementation of Revised OAC Policies 340:105-10-72, 120; and 121 for the “Personnel” information in the Budget Justification.

- II. Each **“Travel”** entry must include the position for which the travel is allocated, as well as the specific computation, e.g., project director - 200 miles/month x \$.325/mile x 12 months = \$780.00.
- III. Each **“Food”** entry must include the following information (if applicable):
 - a. designation as “cooking” or “satellite” site;
 - b. total number of meals allocated per site x raw food cost per meal x number of serving days per year = food cost; and
 - c. total for each budget category, as well as the “total” of all budget categories for the project.
- IV. Each **“Equipment”** entry must include equipment purchase estimates.
- V. Each **“Rent/Utilities”** entry must include the following information:
 - a. Rent – Show rent to be paid by the project and list any rent donated and entity, i.e., City of XXXX for \$500./per month; and
 - b. Utilities - \$150.00/month x 12 = \$1,800.00. NOTE: Telephone is not a utility.
- VI. Each **“Other”** entry must include the following information where applicable:
 - a. equipment maintenance/repair estimates;
 - b. telephone - \$45.00/month x 12 = \$540.00;
 - c. pest control - \$30.00/month x 12 = \$360.00;
 - d. home delivered meal containers - \$.35/container x 90 meals/day x 260 days = \$8,190.00;
 - e. janitorial supplies (bleach, can liners, mops, etc.) - \$43.00/month x 12 = \$516.00;
 - f. kitchen supplies (gloves, foil, etc.) - \$203.00/month x 12 = \$2,436.00;

- g. garbage pickup - \$60.00/month x 12 = \$720.00;
- h. van – gas - \$1,068/year; maintenance - \$100/year; insurance - \$455/year = \$1,623.00;
- i. health fair- Promotion - \$500; materials - \$1,500; building rent - \$500 = \$2,500.00;
- j. AIM annual maintenance fees - \$480.00;
- k. CPA or qualified individual annual fee (computation of service cost); and/or
- l. annual audit fee.
- m. advertising for Staff employees.

VII. **“Indirect Cost”** entries **must include an attached copy of negotiated agreement** -Negotiated agreement must include indirect cost allocation methodology for each itemized cost. It is a requirement to submit a separate Indirect Budget Justification Page for all indirect costs (personnel, rent, utilities, travel, etc.). Indirect costs are a separate line item cost and must be included in all supporting budget pages as such.

L. UNIT COST COMPUTATION AND SERVICE COST METHODOLOGY

Provide the unit cost and service cost. **Form is provided in Part III. L.** See *OAC Policy 340:105-10-50, Title III Services Taxonomy*.

M. ASSURANCES/CERTIFICATIONS OF COMPLIANCE

All applicants must demonstrate their willingness to comply with applicable State and Federal Statute by signing or initialing each assurance and certification in this Part.

NOTE: APPLICANTS ARE ADVISED TO CAREFULLY READ EACH ASSURANCE AND CERTIFICATION BEFORE SIGNING OR INITIALING TO DETERMINE THAT COMPLIANCE CAN AND WILL BE MAINTAINED BY YOUR ORGANIZATION.

Please keep a copy of all assurances and certifications for your records.

**STATE FISCAL YEAR 2016
REQUEST FOR PROPOSAL GUIDE**

**RFP PART III.
APPLICATION FORMS**

| | Page |
|---|------|
| A. Application Cover Page | 14 |
| B. Scope of Work Justification | |
| 1. Title III | 15 |
| 2. Commercial and Contractual | |
| C. Service Implementation | 39 |
| D. Characteristics of the Project Area | 39 |
| E. Project Advisory Council | 40 |
| F. Project Board of Directors | 41 |
| G. Targeting | 42 |
| H. Coordination | 43 |
| I. Capacity of Project Sponsor | 49 |
| J. Evaluation/Quality Assurance | 50 |
| K. Budget | 51 |
| L. Unit Cost Computation and Service Cost Methodology | 52 |
| M. Assurances and Certifications of Compliance: | 53 |
| 1. Non-Collusion Affidavit | |
| 2. Voluntary Withdrawal of Title III Project | |
| 3. Unavailability of Funding Clause | |

APPLICATION COVER PAGE

| | | | |
|--|--|---|--|
| INCOG AREA AGENCY ON AGING 2 West Second Street, Suite 800 Tulsa, OK 74103 918-584-7626 | | APPLICATION FOR OLDER AMERICANS ACT GRANT SFY2015 - 2016 | |
| 1. PROJECT NAME | | | |
| 2. TYPE OF APPLICATION | | | |
| Public <input type="checkbox"/> Private Non-Profit <input type="checkbox"/> Private Profit-Making <input type="checkbox"/> | | | |
| 3. APPLICANT NAME, ADDRESS, PHONE | | 4. PROJECT LOCATION | |
| | | Telephone (_____) _____ | |
| 5. FINANCIAL OFFICER | | 6. PROJECT DIRECTOR | |
| Telephone (_____) _____ | | Telephone (_____) _____ | |
| 7. COST OF PROJECT | | 8. CONTRACT REIMBURSEMENT | |
| Title III \$ _____ | | ADvantage <input type="checkbox"/> \$ _____ | |
| Local Donation \$ _____ | | Other <input type="checkbox"/> \$ _____ | |
| Grantee Cash \$ _____ | | If Other, describe _____ | |
| NSIP \$ _____ | | _____ | |
| TOTAL: \$ _____ | | _____ | |
| 9. PREVIOUS PROJECT YEARS: | | 10. PROJECT DURATION: | |
| This project HAS RECEIVED Title III funds to provide services for _____ Year(s). | | _____ 2 _____ YEAR OF A _____ 2 _____ YEAR GRANT | |
| 11. PROJECT SUMMARY | | | |
| TERMS AND CONDITIONS: It is understood and agreed by the undersigned that: 1) funds granted as a result of this request are to be expended for the purpose set forth herein and in accordance with all applicable laws, regulations, policies and procedures of this state and the Administration on Aging of the U.S. Department of Health and Human Services; 2) any proposed changes in the proposal as approved would be submitted in writing by the applicant and upon notification of approval by the Area Agency shall be deemed incorporated into and become a part of this agreement; 3) funds awarded by the Area Agency may be terminated at any time for violations of any terms and requirements of the agreement. | | | |
| 12. OFFICIAL AUTHORIZED TO SIGN APPLICATION | | | |
| _____ | | | |
| Official's Name | | | |
| _____ | | | |
| Official's Title: | | _____ | |
| | | Official's Signature | |
| | | Date | |

**SFY 2016 SCOPE OF WORK JUSTIFICATION
OAA Title III**

LEGAL NAME:

| | | | |
|---|-----------------------------|--------------------|--|
| I. SERVICE AREA INCLUDES THE FOLLOWING COUNTIES: (NOTE YOUR SELECTED COUNTIES TO SERVE) | | | |
| | | | |
| II. SERVICE: Homemaker | | | |
| | | | |
| III. (A) \$ Unit Cost | (B) \$ Total Funding | (C) # Units | (D) Unduplicated Persons Served |
| | | | |
| IV. Activities to Meet the Scope of Work | | | |
| 1. Provider will comply with the General Service Standards described in Policies and Procedures for Title III of the Older Americans Act of 1965 (OKDHS Aging Services) as well as service specific standards. | | | |
| 2. In determining homemaker service recipients' priority will be given to those in greatest economic and/or social need, in addition to using the Activities of Daily Living and Instrumental Activities of Daily Living score from the approved assessment tool. | | | |
| 3. Provider will deliver Older Americans Act training for new project staff as a part of their orientation. | | | |
| 4. Provider will offer service recipients the opportunity to have their home evaluated for conditions that could lead to a debilitating fall by completing the "Home Safety Checklist." A copy will be forwarded to Outreach and other referral agencies, as deemed necessary. | | | |
| 5. Provider will conduct at least one public information activity per quarter to a unique group, faith organization, senior housing, or other senior program to provide outreach and education to potential participants. Record activity on monthly S-19 report. | | | |
| 6. Provider will deliver Social Services in the form of <u>new</u> participant registration using an approved form and making a referral to Outreach services for in-home assessment. Social Services will also conduct bi-annual face-to-face updates with established participants using an approved form. Determination of eligibility for homemaker services will be decided by provider based on the Outreach assessment findings. | | | |
| 7. Advanced Information Manager (AIM) data entry for UoS is required. | | | |
| 8. Provider will distribute, collect, and analyze satisfaction surveys in 2nd quarter. | | | |

**SFY 2016 SCOPE OF WORK JUSTIFICATION
OAA Title III**

LEGAL NAME:**I. SERVICE AREA INCLUDES THE FOLLOWING COUNTIES:**

Creek, Osage and Tulsa Counties

II. SERVICE: Legal Assistance

| III. (A) Unduplicated Persons Served | (B) Total all Funding | (C) Minimum Units Served | (D) Unit Cost |
|---|----------------------------------|-------------------------------------|----------------------|
| | | | |

IV. Activities to Meet the Scope of Work

1. Provider will comply with the General Service Standards described in Policies and Procedures for Title III of the Older Americans Act of 1965 (OKDHS Aging Services) as well as service specific standards.

2. Provides legal advice and ensures the rights and entitlements of older persons by providing or securing legal services.

3. Provider gives priority to services related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination and employ staff with expertise in these fields.

4. Provider will target older persons in greatest economic and/or social need.

5. Provider will deliver Older Americans Act training for new project staff as a part of their orientation.

6. Provider will deliver Social Services in the form of new participant registration using an approved form. Annual updates with returning participants will be conducted using an approved form. A referral to Outreach must be offered with each registration.

