|  |  |
| --- | --- |
| Applicant Organization’s Name:  Click or tap here to enter text. | |
| County(ies) to be served:  **ALL** | Total Funds Requested:  **$** |

**Long-Term Care Ombudsman Program & Elder Abuse Prevention**

February 6, 2025

NOTE: Both the Long-Term Care Ombudsman Program and the Elder Abuse Prevention Program are currently provided in tandem as direct services of AAA4. A competing organization must demonstrate that it can provide improved quality of services and improved cost effectiveness in order to advance in the grants review process. Final approval must be granted by the State of California.

**INTRODUCTION**

Long-Term Care Ombudsman Program (LTCOP) ensure rights, entitlements, education, empower, advocacy, and to protect the health, safety, and welfare of older persons in long-term care facilities. The Ombudsmen investigate and resolve complaints, initiate corrective actions, advocate for improvements, conduct routine general facility visits, inform residents of their rights, assist in empowering and educating residents and families with creating advocacy plans, and provide long-term care information. All LTCOP services are provided free of charge. Confidentiality is critical and all complaints and concerns are kept confidential unless the resident provides permission/consent to the Ombudsman.

Elder Abuse Prevention (EAP) improves the advocacy, education, empower, and protection of older persons and dependent adults who are at risk of experiencing abuse, neglect, exploitation, or self-neglect by raising public, private, family, and facility awareness of elder/dependent adult abuse issues and mandatory reporting requirements.

**PURPOSE**

Specific guidance for State and Federal funds for LTCOP and EAP is outlined below. They are supplemental to Section III: General Requirements and Expectations and to Section IV: Program Requirements and Expectations. In the event of a conflict, these program specifications shall take precedence over Sections III and IV. This document:

1. Identifies the requirements and expectations that AAA4 deems salient to the service category; and,
2. Serves as the Program Application for the service category;

NOTE: Please ensure that the application does not exceed a maximum of 40 pages, as submissions longer than this may not be reviewed in their entirety.

1. If funds are awarded, acts as a reference guide for those staff and/or volunteers who will be responsible for providing services in this category.

A proposal that fails to comply with applicable requirements may be deemed non-responsive and, therefore, ineligible for funding consideration.

**INCORPORATION OF AAA4 PRINCIPLES & PRIORITIES**

As stated in Section III, AAA4 is seeking Applicants whose proposals incorporate the Agency’s own key principles and priorities, particularly with respect to: mission-based efforts, equity and inclusion, person-centered approaches, rapid adaptability, food security and housing security. Specific questions about those subjects are interwoven throughout this document.

1. **LEADERSHIP AND ADMINISTRATION**

|  |  |
| --- | --- |
| Mission & History | 101. What is your organization’s mission statement, when was it first established, and when was it last revised?  Click or tap here to enter text.  102. Historically, what major successes has the organization had in advancing its mission?  Click or tap here to enter text.  103. In what specific ways does this proposal advance the mission of your organization?  Click or tap here to enter text. |
| Direct Experience | 104. Is your organization already providing the same type of services that are being requested in this proposal (with or without AAA4 funds)?  **YES**  **NO**  **UNSURE** (Send questions to rfp@agencyonaging4.org)     > If yes, how long have these services been provided?  Click or tap here to enter text. |
| Organizational Readiness | 105. Do members of your organization’s Governing Body have experience/knowledge that pertains to LTCOPs and EAP?  **YES**  **NO**  **UNSURE** (Send questions to rfp@agencyonaging4.org)  106. Do members of your organization’s Leadership team have experience/knowledge that pertains to LTCOPs and EAP?  **YES**  **NO**  **UNSURE** (Send questions to rfp@agencyonaging4.org) |
| Administrative Readiness | 107. Does your organization already meet AAA4’s Fiscal Accountability and Compliance requirements for Funded Partners?  **YES**  **NO**  **UNSURE** (Send questions to rfp@agencyonaging4.org)  108. Does your organization currently have staff with the necessary skills in data management and/or database entry?  **YES**  **NO**  **UNSURE** (Send questions to rfp@agencyonaging4.org)  109. Does your organization currently meet AAA4’s Information Technology (IT) requirements for Funded Partners?  **YES**  **NO**  **UNSURE** (Send questions to rfp@agencyonaging4.org) |
| Good Standing | *[Skip to the next question.]* |
| Past Performance | *[Skip to the next question.]* |

**II. PROGRAM PARAMETERS**

AAA4 has allocated State and Federal funds for LTCOP and EAP to actively promote the utilization of helpful services and supports.

