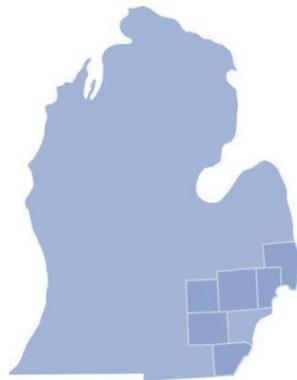




**AREA AGENCY ON AGING 1-B
REQUEST FOR PROPOSALS
FOR SOCIAL AND NUTRITION SERVICES
FISCAL YEARS 2023, 2024, AND 2025
(October 1, 2022 – September 30, 2025)**



Mission

The Area Agency on Aging 1-B enhances the lives of older adults and adults with disabilities in the communities we serve

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INTRODUCTION

The Area Agency on Aging 1-B (AAA 1-B) is a non-profit agency that is responsible for services to more than 780,000 people aged 60 and older, in addition to adults with disabilities, residing in Livingston, Macomb, Monroe, Oakland, St. Clair, and Washtenaw counties. AAA 1-B is dedicated to: 1) allocating federal and state funds for social and nutrition services through contracts awarded to local agencies on a competitive basis; 2) advocating key issues; 3) developing new programs; 4) coordinating activities with public and private agencies; and 5) assessing the needs of people with disabilities and older adults and linking them with needed community-based long-term care services. AAA 1-B prioritizes activities that allow older adults and adults with disabilities to maintain their independence with dignity and places an emphasis on assistance to frail, low-income, disadvantaged, and minority individuals.

AAA 1-B is part of a federal aging network of the Administration on Community Living (ACL) within the Department of Health and Human Services, as established by congressional action through the Older Americans Act of 1965, as amended.

The Older Americans Act (OAA) provides that each state is to be divided into planning and service areas (PSAs) and that an Area Agency on Aging is to be designated within each PSA. Area agencies are a major component of the network of agencies intended to implement the provisions of Title III of the Older Americans Act, Grants for State and Community Programs on Aging. The general purpose is to concentrate resources to develop greater capacity and foster the development and implementation of comprehensive and coordinated service systems to serve older individuals.

Federal Older Americans Act (OAA) and State of Michigan funds are channeled through AAA 1-B for the provision of needed social and nutrition services to adults aged 60 and older. AAA 1-B allocates federal and state funds in two ways: 1) through contracts awarded to local agencies on a competitive basis; and 2) through Direct Service Purchase (DSP) vendor bid agreements where service is purchased on behalf of individual participants.

Title III of the Older Americans Act

Part A. General Provisions

Part B. Supportive Service and Senior Centers

Part C. Nutrition Services

C-1. Congregate Meal Services

C-2. Home Delivered Meal Services

Part D. Disease Prevention and Health Promotion

Part E. National Family Caregiver Support Program

This Request for Proposals (RFP) for Social and Nutrition Services Fiscal Years 2023, 2024, and 2025 contains a tentative schedule of RFP activities, application information and instructions, application review, award, and denial process, pre-contract materials, reporting requirements, and annual assessment information. Contracts for services are awarded for a three-year period based on the availability of funding and funding decisions from the AAA 1-B Board of Directors. Specific funding amounts allocated for each service will be made available at the Applicant Workshop or by contacting the appropriate AAA 1-B program manager.

All applicants should refer to the Area Agency on Aging 1-B and Michigan Health and Aging Services Administration Operating Standards Manual for Social and Nutrition Services Fiscal Years 2023, 2024, and 2025 for operating guidelines to be followed by organizations if a contract is awarded by AAA 1-B. This manual will be used to guide contract performance for contract fiscal years 2023 – 2025 and may be subject to change (i.e., receipt of transmittal letters from the Health and Aging Services Administration (HASA) indicating a policy or standards change). Potential applicants should not submit an application for services if the organization is unable to comply with the requirements in all sections the Operating Standards Manual.

Public, private non-profits, private for-profits, and political subdivisions of the State of Michigan are eligible applicants for contracts. Contracts with private for-profit agencies require prior approval from HASA via AAA 1-B. Such agencies are advised to contact AAA 1-B for more information.

There is a separate application process for agencies interested in applying for the Direct Service Purchase (DSP) vendor pool. Information on how to apply for the DSP vendor pool can be found on the website at <https://aaa1b.org/partner-with-us/direct-service-purchase-provides/>.

TENTATIVE SCHEDULE OF REQUEST FOR PROPOSALS AND CONTRACT AWARDING ACTIVITIES

RFP Materials Available Online at https://aaa1b.org/partner-with-us/	March 15, 2022
Applicant Workshop, MANDATORY	April 5, 2022
<ul style="list-style-type: none">• All applicants are required to attend workshop (in-person or virtually) to apply for funding• Information on applying for contracts will be presented• Applicants are encouraged to review the entire Request For Proposals Manual and Operating Standards Manual prior to attending the workshop	
Letters of Intent Due	April 15, 2022
Application Submission Deadline	May 27, 2022
<ul style="list-style-type: none">• Applications are due no later than 5:00 p.m. on May 27, 2022	
AAA 1-B Board of Directors' Action on Funding Decisions	July 29, 2022
FY 2023 – 2025 Award/Denial Letters Sent to Applicants	August 5, 2022
Pre-Contract Materials for Successful Applicants Due	August 19, 2022
<ul style="list-style-type: none">• Signed Acknowledgement Letter• Required Policies and Procedures• Certificate of Insurance• Revised Budget and Match Letter (if applicable)• Business Associate Agreement• Other Documents	
FY 2023 Contracts E-mailed to Contractors	August 29 – September 9, 2022
Signed Contracts Due to AAA 1-B for Final Signature	September 21, 2022
FY 2023 Contract Year Begins	October 1, 2022
Contractor Reporting Workshop, MANDATORY	TBD (Fall 2022)

APPLICATION INFORMATION AND INSTRUCTIONS

An organization submitting applications for multiple services funded through the AAA 1-B Title III/State Funds must submit a separate application, budget, and required documents for each service. The application is available via the Submittable online platform which can be found at <https://aaa1b.org/partner-with-us/>. To submit an application, applicants will need to create a Submittable account with an email address and password.

Include a copy of Articles of Incorporation and federal ID number, to verify corporate status.

Organization Information

Complete this section with the official name of the organization, employer identification number, mailing address, telephone, and name(s) of program and fiscal contact(s) and related phone and email addresses. Specify the service that is being applied for and the proposed service area (e.g., county(ies)/cities).

Narrative: Briefly describe the following:

Organization History and Experience

Describe the organization's history and how it has evolved to meet the needs of the population to be served. Describe the organization's successful experiences, and qualifications for supporting the proposed service for older adults and/or caregivers.

Program Need

Describe how the program meets a specific need in the service area and why the organization is the most qualified to provide the service. For new applicants, describe the need in the community that has been identified and how the program/service will fulfill that need. For returning applicants, describe any recent program changes made to enhance the program and/or meet the needs of the population to be served.

