

MINNESOTA RIVER AREA AGENCY ON AGING, INC.

201 North Broad Street, Suite 102
Mankato, MN 56001



Minnesota River Area Agency on Aging, Inc. (MNRAAA)

2027 Funding Cycle – Request for Proposals

Older Americans Act Title III-E Family Caregiver Services

Published Date: July 15, 2026

MNRAAA is seeking Respondent(s) to deliver Family Caregiver Services

Direct Questions to
Honey C. Burg, Finance Director
hburg@mnraaa.org
507-414-8013

Successful Respondents must abide by state EOE policies.

Mission Statement

The Minnesota River Area Agency on Aging, Inc. provides advocacy, information, resources and assistance so that older adults can maintain the lifestyle of their choice.

Vision Statement

To Assist Older Adults to Thrive.

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MNRAAA Planning and Service Area (PSA)



MNRAAA will be opening Older Americans Act Title III-B, Title III-C1, Title III-C2, Title III-D, and Title III-E for competitive grants. The Request for Proposals would be for the period of January 1, 2027, through December 31, 2027.

1. **July 15, 2026** – Request for Proposal Goes Live
2. MNRAAA will develop a Frequently Asked Questions (FAQ) document. All questions must be emailed to admin@mnraaa.org. They will be answered and placed on the FAQ. The FAQ will be posted on the website.
3. Contract Proposals are Due **August 10, 2026, at 12:00 PM.**
4. MNRAAA Virtual Technical Assistance **July 22, 2026, and August 5, 2026.** Both at **1:00 PM.**
5. Advisory Council completes initial review on **August 12, 2026.**
6. Advisory Council invites selected Respondents for interviews by **August 31, 2026.**
7. Selected Respondent interviews take place during the week of **September 7, 2026.**
8. Respondents are notified of the decision no later than **October 15, 2026.**
9. Award letter will be sent to successful Respondents before **October 31, 2026.**
10. Contracts will be executed upon completion of Area Plan contract with the Minnesota Board on Aging. Estimated, **December 2026.**

1. General Information

- A. The Minnesota River Area Agency on Aging, Inc. (MNRAAA) is a private non-profit organization and the designated Area Agency on Aging for twenty-seven-counties in Southwest Minnesota. This delegation has been bestowed upon MNRAAA by the Minnesota Board on Aging (MBA). Their authority from the Federal government comes from the Older Americans Act (OAA). The Older Americans Act is managed by the Administration for Community Living (ACL) based within the United States Department of Health and Human Services.
- B. MNRAAA is seeking proposals from Eligible Organizations (Respondents) to provide Family Caregiver Services.
- C. MNRAAA's goal with this Request for Proposal (RFP) is to:
 - a. Secure qualified Respondents to provide direct services to older adults within the twenty-seven-county Planning and Service Area (PSA).
 - b. The PSA includes the following counties: Big Stone, Blue Earth, Brown, Chippewa, Cottonwood, Faribault, Jackson, Kandiyohi, Lac qui Parle, Le Sueur, Lincoln, Lyon, Martin, McLeod, Meeker, Murray, Nicollet, Nobles, Pipestone, Redwood, Renville, Rock, Sibley, Swift, Waseca, Watonwan, and Yellow Medicine.
 - c. The Respondent must indicate which County(ies) they plan to serve in the application.
- D. MNRAAA's priorities with this RFP are to (standard)
 - a. Increase services to those with the Greatest Economic Needs.
 - 1.D.a.1. A focus on those who are at the poverty level or below.
 - 1.D.a.2. Counties that lack an infrastructure to support older adults.
 - 1.D.a.2.1. Lack of Affordable Housing
 - 1.D.a.2.2. Lack of Service Providers
 - 1.D.a.2.3. Lack of Health Service Options
 - 1.D.a.3. Counties that face workforce shortage to provide services.
 - b. Increase services to those with the Greatest Social Needs.
 - 1.D.b.1. Counties that have documented food deserts.
 - 1.D.b.2. Counties where isolation is prevalent among older adults.
 - 1.D.b.2.1. Lack of senior focal points
 - 1.D.b.2.2. Lack of health services
 - 1.D.b.3. Counties where diverse populations live.
 - 1.D.b.4. Focus on those living in rural areas as defined by the Census.
 - c. Assist older adults to live in the community of their choice.
 - d. Provide services where a gap currently exists due to a skilled nursing facility closure or other healthcare entity closure affecting older adults or caregivers.