201. How many unduplicated individuals would be served in the first year of the contract cycle (state fiscal year 2025-26)?

|  |  |
| --- | --- |
| **Service Category** | **Total Number of Unduplicated Clients**  (All 7 Counties Combined) |
| **LTCOP** |  |
| **EAP** |  |

202. Assuming funding levels remain the same, how many unduplicated individuals would be served in the second year (state fiscal year 2026-27)?

|  |  |
| --- | --- |
| **Service Category** | **Total Number of Unduplicated Clients**  (All 7 Counties Combined) |
| **LTCOP** |  |
| **EAP** |  |

1. REQUIRED ACTIVITIES

**Long-Term Care Ombudsman Program**

1. **Complaint/Abuse Investigation and Facility Monitoring:** Activities related to receiving, verifying, investigating, and resolving a complaint. Includes all hours spent in facilities by staff and volunteers, traveling to and from facilities, **training, completing required case records, and data input.**

**Unit: One hour**

1. **Complaint Resolution Rate:** Number of complaints resolved plus number of complaints partially resolved and divided by total number of complaints.

**Unit: Percentage rate**

1. **Facility Coverage:** Visits to long-term care facilities by staff and volunteers to carry out the responsibilities and services of the Ombudsman program.

**Unit: One visit**

1. **Certified LTC Ombudsman Volunteers:**  Number of Ombudsman volunteers who have been trained and certified.

**Unit: Volunteer**

**Elder Abuse Prevention** is one or more individual activities listed below.

1. **Public Education:** Planned presentations or participation in coordinated community-based fairs or events to inform and educate the public on the identification, prevention, and treatment of elder abuse, neglect, and exploitation. This can include outreach to promote financial literacy and prevent identity theft and financial exploitation of older individuals. One presentation or participation in one event, including extended events (lasting one or more days) is counted as one session.

**Unit: One Session**

203. How many sessions would be provided in the first year of the contract cycle (state fiscal year 2025-26).

|  |  |
| --- | --- |
| **County** | **Total Number of Sessions** |
| Nevada |  |
| Placer |  |
| Sacramento |  |
| Sierra |  |
| Sutter |  |
| Yolo |  |
| Yuba |  |

1. **Educational Materials:** Printed or other educational media distributed for the identification, prevention, and treatment of, intervention in, investigation of, and response to elder abuse, neglect, and exploitation (including financial exploitation).

**Unit: One Product**

204. How many products would be provided in the first year of the contract cycle (state fiscal year 2025-26).

|  |  |
| --- | --- |
| **County** | **Total Number of Products** |
| Nevada |  |
| Placer |  |
| Sacramento |  |
| Sierra |  |
| Sutter |  |
| Yolo |  |
| Yuba |  |

1. **Training for Professionals:** Planned training for professionals (such as service providers, nurses, social workers, and others serving elders and victims of elder abuse) on the identification, prevention, and treatment of elder abuse, neglect, and exploitation. Training topics may include elder self-determination, individual rights, and State and federal requirements concerning confidentiality. One presentation is counted as one session

**Unit: One Session**

205. How many sessions would be provided in the first year of the contract cycle (state fiscal year 2025-26).

|  |  |
| --- | --- |
| **County** | **Total Number of Sessions** |
| Nevada |  |
| Placer |  |
| Sacramento |  |
| Sierra |  |
| Sutter |  |
| Yolo |  |
| Yuba |  |

1. **Training for Caregivers:** Training provided to unpaid adult caregivers (including caregivers receiving services from Title III-E) who are informal providers of in-home or community-based care to an older individual or an individual with Alzheimer’s disease or a related disorder with neurological and organic brain dysfunction. Training should improve caregiver understanding of the identification, prevention, and treatment of elder abuse, neglect, and exploitation, with an emphasis on prevention and the enhancement of the elder individual’s self-determination and autonomy. One presentation is counted as one session.

