



REQUEST FOR BID PROPOSAL

Disease Prevention and Health Promotion Activities

May 1 2021

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, 2021– June 30, 2022

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

Submit one digital copy of your proposal to the following email addresses:

gzars@NEI3A.org

jbuls@nei3a.org

Proposals due: June 1, 2021 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