Program Description

Identify how the program/service will uniquely benefit older adults and/or caregivers. Describe how the program will address the needs within the community(ies) to be served and how the proposed program will add value to the various stakeholders (older adults, caregivers, and taxpayers) served by the aging network. Describe how the organization plans to serve the underserved/priority group that has been identified on the Participant/Caregiver Targeting Plan(s) (see below for instructions on completing the Participant/Caregiver Targeting Plan(s)).

Program Implementation

Describe the person-centered procedures for the process of program implementation including referral activities, participant intake, and service delivery. Describe outreach efforts and how the program will be marketed to the population to be served including the underserved/target group identified on the Participant/Caregiver Targeting Plan(s).

Program Evaluation and Impact

Describe the criteria for evaluating service quality, and participant and/or caregiver satisfaction. Include the method of measurement, the specific measures, and outcome data. Describe how participant evaluations and/or outcome data has been used in the past and how outcome data will be used to enhance the program service delivery moving forward. Attach a sample of the program evaluation instruments (e.g., participant or caregiver surveys) and recent outcome reports.

Staffing and Volunteers

Describe the following: program staff roles, number of full-time equivalent (FTE) and part-time employees, orientation/in-service trainings for staff and volunteers, and if applicable, include staff credentials, supervision, and staff to participant ratio. Include information about if, how, and when volunteers will be used to enhance and/or expand the program. Attach an organizational chart.

Technology

Describe how technology (e.g., systems, platforms) will be used to further support and/or enhance the service delivery operations. Describe how the use of technology has or will be used to enhance program performance and create efficiencies for service delivery. If applicable, describe how technology will be used to interact with participants. Identify any processes that will be used to ensure that the use of technology is user-friendly and person-centered.

Proposed Funding Rationale

State the proposed funding amount being applied for. Describe any additional resources that will be used to further support the program. Indicate the proposed number of participants and units to be served annually. For nutrition service applicants only, provide the proposed unit rate reimbursement. All applicants must provide rationale to support the information provided.

Financial Management

Describe the following elements of your financial management process:

- The type of accounting system used (cash, accrual, or modified accrual)
- The name and description of the accounting software used
- A brief description of the person(s) and position(s) responsible for accounting and financial functions
- The organization's internal control policy. An internal control policy is something all programs should have in place. If the applicant does not currently have an internal control policy, it is strongly recommended that one be implemented
- The proposed procedure for assuring accuracy of unit reporting
- The policies and procedures for requesting donations or a voluntary cost share
- The policies for purchase and disposal of equipment purchased with AAA 1-B funding

Include the following budget documents with the application:

- The Budget Detail and Budget Summary Forms
- The Agency Equipment Form if equipment is requested in the budget. Equipment is defined as any item purchased with AAA 1-B funds equal to or greater than \$5,000

PARTICIPANT AND CAREGIVER TARGETING PLANS

The purpose of the Participant Targeting Plan is to identify socially or economically disadvantaged persons in the service area and project the number of individuals in each category who will be served over the course of the fiscal year. AAA 1-B describes them as an “underserved or priority population group.” Targeting of economically and/or socially disadvantaged population groups is required under the Federal Older Americans Act (OAA) and by the Michigan Department of Health & Human Services (MDHHS)/Health and Aging Services Administration (HASA).

Applicants submitting a proposal for any caregiver service(s), will complete the Caregiver Targeting Plan only (see below). All other applicants will enter county-specific demographic data onto the Participant Targeting Plan form based on U.S. Census and American Community Survey data provided on the AAA 1-B website at <https://aaa1b.org/partner-with-us/>. Applicants will also enter the number of participants from each demographic group they project to serve.

For FY 2023 – 2025, applicants are required to select one or more underserved/priority population groups (individuals living in poverty or belonging to a racial or ethnic minority group) at a rate of at least twice their proportion in the county. For example, if African American older adults represent 10% of a county’s older adult population, the applicant will project to serve 20% of the African American older adult population in that county.

Applicants who are proposing to serve individuals in more than one county must complete and submit a separate Participant Targeting Plan form for each county. Applicants proposing to provide services in more than one county can select a different underserved/priority population to target in each county.

Applicants may also target lesbian, gay, bisexual, transgender (LGBT) older adults or older adults with limited English proficiency. Census data for these groups is not available at this time, but there are resources and information on the AAA 1-B website at <https://aaa1b.org/partner-with-us/>.

The Caregiver Targeting Plan is only to be completed by applicants applying for any caregiver service(s). The purpose of the Caregiver Targeting Plan is to identify diverse caregivers that will be supported and provided respite services. Applicants who apply for Adult Day Services, Dementia Adult Day Care, Grandparents Raising Grandchildren and Volunteer Caregiver programs must complete and submit the Caregiver Targeting Plan for each county that they serve. The number of unduplicated caregivers must be included on the Caregiver Targeting Plan. The unduplicated count in each category is a projection of the number of caregivers the applicant plans to serve over the fiscal year. The applicant must select one underserved/priority

caregiver population group. Applicants who apply for the same service in a different county may select a different underserved/priority caregiver population group.

The Participant and Caregiver Targeting Plans use the following definitions:

- “Poverty” is the need resulting from an income at or below the official poverty level as defined each year by the Federal Administration for Community Living/Department of Health and Human Services. For targeting purposes, factors indicating economic need are sources of income (Social Security Income (SSI), food stamps, Medicaid, etc.), or income at or below 100% of the federal poverty level that entitles older persons to other supportive programs. To determine the federal poverty levels, go to www.hhs.gov/poverty.
- “Race/ethnicity status” is confined to the following designations:
 - American Indian or Alaskan Native – a person having origins in any of the original peoples of North American (including Central America), and who maintains tribal affiliation or community attachment
 - Asian, native Hawaiian, or Other Pacific Islander – a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, China, India, Japan, Korea, Malaysia, Pakistan, Philippine Islands, Thailand, and Vietnam. May also be a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
 - Black or African American – a person having origins in any of the black racial groups of Africa
 - Hispanic or Latino – a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture origin, regardless of race
 - White – a person having origins in any of the peoples of Europe, the Middle East, or North Africa
 - Multi-racial – a person whose response to the race item on the census could not be categorized in a specific group. The census data is based on an individual’s self-identification, that is, their perception of their own racial identity. For the Participant Targeting Plan, people who identify with two or more racial categories are multi-racial
 - “Non-minority” older adults are those who are not in a minority designation – i.e., white, non-Hispanic
- Lesbian, Gay, Bi-Sexual, Transgender (LGBT) – an individual who self-identifies as lesbian, gay, bi-sexual, and/or transgender.
- Limited English Proficiency (LEP) – a person who does not speak English as their primary language and have limited ability to read, speak, write, or understand English may be limited English proficient.

SOCIAL SERVICES BUDGET INSTRUCTIONS

Applicants must use the budget schedules provided by AAA 1-B. The budget must be completed electronically since they are housed on a Microsoft Excel spreadsheet and some fields auto-populate.

Complete a full, detailed budget of the proposed program. Include the amount of funding being requested, additional resources that will be invested to operate the program, the number of participants applicant proposes to serve, and the number of units of service applicant proposes to serve. Definition of units of service is found with each service definition. The budget will cover only one fiscal year, despite the award being granted for a three-year term. A new budget will be submitted prior to the start of each fiscal year in the term.