**Unit: One Session**

206. How many sessions would be provided in the first year of the contract cycle (state fiscal year 2025-26).

|  |  |
| --- | --- |
| **County** | **Total Number of Sessions** |
| Nevada |  |
| Placer |  |
| Sacramento |  |
| Sierra |  |
| Sutter |  |
| Yolo |  |
| Yuba |  |

1. **Prevention Development:** Systemic coordination activities include staff time spent working with law enforcement agencies, adult protective services agencies, long-term care ombudsman programs, district attorneys, courts, the AAA, and others to create a coordinated response to elder abuse, neglect, and exploitation.

**Unit: One Hour**

207. How many hours would be provided in the first year of the contract cycle (state fiscal year 2025-26).

|  |  |
| --- | --- |
| **County** | **Total Number of Hours** |
| Nevada |  |
| Placer |  |
| Sacramento |  |
| Sierra |  |
| Sutter |  |
| Yolo |  |
| Yuba |  |

1. ALLOWABLE ACTIVITIES

**Long-Term Care Ombudsman Program**

The Ombudsman can offer information, referrals, guidance, resources, and participate in care conferences.

1. PROHIBITED ACTIVITIES

**Long-Term Care Ombudsman Program**

The Ombudsman cannot meet, speak, or engage with any person or entity without specific consent from the resident. The Ombudsman cannot report known or suspected instances of elder abuse without the residents’ consent (assuming they have mental capacity). The Ombudsman works at the pleasure of the resident or the resident representative.

1. GEOGRAPHIC SERVICE AREA

**Long-Term Care Ombudsman Program**

LTCOP and EAP must serve residents of facilities in all 7 counties (Nevada, Placer, Sacramento, Sierra, Sutter, Yolo, Yuba)

**Elder Abuse Prevention**

With regard to Public Education only, EAP must have a plan to reach residents of all 7 counties at least once over the course of the 4-year grant cycle.

With regard to all other EAP activities, services must be available in all 7 counties.

1. SERVICE COORDINATION

LTCOP is NOT required to coordinate with focal points.

LTOCP may NOT subcontract any required services.

|  |
| --- |
| 208. Describe opportunities for coordination with home and community-based programs (HCBS) providers (RE Folks entering/existing facilities)?  Click or tap here to enter text. |

|  |
| --- |
| 209. Please list other organizations with whom you have coordinated.  Click or tap here to enter text. |

1. CIENT ELIGIBILITY

**Long-Term Care Ombudsman Program**

Services funded under this service category shall be available to all residents of skilled nursing facilities (SNF) and residential care facilities for the elderly (RCFE), regardless of age. In the AAA4 seven county region, this totals approximately 19,700 individuals.

Older individuals, 60 years of age or older and dependent adults (18 – 59 years) who are residents of long-term care facilities regardless of their socio-economic status or area of residence. [OAA Sections 102(35), 321(a)(10); WIC 9701(b)]. The Local Ombudsman Program may serve residents under 60 years of age if:

* A majority of the residents of the facility where the younger person resides

are 60 and over and;

* Such service does not weaken or decrease service to older individuals covered by the Older Americans Act [Policy of the Office of Elder Rights Projection, Administration on Aging; July 15, 1996]

Residents must sign a Consent to Access and Disclose Confidential Information (S201) if the resident wants an Ombudsman to investigate complaints in which contact with other persons or entities is required. Ombudsmen work at the pleasure of the residents and cannot engage in any activity without the express consent of the resident or their responsible party.

