

CHOCOLATE  
SOFTWARE

# OAA-SYS RFP Instructions for Respondents

PPACG  
Jan 2022

# Login page

- Follow the instructions & links provided to:
  - Review the solicitation
  - Register for the conference
  - Create an RFP profile and login



## OAA-SYS® Request For Proposals System

Please Log In

Open Solicitations:

SFY 2022 RFP(Feb 10 2021 11:29AM-Apr 16 2021) ▼

E-mail

Password

**Instructions For this Solicitation:**

1. To review/download the details of this solicitation [please click here](#)
2. If you plan to respond to this solicitation, you must attend the pre-bid conference and training. [Click here to register for this conference](#)
3. If logging in for the first time, [please click here](#)

Login

© 2021 CHOCOLATE SOFTWARE LLC  
[Terms of Use](#)

# Terms & Conditions

## Terms and Conditions

### ChocoSoft RFP Event

In submitting a proposal, you agree to the following terms and conditions.

It is understood and agreed by the proposer that:

1. Funds granted as a result of this request are to be expended for the purposes as allowed under the Older Americans Act and as set forth herein, and in accordance with all applicable laws, regulations, policies, and procedures of the Pikes Peak Area Council of Governments (PPACG), the State of Colorado, and the Administration on Aging of the U.S. Department of Health and Human Services;
2. Funds granted as a result of this request are contingent upon the services provided being allowable expenses;
3. Payment for services rendered cannot occur until the parties have fully executed a contract and PPACG has confirmed that the services are eligible for funding;
4. Funds awarded as a result of this request may be terminated at any time for violations of any terms or requirements of the required contract or any applicable laws, regulations, policies or procedures or in the event that it is determined that the services are not eligible for funding under the Older Americans Act;
5. The Required Reading Section of this proposal application will be read prior to finalizing and submitting a proposal.

It is further acknowledged and agreed to that this RFP is a solicitation and not an offer to contract. PPACG reserves the right to reject any and all proposals. PPACG further reserves the right to issue clarifications and other directives concerning this RFP; to require clarification or further information with respect to any proposal; and to determine the final terms of any contract.

It is further agreed that the proposer also represents that its agency and its principals are not suspended or debarred per federal requirements

☒ I AGREE to the terms as noted above.

☐ I DO NOT AGREE to the terms and conditions as noted above.

Cancel

Submit

Read Terms &  
Conditions.  
Click 'AGREE'  
and click  
Submit

# Create Agency Profile

## Enter Your Agency Registration Code

### Agency Already Registered?

If your agency has already registered for this Request for Proposals, enter your agency registration code below to continue

Agency Registration Code	Obtain this code from person that created your agency profile	Submit
--------------------------	---------------------------------------------------------------	--------

Use Agency  
Registration  
Code **if  
available** and  
click 'Submit'

### Agency Not Registered?

If your agency has not yet registered for this Request for Proposals click the button below to create an agency profile and receive a registration code

Create Agency Profile

Cancel

If not agency  
registration,  
click 'Create  
Agency Profile'  
to continue

# Register Agency

## Register Your Agency: ChocoSoft RFP Event

Please enter the following information about your agency.

Once you have registered your agency for this Request for Proposals, you will be assigned a system-generated Agency Registration Code. You will need to share this code with others in your organization before they can create their login profiles

Legal Name of Agency (as used in contracts)

DBA Name (if different)

Address

Address (cont)

City

State

ZIP

Phone Number

Ph Extension

Fax Number

Your Email Address

Re-enter Your Email Address

By creating this profile, I affirm that I am a duly authorized agent of the above-

Cancel

Create Agency Profile

Read the terms and fill in the registration form. Click 'Create Agency Profile' when finished.

# Agency Registration Code

## Enter Your Agency Registration Code

Your agency will be assigned a registration code. KEEP THIS CODE.