Budget Schedules: Cost Detail and Summary

There are three schedules that form the budget, the Direct Budget Cost Detail Schedule, the Indirect Budget Cost Detail Schedule, and the Budget Summary. The two Detail Schedules are designed to show the costs of the proposed program by line item. Totals of the two Detail Schedules will be automatically carried forward to the Budget Summary.

Follow these instructions to complete the two Cost Detail Schedules. Remember to prepare these schedules first; the totals will automatically transfer to the corresponding lines on the Budget Summary. On the top line of both Cost Detail Schedules, record the full legal name of the organization and service proposed. Use the formal name of the service as found in the service definition.

Only whole numbers should be used when filling in entries. The only time decimal places are used is transportation/mileage, and/or facilities/rent or utility rates.

Direct Budget Cost Detail Schedule

This schedule includes all costs directly associated with the delivery of the service.

Salaries and Wages:

Line a) Record the number of hours in the organization's work week and number of hours the organization is open for business.

Line b) Record each position involved in the program. Include all full-time and part-time employees, but do not include professional fees, contractual services, or personnel hired on a personal contract basis.

Line c) The full time equivalent (FTE) is figured by dividing the number of budgeted work hours per week by the hours in the standard work week. Example: Employee A is budgeted for 12 hours per week and the standard work week is 40 hours. The full-time equivalent is $12/40 = 0.3$ FTE.

Line d) Record the total salary/wages amount assigned to each position. If an employee functions in more than one program, the FTE and salary/wage lines must reflect the percentage that applies to this program only.

Employees may be grouped on one line if their roles are the same and their pay rate and hours of work are the same. If an employee is to be involved less than 52 weeks of the year, note that. Total the

values at the bottom of the table. This sum, on line 5 will be automatically transferred to the Budget Summary, line 5.

Fringe Benefits:

This section will include the employer’s contributions for insurance, retirement, unemployment, worker’s compensation, FICA, and other similar benefit expenses for all full time and part time employees who work on the program. Enter the total dollar amount representing benefits paid to all staff attributed to this budget. This value will be automatically transferred to the Budget Summary, line 6. Calculate the percent to total salaries by dividing the total amount of fringe benefits by the Salary and Wages total and multiply this figure by 100. Enter the value in the box in front of % sign.

Travel – Staff:

This item is for paid staff travel only. Any travel costs included in this item must be for conducting the program activities as described in the application. This includes cost for mileage, per diem, lodging, registration fees for approved conferences, and other approved travel costs incurred by employees. Travel of consultants is to be included under “Other.” Record the total value on line 7. This value will be automatically transferred to the Budget Summary, line 7.

Supplies:

Supplies are items that are consumed or expended when used, or non-consumable items that cost less than \$5,000 per unit. This includes items such as office, janitorial, or educational supplies. Maintenance contracts for equipment should NOT be included in this section. They should be listed under “Service Contracts.” Record the total value on line 8. This value will be automatically transferred to the Budget Summary, line 8.

Equipment:

Include all equipment purchased with AAA 1-B funding that has an acquisition cost of \$5,000 or greater. The cost of each unit or piece of equipment is to include the necessary accessories, installation costs, and taxes. Provide a detailed description of the item, the accessories, and installation requirements. Maintenance contracts for equipment should be listed under “Service Contracts.” Lease and rental of equipment should be listed under “Other.” Applicants must purchase equipment in the fiscal year that was budgeted. When federal/state funding is used to purchase equipment for a program, the applicant must maintain records that include the following information regarding the equipment:

- Equipment description
- Manufacturer’s serial or model number
- Funding source of the equipment
- Unit acquisition cost and date of acquisition
- Disposal information

If the equipment is used for non-federal/state programs, the applicant will charge a user fee no less than a private company would charge for equivalent use. Such user charges must be treated as Program Income.

Record the total value of equipment on the line. This value will be automatically transferred to the Budget Summary, line 9.

Rent/Utilities:

Include the cost of rent and utilities used in the operation of the program. Facility renovations may be included upon AAA 1-B approval for Adult Day Service programs only. For rent, indicate the cost per square foot of space. For utilities, indicate the total cost per month for heat, electricity, and water. Convert these costs into annual figures and total the values on line 10. This value will be automatically transferred to the Budget Summary, line 10.

Communications:

Itemize telephone, postage, photocopying, and printing used in the operation of the program. Record the total value on line 11. This value will be automatically transferred to the Budget Summary, line 11.

Service Contracts:

Itemize all contracts for specific services such as equipment maintenance, janitorial services, etc., in which the applicant pays another organization for the provision of services. Record the total value on line 12. This value will be automatically transferred to the Budget Summary, on line 12.

Other:

Itemize costs not included in any of the previous categories. Examples include liability insurance, bonding, consulting fees, equipment rental/lease, volunteer travel, etc. Record the total value on line 13. This value will be automatically transferred to the Budget Summary, line 13.

Indirect Budget Cost Detail Schedule

The Indirect Budget Cost Detail Schedule shall include only costs indirectly associated with the operations of the program. Follow the instructions above for the following sections: Salaries and Wages, Fringe Benefits, Travel – Staff, Supplies, Equipment, Rent/Utilities, Communications, Service Contracts, and Other. The total values of each section will automatically transfer to the indirect Cost section (lines 14 – 22) of the Budget Summary.

Local Cash Match and Local In-Kind Match

There are two additional sections on the Indirect Budget Cost Detail Schedule. Applicants are required to provide matching funds to support the program. They are called Local Cash Match and Local In-Kind Match. Before completing these sections of the Indirect Budget Cost Detail Schedule, review the AAA Local Match Requirements Policy.

Cash or hard match includes money that has been designated for the support of the service funded through AAA 1-B. Such cash funds cannot be federal funds, except in cases where clearance is allowed, such as General Revenue Sharing Funds.

In-Kind or Soft Match includes resources other than cash, which are used in providing the service. These may include but are not limited to donated rent and/or utilities; recorded hours of volunteers working on the equipment or supplies; and/or donated secretarial time. The value of in-kind donations should relate to actual costs, for example the per-hour value of the work done by a volunteer or the fair market value of donated office space.

Applicant must obtain an original letter from the source(s) of the Local Match contributions and attach the letter(s) to the application.

Tally the sum of both the Cash Match and In-Kind Match sections and report on lines 26b and 26c. These values will be automatically transferred to lines 26b and 26c of the Budget Summary.

Budget Summary

Follow these instructions to complete the Budget Summary. Much of the information will have been auto populated from the two Cost Detail Schedules, but there are a few lines that require information to be entered.

Line 1) Enter the Organization Name

Line 2) Enter the Service for which applicant is applying. Use the formal name of the service as found on the Service Definition.

Line 3) Enter the Budget Period. This period is typically from October 1, the start of the AAA 1-B fiscal year, through September 30. The budget may be revised during the year, but each time it is revised, continue to use the original period on this line.

Line 4) Enter the date the budget is prepared. Each time the budget is revised within the period, record the revised preparation date.

Line 23) Tally all the figures from lines 5 through line 22 and enter the sum on line 23.

Line 24) Enter Program Income/Voluntary Cost Share.