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- a. Caregiver Counseling
 - b. Caregiver Support Groups
 - c. Caregiver Training
 - d. Caregiver Respite
 - e. Caregiver Respite in Home
 - f. Caregiver Respite Out of Home Day
 - g. Caregiver Respite – Out- of-Home Overnight
 - h. Caregiver Respite – Other Respite
- F. The term of the resulting Agreement shall be one-year (January 1, 2027, thru December 31, 2027). MNRAAA will renew the contract for up to a total of five years through an annual renewal process, in alignment with the Area Plan and OAA Appropriations. Approval of grant renewal years is not guaranteed but will be based on a renewal application, past performance, availability of funds, emerging needs, gaps in service, federal, state and local priorities. This is not an all-inclusive list.
- G. Proposals must be submitted by **August 10, 2026, at 12:00 PM Central Standard Time**. This (RFP) does not obligate MNRAAA to award funding. MNRAAA reserves the right to cancel the solicitation. Any expenses incurred in responding to this RFP will be borne by the Responder.
- H. Services must be provided to residents within the twenty-seven-counties.
- I. MNRAAA shall award up to \$304,593.00 amount of dollars. MNRAAA has not placed a cap on how many grants will be awarded. However, the minimum amount a Responder may apply for needs to be greater than \$5,000.00.
- J. Awards shall be determined by the MNRAAA Advisory Council and approved by the Board of Directors for MNRAAA. The Responder may not incur any eligible expenses until the contract is fully executed and in line with the start date.
- K. The Responder must be able to provide services at standard fair market value on a per unit basis.
- L. The RFP provides potential responders with background information on the program as well as requirements for procurement. The RFP outlines the contractual conditions; however, the detailed obligations and additional assurances are laid out in the final contract (Appendix A). It is the responsibility of the Responder to review and understand the items listed in this RFP, Contract, and Assurances. The Responder, upon approved application, will need to comply with Health Insurance Portability and Accountability Act (HIPAA) and the Minnesota Government Data Practices Act (MGDA). The Responder shall also review additional requirements from the Minnesota Board on Aging which can be found here: <https://mn.gov/board-on-aging/>
- M. Eligible Organizations are defined as organizations who are registered and in good standing with the State of Minnesota, have a presence within the defined PSA, are a non-profit organization or a unit of government (for profit organizations need a waiver

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from the MBA), and registered with the Federal government through the System for Award Management (SAM).

- N. The Respondent must be able to conduct background studies on all Staff, Board members and Volunteers.
- O. The OAA places a “maintenance of effort” requirement on Title III funding. In general, federal funds shall not be used to supplant state or local resources in place prior to the award. Title III Federal funds should be used to expand services or develop new services and cannot be used to replace existing funding.
- P. MNRAAA shall prioritize Respondents that will do direct service. For those Respondents that have subrecipients; additional contractual obligations will apply. All subrecipients shall abide by the same contractual obligations as the Respondent.
- Q. Service Providers cannot mandate a fee or rate. A Service Provider cannot means-test for any service. In no case shall the Respondent deny the provision of service to an individual who is unwilling to participate in cost sharing or make a voluntary contribution. Cost share and voluntary contributions shall be used to expand the service for which the contribution was given.
- R. Funded providers should be knowledgeable about payment options other than Title III- Services. All primary payers, including third-party payers, Medicare, Medical Assistance, Home and Community-Based Medicaid Waivers, health plans, et.al. should be maximized whenever possible for qualifying participants. Services funded under any of these payer sources are not eligible for payment with Title III funds.
- S. The application must indicate any limitation to the Respondent’s ability to provide services as specified in this request. Any misrepresentation within an application is grounds for disqualification of the entire application and termination of any grant agreement resulting from an application containing a misrepresentation. Misrepresentation includes failure to differentiate between current capacity and capacity to be developed.
- T. MNRAAA reserves the right to make a determination of capacity without further discussion with the submitting Respondent. Therefore, the application should reflect what the Respondent is capable of providing. Modification of the application will be accepted only if requested by MNRAAA.
- U. Provisions from this request will be incorporated into the grant agreements that result from this competitive process. Each approved application becomes a binding part of the grant agreement, and the funded provider shall be monitored to ensure compliance with the application and the agreement.