**Elder Abuse Prevention**

Services funded under this service category shall be available to residents in the AAA4 seven-county region who are age 60 and older, 18 and above with a disability, and dependent adults who cannot care for themselves and depend on others to meet their most basic need.

1. CLIENT PRIORITITATION

**Long-Term Care Ombudsman Program**

The LTCOP is required to serve target populations: All long-term care residents in any of the seven (7) long-term care facility programs along with Native American, transgender, elderly (over age 60), anyone with a disability living in a LTC facility regardless of age.

**LTCOP and EAP**

|  |
| --- |
| 210. With regard to allegations of abuse, how will the proposed program determine which matters need to be addressed immediately and which can wait?  Click or tap here to enter text. |

1. CLIENT WAIT LISTS & TIME LIMITS

Funded Partners are NOT required to have a waitlist procedure. All complaints must be acknowledged, contacted, or investigated within 48 hours or sooner.

LTCOP and EAP are NOT classified as time-limited service. Individual clients may continue receiving services from one state fiscal year to the next.

1. SERVICE REFERRALS

Clients shall be referred to services provided by other organizations as appropriate.

|  |
| --- |
| 211. What method would be used to estimate what percentage of individuals successfully “connect” with the programs and services to which they are most frequently referred?  Click or tap here to enter text. |

1. UNIQUE PROGRAM STADARDS

**Long-Term Care Ombudsman Program**

1. **Service Operation:** Ombudsman services will be available through an administrative office, Monday through Friday. A 24 hour/7 day a week availability by the Ombudsman Program for the intake of complaints is required and will be augmented by the statewide toll-free Crisis Line.
2. **Investigating and Resolving Complaints:** Ombudsman staff and volunteers will identify, investigate, and seek to resolve complaints made by or on behalf of residents that relate to their rights and well-being as residents. If a complaint is not investigated, the complainant shall be notified in writing of the decision not to investigate and the reasons for the decision.
3. **Facility Monitoring Plan:** The Ombudsman Program will develop and implement an annual facility monitoring plan that meets the standards of the California Department of Aging’s Long Term Care Ombudsman office.
4. **Volunteer Recruitment and Training:** Ombudsman volunteers will be recruited and trained with an initial 36-hour training curriculum followed by an internship with a certified Ombudsman and final certification by the CDA Long Term Care Ombudsman office. The minimum training time for staff and volunteers is 50 hours – 36 classroom, a minimum of ten hours field time, and four (4) hours in the ombudsman office to cover program culture, P&Ps, and other pertinent information before they are certified.
5. **Advance Health Care Directives:** Ombudsman volunteers will witness advance health care directives for residents of skilled nursing facilities.
6. **Community Education:** Educate groups of older persons, their families, significant others, community organizations, or facility staff about long-term care residents’ rights, benefits, and entitlements.
7. **Representing the Residents:** Represent the interests of residents before governmental agencies and seeking administrative, legal, and other remedies to protect the rights and well-being of residents.
8. **Public Comment:** Review, comment, and facilitate the ability of the public to comment on laws, regulations, policies, actions, and legislative bills that pertain to the rights and well-being of residents.
9. **Resident and Family Councils:** Support the development of resident and family councils.
10. **Ongoing Training:** Ombudsman staff and volunteers will participate in ongoing training and support activities. A minimum of 18 hours annually is required.
11. **Background Clearance:** Ombudsman staff and volunteers are required to undergo background clearances and fingerprinting to comply with State law SB 1759 (Chapter 902, Statutes of 2006). **Potential applicants must submit two (2) separate background checks. One for the State and one for the Agency. Volunteers only require a State blood alcohol content (BAC).**
12. **Confidentiality:** Ombudsman staff and volunteers will follow HIPAA’s and CDA’s confidentiality requirements in the handling and storing of paper and electronic files, telephone communication, and internal communication within the organization.
13. **Data Collection and Reporting:** The Ombudsman Program will collect and submit data in accordance with the statewide data reporting system established by the CDA Long-Term Care Ombudsman office. In addition, the program will report on a monthly basis to AAA4 to track attainment of the contracted scope of service.
14. **Coordination and Referral:** The Ombudsman Program will refer to the appropriate governmental agency such as the State Department of Public Health, Licensing and Certification Program, Department of Social Services Community Care Licensing Division, the Department of Justice, Bureau of Medi-Cal Fraud and Elder Abuse, and/or local law enforcement.
15. **Legal Assistance:** The Funded Partner must provide a plan for an adequate level of legal advice and counsel in the conduct of their activities.

