



Tennessee Home and Community Based Services Network

REQUEST FOR PROPOSAL APPLICATION (RFPA)

TO DELIVER

IN-HOME SERVICES

UNDER OPTIONS FOR COMMUNITY LIVING, OLDER AMERICANS ACT AND THE
NATIONAL FAMILY CAREGIVER SUPPORT PROGRAM

Application Deadline: Friday, March 13, 2026

Contract Period: July 1, 2026 – June 30, 2030

To apply, please observe the following instructions:

- *Type the RFPA.*
- *Before delivery, be sure the RFPA bears an original, authorized signature.*
- *Maintain a copy for your records.*
- *Submit the electronic copy via email to setaaad@sedev.org.*

Questions?

setaaad@sedev.org

Purpose/Background

The Tennessee Department of Disability and Aging (TNDDA) contracts with nine (9) Area Agencies on Aging and Disability (AAAD) to administer home and community-based programs for older adults and other adults with disabilities (consumers) throughout Tennessee. In turn, each AAAD enters into contracts to purchase the delivery of service activities from approved service providers. Through the RFPA process, the goal of the AAAD is to contract with a minimum of two (2) service providers for each service per county.

Funding sources include State of Tennessee Options for Community Living funds, federal Older Americans Act Title IIIB Supportive Services funds, and federal Older Americans Act Title III E Family Caregiver funds. Following is a brief description of each program:

1. Tennessee's **Options for Community Living Program** is designed to enable consumers to live independently in their homes by providing a limited amount of services such as homemaker services, personal care services and/or home delivered meals. With the assistance of these limited services, along with the support of family and others, the consumer may be able to avoid or prolong admission into institutional care.
2. The **Older Americans Act (OAA) Title IIIB** provides an array of supportive services for persons aged 60 and over. Services are designed to allow older persons to reside in the community and in their own homes with the maximum amount of dignity for as long as possible. Title IIIB services are targeted to older individuals with the greatest economic need, with particular attention to low-income minority individuals, those with the greatest social needs and those residing in rural areas. For the purpose of this RFPA, the Older Americans Act funding will be used to provide funding for in-home services such as homemaker, chore, personal care, minor home modifications, personal emergency response systems, and adult day care.
3. The **National Family Caregiver Support Program** (NFCSP) provides an infrastructure of program resources and assistance for family caregivers, grandparents, and older individuals who are relative caregivers through the designated AAAD, its service providers and other appropriate consumer organizations. In accordance with program directives, information, assistance, and counseling can be provided to any caregiver, but respite and supplemental services are limited to caregiver support for older individuals who are unable to perform at least two activities of daily living, or, due to a cognitive or other mental impairment require substantial supervision. Priority is to be given to older individuals and families with the greatest social and economic need, with

particular attention to low-income older individuals and older individuals caring for persons with severe disabilities.

General Provider Requirements

The following General Requirements apply to all providers delivering services under Options, OAA, and the Family Caregiver Support Program:

1. Applicants that neglect to accurately fill out and return the completed RFPA by the designated deadline, including required signatures, certifications and proof of licenses shall be disqualified from this process.
2. Acceptance of a Provider Application and subsequent approval of the provider does not guarantee selection by eligible consumers or reimbursement of services by an AAAD.
3. Providers must update the application information to the appropriate AAAD as changes occur during the course of the contract period.
4. Organizations with less than one year of experience will not be eligible to complete an RFP.

Requirements for Home and Community Based Services (HCBS) Providers

The following General Requirements apply to all HCBS programs unless otherwise specified:

1. Service providers may expend federal and state funds only for those services for which they have received authorization through a contract with the AAAD.
2. Service providers shall be licensed in accordance with the regulations of the State prior to performing any services. Service providers providing in-home services (homemaker and personal care) must have a PSSA license or be licensed as a home health care agency.
3. Service providers, either private for-profit or not-for-profit organizations, must be incorporated under the laws of the state in which their principal place of business is located.
4. Each service provider must comply with all service descriptions as provided in the TNDDA Home and Community Based Services Policy Chapter – also included below under **In-Home Services Descriptions**.
5. Services shall be provided only to consumers who meet eligibility criteria as determined by the AAAD.
6. Service providers shall provide services and units of service that are consistent with the Provider Authorization.
7. Service providers shall notify the Case Manager of any changes in an individual's condition/health/needs to the AAAD within five (5) business days by phone or email and document in the individual's case note in the state-approved database.
8. Service providers keep documentation in the state-approved database of all contact with or on the behalf of the individual and ensure that the assigned