Program Income/Voluntary Cost Share

Program Income/Voluntary Cost Share is the projected gross income received by the program that is directly generated by a supported activity or earned because of the grant agreement during the grant period. Program income includes, but is not limited to, income from contributions for services performed. Interest earned on federal, or state funds is not program income.

Program Income/Voluntary Cost Share generated from federal/state-funded services must be used to enhance or increase service for the program in which it was received in the grant year that it was received. Failure to enhance or increase program services when program income/voluntary

cost share is received more than the approved contract budget will result in the reduction of the federal/state share of the net allowable costs.

Considerations:

- Program Income/Voluntary Cost Share may not be budgeted or used for local match.
- Program Income/Voluntary Cost Share must be realistically estimated in the budget submitted to AAA 1-B prior to the beginning of a fiscal year.
- Actual Program Income/Voluntary Cost Share received will be reported on the monthly and quarterly report forms submitted to AAA 1-B for each program.
- If Program Income/Voluntary Cost Share is expected to exceed the budgeted amount, then the applicant must submit a Budget Change Request form as soon as possible, and no later than September 10. The form must indicate how the additional program income has or will be used to increase or enhance services during the current fiscal year.

Line 25) Subtract line 24 from line 23 to determine Net Costs of the proposed program.

Line 26a) This line represents the federal/state funding requested from AAA 1-B. Enter either the total amount of funding applicants are applying for.

Line 26b and 26c) These lines will have been auto populated from the Description of Matching Funds section of the Indirect Budget Cost Detail Schedule.

Line 27) Enter the Program Income/Voluntary Cost Share. This line will match line 24.

Line 28) This represents applicants' total budget for the proposed program. Add lines 26a, 26b, 26c, and 27. If the budget is calculated correctly line 28 will equal line 23. If the amounts on lines 23 and 28 do not match, an error in calculation has occurred and should be identified and corrected.

Line 29) Enter the number of individuals, known as participants, proposed to be served for one year.

Line 30) Enter the number of units of service applicant proposes to serve for one year. The definition of unit may vary among funded services. Refer to the AAA 1-B and Michigan Health and Aging Services Administration Operating Standards Manual for Social and Nutrition Services Fiscal Years 2023, 2024, and 2025 for a definition of a unit for the program.

Line 31) This line will be auto calculated. It is the total unit cost of the program. It is calculated by dividing the total of all funds (total budget plus additional resources) by the number of units of service proposed. $(\text{Lines } 23 + 33) / \text{Line } 30$.

Line 32) This line will be auto calculated. It is the unit share or unit rate, the cost per unit of service by federal/state funding. It is calculated as the total federal/state funding award divided by the units of service proposed. $(\text{Line } 26a / \text{Line } 30)$.

Line 33) Additional Resources are any additional cash or in-kind resources outside of this budget, that will be used to support the program as described in the application. For the purposes of this

budget, additional resources are in addition to the budgeted dollars, and do not appear in any line item of the budget. Enter the source and amount of all additional funds and total the values at the bottom of the section, next to total resources.

Line 34 is for AAA 1-B use only. Leave this line blank.

Local Match Requirement Policy – Social Services

Original documentation of local match is required for Older Americans Act (federal or state) funding. The match amounts are determined by formula for each service category. The local match dollars may be cash, in-kind resources, or a combination of both.

Social Services Match Requirement: A minimum match ratio of 85% federal/state funding to 15% local match. Of the 15% local match, a minimum of three-quarters (3/4) must be cash. The remaining one quarter (1/4) can be cash, in-kind, or a combination of both. To determine the match, divide the requested funding amount by 85% then multiply the result by 15%.

Applicants must comply with match requirements to be eligible for funding. Applicants unable to comply with cash match requirements may request consideration of a waiver of cash match for additional in-kind match. This waiver request must be submitted in writing along with the application and must include the reason the match waiver is needed and the original documentation of in-kind match source.

NUTRITION SERVICES BUDGET INSTRUCTIONS

Applicants are required to complete the budget forms for Nutrition Services provided by AAA 1-B. The budget must be completed electronically since they are housed on a Microsoft Excel spreadsheet and some field auto-populate. The budget forms are inclusive of both the Congregate and Home Delivered Meal programs.

The estimated amount of federal/state funding is allocated by service region for the Congregate and Home Delivered Meal services and will be provided at the Applicant Workshop. Funding is allocated by a formula. Requests for federal/state funding greater than the amount allocated to the service area will not be considered.

Awards are based on unit rates; that is nutrition services contracts are based on a dollar amount funded per unit of service. Definition of units of service is found with each specific service definition. Unit rates are subject to negotiation prior to finalization of the contract. It is highly recommended that all additional resources that will be used to support the program be included in the budget. Not providing additional resources may put the applicant at a disadvantage when competitive unit rates are negotiated.

The budget must include proposed expenditures for one fiscal year. Budgets will be requested in subsequent fiscal years on an as needed basis. AAA 1-B will inform the applicant when an updated budget will be required.

If applying to provide both congregate and home delivered meal services, program costs shall be accurately allocated between the respective programs. At fiscal year-end, each program must be able to calculate the component cost of each meal provided according to the line-item categories on the budget.

Nutrition Services Budget Form

There are four forms that will be used to develop the budget: 1) Congregate and Home Delivered Meal Program Detail, 2) Congregate Expenditure Detail, 3) Home Delivered Meal Expenditure Detail, and 4) Congregate and Home Delivered Meal Program Budget. The three Detail forms will be automatically carried forward to the full Congregate and Home Delivered Meal Program Budget form.

Budgeted expenditure information must include all expenditures that will be made with the federal/state award, Nutrition Services Incentive Program (NSIP) funding, program income and required local match revenues. Expenditures that will be made from additional resources needed to operate the program should not be included on Detail forms, but only on the full Congregate and Home Delivered Meal Program Budget form.

Pursuant to OMB Circular A-122 federal/state funding may not be used to reimburse grantees for the value of donated space and volunteer labor. The value of rented space and time may be included in the line items to the extent that they equal the required match amount. List donated values, exceeding the required match amounts, in the Additional Resources column on the full Congregate and Home Delivered Meal Program Budget form.

Follow the instructions below to complete the three Detail forms. Remember to prepare these forms first; the totals will automatically transfer to the corresponding lines on the Summary tab.

Only whole numbers should be used when filling in entries. The only time two decimal places are used is for unit rate, transportation/mileage, and/or facilities/rent or utility rates.

Detail Form: Expenditure Schedule

This form is to be completed first, for both Congregate and Home Delivered services. On the top line of all Detail forms, record the full legal name of the organization requesting funding.

Applicant must minimally serve the budgeted number of each TYPE of meal (i.e., Hot, Cold, Breakfast, Frozen, Liquid) for each service. Requests for approval to adjust the number of meals by type and/or add or delete type of meals to be served must be made in writing to the AAA 1-B program and finance managers.

Line 1 – Raw Food

Describe or name the production facility. Enter only the costs associated with raw food preparation in production facilities that are to be operated by the applicant. If all meal preparation is subcontracted to another organization, skip this section.

