DETROIT AREA AGENCY ON AGING

FY 2027 – FY 2029 MULTI-YEAR PLAN REQUEST FOR PROPOSAL

PRE-SCREENING, REQUIRED FORMS & APPLICATION REVIEW CHECKLISTS

PRESCREENING AND ELIGIBILITY CHECKLIST			
General	**Yes**	**No**	**Additional Requirements**
In existence for a minimum of three (3) years (must submit a proof of incorporation except for local units of governments)?	☐	☐	Submit article of incorporation
Financially viable with a current financial report and as demonstrated by having a positive fund balance or retained earnings?	☐	☐	Submit audited or unaudited financial statements (i.e., Balance sheet, Income Statement, Profit & Loss Statement, etc.)
Current with all local, state and federal taxes?	☐	☐	Submit most recent Tax return and form 941
Debarment and Background check	☐	☐	
Does your company do the mandatory background check?	☐	☐	
Does your company do the **mandatory monthly** OIG and SAM checks on every employees and management team?	☐	☐	
Does your company meet ADA standards for accessibility and accommodations for Persons with disabilities and provide evidence of compliance?	☐	☐	
Are you able to meet and provide proof of Liability Insurance requirement as listed below?	☐	☐	Submit proof of insurance. (Additional copy with DAAA as additionally insured will be required once proposal is accepted)
Commercial General Liability	☐	☐	
Each occurrence $1,000,000	☐	☐	
Personal & Adv. Injury $2,000,000	☐	☐	

General Aggregate $2,000,000			
Auto Liability - $1,000,000			
Professional Liability			
Each occurrence $1,000,000			
General Aggregate $2,000,000			
Worker Compensation - Each employee $500,000			
Umbrella or Excess Liability - $2,000,000			
Dishonesty Bond $100,000			
NOTE: if you answer "No" to any of the above questions, you do not qualify to apply for the proposal.			
Do you complete client satisfaction surveys periodically? (if yes, how often?)			
Do you provide the below minimum in-service training to new program staff?			

Introduction to the program and the aging network			
The aging process (may include, though are not limited to, cultural diversity, dementia, cognitive impairment, mental illness, abuse and exploitation.)			
Ethics			
Emergency procedures			
Confidentiality/HIPPA			
Is your company in compliance with the below?			
Americans with Disabilities Act			
Civil Rights Act of 1964			
Equal Employment			
Family Medical Leave Act			

Drug-Free Workplace Act of 1988			
Occupational Safety and Health Act (OSHA)			
Michigan Occupational Safety and Health Act			
Has your company implemented, at a minimum, the following policies and procedures?			
Complaints and Appeal procedures			
Service Termination Procedure			
Policies on recruitment, training, and supervision			
In-service training plan			
Affirmative Action policy plan			
Client confidentiality and HIPAA policies and procedures			
Emergency /Disaster Plan			

CHECKLIST FOR APPLICATION SUBMISSION

DOCUMENTS MUST BE SUBMITTED IN THE ORDER BELOW

The below checklist is provided for use upon completion of your application. Please review the items to make sure you have complied with all appropriate requirements listed and that the application you are submitting is complete. Documents should be labeled as indicated in the application, and fastened together in the order listed on the checklist. If an attachment is not applicable, insert a blank page labeled as the appropriate attachment and indicate that it is not applicable and the reasons.

Proposals MUST contain all the attachments listed.)

REQUIRED DOCUMENTS	**X**	**LABEL**
SECTION I: AGENCY – (Organize documents together)		
Completed Pre-Screening checklist		*Front Page*
General Requirements Information Form		*Attachment A*
A typed original of *Section I*		*Attachment B*
Copy of cover page from applicable insurances, indicating coverage amounts.		*Attachment C*
Agency organizational chart		Attachment D

Certified audit (or specified financial statements if no certified audit).		*Attachment E*
Details of previous audit findings and resolution.		*Attachment F*
Copy of IRSForm 941 with proof of payment.		*Attachment G*
Copy of current IRS Form 990 / 1120.		*Attachment H*
Copy of the Articles of Incorporation.		*Attachment I*
Copy of 501 c (3) notification letter.		*Attachment J*
Copy of most recent Annual Report.		*Attachment K*
Resumes of management staff		*Attachment L*
Agency's client grievance procedure/Bill of Rights.		*Attachment M*
Information Technology Cybersecurity Policy		*Attachment N*
SECTION II: PROGRAM – (Organize documents together)		
Contract Face Sheet		*Attachment 1*
A typed original *Section II: Program Information.*		*Attachment 2*
If not serving entire PSA, include map with street boundaries and zip codes indicated		*Attachment 3*
Goals, Objectives, Outcomes & Work plan for each Category Program Flow chart and logic model if applicable		*Attachment 4*
Job descriptions of key program management & professional staff.		*Attachment 5*
Consultant/Contractual Service Affiliation Agreement		*Attachment 6*
Description of special partnerships		*Attachment 7*
Detailed budget signed (all 5 pages completed) & Unit Cost form fee-for-service Please number attachments, if submitting budgets for **multiple service categories.**		Budget Pages
FINAL REVIEW PRIOR TO SUBMISSION		
Submitted proposal(s) are for published service categories as indicated in this RFP?		
Proposal(s) reviewed for technical accuracy?		

All applicable questions answered and application complete?		
Required signatures on all documents?		
Proposal assembled in the order as outlined above?		