- tasks identified in the Provider Checklist (signed by the worker and service recipient) are carried out.
9. Service Providers shall specify how they will satisfy the service needs of those identified as in greatest social need, with a focus on low-income minority individuals in the service area. This includes attempting to provide services to low-income minority individuals at least in proportion to the number of low-income minority Older Individuals and family caregivers in the population serviced by the provider.
 10. Distance from provider shall not be used to deny services as this practice violates the mandate for special emphasis to rural residents, residents with disabilities and isolated consumers.
 11. Service providers shall, where feasible and appropriate, make arrangements for the availability of services to older individuals and family caregivers in weather-related and other emergencies.
 12. Service providers shall assist participants in taking advantage of benefits under other programs.
 13. Service providers shall assure that all services are coordinated with other appropriate services in the community, and that these services do not constitute an unnecessary duplication of services provided by other sources.
 14. No service provider staff shall, without prior approval of the provider agency supervisor, pay bills, cash checks, or in any way handle the consumer's money. All transactions involving money must be documented using a standardized form furnished by the provider. At a minimum the form must state name of worker(s), purpose of errand, dollar amount given to worker, signature of worker and consumer. A receipt and the amount of change returned to the consumer should also be on the form.
 15. No service provider agent shall solicit or accept gratuities, favors, or anything of monetary value from a consumer, service provider, contractor, or potential contractor.
 16. Service providers shall provide service recipients with an opportunity to contribute to the cost of their service. Services shall not be denied because the older individual or family caregiver will not or cannot make a voluntary contribution.
 17. No paid or volunteer staff person of any service provider may offer for sale any type of merchandise or service; nor may they seek to encourage the acceptance of any particular belief or philosophy by any program consumer.
 18. Each service provider must have procedures to protect the confidentiality of information collected about consumers. The procedures must ensure that no information about a consumer is obtained or disclosed by a service provider in a form that identifies the person without the "informed written consent" of that person or of his or her legal representative. Disclosure may be allowed by court order, or when securing client-related services, benefits, or rights. All consumer information must be maintained in controlled access files.

- (Exception: A written release of information when making a referral for Adult Protective Services is not required.)
19. Service providers shall comply with all state laws relating to mandated reporting of abuse, neglect, and/or exploitation and shall immediately make a report to appropriate officials for follow-up, conditions or circumstances which place the individual, or the household of the individual, in danger.
 20. Each service provider who is considered a Covered Entity as governed by the laws of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) will follow the HIPAA laws to further protect the privacy of consumers.
 21. All service providers must respond to requests for information from TNDDA and AAADs.
 22. Service providers shall have methods and procedures in place for the collection and reporting of individual specific data, and invoices and provide to the AAAD by the tenth (10th) day of the month following the month being reported.
 23. All service providers must obtain sufficient bond coverage for protection of the AAAD and DDA from theft, forgery, embezzlement, and fraud losses by the service provider agency, any of its agents or employees, full or part-time.
 24. Each service provider shall either provide a statement of self-insured status or procure and maintain payment of premiums on policies of insurance coverage to (A) adequately protect personal and real property whose acquisitions cost was borne in whole or in part as a direct charge to Title III or state funds from loss or damage; and (B) adequately cover all claims which may arise related to accidents involving personal injuries and/or use of products and services under the area plan.
 25. Each service provider shall employ a responsible supervisor designated by name and title for contracted service activities. The supervisor shall ensure that services are provided on a day-to-day basis according to the contract, governing statutes, and Provider Authorization/Notification of Change documents.
 26. The provider agency should offer an influenza vaccine to their employees. A policy will be in place to assure that personnel contracting infectious illness/disease do not provide services to the consumer until they are without symptoms.
 27. All service provider agencies, contractors and subcontractors must verify individual background information for employees and volunteers who provide direct care for, have direct contact with, or have direct responsibility for the safety and care of consumers in their homes prior to contact with consumers. All service providers shall comply with Tennessee Code Annotated § 52-2-1002 on completing background checks for employees and volunteers.
 28. Each provider agency must document in its personnel files for each employee or volunteer (who provide direct care for, has direct contact with, or has direct

responsibility for the safety and care of consumers in their homes) the following:

- The applicant's statement of any prior convictions;
 - The results of its check of personal and/or employment references;
 - The results of the check of all Tennessee Department of Health databases of licenses health professionals including Certified Nursing Assistants (CNA);
 - The results of any other checks which may have been requested by the provider agency, including background checks by the National Sex Offender Registry, Tennessee Felony Offender Registry, Tennessee Abuse Registries, SIRI (Substantiated Investigations Records Inquiry) Search, and local or state law enforcement background checks; and
 - Justification/explanation of the decision to employ an individual if the background check identified negative information.
29. Every service provider staff or volunteer who enters a consumers' home in an official capacity must display proper identification which is (1) either an agency picture identification card; or, (2) some other form of agency identification presented with a valid driver's license.
 30. Service provider staff is to participate in training relevant to their major job responsibilities and/or which is designated by the AAAD or TNDDA.
 31. Each service provider must follow grievance procedures developed by the AAAD when a consumer is dissatisfied with service(s) being provided. All individuals must be informed of their right to file a grievance and the procedure to be followed.
 32. Any individual applying for or receiving services funded through the AAAD and TNDDA has a right to disagree with decisions made about services received.
 33. Quality Assurance will be an ongoing process in which all entities including TNDDA, AAAD, service providers and consumers will play a role.
 34. Service providers will be monitored by the AAAD at least annually using monitoring tools approved by TNDDA that are based on TNDDA's Program and Policy Manual.
 35. All provider agencies will comply with all federal, state, and local civil rights rules and regulations.

In-Home Services Definitions

Adult Day Care/Health: Services or activities provided to adults who require care and supervision in a protective setting for a portion of a 24-hour day. Includes out of home supervision, health care, recreation, and/or independent living skills training offered in centers most commonly known as Adult Day, Adult Day Health, Senior Centers, and Disability Day Programs.

Assistive Technology: Any item, device, or piece of equipment used to maintain or improve the independence and function of people with disabilities and seniors, in education, employment, recreation, and daily living activities. AT devices can be “low tech” like a built-up handle on a spoon to improve the ability to grasp, to “high tech” computers controlled with eye movement. AT devices can be do-it-yourself or even consumer electronics, like home automation solutions. AT includes the services necessary to get and use the devices, including assessment, customization, repair, and training.

Training (Caregiver): A service that provides family caregivers with instruction to improve knowledge and performance of specific skills relating to their caregiving roles and responsibilities. Skills may include activities related to health, nutrition, and financial management; providing personal care; and communicating with health care providers and other family members. Training may include use of evidence-based programs; be conducted in-person or online and be provided in individual or group settings.

Chore: Performance of heavy household tasks provided in a person’s home and possibly other community settings. tasks may include yard work or sidewalk maintenance in addition to heavy housework.

Home Modifications: Programs that provide assistance in the form of labor and supplies for people who need to make essential repairs in order to eliminate health or safety hazards, such as weatherization, installing safety or accessibility features such as ramps, handrails, grab bars or repairing or replacing steps, repair of heating, plumbing, or electrical systems.

Homemaker: Performance of light housekeeping tasks provided in a person’s home and possibly other community settings. Tasks may include preparing meals, shopping for personal items, managing money, or using the telephone in addition to light housework.

Respite (in-home): 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.

Counseling (Caregiver): 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/territory 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. This includes counseling individuals or group sessions. Counseling is a separate function apart from support group activities or training.

Respite (out of home, day): 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.

Respite (out-of-home, overnight): 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. The service provides the caregiver with time away to do other activities.

Supplemental Services (Caregiver): Goods and services provided on a limited basis to complement the care provided by caregivers.

