BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY | YOUR LOCAL HEALTH DEPARTMENT

Program, Policy, & Appeals Committee Members:
Commissioner Stoll (Chair)
Commissioner Shaffer
Commissioner Leininger

BOARD OF HEALTH – PROGRAM, POLICY, & APPEALS COMMITTEE
Agenda for August 19, 2026 at 8:30 AM

1. Call to Order
   a. Roll Call
   b. Approval of the Agenda

2. Public Comment - For the purpose of public participation during public hearings or during the public comment portion of a meeting, every speaker prior to the beginning of the meeting is requested but not required to provide the Board with his or her name, address and subject to be discussed. Speakers are requested to provide comments that are civil and respectful. Each speaker will be allowed to speak for no more than three (3) minutes at each public comment opportunity.

3. Unfinished Business
   a.

4. New Business
   a. 2027-2032 Strategic Plan – pg 2
   b. 2027-2029 AAA Annual Contract RFP – pg 22
   c. Asset Disposal Policy – pg 90
   d. Mobile Unit Update – pg 93

5. Public Comment

6. Adjournment - Next meeting: Full Board meets August 27, 2026.
   PPA next meeting is scheduled for September 16, 2026

Branch-Hillsdale-St. Joseph Community Health Agency 2027-2032 Strategic Plan

Approved by the Branch-Hillsdale-St. Joseph Community Health Agency Board of Health and its Health Officer

_____	_____
Brent Leininger, Chairperson	Rebecca A. Burns, Health Officer

August 27, 2026

BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY | YOUR LOCAL HEALTH DEPARTMENT

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www.bhsj.org

In recent years, the work of public health professionals and public health agencies has been spotlighted. A sometimes-forgotten piece of the healthcare system, public health is being scrutinized and politicized calling for BHSJCHA to shape a well-defined path for the future with this strategic plan. At BHSJCHA our mission of "helping people live healthier" explains the work we do whether that is issuing a permit for a new on-site sewage system, inspecting a restaurant, providing an immunization, screening a child for hearing and vision, or the many other services our staff provide. This dedication to helping residents in the tri-county area live healthier, coupled with our vision of "being the trusted health resource for all people" is not just words on paper for our staff. With everything we do at BHSJCHA we mean what we say, and we strive to do everything with excellence using best practices. We do endeavor to be your trusted health resource.

As we take on the opportunity of providing public health services to all people in our tri-county service area, we value inclusion, innovation, and integrity; statements that define BHSJCHA's commitment to how we do business. We have completed work on the 2026-2029 Community Health Needs Assessment. Based on the CHNA information and data, a new Community Health Improvement Plan will further define the activities that our local public health Agency will engage in over the next four years across the jurisdiction.

The development of this four-year plan was a collaborative effort that included community partners and leaders, BHSJCHA staff and administration, and the BHSJCHA Board of Health. A good plan takes direction from many voices and opinions and I am proud to present this plan which included input from a diverse set of stakeholders. The planning is done; let's get to the work of implementation.

Sincerely,

Rebecca A. Burns, MPH, RS
Health Officer

Branch-Hillsdale-St. Joseph Community Health Agency

Mission: *The mission of the Branch-Hillsdale-St. Joseph Community Health Agency, Your Local Health Department is, helping people live healthier.*

Vision: *The vision of the Branch-Hillsdale-St. Joseph Community Health Agency, Your Local Health Department is, to be the trusted health resource for all people.*

Values:

- **Inclusion:** Ensuring all who seek services and our employees are treated with respect
- **Innovation**: Seeking effective and efficient ways to improve community health
- **Integrity**: Being fair and honest

Strategic Priorities:

- **Employee Development and Investment**
- **Community Engagement**
- **Proactive Planning**

Background

The Branch-Hillsdale-St. Joseph Community Health Agency (BHSJCHA), under the direction of public health officer, Rebecca A. Burns, MPH, RS, determined the need to update the agency's strategic plan which had been in place since 2022. The agency's executive team coordinated the planning process and hired an external consultant to facilitate meetings and draft the updated plan. The agency's front-line staff also participated in the planning process through their participation in the initial strategic planning survey and meetings during the planning process. Community partners, county officials, and board of health members were also survey participants. BHSJCHA internal participants included representation from all levels and all divisions within the department. Evidence of multi-level staff participation is provided in Appendix A.

The Strategic Planning Process

The team held its first planning session on June 10, 2026. During the initial session, the team reviewed the accomplishments and status of the 2022-2026 plan, the pre-planning survey results and participated in the Strengths, Weaknesses, Opportunities and Challenges (SWOC) analysis.

