

REQUEST FOR APPLICATION



TITLE V OF THE OLDER AMERICANS ACT SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM

**Program Year 2020 - 2021
(July 1, 2020 – June 30, 2021)**

**Issued by:
State of Arkansas
Department of Human Services
Division of Aging, Adult and Behavioral Health Services**

**Applications Must Be Submitted
No Later Than 12:00 noon (Central Standard Time)
March 31, 2020**

**For Further Information Contact:
Ronda Gilbert-Hines at (501) 682-2441**

Late Applications Will Be Rejected

**Arkansas Department of Human Services
Division of Aging, Adult and Behavioral Health Services
P. O. Box 1437, Slot W-241
Little Rock, Arkansas 72203-1437
Telephone: 501-682-2441**

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Section 1.0 – Statement of Need

The Arkansas Department of Health and Human Services, Division of Aging, Adult, and Behavioral Health Services announces the anticipated availability of grant funds and opens the Request for Application to agencies representing public or private non-profit organizations for the purpose of providing Senior Community Service Employment Program (SCSEP) services in the following designated Arkansas counties: Ashley, Baxter, Benton, Boone, Chicot, Clark, Clay, Cleburne, Conway, Craighead, Crawford, Crittenden, Cross, Faulkner, Greene, Howard, Independence, Jackson, Jefferson, Lafayette, Lawrence, Lee, Little River, Logan, Miller, Mississippi, Monroe, Ouachita, Poinsett, Pulaski, Randolph, Searcy, Sebastian, Sharp, St. Francis, Union, Washington, White and Yell. **Respondents must apply for all counties listed above, as a whole. Respondents cannot apply for individual county(s).** As authorized by the Governor, the Arkansas Department of Human Services, Division of Aging, Adult, and Behavioral Services is the recipient agency of the state's share of Arkansas' annual Title V allotment through its grantor agency, the U. S. Department of Labor, Employment and Training Administration. The SCSEP is funded under Title V of the Older Americans Act (OAA) Amendments of 2016, PL 106-501, 42 U.S.C., Section 3056 et seq.

Section 2.0 – Statement of Purpose

The purpose of the complete Request for Application (RFA) is to solicit for program year 2020 (July 1, 2020- June 30, 2021) services for SCSEP applicants/participants within the above listed counties (see Section 1.0) where the States SCSEP positions are located (see Attachment II).

Upon successful completion of the year's grant, there is an option to re-grant (amend) not to exceed 7 years. (The 7 years includes this first program year.)

In accordance with the Federal Regulations governing the program, the SCSEP fosters and promotes useful part-time opportunities in community service activities for unemployed low-income persons who are 55 years or older and who have poor employment prospects. It also fosters individual economic self-sufficiency and increases the number of persons who may enjoy the benefits of unsubsidized employment in both the public and private sectors. Through these community services and related activities, the SCSEP enhances the skills and abilities of participants, increases their employability, develops appropriate job opportunities, and places them in unsubsidized employment after the completion of community-service assignments. The program and services must be provided in accordance with current federal regulations implementing Title V of the Older Americans Act (OAA) Amendments 2016, Pub. L. 114-144 (April 19, 2016); SCSEP Final Rule, 82 Federal Register (FR) 56869 (December 1, 2017); SECSEP Final Rule, 75 FR 53786 (September 1, 2010); WIOA, Pub.L.113-128, Sec. 121, Funding of One-Stop Infrastructure (July 22, 2014); SCSEP Performance Data Collection Approval (OPM Budge No. 1205-0040), 2 CFR 200, and 2 CFR 200.501..

Section 3.0 – Minimum Qualifications

The following entities are eligible to apply:

Agencies representing, public or private non-profit organizations. The respondent must have a demonstrated ability to adhere to an established system of accounting and financial controls adequate to permit the effective administration of the program.

Section 4.0 – Available Funds/Allotted Positions

Under this Request for Application, the following projected amount is available from July 1, 2020 through June 30, 2021. This projected amount, allotted positions, and counties are subject to change based upon the Division of Aging, Adult, and Behavioral Health Services' grant award from the U. S. Department of Labor, Employment and Training Administration and Equitable Distribution of authorized positions in Arkansas counties.

