|  |  |
| --- | --- |
| **Name of Applicant Organization:** |  |
| **Address, City, State, Zip code:** |       |
| **Telephone Number:** |       | **Type of Agency** **(As defined by I.R.S):** | Non-Profit |
| **Website:** |       |

|  |  |  |  |
| --- | --- | --- | --- |
| **Primary Contact Person:** |       | **Title:** |       |
| **Email:** |       | **Telephone:** |       |

|  |  |  |
| --- | --- | --- |
| **Service Category/Categories** | **County/Counties** | **Amount(s) Requested** |
| Choose an item. | Choose an item. |       |
| Choose an item. | Choose an item. |       |
| Choose an item. | Choose an item. |       |
| Choose an item. | Choose an item. |       |
| Choose an item. | Choose an item. |       |
| Choose an item. | Choose an item. |       |
| Choose an item. | Choose an item. |       |
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| Choose an item. | Choose an item. |       |
| Choose an item. | Choose an item. |       |
| Choose an item. | Choose an item. |       |
|  | **Total Amount Requested:** | $ |

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 the Administration on Aging: U.S. Department of Health and Human Services.

The Applicant Organization further understands that upon 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 specified proprietary elements be redacted.

**Name and Title of Applicant’s authorized signatory:** Click or tap here to enter text.

**Electronic signature:** Click or tap here to enter text.

This section will be used to provide a brief overview of the organization. It will not be rated during the evaluation process. NOTE: Please ensure that this document does not exceed a maximum of 10 pages.

## 1. SUPPLEMENTAL QUESTIONS

|  |  |
| --- | --- |
| Direct Experience | 1. What other types of non-AAA4 funded services, if any, does your organization provide that also directly benefit older adults or family caregivers?

Click or tap here to enter text.1. How, specifically, does your organization’s leadership actively coordinate with the leaders of other local organizations that serve the same target population?

Click or tap here to enter text. |
| Organizational Readiness | 1. What specific statements/actions has your governing body made/ taken, if any, about diversity, inclusion and equitable access to services?

Click or tap here to enter text.1. What specific statements/actions has your governing body made/ taken, if any, about each individual client having an ability to make personal choices that direct how services are provided to them?

Click or tap here to enter text. |
| Training and Support | 1. What specific training, if any, do staff and volunteers receive about diversity, inclusion and equitable access to services?

Click or tap here to enter text.1. What support services are available to staff/volunteers who are experiencing difficulties outside of the workplace related to behavioral health and/or mental health issues involving themselves and/or their family members?

 Click or tap here to enter text. |

**SUMMARY**

Provide a brief synopsis of your proposal, including a few words about your organization, about the services you wish to offer, and about why you should be awarded funds. (The summary is not rated; it will be provided to AAA4's governing board members prior to their funding decision.)

Click or tap here to enter text.

## PROPOSAL ATTACHMENT CHECKLIST

The following documents must be submitted as attachments to the application. Use the text box below to provide an explanation for any item(s) not attached. “On file with AAA4” is not an acceptable response.

Label each item, with corresponding letter identification.

If sending scanned documents, please label the upper right corner.

|  |  |  |
| --- | --- | --- |
| **Items** | **Check One** | **Reason** |
| 1. Organization Chart for the Applicant organization
 | [ ]  Attached | [ ]  Not Applicable | Click or tap here to enter text. |
| 1. Organization Chart showing staffing for the proposed service only1
 | [ ]  Attached | [ ]  Not Applicable | Click or tap here to enter text. |
| 1. Audit Documents

1. Most Recent independent Auditor’s Letter2. Most recent Balance Sheet or Statement of Net Position3. Most recent Statement of Cash Flows | [ ]  Attached[ ]  Attached[ ]  Attached | [ ]  Not Applicable[ ]  Not Applicable[ ]  Not Applicable | Click or tap here to enter text. |
| 1. Letter of commitment if subcontracting out with outside organizations to provide key elements of the program
 | [ ]  Attached | [ ]  Not Applicable | Click or tap here to enter text. |
| 1. Proof of corporate status2 and IRS 501(c)(3) letter (if non-profit)
 | [ ]  Attached | [ ]  Not Applicable | Click or tap here to enter text. |
| 1. Nutrition Menu3
2. Congregate (Traditional) meal menu
3. Congregate (Non-Traditional) meal menu
4. Home Delivered Meals menu
 | [ ]  Attached[ ]  Attached[ ]  Attached | [ ]  Not Applicable[ ]  Not Applicable[ ]  Not Applicable | Click or tap here to enter text. |
| 1. Photos of meals4
2. Congregate (Traditional) meal menu
3. Congregate (Non-Traditional) meal menu
4. Home Delivered Meals menu
 | [ ]  Attached[ ]  Attached[ ]  Attached | [ ]  Not Applicable[ ]  Not Applicable[ ]  Not Applicable | Click or tap here to enter text. |

1 As an attachment, provide an Organizational Chart that only reflects staff and volunteer positions that would be supported with the Total Program Resources (See Program Application). The chart must illustrate a) The relationship of the proposed service with in the larger organizational structure; b) Position title for each position within the proposed service; and c) Amount of time worked for each position shown as a percent, based on a 40-hour work week.

2 Not required for units of local government.

3 A menu should reflect one week’s worth of meals. Required for each nutrition category (i.e. Congregate (Traditional), Congregate (Non-Tradtional), Home Delivered Meal) the applicant is applying for.

4 One single meal photo is required for each nutrition category the applicant is applying for. The photo should be clear and visible with adequate lighting to show the components of the meal. The photo should be no larger than 50MB.

## PROGRAM RECORDS CHECKLIST

Documents listed below must be available at the Applicant Organization’s main office for review by AAA4 upon request.

DO NOT SUBMIT THESE DOCUMENTS:

1. Articles of Incorporation
2. Agency bylaws
3. Agency personnel policies/procedures
4. Affirmative Action plan/policy (for organizations with 15 or more employees)
5. Lease/rental agreements
6. Inventory of nonexpendable equipment and vehicles
7. Agency procurement standards in purchasing goods over $10,000
8. Evidence of insurance coverage to include:
	1. General Liability
	2. Auto Liability
	3. Workers Compensation
	4. Errors & Omissions/ Professional Liability

Evidence should be in the form of a Certificate of Liability or statement of self- insurance. If insurance is not in effect now, request a quote/binder effective July 1, 2025. AAA4 is not responsible for any expense incurred.