Line 2 – Purchased Meals

This category is used for all meals not prepared in the applicant's facility including subcontracted meal production. Name the provider(s) from whom applicant will purchase meals. Enter the type of meals each provider will provide for either Congregate or Home Delivered program. Type of meals include Hot, Cold, Emergency/Shelf Stable. In the second and third columns, enter the number of meal units and the cost (unit rate) that will be paid for the meals.

Line 3 – Nutrition Supplement

If providing nutrition supplement products, enter the type of supplement (Ensure, Glucerna, Ensure Plus, etc.) and the number of cases that will be ordered. Enter the cost per case. Enter the number of units that will be served for each service and for each type of supplement. Do not add any additional costs to this line for delivery, handling, packaging, or National Aging Program Information System (NAPIS) tracking. All additional costs for serving a Nutrition Supplement should be contained in the appropriate line items on the subsequent detail pages.

The total units and cost for all three categories of Raw Food are automatically totaled for each service and will be auto populated onto the full Congregate and Home Delivered Meal Program Budget form.

Details Forms: Congregate Expenditure Detail & Home Delivered Meals Expenditure

These two forms are identical but pertain to the Home Delivered Meal service or the Congregate Meal service. Complete either or both, depending upon which service(s) applicant proposes to deliver. On the top line of the form, record the full legal name of the organization requesting funding.

Line 4 & 5 – Direct Labor Salary and Direct Labor Fringe

Only those salaries and fringe benefits for employees whose job responsibilities directly support meal procurement and delivery should be included in this line item. Record the number of hours in the employee's work week, number of hours the organization is open for business. The full time equivalent (FTE) is figured by dividing the number of budgeted work hours per week by the hours in the standard work week. Example: Employee A is budgeted for 12 hours per week and the standard work week is 40 hours. The full-time equivalent is $12/40 = 0.3$ FTE.

Using the organizational chart that is provided with the application, enter the salaries and fringe that will be allocated to each service for applicant employees and volunteers listed. The fair market value of volunteer wages and fringe should only be included in this line item to the extent that those amounts are not greater than the required match. Use the OMB A-122 Cost Principles for non-profit agencies as a guide to calculating volunteer salaries. If volunteer labor is used as required match, attach a description, including position title and number of hours expected for all volunteers in the budget.

Applicants are required to track volunteer hours provided for purposes of match verification. Do not include contract employees/service provider salaries on this line.

Fringe amounts may include applicant's expenditures for FICA, health insurance, retirement, unemployment, and worker's compensation to the extent that the salaries are allocated above. The fringe line item will be reviewed for its reasonableness in relation to the salary amounts provided.

Volunteer labor and/or salaries paid from other sources (i.e., local millage dollars) are to be entered under additional resources.

Line 6 – Direct Kitchen Expenses

Enter only expenses that directly support meal procurement and delivery. Examples of direct kitchen expenses include supplies (i.e., paper plates, plasticware, etc.) and non-consumable items with a value of \$5,000 or less. Items such as janitorial supplies and educational materials should be budgeted in the "Other" line item.

Line 7 – Transportation

Enter costs associated with regular vehicle maintenance and fuel for meal delivery only. Costs may include mileage reimbursement paid to delivery drivers, direct fuel costs for delivery vehicles, and routine vehicle maintenance for delivery vehicles. If vehicles are used for activities other than the specified meals program, only apply allocated costs for the service.

Line 8 – Other

Enter costs not included on other lines. Costs may include:

- Staff travel for conducting service activities other than delivering meals
- Communications including telephone, internet, postage, copying, printing, etc.
- Insurance
- Lease agreements

If any items on this line exceed 10% of the Total Program Budget for either service, attach a detailed description of each cost. The budget form will automatically indicate when the item cost is equal to or greater than 10% by changing the line item from "8. Other" to "8. Other (submit justification)."

Line 9 & 10 – Indirect Labor Salary and Indirect Labor Fringe

Enter only those salaries and fringe benefits for employees whose job responsibilities do NOT directly support meal procurement and delivery should be included in this section.

Line 11 – Facilities (Rent/Utilities)

Enter all rent and utility costs associated with the program. If space is donated, it only includes the value to the extent that it does not exceed the amount for the required match. All other donated space should be listed under Additional Resources on the full Budget form. If donated space is to

be used for required match, attached documentation that includes verification of square footage and fair market value per square foot.

Line 12 – Equipment

Equipment is any single non-consumable item with a unit value of \$5,000 or greater. Enter the name of the equipment and the cost of each unit or piece of equipment that will be purchased with AAA 1-B funding. The cost should include the necessary accessories, installation costs, and taxes. Equipment must be purchased in the fiscal year that it was budgeted.

When federal/state funding is used to purchase equipment for a program, the applicant must maintain records that include the following information regarding the equipment:

- Equipment description
- Manufacturer's serial or model number
- Funding source of the equipment
- Unit acquisition cost and date of acquisition
- Disposal information

If the equipment is used for non-federal/state programs, the applicant will charge a user a fee no less than a private company would charge for equivalent use. Such user charges must be treated as Program Income. See Annual Inventory report #0015 for further instructions.

Line 13 – Consultants

Enter all contract employee or consultant expenditures. This line should include costs for legal services, accounting services, and IT services.

If any items on this line exceed 10% of the Total Program Budget for either service, attach a detailed description of each cost, outlining the work to be performed and all associated fees, such as travel. The budget form will automatically indicate when the line is equal to or greater than 10% by changing the line from "13. Consultants" to "13. Consultants (submit justification)."

Full Budget Form: Summary

Follow these instructions to complete the full budget form. Much of the information will have been auto populated from the three Detail forms, but there are a few lines that require information to be entered. In Section I, General Information, enter the full legal name of the organization applying for funding. The Contract Period will be auto populated. In the Grant Funding Column, enter the funding amounts provided to applicant at the Applicant Workshop, for each service. The NSIP rate will auto populate. Required Match amounts will automatically calculate based on the required ratio, as described below. The number of units proposed to be served and the unit rate will be auto populated. Enter the number of participants proposed to be served with budgeted funding.

If applicable, enter the funding amount for supplies in the Grant Funding Column. Match is required for supplies funding and will auto populate once the award amount is entered.

Local Match Requirement Policy – Nutrition Services

Original documentation of local match is required for Older Americans Act (federal or state) funding. The match amounts are determined by formula for each service category. The local match dollars may be cash, in-kind resources, or a combination of both. Documentation attesting to the source and amount of cash and in-kind match that will be received for the program must be submitted to AAA 1-B.

Nutrition Services Match Requirement: A match ratio of 85% federal or state funds to a 15% local match that may be either all cash, all in-kind, or a combination of both. To determine the match, divide the requested funding amount by 85% and then multiply the result by 15%.

Match is not required for Nutrition Services Incentive Program (NSIP) funding.

If additional federal or state funding becomes available for expanding services during the contract year, applicants may provide all in-kind match, if unable to secure further cash resources for the additional funds. Applicants requesting all in-kind match for the additional funds must document their inability to secure further cash resources. In subsequent years, the local cash to in-kind match ratio will revert to the proportions included in the original contract.