Projected Available Funds	Projected Allotted Authorized Positions
\$1,371,868	149

A voluntary donation of 10 percent is required. Cash or in-kind services may satisfy the 10 percent voluntary donation requirement.

Section 5.0 – Issuing Agency/Officer

This Request for Application is issued by the Arkansas Department of Human Services, Division of Aging, Adult, and Behavioral Health Services (DHS-DAABHS).

Ronda Gilbert-Hines, Program Administrator
Issuing Officer
Division of Aging, Adult, and Behavioral Health Services
Department of Human Services
P. O. Box 1437, Slot W-241
Little Rock, Arkansas, 72203-1437
Phone: (501) 682-2441

Section 6.0 – Grant Administrator

Jay Hill, Director
Division of Aging, Adult, and Behavioral Health Services
Department of Human Services
P. O. Box 1437, Slot W-241
Little Rock, Arkansas, 72203-1437

Section 7.0 – Anticipated Procurement Timetable

EVENT	ANTICIPATED DATE AND TIME
Request for Application (RFA) Public Notice	Wednesday, March 11, 2020
Deadline to Submit Letter of Intent to Application	Friday, March 20, 2020, 3:00 p.m. CST
Request of Application (RFA) Closing Date and Time for Submission of Applications	Tuesday, March 31, 2020, 12:00 noon, CST
Intent to Award Notification On or About	Monday, April 13, 2020
Grant Start Date (Subject to State Approval)	July 1, 2020

Section 8.0 – Letter of Intent

Respondents that intend to submit an application in response to this RFA shall submit a letter of intent to the Issuing Officer identified in RFA section 5.0. The Issuing Officer must receive the letter of intent no later than 3:00 p.m. (CST) Friday, March 20, 2020.

The Issuing Officer will accept a copy of the letter of intent sent by email, but the respondent shall also ensure the Issuing Officer receives the original signed letter within three business days of the email. The State accepts no responsibility for accurate or timely receipt of an email submissions from respondents.

The Issuing Officer will send subsequent correspondence by email and/or mailing related to this RFA, including any amendments to the RFA, only to respondents that submit timely letters of intent.

Section 9.0 – Submission of Applications

Respondents must submit one original (marked "ORIGINAL") application to the Issuing Officer listed below. Emailed applications may be submitted to **ronda.gilbert-hines@dhs.arkansas.gov**. Applications may be submitted by email. **Applications must be received by 12:00 noon, Central Standard Time (CST), March 31, 2020.**

Mailing Address

Ronda Gilbert-Hines, Program Administrator
Issuing Officer
Division of Aging, Adult, and Behavioral Health Services
Department of Human Services
P.O. Box 1437, Slot W-241
Little Rock, Arkansas 72203-1437
Phone: (501) 682-2441
Email: Ronda.Gilbert-Hines@dhs.arkansas.gov

Office Location

Arkansas Department of Human Services
700 Main Street
Little Rock, Arkansas 72201

- The envelope should be labeled Senior Community Service Employment Program.
- Parties must submit a Letter of Intent by March 20, 2020 at 3:00 p.m. CST in order to have applications considered. DAABHS will not accept or review applications that do not include a copy of the party's timely Letter of Intent.
- Applications submitted after 12:00 noon, March 31, 2020, will not be accepted.
- Any confidential, proprietary, or copyrighted materials submitted by respondents must be marked "Confidential".
- Respondents may submit only one application.
- The state of Arkansas is not liable for any cost associated with the preparation of the respondent's application or any cost incurred by any respondent prior to the issuance of any Grant.
- All applications, responses, inquiries or correspondence relating to or in any reference to this RFA will become the property of the State and will not be returned.
- **NO FAXED SUBMITTALS WILL BE ACCEPTED IN LIEU OF THE REQUIRED PAPER COPIES.**
- All respondents must be in good standing with the Arkansas Department of Human Services.
- Each application shall take no more than 15 pages double-spaced to address the items listed in 15.0 Grant Application Components, Section III. Required Program Activities.
- For current SCSEP provider all prior performance will be reviewed before a grant will be awarded.

Section 10.0 – Rejection of Applications

The Division reserves the right to reject any and all applications. Failure to furnish all information may disqualify a respondent. If a respondent takes exception to any portion of this RFA and this exception is not acceptable to the Department, the application may be rejected.