7. Advanced Information Manager (AIM) data entry for UoS is required.

8. Provider will distribute, collect, and analyze satisfaction surveys in 2nd quarter.

**SFY 2016 SCOPE OF WORK JUSTIFICATION
OAA Title III**

LEGAL NAME:**I. SERVICE AREA INCLUDES THE FOLLOWING COUNTIES:**

Creek, Osage and Tulsa Counties

II. SERVICE: Legal Community Education

| III. (A) Unduplicated Persons Served | (B) Total all Funding | (C) Minimum Units Served | (D) Unit Cost |
|---|----------------------------------|-------------------------------------|----------------------|
| | | | |

IV. Activities to Meet the Scope of Work

1. Provider will make 24 group presentations at designated community focal points in the Planning and Service Area for the purpose of providing outreach and raising awareness on legal issues impacting seniors. Record activity on monthly S-19 report.

2. Provider will deliver Older Americans Act training for new project staff as a part of their orientation.

3. Provider will distribute, collect, and analyze satisfaction surveys and submit results to IAAA by end of 2nd quarter.

4. Advanced Information Manager (AIM) data entry for presentations is required.

**SFY 2016 SCOPE OF WORK JUSTIFICATION
OAA Title III**

LEGAL NAME:

| | | | |
|---|----------------------------------|-------------------------------------|----------------------|
| I. SERVICE AREA INCLUDES THE FOLLOWING COUNTIES: (NOTE YOUR SELECTED COUNTIES TO SERVE) | | | |
| | | | |
| II. SERVICE: Transportation | | | |
| | | | |
| III. (A) Unduplicated Persons Served | (B) Total all Funding | (C) Minimum Units Served | (D) Unit Cost |
| | | | |
| IV. Activities to Meet the Scope of Work | | | |
| <p>1. Provider will coordinate trips for medical (including but not limited to physician appointments, pharmacy, dialysis, chemotherapy and adult day services); grocery shopping, approved leisure activities, health promotion events and education seminars. Provider will also coordinate, as a priority, requested trips to Title III senior nutrition sites.</p> | | | |
| <p>2. Provider will comply with the general and service specific standards described in Policies and Procedures for Title III of the Older Americans Act of 1965 (OKDHS Aging Services).</p> | | | |
| <p>3. Provider will deliver Older Americans Act training for new project staff as a part of their orientation.</p> | | | |
| <p>4. Provider will track unduplicated riders and the types of ride (medical, nutrition, social, shopping) they utilize each month and submit on S-19 report.</p> | | | |
| <p>5. Provider will conduct at least one public information activity per quarter to a unique group, faith organization, senior housing, or other senior program to provide outreach and education to potential participants. Record activity on monthly S-19 report.</p> | | | |
| <p>6. Provider will deliver Social Services in the form of new participant registration using an approved form. Annual updates with returning participants will be conducted using an approved form. A referral to Outreach must be offered with each registration.</p> | | | |
| <p>7. Advanced Information Manager (AIM) data entry for Transportation UoS is required.</p> | | | |
| <p>8. Provider will distribute, collect, and analyze satisfaction surveys in the 2nd quarter.</p> | | | |

**SFY 2016 SCOPE OF WORK JUSTIFICATION
OAA Title III**

LEGAL NAME:

| |
|---|
| SERVICE AREA INCLUDES THE FOLLOWING COUNTIES: Tulsa County |
| |
| II. SERVICE: Transportation (Nutrition) |
| |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 25%;">III. (A) Unduplicated Persons Served</div> <div style="width: 25%;">(B) Total all Funding</div> <div style="width: 25%;">(C) Minimum Units Served</div> <div style="width: 25%;">(D) Unit Cost</div> </div> |
| |
| IV. Activities to Meet the Scope of Work |
| 1. Will provide trips for a limited number of purposes with primary focus on Tulsa County Title III nutrition sites. |
| 2. Other transportation needs to include medical (physician appointment, pharmacy, Adult Day Service etc.), grocery shopping, educational seminars (Title III providers, health and education seminars or other senior services). |
| 3. Provider will comply with the general and service specific standards described in Policies and Procedures for Title III of the Older Americans Act of 1965 (OKDHS Aging Services). |
| 4. Provider will deliver Older Americans Act training for new project staff as a part of their orientation. |
| 5. Provider will track all unduplicated riders and their number of nutrition rides each month in the Advanced Information Manager (AIM) program. |
| 6. Provider will deliver Social Services in the form of new participant registration using an approved form. Annual updates with returning participants will be conducted using an approved form. A referral to Outreach must be offered with each registration. |
| 7. Provider will conduct at least one public information activity per quarter to a unique group, faith organization, senior housing, or other senior program to provide outreach and education to potential participants. Record activity on monthly S-19 report. |
| 8. Provider will distribute, collect, and analyze satisfaction surveys within the 2nd quarter. |
| 9. Advanced Information Manager (AIM) data entry for Transportation (Nutrition) UoS is required. |

**SFY 2016 SCOPE OF WORK JUSTIFICATION
OAA Title III**

LEGAL NAME:

| | | | |
|---|----------------------------------|-------------------------------------|----------------------|
| I. SERVICE AREA INCLUDES THE FOLLOWING COUNTIES: | | | |
| Creek, Osage, and Tulsa Counties | | | |
| II. SERVICE: Outreach | | | |
| III. | | | |
| (A) Unduplicated Persons Served | (B) Total all Funding | (C) Minimum Units Served | (D) Unit Cost |
| | | | |
| IV. Activities to Meet the Scope of Work | | | |
| 1. Provider will conduct in home (face to face) one-on-one assessments, and follow-up as requested by the client, for Title III and non-Title III services. | | | |
| 2. Provider will seek out and identify hard to reach older persons and targeted populations. Provider will conduct at least one public information activity per month to a variety of unique groups, faith organization, senior housing, senior centers or nutrition sites or other senior programs to provide outreach and education to potential clients. Record activity on monthly S-19 report. | | | |
| 3. Provider will work closely with Title III in home service providers (homemaker, home delivered meals and respite) in regards to assessment findings, referrals, etc. | | | |
| 4. Provider will encourage older adults to participate in services and benefit programs as appropriate. | | | |
| 5. Provider will assist clients with access to needed services through referral and advocacy to Title III and non-Title III programs through consent of client. | | | |
| 6. Advanced Information Manager (AIM) data entry for Outreach UoS and required client information is required. | | | |
| 7. Provider will distribute, collect, and analyze satisfaction surveys within the 2 nd quarter. | | | |

SFY 2016 SCOPE OF WORK JUSTIFICATION
OAA Title III

LEGAL NAME:

| | | | |
|---|----------------------------------|-------------------------------------|----------------------|
| I. SERVICE AREA INCLUDES THE FOLLOWING COUNTIES: (NOTE YOUR SELECTED COUNTIES TO SERVE) | | | |
| | | | |
| II. SERVICE: Congregate Meals | | | |
| | | | |
| III. (A) Unduplicated Persons Served | (B) Total all Funding | (C) Minimum Units Served | (D) Unit Cost |
| | | | |
| IV. Activities to Meet the Scope of Work | | | |
| 1. Provider will comply with the general and service specific standards described in Policies and Procedures for Title III of the Older Americans Act of 1965 (OKDHS Aging Services). | | | |
| 2. One hot meal, or other appropriate meal, will be provided five days per week, at least 250 days per year. | | | |
| 3. Site Managers will provide Social Services by completing the approved congregate assessment/registration form for new participants. Annual updates with current participants will be conducted using an approved form. For each participant who scores a 6 or higher on the "Determine Your Nutritional Health" section, a referral must be made to Nutrition Consulting using the referral form. As a best practice, this service should be offered to all participants. A referral to Outreach services must be offered to all participants at their time of registration. | | | |
| 4. Advanced Information Manager (AIM) data entry for Congregate meal UoS is required. | | | |
| 5. Site Managers will document the number of referrals and refusals for nutrition counseling on their monthly S-19 report. | | | |
| 6. All Site Managers/Volunteer Site Managers must provide one presentation of their choice per month, to their participants and record on the monthly S-19 report. | | | |
| 7. Each nutrition site (including central kitchens) must have a current copy of their County Health Department inspection and Fire and Safety inspection submitted with the RFP. A copy of each new inspection report must be submitted to IAAA within 30 business days of the date of inspection. | | | |
| 8. Nutrition Site Managers must present nutrition education each month as provided by the Registered Dietician. All sites must allow time for a bi-monthly onsite presentation of nutrition education by the Registered Dietician. | | | |

9. Provider will conduct at least one public information activity per month to a unique group, faith organization, senior housing, or other senior program to encourage growth in the senior nutrition program. Record activity on monthly S-19 report.

10. Provider will deliver Older Americans Act training for new project staff as a part of their orientation.

11. Provider will distribute, collect, and analyze satisfaction surveys within the 2nd quarter.

**SFY 2016 SCOPE OF WORK JUSTIFICATION
OAA Title III**

LEGAL NAME:**I. SERVICE AREA INCLUDES THE FOLLOWING COUNTIES:**

Creek, Osage, and Tulsa Counties

II. SERVICE: Nutrition Counseling

| III. (A) Unduplicated Persons Served | (B) Total all Funding | (C) Minimum Units Served | (D) Unit Cost |
|---|----------------------------------|-------------------------------------|----------------------|
| | | | |

IV. Activities to Meet the Scope of Work

1. Provider will adhere to the general and service specific standards described in Policies and Procedures for Title III of the Older Americans Act of 1965 (OKDHS Aging Services).