A record for your agency was created successfully and assigned the registration code **WZK7-T736Y**. PLEASE WRITE DOWN THIS CODE. You will need to share it with your colleagues. Once you have recorded the code, enter it below to create yourself a login profile

## Agency Already Registered?

If your agency has already registered for this Request for Proposals, enter your agency registration code below to continue

Agency Registration Code

Submit

Enter registration code and click 'Submit' to continue

## Agency Not Registered?

If your agency has not yet registered for this Request for Proposals click the button below to create an agency profile and receive a registration code

Create Agency Profile

Cancel

# Create Personal Profile

Create Your Personal Login Profile: **ChocoSoft RFP Event**

You agency is registered for this RFP. Please create your own login profile

First Name

Last Name

Title

Address

Address (cont)

City

State

Phone Number

Phone Extension

Fax Number

Email Address

Include your email on RFP email list?

☒ Yes ☐ No

Password

Re-enter Password

By creating this profile, I affirm that I am a duly authorized agent of the above-referenced agency.

Cancel

Save

Fill in details and  
click 'Save' when  
finished

# Register for Mandatory Training

Please Log In

Open Solicitations:

ChocoSoft RFP Event(Feb 1 2021 3:48l ▼

E-mail

Password

Instructions For this Solicitation:

1. To review/download the details of this solicitation [please click here](#)
2. If you plan to respond to this solicitation, you must attend the pre-bid conference and training. [Click here to register for this conference](#)
3. If logging in for the first time, [please click here](#)

Login

Register for Pre-Bid Conference

At least one person from each organization is required attend the mandatory Proposers' Conference which includes instructions to comple this proposal. Submittals from respondents **who did not attend the conference will not be eligible for funding.**

The conference will be held on Tuesday, May 12, 2020. This will be available as a Webinar and a recording of the conference will be available for viewing until May 15, 2020. Please provide the name of at least one person from your organization who attended the conference, Webinar, or recording. The name provided will be compared against the sign in sheets for the conference to confirm attendance. If there is an issue, someone from PPACG will contact you.

Name of Attendee

Jesseka Farago

Agency

Chocolate Home Care

Email Address

jesseka@chocolate-software.com

Close

Register

Fill in details and  
click 'Register'



# Complete Required Reading

## Required Reading for ChocoSoft RFP Event

Please review each of the following sections of the required reading.

- ☐ RFP Schedule
- ☐ Period of Performance
- ☐ HIPAA Business Associate Agreement
- ☐ Financial Information
- ☐ Insurance Requirements
- ☐ Proposals - Proprietary Information
- ☐ Required Processes/Procedures
- ☐ Evaluation Criteria
- ☐ Other Requirements if Selected to Receive Funds

Click link to start  
required reading and  
click 'Next' to navigate  
through each section

☒ I have read and understand the information in the required reading sections.

Agree

Cancel

When finished, fill in  
check box and click  
“Agree”

# Create New Proposal




## Agency Home Page

A new blank proposal was created successfully

Work on existing proposals by clicking on the "edit" link in the table below. To create another proposal, click the button below:

Create new proposal

1. Click "Create new proposal"

ID	Name	Created By	Status	Download (pdf)	Edit	Delete
3883		Jesseka Farago	In Process	 Download	 Edit	 Delete

Existing Proposals: 1

2. Click "Edit" to begin proposal

# Provide Proposal Details

**PIKES PEAK**  
AREA AGENCY ON AGING  
Answers • Assistance • Advocacy

OAA-SYS®  
Request For Proposals S

Proposal Status: **In Process**

**Proposal Navigation Pane**

- Home Page
- Proposal Details
- Description**
- Services
- Narrative
- Attachments
- Agency Details
- Finalize proposal

**Proposal Description**

Proposal Title:  
Chocolate Home Care Proposal

**Note:** You will have an opportunity to provide additional detail for each service under Services in the proposal.

**Proposal Description:**  
Please limit your description to 450 words (approx one, single-spaced page).

**Save**

Have a question?  
Contact Melody Dowell at (719) 471-7080 ext. 134 or [mdowell@ppacg.org](mailto:mdowell@ppacg.org)

1. Provide proposal title and proposal description. Click 'Save' when finished.

# Proposal Services

# Add Services

Please identify the services you plan to provide. Select the service from the dropdown below and then click the "Add Now" button.

Note that if you add Home Delivered Meals to your proposal, you are required to also provide the service "Nutrition Education" and if you add Congregate Meals, you are required to provide both "Nutrition Education" and "Nutrition Counseling." OAA-SYS will add the appropriate service(s) automatically.

