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| **Application Cover Sheet** |
| **Application Date**  | Click or tap to enter a date. |
| **Organization’s Legal Name** (As shown on IRS Letter of Determination) | Click or tap here to enter text. |
| **Doing Business As** (If different from legal name) | Click or tap here to enter text. |
| **EIN #** | Click or tap here to enter text. |
| **Street Address** | Click or tap here to enter text. |
| **City**  | Click or tap here to enter text. | **State**  | Click or tap here to enter text. |  **Zip Code** | Click or tap here to enter text. |
| **Org. Telephone #** | Click or tap here to enter text. | **Org. Email Address** | Click or tap here to enter text. |
| **Executive Director**(or top executive) | Click or tap here to enter text.(Please include prefix and title) | **Phone #** | Click or tap here to enter text. |
| **Email Address** | Click or tap here to enter text. |
| **Main contact(s) for this proposal**  | (Please include prefix and title) | **Phone #**  | Click or tap here to enter text. |
| **Email Address** | Click or tap here to enter text. |
| **Board President** | Click or tap here to enter text. | **Phone #** | Click or tap here to enter text. |
| **Email Address** | Click or tap here to enter text. |

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| **Organization’s Tax-exempt Status/IRS Designation** (e.g., 501(c)(3), government entity) | Click or tap here to enter text.(Attach a copy of the IRS Letter of Determination if you are a nonprofit- NOTE- this is not the state sales and use tax exemption certificate. If there has been a name change provide copies of the amended state certificate of incorporation and amended IRS Letter of Determination.) |
| **Fiscal Agent (if applicable)** | Click or tap here to enter text.(List the name of the organization that is serving as your fiscal agent, primary contact information, and EIN. Include in your attachments a copy of a written agreement from the organization to serve as your fiscal agent).  |

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| Mission Statement for your agency: |
|  Click or tap here to enter text. |
| The Senior Center that you are requesting funding for :  |
|  [ ] Operational year established[ ] New senior center  |
| **Total Program Budget** (Enter the amount of total costs to implement the services you are requesting support for) | Click or tap here to enter text. | **Total Amount Requested from the Senior Fund**(Enter the amount you are specifically requesting from the Senior Fund) | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| **Organizational Annual Budget** (for your current fiscal year) | $Click or tap here to enter text. | **Organization Fiscal Year** |  Click or tap to enter a date. / / through  Click or tap to enter a date. / / |
| **Geographic Area(s) Served**(Please list all zip codes your organization is currently serving within Platte County. | Click or tap here to enter text. |