Section 11.0 – Review of Applications

An evaluation committee will review all applications beginning April 6, 2020 and anticipate completing reviews no later than April 10, 2020. The evaluation committee will score the applications using a standardized evaluation tool and shall present the list of respondents with their corresponding score to the DAABHS Director for a final decision on selection or non-selection of a sub-grantee. The Issuing Officer will subsequently notify the successful respondent.

The Division will review all applications and make a determination if the project meets the criteria for selection. The Division reserves the right to reject any application.

Section 12.0 – Application Awarding and Signing

The Grant will be awarded to the respondent considered by the Department to propose the most effective and comprehensive plan. Grant awarding and signing will be contingent upon the DAABHS receiving approval from the Legislative Council or Joint Budget Committee, and appropriation of necessary funding.

The grant is also contingent upon the U. S. Department of Labor, Employment and Training Administration giving approval to the Arkansas Department of Human Services, Division of Aging, Adult, and Behavioral Health Services' Senior Community Service Employment Program Grant Application to administer the SCSEP in Arkansas.

The Department reserves the right to make awards under this RFA throughout the Grant period should the need arise, and funding be available.

Section 13.0 – Services to be Provided

Agencies should be familiar with the areas and populations to be served and must be able to administer a successful, cost-effective program in proposed counties.

Applicants must abide by the requirements set forth in Federal Register/Vol. 69, No. 69/Friday, April 9, 2004/ Rules and Regulations, Part II, Department of Labor, Employment and Training Administration, 20 CFR Part 641, Senior Community Service Employment Program; Final Rule. Listed below are required services:

- Eligibility determination.
- Orientation.
- Assessment of participant.
- Completion of Individual Employment Plan (IEP) based on information gathered during assessment.
- Placement into appropriate community service activities.
- Provide or arrange for training specific to community service assignments.
- Assist participant in arranging for other training identified in IEP.
- Assist participant in arranging for needed supportive services identified in IEP.
- Payment of participant wages and fringe benefits for time spent working in the assigned community service employment activity.
- Ensure that participants have safe and healthy conditions at their community service assignments.
- Verify participant income eligibility at least once every 12 months.
- Assist participants in obtaining unsubsidized employment.
- Provide appropriate services for participants through the One-Stop Delivery System established under WIOA.
- Provide counseling on participants' progress in meeting the goals and objectives identified in IEP and in meeting their supportive service needs.

- Follow-up with participants placed into unsubsidized employment during the first 6 months of placement to make certain that participants receive any follow-up services they may need to ensure successful placement.
- Follow-up at 6 months with participants who are placed in unsubsidized employment whether they are still employed.

Section 14.0 – Participant Eligibility Requirements and Enrollment Priorities

Sub-grantees will be responsible for determining participant eligibility for the SCSEP, and for prioritizing eligible participants for program enrollment. Information pertaining to enrollment eligibility can be found at 20 CFR 641.500, and information concerning enrollment priorities at 20 CFR 641.520.

Section 15.0 – Grant Applicant Components

The application shall include:

Application Coversheet/Statement of Acknowledgement (Appendix I)

I. Response to Statement of Purpose (Section 2.0)

The importance of the SCSEP using current statistics to support the benefits of older workers and how they fit in with the proposed project.

II. Statement of Work/Response of RFA Specifications (Section 1.0 and 2.0)

A. The geographic area to be served. List the counties and the number of authorized positions and a description of the target group to be served.

B. The project objective as seen by the provider.

III. Required Program Activities

(A) **Recruitment and Selection of Participants** – Describe how the availability of proposed services and activities will be advertised and the methodology and resources that will be used to identify the targeted population. Describe how the proposed services will help participants overcome barriers to employment, including minorities, limited English-speaking, and Indian eligible individuals who have the greatest economic needs, and individuals over the age of 60. This section of the application should also identify strategies to be utilized to recruit applicants who can meet the income eligibility determination criteria, as well as, recruitment strategies to bring about equitable distribution of positions in Arkansas. Address how the agency will be able to administer a program that provides employment in community service assignments for eligible individuals in communities in which they reside, in nearby communities, that will contribute to the general welfare of the community.