|  |
| --- |
| 212. How will the proposed program recruit new Ombudsman volunteer?  Click or tap here to enter text. |

**Elder Abuse Prevention**

1. **Coordinated System Development:** The Funded Partner will participate in activities such as the Multi-Disciplinary Team (MDT), the Fiduciary Abuse Specialist Team (FAST), and the Elder Death Review Team (EDRT).
2. SPECIAL RIGHTS & RESTRICTIONS

**Long-Term Care Ombudsman Program**

Unless there is a court order by a judge declaring a resident as incapacitated, the Ombudsmen will handle complaints from any resident. Only a judge declaring a court order can declare a resident as not having the capacity to make decisions.

1. SPECIFIED LEGAL REFERENCES

Older Americans Act (OAA) Title VII, Sections 711 and 712

Older Americans Act (OAA) Title III B and VIII A Ombudsman Program Code 3900200

California Department of Aging Long-Term Care Ombudsman Manual

California Welfare and Institutions Code, Section 15610.5

California Federal Regulations (CFR), Title 45, Chapter 13

1. **THE SERVICE PLAN**

|  |  |
| --- | --- |
| Service Goals | 301. What overarching goals has the Applicant Organization set for the proposed program to achieve?  Click or tap here to enter text.  302. In what specific ways is the community expected to benefit from the proposed program, including the clients themselves, clients’ households, and clients’ Outreaching family/friends/neighbors?  Click or tap here to enter text.  303. How will the local Aging Services Network benefit from the proposed program?  Click or tap here to enter text. |
| Outreach | 304. What types of individuals do you suspect are most likely to be underserved by AAA4’s LTCOP and EAP programs (please describe the characteristics or circumstances)?  Click or tap here to enter text.  305. What efforts would be made to reach these underserved people?  Click or tap here to enter text. |
| Resources | 306. What key resources are needed to provide the proposed service (e.g., equipment, tools, products, personnel, etc.).  Click or tap here to enter text. |
| Delivery of Services | 307. With regard to allegations of abuse, briefly describe the basic service plan, or service model, the proposed LTCOP will follow.  Click or tap here to enter text.  308. Briefly explain how prospective clients will be screened, assessed, and prioritized.  Click or tap here to enter text.  309. Briefly explain how prospective clients will be screened, assessed, and prioritized.  Click or tap here to enter text.  310. How is your service model adaptable to unforeseen events (i.e., sudden cost increases, staffing change, emergencies, etc.)?  Click or tap here to enter text. |

|  |  |
| --- | --- |
| Delivery of Services (cont.) | 311. How will individuals’ food security be evaluated?  Click or tap here to enter text.  312. How will individuals’ housing security be evaluated?  Click or tap here to enter text.  313. What specific personal choices will each prospective client be allowed to make about how services are provided to them?  Click or tap here to enter text. |
| Data | **LTCOP Only**:  All data reporting related to the Ombudsman Program must be done in the State’s ODIN system (Ombudsman Data Integration Network). The State provides access and training to certified programs and individuals.  **EAP Only**:  318. How will the proposed program collect and track the number of service units that are provided on any given day, month, quarter and fiscal year?  Click or tap here to enter text.  **EAP Only**:  319. How will the proposed program collect and track the number of unduplicated clients who are served on any given day, month, quarter and fiscal year?  Click or tap here to enter text. |
| Service Outcomes | 320. What specific tangible and/or intangible outcomes will be measured with respect to:   1. serving individual clients, clients’ households, and clients’ Outreaching family/friends/neighbors;   Click or tap here to enter text.  ii) benefiting the local Aging Services Network; and,  Click or tap here to enter text.  iii) connecting clients with other appropriate resources?  Click or tap here to enter text. |
| Service Outcomes (continued) | 320. How will each of these outcomes be collected?  Click or tap here to enter text.  321. How has the proposed program defined varying levels of “success” for each of these outcomes?  Click or tap here to enter text. |
| Evaluation | 322. During the fiscal year, what specific methods will be used to evaluate the effectiveness of the proposed program based on input from clients, staff, volunteers and any pertinent third parties?  Click or tap here to enter text.   1. At the end of each fiscal year, what additional methods will be used to evaluate the effectiveness of the proposed program based on final figures, results or impacts?   Click or tap here to enter text.   1. What processes are in place to directly link evaluation findings to improvements in the proposed program?   Click or tap here to enter text. |