Applicants must comply with match requirements to be eligible for funding. Agencies unable to comply with cash match requirements may request consideration of a waiver of cash match for additional in-kind match. This waiver request must be submitted in writing along with the application and **MUST** include the reason the match waiver is needed and the original documentation of in-kind match source.

For additional information regarding local match and documentation of in-kind, please contact the AAA 1-B Finance Manager.

Additional Resources

If additional resources outside of the budgeted funding are invested to operate the program, describe these resources and the value of such resources in Section II of the form.

Program Income/Voluntary Cost Share

In Section III of the form, Program Income/Voluntary Cost Share values must be entered for each service proposed. Program Income/Voluntary Cost Share is the projected gross income received by the program that is directly generated by a supported activity or earned because of the grant agreement during the grant period. Program income includes, but is not limited to, income from contributions for services performed. Interest earned on federal, or state funds is not program income.

Program Income/Voluntary Cost Share generated from federal/state-funded services must be used to enhance or increase service for the program in which it was received in the grant year that it was received. Failure to enhance or increase program services when Program Income/Voluntary Cost

Share is received more than the approved contract budget will result in the reduction of the federal/state share of the net allowable costs.

Considerations:

- Program Income/Voluntary Cost Share may not be budgeted or used for local match.
- Program Income/Voluntary Cost Share must be realistically estimated in the budget submitted to AAA 1-B prior to the beginning of the fiscal year.
- Actual Program Income/Voluntary Cost Share received will be reported on the monthly and quarterly report forms submitted to AAA 1-B for each program.
- If Program Income/Voluntary Cost Share is expected to exceed the budgeted amount, then the applicant must submit a Budget Change Request form as soon as possible, and no later than August 10. The form must indicate how the additional program income has or will be used to increase or enhance services during the current fiscal year.
- For applicants with current contracts, the program income information will be reviewed against year-end and monthly reports for accuracy.

The last line on this form, Federal/State Grant, will automatically calculate. Verify that this value is equal to the "Grant Total" in Section I. If the values do not equal, an error in calculation has occurred and must be identified and corrected before the budget is accepted.

The remaining lines are for AAA 1-B use only. Leave the remaining lines blank.

NUTRITION SERVICE DELIVERY CHARTS 1-5

These charts are available on the AAA 1-B website at <https://aaa1b.org/partner-with-us/>. Complete Charts 1-5 and submit them with the organization's application for Nutrition Services.

CHART 1: Food Specifications

Complete the chart and submit attachments where indicated. This information will be used to evaluate and compare ingredients, quality, and portion sizes that comprise the food cost in budgets.

CHART 2: Menu Specifications and Nutrient Analysis

This information will be used to evaluate the nutrient analysis of the applicant's sample menu and two standardized recipes. Describe method/software program used to analyze recipes for nutrient content. If none is currently available, indicate when this will be accomplished.

CHART 3: Program Operations (Congregate and Home Delivered Meals)

Provide the information requested including: the name or staff position responsible for coordinating the nutrition education requirement, resources with topics outlined for the proposed nutrition education plan for the first fiscal year, and specific congregate and home-delivered information. Two charts must be submitted, one for congregate meals and one for home-delivered meals. Attach a copy of the intake form and assessment form.

CHART 4: Nutrition Meal Site Operations

Complete one copy of Chart 4 for each meal site, including congregate sites, home-delivered meal sites, and adult day center programs that receive meals.

CHART 5: Main/Satellite Kitchen Operations and Catered Meals

Provide the information requested for each type of central/satellite kitchen and catered meals.

1. Submit copy of valid food service license and most recent health inspection report for all kitchen operations.
2. Attach ServSafe Manager certificate and ServSafe Allergen certificate for each site.

LETTERS OF SUPPORT

Applicants are required to submit two (2) letters of support with their application.

The first letter of support must come from a community partner organization. The letter should include a brief history of the partnership and how the partnership would enhance service delivery and participants to be served. The letter should be submitted on letterhead and signed by the partner organization.

The second letter of support must come from a participant or caregiver who received service. The letter should include a description of how the service impacted and helped the individual maintain independence and dignity while aging in place in the community. The letter can be typed or handwritten by the participant/caregiver.

SUBCONTRACT REQUEST

Organizations that are approved for funding must provide services as stated under the approved AAA 1-B Annual Implementation Plan (AIP) through formal contractual agreements. Awarded applicants (contractors) must comply with applicable provisions of the Older Americans Act (OAA) and the regulations and policies pertaining there to; all other applicable federal laws and regulations, including applicable licensure requirements to policies of the Administration for Community Living (ACL), to the policies of the Michigan Health and Aging Services Administration (HASA) and to all other applicable state and local laws.

Organizations may choose to subcontract services with another agency, however the request must be submitted in writing and approved by AAA 1-B. Applicants requesting to subcontract must complete the AAA 1-B Subcontract Request for Approval form and submit the form with the application for the services being rendered.

POLICY WAIVER

Organizations applying for funding are required to adhere to all applicable HASA and AAA 1-B operating and service standards. If there is a standard that an organization is unable to comply with, a request for a waiver of any AAA 1-B standard must be submitted on the AAA 1-B Request for Waiver of Service Provision form to AAA 1-B with the application by the application

due date. At a minimum, requests for a waiver must include the following: 1) the specific AAA 1-B standard for which the waiver is requested; 2) the reason(s) why the waiver is being requested; and 3) the proposed date on which the waiver (if approved) would take effect. AAA 1-B will review the requested waiver and notify applicant if the waiver request is approved or denied.

APPLICATION REVIEW, AWARD, AND DENIAL PROCESS

The following is an overview of the process used for contract activities:

Application Review Criteria

Applications will only be accepted from agencies that attend the Applicant Workshop and have submitted a Letter of Intent (LOI).

Applications must include all required documents and signatures, where appropriate and must be submitted to AAA 1-B no later than 5:00 p.m. on the application due date of May 27, 2022. Late applications will not be accepted.

An organization applying for more than one service funded through the AAA 1-B Title III/State Funds, must submit a separate application, budget, and required documents for each service.

Applications are reviewed based on the following criteria:

- Organization History and Experience
- Program Need
- Program Description
- Program Implementation
- Program Evaluation and Impact
- Staffing and Volunteers
- Technology
- Proposed Funding Rationale
- Budget
- Targeting Plan(s)
- Copy of Articles of Incorporation
- Other Relevant Information

Contracts will be awarded to organizations whose applications best meet the stated criteria, demonstrate cost effective delivery of quality services, show collaboration and coordination with partner agencies, and are responsive to older adults most in need.

Application Review Tool

Programmatic and fiscal application review tools are used to identify how well an application meets the criteria stated above.

Applications are reviewed by an Application Review Committee (ARC) consisting of members of the AAA 1-B Board of Directors, appointed by the Board's Chairperson, and AAA 1-B staff. The Chairperson may also invite members of the AAA 1- B Advisory Council to participate on the committee. Funding and programmatic recommendations of the ARC must be approved by the AAA 1-B Board of Directors.

In cases where no application best meets the criteria, AAA 1-B has the right to deny all applications and issue a second RFP for the desired service.