(B) **Eligibility Determination** – Describe the eligibility criteria for Title V participants, procedures for determining eligibility, the type of documentation that will be requested to

support eligibility and where and how eligibility documents will be maintained. It should also address how priority will be given to minority, limited-English speaking, and Indian eligible individuals, and eligible individuals who have the greatest economic need, at least in proportion to their numbers in the state and take into consideration their rates of poverty and unemployment and to persons who are over the age of 60 and to veterans in compliance with the Jobs for Veterans Act.

(C) **Continued Eligibility for Enrollment in the SCSEP** – Describe how income will be certified for each participant upon entry into the program and re-certified at least once every 12 months. It should also address re-certifying income and procedures for handling those participants found to be ineligible, the type of documentation requested to support eligibility, and where eligibility records will be maintained.

(D) **Physical Examinations** – Describe procedures for offering initial and annual physical examinations to participants. The description should include how decisions to waive physical examinations will be documented.

(E) **Orientation** – Describe procedures for participant and host agency orientation. The description should include information about participant and host agency responsibilities, permissible political activities, grievance procedures, etc. should also be included.

(F) **Assessment** – Describe procedures for assessing the job aptitudes, job readiness, and job preferences of participants, as well as, their potential for transition into unsubsidized employment. An assessment must be administered upon entry into the program and at least two times during a 12-month period. It should address the types of training and supportive services that will be provided as part of each participant's assessment.

(G) **Individual Employment Plan (IEP)** – Describe procedures on how the assessment will be used to develop the participant's Individual Employment Plan (IEP), how the plan will include an employment goal and an appropriate reasonable sequence of services based on the assessment, how the participant will be an active partner in the development of the IEP, and how the IEP will be updated as necessary to reflect information gathered during the assessment.

(H) **Subsidized Employment/Community Service Assignments** – Describe the methods to be used to place participants into community service employment. It should include such factors as, the types of community service activities that will be emphasized in assigning participants to community service jobs; the extent to which participants will be placed in work assignments involving the administration of the project; the criteria for selecting work assignments; the average participant wage rate; participant fringe benefits; and the procedures for assuring participant is given adequate work site supervision. It must outline how host agencies will be reviewed to ensure on-the-job training, participant satisfaction, satisfactory health and safety conditions, and adequate supervision. It should include how participant wages will be paid and indicate where and how participant time sheets will be maintained.

(I) **Supportive Services** – Describe the type of supportive services to be provided to participants to help them get and keep an unsubsidized job and identify funding sources, and how the need for supportive services will be assessed.

(J) **Training and Participant Meetings** – Describe training that will be provided to participants and how it will be related to the participant’s assessment and IEP. Training may also be related to the participant’s community service assignments, unsubsidized employment goal, or it may be developmental, i.e., the skills developed will enhance the participant’s unsubsidized employment opportunities. Describe how program staff will convene periodic meetings of participants for the purpose of providing training and information.

(K) **Participant Transportation** – Describe arrangements that will be made to provide transportation assistance to participants. It should include information about the rate of reimbursement, type of transportation and other relevant information.

(L) **Job Development/Referral** – Describe procedures on how employment opportunities will be made available to participants in their immediate communities and how specific occupations will be targeted and job openings identified.

(M) **Durational Limits** - Describe how participants will be assisted and prepared for the time when they will reach their Durational Limits.

(N) **Unsubsidized Placements** – Describe how a minimum of 33% of participants will move from subsidized placements to unsubsidized employment.

(O) **Goals** - Include the cooperative measures that will be taken with the Workforce Innovation and Opportunity Act (WIOA) and the WIOA One-Stop delivery systems. It should indicate how follow-up will be conducted and who will be responsible for this task. It should include the number of authorized community service positions, the number of unsubsidized placements to achieve at least a 33% unsubsidized placement rate and the number of participants to be served during the program year to achieve at least a 153.1% service level, with an unsubsidized employment retention rate of at least 54% of the qualified unsubsidized placements being employed at 180 days. Describe how you will assure that 67% of all the participants you are serving are those most in need as defined in section 641.710 of the federal regulations. Also describe how you will meet a target of approximately 950 hours of community service per authorized positions. Since it is a goal of the SCSEP to foster individual economic self-sufficiency, describe how you will strive to assist participants placed in unsubsidized employment have an earnings increase 25% higher than when they entered the SCSEP, as well as a second earnings increase of 5% higher than their first earnings increase in the third quarter after their unsubsidized placement. Describe how you will assure a combined 84% satisfaction rate with the SCSEP services provided to participants, host agencies and unsubsidized employers. These goals are set forth in negotiations with the U. S. Department of Labor, Employment and Training Administration and are subject to change based upon the U. S. Department of Labor, Employment and Training Administration requirements and negotiation efforts. (Community Service, Service Level, Q2, Q4, Median Earnings, Service Most-In-Need.