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- V. All funded projects must ensure their current and accurate project information is available through the Minnesota Aging and Disability Resources (MADR) and the Minnesota Aging Pathways (MAP) program.
- W. Names and addresses of the Respondents will be public data once application materials are opened. All remaining data in proposal responses (except trade secret data as defined and classified in Minnesota Statutes section 13.37) will be public data after the evaluation process is completed (for the purposes of this grant application, when all official notices have been issued by MNRAAA). All data created or maintained by MNRAAA as part of the evaluation process (except trade secret data as defined and classified in Minnesota Statutes section 13.37) will be public data after the evaluation process is completed (for the purposes of this grant, when all official notices have been issued by MNRAAA).

2. Service Definition

1. MNRAAA shall make the following services available under the OAA Title III-E – Family Caregiver

Title III Service	Unit	MBA Service Definition	Registered	MNRAAA Priority
Caregiver Counseling	Hours (partial hour may be reported to two decimal places, e.g., 0.25 hours.)	A service designed to support caregivers and assist them in their decision-making and problem solving. Counselors are service providers that are degreed and/or credentialed as required by state policy, trained to work with older adults and families and specifically to understand and address the complex physical, behavioral and emotional problems related to their caregiver roles. Title III-E funded Caregiver Consultants will conduct a Caregiver Minimum Assessment with caregivers receiving ongoing support. Caregiver Consultants meet the Minnesota Board on	Yes	Yes

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		Aging Title III-E Caregiver Consultant Standards and Competencies. This includes counseling to individuals or group sessions. Counseling is a separate function apart from support group activities or training.		
Caregiver Support Groups	1 session	A service that is led by a trained individual, moderator, or professional, as required by state policy, (moderators should have experience working with family, friends and/or neighbors caregiving and older adults, strong interpersonal skills, and access to regular supervision or consultation from a trained professional with comparable training or experience), to facilitate caregivers to discuss their common experiences and concerns and develop a mutual support system. Support groups are typically held on a regularly scheduled basis and may be conducted in person, over the telephone, or online. For the purposes of Title III-E funding, caregiver support groups would not include “caregiver education groups,” “peer-to-peer support groups,” or other groups primarily aimed at teaching skills or meeting on an informal basis without a facilitator that possesses training and/or credentials as	Yes	Yes

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		required by state policy. (See also definitions for training and counseling).		
Caregiver Training	Hours (partial hour may be reported to two decimal places, e.g. 0.25 hours.)	A service that provides caregivers with instruction to improve knowledge and performance of specific skills relating to their caregiving roles and responsibilities and builds caregiver capacity to provide, manage and cope with the caregiving role. Skills may include activities related to health, nutrition, and financial management; providing personal care; disease management; managing risk factors; mental health; navigating long-term care systems and communicating with health care providers and other family members. Training may include use of evidence-based programs; be conducted in-person or on-line, and be provided in individual or group settings.	Yes	Yes
Caregiver Respite	Hours (partial hour may be reported to two decimal places, e.g., 0.25 hours.)	A service which offers temporary, substitute supports, care, supervision or living arrangements for care recipients. It provides a brief period of relief or rest for caregivers.	Yes	Yes

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Caregiver Respite in Home	Hours (partial hour may be reported to two decimal places, e.g., 0.25 hours.)	A respite service provided in the home of the caregiver or care receiver and allows the caregiver time away to do other activities. During such respite, other activities can occur which may offer additional support to either the caregiver or care receiver, including homemaker or personal care services. Trained volunteers may be utilized to provide companionship respite (e.g., assistance with meals, medication reminders and general supervision). Respite volunteers are screened and trained, per Minnesota State Policy, and matched with older adults and supervised by provider.	Yes	Yes
Caregiver Respite Out of Home Day	Hours (partial hour may be reported to two decimal places, e.g., 0.25 hours.)	A respite service provided in settings other than the caregiver/care receiver's home, including adult day care, senior center or other non-residential setting (in the case of older relatives raising children, day camps), where an overnight stay does not occur that allows the caregiver time away to do other activities. This option may be provided on a group or individual basis and includes licensed Adult Day Services, licensed adult foster care, a senior center, services by a family, friend, neighbor, or volunteer in a non-licensed private	Yes	Yes

