

COLLABORATIVE—REQUEST FOR PROPOSALS



## **REQUEST FOR PROPOSALS**

### **Demonstration Projects for Elder Services**

**For Fiscal Year 2020**

**Available: February 5, 2020**

**Closes: April 1, 2020**

**What are we looking for?**

The Community Foundation of Broward, Jewish Federation of Broward County, and the United Way of Broward County (Funders Collaborative) will continue to jointly address the effects of isolation facing seniors in Broward County. Please see the addendum in the back as a reference.

We seek bold and innovative pilot projects that demonstrate an effective way **to counter social isolation and its effects among the aging population (65+) residing in one of the following municipalities: Ft. Lauderdale, Hollywood, Pembroke Pines, Pompano Beach, and Tamarac.**

**Of special note is that while United Way and Jewish Federation will support projects that serve seniors 65 and up, the Community Foundation of Broward will grant only to projects that serve seniors age 80+ as this populations experience more acute issues of isolation due to immobility and health issues.**

**A successful project will present creative approaches to reduce social isolation that will result in a greater number of hard to reach older adults in the community to be engaged or connected in various ways to others in the community. The project can be, but not limited to:**

- ❖ An expansion of existing successful programs.
- ❖ A new program.
- ❖ Replication of successful local or national program models.
- ❖ Development of community networks and partnerships easily accessible by seniors.
- ❖ Provision of community-based services needed by the targeted population and easily accessible by seniors.

**Your project must meet one or both of the following outcomes:**

1. Increased/improved coordinated care, services, and social connections of isolated seniors that foster independence, improved well-being, decreased depression, vitality, functioning, and quality of life
2. Remove barriers, such as transportation, for seniors to engage socially

**Program designs for consideration include but are not limited to the following:**

- ❖ Activity based programs, which are services involving cultural, artistic, physical or interest-based activities in a group setting.
- ❖ Friendship groups, which increase opportunities for social interactions and building friend networks.
- ❖ Intergenerational programs that pair a senior with a younger person. Activities could include homework help, community projects, home maintenance, art groups, visiting programs.
- ❖ Redesigned senior centers or adult day care centers that provide daily enrichment activities.
- ❖ Housing models that reduce senior isolation: roommate pairing, communal living arrangement with shared services.

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- ❖ Community Navigators who serve as outreach and advocates for those needing services.
- ❖ Caregiver engagement to improve personal wellbeing and socialization of the senior under care.

Applicants must show they implement a cultural competent program to ensure that services are provided in a manner that respects the diversity of clients and provides for equal access to quality services. Diversity includes differences in race, national origin, gender, sexual orientation, ethnicity, culture, religion, socioeconomic status, educational level, and physical and intellectual abilities.

**Results Based Accountability and Performance Outcomes**

Results Based Accounting (RBA) seeks to answer the following three questions: How Much Did We Do? How Well Did We Do It? Is anybody better off?

<b>Indicator/ Input</b>	<p><b>How Much Did We Do?</b></p> <ul style="list-style-type: none"><li>▪ 300 clients were screened for risks of social isolation</li><li>▪ 100 clients received community referrals</li><li>▪ 75 clients received program services</li></ul>
<b>Result/ Quality of the Work</b>	<p><b>How Well Did We Do?</b></p> <ul style="list-style-type: none"><li>▪ 80% are satisfied with the services they received</li><li>▪ The agency has successfully passed its program monitoring</li><li>▪ 100% of the data is correct and in the data system</li></ul>
<b>Impact/ Outcome</b>	<p><b>Is Anybody is Better Off?</b></p> <ul style="list-style-type: none"><li>▪ 85% have increased their level of self-sufficiency and is less isolated</li><li>▪ 80% report an increase in perceived well-being</li></ul>

**Definitions:**

**Indicator:** The measure which quantifies the achievement of the result (e.g. the percentage increase or decrease in the results/outcome).

**Result (Outcome):** The condition of well-being for seniors and their caregivers (e.g. increase in a seniors sense of wellbeing, decrease in social isolation, increase in a seniors ability to care for oneself—self-sufficiency, and increase in a caregiver’s perception of his/her own wellbeing).

**Performance Measure:** The measure of how well a program, agency, or service system is working. This is measured at three levels: How much did we do? How well did we do it? Is anyone better off (the results)?

