



Request for Proposals
20% Non-Federal Match Required
Due to Thrive Alliance December 8, 2023 – 5:00 p.m.
Duration – January 1, 2024 – September 30, 2025

<p>1. Legal Name and Address of Applicant Agency:</p> <p>Address:</p> <p>Director: _____</p> <p>Telephone: _____</p> <p>Fax Number: _____</p> <p>E-Mail: _____</p> <p>Web Site: _____</p>	<p>2. Name and Address of Project (if different)</p> <p>Project Director: _____</p> <p>Telephone: _____</p> <p>Fax Number: _____</p> <p>E-Mail: _____</p>
<p>3. Service Area (check applicable boxes)</p> <p>AREAWIDE <input type="checkbox"/></p> <p>Bartholomew <input type="checkbox"/> Jackson <input type="checkbox"/></p> <p>Brown <input type="checkbox"/> Jennings <input type="checkbox"/></p> <p>Decatur <input type="checkbox"/></p> <p><u>To Check Box:</u></p> <p>1. Double Click on Box</p> <p>2. Check Box Form Field Options Appears</p> <p>3. Under Default Value - Click on Checked</p> <p>4. Box will be checked</p>	<p>4. Medicaid Waiver Provider Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>CHOICE Waiver Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>For Profit Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>IRS 501(c)(3) Tax Exempt Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Federal ID Number: _____</p> <p><u>To Check Box:</u></p> <p>1. Double Click on Box</p> <p>2. Check Box Form Field Options Appears</p> <p>3. Under Default Value - Click on Checked</p> <p>4. Box will be checked</p>

5. Total one year request for funding:

Thrive Alliance Funds	\$
Projected Donations	\$
Revenue From Other Sources*	\$
In-Kind*	\$
Total Service Budget	\$

* At least 20% of other non-federal funds and or In-Kind match must be used to support the activity if approved for funding. **Client donations are project income and do not apply to match.**

6. Services to be provided under this proposal:

Name of Service	Total Service Budget	Thrive Alliance Service Budget	Units to be Provided	Total Unit Cost	Thrive Alliance Unit Cost	Projected Persons to be Served**

7. We hereby certify that the above information and all supporting exhibits are in accordance with action of the Corporation or Governmental Unit and are recorded in minutes dated: _____
(May be provided after proposal submission depending on board meeting schedule)

Signed: _____ Date: _____
 Director of Applicant Agency

Signed: _____ Date: _____
 Authorized Official

Title: _____

NARRATIVE

SECTION A

1. Describe brief organizational history, mission, supporting data/evidence of need for proposed service(s), and ability to provide the proposed service(s).
(Limit Narrative to 500 words maximum)

2. Describe the service(s) that your organization proposes to deliver using the funds requested. Include information on the following:
 - (1) reasoning for providing specific proposed service(s)**
 - (2) reasoning for the need/demand of the proposed service(s) in service area**
 - (3) the goals and objectives of the proposed services**
 - (4) projected number of caregivers to be served****(Limit to 400 words maximum)**

3. Describe the staff and/or volunteers that will be dedicated to the proposed service. Include the training and the background of the individuals that will be involved with the service delivery.
(Limit to 400 words maximum)

4. If applying for transportation funds, list the existing number of vehicles and include mileage, make, model, year, and if vehicle has a lift for wheel chair transportation. (May be an attachment to the proposal.) Indicate the number of vehicles that are in service on a daily basis and the hours for pick-up and the latest times appointments an appointment can be made.
(Limit to 400 words maximum)

5. If applying for transportation funds, briefly describe safety assurances in place.
(Limit to 400 words maximum)

6. Outcomes are increasingly crucial in all areas of healthcare and grants in today's environment. Thrive Alliance requires successful applicants measure outcomes. Identify the measurable outcomes you expect to achieve with the proposed service(s).

Note, outcomes are different than outputs. Outputs reflect the quantity of the services that are provided (ie, we provided meals to 300 homebound seniors) and outcomes are the impact of the services (ie, the 300 seniors receiving meals had a 35% reduced rate of nutrition related hospital visits compared to the standard average of those who don't receive meals).

