



AREA AGENCY ON AGING  
AND  
AGING SERVICES ACCESS POINT

Federal Fiscal Year 2026

**Request for Proposals**

Supportive Services  
Transportation  
Legal Services  
Caregiver Services

Serving older adults and caregivers in Acushnet, Dartmouth, Fairhaven,  
Gosnold, Marion, Mattapoisett, New Bedford, and Rochester

President, Board of Directors, Dr. Andrew Revell  
Chairperson, Advisory Council, Maria Connor  
CEO, Coastline Elderly Services, Justin Lees  
Planning Director, Coastline Elderly Services, Zachary Boyer

*Coastline Elderly Services, Inc. Area Agency on Aging and Aging Services Access Point, is an Equal  
Opportunity/Affirmative Action Employer.*

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## LEGAL NOTICE

Coastline Elderly Service, Inc.  
Area Agency on Aging/Aging Services Access Points

### **Request For Proposal (RFP)**

Coastline Elderly Services, Inc. (CESI) Area Agency on Aging is requesting proposals pursuant to Public Law 109-365 for Supportive Services, Legal, Transportation, and Caregiver services. Projects should be targeted to individuals 60 years of age or older throughout the communities of Acushnet, Dartmouth, Fairhaven, Gosnold, Marion, Mattapoisett, Rochester and New Bedford. This RFP is opened to both private for-profit organizations and businesses as well as non-profit, both within and outside the planning and service area. A bidder's conference will be held on **Monday, June 30th, 2025, at 11 a.m. at Coastline Elderly Services, Inc. (863 Belleville Ave. New Bedford, MA)**. To register for the bidder's conference, please contact Zachary Boyer, Area Agency on Aging Planner, at [zboyer@coastlinenb.org](mailto:zboyer@coastlinenb.org), or 508-742-9161. Completed applications must be received at Coastline on **Wednesday, July 23<sup>rd</sup>, 2025 by 5 p.m.** Late applications will not be accepted. AA/EOE.

**6/23/2025**

## LEGAL NOTICE

Coastline Elderly Services, Inc.  
Area Agency on Aging/Aging Services Access Points

### **Request for Proposal (RFP) Legal Assistance**

Coastline Elderly Services, Inc. Area Agency on Aging, is requesting proposals for Legal Assistance pursuant to 45 C.F.R § 1323.71. Legal assistance includes legal advice and representation provided by an attorney (including to the extent feasible, counseling or other appropriate assistance by a paralegal or law student under the direct supervision of an attorney). Services may include advice and consultation, drafting legal documents, negotiation, community education, outreach, and the representation of clients or groups and judicial tribunals, to the extent permitted by the Older Americans Act. Activities shall be rendered in a manner consistent with the Code of Professional Responsibility as promulgated by the Massachusetts Supreme Judicial Court, and with the Standards for Providers of Civil Legal Services to the Poor, as promulgated by the Standing Committee on Legal Aid and Indigent Defense of the American Bar Association. Legal assistance must serve individuals who are 60 years of age and older throughout the communities of Acushnet, Dartmouth, Fairhaven, Gosnold, Marion, Mattapoisett, New Bedford and Rochester. A bidder's conference will be held on **Monday, June 30th, 2025, at 11 a.m. at Coastline Elderly Services, Inc. (863 Belleville Ave. New Bedford, MA)**. To register for the bidder's conference, please contact Zachary Boyer, Area Agency on Aging Planner, at [zboyer@coastlinenb.org](mailto:zboyer@coastlinenb.org), or 508-742-9161. Completed applications must be received at Coastline on **Wednesday, July 23<sup>rd</sup>, 2025 by 5 p.m.** Late applications will not be accepted. AA/EOE.

6/23/25

## SECTION 1

### 1. **Introduction**

Coastline Elderly Services, Inc. is a federally designated Area Agency on Aging (AAA) and state Aging Services Access Point (ASAP) providing services to older adults in the communities of Acushnet, Dartmouth, Fairhaven, Gosnold, Marion, Mattapoisett, Rochester and New Bedford since 1977. The mission of the agency is “*to be a trusted provider of resources and services that support self-determination and community well-being.*”

### 2. **Title III**

The purpose of Title III of the Older Americans Act is to develop a comprehensive and coordinated health and social service system which assists older adults to maintain independent living in their homes as long as desired. All projects should support the goals of the AAA and the Older Americans Act in ensuring older adults the opportunity for lives of optimal independence, security, dignity, and fulfillment. All programs must give particular attention to low-income minority individuals including:

- older individuals with the greatest social and economic need
- older individuals with limited English proficiency
- older individuals residing in rural areas
- older individuals with Alzheimer’s disease and related disorders with neurological and organic brain dysfunction and,
- older individuals at risk for institutional placement.

