4/14/2021 & 4/15/2021

FY2022 REQUEST FOR PROPOSALS:

TECHNICAL ASSISTANCE SESSION

WWW.AGEGUIDE.ORG

TA Session Agenda

I. Overview and General Grant Requirements

II. Completing the Application: Narrative and Program Guidelines

III. Completing the Application: Budget Instructions

IV. Questions from Applicants

Overview & General Grant Requirements

Submission Timeline

RFP Application Released	3/26
Technical Assistance Sessions	4/14, 4/15
RFP Applications Due	5/25
AgeGuide Board Approvals	8/13
Notice of Grant Award Released	September
New Grant Year Begins	10/1

RFP Overview

1. Beginning of a 3-year grant cycle
   - Agencies selected for funding may be invited to renew their grant award for FY2023 and FY2024

2. Competitive Request for Proposals
   - All agencies who meet the eligibility requirements may apply

3. Proposed projects must align with the service descriptions

4. Agencies are responsible to review all material on our RFP website: www.ageguide.org/RFP

5. All questions about this RFP must be directed to: rfps@ageguide.org

Basic Eligibility

1. Must be a registered nonprofit or local government in order to apply

2. Proposed program must serve the entire county selected.
   ◦ Applicants may **not** propose to serve only a subset of the county, such as a township
   ◦ ONE award will be made per service, per county

3. Must serve underserved populations (including racial and cultural minorities, and low-income, limited-English-speaking, and LGBTQ older adults) at least in proportion to their representation in the county.

4. Must be able to meet the required matching commitment.

5. Must offer participants the opportunity to contribute to the cost of service and must be able to track this program income adequately.

6. Must be able to adhere to reporting requirements

Fundable Services Under this RFP

OAA Funding Title	CFDA	Service
IIIB	93.044	Aging and Disability Resource Networks (Information & Assistance, Outreach, and Options Counseling)
IIIB	93.044	Transportation
IIIB	93.044	Counseling
IIIB	93.044	Community Connection Collaborative (Education, Health Screening, and Recreation)
IIIB	93.044	Telephone Reassurance
IIIB	93.044	Friendly Visiting
IIIB	93.044	Targeted Outreach
III-C1	93.045	Congregate Meals
III-C2	93.045	Home Delivered Meals
IIID	93.043	Health Promotions
IIIE	93.052	Caregiver Resource Center (Assistance, Gap, and Respite)
IIIE	93.052	Caregiver Counseling Center (Individual Counseling, Support Groups, and Training)

Application Basics: SmartSimple

1. All applications must be submitted in our online portal: Smart Simple

2. Agencies must submit a separate application for every county applied for
   - If you are applying for the same service in 4 counties, you must submit 4 separate applications

3. Only one organization profile needs to be completed

4. Applications will not be accepted past the deadline

   Plan to submit your applications in advance of the 5/25 deadline. AgeGuide staff may not be available to help with your technical difficulties should you experience them on the due date.

5. Agencies are responsible to review the documents that were emailed to you:
   - SmartSimple Instructions
   - SmartSimple Video Tutorials

Application Basics: Organizational Profile

The following additional documents **must be submitted for each organization**. If these documents are not uploaded by the application due date, **the application will be deemed incomplete and not eligible for an award:**