2. Provider will offer individualized guidance to a person who is at nutritional risk because of health or nutrition history, dietary intake, medications use, chronic illnesses, or to caregivers.

3. Provider will be a Registered Dietician who will offer nutritional counseling one-on-one to address the options and methods for improving nutrition status.

4. Provider will attend monthly nutrition Site Manager meetings and quarterly meetings as scheduled with IAAA.

5. Provider will deliver Social Services in the form of new participant registration using an approved form. Annual updates with returning participants will be conducted using an approved form. A referral to Outreach services must be offered with each registration.

6. Advanced Information Manager (AIM) data entry for Nutrition Counseling UoS is required.

7. Provider will distribute, collect, and analyze satisfaction surveys within the 2nd quarter.

**SFY 2016 SCOPE OF WORK JUSTIFICATION
OAA Title III**

LEGAL NAME:

| | | | |
|--|----------------------------------|-------------------------------------|----------------------|
| I. SERVICE AREA INCLUDES THE FOLLOWING COUNTIES: Creek, Osage, and Tulsa Counties | | | |
| II. SERVICE: Nutrition Education | | | |
| III. (A) Unduplicated Persons Served | (B) Total all Funding | (C) Minimum Units Served | (D) Unit Cost |
| | | | |
| IV. Activities to Meet the Scope of Work | | | |
| 1. Provider will adhere to the General Service Standards described in Policies and Procedures for Title III of the Older Americans Act of 1965 (OKDHS Aging Services) as well as service specific standards. | | | |
| 2. Nutrition education presentations, prepared by a Registered Dietician, will be offered monthly to congregate meal participants at every nutrition site. Materials will also be made available monthly to home delivered meal recipients. Bi-monthly presentations by the RD will be made at all nutrition sites (Creek 72, Osage 60 and Tulsa 108 for a total of 240 presentations) | | | |
| 3. Provider will prepare education topics that are relevant to Older Adult population needs and expressed interests. | | | |
| 4. Provider will attend monthly nutrition Site Manager meetings and quarterly meetings as scheduled with IAAA. | | | |
| 5. Advanced Information Manager (AIM) data entry for Nutrition Education UoS is required. | | | |
| 6. Provider will distribute, collect, and analyze satisfaction surveys and submit results to IAAA by end of 2 nd quarter. | | | |

SFY 2016 SCOPE OF WORK JUSTIFICATION OAA Title III

LEGAL NAME:

| | | | |
|--|----------------------------------|-------------------------------------|----------------------|
| I. SERVICE AREA INCLUDES THE FOLLOWING COUNTIES: (NOTE YOUR SELECTED COUNTIES TO SERVE) | | | |
| | | | |
| II. SERVICE: Home Delivered Meals | | | |
| | | | |
| III. (A) Unduplicated Persons Served | (B) Total all Funding | (C) Minimum Units Served | (D) Unit Cost |
| | | | |
| IV. Activities to Meet the Scope of Work | | | |
| 1. Provider will comply with the general and service standards described in Policies and Procedures for Title III of the Older Americans Act of 1965 (OK DHS Aging Services). | | | |
| 2. Provider will provide at least one hot, or other appropriate meal, to eligible participants in their home at a minimum of five days per week. | | | |
| 3. Provider will distribute materials from INCOG Area Agency on Aging and nutrition education materials from Registered Dietician to participants as requested. | | | |
| 4. Provider will complete a minimum of one “dummy meal” for temperature and quality tracking purposes each month unless the meal is frozen. The cook time and temperature must be recorded along with the time of the last delivery stop. Calculation of the elapsed time between the cook time and last delivery must be recorded. Any discrepancies or issues must be recorded. | | | |
| 5. Provider will conduct at least one public information activity per month to a unique group, faith organization, senior housing, or other senior program to encourage growth in the senior nutrition program. Record activity on monthly S-19 report. | | | |
| 6. Provider will deliver Older Americans Act training for new project staff as a part of their orientation. | | | |
| 7. Provider will deliver Social Services in the form of <u>new</u> participant registration using an approved form and making a referral to Outreach services for in-home assessment. Social Services staff will also conduct bi-annual face-to-face updates with established participants using an approved form. Determination of eligibility for new participant home delivered meals will be decided by provider based on the Outreach assessment findings. Determination of continued eligibility will be based on the Social Services staff update findings. | | | |

8. Advanced Information Manager (AIM) data entry for Home Delivered Meal UoS is required.

9. Each home delivered meal container must be marked with the date the food was prepared and a statement to “consume or refrigerate by (insert time)”. The inserted time must reflect the time that is four hours post removal from temperature control time.

10. Provider will distribute, collect, and analyze satisfaction surveys within the 2nd quarter.

**SFY 2016 SCOPE OF WORK JUSTIFICATION
OAA Title III**

LEGAL NAME:**I. SERVICE AREA INCLUDES THE FOLLOWING COUNTIES:**

Creek, Osage, and Tulsa Counties

II. SERVICE: Health Promotion/Disease Prevention

| III. (A) Unduplicated Persons Served | (B) Total all Funding | (C) Minimum Units Served | (D) Unit Cost |
|--|--------------------------|-----------------------------|---------------|
| | | | |

IV. Activities to Meet the Scope of Work

1. Chronic Disease Self-Management Program—using Stanford University’s evidence-based program, will conduct at least 1 workshop in Osage County and in Creek County and least 3 workshops in Tulsa County for a total of 5 workshops; data collection, fidelity and reporting is required. Tomando, the Spanish speaking version of CDSMP/Living Longer Living Stronger, may be provided.

2. With a focus on evidence based fall prevention – will initiate Tai Chi: Moving for Better Balance workshops (6 in Tulsa County and 1 in Creek and Osage Counties) for a total of 8 workshops.

3. Provider will conduct two instructor trainings for Tai Chi for community leaders. Provider is responsible for recruitment of 10 participants per training.

4. Provider will target senior adults in at least one Medically Underserved Area (MUA), as defined by the Department of Health and Human Services, in Tulsa Co.

5. Diabetes Self-Management Program—using Stanford University’s evidence-based program, will conduct at least 1 workshop in Osage County and in Creek County and least 2 workshops in Tulsa County for a total of 4 workshops; data collection, fidelity and reporting is required.

6. Provider will coordinate all marketing with INCOG AAA.

7. Advanced Information Manager (AIM) data entry for workshop UoS is required.

7. Provider will coordinate a quarterly meeting with all program leaders of LLLS, DSMP, Tai Chi – Moving for Better Balance and IAAA.

8. Provider will deliver Older Americans Act training for new project staff as a part of their orientation.

9. Provider will conduct public information activities as needed to a unique group, faith organization, senior housing, or other senior program to provide outreach/recruitment and education of programs to potential new participants. Record activity on monthly S-19 report.

10. Provider will deliver Social Services in the form of new participant registration using an approved form. A referral to Outreach must be offered with each workshop registration.

11. Provider work time must be submitted as actual time; no percentages.

12. Provider will distribute, collect, and analyze satisfaction surveys at the completion of each workshop and submit results to IAAA ongoing throughout the year.

SFY 2016 SCOPE OF WORK JUSTIFICATION OAA Title III

LEGAL NAME:**I. SERVICE AREA INCLUDES THE FOLLOWING COUNTIES:**

Creek, Osage, and Tulsa Counties

II. SERVICE: Meal and Dietary Consultation (non-taxonomy service)

| III. (A) Unduplicated Persons Served | (B) Total all Funding | (C) Minimum Units Served | (D) Unit Cost |
|--|--------------------------|--|--|
| NA | \$ | 20 Sites Bi-monthly 1 Central Kitchen Monthly* (If applicable) | \$400.00/site visit (#4,#5,#6, and mileage are included in unit cost) |

IV. Activities to Meet the Scope of Work

1. Provider will adhere to the General Service Standards described in Policies and Procedures for Title III of the Older Americans Act of 1965 (OK DHS Aging Services) as well as service specific standards.

2. Provider must be a Registered Dietician.

3. Provider will conduct bi-monthly assessments at each Title III nutrition site and monthly assessments at central kitchens (if present) in Creek, Osage and Tulsa Counties. A minimum of three hours for a satellite site and five hours for a cook site/central kitchen must be completed. Currently there are 15 satellite, 5 cook sites and 1 Central Kitchen.

4. Provider will prepare menus, with a 4 week minimum rotation, and nutrition analysis to ensure each meal meets 1/3 of the Dietary Reference Intake (DRI) for the appropriate age population. Provider will work with nutrition programs to recommend cost-effective meals.

5. Provider will submit required monthly Dietary Consultant's reports and monthly Title III Services Program Reports to IAAA and each Nutrition Project office.

6. Provider will attend monthly site manager meetings at each project office or designated meeting location. Provider will also attend menu review meetings with each nutrition project as scheduled, typically on a quarterly basis. Required trainings and meetings hosted by IAAA may be held throughout the year.