Add Service ([View definitions](#))

1. Use dropdown list and select the service, click 'Add Now'

## Compensated Services

Services Found: 1

Service	Requested Funds	Service Details	Budget	Units/Clients	Volunteer Info	Delete
Transportation - Operating (5310)	\$0.00	<a href="#">Edit</a>	<a href="#">Edit</a>	<a href="#">Edit</a>	<a href="#">Edit</a>	<a href="#">Delete</a>

**Edit Service Details**

Detailed Description for: **Case Management**

Please limit the description to 750 words...

You have entered 0 words so far.

2. Edit service details

2. Use 'Edit' links to add budget, units/clients, & volunteer info


# Edit Budget

Click arrow  
to see budget  
breakdown

Budget Tracker tells  
you if Total  
Revenues and Total  
Expenses match

Budget - **Transportation - Operating (5310)**

Budget Summary 

 Expenses do not match Revenues.

Grant Funds

Matching Funds

Other Revenue

Program Expenses

Personnel Expenses

Budget  
navigation tabs

Enter the total amount of State and/or Federal funds you are requesting in this proposal

\$7,500

.00

Save

Back

1. Use textbox  
to include the  
total dollar  
amount  
requesting and  
click 'Save'

# Edit Match

Review required  
match in \$\$

Total Local  
Matching Funds  
as entered

Grant Funds

Matching Funds

Other Revenue

Program Expenses

Personnel Expenses

The funds you are requesting (\$7,500.00) require local matching funds of *at least* \$833.33. You have identified \$1,000.00 in matching funds so far.

## Local Match Type

## Source of Funds

## Amount

## Details

Required if you select 'Other' as a funding source.

Add Now

Local Match Type	Amount	Source of Funds	Details	Edit	Delete
Local Cash	\$1,000.00	United Way		<a href="#">Edit</a>	<a href="#">Delete</a>

Total Local Matching Funds: \$1,000.00

Review total  
matching funds

Edit or Delete  
match

Use the dropdowns to  
select match type,  
source of funds, enter  
\$\$ amount and any  
details and click “Add  
Now” when finished

# Edit Other Revenue/Program Income

Grant Funds   Matching Funds   **Other Revenue**   Program Expenses   Personnel Expenses

Source of Other Revenues

▼

Amount

Amount (to the nearest dollar)

Details

Required if you select 'Other.'

Add Revenue Source

Source of Other Revenues	Amount	Details	Edit	Delete
Voluntary Client Contributions	\$500.00		Edit	Delete

Total Other Revenue: **\$500.00**

Using the dropdown add other sources of revenue and filling in the \$\$ amount. Click “Add Revenue Source” when finished

Edit or Delete

# Add Program Expenses

Grant Funds Matching Funds Other Revenue **Program Expenses** Personnel Expenses

Read the instructions for allocating program expenses to revenue, match & program income

## Instructions:

In the following table enter in the expenses according to the revenue on the grant (Grant Funds, Cash Match, In-kind Match, and Program Income). The total on the top of the table in parentheses represents the total revenue. The total expenses identified in each column must equal the total revenue identified in the parentheses. Personnel expenses on this table will pull from the personnel tab and will need to be allocated to the revenue. The expenses identified under each revenue source should align to that revenue source. For example, if in-kind match of donated space is identified under the revenue, it would be expected an expense for the donated space would be identified under the in-kind match column on this table.

Create New Expense

Click "Create New Expense"

Select expense category for the dropdown, include details and click "Add Now"

**Add New Expense**

Expense Category:

Details:



# Allocating Revenue

Grant Funds

Matching Funds

Other Revenue

Program Expenses

Personnel Expenses

Create New Expense

Review revenue budget

Review  
total  
expenses

Expense Category	Details	Requested Funds (\$7,500.00)	Local Cash Match (\$1,000.00)	Local In-kind Match (\$0.00)	Program Income (\$100.00)	Total (\$8,600.00)	Delete
Equipment	Equipment being used...	\$2,500.00	\$500.00	\$0.00	\$100.00	\$3,100.00	Delete
Fuel	Gas for vehicles..	\$5,000.00	\$500.00	\$0.00	\$0.00	\$5,500.00	Delete
Personnel	From personnel page	\$0.00	\$0.00	\$0.00	\$0.00	\$2,500.00	Locked
TOTALS		\$7,500.00	\$1,000.00	\$0.00	\$100.00	\$11,100.00	

Save

Use textboxes to allocate expenses to revenue and click "Save"

Totals ***MUST*** match for each revenue column. Use the instructions as a guide.