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| **Agreement** |
| *I certify, to the best of my knowledge, that all information included in this proposal is correct. The tax-exempt status of this organization is still in effect. If a grant is awarded to this organization, then the proceeds of that grant will not be distributed or used to benefit any organization or individual supporting or engaged in unlawful activities.**In compliance with the USA Patriot Act and other counterterrorism laws, I certify that all funds received from this funder will be used in compliance with all applicable anti-terrorist financing and asset control laws, statutes, and executive orders.* *By submitting a proposal, Proposer agrees that it will not discriminate against any employee, applicant for employment or service recipient because of race, color, religion, sex, gender orientation or preference or national origin. Provider will take affirmative action to ensure that applicants are employed, that employees are treated during employment, and that services are provided without regard to race, color, religion, sex, gender orientation or preference or national origin. Such action shall include, but not be limited to the following: providing services to seniors as set forth in this Agreement, employment, upgrading, demotion or transfer, recruitment or recruitment advertising; rates of pay or other forms of compensation; and selection for training, including apprenticeship. Proposer agrees to post in conspicuous places, available to employees and applicants for employment, notices setting forth**the provisions of this nondiscrimination clause. In performance of its obligations under any agreement resulting from the proposal, Proposer agrees to comply with the PCSCSF’s Affirmative Action Policy. Proposer acknowledges that it has received a copy of the PCSCSF’s Affirmative Action Policy and that such Policy it is consistent with Proposer’s affirmative action policy.**Proposer agrees that it shall not knowingly employ any person who is either not a citizen of the United States of America or unauthorized alien in connection with the goods or services it provides to PCSCSF. Proposer further acknowledges that it is enrolled in a federal work authorization program with respect to all employees working in connection with the goods or services it provides to PCSCSF.****Nondiscrimination.*** *By submitting a proposal, Proposer agrees that it will not discriminate against any employee, applicant for employment or service recipient because of race, color, religion, sex, gender orientation or preference or national origin. Provider will take affirmative action to ensure that applicants are employed, that employees are treated during employment, and that services are provided without regard to race, color, religion, sex, gender orientation or preference or national origin. Such action shall include, but not be limited to the following: providing services to seniors as set forth in this Agreement, employment, upgrading, demotion or transfer, recruitment or recruitment advertising; rates of pay or other forms of compensation; and selection for training, including apprenticeship. Proposer agrees to post in conspicuous places, available to employees and applicants for employment, notices setting forth**the provisions of this nondiscrimination clause. In performance of its obligations under any agreement resulting from the proposal, Proposer agrees to comply with the PCSCSF’s Affirmative Action Policy. Proposer acknowledges that it has received a copy of the PCSCSF’s Affirmative Action Policy and that such Policy it is consistent with Proposer’s affirmative action policy.****Immigration Law Compliance.*** *Proposer agrees that it shall not knowingly employ any person who is either not a citizen of the United States of America or unauthorized alien in connection with the goods or services it provides to PCSCSF. Proposer further acknowledges that it is enrolled in a federal work authorization program with respect to all employees working in connection with the goods or services it provides to PCSCSF.****Multiple Senior Center Sites.*** *The PCSCSF has determined that it will select one or more firms to operate senior centers at multiple sites throughout Platte County, Missouri.  Such firms will be responsible for the development/management/operation of Senior Centers in one or more communities each. PCSCSF has determined that this approach is consistent with the Vision and Goals for Senior Centers in that it provides greater opportunity for seniors to have access to the centers and participate in Senior Center programs and activities. By submitting a Proposal in response to this RFP, the Proposer agrees to waive any right to protest the Solicitation or award based on any theory related to the multiple Senior Center concept.* ***Concession Program Management.*** *The PCSCSF has determined that each Proposer should present to the PCSCSF what each has determined to be the best business method to manage and operate this Senior Center Program. To that end, the PCSCSF will be open to Proposers recommending any program management methodology (or a combination of business models) that, in the experience and opinion of the Proposer, best suits the Program. Proposers will be required to explain how they will manage their programs and how their proposed management methodology will address the Vision and Goals for the Senior Center Program.  By submitting a proposal to this RFP, Proposer agrees and understands that the PCSCSF may choose a method of program management that, in the sole and absolute judgment of the PCSCSF, best serves its needs and meets the Vison and Goals. Proposer agrees to abide by the decision of the PCSCSF Board without exception.*  |
|  |  | Click or tap to enter a date. |
| *Signature & Title of Authorized Representative (e.g. Executive Director)* |  | *Date* |

**NARRATIVE**

(provide as an attachment)

**SECTION 1:** ORGANIZATION INFORMATION

* **Provide a brief summary of your organization’s history, including the original issue your organization was founded to address and how that has changed over time (if applicable).**
* **How are the demographics of the community/clients your organization serves reflected in the composition of your staff, board, and/or volunteers?**
* **How does your organization incorporate the perspective of and feedback from the community and clients your organization serves?**
* **Does your agency have a Diversity, Equity and Inclusion policy in place? Please explain how your organization’s statement impacts the way you carry out your mission.**

**SECTION 2:** CURRENT CLIENTS & SERVICES FOR OLDER ADULTS

* **What programs and services for older adults does your organization currently provide and how many years have you been providing these programs and services for Platte County residents?**
* **Describe your outreach strategies to increase participation from older adults who do not regularly attend senior centers, including, but not limited to: those who do not have access to a senior center in their neighborhood; or whose language and culture may present a challenge to participation; or who cannot attend weekday programs due to work or family caregiving duties.**
* **Number of unduplicated clients served last year by your organization if applicable.**
* **What percentage of clients were Platte County residents?**
* **What percentage of clients were 60 years or older?**
* **How many days will the Center be open?**

**SECTION 3:** DESCRIPTION OF KEY STAFF AND STAFFING LEVEL

* **Senior centers must be managed by an experienced individual who is actively involved in the daily operations of the center.**
* **There should be a sufficient number of qualified staff and /or volunteers to effectively conduct the center’s programs and services.**
* **There should be written job descriptions for staff and key volunteers which define the skills, experience, and training necessary for each position and list the duties and responsibilities of each position.**
* **Staff and volunteers should have the opportunity to participate in ongoing training that will improve their skills.**