7. Provider will deliver Older Americans Act training for new project staff as a part of their orientation.

**SFY 2016 SCOPE OF WORK JUSTIFICATION
OAA Title III**

LEGAL NAME:

| | | | |
|---|----------------------------------|-------------------------------------|----------------------|
| I. SERVICE AREA INCLUDES THE FOLLOWING COUNTIES: | | | |
| Creek, Osage, and Tulsa Counties | | | |
| II. SERVICE: National Family Caregiver Support Program—Caregiver Respite | | | |
| III. | | | |
| (A) Unduplicated Persons Served | (B) Total all Funding | (C) Minimum Units Served | (D) Unit Cost |
| | | | |
| IV. Activities to Meet the Scope of Work | | | |
| 1. Provider will propose a system of equitable distribution of respite services throughout the service area. System may use vouchers, personal care and companion aides, adult day services or other appropriate subcontractors. | | | |
| 2. Provider will implement a method to determine respite priority needs. | | | |
| 3. Advanced Information Manager (AIM) data entry for Respite UoS is required. | | | |
| 4. Provider will conduct at least one public information activity per quarter to a unique group, faith organization, senior housing, or other senior program in an effort to provide outreach to the community and to promote caregiver respite services. Record activity on monthly S-19 report. | | | |
| 5. Provider will deliver Older Americans Act training for new project staff as a part of their orientation. | | | |
| 6. Provider will deliver Social Services in the form of <u>new</u> participant registration using an approved form and making a referral to Outreach services for in-home assessment. Social Services will also conduct bi-annual face-to-face updates with established participants using an approved form. Determination of eligibility for respite services will be decided by provider based on the Outreach assessment findings. | | | |
| 7. Provider will distribute, collect, and analyze satisfaction surveys within the 2nd quarter. | | | |

**SFY 2016 SCOPE OF WORK JUSTIFICATION
OAA Title III**

LEGAL NAME:

| | | | |
|--|----------------------------------|-------------------------------------|----------------------|
| I. SERVICE AREA INCLUDES THE FOLLOWING COUNTIES: | | | |
| Creek, Osage, and Tulsa Counties | | | |
| II. SERVICE: National Family Caregiver Support Program—Caregiver Respite for Grandparents Raising Grandchildren (GRG) | | | |
| III. | | | |
| (A) Unduplicated Persons Served | (B) Total all Funding | (C) Minimum Units Served | (D) Unit Cost |
| | | | |
| IV. Activities to Meet the Scope of Work | | | |
| 1. Provider will develop a respite voucher system for grandparents raising grandchildren. | | | |
| 2. Provider will propose a system of equitable distribution of Grandparent Raising Grandchildren respite services throughout the service area. | | | |
| 3. Provider will implement a method to determine respite priority needs. | | | |
| 4. Advanced Information Manager (AIM) data entry for GRG Respite UoS is required. | | | |
| 5. Provider will conduct at least one public information activity per quarter to a unique group, faith organization, senior housing, or other senior program in an effort to provide outreach to the community and to promote caregiver respite for grandparents raising grandchildren services. Record activity on monthly S-19 report. | | | |
| 6. Provider will deliver Older Americans Act training for new project staff as a part of their orientation. | | | |
| 7. Provider will deliver Social Services in the form of <u>new</u> participant registration using an approved form and making a referral to Outreach services for in-home assessment. Social Services will also conduct bi-annual updates with established participants using an approved form. Determination of eligibility for respite services will be decided by provider based on the Outreach assessment findings. | | | |
| 8. Provider will distribute, collect, and analyze satisfaction surveys within the 2nd quarter. | | | |

**SFY 2016 SCOPE OF WORK JUSTIFICATION
OAA Title III**

LEGAL NAME:

| | | | |
|--|----------------------------------|-------------------------------------|----------------------|
| I. SERVICE AREA INCLUDES THE FOLLOWING COUNTIES: | | | |
| Creek, Osage and Tulsa Counties | | | |
| II. SERVICE: National Family Caregiver Support Program—Caregiver Access Assistance | | | |
| III. | | | |
| (A) Unduplicated Persons Served | (B) Total all Funding | (C) Minimum Units Served | (D) Unit Cost |
| | | | |
| IV. Activities to Meet the Scope of Work | | | |
| 1. Provider will have extensive knowledge of community resources available to caregivers. | | | |
| 2. Provider will establish and implement follow-up procedures when assisting caregivers. | | | |
| 3. Provider will gather information on an approved intake form for each participant. | | | |
| 4. Provider will collect required data on each assisted caregiver and enter it into the Advanced Information Manager (AIM). AIM data entry for Caregiver Access Assistance UoS is required. | | | |
| 5. Provider will conduct at least one public information activity per quarter to a unique group, faith organization, senior housing, or other senior to provide outreach to the community. Record activity on monthly S-19 report. | | | |
| 6. Provider will deliver Older Americans Act training for new project staff as a part of their orientation. | | | |
| 7. Provider will deliver Social Services in the form of new participant registration using an approved form. Annual updates with returning participants will be conducted using an approved form. A referral to Outreach must be offered with each registration. | | | |
| 8. Provider will distribute, collect, and analyze satisfaction surveys within the 2nd quarter. | | | |

**SFY 2016 SCOPE OF WORK JUSTIFICATION
OAA Title III**

LEGAL NAME:

| | | | |
|---|----------------------------------|-------------------------------------|----------------------|
| I. SERVICE AREA INCLUDES THE FOLLOWING COUNTIES: | | | |
| Creek, Osage and Tulsa Counties | | | |
| II. SERVICE: National Family Caregiver Support Program—Caregiver Counseling | | | |
| III. | | | |
| (A) Unduplicated Persons Served | (B) Total all Funding | (C) Minimum Units Served | (D) Unit Cost |
| | | | |
| IV. Activities to Meet the Scope of Work | | | |
| 1. Provider will offer evidence-based Reach II (Resources for Enhancing Alzheimer's Caregiver Health II) for caregiver intervention. | | | |
| 2. Provider will develop a care plan and process for persons undergoing the Reach II intervention. | | | |
| 3. Provider will comply with all aspects of the intervention including reduce caregiver burden and depression, improve caregivers' ability to provide self-care, provide caregivers with social support, and help caregivers learn how to manage difficult behaviors in care recipient. | | | |
| 4. Provider will collect required data on each assisted caregiver and enter it into the Advanced Information Manager (AIM). AIM data entry for Caregiver Counseling UoS is required. | | | |
| 5. Provider will conduct at least one public information activity per quarter to a unique group, faith organization, senior housing, or other senior program to provide outreach and to aide in finding participants. Record activity on monthly S-19 report. | | | |
| 6. Provider will deliver Older Americans Act training for new project staff as a part of their orientation. | | | |
| 7. Provider will deliver Social Services in the form of new participant registration using an approved form. Annual updates with returning participants will be conducted using an approved form. A referral to Outreach must be offered with each registration. | | | |
| 8. Provider will distribute, collect, and analyze satisfaction surveys within the 2nd quarter. | | | |

**SFY 2016 SCOPE OF WORK JUSTIFICATION
OAA Title III**

LEGAL NAME:

| | | | |
|---|----------------------------------|-------------------------------------|----------------------|
| I. SERVICE AREA INCLUDES THE FOLLOWING COUNTIES: | | | |
| Creek, Osage, and Tulsa Counties | | | |
| II. SERVICE: National Family Caregiver Support Program—Information Services | | | |
| III. | | | |
| (A) Unduplicated Persons Served | (B) Total all Funding | (C) Minimum Units Served | (D) Unit Cost |
| | | | |
| IV. Activities to Meet the Scope of Work | | | |
| 1. Provider will offer evidence-based Caregiving programs to improve the health and well-being of Caregivers. | | | |
| 2. Provider will comply with intervention protocols that include helping caregivers manage their stress and cope better with their lives. | | | |
| 3. Provider will deliver Social Services in the form of new participant registration using an approved form. Annual updates with returning participants will be conducted using an approved form. A referral to Outreach must be offered with each registration. | | | |
| 4. Will develop collaborations with organizations to deliver hands-on caregiver training. | | | |
| 5. Provider will conduct at least one public information activity per quarter to a unique group, faith organization, senior housing, or other senior program to provide outreach and education to potential participants. Record activity on monthly S-19 report. | | | |
| 6. Provider will collect required data on each assisted caregiver and enter it into the Advanced Information Manager (AIM). AIM data entry for Information Services UoS is required. | | | |
| 7. Provider will deliver Older Americans Act training for new project staff as a part of their orientation. | | | |
| 8. Provider will distribute, collect, and analyze satisfaction surveys within the 2nd quarter. | | | |

FY 2016 SCOPE OF WORK JUSTIFICATION
Public or Private Commercial or Contractual Activities

LEGAL NAME:

Non-OAA Service: Name of service to be provided.
 Definition of a unit of service.

Example: ADvantage Meals
 1 meal = 1 unit

| Projected Number of Units to be Provided | Projected Program Income Funding | **Unit Costs | Reimbursement Rate (if applicable) |
|---|--|--------------|---------------------------------------|
| | | | |

Describe method of unit cost computation below. See OAC Policy 340:105-10-105.1.

SFY 2016 SCOPE OF WORK JUSTIFICATION
Public or Private Commercial or Contractual Activities

LEGAL NAME: _____

| | | | |
|---|---|---------------------|---|
| Non-OAA Service: | | | |
| Projected Number of Units to be Provided | Projected Program Income Funding | **Unit Costs | Reimbursement Rate (if applicable) |

Describe method of unit cost computation below. See OAC Policy 340:105-10-105.1.

