

County of **CAMDEN** State of Missouri

**SENIOR CITIZENS' SERVICES FUND BOARD**

**SENIOR SERVICES PROPOSAL**

**FOR ORGANIZATIONS Not a Senior Center OR In-Home Health Care Org.**

**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 style="text-align: center;"><b>IMPORTANT</b></p> <p><b>This proposal must be received NO LATER THAN:</b></p> <p><b>TIME: 4:00 p.m.</b></p> <p><b>DATE: <u>November 11,2022</u></b> Late proposals are subject to rejection or penalty.</p>	<p><b>Original Proposal, clearly marked SENIOR SERVICES PROPOSAL, and mailed or hand-carried to:</b></p> <p><b>Stephanie Krehbiel</b> 247 Hickory Hollow Rd Sunrise Beach, Mo 65079</p> <p><b>Or apply at website:</b> <a href="https://camdencountyseniorservicesfund.com/">https://camdencountyseniorservicesfund.com/</a></p>
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**Instructions for completing this Form are distributed separately. Do not submit the "Instructions" with this completed Form.**

**Only Return Pages 1-5 in November.**

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

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**EXHIBIT A**

**Projected Revenue for Proposed Service(s)**

In addition to the dollar amount being requested with this proposal, (specify on the first line of the table below) indicate all other sources of funds and their amounts, currently projected, that are also applicable to the services described with this proposal.

SOURCE OF FUNDS	\$ AMOUNT
Camden County Funds Requested	
Donations	
Fundraisers	
Bank Interest	
Others: (Specify)	
<b>TOTAL PROJECTED FUNDS:</b>	
<b>Remaining funds from previous year's REQUEST:</b>	

**EXHIBIT B**

**Personnel**

List the titles only, of those personnel involved in the provision or the administration of the proposed service(s).

Position Title	# of Employees
	<b>Total # of Employees</b> _____

	Total \$'s of Salaries _____
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**SENIOR CITIZENS' SERVICES FUND BOARD**  
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**EXHIBIT C**  
**Detailed Budget for Proposed Service**

Indicate dollar amount of the proposed service as they will be paid by outside sources and by the Camden County Funds specified in this Senior Services Proposal. Use Expense Item titles that fit your service provided.

Expense Item Itemize expenses to fit service provided.	\$ Outside Source Funds	\$ Camden Co. Funds
Personnel Salaries (Page 2)		
<b>Total Cost</b>	<b>\$</b>	<b>\$</b>
<b>GRAND TOTAL OF ALL FUNDS</b>	<b>\$</b>	

Remaining Co. FUNDS from previous year's grant \$ \_\_\_\_\_  
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**SENIOR CITIZENS' SERVICES FUND BOARD**

**COMMENTS - SUGGESTIONS**

**and/or**

**SUMMARIZE SERVICES PROVIDED**

**(Continued from page 4)**

**SENIOR CITIZENS' SERVICES FUND BOARD**

**End-Year Performance to Budget Report**

**Organization Name:**

**EXHIBIT D**

**This Form is Due No Later Than Jan. 15 of the Contract Year**

Complete a report using the Expense Item titles used on page 3 of the RFP submitted in November for the period Jan.1 – Dec. 31.

**Total unduplicated number of Camden County Seniors served during the contract year: \_\_\_\_\_**

**Camden Co. FUNDS received Jan. 1 – Dec. 31/ \_\_\_\_\_ \$**

<b>Expense Item Itemize expenses to fit service provided.</b>	<b>\$ Camden Co. FUNDS Expended</b>
<b>Personnel Salaries (Page 2)</b>	
<b>Total EXPENDED Funds</b>	<b>\$</b>
<b>Camden Co. FUNDS as of Dec. 31</b>	<b>\$</b>

**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 citizens of Camden County:

*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.
  - 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 its actual operating budget for the full year at the completion of the calendar year.
    - 5) The End of the year report shall be due on or before Jan. 15 of the following year emailed to the board secretary as an attachment.

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

<p>_____ Chairman, Applicant Agency</p>	<p>_____ Chairman, Camden County Senior Citizens Services Fund Board</p>
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