NOTE: These goals are subject to change based upon the U.S. Department of labor, Employment and Training Administration requirements, adjusted rates and negotiation efforts.

(P) **Customer Satisfaction and Follow-Up** – Describe procedures on satisfaction of the participants, employers and their host agencies with their experiences and the services provided which will be the results accumulated from surveys administered to these three groups. The description should include how customer satisfaction will be measured to determine what perception the participants have of the services they receive and how project staff will learn how to increase customer satisfaction. It should include how follow-up will be conducted on each participant who is placed in unsubsidized employment during the first 6 months to determine if participants have the necessary supportive services to remain in the job. It should include how sub-grantee will determine if former SCSEP participant placed in an unsubsidized job was retained by the employer six months after placement whether it be by participant contact or use of wage records to verify continued employment.

(Q) **Host Agencies** – Describe the methods for recruiting new host agencies to provide a variety of training options that enable participants to increase their skill level and transition to unsubsidized employment.

(R) **Individual Employment Plan-Related Terminations** – Describe procedures on how participants will be terminated based on IEP violations and how adequate notification will be provided to participants. It should include how such terminations will be applied equitably and uniformly and define the kinds of referrals and number that must be refused in order to implement the IEP-related termination. It should indicate situations that would exempt the participant from this policy. It should include how the grievance procedures will be related to the IEP-related terminations, including corrective action letters and documentation.

(S) **Over-Enrollment** – Describe procedures for the utilization of participants when there is over-enrollment, and the anticipated number of participants that could be enrolled above the number of authorized positions. It should include how participants will be notified of their short-term status, and how the short-term status of participant will be identified in participant records.

(T) **Maintenance of Effort** – Describe procedures to ensure that program participant will not displace other employees, including partial displacement such as in the reduction of hours worked or benefits, workers on layoff or contract employees, and will not impair existing contracts or result in the substitution of Federal funds for other funds in connection with work that would otherwise be performed, as required by sections 502 (b) (1) (F) (ii) (iii) of the OAA Amendments.

(U) **Complaint Resolution/Grievance Procedures** – Describe procedures on the system of due process that will be used in cases where an adverse action is contemplated against a participant or in cases where an applicant for enrollment wishes to dispute an unfavorable determination of eligibility.

Section 16.0 – Description of Organizational Capability, Records Documentation and Maintenance and Coordination

IV. Organizational Capability

The application shall include:

- A. Describe the management structure of the proposed project and include a staffing plan or project organizational chart. The staffing plan or organizational chart must identify staff with key management responsibilities and show their expected portion of time dedicated to the project (if less than 100 percent)
- B. A synopsis of corporate qualifications indicating the organization's ability to manage and complete the proposed project. Any evaluations of projects similar to the one proposed in the RFA (*previous experience is desired, but not required*).
- C. Describe the method and procedures to be used to monitor and evaluate project activities to determine if the project is being administered in accordance with Federal guidelines and regulations and if project goals and timetables are being met. The following items should be addressed how frequently project activities will be monitored/evaluated; who will be responsible for monitoring; what criteria will be used to monitor project activities; what methods will be used for prescribing remedial actions when necessary; and what follow-up procedures will be used to ensure that any identified problems are corrected.
Describe the method and procedures to be used to monitor and evaluate project activities to determine if the project is being administered in accordance with Federal guidelines and regulations and if project goals and timetables are being met. The following items should be addressed how frequently project activities will be monitored/evaluated; who will be responsible for monitoring; what criteria will be used to monitor project activities; what methods will be used for prescribing remedial actions when necessary; and what follow-up procedures will be used to ensure that any identified problems are corrected.
- D. The applicant must have a physical business location in the State of Arkansas. Provide your organization's physical address located in the State of Arkansas. Employees must work at the business location provided to DHS.