### 3. **Funding Level:**

Funding is contingent upon the allocation and receipt of federal Title III funding from the Massachusetts Executive Office of Aging & Independence. Contracts will be issued for one year with the possible option of renewal based on program performance, existing need for service, and funding availability.

### 4. **Funding Guidelines:**

Each proposal will be individually reviewed and evaluated for “Best Quality and Economic Value to the AAA,” the validity of proposed expenditures and the overall cost effectiveness of its budget. Funding is provided on the basis of reimbursement for monthly billing submitted to the Area Agency on Aging. *For this reason, the sponsoring agencies must have sufficient financial resources to support the initial 2-3 months of operation of the proposed project.*

### 5. **Information and Assistance:**

The AAA will provide technical assistance to all applicants. Please contact Zachary Boyer, Planning Director, Area Agency on Aging, at 508-742-9161.

**\*Definition: Greatest Social Need:** Greatest Social Need: The need caused by non-economic factors which include physical and mental disabilities, language barriers, cultural, social, geographic isolation, including isolation caused by racial or ethnic status, including religious minorities and individuals isolated because of their sexual orientation or gender identity that restricts the ability of an individual to live independently.

**\*Greatest Economic Need:** The need resulting from an income level at or below the poverty level.

### 6. **Monitoring and Evaluation:**

All projects will be required to submit timely monthly budget and statistical data and will be subject to on-site evaluations by the AAA.

**7. Priority Funding Areas:**

Innovative projects providing direct services to target populations will be considered for priority funding. Among proposed services, funding priority will be directed to – but not be limited to - the following priority areas:

- Development and expansion of transportation services
- In-home and community medical, dental, and mental health services
- Legal services
- Support groups
- Or other healthy aging supportive service(s) to enhance the capability of the older adult to live independently.
- Programs to assist caregivers 55 years and older who are taking care of someone 60 years of age and older.

**8. Selection Criteria:**

Qualified organizations are invited to submit applications for programs targeted to priority areas. Review and evaluation of the applications will be conducted by a 5-member Title III-Committee comprised of Coastline’s Board of Directors, staff, and the AAA Advisory Council. Final Funding decisions will be made by Coastline’s Board of Directors. *(A summary of the review criteria is included on page 21).*

**9. Handicapped Accessibility:**

All sites where the proposed program will take place must be handicapped accessible with provisions for emergency preparedness.

**10. Coordination of Services:**

Proposed projects should address a documented need and not duplicate, supplant or overlap existing services and functions. Projects must demonstrate appropriate coordination of services with other providers in the older adult service network. Memorandum of Understanding will be required from community agencies with which the proposed project would coordinate services (i.e., referral sources, additional funding sources) and from any site, not under the aegis of the sponsoring agency at which the project is proposed to operate (i.e., senior centers, older adult housing, etc.).

**11. Reference on Funded Publications:**

If an organization publishes or distributes brochures, periodicals or other publications describing any program funded in part or in whole by Coastline Elderly Services, Inc. and the Executive Office of Aging & Independence, the publication must prominently display in such a report a statement to the following effect. *“This agency and its programs are funded (in whole or in part) by a grant from Coastline Elderly Services, Inc., Massachusetts Executive Office of Aging & Independence, and the Federal Administration for Community Living.”*

**12. Policies and Procedures for the Management of Title III Program Income Derived from Voluntary Contributions:**

- (A) Each service provider must:
  - (1) Provide each recipient with an opportunity to voluntarily contribute to the cost of the service.
  - (2) Clearly inform each recipient that there is no obligation to contribute and that the contribution is purely voluntary.
  - (3) Protect the privacy and confidentiality of each recipient with respect to the recipient’s contribution or lack thereof.
  - (4) Establish appropriate procedures to safeguard and account for all contributions.
  - (5) Use all collected contributions to expand the service for which the contributions were given.
  
- (B) A service provider that receives funds under this Part (Title III) may not deny service to any older person, or to a caregiver, because the individual will not or cannot contribute to the cost of the service. A Means test is strictly prohibitive.

