

County of **CAMDEN** *State of Missouri*

SENIOR CITIZENS' SERVICES FUND BOARD

SENIOR SERVICES PROPOSAL

(FOR USE BY IN HOME CARE PROVIDERS ONLY)

This document constitutes a proposal by the Provider, indicated below, to furnish services to persons, sixty years of age or older, who reside in Camden County, Missouri.

<p>IMPORTANT This proposal must be received NO LATER THAN: 11/9/2021</p> <p>TIME: 4:00 pm. DATE: 11/6/2020 Late proposals are subject to rejection or penalty.</p>	<p>Original Proposal clearly marked SENIOR SERVICES PROPOSAL, and mailed or hand-carried to:</p> <p>Stephanie Krehbiel 247 Hickory Hollow Rd Sunrise Beach Mo 65079 or complete on website: https://camdencountyseniorservicesfund.com/</p>
--	---

ONLY RETURN PAGES 1 - 3.

TO BE COMPLETED BY PROVIDER		
Date of Proposal:	Corporate Office Location:	
Organization Name:	Telephone:	
Mailing Address:		
Status: Check whether your organization is for profit or is non-profit:		
<input type="checkbox"/> Profit	<input type="checkbox"/> Non-Profit	
The Provider hereby agrees to provide the following services for those persons, sixty years of age or older, who reside in Camden County, Missouri:		
Specify the dollar amt. requested:		Indicate the Contract period, (not to exceed the projected fiscal year), for the dollar amt. requested:
Person to contact: Sign, then print name, and title:		
Signature	Print Name	Title

Camden Co. Senior Citizens' Services Fund Board
SENIOR SERVICES PROPOSAL

Exhibit A

Detailed Budget for Proposed Service

Indicate the total number of units of service **projected in Camden County** and the number of units to be funded by county funds for each expense item. Indicate the dollar amount of budgeted county funds.

Expense Item	Units	Senior Units Only	Units funded by Co. fds	County Funds Requested
Advanced Personal Care	15 min.			
Advanced Personal Care - RCF/ALF	15 min.			
Authorized Nurse Visits	1 visit			
Authorized Nurse Visits - RCF/ALF	1 visit			
Basic Personal Care - Agency Model	15 min.			
Basic Personal Care - RCF/ALF	15 min.			
Personal Care Assistant - Consumer	15 min.			

Aged and Disabled Waiver Services

Adult Day Care	15 min.			
Homemaker]Chore	15 min.			
Home Delivered Meals	15 min.			
Respite - Basic	15 min.			
Respite - Advanced	15 min.			
Respite - Advanced (block)	6-8 hrs.			
Respite-Advanced (daily)	17-24 hrs.			
Respite - Nurse	15 min.			
Respite - Basic (block)	9-12 hrs.			

Independent Living Waiver Services

Personal Care Assistance	15 min.			
--------------------------	---------	--	--	--

Other Services (list and provide associated units and funding)

Total				\$0.00

Remaining Funds from Previous Year Grant

Indicate the total number of Camden County seniors projected to be served by your agency in the coming year regardless of funding source.

Indicate the total number of Camden County seniors projected to be served

Camden Co. Senior Citizens' Services Fund Board
Exhibit B: Year End Report

Org. Name:

Performance of Proposed Service

Indicate the total number of units of service **provided in Camden County** and the number of units funded by county funds for each expense item. Indicate the dollar amount county funds expended.

Provide data for Jan. 1 - Dec. 31, _____ Camden Co. Funds received \$ _____

This Form is Due on or Before **Jan 15** following the Contract Period

Expense Item	Units	Senior Units Only	Units funded by Co. fds	County Funds Expended
Advanced Personal Care	15 min.			
Advanced Personal Care - RCF/ALF	15 min.			
Authorized Nurse Visits	1 visit			
Authorized Nurse Visits - RCF/ALF	1 visit			
Basic Personal Care - Agency Model	15 min.			
Basic Personal Care - RCF/ALF	15 min.			
Personal Care Assistant - Consumer	15 min.			

Aged and Disabled Waiver Services

Adult Day Care	15 min.			
Homemaker]Chore	15 min.			
Home Delivered Meals	15 min.			
Respite - Basic	15 min.			
Respite - Advanced	15 min.			
Respite - Advanced (block)	6-8 hrs.			
Respite-Advanced (daily)	17-24 hrs.			
Respite - Nurse	15 min.			
Respite - Basic (block)	9-12 hrs.			

Independent Living Waiver Services

Personal Care Assistance	15 min.			
--------------------------	---------	--	--	--

Other Services (list and provide associated units and funding)

Total Funds expended: \$0.00

Unexpended Camden County Funds as of Dec. 31

Indicate the total number of Camden County seniors served by your agency in this contract year regardless of funding source.

Indicate the total number of Camden County seniors served by your agency in this contract year utilizing county funding.

**CAMDEN CO. SENIOR CITIZENS' SERVICES FUND BOARD
SENIOR SERVICES PROPOSAL
CONTRACT**

This agreement made and entered into the _____ day of _____ 20____
, by and between the Camden County Senior Citizens' Services Fund Board, and
_____ hereafter referred to as the Grantee.

WITNESSED:

Whereas, the Board desires to provide significant services to assist the Senior Citizens of Camden County, Missouri by and through the use of tax levy funds held by it and collected under 67.990 - 67.995 of the Revised Statutes of Missouri: and

Whereas, the Board, a unit of county government, is engaging in providing services for senior Now, therefore, in consideration of the mutual promises herein contained, it is agreed as follows:

- 1) The Board shall recommend that the Board Treasurer pay to the Grantee the sum of \$ _____
- 2) The Grantee shall;
 - a. Apply said funds to provide services for the senior citizens as stated in the RFP.
 - b. Provide the board with:
 - 1) Reports regarding the use of said funds.
 - 2) Financial information relating to the services listed in the RFP
 - 3) Permit on the premises inspection of the facilities operated by the Grantee.
 - 4) Provide the Board with a copy of the actual operating budget for the full year Jan. 1 - Dec. 31 at the completion of the calendar year.
 - 5) The End of year report shall be due on or before Jan. 15 of the following year (original plus 7 copies).
 - 6) In Home Service Providers shall utilize the report formats provided with the RFP.

In witness whereof, the parties hereto set their signatures by their authorized representative on two original copies the day and year first above written.

Applicant Agency	Chairman, Camden County Senior Citizens Services Fund Board