1. Most recent audit

2. List of current Board of Directors including term period

3. Organizational Chart

4. BOD meeting minutes documenting approval to pursue AgeGuide Request for Proposals

5. Cost Allocation Plan

6. Staffing Chart

7. Board of Directors By-Laws

8. Risk Review

Award Amounts

Title	CFDA	Service	DuPage	Grundy	Kane	Kankakee	Kendall	Lake	McHenry	Will	Totals
IIIB	93.044	Targeted Outreach	$16,319	$1,779	$8,973	$3,596	$2,349	$11,798	$4,590	$10,596	$60,000
IIIB	93.044	Flexible Community Services	$40,631	$4,429	$22,341	$8,953	$5,849	$29,373	$11,429	$26,380	$149,385
IIIB	93.044	Legal Assistance	$148,981	$16,240	$81,919	$32,826	$21,445	$107,702	$41,906	$96,728	$547,747
IIIB	93.044	Counseling	$203,007	$30,055	$97,435	$0	$0	$86,228	$0	$0	$416,725
IIIB	93.044	Transportation	$170,381	$0	$93,686	$55,208	$36,066	$123,172	$70,478	$162,678	$711,669
IIIB	93.044	Community Connection Collaborative*	$41,999	$16,964	$78,654	$30,427	$21,446	$108,153	$40,823	$96,015	$434,481
IIIB	93.044	ADRN Service Package*									
IIIB		I&A	$643,329	$70,123	$353,741	$141,751	$92,602	$465,078	$180,957	$417,688	$2,365,269
IIIB		Outreach	$33,859	$3,692	$18,618	$7,461	$4,874	$24,478	$9,524	$21,984	$124,490
IIIB		Options Counseling	$33,859	$3,692	$18,618	$7,461	$4,874	$24,478	$9,524	$21,984	$124,490
IIIB	93.044	Friendly Visiting or Telephone Reassurance**	$40,000	$40,000	$40,000	$40,000	$40,000	$40,000	$40,000	$40,000	$320,000
IIIC1	93.045	Congregate Meals	$418,176	$49,445	$232,119	$106,725	$63,860	$303,554	$119,817	$272,969	$1,566,665
	93.053	NSIP C-1 Congregate Meals	$31,987	$11,464	$5,995	$7,984	$6,263	$18,750	$5,919	$10,642	$99,004
IIIC2	93.045	Home Delivered Meals	$1,727,993	$204,318	$959,167	$441,010	$263,883	$1,254,355	$495,111	$1,127,969	$6,473,806
	93.053	NSIP C-2 Home Delivered Meals	$153,572	$19,734	$82,906	$31,930	$26,609	$97,288	$43,024	$98,663	$553,726
IIID	93.043	Health Promotion	$32,773	$3,572	$18,021	$7,221	$4,718	$23,693	$9,219	$21,278	$120,495
IIIE	93.052	Caregiver Resource Center (CRC) Service Package*	$239,595	$26,116	$131,744	$52,792	$34,488	$173,209	$67,394	$155,559	$880,897
IIIE		Assistance	$83,858	$9,141	$46,110	$18,477	$12,071	$60,623	$23,588	$54,446	$308,314
IIIE		Gap	$62,295	$6,790	$34,253	$13,726	$8,967	$45,034	$17,522	$40,445	$229,032
IIIE		Respite	$93,442	$10,185	$51,381	$20,589	$13,450	$67,552	$26,284	$60,668	$343,551
IIIE	93.052	Caregiver Counseling Center (CCC) Service Package*	$59,899	$6,529	$32,936	$13,198	$8,622	$43,302	$16,848	$38,890	$220,224
IIIE		Counseling	$32,255	$3,516	$17,736	$7,107	$4,643	$23,318	$9,073	$20,942	$118,590
IIIE		Support Groups	$18,880	$2,058	$10,381	$4,160	$2,718	$13,649	$5,311	$12,258	$69,415
IIIE		Training	$8,763	$955	$4,819	$1,931	$1,261	$6,335	$2,465	$5,690	$32,219
		TOTAL - ALL SERVICES	$4,036,360	$508,152	$2,276,873	$988,543	$637,948	$2,934,611	$1,166,563	$2,620,023	$15,169,073

1. Allocations provided are *initial, estimated* allocations

2. Approved applicants should expect the allocation to be adjusted prior to the start of the grant year. A budget revision will be required

3. Ideal applicants will submit a budget that uses the full amount of allocated funding for that service/county

Requirements of Grantees Selected for An Award
*partial list

General Requirements

- Must adhere to the 2CFR Uniform Administrative Requirements
- **Must submit fiscal and program reports on requested dates**

Fiscal Requirements

- Must be able to continue operating for 120 days without payment from AgeGuide
- Ability to track expenses monthly
- Ability to track in-kind, cash match, and program income monthly
- Must submit monthly financial reports

Program Requirements

- Grantee is responsible to be familiar with the Service Standards and program descriptions
- Must meet units and persons requirements
- Must submit program reports as requested
- Must meet regularly with AgeGuide Program staff

Reporting Requirements of Grantees: *partial list

1. **Monthly Grantee Expense Report**:
   - Report actual expenses from prior month
   - Track in-kind expenses
   - Track non-federal cash

2. **Quarterly Program Report**
   - Track the number of people served quarterly
   - Track units of service quarterly