**13. Geographic Planning and Service Areas:**

Proposed projects may serve all or part of the planning and service area which includes the communities of Acushnet, Dartmouth, Fairhaven, Gosnold, Marion, Mattapoisett, New Bedford, and Rochester. In some cases, if selected, certain projects will be instructed to provide services to all communities within the planning and service area.

**14. Timeline:**

The project selection process will proceed according to the following schedule. Projects must commence operations by **October 1, 2025**.

6/23/2025	Publication of Request for Proposals
6/30/25	Bidder’s conference
7/23/25	Closing date for submission of applications. Applications must be received at CESI by 5 p.m.
7/25/25 - 8/4/25	Title III Committee will review applications
8/5/25	Funding recommendations of the Advisory Council
8/21/25	Funding decision of the Board of Directors
8/27/25	Notification of funding awards
9/15/25	Contracts and Notification of Grant Award (NGA) to be made available
9/29/25	Contract and NGA must be signed and received by CESI on or before this date
10/1/2025	Fiscal Year 2026 T-III Program must commence

**SECTION 2**

**Coastline Elderly Services, Inc.  
Area Agency on Aging and Aging Services Access Point  
863 Belleville Avenue  
New Bedford, MA 02745**

**Federal Fiscal Year 2026**

**APPLICATION COVER PAGE**

**General Information:**

Name of Proposed Project:

Name / Address Applicant Agency:

Location where program will operate:

Program Contact:

Name

Title

Phone:

Fax:

Email:

SOMWBA Certified: YES   
(State Office of Minority and Women Business Assistance)

NO

501(c) (3) Organization: YES

NO

Federal ID #

DUNS Number:

Amount of Funds Requested: \$

Number of years receiving T-III funds:

Communities to be served:

Total estimated number of new individuals to be served in one year:

Chief Executive Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Signature: \_\_\_\_\_

1. **Applicant Agency Description:** Please describe your agency's mission, current programs and activities. Please describe your agency's experience in providing services and programs to older adults or caregivers. If relevant, please describe the facility where the program will operate.

2. **Program Description:** Please describe the goals and major components of the proposed program.

3. **Need:** Please describe how the need originated. Reference statistical data when necessary.

4. **Eligibility Criteria:** Please explain the procedure you will utilize to determine age-eligibility for the program. (Please be reminded that older adults must be 60 years of age or older) For caregivers, the age is 55 or older.

5. **Program Work Plan Action Steps.** Please complete the following Action Steps. This page can be photocopied and an individual work plan completed for each program objective. Please place “x” in the appropriate column of the Work Plan. Each column represents one month beginning with the month of October.

**PROGRAM WORK PLAN**

**Goal:**

--

**Objective:**

--

Action steps to achieve objective	First Quarter			Second Quarter			Third Quarter			Fourth Quarter		
	Oct. – Dec.			Jan.- March			April-June			July-Sept.		

6. **Program Outcomes:** Please list your Program Outcomes: i.e. benefits for participants during and after program activities.

7. **Outreach / Publicity to the targeted population:** Please provide a specific plan for outreach and service to low-income older individuals, including low-income minority individuals, limited English speaking, and to those with the greatest economic and social need.