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		residence, or escorted transportation to medical appointments or community activities.		
Caregiver Respite – Out- of-Home Overnight	Hours (partial hour may be reported to two decimal places, e.g., 0.25 hours.)	A respite service provided in residential settings such as nursing homes, assisted living facilities, and adult foster homes (or, in the case of older relatives raising children, summer camps), in which the care receiver resides in the facility (on a temporary basis) for a full 24 hour period of time. This includes services provided in a licensed nursing facility, hospital, or registered housing site that has services provided by a licensed home care agency. The service provides the caregiver with time away to do other activities.	Yes	Yes
Caregiver Respite – Other Respite	Hours (partial hour may be reported to two decimal places, e.g., 0.25 hours.)	A respite service provided using Older Americans Act funds in whole or in part, that does not fall into the previously defined respite service categories. Services must contain structured activities, facilitated by an experienced individual. Services may include: virtual respite (may include but is not limited to virtual reality (VR) experiences, virtual tours, and virtual concerts, customized experiences, interactive storytelling, music activities).	Yes	Yes

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To receive Title III E-funded Caregiver Support, an individual must meet one of these eligibility categories.

2. Adults caring for older adults (meaning the care receiver is 60 years or older), who are informal providers of in-home and community care. The caregiver and care receiver do not necessarily live together and do not have to be related.
3. Adults providing informal in-home and community care for individuals of any age with Alzheimer's disease or a related disorder with neurological and organic brain dysfunction. The caregiver and care receiver do not necessarily live together and do not have to be related.
4. Caregivers who are 55 years or older and are a grandparent, step-grandparent, or other relative (other than the parent) of a child by blood, marriage or adoption and is an informal provider of in-home and community care. The caregiver:
 - a. Lives with the child.
 - b. Is the primary caregiver of the child because the biological or adoptive parents are unable or unwilling to serve as the primary caregiver of the child.
 - c. Has a legal relationship with the child, such as legal custody or guardianship, or is raising the child informally.
5. Caregivers who are 55 years or older and a parent, grandparent, or other relative by blood, marriage, or adoption of an individual with a disability [as defined in Section 3 of the Americans with Disabilities Act of 1990 (42 USC 12103)], ages 19-59 and is an informal provider of in-home and community care. The caregiver lives with the individual.
6. For respite care and supplemental services only, to family caregivers of adults aged 60 and older or of individuals of any age with Alzheimer's disease or a related disorder, the individual for whom they are caring must be determined to be functionally impaired because the individual:
 - a. Is unable to perform at least two activities of daily living without substantial assistance, including verbal reminding, physical queueing, or supervision.
7. Due to cognitive or other mental impairment, requires substantial supervision because the individual poses a serious health or safety hazard to themselves or others.
8. Match is required of Title III-E Family Caregiver Services. The required amount of a local match of cash or in-kind based is 25% based on a 75% Federal (Title III-E) allotment.
9. MNRAAA requires Cost-Sharing for all Title III-E Family Caregiver Services being offered.

10. MNRAAA requires selected applicants to collect voluntary contributions. In requesting voluntary contributions, one must be made in a non-coercive manner and must adhere to:
 - a. Conducted in such a manner as not to cause a service recipient to feel intimidated or pressured into contributing.
 - b. All recipients of services shall be provided:
 - i. An opportunity to voluntarily contribute to the cost of the service.
 - ii. Clear information, including information in alternative formats and in languages other than English upon request, explaining that there is no obligation to contribute, and the contribution is voluntary.
 - iii. Protection of privacy and confidentiality of each recipient with respect to the recipient's income and contribution or lack of contribution.
 - iv. The service provider shall not means test, meaning the use of the income, assets, or other resources of an older person, family caregiver, or the households of these individuals to deny or limit that person's eligibility to receive services.
 - v. The service provider will not deny services to an older adult or caregiver if they cannot or will not make a voluntary contribution.
11. MNRAAA requires selected applicants to utilize program income (cost-share, voluntary contributions) prior to calculating the amount to be billed to the agreement upon requesting reimbursement for expenses or services. All program income must be used to expand a service funded under the Title III grant award pursuant to which the income was initially collected.
12. Standards for Caregiver Consultants are required for Caregiver Consultation service within Title III-E Family Caregiver. Those Standards can be found within Exhibit E: Caregiver. This is available upon request and can be found on MNRAAA's website (www.mnraaa.org).

