



Ray County Senior Services Board

Working to enable Senior Citizens of Ray County to be more independent and healthy.

P.O. BOX 228
1015 West Royle
Richmond, MO 64085
816-470-5570 or 1-888-781-1121(toll free)
www.raycountyseniors.org

2015 GENERAL PURPOSE APPLICATION FOR FUNDING

This application to the Ray County Senior Service Board (RCSSB) is to request funding to provide services to residents of Ray County who are 60 years of age or older.

Questions related to proposal procedure, proposal requirements or proposal evaluations will be answered by contacting:

D. Jane Bartlett, RCSSB Chairperson, at 816-217-3596, E-mail: djb_bartlett@sbcglobal.net

OR

Joan Judd, RCSSB Secretary, at 816-506-1494, E-mail: juddj64@hotmail.com

Sealed proposals, to be considered for funding will be received at Ray County Senior Service, P.O. BOX 228, Richmond, MO 64085 by November 3, 2014. RCSSB reserves the right to award contracts to successful respondents for care management and services as a package. Proposals may be downloaded from the RCSSB website at www.raycountyseniors.org.

RCSSB affirmatively ensures that all respondents will be afforded full opportunity to submit proposals and that no respondents will be discriminated against on the grounds of race, color, nationality, origin, disability or sex in consideration of an award.

Date Submitted: _____

Organization Name: _____

Address: _____

Executive / Board Director: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Proposal Contact: _____

Phone: _____ Email: _____

3. Brief description of the organization: (please send eight (8) copies of your brochure or annual report)



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4. Please check areas of focus:

- In Home Services
 - Home Repair/Safety Modifications
 - Transportation
 - Respite
 - Caregiving
 - Health & Wellness
 - Nutrition
 - Life Enrichment
 - Education
 - Other _____
-

5. Program Overview: (if you are applying for more than one program, please complete a separate form for each.)

A. Program Name:

B. Program Summary:

C. Geographic Area (all or specific area of Ray County)

D. Please list specific outcomes and goals the program will achieve and how outcomes are evaluated:



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6. Funds anticipated from other sources for this program or project? (Fees, grants, organizations, private donations, etc. - list sources)

7. What is your contingency plan if RCSSB funding is not approved?

8. What other services does your organization provide for seniors?

9. Are similar services to seniors being provided by other agencies?

10. List any other information which would assist the RCSS Board in understanding the need for funding.

11. **PROJECT/PROGRAM DELIVERY** –Describe the activities or steps you will take to carry out your program or project- Include a timeline and description of who will be involved including volunteers.



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12. List the collaborators on this project (if any) and describe their responsibilities.

13. Discuss the sustainability of your program or project i.e. how do you intend to continue to maintain this project?

PLEASE RETURN WITH eight (8) COPIES TO:
Ray County Senior Service Board
PO BOX 228
Richmond, MO 64085

The envelope containing the proposal must be clearly marked "SEALED PROPOSAL". When a proposal is mailed, the respondent should request a delivery receipt from the transporting entity to verify delivery. The respondent assumes responsibility for the delivery of the proposal. Late proposals will be returned to sender unopened.



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Proposed Program/Project Budget

Please list total revenue and expenses for this project/program as well as for the portion requested from RCSSB for the following categories:

| Expenses | Total Project/Program | Requested from RCSSB |
|--------------------|-----------------------|----------------------|
| Personnel Expenses | | |
| Supplies | | |
| Printing/Copying | | |
| Equipment | | |
| Postage | | |
| Travel | | |
| Other: | | |
| TOTALS | | |

Provide a brief description or justification of all line items. Please be very specific in the line item budget. (Ex: Home delivered meals for 12 persons @ \$5 per person per 90 days = \$5400)



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PROPOSAL FOR SERVICES: **DATE:** _____

TO: Ray County Senior Services
P.O. BOX 228
Richmond, MO 64085

SERVICES:

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

PERIOD: January 1, 2015 – December 31, 2015

A. The undersigned, in compliance with your Request for Proposals, having examined the proposal instructions and specifications, hereby proposes to perform the service(s) in accordance with the RCSSB requirements, specifications and standards at the price(s) stated on the attached proposal.

B. The undersigned further agrees as follows:

1. Upon receiving official RCSSB notification of approval, respondent shall within thirty (30) days begin work and carry on regularly and expeditiously thereafter (unless RCSSB shall in writing specifically direct otherwise) with such force as to insure the full completion within the time specified in the Agreement guaranteeing the faithful performance of the services.

2. That RCSSB has the right to reject any and all proposals.

3. To return any unspent funds if requested should RCSSB determine that the undersigned is not in compliance with the terms or intent of this proposal or the guidelines which become part of the contract between the agency and RCSSB when signed.

B. RCSSB will contract for the purchase of service up to a maximum dollar amount. The contractor will be reimbursed per unit of service delivered unless RCSSB has determined that reimbursement will be otherwise. All contractors must provide services during the entire contract period January 1, 2015 –December 31, 2015.

C. Unit Cost Determination and Service Proposal must be completed for one service only. If different services are proposed, a Unit Cost Determination and Service Proposal must be completed for each different service. If different areas for the same service have different unit costs, these must be specified on the Service Proposal Form.

D. Units billed to RCSSB shall not be double-billed to other funding sources.

| | |
|--------------------------------------|--------------------|
| _____ | _____ |
| (Signature of Authorized Individual) | (Date) |
| _____ | _____ |
| (Typed Name and Title) | (Telephone Number) |
| _____ | _____ |
| (Agency) | (Address) |
| _____ | _____ |
| (City, State) | (Zip Code) |
| _____ | _____ |
| (Contact Person) | (Telephone Number) |
| _____ | (Email Address) |