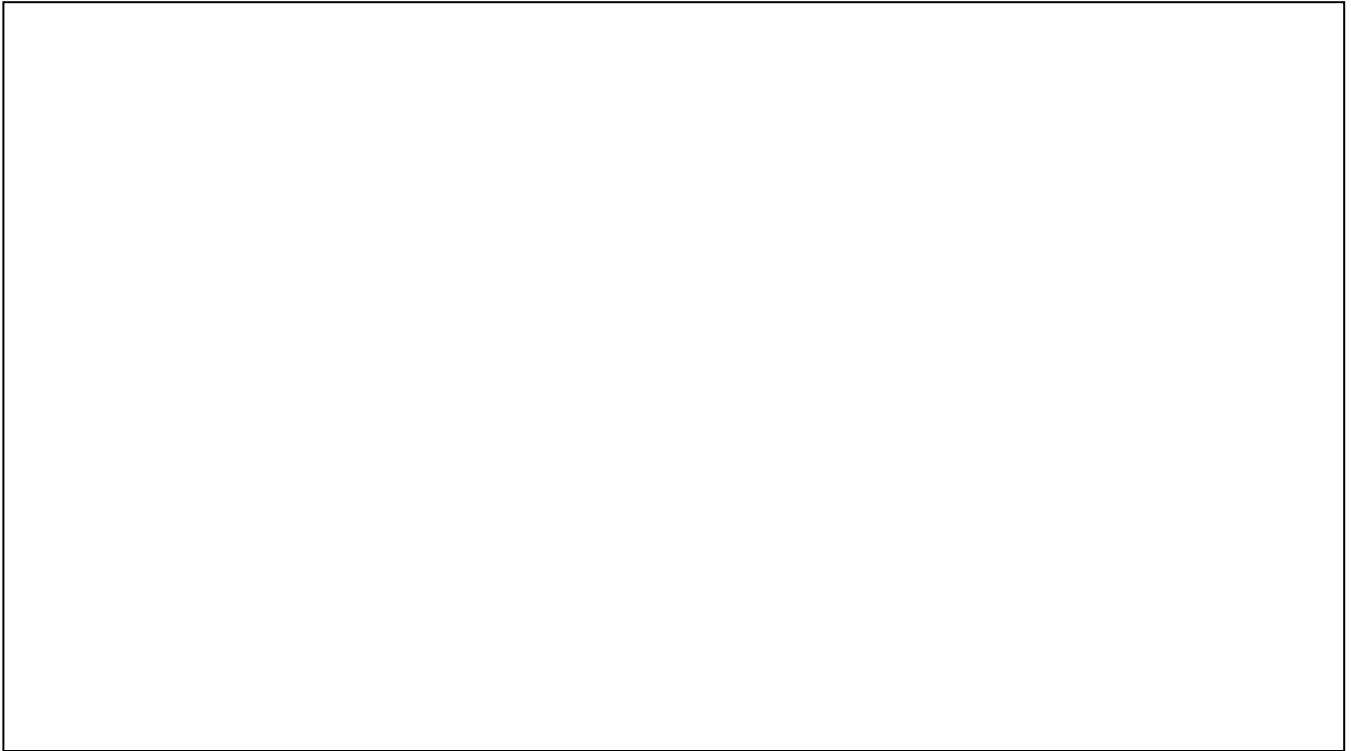
**8. Confidentiality/HIPAA (Health Insurance Portability and Accountability Act)** Please describe specific methods to be utilized by your agency to protect consumer information / data.

[Empty response box for question 8]

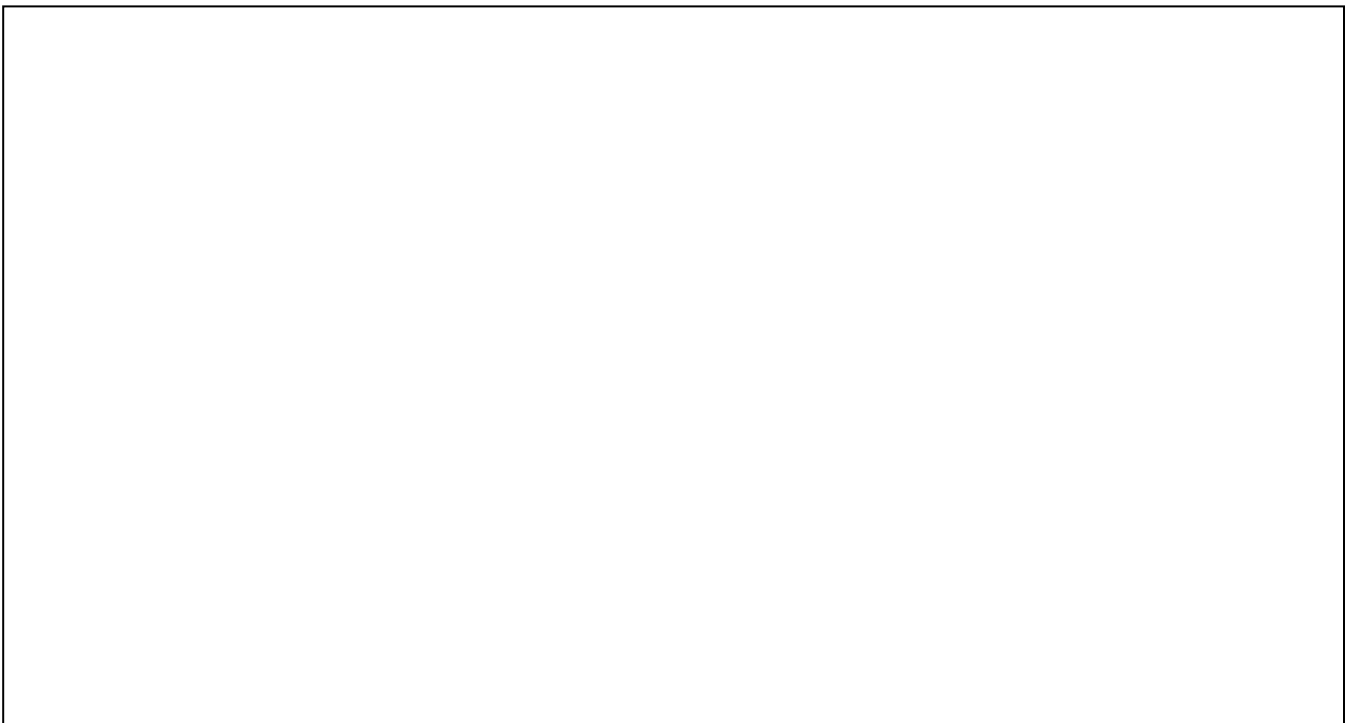
**9. Evaluation and Monitoring:** Please describe the methods that will be used to evaluate the effectiveness of the program. Please describe the technique (or attach a copy of the survey tool) that will be used to determine consumer satisfaction with the proposed program.