3. Application Criteria

- A. MNRAAA utilizes SmartSimple as a Grant Platform. All submissions must be completed via SmartSimple.
- B. A copy of an application and assurances can be found on MNRAAA's website (www.mnraaa.org) under Grant Opportunities.
- C. The application shall include, but not be limited to, the following areas.
 - a. Primary Contact of the Respondent
 - b. Project Information
 - i. Type of Service(s) to be offered

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- ii. Project Name
 - iii. Counties projected to be served
 - c. Budget
 - i. Respondents projected budget with amount per unit.
 - ii. Budget will include match requirements, if applicable
 - d. Program Narrative
 - i. History of the Respondent
 - ii. How the Respondent will go about achieving their goals
 - iii. Outreach efforts
 - iv. Sustainability
 - e. Outcomes
 - i. The Respondent will set their goals.
 - ii. Establish benchmarks to measure success.
 - iii. Identify how the Respondent is meeting their goals.
 - f. Attachments
 - i. Respondents' organizational chart
 - ii. Insurance Certificate
 - iii. Most Recent Audit
 - iv. Listing of Board of Directors
 - v. Assurances required by this RFP
- D. MNRAAA reserves the right to modify the application during the RFP. These modifications will be limited to technical items. Communication will be provided with changes within the platform.

4. Proposal Evaluation and Selection

- A. All proposals shall be reviewed by MNRAAA staff after the submission deadline. This is done to ensure all the documentation has been uploaded, appropriate forms utilized, and signatures are affixed to the documents as requested.
 - a. MNRAAA reserves the right to disqualify an application if documents are missing, signatures are not in place, or if the application does not meet the requirements outlined in the RFP.
 - b. Respondents will be notified if their application is disqualified and the reason for the disqualification. No appeal may be made regarding disqualifications.
- B. MNRAAA staff shall make available all completed proposals to the MNRAAA Advisory Council.
- C. The Advisory Council is made up of Composition shall include Older Adults, Caregiver(s), Health Care Provider Organization(s), Service Provider(s), Local Elected Officials, and Individuals with Leadership Experience.
- D. MNRAAA reserves the right to reach out to any Respondent relating to clarification of their proposal. MNRAAA reserves the right to request an oral presentation of their proposal or interview key personnel of the Respondent.

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- E. MNRAAA Advisory Council shall review and score each application based on the following component metrics (Appendix B)
- F. The Advisory Council shall score each Respondent. Each component shall also feature a comment section for the Council to input additional information related to the Respondent.
- G. Once a decision has been made by the MNRAAA Advisory Council, a recommendation will be sent to the MNRAAA Board of Directors. The Board will review the recommendation. Upon approval, MNRAAA staff shall inform the Respondents if they received the funding or if they were unsuccessful. For unsuccessful Respondents, written communication will be sent out, and their application shall be closed. For successful Respondents, written communication shall be sent out, and they will move into contract negotiations.

5. Reporting Requirements and Expectations

- A. Monthly Reimbursement Requests. The Respondent shall submit no later than the tenth (10th) day of the month following each month, on prescribed forms, the total units provided for the services. Reimbursement shall be based on the reported actual service units provided multiplied by the applicable service unit rate contained in the budget pages of the Respondent's budget. The AAA shall review each request to ensure it is reasonable and in line with the budget.
 - a. Services must meet all applicable standards and definitions.
 - b. In no event shall the AAA's reimbursement of service exceed the total federal funds awarded for the services, regardless of the number of service units provided by the Respondent.
 - c. If reports are not received at the AAA offices by the due date, the AAA will retain the right to withhold reimbursement to the Respondent until such time as they are received.
- B. Quarterly Reimbursement Requests. The Respondent shall submit no later than the tenth (10th) day of the month following each quarter, on prescribed forms, the total units provided for the services. Reimbursement shall be based on the reported actual service units provided multiplied by the applicable service unit rate contained in the budget pages of the Respondent's budget. The AAA shall review each request to ensure it is reasonable and in line with the budget.
 - a. Services must meet all applicable standards and definitions.
 - b. In no event shall the AAA's reimbursement of service exceed the total federal funds awarded for the services, regardless of the number of service units provided by the Respondent.
 - c. If reports are not received at the AAA offices by the due date, the AAA will retain the right to withhold reimbursement to the Respondent until such time as they are received.

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- C. Reporting. The Respondent shall provide a quarterly outcome report by the fifteenth (15th) day of the following the end of each quarter. The report shall be submitted through SmartSimple.
 - a. Quarter 1 report is due by April 15th.
 - b. Quarter 2 report is due by July 15th
 - c. Quarter 3 report is due by October 15th
 - d. Quarter 4 report is due by January 15th (following year)
- D. Expectations. The successful Respondent shall be able to establish a service to the benefit of older adults and caregivers. The successful Respondent will be able to expand the program to serve those with the greatest economic need and greatest social need while being mindful of the different cultures they may work with. The successful Respondent will have all reports completed timely and abide by all the regulations laid within this RFP and the agreement.