**SECTION 4:** *PROGRAM ACTIVITIES*

**In the table below, briefly outline the primary activities that will take place to carry out the program(s) or service(s) to be supported.**

*Make sure to indicate timing of activities (e.g., if they are seasonal and only occur certain times of the year) and the key person(s) responsible for carrying them out.*

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| Activities*Briefly describe the primary activities that will take place to carry out the program or service to be supported, including: 1) what the activity is, 2) how much and/or how often, and 3) if it is in-person or virtually.* | Timeframe of When Will Occur | Key Person(s) Responsible |
|  |  |  |
|  | *1st Qtr (Jan-Mar)* | *2nd Qtr**(Apr-Jun)* | *3rd Qtr**(Jul-Sep)* | *4th Qtr**(Oct-Dec)* |  |
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**SECTION 5:** PROGRAM IMPACT

**How many total unduplicated people do you anticipate serving?**

Click or tap here to enter text.

**List what your clients/program participants will receive as a result of participating in your program or service.**

|  |  |  |
| --- | --- | --- |
| # | Who | What they will receive/participate in. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**What are the immediate to longer-term changes your program or service is intended to make in the lives of participants?** *We are most interested in the outcomes you can reasonably achieve in your funding that connects to the Senior Fund’s goal of helping older adults continue living in their homes and communities with choice, independence, and dignity.*

Click or tap here to enter text.

**What information do you currently collect, or plan to collect, about who you serve, what they receive, and how their lives are affected due to the services they receive?**

*We are interested in the information relevant to the programs or services for which you are seeking support through this funding. In addition to what you are collecting, and can report, make sure to include any relevant information on the process, tools, and timeframe for collecting information.*

Click or tap here to enter text.

*For all Senior Fund grant awards we expect the following to be reported for each individual who receives a service or completes a program supported by the Senior Fund.*

|  |  |
| --- | --- |
| Information Expected to Be Reported to Senior Fund | Confirm What You Will Collect, From Whom, and How |
| Age and Zip Code of Each Person Who Receives Services (Required) | Click or tap here to enter text. |
| Description of Program Participation or Services Received for Each Person (Required) | Click or tap here to enter text. |
| At Least One Relevant Short-term Outcome Related to Your Program or Services (Required) | Click or tap here to enter text. |

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| Additional Information You Collect for Your Program or Service | How You Collect It, From Whom, and How Often |
| Click or tap here to enter text. | Click or tap here to enter text. |
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**REQUIRED ATTACHMENTS**

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|[ ]  **Program Budget** * Complete the Proposed Program Budget (Attachment 1). The costs reflected in this budget should be for the senior center only, not your total agency budget.
* Describe how your agency has the capability to meet program expenses in advance of reimbursement.
 |
|[ ]  **Intake and Evaluation** * + Include any relevant tools or forms you currently use for intake or evaluation *(as described in your application).*
 |
|[ ]  **Current IRS Letter of Determination indicating tax-exempt status** |
|[ ]  **Current Certificate of Liability Insurance** |
|[ ]  **Current Certificate of Good Standing from Missouri Secretary of State** |
|[ ]  **Board of Directors*** + Include their name and professional affiliations*(name of organization of employment and title)*
 |
|[ ]  **Memorandum of Understanding or Contract** *(if applicable)** + *If you are contracting for a portion of your services with a specific organization(s) or using a fiscal agent/sponsor.*
 |
|[ ]  **Organization Financials***NOTE: Financial statements are to be prepared according to generally accepted accounting procedures (GAAP)** + Organization Budget
		1. Internally prepared organization income statement for current fiscal year.
	+ Other Organization Financials
		1. Complete copy of organization’s externally audited/reviewed/compiled financial statements for the last fiscal year (which should include two (2) years of financial information). **And**
		2. Organizations most recently filed Form 990.

If you do not have an audit for your organization, please add a note below and submit your Organization’s most recently filed Form 990 plus internally prepared financial statements for the past two years. Must include:* + - * 1. Statement of activities (income statement)
				2. Statement of financial position (balance sheet)
				3. Statement of cash flow
 |