SERVICE IMPLEMENTATION

CHARACTERISTICS OF PROJECT AREA

1. Demographic

TOTAL POPULATION

| 2010 Census Data | Creek County | Osage County | Tulsa County | Oklahoma |
|------------------|--------------|--------------|--------------|-----------|
| Number | 69,967 | 47,472 | 603,403 | 3,751,351 |

65+ TOTAL POPULATION

| ACS 2007-2011 Data | Creek County | Osage County | Tulsa County | Oklahoma |
|--------------------|--------------|--------------|--------------|----------|
| Number | 10,585 | 7,543 | 73,327 | 499,547 |
| Percentage | 15.1% | 15.9% | 12.1% | 13.4% |

PERSONS 65+ BELOW POVERTY

| ACS 2007-2011 | Creek County | Osage County | Tulsa County | Oklahoma |
|---------------|--------------|--------------|--------------|----------|
| Number | 996 | 771 | 5696 | 45,926 |
| Percentage | 10.3% | 12.4% | 6.4% | 7.84% |

PERSONS 65+ LIVING ALONE

| ACS 2007-2011 Data | Creek County | Osage County | Tulsa County | Oklahoma |
|--|--------------|--------------|--------------|----------|
| Number | 2911 | 2036 | 22,408 | 143,168 |
| Percentage of Total | 27.5% | 26.99% | 30.56% | 28.66% |
| Percentage Female (of population 65+) | 20.07% | 20.41% | 23.10% | 20.55% |

*PERSONS 65+ ETHNICITY

| ACS 2007-2011 Data | Creek County | Osage County | Tulsa County | Oklahoma |
|--------------------|--------------|--------------|--------------|----------|
| White | 86.4% | 73.3% | 84.9% | 86.7% |
| American Indian | 2.6% | 7.2% | 2.7% | 3.9% |
| African-American | 3% | 8.5% | 6% | 4.4% |
| Hispanic/Latino | 0.5% | 1% | 2% | 1.8% |
| Asian | 0.14% | 0.28% | 1.16% | 0.8% |

*Percentage of total population 65+

65+ WITH SENSORY, MENTAL, PHYSICAL DISABILITY

| ACS 2009-2011 Data | Creek County | Osage County | Tulsa County | Oklahoma |
|--------------------|--------------|--------------|--------------|----------|
| Number | 4673 | 3259 | 27,436 | 208,772 |
| Percentage | 44.1% | 43.2% | 37.4% | 41.8% |

*Percentage of total population
65+

GRANDPARENT RESPONSIBLE FOR GRANDCHILDREN <18 YRS OLD

| ACS 2007-2010 | Creek County | Osage County | Tulsa County | Oklahoma |
|--|--------------|--------------|--------------|-----------|
| Total Households | 26,373 | 18,406 | 239,674 | 1,432,735 |
| Grandparents 60+ living with own grandchildren under 18 yrs | 207 | 245 | 1892 | 14,135 |
| Households with Grandparents responsible for grandkids <18 | 549 | 406 | 4,410 | 29,849 |

TITLE III PROJECT ADVISORY COUNCIL

Composition of Advisory Council

| Total Members | | | Advisory Council Members Who Are Age 60 Or Over | | | | | | | |
|------------------|----------------|----------------|---|---------------|------------------|---------------|-------------------------|------------------|--------------------|------------------|
| Advisory Council | Total Minority | Total Disabled | Total Age 60+ | Black Age 60+ | Hispanic Age 60+ | Asian Age 60+ | American Indian Age 60+ | Disabled Age 60+ | Low Income Age 60+ | Consumer Age 60+ |
| | | | | | | | | | | |

NameOrganizational AffiliationGeographic Location/County

TITLE III PROJECT BOARD OF DIRECTORS

Composition of the Board of Directors

| Total Members Board of Directors | Total Minority | Total Disabled | Board of Directors Members Who Are Age 60 Or Over | | | | | | | |
|---|-------------------|-------------------|---|---------------------|------------------------|---------------------|-------------------------------|---------------------|--------------------------|---------------------|
| | | | Total Age 60+ | Black Age 60+ | Hispanic Age 60+ | Asian Age 60+ | American Indian Age 60+ | Disabled Age 60+ | Low Income Age 60+ | Consumer Age 60+ |
| | | | | | | | | | | |

NameOrganizational AffiliationGeographic Location/County

TARGETING

COORDINATION

1. COMMUNITY SERVICE AGENCIES— Please describe activities.

2. AREA AGENCY ON AGING DESIGNATION OF COMMUNITY FOCAL POINTS

The Area Agency on Aging has designated the following community focal points:

| Focal Point Name, address, and phone number | Independent (CENA Eligible) Senior Center | Title III Nutrition Site | Other |
|--|--|---|--------------|
| Avant Senior Community Center 26 Havens Avant, OK 74001 918.287.2242 | | | CC |
| Barnsdall Senior Nutrition Site 414 W. Main Barnsdall, OK 74002 918.847.2376 | | X | |
| Bethel Manor Senior Apartments 619 S Division St. Sapulpa, OK 74066 918.224.8306 | | | SH |
| Bixby Senior Citizens- Autumn Park 8401 E. 134 th St. Bixby, OK 74108 918.369.4160 | | X | VH |
| Booker T. Washington Recreation and Senior Center 209 N Gray St. Sapulpa, OK 74066 918.224.5770 | | | CC |
| Bristow Senior Nutrition Site Woodland Village 131 E. 9 th Bristow, OK 74010 918.367.3989 | X | X | VH |
| Broken Arrow Senior Center 1800 S. Main Broken Arrow, OK 74012 918.259.8377 | X | X | |
| | | | |

| | | | |
|--|---|---|----|
| Carver Senior Center Club Hutcherson YMCA 1208 E. Pine Tulsa, OK 74106 918.585.3307 | X | X | |
| Cedar Ridge Senior Citizens 200 Atlantic Field Road Pawhuska, OK 74056 918.287.3994 | X | X | SH |
| Central Senior Center @ Centennial Park 1028 E. 6 th St. Tulsa, OK 74120 918.596.1444 | X | | CC |
| Collinsville Senior Citizens- Cardinal Heights 224 S. 19 th Collinsville, OK 74021 918.371.3730 | X | X | VH |
| Cornerstone Village Nutrition Site 1045 N. Yale Tulsa, OK 74115 918.835.9544 | | X | VH |
| Country Oaks Nutrition Site 5648 S. 33 rd W. Ave. Tulsa, OK 74107 918.446.2855 | | X | VH |
| Disciples Village Senior Housing 9014 E 31 st St. Tulsa, OK 74145 918.622.5876 | | | SH |
| Depew Senior Center 412 Main St. Depew, OK 74028 918.324.5485 | X | | |
| Drumright Senior Center 510 S. Ohio Drumright, OK 74030 918.352.9407 | X | X | CC |
| Eastside Senior Center-LIFE Senior Center 1427 S. Indianapolis Tulsa, OK 74112 918.744.6760 | X | | |
| Fairfax Senior Center 600 W. J. Berry Harrison Fairfax, OK 74637 918.642.1271 | X | X | |
| | | | |

| | | | |
|--|---|---|----|
| Glenpool Senior Center 94 W. 145 th St. Glenpool, OK 74033 918.322.6277 | X | | |
| Heartland Village 109 E. 38th St. Sand Springs, OK 74063 (918) 241-1200 | | | VH |
| Heritage Landing Senior Housing 3102 E Apache St. Tulsa, OK 74103 918.836.7070 | | | VH |
| Hewgley Terrace 420 S. Lawton Tulsa, OK 74127 918.584.0083 | | | SH |
| Hickory Crossing Senior Housing 2101 S Hickory Sapulpa, OK 74066 918.224.5116 | | | VH |
| Hominy Senior Center 211 E. 5 th P.O. Box 154 Hominy, OK 74035 918.885.2112 | X | X | |
| Hulah Lake Senior Citizens 1924 CR 3575 Pawhuska, OK 74056 918.336.1870 | X | | |
| Jenks Senior Center 211 N. Elm Jenks, OK 74037 918.299.1700 | X | | CC |
| Jenny Lynn Senior Retirement Community 1504 W 5 th St. Skiatook, OK 74070 918.396.1603 | | | SH |
| Jordan Plaza I & II 630 E Oklahoma St. Tulsa, OK 74106 918.295.5737 | | | SH |
| Jordan Plaza III 775 E Pine St. Tulsa, OK 74106 918.295.5737 | | | SH |
| Kellyville Senior Center 410 E. Buffalo Kellyville, OK 74039 918.247.6661 | X | | |
| | | | |

| | | | |
|---|---|---|----|
| Kenosha Landing Senior Housing 2602 W Oakland Pl Broken Arrow, OK 74012 918.258.0331 | | | VH |
| Kiefer Senior Center 401 E Indiana Kiefer, OK 74041 918.321.5925 | X | | |
| LaFortune Tower 1725 Southwest Blvd. Tulsa, OK 74107 918.583.0784 | | | SH |
| Lucille Page Manor Senior Housing 253 E 41th St. Sand Springs, OK 74063 918.245.3288 | | | SH |
| Mannford Senior Center 102 Green Valley Park Rd. Mannford, OK 74044 918.865.2124 | X | X | |
| McCord Senior Citizens Center 115 Mary Rd. Ponca City, OK 74604 580.762.9350 | X | | |
| Mounds Senior Center 1311 Commercial Mounds, OK 74047 918.827.6628 | X | | |
| Oilton Senior Center 306 S. A St. Oilton, OK 74052 918.862.3616 | X | X | |
| Owasso Community Center/Golden Agers 301 S. Cedar Owasso, OK 74055 918.272.3903 | X | X | CC |
| Park Village Nutrition Site 650 S. Memorial Tulsa, OK 74112 918.832.1427 | | X | VH |
| Pioneer Plaza 901 N. Elgin Tulsa, OK 74106 918.584.2554 | | | SH |
| Pioneer Village Senior Housing 315 S Birch Jenks, OK 74037 918.298.2992 | | | VH |