Notice of Award

Applicants awarded funding will receive written notification of approval of their application to contract with AAA 1-B within two (2) months of the submission date. Written notification of the AAA 1-B Board of Directors decision will be communicated within seven (7) calendar days of the AAA 1-B Board of Directors meeting at which the funding decisions are approved.

Once the AAA 1-B Board of Directors has determined and approved funding levels for the first contract year, participant and unit numbers may be further negotiated with the AAA 1-B Program Manager. Other changes, program requirements, and/or pre-contract stipulations may be added to the funding decision.

All contracts are awarded for a three-year period, with first-year funding determined at the start of a contract, and subsequent funding determined if federal/state funding levels change. Award letters will include the number of participants and units of service expected to be delivered during the contract year. Availability of funds may increase or decrease during a contract period or within the three-year contract award cycle.

AAA 1-B reserves the right to adjust a contract after the first year, and/or to issue a new RFP for any contracted service before the end of the original contract period, based on, but not limited to:

- Inadequate contractor performance.
- Amendments to AAA 1-B multi-year plan or annual implementation plan; and/or
- Significant changes in the scope or nature of the service to be provided as related to state or federal requirements.

Contract negotiations for the second and third year(s) are not limited to, but based on the following:

- Availability of funds
- Successful fulfillment of contract spending and serving in the current fiscal year
- Fiscal and programmatic site assessments
- Any other criteria which may affect contract performance

Acceptance of Award

Successful applicants are required to:

1. Sign and return the Acknowledgement Letter to AAA 1-B acknowledging acceptance of the funding decision by the AAA 1-B Board of Directors.
2. Any negotiations in participants or units should be discussed with the Program Manager at this time. Contracts for funding will be issued based on the information contained in the Award Letter.
3. If applicable, submit a new budget reflecting AAA 1-B Board of Directors approved funding, participants, and/or units.
4. Submit electronic copies of the required policies and procedures as specified on the AAA 1-B Required Policies and Procedures Checklist.

Applicants that do not submit the requested information by the due date may jeopardize their funding award. Negotiations must be completed, and signed contracts must be returned to AAA 1-B prior to the start of the fiscal year.

Denial of Award

Applicants not awarded funding will receive written notification within seven (7) calendar days of the AAA 1-B Board of Directors meeting at which the funding decisions are made.

Applicants must sign and return the acknowledgment letter to AAA 1-B indicating either:

- Acceptance of AAA 1-B's decision
- Acceptance of AAA 1-B's decision with request to meet with the AAA 1-B program manager to discuss
- Request of an informal inquiry to determine whether to pursue an appeal, or
- Request of an appeal hearing

Applicants not awarded funding may contact AAA 1-B to receive specific information about the denial. Letters indicating intent to appeal must be received at AAA 1-B by the date provided in the denial letter.

PRE-CONTRACT MATERIALS

Upon notification of contract award, all AAA 1-B awarded contractors are required to submit the following documentation to AAA 1-B. All documentation must meet the requirements of AAA 1-B and the Michigan Department of Health and Human Services (MDHHS)/Health and Aging Services Administration (HASA) Operating Standards for All Service Programs.

1. Signed Acknowledgement Letter

2. Revised Budget, Match Letter, Targeting Plan(s), if applicable
3. Policies and Procedures
 - a. Required policies and procedures that are clearly labeled and identified and in order as listed on the Required Policies and Procedures Checklist. Submit only the policies and procedures requested. If unrequested policies and procedures are submitted, the entire set will be returned for proper resubmission.
 - b. Required Policies and Procedures Checklist
4. Certificate of Insurance
5. Business Associate Agreement
6. AAA 1-B Provider Disclosure Form
7. Adult Day Services/Dementia Adult Day Care Only – Submit RN(s) license, and if applicable, an LPN(s) License, and Chauffeur License(s).
8. Nutrition Services Only
 - a. Submit cycle menus for all meals served (i.e., breakfast, lunch, and dinner) and a minimum 4-week nutrient analysis for all meals served. All cycle menus must be submitted on the AAA 1-B cycle menu template unless prior authorization is received.
 - b. Submit product information for all purchased shelf stable meals and their contents.
 - c. Submit product information for all purchased frozen meals.
 - d. Submit the Nutrition Provider Supplement for Eldercare Funding Holiday Meals on Wheels Plan.
 - e. The cycle menu template and Holiday Meals on Wheels plan template are provided by AAA 1-B and can be found on the AAA 1-B website, <https://aaa1b.org/partner-with-us/contract-providers/>.

AAA 1-B must receive these documents prior to releasing the contract. Only the requested documents should be submitted. Unrequested documents will not be reviewed and may cause a delay in receiving funding. All documentation should be submitted by August 12, 2022.

REPORTING REQUIREMENTS

Successful applicants who are awarded funding (Contractors) are required to submit a number of fiscal and programmatic reports to the AAA 1-B, the National Aging Program Information System (NAPIS), and/or the Legal Services Information System (LSI). All reports are to be submitted electronically, unless otherwise directed by AAA 1-B. Reports are used by AAA 1-B to monitor contract performance and participant and unit serving levels. A reporting workshop will be held for successful applicants to provide a detailed overview of reporting requirements.

Programmatic Reporting Requirements

1. Quarterly Participant Unit Report

All contractors need to complete this form quarterly for each county that they serve. For contractors serving more than one county, Total Participant and Units must be divided between the Quarterly Participant Unit Report - All Services reports for each county served according to the projections on the individual county Targeting Plans.

2. Quarterly Programmatic Narrative

All contractors need to complete this form.

3. Social Services or Home Delivered Meals Wait List

There are two different Wait List forms; one for Home Delivered Meal providers and the other is for the Social Service providers. Congregate Meal providers do not have to complete this form.

4. Disease Prevention and Health Promotion Quarterly Report

This report is to be completed by Disease Prevention and Health Promotion contractors only.

5. Nutrition Services Programmatic Submissions

Nutrition Services Delivery Chart 3: Program Operations (Congregate and Home Delivered Meals), Annual Holiday Meals on Wheels Plan, and Cycle Menus with Nutrient Analysis. These items are submitted annually with the renewal of contracts for Nutrition providers only.

6. Legal Services Information System (LSI)

Legal Assistance contractors will complete and submit quarterly activity reports using the electronic Legal Services Information System (LSI). Contractors will work with their AAA 1-B program manager to access LSI.

7. NAPIS Electronic Submission Process

Contractors of the following services are required to submit electronic data into NAPIS each quarter. Electronic submissions are due the 10th of the month following the end of each quarter.

- a. Adult Day Services
- b. Dementia Adult Day Care
- c. Chore
- d. Congregate Meals
- e. Holiday Meals (when applicable)
- f. Home Delivered Meals
- g. Grandparents Raising Grandchildren
- h. Volunteer Caregiver

Quarterly programmatic reports are due to AAA 1-B, NAPIS, and/or LSI by the 10th of the month following the end of each quarter. Due dates are January 10th, April 10th, July 10th, and October 10th. Note: When the 10th of the month falls on a weekend and/or holiday, programmatic reports are due the following business day.

Contact the AAA 1-B program manager if, for any reason, the programmatic reports will be submitted late. Late reports can affect the status of the contract and are a compliance issue.