**Supported programs will also be required to:**

1. Utilize United Way of Broward County's SAMIS database for capturing progress and make every effort to maintain SAMIS data in addition to any other data system that may be implemented during the contract term.
2. Submit quarterly narrative reports.
3. Attend quarterly progress meetings.

**General Application Information:**

**A. Who can Apply?**

The Funders Collaborative will accept applications from non-profit agencies that have been determined by the Internal Revenue Service as agencies created for a charitable cause, most commonly categorized as 501(c)(3) organizations. Partnerships with governmental agencies and private sector entities are encouraged.

**B. Terms of Agreement:**

The Funders Collaborative intends to commit grant funds to support the approved applications over a period of **up to 36 months**. The initial funding agreement will begin July 1, 2020.

Subsequent funding is contingent upon:

1. Satisfactory progress towards the goals of the grant;
2. Participation in quarterly progress meetings;
3. Timely completion and submission of reports and data;
4. Availability of funds from the Collaborative.

**C. Grants may be requested for up to \$100,000 per project.**

- a. Applications for multi-year funding must demonstrate a thoughtful plan for program development, implementation and sustainability over the grant period.
- b. After completing the multi-year grant period, this grant will not be renewed. It is anticipated that other funding partners will be brought forth to the table to sustain the program.

**D. Method of Disbursement:**

Funds will be disbursed in accordance with the signed Agreement between the Funders Collaborative and the grantee.

**Of special note is that while United Way and Jewish Federation will support projects that serve seniors 65 and up, the Community Foundation of Broward will grant only to projects that serve seniors age 80+ as this populations experience more acute issues of isolation due to immobility and health issues.**

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E. Application Timetable:

Date, Time, Location	Event
February 5, 2020	RFP available at: Community Foundation of Broward <a href="http://www.cfbroward.org/issues-that-matter/dignity-in-aging">www.cfbroward.org/issues-that-matter/dignity-in-aging</a> United Way of Broward <a href="http://www.unitedwaybroward.org">www.unitedwaybroward.org</a> Jewish Federation of Broward <a href="http://www.jewishbroward.org">www.jewishbroward.org</a>
February 20, 2020 at 3 pm	RFP session at Community Foundation of Broward
April 1, 2020 at Noon Community Foundation of Broward 901 East Las Olas Blvd, Suite 200 Ft. Lauderdale, FL 33301	<b>Deadline for Receipt of Applications – NO EXCEPTIONS. APPLICATIONS WILL NOT BE ACCEPTED AFTER 12:00 PM</b>
April 20, 21 or 23	Panel Interviews, if required
June 5, 2020	Notification of Funding Awards
July 1, 2020	Funding Cycle begins

**Application Submission**

- Submit seven (7) original applications, signed in **blue ink**, which shall contain all parts, organizational attachments, program attachments.
- The original application and copies should be bound with binder clips only.  
**\*Please do not use 3-ring or other binders or coversheets.**
- Mail or Deliver to the Community Foundation of Broward **by 12 Noon, April 1, 2020.**  
910 East Last Olas Blvd., Suite 200

**For questions, contact:**

**Angelica Rosas, Strategic Grants Manager, Community Foundation of Broward  
954-761-9503 x 114**

## Application

**Only the Application Section of the RFP along with attachments are to be submitted.**

### **Application Requirements**

All applications must be one-sided using 12-point font (Times New Roman, Arial, or Calibri) and at least 1.2 spacing with one-inch margins on all sides.

Create a **cover sheet** using the below headings and create a signature line for the CEO to sign in blue ink.

### **Cover sheet content:**

- Name of the organization
- Project name
- Requested amount
- Total number of seniors to be served
  - Breakdown of number of seniors 80+ to be served
  - Breakdown of number of seniors 65-79 to be served
- Organization's mailing address and phone number
- Name, email, and phone number for the application contact
- Name of the CEO
- Signature line for CEO

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Use headings for each section as indicated below for the application. Make sure that you answer each bullet as outlined separately and label each answer per the application template.