| | | | |
|---|---|---|----|
| Prairie Village Senior Housing 12877 E 116 th St. N Owasso, OK 74055 918.371.3221 | | | VH |
| Prue Senior Center 202 Wah Gra See Way Prue, OK 74060 918.2423640 | X | | |
| Tulsa Pythian Manor 6568 E 21 st St. Tulsa, OK 74129 918.836.2710 | | | SH |
| Pythian West Senior Housing 1700 Riverside Dr. Tulsa, OK 74119 918.583.4401 | | | SH |
| Redbud Village 14900 S Broadway Glenpool, OK 74033 918.322.5100 | | | VH |
| Sand Springs Senior Center 205 N. McKinley Sand Springs, OK 74063 918.246.2566 | X | X | |
| Sapulpa Senior Center 515 E. Dewey Ave. Sapulpa, OK 74066 918.224.3300 | X | X | CC |
| Shadybrook Senior Apartments 4203 S 109 th E Ave Tulsa, OK 74146 918.663.6013 | | | SH |
| Sheridan Terrace Senior Apartments 1937 S 68 th E Ave. Tulsa, OK 74112 918.835.7072 | | | SH |
| Skiatook Senior Center 4999 W Rogers Blvd. Skiatook, OK 74070 918.396.3320 | X | X | |
| Southminster Presbyterian Church LIFE Senior Center 3500 S. Peoria Tulsa, OK 74105 918.749.2623 | X | | CH |
| Sperry Senior Center 100 S. Main PO Box 161 Sperry, OK 74073 918.288.7293 | X | | |

| | | | |
|--|---|---|----|
| Sunset Village Senior Apartments 701 S McNabb Dr Mounds, OK 74047 918.827.6686 | | | SH |
| Treetops Senior Apartments 5001 S Hickory Ave Broken Arrow, OK 74011 918.455.8400 | | | SH |
| Vandever House Senior Apartments 3102 S Juniper Ave Broken Arrow, OK 74012 918.451.3100 | | | VH |
| West Edison Plaza Senior Apartments 570 N 39 th W Ave Tulsa, OK 74127 918.584.4224 | | | SH |
| West Oak Village Senior Housing 1002 S Fairfax Ave. Skiatook, OK 74070 918.396.9009 | | | VH |
| West Osage Senior Center 125 Cosden Ave. Shidler, OK 74652 918.793.7732 | X | X | |

SH – Senior Housing
VH – Vintage Housing
CC – Community Center
CH - Church

CAPACITY OF PROJECT SPONSOR

EVALUATION/QUALITY ASSURANCE

BUDGET JUSTIFICATION**PROJECT NAME:**

| CATEGORY | TITLE III FUNDING | LOCAL FUNDING | NSIP FUNDING | NON-OLDER AMERICANS ACT PROGRAM INCOME FUNDING | | | TOTAL |
|--|----------------------|---|-----------------|--|-------------------|--------------|-------|
| | | OAA Program Income and Contributions | (If applicable) | Contract Services | Contract Meals | ADV Meals | |
| <div style="display: flex; justify-content: space-around; font-size: 48px; font-weight: bold;"> SAMPLE FORM </div> | | | | | | | |

Budget categories:

- | | |
|---|-------------------|
| 1. Personnel | 5. Equipment |
| 2. Travel | 6. Rent/utilities |
| 3. Food (nutrition projects only) | 7. Other |
| 4. Nutrition Consultant (nutrition projects only) | 8. Indirect costs |

NOTE: Budget forms are supplied in Microsoft Excel - Use those forms to create the BUDGET JUSTIFICATION.

Unit Cost Computation and Service Cost Methodology

Older Americans Act Unit Cost Calculation

| | | NAME(S) OF SERVICE CATEGORY | | | |
|-----|--|-----------------------------|--|--|--|
| | | | | | |
| (1) | Total Units Unduplicated Persons | | | | |
| (2) | Total Units of Service | | | | |
| (3) | Total OAA Title III Funding | | | | |
| (4) | Total OAA Title III Cost per Unit (Divide row 3 by row 2) | | | | |
| (5) | Local Funding: Donations | | | | |
| (6) | Local Funding: Grantee Cash | | | | |
| (7) | NSIP Funding | | | | |
| (8) | Total All Funding (Add rows 3, and 5-7) | | | | |
| (9) | Total Cost Per Unit (Divide row 8 by Row 2) | | | | |

Certification for Competitive Bid and/or Contract (Non-Collusion Certification)

A certification shall be included with any competitive bid and/or contract submitted to the State for goods or services.

Provider Legal Name: _____

SECTION I [74 O.S. § 85.22]:

A. For purposes of competitive bid,

1. I am the duly authorized agent of the above named bidder submitting the competitive bid herewith, for the purpose of certifying the facts pertaining to the existence of collusion among bidders and between bidders and state officials or employees, as well as facts pertaining to the giving or offering of things of value to government personnel in return for special consideration in the letting of any contract pursuant to said bid;
2. I am fully aware of the facts and circumstances surrounding the making of the bid to which this statement is attached and have been personally and directly involved in the proceedings leading to the submission of such bid; and
3. Neither the bidder nor anyone subject to the bidder's direction or control has been a party:
 - a. to any collusion among bidders in restraint of freedom of competition by agreement to bid at a fixed price or to refrain from bidding,
 - b. to any collusion with any state official or employee as to quantity, quality or price in the prospective contract, or as to any other terms of such prospective contract, nor
 - c. in any discussions between bidders and any state official concerning exchange of money or other thing of value for special consideration in the letting of a contract.

B. I certify, if awarded the contract, whether competitively bid or not, neither the contractor nor anyone subject to the contractor's direction or control has paid, given or donated or agreed to pay, give or donate to any officer or employee of the State of Oklahoma any money or other thing of value, either directly or indirectly, in procuring this contract herein.

SECTION II [74 O.S. § 85.42]:

For the purpose of a contract for services, the supplier also certifies that no person who has been involved in any manner in the development of this contract while employed by the State of Oklahoma shall be employed by the supplier to fulfill any of the services provided for under said contract.

The undersigned, duly authorized agent for the above named supplier, by signing below acknowledges this certification statement is executed for the purposes of:

- ☐ the competitive bid attached herewith and contract, if awarded to said supplier;
OR
☐ the contract attached herewith, which was not competitively bid and awarded by the agency pursuant to applicable Oklahoma statutes.

Supplier Authorized Signature

Certified This Date

Printed Name

Title

Phone Number

Email

Fax Number

State of Oklahoma
Department of Human Services

Voluntary Withdrawal of Title III Project

When an Older Americans Act Title III funded project elects to voluntarily terminate a contract prior to the end of a grant year, procedures in paragraphs 1 through 3 must be followed.

1. The Title III project gives the Area Agency on Aging (AAA) at least 90 days written notification prior to scheduled termination date, with justification for voluntary withdrawal. The chairperson of the project's governing board and the project director must sign the written notice. Documents in A and B of this paragraph must accompany the written notice.
 - A. Complete list of all grant-acquired equipment, with signature of project staff verifying a complete inventory within the last 30 days.
 - B. Complete list of all entities and organizations, contracted or otherwise, including contact name, address, and phone number with whom the project conducts all areas of program business, including, but not limited to, property owners, staff insurance and retirement carriers, transportation, food vendors, utility providers, maintenance, and transportation services.
2. The Title III project delivers documents in A and B of this paragraph to the AAA office no later than 60 days prior to the scheduled termination date. Documents to be delivered include:
 - A. originals of all active Older Americans Act assessment forms; and
 - B. all Older Americans Act program data, including computer data.
3. The Title III project notifies the AAA of the planned disposition of grant-acquired equipment or supplies at least 30 days prior to the scheduled termination date. The Title III project elects one of the dispositions in A through C of this paragraph.
 - A. **Surrender all grant-acquired equipment and supplies to the AAA.** All grant-acquired equipment or supplies is surrendered no later than two weeks prior to the scheduled termination date.
 - B. **Keep the grant-acquired equipment or supplies.** The AAA is reimbursed the full replacement costs for all grant-acquired equipment or supplies kept by the Title III project no later than two weeks prior to the scheduled termination date.
 - C. **Dispose of the grant-acquired equipment or supplies.** The Title III project contacts the AAA at least 30 days prior to the scheduled termination date to receive disposition instructions.

| | |
|--------------|--------------------------------|
| Project name | Grantee/applicant organization |
|--------------|--------------------------------|

| | | |
|--|-------|------|
| Project director signature | Title | Date |
| Chairperson board of directors signature | Title | Date |

UNAVAILABILITY OF FUNDING CLAUSE

As a condition of funding, the applicant/grantee assures understanding of and agreement to the following:

INCOG cannot guarantee the continued availability of funding for this contract, notwithstanding the consideration stated herein. In the event funds to finance this contract become unavailable, either in full or in part, due to insufficient funding, INCOG may terminate the contract, or reduce the contract consideration, upon notice in writing to Contractor. The notice shall be delivered by certified mail, return receipt requested, or in person with written proof of delivery. INCOG shall be the final authority as to the availability of funds. The effective date of such contract termination or reduction in consideration shall be specified in the notice, provided, that the funding adjustments stated in this paragraph shall not apply to payments made for services satisfactorily completed prior to the effective date of the termination or reduction. In the event of a reduction in contract consideration, Contractor may work with INCOG to reduce the Scope of Work proportionately or cancel this contract as of the effective date of the proposed reduction, upon advance written notice to INCOG. Both parties shall make a good faith effort to reach mutual agreement on reasonable phase-out costs upon notice of termination or reduction of contract.