V. Records Documentation and Maintenance

Provide a narrative description of where and how administrative/fiscal and programmatic/participant files and records, pertaining to the management of the sub-grant, will be maintained. Indicate record keeping systems that will be used to track participant progress/status. Describe internal management and financial controls established to track expenditures and programmatic performance. Provide a sample of policies for maintenance and monitoring of financial records.

At the end of the grant, sub-grantee will surrender SCSEP participant files and former SCSEP participants who still need tracking files to the Division of Aging, Adult, and Behavioral Health Services.

VI Coordination

Discuss specific strategies and activities for promoting and enhancing program coordination and developing cooperative relationships with:

- Regional Workforce Investment Board(s) and administrative agents
- Workforce Center partners
- Area Agencies on Aging
- Other SCSEP Projects
- Other employment related programs

Include a copy of any current Memorandums of Understanding (MOUs) developed with any of the aforementioned agencies.

Section 17.0 – Reporting Requirements

Sub-grantee will be required to enter appropriate SCSEP data in order to generate the following reports:

SCSEP Quarterly and Final Progress Reports and Data Quality Reports. Data should be entered by the 15th of each month following the end of the 1st, 2nd, 3rd, and 4th quarters of the project period.

Following billing and reporting guidelines, sub-grantee will be required to submit the following billing and reporting items to the DHS, Contract Management Unit and the Division of Aging, Adult, and Behavioral Health Services:

- Monthly Payment Invoice and Expenditure Billing Report.
- All other and/or reports requested by DHS.

Section 18.0 – Budget Proposal/Funding Requirements

All proposed budgets must adhere to the following federal guidelines: Older Americans Act as Amendments- Section 502 (c)(4), Section 502 (c)(1), 20 CFR 641.809, 2 CFR 200.306, 20 CFR 641.876, 2 CFR 200.474, 2 CFR 200.474(a).

The budget proposal shall contain:

- Arkansas Vendor number
- A completed Service Budget Form (Appendix V)

- A detailed budget narrative explaining and justifying the reasonableness of each line item expense, including appropriate methodologies and formulas used to calculate all costs, and detailing how the work required under this RFA will be accomplished at the price proposed and with allotted positions.
- A cost allocation chart identifying each staff member’s annual salary, and the percentage of time charged to each funding source.
- A cost allocation chart or narrative of sharing and allocation of infrastructure costs with one-stop partners. (*NOTE: All one-stop partner programs must contribute to the infrastructure costs and certain additional costs of the one-stop delivery system based on their proportionate use, as required by 20 CFR 678.700 and 678.760, 34 CFR 361.700 and 361.760, and 34 CFR 463.700 and 463.760, WIOA sec. 121(b)(1)(B), WIOA sec. 121(h), and 20 CFR 678.400). A partner’s contribution must be an allowable, reasonable, necessary, and allocable cost to the program, consistent with the Federal Cost Principles set forth in the Uniform Guidance.)

Refer to federal requirements for minimum percentages on wages and fringe benefits and maximums on administration.

The Grantee shall agree to accept the grant funding as total reimbursement for all Grant activities including payments to sub-grantees.

Section 19.0 – Vendor Number

If the respondent does not already have an Arkansas vendor number issued by the Office of State Purchasing, Department of Finance and Administration, they shall obtain the vendor number before a Grant is signed. The respondent shall submit proof of application for the vendor number with the business proposal.

Section 20.0 – Rules of Procurement

To facilitate the procurement of requests for applications, various rules have been established. They are described in the following paragraphs.

Section 21.0 – Point of Contact

The RFA Issuing Officer is the sole point of contact from the date of release of the RFA until the successful respondent is selected.

Section 22.0 – RFA Amendments

The Department reserves the right to amend the RFA prior to the date for application submission. Amendments, addenda and clarification will be sent to all organizations that submitted a letter of intent.

Section 23.0 – Cost of Preparing Application

The cost for preparing applications is solely the responsibility of the respondent.

Section 24.0 – Disposition of Applications

All applications become the property of DHS and will be a matter of public record subject to the provisions of the Arkansas Freedom of Information Act, Ark. Code Ann. §25-19-101, *et seq.*

If the application contains material that is considered by the respondent to be confidential under Arkansas law, the respondent will so designate the material and state the legal basis for the claim of confidentiality. In responding to any requests under the Freedom of Information Act for materials so designated, the Department will review the basis for the claim of confidentiality to determine if the claim of confidentiality appears justified. If there appears to be a valid basis for the claim of confidentiality, the materials will not be released.