[Empty response box for question 9]


10. **Voluntary Donation Policy:** Please describe the donation policy that will be employed to ensure that recipients of Title III services will have an opportunity to make voluntary and confidential donations to the cost of the program. Please attach copies of all handouts used to promote voluntary donations. (Refer to Title 42 United States Code (3030c-2); Code of Federal Regulations (45CFR 1323.67)



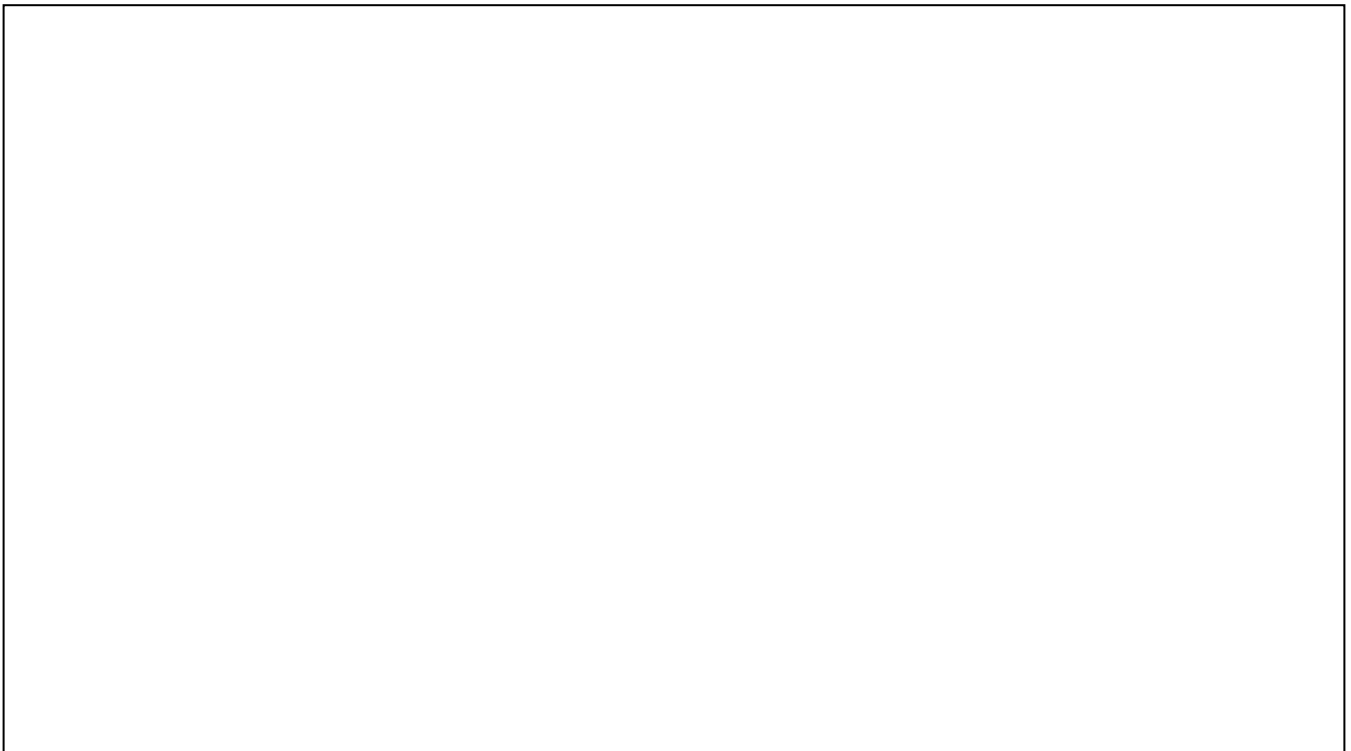
11. **Future Funding:** Please describe efforts that have or will be undertaken to secure other permanent funding for the continuation of the service initiated with Title III funds.