3. **Annual Demographic Report**
   - Track clients served and their age, gender identity, race/ethnicity, living alone status

4. **Annual Closeout report**
   - Final report of program expenditures and grantee contributions

5. **Enter information in a database if required for your program**
   - Technical knowledge to work in a cloud-based system

6. **Any other reports as requested**.
   - Grantee must grant access to any fiscal and program records related to the grant award

Award Notification

Estimated Notification Date: Mid-August

Declined Applications:

- Will receive communication directly from AgeGuide

Approved Applications:

- Will first receive email notice directly from SmartSimple

- Emails will arrive from the address noreply@smartsimple.com. Please be sure to check your "junk" folder throughout August, as the emails may be sent there.

- An official Notification of Grant Award requiring signature will be sent via SmartSimple

Completing the Application: Narrative and Program Guidance

Program Considerations

- RFP Website www.ageaguide.org/rfp

- General Service Standards

- Program Specific Service Standards

- Service Descriptions
  - Minimum Performance Requirements

- Target Population
  - Census data
  - Census data by township

- Cost Per Unit

- RFP Questions

Program Narratives

- IIIB, IIID, IIIE program narratives are uniform

- IIIC-1 and IIIC-2 are similar but have some questions that are service specific

- If applying for a service package, all programs must be addressed in each question.
  - For example: **Information and Assistance:** The agency will deliver services......, **Outreach:** The agency will....... **Options Counseling:** The agency will........

- Rubics used for scoring

- Program Experience
  - AgeGuide will review an agencies prior experience in providing the service in the application
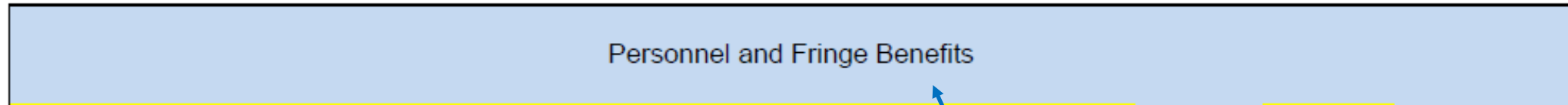 - New applicants will need to complete letters and provide background in service delivery

Completing the Application: Budget Tutorial

Budgets

1. Budget must be downloaded from SmartSimple, completed, and re-uploaded

2. Budget contains 5 tabs
   1. Budget Pages
   2. Staff Time Allocation FTE
   3. Budget Justification
   4. In Kind Allocation
   5. Funder List

3. All components must be completed for the application to be considered complete

Budget Pages Tutorial (Jody)

Grantee Budget Page Content Header Information at the top of all seven (7) pages.

Personnel and Fringe Benefits

Each Grantee Budget Page Content Header is on overview of what information must be entered on each page.

Budget Pages Tutorial

Grantee Budget Pages Header Information is manually entered by Grantee
Header Information will populate on remaining pages

BUDGET PREPARED BY: _____	AGENCY NAME:		COUNTY:
NORTHEASTERN ILLINOIS AREA AGENCY ON AGING	Type name here		Type county here
TITLE III GRANT BUDGET			

Name of pass-through agency for funding

Who at the grantee's agency is responsible for budget data?

Enter name of agency that will appear on the NGA (Notification of Grant Award)

Enter name of county where services will be provided.

Budget Pages Tutorial

Grantee Budget Pages Title III Information has been prepopulated

Do Not Change These Headers

CATEGORY AND LINE ITEM	III ** SERVICE TITLE	III ** SERVICE TITLE	III ** SERVICE TITLE	III ** SERVICE TITLE	III ** SERVICE TITLE	III ** SERVICE TITLE	III ** SERVICE TITLE	TOTAL
A.1 PERSONNEL/FRINGE								

This section has been prepopulated with funding stream titles.
Examples: IIIB, IIIC, IIID, IIIE, and VII
Do Not Changes These Headers

Each Funding Stream requires a different budget

This section has been prepopulated with Service Titles.
Examples: Outreach, Assistance, Health Promotions, Ombudsman, M-Team
Do Not Changes These Headers