Personal Care Assistance: (personal assistance, stand-by assistance, supervision, or cues) with Activities of Daily Living (ADLs) and/or health-related tasks provide in a person's home and possibly other community settings. Personal care may include assistance with Instrumental Activities of Daily Living (IADLs).

Other Services: A service provided using OAA funds under Titel III-B or C in whole or in part, that do not fall into previously defined categories.

Support Groups (Caregiver): A service that is led by a trained individual, moderator, or professional, as required by state/territory policy, 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 required by state/territory policy.

Policy/Guidance

All providers must comply with the program guidelines contained in the Tennessee Department of Disability and Aging Program and Policy Manual, as well as all applicable federal and state laws, regulations, and rules. The applicable chapter(s) of the manual related to the services for which you are applying are attached for reference.

REQUEST FOR PROPOSAL APPLICATION (RFPA)

Contract Period: July 1, 2026 – June 30, 2030

Applicant Organization Name:

Mailing Address:

Office Address:

Contact:

E-Mail Address:

Telephone:

Emergency Contact (Name & #):

Fiscal Contact (Name & #):

Date of Application:

Employer ID #

1. Cover Letter

Applicant must provide a cover letter signed by an authorized individual submitting the proposal on behalf of their agency. This letter includes:

- a. A statement that the accompanying application is in response to this RFP.
- b. A statement that the applicant is willing, if selected, to execute a contract with the Area Agency on Aging and Disability (AAAD).
- c. A statement identifying the individual(s) authorized to finalize a contract with the AAAD on behalf of the Applicant

2. Organizational Structure and Information (**Please provide a W-9)

a. Indicate the entity type:

<input type="checkbox"/> Faith-Based Organization	<input type="checkbox"/> Non-Profit Organization
<input type="checkbox"/> For Profit Corporation	<input type="checkbox"/> Small business
<input type="checkbox"/> Government	<input type="checkbox"/> Women owned/operated
<input type="checkbox"/> Minority owned/operated	<input type="checkbox"/> None of the above

- b. Date Established:
- c. Place of Establishment:
- d. State where Licensed/Incorporated:

3. License, Certification, Permits, and Accreditation

Provide copies of all required licenses, certifications, permits, and accreditation required by the state or federal governments, including the following:

- a. A copy of any licensures related to the proposed services (i.e., PSSA, etc.)
- b. Any required business license (i.e., 501(c), etc.)
- c. A copy of the Applicant's current Certificate of Insurances and Workers Compensation (i.e., Liability and Bond, etc.)
- d. A copy of most recent PSSA or other licensing entity's monitoring report

4. History, Experience, and Mission

Provide the following information about the Applicant's history, experience, and mission:

- a. A brief history of the Applicant and its service delivery system for any proposed Home and Community-Based services.
- b. Provide a list of current membership of governing body.
- c. The number of years the Applicant has been in business.
- d. Organization Chart [for overall agency and single organization unit responsible for delivering proposed service(s).] (including governing body, if applicable)
- e. The Applicant's mission statement, values, and guiding principles
- f. Describe organizational experience in working with older persons and/or adults with disabilities.

5. Personnel & Training

Provide the following information related to personnel and training:

- a. Identify the key personnel who will be involved with the program. Please make available upon request a resume for each of the key personnel.
- b. Identify the supervisory structure related to proposed service delivery.
- c. Describe the qualifications and required competencies for persons who will serve as direct service workers. Include job descriptions.
- d. Include the proposed training approaches and curriculum to be used to keep staff current in service delivery and best practices in services and supports.

6. Financial Capacity

Provide the following documentation to show the Applicant's financial management capacity:

- a. If available, the most recently completed audited financial statements of Applicant

If an audited financial statement is not available, you must provide the following information:

- a. IRS tax reporting forms / tax return is appropriate for the submitting organization.
- b. A current written bank reference, in the form of a standard business letter, indicating that the applicant's business relationship with the financial institution is in positive standing.
- c. Two (2) current written positive credit references in the form of standard business letters from vendors with which the applicant has done business, or documentation of a positive credit rating determined by an accredited credit bureau within the last six (6) months.