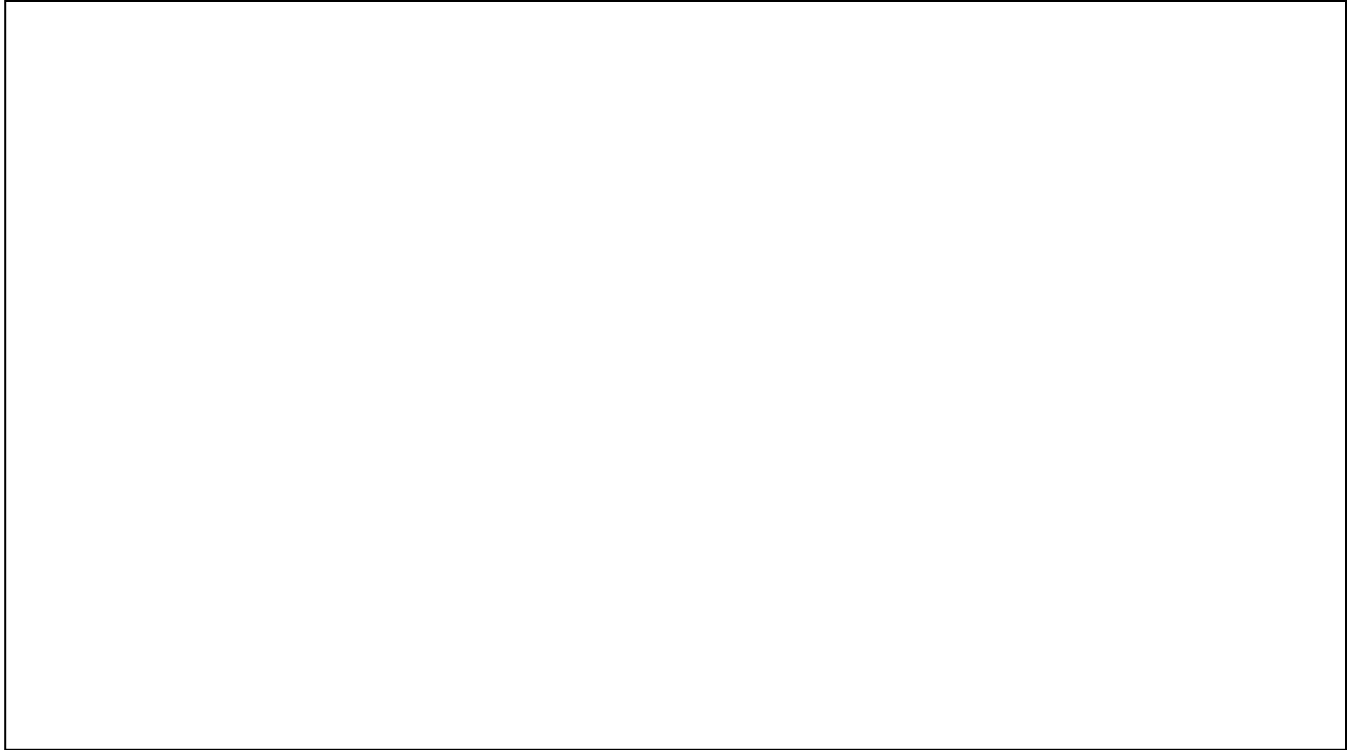
**12. Disaster Preparedness:** Please describe your agency's emergency preparedness in a disaster or attach a copy of your agency's plan.