6. Contractual Terms and Conditions

- A. All Respondents must be willing to comply with all State and Federal legal requirements regarding the performance of the grant. The full requirements are set forth throughout this RFP and are contained in the attached sample grant contract. The attached sample grant should be reviewed for the terms and conditions that will likely govern any resulting contract from this RFP. Although this RFP establishes the basis for Proposals, the detailed obligations and additional measures of performance will be defined in the final negotiated contract.
- B. This RFP and any subsequent contract shall be governed by the laws of State of Minnesota. Any and all legal proceedings arising from this RFP or any resulting contract in which MNRAAA is made a party must be brought in the State of Minnesota, District Court of Blue Earth County.
- C. MNRAAA is not liable for any cost incurred by Respondents in the preparation and production of a Proposal. Any work performed prior to the issuance of a fully executed grant contract will be done only to the extent the Respondent voluntarily assumes risk of non-payment.
- D. Pursuant to Minnesota Statutes, section 10A.06, no person may act as or employ a lobbyist for compensation that is dependent upon the result or outcome of any legislation or administrative action.
- E. Any information systems, tools, content, and work products produced under this CONTRACT, including but not limited to software applications, web sites, video, learning modules, webinars, presentations, etc., whether commercial, off-the-shelf (COTS) or custom, purchased or developed, must comply with the State of Minnesota's

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Accessibility Standard (<https://mn.gov/mnit/about-mnit/accessibility/>), as updated on July 1, 2024. This standard requires, in part, compliance with the Web Content Accessibility Guidelines (WCAG) 2.1 (Level AA) and section 508 of the Rehabilitation Act of 1973.

- F. Information technology deliverables and services offered must comply with the State of Minnesota Accessibility Standard. Information technology deliverables or services that do not meet the required number of standards or the specific standards required may be rejected and may not receive further consideration.
- G. The award decision of MNRAAA is final and are not subjected to appeal.
- H. Additional terms and conditions can be found within the agreement (Appendix A).o

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Appendix A

Title III-E Family Caregiver Services

Available online at <https://mnraaa.org/grant-opportunities/>

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Appendix B

Component Area	Definition	Weighted Score
Organizational Review	Does the Respondent have knowledge of the communities they propose to serve?	10%
	Is the organization's Board representative of the population they intend to serve?	
	Will the Respondent's organizational structure support a Federal funded program such as Title III? This includes staffing, systems, insurance, and so forth.	
Statement of Need	Is the Respondent's service a priority where a gap exists? This would include those with GEN and GSN.	20%
	What evidence is there to show a need? For example, a local survey of older adults or caregivers.	
	Does the Respondent intend to make a large footprint with the service?	
	Has the Respondent been able to show they will meet the priority needs as defined within the RFP?	
Service Plan – Outcomes	Has the Respondent developed SMART goals to monitor and evaluate the service?	30%
	Has the Respondent provided information about how they will track client satisfaction?	
	Does the Respondent's outcomes and goals align with the Administration for	

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	Community Living (ACL), Minnesota Board on Aging (MBA) and MNRAAA identified in the RFP.	
	The Respondent have the capacity to achieve the intended outcomes as listed in the application.	
	Does the Respondent state if they have identified community or other organization support, such as a collaboration or a coalition to achieve their goals.	
	Does the Respondent provide information on how the outcome will provide a positive result with the focused population?	
Budget	Does the budget prioritize older adults or caregivers?	30%
	Is it clear and understandable? Are the unit's rates (cost) of the program in line with similar type programs.	
	Did the Respondent define, if applicable, cost-sharing policies and procedures?	
	Does the Respondent have a plan to collect voluntary contributions?	
	Does the Respondent have a strong sustainability plan in place to continue the work?	
	Does the Respondent clearly articulate how they will provide their match to their services? Whether it is in-kind or cash.	
Respondent History with Older Adults or Caregivers	Does the Respondent have a history of working	10%

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	with older adults and caregivers?	
	Does the Respondent detail their current work within the communities they plan to serve?	
	Does the Respondent indicate how they will incorporate this program into their current structure.	