#### **A. Program Summary (1/2 page max.)**

- Key components of the program
- Geographic area to be served (refer to page 2)
- Proposed outcomes as stated in RFP (refer to page 2)

#### **B. Statement of Need (1 page max.)**

- Description of the problem of isolation for this population and the gap in service or program need your project will address
- Address why funding is needed
- Why you chose the geographic area to be served (refer to page 2)
- Why you chose the target population to be served
- What are service location(s) and what makes it most appropriate for target population
- Numbers to be served (unduplicated)
- Include any data to support your statement of need for this population in the target geographic area

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**C. Program Description & Implementation Plan (3 pages max.)**

- Program model overview that addresses isolation
- Why does the proposed model or program works: supporting evidence
- How client eligibility will be determined
- How the target population will be recruited, retained, and transported, if applicable
- Service schedule (days, hours, etc.)
- Proposed dosage (frequency and duration)
- Major service components, including follow-up
- Staffing plan (position, education, experience, duties, and percentage of time devoted to the program)

**D. Cultural Competence (1/2 page max)**

- State your organization's cultural competent program to ensure that services are provided in a manner that respects the diversity of clients and provides for equal access to quality services. (refer to page 3)

**E. Evaluation Plan (1 pages max.)**

- Describe the evaluation process you intend to employ
- Proposed outcomes using RBA (What did you do? How well did you do it? And, Is anybody better off?) Refer to the matrix on page 3.
- Target goal (percentage of population who will meet the outcome)
- Assessment and Evaluation tools
- Data collection methods and time points

**F. Organizational Capacity (1/2 page max.)**

- Describe the agency's and key staff's experience in providing the proposed services and working with the target population
- How is your agency uniquely qualified to provide services in the proposed geographic area
- Describe your agency's cultural and linguistic competencies to provide the proposed service

**G. Collaboration and Coordination (1/2 page max.)**

- Describe your agency's existing programmatic and any other relevant collaborations, partnerships, or coordination of services relative to this project
- Explain your agency's capacity to leverage other services, funding, and/or resources for this project for sustainability

**Attachments:**

1. Project budget (income and expenses) with detailed narrative explanation for each line item
2. Board list
3. Letters of support/MOU's from collaborating partners
4. Project timeline
5. IRS determination letter
6. Audited financial statements

## ADDENDUM RESOURCES & BACKGROUND INFORMATION

*The Silver Tsunami: Is Broward Ready?* report to the community resulted from almost a year of data gathering and convening. As funders of the study and as philanthropic organizations, we have two primary roles in the response to the study.

The first is as a catalyst through significant grant awards to entice providers and other communal partners to develop a collaborative approach to address a key concern of the study.

Our second role is to identify and motivate donors and others in the philanthropic community, including corporate partners, to invest in expanding and replicating the pilot effort and to invest in addressing other issues identified in the Silver Tsunami report. We also should help engage donors with the providers and other institutional resources in the process of solving these issues. This process is not designed to fund continuing operational expenses.

Both *The Silver Tsunami: Is Broward Ready?* along with the detailed study data can be found at [www.cfbroward.org](http://www.cfbroward.org) and applicants must reference the documents as a basis for the project proposal.

In analyzing the data collected there were four predominant themes:

- **Holes in the Safety Net** (Systemic Issues) - limited awareness and access to information and difficulty in navigating the system
- **Effects of Isolation** (Wellbeing and Wellness) - loneliness/isolation, aging safely and independently in place, limited mobility/lack of transportation, and caregiver burden
- **Limited Finances** (Economics and Affordability) - fixed incomes, limited housing options, high medical expenses, unaffordable home care
- **Poor Perception of Elders** (Community Perception) - ageism, defining persons by stereotypes, and the importance of cross generational engagement

### Overview on Social Isolation

According to a 2015 report, “**Aging in the United States**”, the Population Reference Bureau found that 27 percent of women 65 to 74 lived alone and that number increases to 42 percent for women aged 75-84.<sup>1</sup> In addition, the report found that persons 65 and older are projected to increase twofold from 46 million to approximately 98 million in 2060. Resulting in the increased need in community and supportive resources (e.g. social supports, Medicare, Social Security, and housing).

Loneliness and Social Isolation are differing concepts, but do have a relationship. Loneliness is considered a subjective feeling regarding one’s sense of connectedness to others. It is a person’s perception regarding the quality of his/her relationships with others. Social Isolation a quantifiable and objective construct. Social isolation evaluates the quantity of relationships and not the quality.<sup>2</sup> For example, “People can be isolated (alone) yet not feel lonely. People

<sup>1</sup> Population Reference Bureau. (2015). *Aging in the United States*. Accessed on January 8, 2019 at: <https://www.prb.org/aging-unitedstates-fact-sheet>

