Request for Proposals:

**Disease Prevention and Health Promotion Activities**

**Goal:** To support Northeast Iowa Area Agency on Aging’s efforts to provide activities demonstrated through evaluation to be effective for improving the health and wellbeing or reducing disease, disability and/or injury among older adults; and activities ready for translation, implementation and/or broad dissemination by community-based organizations using appropriately credentialed practitioners.

**Amount of funds available:** $20,000 plus 15% match ($3,000)

Desired project location: Senior Centers or satellite centers located in the Northeast Iowa Area Agency on Agency area which includes the counties of: **Allamakee**, **Black Hawk, Bremer, Buchanan, Butler, Chickasaw, Clayton, Delaware, Dubuque, Fayette, Grundy, Hardin, Howard, Jackson, Marshall, Poweshiek, Tama**, **and Winneshiek.**

Minimum project components that grantees must fulfill:

• Organized exercise program twice a week for 30 minutes at each location.

• Service preferably in all eighteen NEI3A counties.

• Make appropriate referrals to NEI3A for persons needing additional services.

• Comply with required reporting requirements by NEI3A and federal, state, and local requirements including completing the Aging and Disability Network Consumer Intake Form one time a year on participants.

• Provide monthly rosters of participants and narrative report of findings, concerns, issues, solutions.

**Eligible applicants:** Single organization or a collaboration of organizations who are able to fulfill minimum project components.

**Project period:** July 1, 2019– June 30, 2020

**Direct questions to:** Greg Zars, 319-874-6840 or gzars@NEI3A.org

**Submit one paper copy of your proposal to:**

Northeast Iowa Area Agency on Aging

Attn: Greg Zars

PO Box 388

Waterloo, Iowa 50704

**Submit one digital copy of your proposal to:**

gzars@NEI3A.org

**Proposals due:** **May 17, 2019 by 12:00 noon to the NEI3A office**

Include the following:

* Cover Page
* Name and address of organization
* Name, telephone and e-mail address (if applicable) of the project contact person
* Title of project
* Narrative

Address the above-named requirements under minimum project components. Describe the capabilities and experience to carry out the specifications including staff members who would be working on this project, their qualifications and certifications.

* Workplan with timelines
* Itemized Budget including 15% required match
* List of current Board members
* Copy of most recent audit