Budget Pages Tutorial
Grantee Budget Page One Details

		CATEGORY AND LINE ITEM	SERVICE TITLE	SERVICE TITLE	SERVICE TITLE	SERVICE TITLE
		A.1 PERSONNEL AND FRINGE				
A01						

List program   staff by title here…

List cost assigned to grant with each amount of staff salary broken out by title. Amounts must appear as whole dollars … no cents. Ex: 100   NOT 99.95

		CATEGORY AND LINE ITEM	SERVICE TITLE	SERVICE TITLE	SERVICE TITLE	SERVICE TITLE
A02		SUM OF PERSONNEL (formula)	$0	$0	$0	$0
A03		FRINGE BENEFITS				
A04		IN KIND (BY POSITION)				

List fringe benefits charged to each service title (group all personnel together)

Defined by 2 CRF 200.306: (e) Volunteer services furnished by third-party professional and technical personnel, consultants, and other skilled and unskilled labor maybe counted as cost-sharing or matching if the services is an integral and necessary part of an approved project or program. Rates for third-party volunteer services must be consistent with those paid for similar work by the non-Federal entity. Rates must be consistent with those paid for similar work in the labor market.

		CATEGORY AND LINE ITEM	SERVICE TITLE	SERVICE TITLE	SERVICE TITLE	SERVICE TITLE
A05		CASH TOTAL (Personnel + Frindge Benefits)	0	0	0	0
A06		INKIND TOTAL	0	0	0	0
A07		PERSONNEL TOTAL (Cash Total + InKind Total)	$0	$0	$0	$0

Budget Pages Tutorial
Grantee Budget Page Two Details

		CATEGORY AND LINE ITEM	SERVICE	SERVICE	SERVICE	SERVICE
		B. OCCUPANCY - RENT & UTILITIES	TITLE	TITLE	TITLE	TITLE
B01		RENT TOTAL:				
B02		UTILITIES TOTAL:				

Grantee should be prepared to provide documentation to justify amounts charged to each services. Ex: If Title III Services uses 25% of available space, then only 25% of utilities should be charged to a particular service.

Budget Pages Tutorial
Grantee Budget Page Two In-Kind Details

			III **	III **	III **	III **	III **	III **	III **	
			SERVICE	SERVICE	SERVICE	SERVICE	SERVICE	SERVICE	SERVICE	
			TITLE	TITLE	TITLE	TITLE	TITLE	TITLE	TITLE	TOTAL
B02	IN KIND TOTAL (SPECIFY TOTAL										0
	SQ FOOTAGE AND COST PER										0
	SQUARE FOOT, BELOW:)										0
											0
											0
											0
											0

Grantee should be prepared to provide documentation to justify square footage costs. Only square footage used by Title III services can be claimed as In-Kind. Do not just put a total cost. Use the lines under the Title on the left circled in green to show the number of square footage and cost per foot. Ex: 250 square feet @ $8/foot = $2,000

Budget Pages Tutorial

Grantee Budget Page Two Formulas Located at the Bottom

B01	CASH TOTAL :		
B02	IN KIND TOTAL (SPECIFY TOTAL SQ FOOTAGE AND COST PER SQUARE FOOT, BELOW:)		
B03	CASH TOTAL (SUM B01)	0	0
B04	IN KIND TOTAL (SUM B02)	0	0
B05	RENT & RELATED TOTAL (B03+B04)	0	0

Line B03 Cash total is the Sum of amounts entered for Cash Total + Rent Total + Utilities Total. (Red square)

Line B04 In-kind Total is the sum of the amount entered for space by square foot that qualifies as in-kind. (Green circle)

Line B03 Cash Total + Line B04 In-kind Total = Rent and Related Total (Blue square)

Budget Pages Tutorial
Grantee Budget Page Three is for Nutrition Providers ONLY

Title III Services are either
IIIC-1 or IIIC-2

Service Titles for Nutrition Providers will be Congregate Meals and/or HDM Meals

		III **	III **
	CATEGORY AND LINE ITEM	SERVICE	SERVICE
	C. FOOD	TITLE	TITLE
C01	CASH TOTAL		
	LIST VENDORS HERE:		

List each vendor separately. Do not just enter a total for food costs. Ex: Vender A $250; Vender B $500, etc.
Grantee should be prepared to verify food cost though-out the fiscal year. Comparisons will be made between Vendor invoices and food cost expenses charged to Title IIIC grants.