<sup>2</sup> S. Alden. (2018). *Loneliness and isolation-understanding the differences and why it matters*. Accessed on January 8, 2019 at: [https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/loneliness/rb\\_feb2018\\_180208\\_careconnect\\_ageuk\\_loneliness\\_research\\_article\\_isolation.pdf](https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/loneliness/rb_feb2018_180208_careconnect_ageuk_loneliness_research_article_isolation.pdf)



can be surrounded by other people, yet still feel lonely.”<sup>3</sup> While living alone does not necessarily lead to social isolation, studies have shown that it is considered an influencing factor. As a person ages, opportunities for socialization and social contacts often decrease due to retirement, a reduction in economic resources, death of family and friends, and/or the lack of mobility.<sup>4</sup> Study findings show that social isolation is related to higher mortality for both men and women. Therefore, “Reducing both social isolation and loneliness are important for quality of life and well-being [and]...efforts to reduce isolation would be likely to have greater benefits in terms of mortality”.<sup>5</sup>

Furthermore, there have been a myriad of studies investigating the relationship between social isolation and health outcomes. One outcome highlighted by the American Association of Retired Persons (AARP) at a Solutions Forum held in Washington, DC found that social isolation is now considered a “silent killer” due its influences on heart disease, high blood pressure, and the early onset of dementia. And, the construct of social isolation costs Medicare approximately \$6.7 billion in additional spending annually.<sup>6</sup> Another study did a comparative analysis of lonely and non-lonely older persons and found that those who reported being lonely suffered from higher rates of hypertension at a difference of 3.1 percent, diabetes at 2.4 percent, and heart conditions at 5.3 percent difference than older persons who did not consider themselves as lonely. In addition, older persons deemed isolated were 27 percent more likely to be considered depressed.<sup>7</sup>

A 2010 study by AARP<sup>8</sup> found that isolation in seniors is increasing becoming a health concern with over eight million persons aged 50 and older and who are impacted due to inaccessibility to transportation supports, social networks, and needed resources. The study noted that “More often...[isolation] is the result of multiple causes, including poor physical and mental health, poorly designed communities, and major life events such as loss and retirement. The impact to one’s health has been noted as isolation being the equivalent to smoking 15 cigarettes a day. Additionally, the AARP data found that:

- One in five (17%) older adults aged 65+ is considered socially isolated
- 26% of older persons have increased risk of death due to their feelings of loneliness
- Six million disabled adults over 65 are unable to leave their homes without help
- 51 percent of elderly 75+ live alone.<sup>9</sup>

Indicators that a person may be experiencing social isolation are: deep boredom, lack of interest, withdrawal, a loss of interest in personal hygiene, poor eating and nutrition, and significant despair, clutter, and hoarding in the home environment. The literature offers a number of tips for addressing social isolation, the list includes, but is not limited to: Organizing transportation; Family time; Pet companionship; Exercise; or Technology.

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<sup>3</sup> Ibid.

<sup>4</sup> Steptoe, Shankar, Demakakos, & Wardle. (2013). *Social Isolation, Loneliness, and all-cause mortality in older men and women*. PNAS, (110,15). Accessed December 21, 2018 at: <https://www.pnas.org/content/110/15/5797>

<sup>5</sup> Ibid.

<sup>6</sup> Reinhard, S. & Walker, L. (2018) *Social Isolation: The Silent Killer that Costs Medicare Billions in Extra Spending*. Accessed on December 21, 2019 at: <https://blog.aarp.org/2018/02/07/social-isolation-the-silent-killer-that-costs-medicare-billions-in-extra-spending/>

<sup>7</sup> Dunne, P. (2018). *How Loneliness Affects the Elderly*. Accessed on December 21, 2019 at: <https://psychcentral.com/lib/how-loneliness-affects-the-elderly/>

<sup>8</sup> American Association of Retired Persons Foundation, connect2affect. Accessed on December 21, 2016 at: <http://connect2affect.org/about-isolation/>

<sup>9</sup> Huffington Post. (December 9, 2016). *The Growing Health Threat For Older Adults You Should Be Aware Of*. Accessed on December 21, 2016 at: [http://www.huffingtonpost.com/entry/the-growing-health-threat-for-older-adults-you-should-be-aware-of\\_us\\_58599dc5e4b0d9a59456456e](http://www.huffingtonpost.com/entry/the-growing-health-threat-for-older-adults-you-should-be-aware-of_us_58599dc5e4b0d9a59456456e)