

PROPOSAL APPLICATION
(July 1, 2017 – June 30, 2021)

Name & Address of Applicant Agency:

Phone: _____ **Fax:** _____

Contact Name & Title: _____

Agency Type:

Private Non-Profit _____

Public _____

Private For-Profit _____

Minority Owned _____

Does a policy of mandatory retirement exist for positions connected with this proposal?

_____ **Yes**

_____ **No**

SERVICE _____

PERIOD

RATE

12 MONTH (7/1/17-6/30/18)

\$ _____

12 MONTH (7/1/18-6/30/19)

\$ _____

12 MONTH (7/1/19-6/30/20)

\$ _____

12 MONTH (7/1/20-6/30/21)

\$ _____

Signature and title of individual authorized to commit the applicant to the terms and conditions of this proposal.

I hereby submit the attached proposal on behalf of the applicant. Applicant affirms that this proposal has been prepared and is submitted independently and without collusion with any other applicant or provider, and that the information contained herein is a true and accurate representation of fact.

SIGNATURE

TITLE

DATE

ORGANIZATIONAL HISTORY

In what year was your organization established?

Is your organization owned by or affiliated with any other organization?

_____ Yes _____ No

If yes, please indicate the name of the organization and date established.

Date established: _____

Please explain the nature of the affiliation.

Do you currently provide the service(s) covered under this proposal?

_____ Yes _____ No

If yes, how many persons do you currently serve?

What is the average monthly service units provided?

How long have you been providing this service?

Please list all other services your organization provides. You may attach additional sheets, but please limit your response to two pages. Do not substitute brochures, reports or other public information materials.

SERVICE PROVISIONS

Please describe the geographic areas provider will cover:

_____ Luzerne County _____ Wyoming County

Please provide location(s) from which service will be provided:

Please describe days and hours of service operation:

Please specifically describe the service to be provided and your method of service delivery:

PERSONNEL

Number of personnel connected with the provision of service to be provided:

TYPE	# FULL-TIME	#PART-TIME	TOTAL
Administrative			
Supervisory			
R.N.			
Other			
Direct Service			

Please attach a complete description of the functions and duties of all personnel listed above.

Please attach a current organizational chart of your entire organization. Please make sure that the chart indicates all personnel, and that the staff described above are clearly indicated. Also, clearly indicate relationships to governing boards and affiliated agencies, if applicable.

Please provide a specific description of staff training.

SERVICE MONITORING & EVALUATION

Please describe your methods for assuring that services will be provided in accordance with the AAA service plan; that services will be accurately documented and reported. (Additional sheets may be attached as necessary).

How, and by whom, will services be evaluated to assure that the highest quality of care is provided? (Additional sheets may be attached as necessary).

INSURANCE

Please complete the following as it pertains to service and staff included in this proposal.

Copy(ies) of current certificate(s) of insurance, verifying the coverage listed, and all limits of liability, including deductibles, must be attached.

INSURANCE	YES	NO
Worker's Compensation		
Comprehensive Auto Liability		
Comprehensive General Liability		
Bodily Injury		
Property Damage		
Malpractice		
Fidelity Bonding (or equivalent)*		

- **Covers the loss of money or property belonging to service recipients due to fraud or dishonesty of Provider/Provider's employees.**

LICENSES

Copies of current license(s) must be attached to this proposal

GOVERNING AUTHORITY/OWNERSHIP

Please provide the following information, as it applies to your organization

Please attach a list of names, affiliations, and terms of office of your organization's governing authority.

How many are 60 years of age or older? _____

How many are members of a minority? _____

Please provide a list of the principle owners and/or investors of your organization.

How many are 60 years of age or older? _____

How many are members of a minority? _____

AFFIRMATIVE ACTION

Describe your organizations policy for ensuring that all personnel actions will be taken without regard to political or religious opinions or non-merit factors, except where specific age, sex, or physical requirements constitute a bona fide occupation qualification. Affirmative action to assure equal employment opportunity must be provided, including specific provisions covering older persons. This statement must be signed and dated by the head of the Applicant Organization.

COST & PRICE ANALYSIS

General Information:

Budget Summary (Section I) must be completed.

Narrative explanation of line item expenses must be given. Section II instructions list minimum requirements for budget detail.

All proposals must contain complete budget information. The budget information will be used to evaluate the reasonableness of the unit cost.

All figures should be reasonable, as accurate as possible, and logically follow from staffing pattern and service delivery explanations given in the proposal narrative.

Total estimated costs of the service should be reflected in the budget section. If part of the cost of service is to be borne by a funding source other than the AAA, this should be noted at the end of Section I, Budget Summary.

SECTION I – BUDGET SUMMARY
1/1/17-12/31/17

PERSONNEL		
Full-Time Salaries		
Part-Time Wages		
Fringe Benefits		
<u>Total Personnel</u>		
OPERATING EXPENSES		
Rent		
Utilities		
Contracted Maintenance		
Maintenance & Repair-Office Equipment		
Maintenance & Repair-Service Equipment		
Other		
<u>Total Operating Expenses</u>		
COMMUNICATIONS		
Postage		
Printing		
Duplicating		
Telephone		
Other		
<u>Total Communications</u>		
SUPPLIES & MINOR EQUIPMENT		
Office Supplies		
Service Supplies		
Housekeeping Supplies		
Service Equipment		
Office Equipment		
Other		

<u>Total Supplies & Minor Equipment</u>	
TRANSPORTATION COSTS	
Staff Travel	
Vehicle Rental	
Vehicle Operations	
Vehicle Maintenance & Repairs	
Other	
<u>Total Transportation Costs</u>	
ASSETS/LEASEHOLD	
Fixed Asset	
Leasehold Improvements	
<u>Total Asset/Leasehold</u>	
OTHER	
Special Program Requirements (Explain)	
Profit (if applicable)	
TOTAL BUDGET	
Funds from Other Sources (list types & amounts)	
AAA Requested Support	

SECTION 2 – BUDGET DETAIL

Personnel

Full-Time Salaries

Functional Title	Annual Salary	% of Income	Net Salary Charged

TOTAL FULL-TIME SALARIES: _____

Part-Time Wages

Functional Title	Hourly Rate	Hrs. Worked Per Wk.	Net Wages Charged

TOTAL PART-TIME WAGES: _____

Fringe Benefits

Benefit	Method of Computation	Total Charged

TOTAL FRINGE BENEFITS: _____

Other Transportation Costs:

TOTAL TRANSPORTATION COST: _____

ASSETS/LEASEHOLD:

Definition: Fixed Assets are furniture or fixtures with unit costs of \$500 or more.

Requirement: List and explain, with anticipated dollar amounts, all fixed assets under the contract.

Leasehold Improvements: the cost of improvements to leased buildings when such costs are in excess of \$500.00.

Requirement: List and explain, with anticipated dollar amounts all leasehold improvements under the contract.

Assets:

Leasehold:

Total Asset/Leasehold: _____

Please make sure all totals are carried forward on Section 1 – Summary.