# Add Personnel

Re-visit the Program Expenses page to allocate the SUBTOTAL of the personnel when finished.

Grant Funds Matching Funds Other Revenue Program Expenses **Personnel Expenses**

Position Title:

Personnel Type:

Direct Services Personnel

Employee Type:

Salaried

Personnel Type	Employee Type	Title	Hourly Rate	Total Hrs	Annual Salary	Percent of time	Cost	Edit	Delete
Administrative	Salaried	Manager	\$0.00	0	\$40,000.00	60.00%	\$24,000.00	<a href="#">Edit</a>	<a href="#">Delete</a>
Direct Services	Hourly	Driver	\$18.00	60	\$0.00	0.00%	\$1,080.00	<a href="#">Edit</a>	<a href="#">Delete</a>

Total Personnel: **\$25,080.00**

Hourly

Add title, choose Direct Services or Administrative, and hourly or salaried

Salaried

Hourly

# Edit Units and Clients

## Units/Clients - Case Management

### Areas Served

Please identify the communities you plan to serve. Please check all that apply in part or in whole.

- |                                                      |                                                 |                                                        |
|------------------------------------------------------|-------------------------------------------------|--------------------------------------------------------|
| <input checked="" type="checkbox"/> Colorado Springs | <input type="checkbox"/> Park County            | <input type="checkbox"/> Unincorporated El Paso County |
| <input type="checkbox"/> El Paso County              | <input type="checkbox"/> Southern Teller County | <input type="checkbox"/> Victor/Cripple Creek          |
| <input type="checkbox"/> Fountain/Widefield/Security | <input type="checkbox"/> Teller County          | <input type="checkbox"/> Woodland Park                 |
| <input type="checkbox"/> Monument                    |                                                 |                                                        |

Please enter a brief description of the service area(s) you checked above.

You have entered 0 words so far.

### Units of Service

Enter the total number of units of this service you anticipate providing.

### Unduplicated Client Count

Enter the total number of unduplicated clients you anticipate serving with this service

Use checkboxes  
to include all  
service areas

Enter total units  
and unduplicated  
clients you plan  
to serve

Click 'Save'  
when finished

# Edit Volunteer Info

## Volunteer Information - Case Management

How many volunteers does your agency use to help provide this service?

On average, how many total hours do these volunteers donate to help provide this service each week?

The calculated full-time equivalency of volunteer hours is: **0.3 FTE**

[Back](#)[Save](#)

Use textboxes to enter any volunteer info and click 'Save' when you're done

# Answer Narrative Questions



Proposal Status: **In Process**

[Home Page](#)

[Proposal Details](#) ▾

[Description](#)

[Services](#)

[Narrative](#)

[Attachments](#)

[Agency Details](#) <

[Finalize proposal](#) <

## Proposal Narrative

Please address the questions listed below, limiting each response to approximately 750 words. You do not need to use complete sentences. Lists, bulleted items, etc. are acceptable but please be as specific as possible. Remember to save often. Your session will time out after 20 minutes of inactivity.

### Question 1:

If yes, how many years has your agency been funded by AAA (for the same services requested in this RFP)? Out of those years, what has been the highest dollar amount awarded?

You have entered 0 words so far.

**Save**



Times out  
after 20  
minutes

Use textbox to  
answer  
questions.  
Some may be  
*required*.  
Click 'Save'  
often

# Upload Attachments

## Upload/Attach Documents

Submit the following documents along with your proposal. Required documents are flagged so. Include the other documents if they are appropriate for your specific proposal:

1. Sample Certificate of Insurance - REQUIRED
2. Indirect cost allocation plan - NOT REQUIRED

Select the document to add from the list below to create a blank record of the documents you wish to upload. **NOTE:** You can upload multiple copies of the same type of document (for example, if you have multiple copies of a Sample Certificate of Insurance, you can upload multiple copies).

