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**3/3/2022**

ARPA RFP - TECHNICAL ASSISTANCE SESSION

[WWW.AGEGUIDE.ORG](http://WWW.AGEGUIDE.ORG)



# AGENDA

- I. Overview
- II. General Grant Requirements
- III. Completing the Application: Narrative and Program Guidelines
- IV. Completing the Application: Budget Instructions
- V. Question and Answer Session

# Request for Proposals Overview

# RFP Overview

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1. Competitive Request for Proposals
  - All agencies who meet the eligibility requirements may apply
2. Proposed projects must align with the service descriptions
3. Agencies are responsible to review all material on our RFP website:  
[www.ageguide.org/RFP](http://www.ageguide.org/RFP)
4. All questions about this RFP must be directed to: [rfps@ageguide.org](mailto:rfps@ageguide.org)
5. Late applications will not be considered. Applications are due by 4:30PM on March 23, 2022

# Submission Timeline

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RFP Application Released	2/23
Technical Assistance Session	3/3
RFP Applications Due	3/23
AgeGuide Board Approvals	5/13
Funding Decision Notice	May
Grant Begins	6/1

# Fundable Services Under this RFP

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Title	CFDA	Service	County	Funding Amount	Anticipated Number of Awards
IIIB	93.044	Counseling	Kankakee	\$30,313	1
IIIB	93.044	Counseling	Kendall	\$28,523	1
IIIB	93.044	Counseling	McHenry	\$31,825	1
IIIB	93.044	Counseling	Will	\$40,641	1
IIIB	93.044	Transportation - Special Project	Any in Region	\$5,000 - \$20,000	Variable
IIIB	93.044	Education - Special Project	Any in Region	\$5,000 - \$20,000	Variable
IIID	93.043	Health Promotion - Special Project	Any in Region	\$3,500 - \$14,000	Variable

# Application Components

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## **All Applicants Must Submit:**

- RFP Application Cover Page and Grant Assurances with signature
- ARPA RFP Narrative Questions for each service
- ARPA RFP Budget for each service
- Risk Assessment Questionnaire
- Staffing Chart

## **NEW applicants must additionally submit:**

- Most recent audit
- List of current Board of Directors
- Organizational Chart
- BOD meeting minutes documenting approval to pursue AgeGuide RFP
- Cost Allocation Plan
- Board of Directors Bylaws

# Award Notification

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**Estimated Notification Date:**

End of May

**Declined Applications:**

Will receive communication directly from AgeGuide

**Approved Applications:**

Will first receive email notice from AgeGuide

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

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# AgeGuide Grant Requirements

# Basic Eligibility

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1. Must be a registered nonprofit or local government in order to apply
2. **For IIIB Counseling Awards: 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
  - **\*Exception for Special Projects**
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 offer participants the opportunity to contribute to the cost of service and must be able to track this program income adequately.
5. Must be able to adhere to reporting requirements

# Matching Funds: Not Required

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1. This RFP is for special temporary projects funded by American Rescue Plan Act
2. Recipients of these awards are **not** required to contribute match
3. For any future funding cycles or awards, match is a requirement for IIIB awards

# 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 program expenses
- Ability to track in-kind, cash match, and program income monthly
- Must submit quarterly 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, including at minimum quarterly service meetings and funded partners meetings.

# Reporting Requirements of Grantees: \*partial list

- 1. Monthly Cash Request**
  - Request reimbursement for prior month
- 2. Quarterly Fiscal & Program Report**
  - Track the number of people served quarterly
  - Track units of service quarterly
  - Track in-kind expenses
  - Track non-federal cash
- 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

# Completing the Application: Narrative and Program Guidance

# OAA Target Populations

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Over 75

Living in  
poverty

Minority/Older  
adults who are  
LEP

Disability/Risk  
of placement

Cultural or  
Social isolation

Living alone

# Program Guidance



IIIB Counseling



IIIB Education (Technology)



IIIB Transportation



IIID Health Promotions

# IIIB Counseling

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- Counseling Services for older adults 60+ in Kankakee, Kendall, McHenry, and Will
- One on one counseling with an individual, family or group
- Can be crisis intervention, short term or long term support
- Community education/prevention programming
- Performance expectation:

County	Persons	Units
Kankakee	35	350
Kendall	35	350
McHenry	35	350
Will	50	500

# IIIB Education- Technology

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Digital Navigator Model

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Internet resources access/assistance

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Develop or obtain class curricula for older adults across multiple platforms

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Provide technology learning classes

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Complete intake forms

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Administer exit surveys

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Provide follow up

## IIIB Transportation

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Variable program models

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Scheduling travel

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Door to door, door through door, curbside, scheduled route

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Arrangement for special transportation

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Coordination with other transportation programs

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Transportation for medical, social services, shopping, errands, social engagements, meals



# IIID Health Promotions

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- Highest Tier Evidenced Based Programs
- In person (community or in home) or virtual
- Eligible Programs
  - Matter of Balance
  - Bingocize
  - Tai Ji Quan
  - PEARLS
  - Healthy Ideas
  - Health Matters
- \$3500/class session-best practice
- Funds can be utilized for start up costs (i.e. program supplies, technology)