Grantee/Applicant Organization

Authorized Signature

Title

Date

STATE FISCAL YEAR 2016 REQUEST FOR PROPOSAL GUIDE

| RFP PART IV APPENDICES Information for Applicants | | Page |
|--|--|-------------|
| A. Taxonomy of Older Americans Act Title III Services | | 57 |
| B. Client Descriptor Definitions | | 60 |
| C. Grantee Requirements for Two Year Grant Period | | 62 |
| D. Definition of Units of Service | | 63 |
| E. SFY 2016 Minimum Unduplicated Count Required | | 65 |
| F. SFY 2016 Minimum Units of Service Required | | 66 |
| G. Tentative SFY 2016 Title III Funding Award | | 67 |

TAXONOMY OF OLDER AMERICANS ACT TITLE III SERVICES

Revised 7-1-2012

As taken from OAC 340:105-10-50.1. Title III services taxonomy

- (1) **Homemaker** - one hour; provides assistance preparing meals, shopping for personal items, managing money, using the telephone, or doing light housework.
- (2) **Chore** - one hour; provides assistance with heavy housework, yard work, or sidewalk maintenance.
- (3) **Home delivered meal** - one meal; provides a qualified person at the person's place of residence a meal that:
 - (A) complies with the most recent Dietary Guidelines for Americans, published by the Secretary [of DHHS] and the Secretary of Agriculture;
 - (B) provides, if one meal is served, a minimum of 33 and 1/3 percent of the current dietary reference intakes (DRI) as established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences;
 - (C) provides, if two meals are served together, a minimum of 66 and 2/3 percent of the allowances; and
 - (D) provides, if three meals are served together, 100 percent of the allowances.
- (4) **Congregate meal** - one meal; provides a qualified person in a congregate or group setting, a meal that:
 - (A) complies with the most recent Dietary Guidelines for Americans, published by the Secretary [of DHHS] and the Secretary of Agriculture;
 - (B) provides, if one meal is served, a minimum of 33 and 1/3 percent of the DRI as established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences;
 - (C) provides, if two meals are served together, a minimum of 66 and 2/3 percent of the allowances; and
 - (D) provides, if three meals are served together, 100 percent of the allowances.
- (5) **Transportation** - one one-way trip; provides transportation using a vehicle for a person who requires help in going from one location to another and does not include any other activity.
- (6) **Legal assistance** - one hour; provides legal advice, counseling, and representation by an attorney or other person acting under the supervision of an attorney.
- (7) **Nutrition education** - one session per participant; a program promoting better health by providing accurate and culturally sensitive nutrition, physical fitness, or health information, as it relates to nutrition, information, and instruction to participants, caregivers, or both, in a group or individual setting overseen by a dietitian or person of comparable expertise.
- (8) **Nutrition counseling** – one session per participant; provides individualized guidance to a person who is at nutritional risk because of health or nutrition history, dietary intake, medications use, or chronic illnesses, or to caregivers. Counseling is provided one-on-

one by a registered dietician and addresses the options and methods for improving nutrition status.

(9) **Outreach** - one contact; provides persons with intervention initiated by an agency or organization for the purpose of identifying potential clients or their caregivers and encouraging their use of existing services and benefits. Outreach is a one-on-one contact between a service provider and an older client or caregiver. Activities involving contact with multiple current or potential clients or caregivers, such as publications, publicity campaigns, and other mass media activities, are not counted as a unit of service.

(10) **Education or training** - one session; provides formal and informal opportunities for older persons to acquire knowledge, experience, or skills. Includes individual or group events designed to increase awareness. **[Applies to Legal Community Education]**

(11) **Health promotion** - one event; provides health promotion or disease prevention information, instruction, or activities, such as exercise, to participants, caregivers, or both, in a group or individual setting. Examples include:

- (i) individual health screenings, such as blood pressure screenings. The event is documented by a participant sign-in sheet at the time of the screening; or
- (ii) a health promotion program in an individual or group setting. The program is counted as one event.

(12) **Home repair** - one job; provides minor repairs, modifications, or maintenance on a home owned and occupied by an eligible participant, up to \$250 annually per participant.

(13) National Family Caregiver Support Program service categories are:

- (i) **information services** - one activity; provides caregivers information on resources and services available to the public or persons within their communities. Information services are for activities directed to large audiences of current or potential caregivers, such as disseminating publications, conducting media campaigns, and other similar activities;
- (ii) **access assistance** – one contact; assists caregivers in obtaining access to the services and resources available within their communities. To the maximum extent practicable, access assistance ensures persons receive the services needed by establishing adequate follow-up procedures. Internet website hits are counted only when information is requested and supplied;
- (iii) **counseling** - one session; assists caregivers in the areas of health, nutrition, and financial literacy, and in making decisions and solving problems relating to their caregiver roles. This includes counseling to persons, support groups, and caregiver training of individual caregivers and families;
- (iv) **respite care** - one hour; provides temporary, substitute supports or living arrangements for care recipients in order to provide a brief period of relief or rest for caregivers. When the specific service units purchased via a direct payment, such as cash or voucher, can be tracked or estimated, the service unit is reported by hour; otherwise, the unit of service is one payment. Respite care is:
 - (l) in-home respite, such as personal care, homemaker, and other in-home respite;

- (II) respite provided by attendance of the care recipient at a senior center or other nonresidential program; or
- (III) institution respite provided by placing the care recipient in an institutional setting, such as a nursing home for a short period of time as a respite to the caregiver or summer camp as a respite for grandparents caring for children;

CLIENT DESCRIPTOR DEFINITIONS

The definitions listed in (1) - (9) are used when compiling National Aging Program Information System (NAPIS) data, completing the Title III grant application, or both.

(1) Race or ethnicity status designations are listed in (A) – (F). Ethnicity categories include Hispanic or Latino; or not Hispanic or Latino. Race categories include American Indian or Alaskan Native; Asian; Black or African American; Native Hawaiian or Other Pacific Islander; or White.

(A) Black or African American -- A person having origins in any of the black racial groups of Africa.

(B) Hispanic or Latino -- A person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.

(C) American Indian or Alaskan Native -- A person having origins in any of the original peoples of North America, including Central America and who maintains tribal affiliation or community attachment.

(D) Asian -- A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

(E) Native Hawaiian or Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

(F) White – Person having origins in any of the peoples of Europe, the Middle East, or North Africa.

(2) Impairment in activities of daily living (ADL). The inability to perform one or more of the six ADL without personal assistance or stand-by assistance, supervision, or cues. The six ADL are eating, dressing, bathing, toileting, transferring in and out of bed or chair, and walking.

(3) Impairment in instrumental activities of daily living (IADL). The inability to perform one or more of the eight IADL without personal or stand-by assistance, supervision, or cues. The eight IADL are preparing meals, shopping for personal items, medication management, managing money, using telephone, doing heavy housework, doing light housework, and transportation ability. Transportation ability refers to the individual's ability to make use of available transportation without assistance.

(4) Poverty. Persons considered to be in poverty are those whose income are below the official poverty guidelines, as defined each year by the Office of Management and Budget, and adjusted by the Department of Health and Human Services (DHHS) Secretary in accordance with subsection 673 (2) of the Community Services Block Grant Act. The annual DHHS Poverty Guidelines provide dollar thresholds representing poverty levels for households of various sizes.

(5) Living alone. A one-person household, using the census definition of household, where the householder lives by himself or herself in an owned or rented place of residence in a non-institutional setting, including board and care facilities, assisted living units, and group homes.

(6) Rural. Persons considered to reside in rural areas are those persons who live outside of Standard Metropolitan Statistical Areas (SMSA). Counties considered SMSA are Canadian, Cleveland, Comanche, Creek, Garfield, Logan, McClain, Oklahoma, Osage, Pottawatomie, Rogers, Sequoyah, Tulsa, and Wagner. Persons residing in the remaining counties are considered rural.

(7) Caregiver. An adult family member, or another person, who is an informal provider of in-home and community care to a person 60 years of age or older. Informal means that the care is not provided as part of a public or private formal service program.

(8) Child. A child is a person with a grandparent or other relative as a caregiver that is not older than 18 years of age or a person 19-59 years of age who has a severe disability and lives with a grandparent or older person who is a relative caregiver.

(9) Grandparent or older individual who is a relative caregiver. A grandparent, step-grandparent, or other relative of a child by blood or marriage, who is 55 years of age or older and:

(A) lives with the child;

(B) is the primary caregiver of the child because the biological or adoptive parents are unable or unwilling to serve as the primary caregiver of the child; and

(C) has a legal relationship to the child, such as legal custody or guardianship, or is raising the child informally.

NOTE: Under the latest reauthorization of the Older Americans Act, a grandparent raising a grandchild is now defined as a person 55 years or older.