7. Assurances & Certifications

By signing this application, the Applicant agrees:

- To certify that, under penalty of perjury, your provider organization has completed this Provider Application independent of any outside influence which may result in your receiving privileged information about this RFP.
- To certify that this RFP factually represents your administrative capabilities and proposed services, and that if your organization is approved, you agree to abide by the terms and conditions of the Provider Contract.
- To certify that if your organization is approved, you agree to contract with the AAAD for services at your usual and customary charges not to exceed the maximum charges outlined in this provider application.
- To certify that your organization is in compliance with the specific Service Description and Standards required by the State for each proposed service activity.
- To certify that your organization has written policies regarding the following:

• Personnel Policies	• Affirmative Action Policy
• Non-discrimination in Hiring Policy	• Confidentiality Policy
• Non-discrimination in Service Delivery Policy	• Civil Rights Compliance Policy <i>(Title VI and VII)</i>
• ADA Compliance Policy	• Drug Free Policy
• Certification Regarding Lobbying	• Prohibition on Illegal Immigrants Policy

- To certify that your organization has secured all required licenses, certifications, permits and accreditation (as required by the State and/or Federal governments).

8. Service Delivery

- a. Provide a detailed narrative describing the applicant's service delivery plan and how all previously listed provider requirements will be met.
- b. Provide a timeline for implementation, which includes number of days between provider notification by service coordinator and start of service.
- c. Explain the organization's policy process for conducting and maintaining documentation on criminal background checks for staff and volunteers involved in service delivery related to this Application.
- d. Explain the organization's policy process for conducting Customer Satisfaction Surveys and attach the results of your most recent Customer Satisfaction Survey Report showing the percentage of satisfied customers for the period.

9. Proposed Service Unit Reimbursement Rate Capacity

In order to be approved as a Service Provider, the applicant must provide a unit rate for each service proposed. The rates below are the maximum rates set by DDA which may **not** be exceeded; a lesser amount should be billed and reimbursed, if the provider's usual and customary charge to persons not participating in these programs is lower. Reimbursement rates for OAA and State-Funded services shall not exceed the TennCare reimbursement rates.

OPTIONS for Community Living (State-Funded) Older Americans Act – Title III HCBS (Federally Funded)

Service	Reimbursement Rate
Personal Care – OAA Title III/State Funds	<i>The <u>lesser</u> of \$29.00 per hr. or usual and customary charges*</i>
Homemaker Services – OAA Title III/State Funds	<i>The <u>lesser</u> of \$29.00 per hr. or usual and customary charges*</i>
In-home Respite – OAA Title III/State Funds	<i>The <u>lesser</u> of \$28.65 per hr. or usual and customary charges*</i>

**For providers who have not established usual and customary charges, the charge should be reasonably related to the provider's cost for providing the service. The same requirements are to be applied in the above noted programs. Thus, only the lesser of the maximum rate as specified above or the usual and customary charges for each service should be billed.*

AUTHORIZATION FOR SUBMISSION

Legal Name of Applicant Agency

Submits this application as part of its response to the Request for Proposals solicited by the AAAD. This application and all materials provided in response to the RFP will become part of any contract should the Applicant's proposal be selected.

Governing Entity Information

Executive Director Name:

Email:

Chairman Name:

Email:

The Executive Director, governing body Chairman, or CEO listed above has authorized my signature on behalf of the organization/agency for submission of this application.
*I affirm that I am duly authorized to execute this document on behalf of the organization.
My typed name below constitutes my electronic signature.*

Printed Name:

Authorized Representative Title:

Date:

SCOPE OF WORK

APPLICANT AGENCY: _____

(All services may not be available within each Area Agency on Aging and Disability. If you have questions about particular service availability, please contact the AAAD.)