Section 25.0 – Incorporation into Grant

Appropriate portions of the successful application may be incorporated into the resulting Grant and will be a matter of public record subject to disclosure under the provision of the Arkansas Freedom of Information Act, Ark. Code Ann. §25-19-101 *et seq.* DHS will have the right to use all ideas, or adaptations of those ideas, contained in any application received in response to this RFA. Selection or rejection of the application will not affect this right.

Section 26.0 – Application Amendments and Rules of Withdrawal

Prior to the application due date, a submitted application may be withdrawn by submitting a written request for its withdrawal to the Issuing Officer, signed by the respondent. Unless requested by the Department, no amendments, revisions or alterations to applications will be accepted by the Department after the application due date.

Section 27.0 – Acceptance of Applications

The Department reserves the right to request necessary amendments, reject any or all applications received, or cancel this RFA if it is in the best interest of the Department to do so. The Department in its review of applications may waive minor irregularities; such waiver will in no way modify the RFA requirements or excuse the respondent from full compliance with the RFA requirements if the respondent is awarded the sub-grant.

Section 28.0 – Application Evaluation

The Division of Aging, Adult, and Behavioral Health Services shall appoint an Evaluation Committee to evaluate the merit of the applications. Each team member shall use standardized evaluation tools and forms to review each application and arrive at a technical score.

Based on findings by the evaluation team, any application deemed incomplete or in which there are significant inconsistencies or inaccuracies may be deemed non-responsive and may be rejected by DAABHS. The State reserves the right to reject any and all applications.

For each application not rejected as non-responsive, each evaluator shall use standardized evaluation tools and forms to assign raw point scores for each region applied for in each application. DAABHS will use a weighted scoring system to calculate final point scores for application.

Section 29.0 – Award Notice

The notice of intended sub-grant award will be sent to all respondents.

APPLICATION COVERSHEET/STATEMENT OF ACKNOWLEDGEMENT

SECTION I RESPONDENT ORGANIZATION INFORMATION

NAME OF ORGANIZATION: _____

ADDRESS: _____

PHONE: () _____ **FAX #:** () _____

TAXPAYER IDENTIFICATION / SOCIAL SECURITY NUMBER: _____

Indicate if the organization is an in-state or out-of-state entity: _____

<input type="checkbox"/> MINORITY VENDOR	<input type="checkbox"/> STATE AGENCY	<input type="checkbox"/> LOCAL GOV'T	<input type="checkbox"/> FOR PROFIT	<input type="checkbox"/> NON- PROFIT	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNER SHIP
--	---	--	---	--	--	---

PERSON AUTHORIZED BY ORGANIZATION TO OBLIGATE THE ORGANIZATION:

NAME: _____ **TITLE:** _____

PERSON AUTHORIZED BY ORGANIZATION TO NEGOTIATE THE SUB-GRANT ON BEHALF OF THE ORGANIZATION:

NAME: _____ **TITLE:** _____

CORPORATE PRESIDENT'S NAME AND ADDRESS (IF NOT APPLICABLE, SO NOTE):

NAME: _____ **ADDRESS:** _____

OFFICIAL TITLE: _____

Does this application contain confidential information? If "Yes," explain on an attachment to this statement.

<p>Have you previously been a provider for the Department of Human Services?</p> <p>If "YES," are you in good standing? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p>Do you intend to offer any services through a subcontract?</p> <p>If "YES," are signed letters of agreement, contracts, or other forms of commitment attached? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If "NO," have you attached a statement attesting to that fact? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If yes, indicate in the space provided below the percentages of work that will be done by the primary grantee and the subcontractor.</p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>