Add This Document Type: Sample Certificate of Insurance Add Now

Review required documents. Use dropdown list to select document type and click 'Add Now'

Documents attached: 1

Document Title	Document Type	Filename	Edit/Reload File	Delete
NEW DOCUMENT	Sample Certificate of Insurance		<a href="#">Edit</a>	<a href="#">Delete</a>

Add Document Title

Browse Computer

Explanation if required document is not uploaded

### Edit/Upload Document

Document Title:

NEW DOCUMENT

Document Type:

Sample Certificate of Insurance (R)

Upload:

Choose File

No file chosen

(MS Word, MS Excel or PDF formats only)


This is a required document type. If you are not uploading this document, please provide an explanation below:

Close

Save

# Update Agency Info

Fill-in  
required  
information  
(FEIN) and  
click 'Save'



**PIKES PEAK**  
AREA AGENCY ON AGING  
*Answers • Assistance • Advocacy*

Proposal Status: **In Process**

- Home Page
- Proposal Details
- Agency Details
- Agency Information**
- Contact Information
- Finalize proposal

## Agency Information

Agency Name

Chocolate Home Care

DBA Name: (If different)

Federal Employer ID Number (FEIN):

XX-XXXXXXX or XXX-XX-XXXX

Inception Date:

mm/dd/yyyy

Organization Type:


Non-Profit/Not for Profit

DBE status:(Select all that apply-hold shift key to select multiples)

Woman-owned  
Minority-owned

Save

# Update Contacts



**PIKES PEAK**  
AREA AGENCY ON AGING  
Answers • Assistance • Advocacy

Proposal Status: **In Process**

- Home Page
- Proposal Details
- Agency Details
- Contact Information**
- Finalize proposal

## Contact Information

If your organization is selected for funding, DRCOG will require contact information for

- Agency Director/CEO/Executive Director (REQUIRED)
- Proposal Contact (REQUIRED)
- Contract Contact
- Program Manager
- Reimbursement Requests

Review  
Required contact  
types

Add new contact

Click 'Add new  
contact' or 'edit'  
current contacts

Choose Program  
Responsibilities

### Add Contact

First Name:  Last Name:

Title:

Email Address:  Phone Number:

Select Previously Entered Address:

Address:   
If different from address in the dropdown above

Address (continued):   
e.g. Suite; floor etc.

City:  State:  ZIP:

Program Roles/Responsibilities (select all that apply):

- ☐ Agency Director/CEO/Executive Director
- ☐ Proposal Contact
- ☐ Peer Place Data Entry
- ☐ Contract Contact
- ☐ Program Manager
- ☐ Reimbursement Requests
- ☐ Other

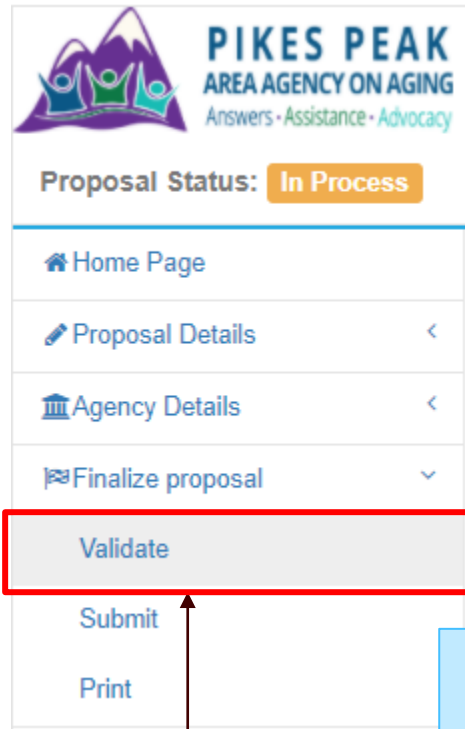
Describe role if "Other" selected above:

Mailing List:  
Would you like to receive news & announcements from Region10?  
☒ Yes ☐ No

Close Save



# Validate Proposal



**PIKES PEAK**  
AREA AGENCY ON AGING  
Answers • Assistance • Advocacy

Proposal Status: **In Process**

- Home Page
- Proposal Details <
- Agency Details <
- Finalize proposal v
- Validate**
- Submit
- Print

## Proposal Validation

### Validation Results

Congratulations! Your request validated successfully and is ready to be submitted.