A. SUMMARY OF DIRECT SERVICE ACTIVITIES ***Check services to be provided:***

NATIONAL FAMILY CAREGIVER SUPPORT PROGRAM

- Personal Care (1 hour)
- Homemaker (1 hour)
- Personal Emergency Response System (Installation, Monthly Fee)
- In-home Respite (1 hour)
- Individual Counseling (1 hour)
- Support Groups (1 session)
- Caregiver Training (1 hour)
- Pest Control (1 visit)
- Adult Day Care (1 hour)
- Assistive Technology (1 purchase)
- Medical Equipment/Supplies (1 purchase)

OPTIONS PROGRAM

- Personal Care (1 hour)
- Homemaker (1 hour)
- Personal Emergency Response System (Installation, Monthly Fee)
- Pest Control (1 visit)
- Assistive Technology (1 purchase)

OLDER AMERICANS ACT

- Homemaker (1 hour)
- Personal Emergency Response System (Installation, Monthly Fee)

PROVISION OF SERVICE

A. SERVICE AVAILABILITY:

Days of Service:

Hours of Service Availability:

If the applicant agency has multiple offices, please attach a list to the application.

B. NAME OF SUB-CONTRACTOR (if any):

Mailing Address:

Phone Number:

Email:

(For each additional sub-contractor, attach listing with above information)

C. QUALITY OF SERVICE: The Provider shall deliver quality services to eligible consumers using an established quality assurance process to assess and maintain service standards.

D. TRAINING: The Provider will attend meetings or workshops sponsored by the Agency and the Tennessee Department of Disability and Aging, where appropriate and indicated.

ASSURANCE & CERTIFICATION OF USUAL AND CUSTOMARY CHARGE

By signing below, the Applicant/Organization agrees:

To certify that your organization has supplied the Area Agency on Aging and Disability with the reasonable, usual and customary charges that your organization would charge other persons regardless of whether the person is enrolled in services authorized through the Tennessee Department of Disability and Aging’s Home and Community Based Services.

To certify the unit cost rates charged to the Area Agency on Aging and Disability do not exceed those usual and customary charges applied to persons not served under services authorized through the Tennessee Department of Disability and Aging.

To certify that your organization shall notify the Area Agency on Aging and Disability of any changes to the usual and customary charges and that those usual and customary charges will be provided on request.

The Organizations Usual and Customary Rates and Rates Charged to the Area Agency on Aging and Disability for each applicable service are to be listed in the table below:

	<u>Usual Rate</u>	<u>AAAD Rate</u>
Personal Care (1 hour)	\$ _____	\$ _____
Homemaker (1 hour)	\$ _____	\$ _____
In-home Respite (1 hour)	\$ _____	\$ _____
Individual Counseling (1 hour)	\$ _____	\$ _____
Support Groups (1 session)	\$ _____	\$ _____
Caregiver Training (1 hour)	\$ _____	\$ _____
Personal Emergency Response System (Installation)	\$ _____	\$ _____
Personal Emergency Response System (Monthly Fee)	\$ _____	\$ _____
Pest Control (1 visit)	\$ _____	\$ _____
Adult Day Care (1 hour)	\$ _____	\$ _____
Assistive Technology (1 purchase)	\$ _____	\$ _____

The Executive Director, governing body Chairman, or CEO listed above has authorized my signature on behalf of the organization/agency for submission of this application.
*I affirm that I am duly authorized to execute this document on behalf of the organization.
 My typed name below constitutes my electronic signature.*

Printed Name:

Authorized Representative Title:

Date:

This Section is completed by Area Agency Staff only.

RFPA EVALUATION AND SCORING

Applicant Name: _____ Date: _____

Name of Individual Scoring Application: _____

RFPA Requirement	Points Possible	Points Earned	Comments
Minority or Women Owned Business	2		
Documentation of all required licenses to provide services	1		
Organizational information provided	1		
Record of accurate and timely billing	1-3		Fiscal staff can provide documentation of record
Staff Adequacy (as measured by missed visit track record)	1		Sufficient trained staff available (credentialed)
Record of accurate reporting	1		QA /HCBS Staff can provide documentation
Customer Satisfaction rate has been measured and documentation that 80% or more of consumers are satisfied with services	2		
Organization has been providing services to consumers for more than 1 year	1-3		1 point per year up to 3 years
Multiple county proposal	1 point per county		1 point per county covered in district
Organization has the capacity to reach all areas of the county they are proposing to serve	1		
Proposal would fill existing gap in services	3		
Only RFPA to fill an existing gap in services	5		
Cost to provide services is less than the maximum allowable rate	5		
Total			