- (1) What improved outcomes do you expect (ie, measurable changes, impacts, improvements) as a result of proposed services?**
 - (2) What method will you use to measure outcomes?**
 - (3) How often will outcomes be measured (minimum 1/year)?**
- (Limit to 400 words maximum)**

7. Describe your plan for outreach and promotion of the proposed program/services.
(Limit to 400 words maximum)

8. Thrive Alliance requires that successful applicants measure client satisfaction for each service it funds, at least once a year. Describe how and when your organization will measure satisfaction. Provide the tool to be used to measure satisfaction if available. For transportation services, include the following questions in your surveys:

- (1) Helped you live more independently?**
- (2) Get to your doctor or therapy appointments?**
- (3) Get your medications?**
- (4) Get groceries?**
- (5) Improve or maintain your socialization with others?**

Organizations are encouraged but not required to use scripted phone surveys with volunteers to increase participation and begin benchmarking survey data.

9. Provide the methodology of how the over-all unit rate is calculated for the funding applied for, and the how the unit rate charged Thrive Alliance is calculated.

SECTION B

Older Americans Act Compliance: Describe how your organization will comply with these requirements of the Older Americans Act that include:

1. The Older Americans Act requires that services be targeted to individuals of greatest social and economic need especially low income and minority individuals. Describe how your organization will outreach to these individuals to encourage them to use the proposed service.

2. The Older Americans Act requires that individuals be provided the opportunity to privately donate for services it funds, but also prohibits any charging or billing for any of those services. These donations are to be used to directly support the funded service. (General donations made to, or solicited by the applicant should not be counted as meeting the above criteria) Describe how you organization will ensure compliance with this requirement.

APPENDICES TO PROPOSAL
ALL ITEMS MUST BE SUBMITTED WITH PROPOSAL – CHECK TO INDICATE THEY ARE PROVIDED

- _____ A. Certificate of Existence from the Secretary of State
- _____ B. Organizational Chart
- _____ C. Resume of Project Director
- _____ D. List of Agency Board of Directors
- _____ E. Staff and Volunteer Training Schedule
- _____ F. Total line item budget of applicant agency
- _____ G. Service budget for proposed service (p. 2 of application form)
- _____ H. Most Recent Audited Financial Statements*
- _____ I. Certificate(s) of Insurance from agency (general liability, auto, bonding, etc.)
Thrive Alliance must be named as an additional insured.
- _____ J. Medicaid Waiver Certification, if applicable
- _____ K. Evidence of Board approval (copy of Board Minutes or statement signed Board President)

***Only one copy of the Audit is needed with the original submission. If the total agency budget is less than \$500,000 – Thrive Alliance will accept a 990 and Reviewed Financial Statements.**

GENERAL ASSURANCES

The purpose of these assurances is to provide understanding and agreement so that Providers may deliver services to eligible individuals authorized to receive service through Title III Older Americans Act and/or Older Hoosier Act contracts with Thrive Alliance. Funding for services under this agreement is provided through the Indiana Family and Social Services Administration.

A. General Administration

1. The provider agrees to deliver services proposed evenly and consistently throughout the entire period covered by the proposal to ensure continuity of client care.
2. Providers of service for specific geographic areas must make service available to all parts of the contracted area to the maximum degree possible.
3. The Provider agrees to make provision to afford the client an opportunity to contribute, in a confidential manner, to the cost of the service.
4. The Provider shall not impose residency or citizenship requirements as a condition for client participation in any service.
5. The Provider agrees to coordinate with and utilize all other public and private resources, including Medicaid Waiver, to expand services where applicable.
6. The Provider agrees to recognize Thrive Alliance as a funding source on all promotional material (i.e., newsletters, brochures, annual reports) and display any materials provided by Thrive Alliance.
7. The Provider agrees to attempt to serve minority individuals in proportion to the number of low-income minority persons in the population of the service area.
8. The Provider agrees to assist Thrive Alliance to reach low-income and minority people in danger of nursing home placement.
9. The Provider agrees to assist participants to take advantage of benefits under other programs (i.e. SSI, Medicaid, Medicaid Waiver, CHOICE, HDM's, etc.)

CERTIFICATION

Provider

Typed Name and Title

Signature

Date

Types of services that can be provided with this funding include:

Transportation

Assisted Transportation

Services to Address Senior Isolation

Other Services Necessary to Help Reduce or Prevent Institutionalization

Evidence-Based Health Promotion - Activities related to the prevention and mitigation of the effects of chronic disease (including osteoporosis, hypertension, obesity, diabetes, and cardiovascular disease), alcohol and substance abuse reduction, smoking cessation, weight loss and control, stress management, falls prevention, physical activity, and improved nutrition). Activities must meet ACL/AoA's definition for an evidence-based program, as presented on the ACL website.