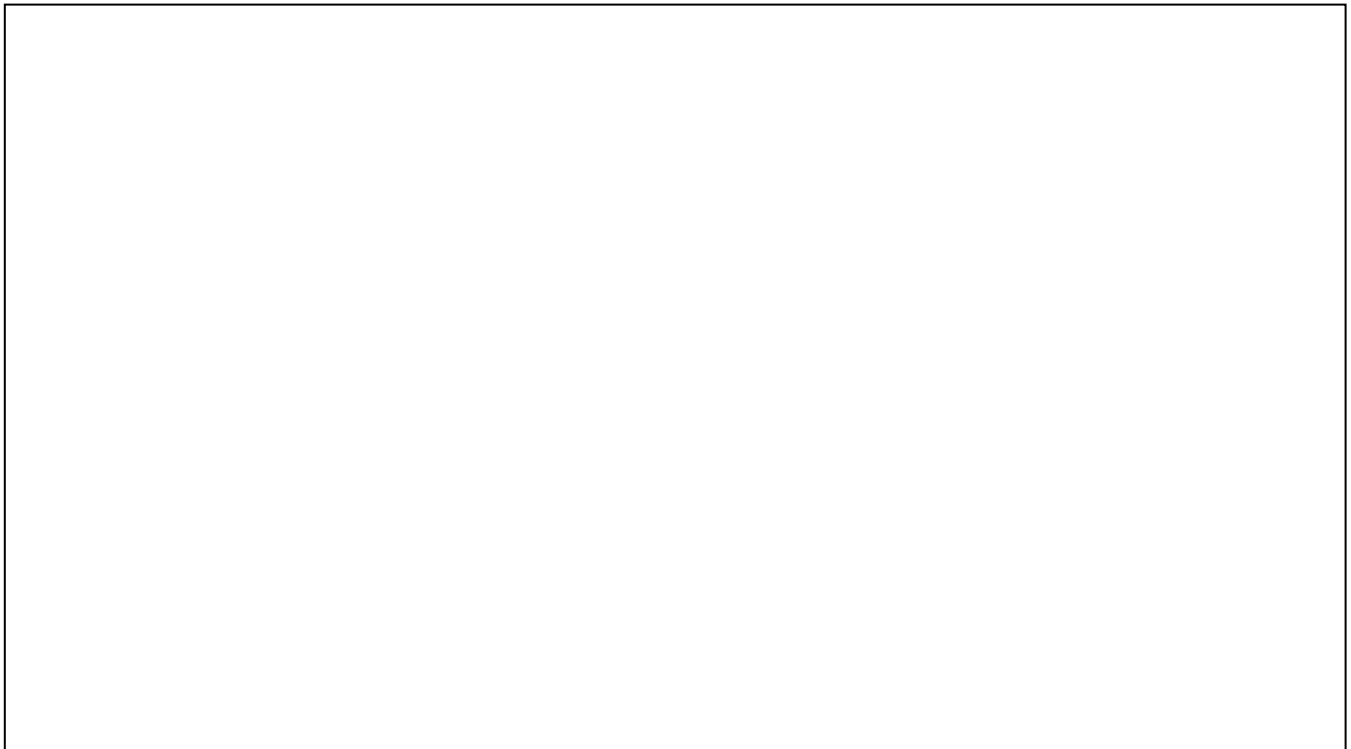
**13. Criminal Background Check:** Please describe the protocol to be utilized for criminal background checks on all staff whose salaries are to be paid wholly or partially through Area Agency on Aging grants, including volunteers participating in the project, with access to clients, confidential information, social security numbers, financial information, etc.



**14. Staffing of the Program:** Please attach an official job description for each Title III funded position being requested. The job description should include necessary qualifications, duties and responsibilities, hours and salary. Please include resumes if specific personnel are involved.



**15. License/Accreditation/Registration:** Please attach an official copy of your agency's license, accreditation, or registration (if applicable), including those of staff for each Title III funded position. Please attach a copy of the driver's license for the individual who will be traveling on behalf of this project.



## SECTION 3

### **BUDGET INSTRUCTIONS**

#### **Program Budget: (Guidelines for line-item cost categories)**

- ❑ Personnel - include the hourly rate and the number of hours worked weekly for each position title. Fringe rate for Title III funded position should not exceed 25%. A complete job description for each position should be included in the appendix.
- ❑ Travel - consistent with Coastline's policy and not to exceed **\$0.65** cents per mile.
- ❑ Building space, communications, and utilities - in shared facilities, this should be a reasonable pro-rated portion of expenses.
- ❑ Printing/supplies - projects which include an outreach or information component would be expected to produce a brochure.
- ❑ Equipment - ownership of all equipment purchased with funds received from the Area Agency on Aging, with a cost of more than \$500 and/or anticipated life of more than one year, may be retained by the Area Agency on Aging at the conclusion of the grant period.