**4. MANAGEMENT & STAFFING**

|  |  |
| --- | --- |
| Human Resources | 1. Would your organization need to acquire new or additional staff and/or volunteers to be able to begin fully providing the proposed service during state fiscal year 2024-25?   **YES**  **NO**  **UNSURE** (Send questions to rfp@agencyonaging4.org)   * + If yes, what positions would need to be filled and, for each, at how many FTEs (full-time equivalents based on a 40-hour work week)?   Click or tap here to enter text. |
| Volunteers | 1. Would the proposed program use volunteers?   **YES**  **NO**  **UNSURE** (Send questions to rfp@agencyonaging4.org)  If so, how many and in what roles?  Click or tap here to enter text. |
| Hiring and Retention | 1. What minimum qualifications (education and work experience) are required of the person who will have the most direct, day-to-day oversight of the proposed program, and what is their job title?   Click or tap here to enter text.   1. What minimum qualifications (education and work experience) are required of the person(s) who will have direct contact with clients?   Click or tap here to enter text.   1. How long do staff and volunteers typically stay with the Applicant Organization, and what are the most common reasons they leave?   Click or tap here to enter text.   1. Are wages and benefits comparable to those of similar organizations in the service area, and how have you made that determination?   Click or tap here to enter text. |

|  |  |
| --- | --- |
| Review and Recognition | 408. How would staff and volunteers be reviewed and recognized?  Click or tap here to enter text. |
| Training and Outreach | 409. What specific training, if any, do OMB/EAP staff and volunteers receive about other local programs that serve the same target population?  Click or tap here to enter text.  410. What specific training, if any, do OMB/EAP staff and volunteers receive about encouraging each individual client to make personal choices that direct how services are provided to them?  Click or tap here to enter text.  411. What specific training, if any, do OMB/EAP staff and volunteers receive about food security?  Click or tap here to enter text.  412. What specific training, if any, do OMB/EAP staff and volunteers receive about housing security?  Click or tap here to enter text. |
| Data Security | 413. Does your organization already meet AAA4’s Data Security requirements for Funded Partners?  **YES**  **NO**  **UNSURE** (Send questions to rfp@agencyonaging4.org) |
| Mandated Reporters | LTCOP is not required to be a mandated reporter. |
| Disaster Preparedness | 415. What source(s) does the organization currently use for conducting workplace safety training for staff and volunteers, including disaster response?  Click or tap here to enter text. |

**5. ASSETS, REVENUE & EXPENDITURES**

1. **PROPOSED PROGRAM RESOURCES**

|  |  |  |  |
| --- | --- | --- | --- |
| **AAA4 Funds Requested (A)** | **Program Non-Match\*\*** | | **Total Program Resources (D)** |
| **Cash** | **In-Kind** |
| $ | $ | $ | $ |

\*\*Non-match (also be known as over-match) is additional resources an Applicant intends to voluntarily contribute to the program.

