



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

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[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



OAA-SYS

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

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

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

Street Address

Address (cont)

Suite, Floor, etc.

City

State

Colorado

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-named organization.

[Cancel](#)

[Create Agency Profile](#)

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



OAA-SYS

Agency Registration Code

Enter Your Agency Registration 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

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

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
 123 Main St.

Address (cont)
 Suite, Floor, etc.

City
 Boulder

State
 Colorado

Phone Number
 +15555555555

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



OAA-SYS

Register for Mandatory Training

Please Log In

Open Solicitations: ChocoSoft RFP Event(Feb 1 2021 3:48I)

E-mail

Password

Instructions For this Solicitation:

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[Login](#)

Register for Pre-Bid Conference

At least one person from each organization is required attend the mandatory Proposers' Conference which includes instructions to complete 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”

| Existing Proposals: 1 | | | | | | |
|-----------------------|------|----------------|------------|--------------------------|----------------------|------------------------|
| ID | Name | Created By | Status | Download (pdf) | Edit | Delete |
| 3883 | | Jesseka Farago | In Process | Download | Edit | Delete |

2. Click “Edit” to begin proposal

Provide Proposal Details

OAA-SYS®
Request For Proposals S

PIKES PEAK
AREA AGENCY ON AGING
Answers • Assistance • Advocacy

Proposal Status: **In Process**

Proposal Navigation Pane

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

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

Save

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).

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](#)) ▼ Add Now

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 | Edit | Edit | Edit | Edit | Delete |

Edit Service Details

Detailed Description for: **Case Management**

Please limit the description to 750 words...

You have entered 0 words so far.

[Cancel](#) [Save](#)

2. Edit service details

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

Click arrow to see budget breakdown

Edit Budget

Budget

Transportation - Operating (5310)

Budget Tracker tells you if Total Revenues and Total Expenses match

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

Grant Funds

Matching Funds

Other Revenue

Program Expenses

Personnel Expenses

Review required
match in \$\$

Total Local
Matching Funds
as entered

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

Amount (to the nearest dollar)

Details

Add Now

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

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

| Local Match Type | Amount | Source of Funds | Details | Edit | Delete |
|------------------|------------|-----------------|---------|--|--|
| Local Cash | \$1,000.00 | United Way | |  Edit |  Delete |

Total Local Matching Funds: \$1,000.00

Review total
matching funds

Edit or Delete
match

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

Voluntary Client Contributions

Amount

\$500.00

Details

Edit

Delete

 Edit

 Delete

Total Other Revenue: **\$500.00**

 Edit or Delete

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

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”

Add New Expense

Expense Category: Equipment

Details: Equipment being used...

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

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.



OAA-SYS

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:

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

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 |  Edit |  Delete |
| Direct Services | Hourly | Driver | \$18.00 | 60 | \$0.00 | 0.00% | \$1,080.00 |  Edit |  Delete |

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

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.

- Colorado Springs
- El Paso County
- Fountain/Widefield/Security
- Monument

- Park County
- Southern Teller County
- Teller County

- Unincorporated El Paso County
- Victor/Cripple Creek
- Woodland Park

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.

600

Enter total units and unduplicated clients you plan to serve

Unduplicated Client Count

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

330

Back Save

Click 'Save' when finished

Edit Volunteer Info

Volunteer Information - **Case Management**

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

12

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

10

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

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



Back

Save

Answer Narrative Questions



Proposal Status: **In Process**

[Home Page](#)

[Proposal Details](#)

[Description](#)

[Services](#)

Narrative

[Attachments](#)

[Agency Details](#)

[Finalize proposal](#)

Times out
after 20
minutes

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



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



OAA-SYS

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 will be attaching to your proposal. NOTE: You can upload multiple copies of the same type of document (for example, if you have multiple certificates of insurance).

Add This Document Type: Sample Certificate of Insurance

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

Describe and upload the

Documents attached: 1

| Document Title | Document Type | Filename | Edit/Reload File | Delete |
|----------------|---------------------------------|----------|------------------|--------|
| NEW DOCUMENT | Sample Certificate of Insurance | | Edit | Delete |

Add Document Title

Browse Computer

Explanation if required document is not uploaded

Edit/Upload Document

Document Title: Document Type:

Upload: 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:

Update Agency Info



Proposal Status: **In Process**

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[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

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

Update Contacts



Proposal Status: **In Process**

- [Home Page](#)
- [Proposal Details](#)
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 - [Agency Information](#)
- [Contact Information](#)
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Choose Program Responsibilities

Contact Information

If your organization is selected for funding, DRCOG will require contact information for the following roles:

- 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

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:

Mailing List: Yes No

Would you like to receive news & announcements from Region10?

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

Validate Proposal



Proposal Status: **In Process**

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[Finalize proposal](#)

[Validate](#)

[Submit](#)

[Print](#)

Validate Using
Sidebar
Navigation

Click to see
Errors

Click to Go to
Page

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**



OAA-SYS

Submit Proposal



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

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

Request PIN to be E-mailed

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

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Required Form

Digital Signature

Please enter all of the following information

Name of Signatory

Title

Email

Enter
PIN

Submit Date

11/21/2016

Enter PIN

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

Go Back

Submit

Click
'Submit'



OAA-SYS

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!