Budget Pages Tutorial
Grantee Budget Page Three is for Nutrition Providers ONLY

C02	IN KIND TOTAL (SPECIFY TOTAL)		

In-Kind for the Nutrition Food Program is a rare occurrence. Before entering in-kind in this section, verify source is allowable through Nutrition Specialist Lourdes Chew.

C03	CASH TOTAL (SUM C01)		0	0	0	0	0	0	0	0
C04	IN KIND TOTAL (SUM C02)		0	0	0	0	0	0	0	0
C05	FOOD TOTAL (C03+C04)		0	0	0	0	0	0	0	0

Line C03 Cash Total + Line C04 In-kind Total = Food Total (Red square)

Budget Pages Tutorial
Grantee Budget Page Four Details of Supplies and Equipment

FY20			III **	III **	III **	III **	III **	III **
		CATEGORY AND LINE ITEM	SERVICE	SERVICE	SERVICE	SERVICE	SERVICE	SERVICE
		D. SUPPLIES AND EQUIPMENT	TITLE	TITLE	TITLE	TITLE	TITLE	TITLE
D01		CASH TOTAL:						
		SUPPLIES						
		EQUIPMENT (ITEMIZE)						
		Defination of Equipment from 2 CFR: 200.33 Equipment. Equipment means tangible personal property (including inforamtion technology systems)						
		having a useful life of more then one year and a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by						
		the the non-Federal entity for financial statement purposes or $5,000.						

Value = to $1 to $4,999

Value = $5,000 and Greater

It is important to note that the difference between an item qualifying as supplies or equipment is found in the 2CFR 200.33 definition of equipment.

All equipment purchased in part or entirely with AoA funds must appear on an equipment inventory.

Budget Pages Tutorial
Grantee Budget Page Four Details of InKind Supplies and Equipment

D02	INKIND TOTAL									0
										0
										0
										0
										0
										0
										0
										0
										0
										0
										0
										0
										0
D03	CASH TOTAL (SUM D01)		0	0	0	0	0	0	0	0
D04	INKIND TOTAL (SUM D02)		0	0	0	0	0	0	0	0
D05	E & S TOTAL (SUM D03+D04)		0	0	0	0	0	0	E & 0	0

In-Kind must include documentation as to source of donated supplies and/or equipment as well as method used to assign dollar value.

Line C03 Cash Total + Line C04 In-kind Total = Equipment and Supplies Total (Red square)

Budget Pages Tutorial
Grantee Budget Page Five Details of List of Items Found Under Category Other

		CATEGORY AND LINE ITEM	SERVICE TITLE	SERVICE TITLE	SERVICE TITLE
		E. OTHER			
E01		TRAVEL			
E02		CONSULTANT			
E03		TRAINING/EDUCATION			
E04		TELECOMMUNICATIONS			
E05		INDIRECT COST			
E06		DIRECT ADMINISTATIVE COSTS			

The Category Other contains. . .
- ✓ Line item Consultant
- ✓ Line item Training/Education
- ✓ Line Item Indirect Cost
- ✓ Line Item Direct Administrative Costs

Budget Pages Tutorial
Grantee Budget Page Six Detail of Program Income and Grantee Match

		RESOURCE DESCRIPTION	III **	III **
			SERVICE	SERVICE
			TITLE	TITLE
F01		PROGRAM INCOME		
F02				
F03				
F04				
F05		PROGRAM INCOME TOTAL	0	0
G01		NSIP REIMBURSEMENT		

Program Income is the _VOLUNTARY_ contributions from people who have received services under a specific title.

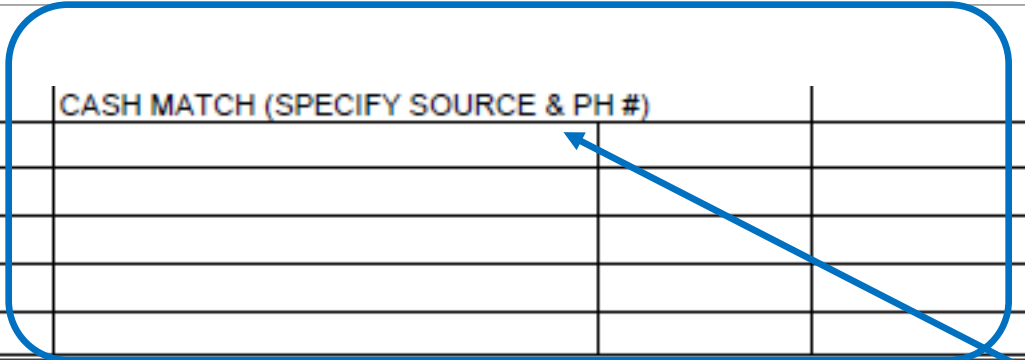Grantee can share what the services cost and _ASK_ for a donation.