Additional guidelines and instructions for reporting will be presented during the mandatory reporting workshop. Questions about how to complete the quarterly programmatic reports should be directed to the appropriate program manager.

Fiscal Reporting Requirements

The Monthly, Quarterly, and Yearly Financial Reporting is due on the 5th business day of each month for the preceding month of service. Late reporting will not be processed, and payment will be withheld until the next reporting period. If a contractor is late any two (2) months in three-month consecutive month period, the contractor will be placed on corrective action.

1. Social Service Program Monthly Financial Smartsheet Reporting

All funds received from AAA 1-B under this contract and all match and program income/voluntary cost share related to the contract must be accounted for in a manner that is distinct and separate from all other funds received by the contractor and separate from any other contracts and agreements with AAA 1-B. All dollar amounts are to be rounded to the nearest dollar.

Revenue: For federal/state funds (not yet received but owed for this period) enter earned funds in the monthly federal/state share entry option.

Expenditures: Report expenditures per the approved contract budget.

Authentication Process – Fill in the “Reporter Name” section. By clicking on the authentication, you are agreeing that you are reporting true data and using this option in place of your signature.

2. Quarterly Financial Report #008

All funds earned from the AAA 1-B under this contract and all match and program income/voluntary cost share related to the contract must be accounted for in a manner that is distinct and separate from all other funds received by the contractor and separate from any other contracts and agreements with the AAA 1-B. Fill in all requested information. All dollar amounts are to be rounded to the nearest dollar.

Revenue: Record all income earned to date pertaining to this contract as indicated on each line. For federal/state funds (not yet received but owed for this period) enter earned funds from the bottom section.

Expenditures: Report line-item expenditures per the approved contract budget. Expenses should be broken out by direct costs vs. indirect costs. The sum of the direct and indirect expenses will automatically total. Do not include additional resources.

Cash on Hand Balance: Total YTD revenues less total YTD Direct and Indirect Expenditures. This represents your cash standing AFTER this report is processed. If estimated expected funds are not received in 5-7 days, contact AAA 1-B immediately.

Manually input the additional resources applied to this contract. The AAA 1-B website report form will automatically carry forward all other figures to this section.

Fill in the "Competed by" section report should be signed by an authorized official and uploaded into the Smartsheet system when applicable.

3. Social Services Under/Overspending Smartsheet Reporting

Explanation of Difference: Explain the difference of 10% or more that occur between the planned and the actual expenditures, for the entire contract. State what corrective action will be taken to bring under/overspending in line with budgeted levels.

4. Annual Equipment Inventory #0015

Complete a #0015 form for each program contract annually and submit with year-end fiscal reports. Only equipment purchased with AAA 1-B federal/state contract dollars is to be included on this report. Do not include all equipment associated with the contracted program. Equipment must be reported while the program is in existence even if records indicate the equipment is fully depreciated.

Enter the quantity and the item description where indicated. Only include items that are defined as non-consumable goods that have an expected service life of at least one-year and with a total acquisition value of \$5,000 or greater.

Indicate the acquisition date and the cost of the equipment. Equipment cost is defined as the net invoice price including any modifications, attachments, accessories, or auxiliary apparatus that make the equipment useful. Taxes, freight, duty, and installation may or may not be included in accordance with contractor's regular accounting practices.

Indicate the portion of the total cost charged to the AAA 1-B program contract. Only include the amount purchased with grant funds. Do not include the amount, if any, purchased with additional resources.

Indicate the portion of the total cost charged to the AAA 1-B program contract. Only include the amount purchased with grant funds. Do not include the amount if any, purchased with additional resources.

Indicate the disposal date and disposal method, if applicable. Disposal options include:

- a. Selling the equipment that is no longer used at fair market value and using the proceeds to assist in the purchase of replacement equipment.

- b. Using the equipment for other AAA 1-B contracted programs when it is no longer needed for the original program.
- c. Throwing away the equipment when it no longer functions. Contact AAA 1-B prior to disposal if the fair market value of the equipment is greater than \$5,000.

Sign and date the form for return to AAA 1-B.

5. Nutrition Services Monthly Financial Smartsheet Reporting

This reporting is to be used for monthly reporting of units served and as the basis for NSIP monthly reimbursement.

Enter Organization name, appropriate fiscal year, and month that the report covers.

Enter the current unit rate.

Monthly Program Summary: All providers must enter the number of congregate and/or home delivered meals served monthly, the monthly federal/state earned, year to date (YTD) revenue earned, YTD revenue received, monthly match in kind, monthly NSIP funds earned, and YTD NSIP funds received.

If the percentage of over/under serving is 10% or greater, an explanation must be provided in the allotted area in the Smartsheet program. For over serving, indicate the plan for continuing service levels through the end of the fiscal year.

Authentication Process - The individual responsible for completing this report must enter their name. By clicking on the authentication, you are agreeing that you are reporting true data and using this option in place of your signature.

6. Annual Financial Report #1020Y

The #1020Y report must be submitted annually by all contractors and requires an original signature. A preliminary #1020Y report is due by the 5th business day of October following the close of the fiscal year. The final report is due to AAA 1-B no later than the 5th business day of November following the close of the fiscal year.

Units reported on the #1010Y form must match the units reported in NAPIS for the contract year to close. Final reports not matching NAPIS will not be accepted. Final payments will be based off units in NAPIS.

This form is to be completed with actual expenditure information in the same manner as the nutrition budget.

Attach form #0015 Annual Inventory Schedule, if applicable.

Attach a written explanation if either service has under-serving of 10% or more.

7. Annual Equipment Inventory #0015

Complete a #0015 form for each program contract annually and submit with year-end fiscal reports. Only equipment purchased with AAA 1-B federal/state contract dollars is to be

included on this report. Do not include all equipment associated with the contracted program.

Equipment must be reported while the program is in existence even if records indicate the equipment is fully depreciated.

Enter the quantity and the item description where indicated. Only include items that are defined as non-consumable goods that have an expected service life of at least one year and with a total acquisition value of \$5,000 or greater.

Indicate the acquisition date and the cost of the equipment. Equipment cost is defined as the net invoice price including any modifications, attachments, accessories, or auxiliary apparatus that make the equipment useful. Taxes, freight, duty, and installation may or may not be included in accordance with contractor's regular accounting practices.

Indicate the portion of the total cost charged to the AAA 1-B program contract. Only include the amount purchased with grant funds. Do not include the share (if any) purchased with additional resources.

Indicate the disposal date and disposal method, if applicable. Disposal options include:

- a. Selling the equipment that is no longer used at fair market value and using the proceeds to assist in the purchase of replacement equipment.
- b. Using the equipment for other AAA 1-B contracted programs when it is no longer need for the original program.
- c. Throwing away the equipment when it no longer functions. Contact AAA 1-B prior to disposal if the fair market value of the equipment is greater than \$5,000.

Sign and date the form and return to AAA 1-B.

ANNUAL CONTRACTOR ASSESSMENTS

To ensure that contractors are operating in accordance with service contracts and operating standards, programmatic and fiscal assessments will be conducted annually, beginning in the second quarter of each fiscal year. Assessments also provide an opportunity for collaborative efforts to improve the quality of and to expand the capacity of service programs.