

JAYHAWK AREA AGENCY ON AGING, INC.

OLDER AMERICANS ACT

TITLE IIIE Transportation APPLICATION

FISCAL YEAR 2027 (October 1, 2026, through September 30, 2027)

COVER SHEET

ORGANIZATION

NAME: _____

ADDRESS: _____

PHONE #: _____

EMAIL: _____

DIRECTOR'S NAME: _____

TOTAL IIIE FUNDS REQUESTED: \$ _____

TOTAL IIIE RIDES PROPOSED: _____

CALCULATED PER RIDE RATE: \$ _____

SIGNATURE OF AUTHORIZED OFFICIAL

DATE

Compliance Acknowledgment Form For Title VI, Section 504, ADA, and Other Relevant Regulations

Organization Name: _____

Acknowledgment of Legal Compliance

Please read and acknowledge the following regulations and standards.

Title VI of the Civil Rights Act of 1964

I hereby acknowledge that my organization complies with Title VI, prohibiting discrimination on the basis of race, color, or national origin in programs and activities receiving federal financial assistance.

Yes No *If "No," provide explanation:* _____

Section 504 of the Rehabilitation Act (ADA)

I hereby acknowledge that my organization complies with Section 504 and the Americans with Disabilities Act (ADA), ensuring equal access to services for individuals with disabilities.

Yes No *If "No," provide explanation:* _____

45 CFR 74, 45 CFR Part 92, and EO 12549

I acknowledge that my organization complies with the regulations outlined in 45 CFR 74, 45 CFR Part 92, and EO 12549 as applicable to the administration of federal grants and contracts.

Yes No *If "No," provide explanation:* _____

45 CFR Part 1321 (as revised)

I acknowledge that my organization complies with the provisions of 45 CFR Part 1321, as revised, which pertains to the administration of services for older individuals.

Yes No *If "No," provide explanation:* _____

Federal, State, and Local Health, Safety, Fire, and Sanitation Requirements

I acknowledge that my organization meets all applicable health, safety, fire, and sanitation requirements as stipulated by federal, state, and local regulations.

Yes No *If "No," provide explanation:* _____

Older Americans Act of 1965, as amended

I acknowledge that my organization complies with the Older Americans Act of 1965, as amended, to provide services for older adults.

Yes No *If "No," provide explanation:* _____

KDADS Field Service Manual Policies and Procedures, Including HIPAA

I acknowledge that my organization complies with the policies and procedures of the Kansas Department for Aging and Disability Services (KDADS), including Health Insurance Portability and Accountability Act (HIPAA) regulations regarding privacy and security of health information.

Yes No *If "No," provide explanation:* _____

By signing below, I certify that the information provided is true and accurate to the best of my knowledge. I understand that failure to comply with the regulations listed above may result in penalties, including suspension or termination of funding or services.

- **Name of Authorized Representative:** _____
- **Title:** _____
- **Signature:** _____
- **Date:** _____

OAA TITLE III-E TRANSPORTATION SERVICES

RFP RESPONSE TEMPLATE

IMPORTANT INSTRUCTIONS TO PROPOSERS

- Proposers **must use this template** and respond under each heading exactly as listed.
- **Do not delete, rename, or reorder** sections.
- Responses should explain **how requirements will be met**, not restate the RFP.
- Attachments must be clearly labeled and referenced in the appropriate section.

1. ORGANIZATIONAL INFORMATION

(Evaluated under: Organizational Capacity – 15 points)

1.1 Legal and Contact Information

- **Legal name of organization:**
- **Physical address:**
- **Mailing address (if different):**
- **Primary contact name, title, phone number, and email:**

1.2 Organizational Overview and Experience

Provide a brief overview that includes:

- **Organizational history and mission**
- **Years of experience providing transportation or comparable services**
- **Summary of current transportation services**
- **Description of service standards and performance expectations**
- **Relevant bidder qualifications demonstrating ability to meet OAA Title III-E requirements**

1.3 Staffing and Governance

Describe:

- **Staffing structure supporting transportation services**
- **Roles and responsibilities of key personnel (including supervisory oversight)**

- Experience and qualifications of staff involved in service delivery, coordination, and reporting

Attach:

- Current list of Governing Board of Directors, including leadership positions

1.4 Authorized Signers

Identify individuals authorized to enter into contractual agreements on behalf of the organization.

2. SERVICE DELIVERY PLAN

(Evaluated under: Service Delivery Plan – 20 points)

2.1 Service Delivery Model

Describe how OAA Title III-E Transportation services will be delivered, including:

- Ride scheduling and dispatch procedures
- Communication with caregivers and care recipients before and after trips

2.2 Alignment with Caregiver Assessment Plans (CAPs) and Plans of Care (POCs)

Explain:

- How transportation services are delivered in accordance with each caregiver's approved CAP and, when applicable, POC
- How authorized trips are verified prior to service delivery and billing
- Controls in place to prevent unauthorized services

2.3 Level of Assistance and Accessibility

Describe:

- Level of assistance provided (e.g., curb-to-curb)
- How staff are trained to ensure assistance does not exceed permitted levels
- How ADA compliance and reasonable accommodations are provided

2.4 Safety and Incident Reporting

Explain:

- **Vehicle safety practices and oversight**
- **Procedures for reporting accidents, injuries, or safety incidents**
- **Required timelines and documentation submitted to Jayhawk Area Agency on Aging, Inc.**

2.5 Service Adjustments and Capacity Management

Describe:

- **How service levels are adjusted when funding, capacity, or policy constraints arise**
- **How coordination with JAAA occurs prior to modifying or suspending services**

2.6 Operations and Trip Management

Describe:

- **Hours and days of operation**
- **Service area coverage**
- **Trip request methods and any limitations**
- **Procedures for same-day requests, cancellations, no-shows, and ride denials**
- **How these events are documented and reported**

2.7 Participant and Waitlist Management

Describe:

- **Participant intake and ongoing management practices**
- **How waitlists are tracked and prioritized**
- **How participants are notified when service becomes available**

3. ELIGIBILITY, ASSESSMENT, AND CLIENT RIGHTS PLAN

(Evaluated under: Eligibility, Assessment, and Client Rights – 15 points)

3.1 Eligibility Determination and CAP Workflow

Describe your process for:

- **Determining caregiver eligibility**

- Completing and updating Caregiver Assessment Plans (CAPs)
- Submitting CAPs to JAAA in a timely manner

3.2 Controls to Prevent Unauthorized Service or Billing

Explain:

- How eligibility determinations, CAP completion, and service authorization are coordinated
- Internal controls ensuring no OAA Title III-E transportation services are provided or billed without a valid, current CAP on file

3.3 CAP Expiration and Re-Registration

Describe:

- How CAP expiration dates are tracked
- How caregivers are notified at least 30 days prior to expiration

3.4 Client Rights and Grievance Procedures

Describe:

- Distribution of OAA Grievance Rights & Responsibilities (KDADS Form SS-12)
- Grievance intake, documentation, resolution, and reporting procedures
- Staff training related to grievance handling

4. OUTREACH PLAN

(Evaluated under: Outreach – 10 points)

Describe strategies used to reach caregivers of older adults with:

- Greatest economic need
- Minority populations
- Rural residents
- Limited English proficiency

Include outreach methods, partnerships, and targeted engagement strategies.

5. DATA MANAGEMENT AND REPORTING PLAN

(Evaluated under: Data Management and Reporting – 10 points)

5.1 Monthly Reporting

Explain how your organization will:

- Submit monthly program and financial reports
- Track OAA-funded transportation services
- Track waitlists and denied rides

5.2 Trip Purpose Tracking

Describe how transportation units are categorized and reported in the following required categories:

- Medical
- Shopping / Basic Needs / Nutrition
- Trips to/from Senior Centers
- Social Activities

5.3 Historical Service Units Table

Complete the table below (one-way trips):

Category	FY 2023	FY 2024	FY 2025	FY 2026 YTD
Medical				
Shopping / Basic Needs / Nutrition				
Trips to/from Senior Center				
Social Activities				

6. COORDINATION, QUALITY ASSURANCE, AND TRAINING PLAN

(Evaluated under: Coordination and Quality Assurance – 10 points)

6.1 Quality Assurance and Monitoring

Describe:

- **Procedures used to ensure service quality and compliance**
- **QA tools used (file reviews, ride audits, observations, call-backs, complaint logs, corrective actions)**

6.2 Program Evaluation

Explain:

- **How program performance is evaluated**
- **Frequency of review**
- **Who reviews results and how improvements are implemented**

6.3 Customer Satisfaction

Describe:

- **How surveys are administered**
- **How participation is encouraged**
- **How feedback is used to improve services**

Attach:

- **Most recent customer satisfaction survey**
- **Most recent survey results or summary**
(If unavailable, explain why and describe alternate feedback methods.)

6.4 Training Plan

Provide a training plan addressing:

- **How training needs are identified**
- **Who receives training**
- **Who provides training**
- **Training content (at minimum: older adults, communication, customer service, safety, confidentiality, mandatory reporting)**
- **Training frequency**
- **Evaluation of training effectiveness**

7. BUDGET AND FINANCIAL MANAGEMENT

(Evaluated under: Budget and Financial Management – 20 points)

7.1 Funding Sources

Describe all funding sources supporting transportation services, including:

- Type of funding
- Annual amounts
- Timing of receipt
- Restrictions
- Sustainability strategies

7.2 Cost per Ride Calculation

Provide:

Total transportation expenses: \$_____

÷ Total transportation units: _____

= Cost per unit: \$_____

7.3 Suggested Donation and Program Income

Describe:

- Suggested donation per ride and how it was determined
- How participants are educated about voluntary donations
- How donations are collected, accounted for, and reported
- Confirmation that donations are voluntary and not a condition of service

7.4 Proposed Units and Requested Award

- Proposed number of units: _____
- Total requested award: \$_____

(Attach cost justification and budget breakdown.)

8. REQUIRED ATTACHMENTS CHECKLIST

- Governing Board list**
- Historical service units table**
- Customer satisfaction survey and results**
- Cost justification and budget breakdown**

9. CERTIFICATION

I certify that the information contained in this proposal is accurate, complete, and submitted in compliance with all requirements of this RFP.

Authorized Representative: _____

Title: _____

Signature: _____

Date: _____