## Proposal Validation

### Validation Results

#### Errors Found: 7

Errors must be resolved before you can submit this proposal.

#### Description Errors 1

#### Budget Errors 1

This proposal requires an explanation on why you are requesting less than \$75,000.

#### Units/Clients Errors 2

#### Narrative Errors 0

#### Attachment Errors 0


#### Agency Details Errors 3

Validate Using  
Sidebar  
Navigation

Click to see  
Errors

Click to Go to  
Page

# Submit Proposal



**PIKES PEAK**  
AREA AGENCY ON AGING  
Answers • Assistance • Advocacy

Proposal Status: **Validated**

- Home Page
- Proposal Details <
- Agency Details <
- Finalize proposal ▾
- Validate
- Submit**
- Print

## Submit proposal

Your proposal is ready to submit.

In order to do so, you must first obtain an electronic Proposal Identification Number (PIN). Request your

[Request PIN](#)

Request PIN to be  
E-mailed

If you already have a PIN, [please click here](#)

## Submit proposal

Your proposal is ready to submit.

In order to do so, you must first obtain an electronic Proposal Identification Number (PIN). Request your PIN by clicking on the button below.

[Request PIN](#)

- A PIN was emailed to you
- If you do not receive a PIN within 20 minutes, please call Sharon Day at 303.480.6705
- Note that PINs time out after twenty four (24) hours. You must have an active PIN in order to submit.

If you already have a PIN, [please click here](#)

Click to Enter  
PIN

# Submit proposal

## Terms of Submission: ChocoSoft RFP Event

In submitting a proposal, you agree to the following terms and conditions.

It is understood and agreed by the proposer that:

1. Funds granted as a result of this request are to be expended for the purposes as allowed under the Older Americans Act and as set forth herein, and in accordance with all applicable laws, regulations, policies, and procedures of the Pikes Peak Area Council of Governments (PPACG), the State of Colorado, and the Administration on Aging of the U.S. Department of Health and Human Services;
2. Funds granted as a result of this request are contingent upon the services provided being allowable expenses;
3. Payment for services rendered cannot occur until the parties have fully executed a contract and PPACG has confirmed that the services are eligible for funding;
4. Funds awarded as a result of this request may be terminated at any time for violations of any terms or requirements of the required contract or any applicable laws, regulations, policies or procedures or in the event that it is determined that the services are not eligible for funding under the Older Americans Act;
5. The Required Reading Section of this proposal application will be read prior to finalizing and submitting a proposal.

It is further acknowledged and agreed to that this RFP is a solicitation and not an offer to contract. PPACG reserves the right to reject any and all proposals. PPACG further reserves the right to issue clarifications and other directives concerning this RFP; to require clarification or further information with respect to any proposal; and to determine the final terms of any contract.

It is further agreed that the proposer also represents that its agency and its principals are not suspended or debarred per federal requirements

## Required Form

### Digital Signature

Please enter all of the following information

Name of Signatory

Title

Email

Submit Date

11/21/2016

Enter PIN

Enter  
PIN

IMPORTANT NOTE: YOUR PROPOSAL WILL BECOME READ-ONLY AFTER YOU CLICK THE "SUBMIT" BUTTON.

Go Back

Submit

Click  
'Submit'

# Print Proposal

**Note:** Proposal cannot be edited once it has been submitted




## Agency Home Page

Work on existing proposals by clicking on the "edit" link in the table below. To create another proposal, click the button below:

Create new proposal

Proposal status

Existing Proposals: 1

ID	Name	Created By	Status	Download (pdf)	Edit	Delete
3883	Chocolate Home Care Proposal	Jesseka Farago	Submitted	 Download	 Locked	 Locked

Click the  
'Download' link

You're Done!