GRANTEE REQUIREMENTS FOR A TWO YEAR GRANT PERIOD

Grantees are required to update the following information annually as specified in the RFP Guide issued for the applicable grant year:

PARTS II. & III. APPLICATION INSTRUCTIONS & DOCUMENTS:

- A. Application Cover Page
- B. 1. Scope of Work Justification- OAA Title III
2. Scope of Work Justification- Commercial or Contractual that impact OAA Title III
- III
- C. Budget
 - 1. Personnel
 - 2. Travel
 - 3. Food - *nutrition projects only*
 - 4. Equipment
 - 5. Rent/Utilities
 - 6. Other
 - 7. Indirect Cost
- D. Unit Cost Computation and Service Cost Methodology
- E. Certifications and Assurances
 - 1. Non-Collusion Affidavit
 - 2. Voluntary Withdrawal of Title III Project
 - 3. Unavailability of Funding Clause

Submit the following:

- F. Service Implementation
- G. Characteristics of the Project Area
- H. Project Advisory Council
- I. Project Board of Directors
- J. Targeting
- K. Coordination
- L. Capacity of Project Sponsor
- M. Evaluation/Quality Assurance

| DEFINITIONS OF UNITS OF SERVICE (Reference OAC Policy 340:105-10-50.1 Title III Services Taxonomy) | | | |
|---|--|--|------------------------------------|
| Service Categories | Unit of Service 1 unit = | *Older Americans Act Policy 340:105-10- | **Expenditure s by Part |
| ⊕ Personal care | 1 hour | 93 | B |
| ⊕ Homemaker | 1 hour | 91 | B |
| ⊕ Chore | 1 hour | 92 | B |
| ⊕ Home delivered meals | 1 meal | 82-85 | C-2 |
| ⊖ Adult day care or adult day health | 1 hour | 50.1 | B |
| ⊕ Case management | 1 hour | 50.1 | B |
| ⊕ Congregate meal | 1 meal | 68-73 & 75-77 | C-1 |
| ⊕ Nutrition counseling | 1 session per participant individual only | 72 | C-1, C-2, D |
| ⊕ Assisted transportation | 1 one-way trip | 50.1 | B |
| ⊕ Transportation | 1 one-way trip | 54 | B, ***C-1 |
| Legal assistance | 1 hour | 64-66 | B |
| Nutrition education | 1 session per participant individual or group | 74 | C-1, C-2, D |
| Information and assistance | 1 contact individual only | 61, 62, & 63 | B |
| ⊕ Outreach | 1 in-person contact per participant | 57-60 | B |
| Advocacy or representation | 1 hour | 50.1 | B |
| Education/training | 1 session individual or group | 50.1 | B |
| Education/ information and assistance | Group only 1 newsletter or PSA | 61, 62, 63, & 50.1 | B |
| Education/outreach | Group only Publications, publicity campaigns, & other mass media activities | 57-60 50.1 | B, C-1, C-2 |
| Health promotion | 1 event individual or group | 89 | D |
| Medication management | 1 event individual or group | 89 | D |
| ⊕ Home repair | 1 job up to \$250.00 annually per participant | 50.1 | B |
| ⊕ Coordination of services | unit to be determined by AS | 50.1 | B |
| ⊕ Information services | 1 activity group only | 90.1 | E |
| ⊕ Access assistance | 1 contact individual only | 90.1 | E |
| ⊖ Counseling (new category includes support groups and caregiver training) | 1 session individual or group | 90.1 | E |
| ⊕ Respite | 1 hour or 1 payment | 90.1 | E |
| ⊕ Supplemental services | unit to be determined by AS | 90.1 | E |
| Note: Any of the Caregiver services listed above that are provided to grandparents or other relatives raising children are tracked and reported for that service- GRRC. | | | |

DEFINITIONS OF UNITS OF SERVICE (continued from chart)

*Be sure to read all of the additional policies referenced in each policy indicated.

**Refer to the Older Americans Act Program Allowable Federal Expenditures By Service By Part page 13, Part II in RFP Guide- Additional Information.

***Program Income only. Program income is gross income received by the grantee such as voluntary contributions or income earned only as a result of the grant project during the grant period.

Services in *italics* indicate activities (sub-categories) under NAPIS groups in AIM. (In other words, AS broke these particular service categories out for tracking purposes.)

✚ Indicates the service categories for which Unduplicated Person Served (UPS) must be reported in AIM.

An unduplicated person served (UPS) is a recipient of services counted one time regardless of the number of times a service is received within a grant year.

A unit of service (UOS) is a pre-determined measure of service activity. A unit of service is counted as many times as the service occurs within a grant year; regardless of the number of times one individual receives the service. See OAC Policy 340:105-10-50.1 Title III Services Taxonomy for a comprehensive listing of services which may be funded, service and service unit definitions.

Service units for Outreach are individual, one-on-one contacts. An activity involving contact with multiple current or potential clients or caregivers should **not** be counted as a unit of service. Such units can be counted and reported as education/training.

NAPIS- National Aging Program Information System

AIM- Advanced Information Manager. Computer software used by Oklahoma to maintain data needed for the state NAPIS report to the Administration on Aging

PSA- Planning and Service Area.

Revised 09/28/07

SFY 2016 Minimum Unduplicated Count Required

| Services | Osage County | Creek County | Tulsa County | PSA Total |
|-------------------------------------|--------------|--------------|--------------|-----------|
| Homemaker | 32 | 48 | 320 | 400 |
| Legal Assistance* | 38 | 58 | 384 | 480 |
| Legal Education* | N/A | N/A | N/A | N/A |
| Transportation | 120 | 200 | 240 | 560 |
| Transportation (Nutrition) | N/A | N/A | 300 | 300 |
| Outreach | 92 | 185 | 648 | 925 |
| Nutrition Education° | 550 | 650 | 800 | 2,000 |
| Nutrition Counseling° | N/A | N/A | N/A | 160 |
| Menu and Dietary Consultation° | N/A | N/A | N/A | N/A |
| Congregate Meals☀ | 300 | 400 | 1,100 | 1,800 |
| Home Delivered Meals☀ | 200 | 300 | 1,800 | 2,300 |
| Health Promotion/Disease Prevention | 24 | 36 | 132 | 192 |
| Caregiver Counseling∞ | 8 | 12 | 80 | 100 |
| Caregiver Access Asst∞ | 32 | 48 | 320 | 400 |
| Caregiver Info Services∞ | N/A | N/A | N/A | N/A |
| Caregiver Respite© | 12 | 18 | 130 | 160 |
| Caregiver Respite GRG© | 4 | 6 | 30 | 40 |

*, °, ☀, ∞, © Designates bundled services

SFY 2016 Minimum Units of Service Required

| Services | Osage County | Creek County | Tulsa County | PSA Total |
|---|--------------|--------------|--------------|------------|
| Homemaker | 1,520 | 2,280 | 15,200 | 19,000 |
| Legal Assistance* | 96 | 144 | 960 | 1,200 |
| Legal Education* | 6 | 6 | 12 | 24 |
| Transportation | 5,000 | 15,000 | 17,200 | 37,200 |
| Transportation-Nutrition | N/A | N/A | 16,000 | 16,000 |
| Outreach | 105 | 210 | 735 | 1,050 |
| Nutrition Education° | 3,363/72 | 3,975/60 | 4,892/108 | 12,230/240 |
| Nutrition Counseling° | 60 | 60 | 120 | 240 |
| Menu and Dietary° Consultation (non-taxonomy service) | 36 | 30 | 66 | 132 |
| Congregate Meals☀ | 32,000 | 30,000 | 58,000 | 120,000 |
| Home Delivered Meals☀ | 48,000 | 69,333 | 138,667 | 256,000 |
| Health Promotion/ Disease Prevention (workshops) | 3 | 3 | 11 | 17 |
| Caregiver Counseling∞ | 48 | 72 | 480 | 600 |
| Caregiver Access Assist∞ | 60 | 90 | 450 | 600 |
| Caregiver Info Services∞ | 6 | 10 | 80 | 96 |
| Caregiver Respite© | 810 | 1,440 | 9,900 | 12,150 |
| Caregiver Respite GRG© | 90 | 160 | 1,100 | 1,350 |

*, °, ☀, ∞, © Designates bundled services

SFY 2016 Title III Funding Award

| Services | Osage County | Creek County | Tulsa County | PSA Total | Funding Pot |
|-------------------------------------|--------------|--------------|--------------|-----------|-------------|
| Homemaker | 28,779 | 43,169 | 287,791 | 359,739 | B |
| Legal Assistance* | 3,867 | 5,800 | 38,673 | 48,340 | B |
| Legal Education* | 400 | 600 | 4,000 | 5,000 | B |
| Transportation | 18,611 | 50,367 | 87,617 | 156,595 | B |
| Transportation-Nutrition | N/A | N/A | 32,453 | 32,453 | B |
| Outreach | 9,120 | 15,960 | 31,920 | 57,000 | B |
| Nutrition Education° | 3,000 | 3,600 | 5,400 | 12,000 | C1 |
| Nutrition Counseling° | 3,000 | 3,000 | 6,000 | 12,000 | C1 |
| Menu and Dietary° Consultation | 14,400 | 12,000 | 26,400 | 52,800 | C1/C2 |
| Congregate Meals☀ | 191,538 | 274,294 | 552,092 | 1,017,924 | C1 |
| Home Delivered Meals☀ | 198,872 | 234,095 | 468,260 | 901,227 | C2 |
| NSIP☀ | 71,091 | 68,357 | 133,980 | 273,428 | NSIP |
| Health Promotion/Disease Prevention | 3,883 | 5,825 | 38,830 | 48,538 | D |
| Caregiver Counseling∞ | 4,176 | 6,265 | 41,764 | 62,205 | E |
| Caregiver Access Assist∞ | 1,342 | 2,013 | 13,419 | 16,774 | E |
| Caregiver Info Services∞ | 3,451 | 5,176 | 34,507 | 55,267 | E |
| Caregiver Respite© | 17,663 | 26,495 | 176,632 | 198,711 | E |
| Caregiver Respite GRG© | 1,766 | 2,650 | 17,663 | 22,079 | E |

*, °, ☀, ∞, © Designates bundled services

PAGE INTENTIONALLY LEFT BLANK