Services under the Older Americans Act cannot be withheld due to a persons inability or unwillingness to contribute to the service.

Grantees should be prepared to provide documentation of Program Received.

NSIP applies to Nutrition Providers ONLY.
NSIP is an allocated amount.

Budget Pages Tutorial
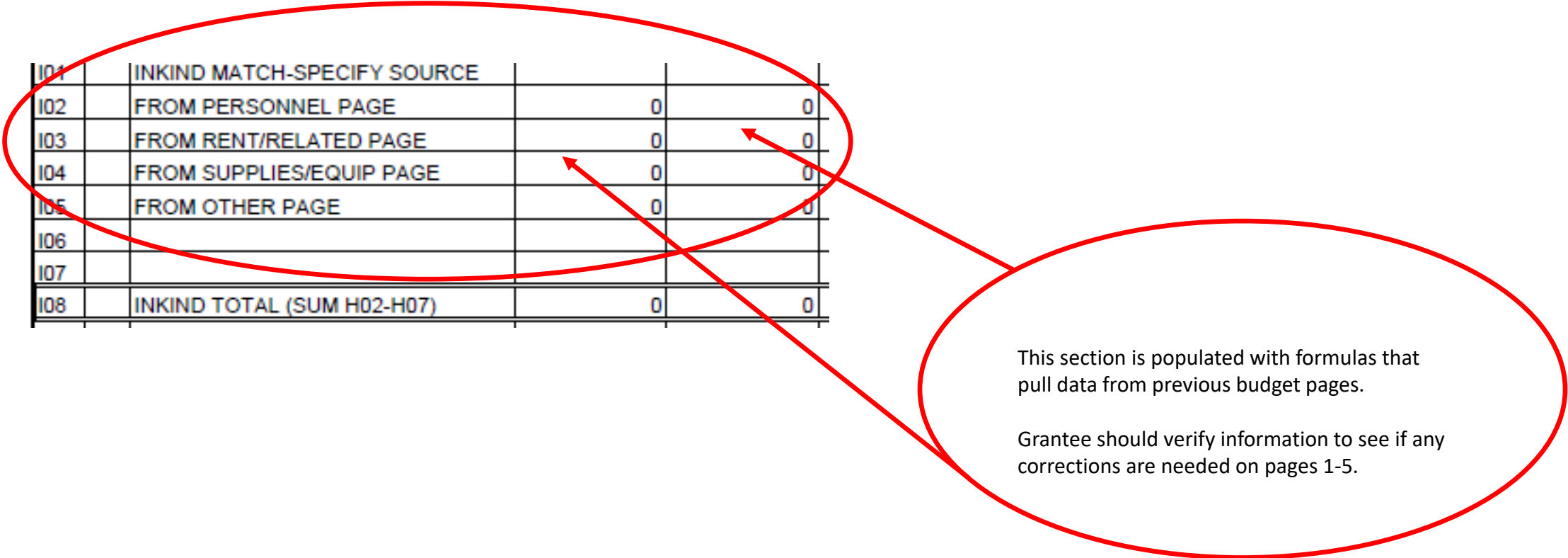## Grantee Budget Page Six Detail of Grantee Match

H01		CASH MATCH (SPECIFY SOURCE & PH #)		
H02				
H03				
H04				
H05				
H06				
H07		CASH MATCH TOTAL(SUM G01-G06)	0	0

This section is designed for grantees to list non-federal cash sources.