1. **PROPOSED PROGRAM COSTS AND EXPLANATIONS**

|  |  |  |
| --- | --- | --- |
| **Cost Categories 1** | **Amount** | **Explanation of how funds will be used** |
| Personnel – Paid & In-Kind | $ | Click or tap here to enter text. |
| Travel & Training | $ | Click or tap here to enter text. |
| Non-Expendable Equipment 2 | $ | Click or tap here to enter text. |
| Consultants | $ | Click or tap here to enter text. |
| Audit 3 | $ | Click or tap here to enter text. |
| Insurance 4 | $ | Click or tap here to enter text. |
| Other Costs 5 | $ | Click or tap here to enter text. |
| Nutrition/Food6 | $ | Click or tap here to enter text. |
| Indirect Costs 7 | $ | Click or tap here to enter text. |
| **Total Program Costs (E)** | $ | **Total Program Costs (E) must = Total Program Resources (D).** |

Footnotes

1 These Cost Categories will be further broken down on the Program Budget Form that will be completed by the Contracted Funded Partner. Additional documentation may be required at that time.

2 Prior to a Contracted Funded Partner’s purchase of any Non-Expendable Equipment with a per unit cost of $5,000 or more, AAA4 must obtain approval from CDA.

3 Indicate the cost of auditing services performed by an outside contractor. Note: Only those Funded Partners required to submit a Single Audit in accordance with 45 CFR 75.514 (with total Federal Funding expended of $750,000 or more) can include a portion of their audit cost.

4 Contracted Funded Partners of AAA4 must carry insurance policies for General Commercial Liability, Automobile Liability, Professional Liability/Errors and Omissions, Fidelity Bond/Crime Coverage, Business Personal Property/Business Contents/All Risk Property, and Workers Compensation. The cost for Workers Compensation is not included under Insurance since it is included under Paid Personnel.

5 Other Costs may include the following: Building Rent, Utilities, Office Expense, Vehicle Operations & Maintenance, Outside Services, Accounting, Volunteer Expense, Subcontracted Direct Service Costs, and Miscellaneous Costs.

6 For Title III-C Nutrition Providers only.

7 Contracted Funded partners requesting reimbursement for Indirect Costs must submit a copy of an approved indirect cost rate or allocation plan. The maximum reimbursement for Indirect Costs shall not exceed 10% of Contracted Funded Partner's direct costs. Costs listed as indirect cannot also be listed as direct charges.

1. **TERMS AND CONDITIONS**

It is understood and agreed by the applicant organization that funds awarded as a result of this request are to be expended for the purposes set forth herein and in accordance with all applicable laws, regulations, policies and procedures of AAA4, the California Department of Aging, and/or the Office of the State Long- Term Care Ombudsman, and the Administration on Aging: U.S. Department of Health and Human Services.

The applicant organization further understands that upon the final resolution of this RFP, the entire contents of this proposal are subject to the Public Records Act and shall be furnished to third parties upon formal request unless the applicant organization notifies AAA4 in advance and in writing to request that specified proprietary elements be redacted.

See General Application for Signature

|  |  |
| --- | --- |
| Fiscal Sustainability | 501. Is your organization fiscally sound, and how did you make that determination?  Click or tap here to enter text. |
| Assets | 502. Does your organization need to acquire any major assets (valued at $5,000 or more) to be able to fully provide the proposed service?  **YES**  **NO**  **UNSURE** (Send questions to rfp@agencyonaging4.org) |
| Revenue | 503. What percentage of the Total Program Resources (above) is comprised of the requested AAA4 Award?  Click or tap here to enter text.   * If not awarded any funds under this RFP, would some form of the proposed service be provided anyway?   Click or tap here to enter text.  **EAP Only**  504. What measures would be taken to assure client contributions are voluntary and anonymous? What measures would be taken to assure client contributions are being collected and accounted for properly?  Click or tap here to enter text.  506. Is this proposal contingent upon receipt of a grant from another source?  **YES**  **NO**  **UNSURE** (Send questions to rfp@agencyonaging4.org)   * If yes, when will your receipt of said grant be determined?   Click or tap here to enter text.   * If said grant is not awarded, how would this proposal need to be altered to remain viable?   Click or tap here to enter text. |
| Expenditures | *[Skip to the next question.]* |

**6. OVERALL SERVICE COST & VALUE**

1. ANNUAL SERVICES COSTS

**Total Cost/Unit of Service**

The cost per unit represents an estimation, on average, of how much money the Applicant proposes to commit to the program to be able to provide one unit of service to a typical client. It will be a dollar figure, and it shall be calculated by dividing the Total Program Resources by the Estimated Total Service Units.