#### **Guidelines for funding sources:**

- ❑ Title III - the amount requested in Federal Title III funding for each of the corresponding line items cost categories. (Refer to Title III Program Budget).
- ❑ Cash Match - at least 15% or more of the proposed total project costs must be provided by the applicant in either **non-federal cash or in-kind services**. Funding sources (United Way, corporate grants, etc.) should be identified and the amount(s) applied to the appropriate cost category. ***Please note: Title III-E (Family Caregiver Support) match requirement is 25% or more of the proposed project costs.***
- ❑ In-Kind Match - the value of non-cash resources made available to the project. These may include the services of volunteers, supervisory time, building space or administrative support.
- ❑ Generated Income - (Also Voluntary Donations) Title III funded projects are required to provide participants with the opportunity for confidential and voluntary donations. There can be no charge for services to project participants and no means test to determine eligibility for project services. Estimate donations on the projected number of program participants.

**Title III Program Budget**

<b>(A)</b>	<b>(B)</b>		<b>(C)</b>	<b>(D)</b>	<b>(E)</b>
<b>Allocation Categories</b>	<b>Title III</b>	<b>Cash Match*</b>	<b>In-Kind Match*</b>	<b>Generated Income</b>	<b>Total</b>
Personnel					
Travel					
Building Space					
Communications					
Utilities					
Printing/Supplies					
Equipment					
Other					
Net Cost					

*Please refer to Section 3, Page 17, (Budget Instructions) to complete the Program Budget.*

**BUDGET JUSTIFICATION**

Please provide a detailed budget outlining all costs for each line-item from page 10. For example:  
*Personnel: The RN will work at the downtown location for 4 hours each week for 52 weeks at \$20 per hour = \$4,160.*

## SECTION 4

### ATTACHMENTS

*One copy of each of the following should be attached to the application:*

1.  List of Board of Directors or Corporate Officers and Principals
2.  Affirmative Action Plan (if applicable)
3.  Most recent Audited Financial Statement
4.  Agency/organization's complete budget
5.  Organizational chart
6.  Job descriptions for each requested Title III position
7.  501(c) 3 certification
8.  Copy of SOMWBA certification (if SOMWBA certified)
9.  Letters of support (optional)
10.  Agency brochure (optional).
11.  Memoranda of Understanding from community agency(ies) with which the proposed project would coordinate services (i.e: referral source, additional funding sources) and any sites not under the aegis of the sponsoring agency at which the program is proposed to operate, such as the senior center, older adult housing unit, etc.

Completed applications must be received at Coastline Elderly Services, Inc. by **5 p.m. on Wednesday, July 23rd, 2025.** Applications presented after 5 p.m. will not be accepted.

**Proposal Evaluation Criteria**

*You need not respond to these criteria. This is for informational purposes only.*

Project Name: \_\_\_\_\_

Reviewer: \_\_\_\_\_

BENCHMARKS	
4. Excellent: (43-56)	Based on the overall quality of the Application, which is demonstrated by complete responses, excellent presentation, and clarity.
3. Good: (29-42)	Meets the requirements adequately.
2. Fair: (15-28)	Some areas of weaknesses are identified.
1. Poor: (1-14)	Responses are unsatisfactory. Does not meet requirements.

**PROPOSED PROJECT**

**SCORE**

*Score 1-4 Points for each question, based on Application questions*

- 1. Experience in providing services to older adults \_\_\_\_\_
- 2. Program description is clear and realistic. \_\_\_\_\_
- 3. Clearly identifies and substantiates the need. \_\_\_\_\_
- 4. Procedures are in place to determine age eligibility. \_\_\_\_\_
- 5. Identifies a specific goal and presents realistic objectives and work plans. \_\_\_\_\_
- 6. Program outcomes demonstrate realistic benefits to older adults \_\_\_\_\_
- 7. Contains public information/outreach to reach target population \_\_\_\_\_
- 8. Presents a viable plan to protect consumer data and personal information. \_\_\_\_\_
- 9. Demonstrates effective evaluation and monitoring procedures for the program \_\_\_\_\_
- 10. Presents a realistic plan to seek voluntary donation. \_\_\_\_\_
- 11. Demonstrates the commitment and capability to seek alternate funds. \_\_\_\_\_
- 12. Presents a viable emergency preparedness policy. \_\_\_\_\_
- 13. Protocols are in place to obtain criminal background checks \_\_\_\_\_
- 14. Provision of adequate, qualified supervision for the project \_\_\_\_\_

**Applicant Agency Subtotal:** \_\_\_\_\_

**Total Score:** \_\_\_\_\_