# Program Considerations

RFP Website [www.ageaguide.org/rfp](http://www.ageaguide.org/rfp)

General Service Standards

Program Specific Service Standards

Service Description

Target Population

Cost Per Unit

RFP Questions

# Program Narrative

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PROGRAM PLANNING



PROGRAM DESIGN AND  
DELIVERY



PROGRAM OPERATIONS



PERFORMANCE  
CAPACITY



OUTREACH AND  
COORDINATION WITHIN  
THE COMMUNITY



1. Describe how your organization assessed the service area and the target population to be served. Describe how your organization utilizes current demographic information, data and relevant research in order to maximize the number of persons your services will reach and to ensure your services are provided to older adults in greatest economic and social need as outlined in the above Statement on Serving Populations in Greatest Economic and Social Need.



2. Describe how your organization will reach and provide services to those in greatest economic and social need as outlined in the above Statement on Serving Populations in Greatest Economic and Social Need.

# Program Planning

# Program Design and Delivery

1. Describe your organization's plan to provide the proposed services. Include when and where (locations, times, days of week) and how (methods of delivery) the service will be delivered and by whom. In addition, describe how your agency has been successful in engaging target populations as defined above and is a trusted and respected source for these populations.

2. Describe how participant information and documentation will be maintained, including methods to ensure confidentiality of all records. New applicants: provide a sample data collection form (e.g. Intake Form) or describe the types of participant data to be collected.

3. Describe how your organization would adjust program design and delivery in the event of a natural disaster and/or pandemic.

# Program Operations

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1. Describe your plan for staff (and if applicable, volunteer) screening, training, supervision and retention for the proposed services.

2. Describe your process to evaluate service delivery, including participant satisfaction and outcomes. Explain how program adjustments will be implemented based on results. Describe a scenario where your organization used feedback to improve programs and services.

3. Describe how your organization provides services that are culturally competent and responsive to diverse populations, including your plan to provide barrier-free access to inquirers who speak languages other than English; inquirers with hearing or speech impairments; and for persons with disabilities at the facility (or facilities) where the proposed services are provided.

A blue ballpoint pen lies diagonally across a document featuring a bar chart. The chart has several vertical bars of varying heights. The entire image is overlaid with a semi-transparent dark blue filter. The title 'Performance Capacity' is centered in white text, flanked by two thin white horizontal lines.

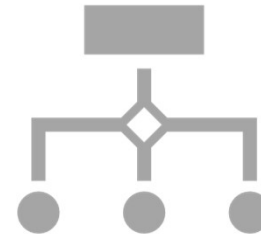
# Performance Capacity

# Outreach and Coordination

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1. Describe how you plan to maintain a physical presence in the county, including the public awareness efforts your organization will undertake to assure that older adults, those caring for them, and the public know about the proposed services and how to access them.



2. Describe how your organization will coordinate with other service providers in your community.

# Completing the Application: Budget Tutorial

# Budget Format

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

1. FY22-24 ARPA Budget
  - a. **Tab 3: Budget**
  - b. Tab 4: Personnel
  - c. Tab 5: Fringes
  - d. Tab 6: Travel
  - e. Tab 7: Equipment
  - f. Tab 8: Food Costs
  - g. Tab 9: Supplies
  - h. Tab 10: Contractual Services
  - i. Tab 11: Consultant
  - j. Tab 12: Occupancy
  - k. Tab 13: Telecommunication
  - l. Tab 14: Training & Education
  - m. Tab 15: Miscellaneous
  - n. Tab 16: Local Cash
  - o. **Tab 17: Justification**

AutoSave On ARPA-VAC5 Budget Template.xlsx - Saved Search (Alt+Q) Brianne Moser

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Tables Illustrations Add-ins Charts Tours Sparklines Filters Links Comments

B12

	A	B	C	D	E	F	G	H	I	J	K	L	M
1	ARPA/VAC5 Fiscal Budget												
2	County:			NA	NA	NA	NA	NA	NA	NA	NA		
3	Provider Name:												
4		Service		NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE	TOTAL	
5													
6	Expense	Input Expenses in Detail sheets											
7	Personnel (Salaries and Wages)			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8	Fringe Benefits			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9	Travel			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10	Equipment			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11	Food Costs			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
12	Supplies			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13	Contractual Services			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
14	Consultant			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
15	Occupancy - Rent and Utilities			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
16	Telecommunications			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
17	Training and Education			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
18	Misc. Costs			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
19													
20	Total Expenditures			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
21													
22	Revenues												
23	AAA ARPA Funds											\$ -	
24	AAA VAC5 Funds (I&A ONLY)												
25	In Kind Revenue			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
26	Local Cash Match											\$ -	
27	Program Income											\$ -	

Services Budget Cover Budget Personnel Fringes Travel Equipment Food Costs Supplies Contractual Services Consultant Occupancy Telecommunication Training & I ...