SECTION II APPLICANT REQUIREMENTS

<p>One (1) original (marked “ORIGINAL”)</p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p>Technical Application includes the following: I. Response to Statement of Purpose (Sec. 15.0) II. Statement of Work/Response of RFA Specifications (Sec. 15.0) III. Required Program Activities – not to exceed 15 pages (Sec. 15.0) IV. Organizational Capability (Sec. 16.0) V. Records Documentation and Maintenance (Sec. 16.0) VI. Coordination (Sec. 16.0) VII. Budget Proposal/Funding Requirements (Sec. 18.0)</p> <p>Application packet contains all attachments requested in the RFA, including but not limited to the following? <ul style="list-style-type: none"> ✓ Current resumes of staff proposed to perform work on the grant project ✓ Verification of current professional licensure of staff (if applicable) ✓ Verification of licensure of organization (if applicable) ✓ Verification of status as a corporation, professional association, limited liability corporation or non-profit ✓ If using contractor, signed Letters of Agreement ✓ If not using contractor, statement attesting to that fact </p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p>Have you read and understood, and do you agree to comply with the requirements of the RFA? Do you certify that you do not and will not discriminate in employment practices? Does the person signing certify that he/she is responsible for making decisions for the organization relevant to this RFA? Do you authorize DHS to verify financial information requested by the RFA? Do you certify that no attempt has been made to persuade others to or not to submit applications? Do you commit to adhering to an established accounting systems and financial controls?</p> <p>Have you received any amendments to this RFA (yes or no)? _____ If “yes”, how many? _____</p>	<p>YES <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>NO <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>

SECTION III STATEMENT OF ACKNOWLEDGEMENT

By signature of this form and submission of an application in response to this RFA, the respondent acknowledges that the above certifications are true and accurate.

SIGNATURE BY OFFICER OF ORGANIZATION
Authorized to Obligate

TITLE

DATE

Counties Served:	Position Locations as of the July 2019 Equitable Distribution Report
Ashley	3
Baxter	2
Benton	5
Boone	4
Chicot	2
Clark	2
Clay	2
Cleburne	5
Conway	4
Craighead	5
Crawford	15
Crittenden	3
Cross	3
Faulkner	14
Greene	5
Howard	2
Independence	3
Jackson	3
Jefferson	5
Lafayette	2
Lawrence	2
Lee	2
Little River	4
Logan	2
Lonoke	5
Miller	2
Mississippi	4
Monroe	3
Ouachita	2
Poinsett	2
Pulaski	5
Randolph	2
St. Francis	3
Searcy	2
Sebastian	5
Sharp	3

Counties Served:	Position Locations as of the July 2019 Equitable Distribution Report
Union	2
Washington	5
White	3
Yell	2
Total Allotted Positions	149

APPENDIX III

2019 HHS Poverty Guidelines for SCSEP

Size of Family Unit	48 Contiguous States and D.C.	(X125%)
1	\$12,490.00	\$17,975.00
2	\$16,910.00	\$24,325.00
3	\$21,330.00	\$30,675.00
4	\$25,750.00	\$37,025.00
5	\$30,170.00	\$43,375.00
6	\$34,590.00	\$49,725.00
7	\$39,010.00	\$56,075.00
8	\$43,430.00	\$62,425.00
For each additional person, add:	\$4,420.00	\$6,350.00

Applicant will be required to go by the 2019 HHS Poverty Guidelines for SCSEP when they are issued.

APPENDIX IV

SCORE SUMMARY

	<u>Total Possible Points</u>	<u>Score</u>
I. <u>Response to Statement of Purpose</u>	5	
II. <u>Statement of Work/Response of RFA</u>	10	
III. <u>Description of Required Program Activities</u>	95	
IV. <u>Description of Organizational Capability</u>	30	
V. <u>Records Documentation and Maintenance</u>	5	
VI. <u>Coordination</u>	5	
VII. <u>Grant Budget</u>	30	
TOTAL POINTS	180	
VIII. <u>Past Performance (Bonus Points)</u>	<u>20</u>	
<u>TOTAL POINTS</u>	<u>200</u>	

Federal Title V Grant				Application Budget		
				Date: _____		
Number of Positions: _____						
Funding Source: <u>Federal Title V</u>						
						SERVICE
BUDGET	Federal	Voluntary Contribution				
ADMIN						TOTAL
Salary						
Fringe						
Equipment						
Supplies						
Travel						
Rent & Utilities						
Communications						
Contracts						
Local Support						
Other Costs						
TOTAL ADMIN						
SERVICES						
Salary						
Fringe						
Equipment						
Supplies						
Travel						
Rent & Utilities						
Communications						
Contracts						
Local Support						
Other Costs						
TOTAL SERVICES						
TOTAL DIRECT COST						
INDIRECT COSTS						
TOTAL						
Indirect Factor						
Remarks						