601. Show the Total Cost/Unit of Service

*LTCOP Example: $1,250,000 Total Program Resources ÷ 10,000 hours of services = $125hour*

**Long-Term Care Ombudsman**

|  |  |  |
| --- | --- | --- |
| $      Total Program Resources ÷ | total hours of services = | $      /hour |

*EAP Example: $30,000 Total Program Resources ÷ 2,000,000 people reached = 1.5 cents/person reached*

**Elder Abuse Prevention**

|  |  |  |
| --- | --- | --- |
| $      Total Program Resources ÷ | total people reached = | $      /person reached |

**AAA4 Cost/Unit of Service**

The cost per unit to AAA4 represents an estimation, on average, of what the hypothetical “price” of one unit of service for a typical client would be if AAA4 were to “buy” all of the Estimated Total Service Units in advance (please note AAA4 does NOT pay Funded Partners for services rendered in advance and does NOT make payment based on set rates for units). It will be a dollar figure, and it shall be calculated by dividing AAA4 Funds Requested by the Estimated Total Service Units.

602. Show the AAA4 Cost/Unit of Service

*LTCOP Example: $1,000,000 Total Program Resources ÷ 10,000 hours of services = $100/hour*

**Long-Term Care Ombudsman**

|  |  |  |
| --- | --- | --- |
| $      Total Program Resources ÷ | total hours of services = | $      /hour |

*EAP Example: $28,000 Total Program Resources ÷ 2,000,000 people reached = 1.4 cents/person reached*

**Elder Abuse Prevention**

|  |  |  |
| --- | --- | --- |
| $      Total Program Resources ÷ | total people reached = | $      /person reached |

1. ANNUAL ESTIMATED SERVICE VALUE

**Direct Savings/Client/Year**

{NOT APPLICABLE}

**Indirect Savings/Client to the Long-Term Care System**

{NOT APPLICABLE}

1. RETURN ON INVESTMENT (ROI)

The ROI is a percentage that is calculated by subtracting the AAA4 Funds Requested from the Total Program Resources, then dividing that figure by the Total Program Resources.  If an Applicant were proposing to contribute (or “match”) one dollar for every one AAA4 dollar requested, then the ROI would equal 100%.  If the AAA4 Funds Requested made up more than half of the Total Program Resources, then the ROI would be below 100%. Conversely, if the AAA4 Funds Requested were less than half of the Total Program Resources, then the ROI would be above 100%.

605. Show the Return on Investment

*LTCOP Example:*

*$1,250,000 Total Program Resources - $1,000,000 AAA4 Funds = $250,000 difference*

*$250,000 difference ÷ $1,250000 Total Funds = 0.2 or 20.0% ROI*

**Long-Term Care Ombudsman**

IF

|  |  |  |
| --- | --- | --- |
| $      Total Program Resources - | $      AAA4 Funds = | $      difference, |

THEN

|  |  |  |
| --- | --- | --- |
| $      difference ÷ | $      Total Funds = | ROI (decimal or percent) |

*EAP Example:*

*$30,000 Total Program Resources - $28,000 AAA4 Funds = $2,000 difference*

*$2,000 difference ÷ $30,000 Total Funds = 0.066 or 6.6% ROI*

**Elder Abuse Prevention**

IF

|  |  |  |
| --- | --- | --- |
| $      Total Program Resources - | $      AAA4 Funds = | $      difference, |

THEN

|  |  |  |
| --- | --- | --- |
| $      difference ÷ | $      Total Funds = | ROI (decimal or percent) |