



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 RENEWAL 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 calling 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.

1. Date Submitted: _____

2. Organization Name: _____

Address: _____

CEO/Executive Director: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Proposal Contact: _____

Phone: _____ Email: _____



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3. Please provide the following information by November 3, 2014:

- 8 copies of your proposal, program brochure and 1 copy of the previous year's annual report (if you are re-applying for more than one program, please complete a separate renewal application for each program.)
- Please provide 8 copies of current budget summary. For questions, please contact D. Jane Bartlett, RCSSB Chairperson 816-217-3596
E-mail: djb_bartlett@sbcglobal.net or
Joan Judd, RCSSB Secretary 816-506-1494
E-mail: juddj64@hotmail.com
- Send to: Ray County Senior Services
PO BOX 228
Richmond, MO 64085

4. **Please check area of focus:**

_____ Basic Needs (includes Adult Day Health, care/medication management, in-home care, respite, minor home repair, Meals on Wheels, Personal Emergency Response, transportation.

_____ Health & Wellness (includes Caregiver Training, exercise, nutrition centers, preventative health)

_____ Life Enrichment (includes advocacy, education, professional training, or volunteer program)

5. **Program Overview**

Program Name:

A. Program Summary:



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

C. Please list the number of anticipated individuals served or units that will be provided in 2014 as well as specific outcomes and goals the program will achieve including how outcomes are evaluated.

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

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

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



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

10. **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.

11. List the collaborators on this project (if any) and describe their responsibilities and how they will continue to be involved.

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



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Proposed Program/Project Budget

Please list total revenue needed and expenses for this project/program as well as for the portion requested from RCSS.

2014 Funding Received from RCSS	Other funding/revenue sources and amount received	Total Cost of Project/Program	2015 Request from RCSS
Personnel Expenses	Personnel Expenses	Personnel Expenses	Personnel Expenses
Supplies	Supplies	Supplies	Supplies
Printing/Copying	Printing/Copying	Printing/Copying	Printing/Copying
Equipment	Equipment	Equipment	Equipment
Postage	Postage	Postage	Postage
Travel	Travel	Travel	Travel
Other	Other	Other	Other
TOTALS	TOTALS	TOTALS	TOTALS



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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)	