Grantee should be prepared to answer questions as to when non-federal cash source distributes funds to the grantee. Ex: Monthly, Quarterly, Semi-Annually, Annually

Budget Pages Tutorial
Grantee Budget Page Six Detail of InKind Match

I01	INKIND MATCH-SPECIFY SOURCE		
I02	FROM PERSONNEL PAGE	0	0
I03	FROM RENT/RELATED PAGE	0	0
I04	FROM SUPPLIES/EQUIP PAGE	0	0
I05	FROM OTHER PAGE	0	0
I06			
I07			
I08	INKIND TOTAL (SUM H02-H07)	0	0

This section is populated with formulas that pull data from previous budget pages.

Grantee should verify information to see if any corrections are needed on pages 1-5.

Budget Pages Tutorial

We cannot emphasize enough how important it is to enter budget data in the correct column. Service Titles have been prepopulated to prevent any confusion. Budget data not entered in the correct column will cause SmartSimple to report inaccurate data.

Grantee Budget Page Seven – Budget Summary Details

❖ The final page is a summary of the previous six pages
  ❖ Each category has a separate line item to view and double check totals

❖ Match requirements by Funding Stream are as follows…
  ❖ Minimum of a 15% non-federal match for IIIB Services (non-federal cash + allowable inkind)
  ❖ Minimum of a 15% non-federal match for IIIC Services (non-federal cash + allowable inkind)
  ❖ Minimum of a 10% non-federal match for IIIE Services (non-federal cash + allowable inkind)

❖ Non-federal match will no longer be average across service title.

❖ Non-federal match will be calculated by taking the Total Cost Amount from the budget summary page and multiplied by the assigned minimum match percent.

❖ Budgets that do not contain projects Units of Service and Persons to be Served will not be accepted as complete and available for staff review.

❖ DO NOT MAKE ANY CHANGE TO THE BUDGET TEMPLATE OR FORMULAS

FTE Worksheet - REQUIRED

PAID POSITIONS	*Total Hours Worked Per Week*	IIIE Assistance	IIIE GAP	IIIE Respite	IIIE Individual Counseling	IIIE Support Groups	IIIE Training & Education	IIIE *Write in*	IIIE *Write in*	Non AgeGuide TOTAL	Total AgeGuide Hours	AgeGuide FTE
Counselor	40	0.00	0.00	0.00	20.00	10.00	0.00			10.00	30.00	0.75
Supervisor	40	3.00	3.00	3.00	3.00	3.00	3.00			22.00	18.00	0.45
											0.00	0
											0.00	0
											0.00	0
IN-KIND POSITIONS											0.00	0
Volunteer Assistant	6	1.00	1.00	1.00	1.00	1.00	1.00			0.00	6.00	0.15
											0.00	0
											0.00	0
											0.00	0
COLUMN TOTALS		4.00	4.00	4.00	24.00	14.00	4.00	0.00	0.00	32.00	54.00	1.35

- All positions – paid or unpaid – that appear in the budget must appear in the FTE worksheet
  - Enter the number of hours each staff spend per week in each AgeGuide program.
  - Enter non-AgeGuide hours
- In-kind hours should tie out to your budget justification and in-kind explanation
- FTE worksheet must be completed or budget will be considered incomplete

Budget Justification- REQUIRED

Personnel	Include name of personnel, position, and show the basis for calculations of personnel cost for each person
Fringe Benefits	Include name of personnel, position, and the fringe benefit cost for each personnel proposed in Personnel. Show the basis of calculations for the fringe benefit cost. Describe the fringe component(s) such as FICA, workers compensation, unemployment compensation etc. comprising your fringe benefit rate.
Travel	Include purpose of the travel, the number of trips planned, staff personnel who will be travelling, point of origin and destination, and approximate dates. Show the basis of calculations for travel costs.
Equipment	Describe the equipment requested. Show the basis of calculations for equipment costs and the percentage charged to the project
Supplies	Describe the supplies requested. Show the basis of calculations for supply costs.
Consultant	Include the name of the consultant/contractor and a description of the contractual services to be provided. Show the basis of calculations for contractual costs.
Occupancy	Include the square footage and show the basis of calculations for rent and utilities costs.
Other (Technology Systems, Training/Education, Food, Direct Administrative Costs, Vehicle Maintenance/Gas)	Describe each item requested or the purpose for each expense requested. Show the basis of calculations for other costs.
Indirect Cost	Explain the rate used for indirect cost and the method of allocation

Question & Answer Session

Additional Questions? Email:

rfps@ageguide.org

Remember to check our website for updates and FAQs:

www.ageguide.org/rfp