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Charts

Maps PivotChart >

3D Map >

Line Column Win/Loss

Slicer Timeline

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D24													
	A	B	C	D	E	F	G	H	I	J	K	L	M
1	ARPA/VAC5 Fiscal Budget												
2	County:		NA	NA	NA	NA	NA	NA	NA	NA			
3	Provider Name:												
4	Service		NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE		TOTAL	
22	Revenues												
23	AAA ARPA Funds											\$ -	
24	AAA VAC5 Funds (I&A ONLY)												
25	In Kind Revenue		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
26	Local Cash Match											\$ -	
27	Program Income											\$ -	
28													
29	Total Funding		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
30													
31	Funding Difference		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
32													
33	Persons Served											-	
34													
35	Units											-	
36													
37	Agency Reimbursement Unit Rate		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
38													
39	Total Cost per Unit		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
40													
41	PI Unit Rate		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
42													
43	Non-Federal Match %		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
44	Federal State Share %		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
45													
46													
47													
	Services	Budget Cover	Budget	Personnel	Fringes	Travel	Equipment	Food Costs	Supplies	Contractual Services	Consultant	Occupancy	Telecommunicati

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Comments

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B18													
	A	B	C	D	E	F	G	H	I	J	K	L	M
1	Personnel Costs												
2	County:	0											
3	Provider:	0											
4				NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE		TOTAL
5													
6													
7	Employee	Salary		Allocation	Allocation	Allocation	Allocation	Allocation	Allocation	Allocation	Allocation		
8													
9	In-Kind Expense ONLY	Volunteers											\$ -
10													\$ -
11													\$ -
12													\$ -
13													\$ -
14													\$ -
15													\$ -
16													\$ -
17	Cash Expenses												\$ -
18													\$ -
19													\$ -
20													\$ -
21													\$ -
22													\$ -
23													\$ -
24													\$ -
25													\$ -
Services Budget Cover Budget Personnel Fringes Travel Equipment Food Costs Supplies Contractual Services Consultant Occupancy Telecommunication Training & I													

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A1	Fringe Benefits													
	A	B	C	D	E	F	G	H	I	J	K	L	M	N
1	Fringe Benefits													
2	County:	0												
3	Provider:	0												
4				NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE		TOTAL	
5														
6														
7	Employee	% Salary	Fringes	Allocation	Allocation	Allocation	Allocation	Allocation	Allocation	Allocation	Allocation			
8												\$	-	
9	In-Kind Expense ONLY for Volunteers											\$	-	
10												\$	-	
11												\$	-	
12												\$	-	
13												\$	-	
14												\$	-	
15												\$	-	
16												\$	-	
17	Cash Expenses											\$	-	
18												\$	-	
19												\$	-	
20												\$	-	
21												\$	-	
22												\$	-	
23												\$	-	
24												\$	-	
25												\$	-	

## Local Cash Tab

- Only complete if you are also contributing cash to this project
- Match is NOT required for this grant

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Tables Illustrations

B1

	A	B
1	Local Cash	
2	County:	0
3	Provider:	0
4		
5	List all sources of Local Cash	
6		
7	Source	Funding Amount
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22	<b>TOTAL Local Cash</b>	<b>\$0</b>
23		
24		
25		
26		
27		
28		

Travel Equipment Food Costs Supplies Contract

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P21

	A	B	C	D	E	F	G	H	I	J	K	L
1	<b>Budget Justification</b>											
2	County:	0										
3	Provider:	0										
4												
5	Describe the basis for calculation of expenses by budget category											
6												
7	Personnel											
8												
9												
10												
11												
12												
13												
14												
15	Fringes											
16												
17												
18												
19												
20												
21												
22												
23	Travel											
24												
25												
26												
27												
28												
29												
30												
31	Equipment											
32												
33												
34												
35												

Travel Equipment Food Costs Supplies Contractual Services Consultant Occupancy Telec

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# Budget Justification Example- REQUIRED

<b>Personnel</b>	Include name of personnel, position, and show the basis for calculations of personnel cost for each person
<b>Fringe Benefits</b>	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.
<b>Travel</b>	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.
<b>Equipment</b>	Describe the equipment requested. Show the basis of calculations for equipment costs and the percentage charged to the project
<b>Supplies</b>	Describe the supplies requested. Show the basis of calculations for supply costs.
<b>Consultant</b>	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.
<b>Occupancy</b>	Include the square footage and show the basis of calculations for rent and utilities costs.
<b>Other (Technology Systems, Training/Education, Food, Direct Administrative Costs, Vehicle Maintenance/Gas)</b>	Describe each item requested or the purpose for each expense requested. Show the basis of calculations for other costs.
<b>Indirect Cost</b>	Explain the rate used for indirect cost and the method of allocation

# Question & Answer Session

Additional Questions? Email:

[rfps@ageguide.org](mailto:rfps@ageguide.org)

Remember to check our website for updates and FAQs:

[www.ageguide.org/rfp](http://www.ageguide.org/rfp)

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