During the first meeting, the team reviewed its mission statement and compared it to the survey responses received. Based on the survey results, the participants believed the mission statement was still relevant, and the team decided to keep the current mission statement. The team also kept

the vision statement that was adopted during the previous planning process. The team then turned its attention to the values. The BHSJCHA has a set of values and again the survey participants deemed them to be accurate with no need to revise them. By the end of the first meeting, the team developed a draft of the Strengths, Weaknesses, Opportunities and Challenges (SWOC) assessment and a proposed set of strategic directions with goals and objectives to be further discussed and refined at the front-line staff meetings. The proposed strategic directions are:

- Employee Investment and Development
- Community Engagement
- Proactive Planning

On June 18, 2026, the front-line staff met in one of two identical (morning and afternoon) sessions. Both groups reviewed the information and draft materials provided and developed at the first meeting. Both sessions generated refinement to the strategic directions as well as the goals and objectives for each. Potential strategies to achieve the objectives and ultimately the goals were generated by the front-line staff. Additional proposed versions of the SWOC analysis were also developed.

The contracted consultant was then tasked with objectives capturing and merging the potential strategies voiced by the staff during the two meetings. These were sent to the health officer for review with her leadership team for further refinement and to determine which will then be incorporated into the draft plan for team member review and comment.

A SurveyMonkey survey was disseminated to staff, and they were asked to rank the strategic directions and the corresponding objectives. The consultant and leadership team used the results to set timelines and deadlines for the objectives and determine which areas to focus on in the first year of the plan. A total of 39 responses were received.

In communications with the health officer, the consultant provided the survey results and draft plan. The leadership team members developed time-framed targets for the objectives and strategies included in the plan and fine-tuned the narrative. The final draft was sent to the department staff on July 21, 2026.

Staff Involvement

The front-line staff of the department were provided with the opportunity to participate in a strategic planning online survey that was conducted prior to the first planning session. Staff were asked to provide feedback on the current trends they see in the community, the internal strengths and weaknesses and external opportunities and challenges. The information gathered was instrumental in the SWOC analysis. (See Table 1)

After the strategic directions and proposed objectives were developed, the staff were once again asked to participate in a second online survey to prioritize the goals and strategies to create the time-framed targets for the objectives. The first staff and community stakeholder survey garnered 36 responses and the second survey which was sent to staff received 39 responses. Both survey instruments and results are available upon request.

Stakeholder Engagement

The final draft document of the strategic plan was shared with the BHSJCHA's Board of Health Program, Policy and Appeals Committee on August 19, 2026, for input and feedback from both the Board and the public. ADD A SENTENCE OR TWO ON THE RESPONSE OUTCOME.

A total of four community partners participated in the strategic planning survey that was used to develop the plan's priorities.

Alignment with BHSJCHA Organizational Plans

Branch-Hillsdale-St. Joseph Community Health Agency Needs Assessment and Improvement Plan

In 2026, the BHSJCHA also engaged in a community health needs assessment (CHNA) for Branch County and health improvement planning process for the district. BHSJCHA will need to determine how to incorporate the CHIP action plan activities into the strategic plan and how the agency and in coordination with partners will work collectively to address them resulting in improving the health status within the three-county district.

It is anticipated that the strategic plan will be updated to include those areas (services, policy development, interventions, etc.) where BHSJCHA will serve in a leadership capacity during the health improvement plan implementation.

Quality Improvement, Workforce Development, and Performance Management Plans

The BHSJCHA has identified and implemented quality improvement (QI) projects throughout the department over the course of the past few years as we continue to develop a culture of quality. The strategic plan will be valuable resource for us to use to identify additional QI projects as we begin implementation of our plan.

Our strategic planning process has identified the need to focus on employee engagement and development. One of the strategic priority areas- Employee Development and Investment- is dedicated to the ongoing implementation of the BHSJCHA Workforce Development Plan.

We recognize we need to sustain our concerted effort to create a comprehensive performance management system within the department. The strategic plan with its measurable objectives and strategies will be a cornerstone for our performance management system as we develop department-wide performance goals. We have invested in the VMSG performance management software and are committed to training staff and utilizing the system to track our performance in both programs and policies.

External Trends and Events that Impact Our Work

As evidenced in the SWOC analysis provided in Table 1, the BHSJ Community Health Agency has multiple factors that potentially impact on our work. Both opportunities and challenges have been identified and are addressed in the strategic plan.

Across Michigan, public health agencies are navigating a rapidly shifting landscape marked by complex social, economic, and technological pressures. Communities continue to struggle with limited housing and transportation options, leaving many residents unable to access essential services, including healthcare, employment, and education. These structural barriers deepen existing inequities and place additional strain on local health departments that are already working at capacity.

At the same time, competition among public health agencies for limited state and federal funding has intensified. As overall funding decreases, agencies must do more with fewer resources, often competing against one another for grants that once reliably supported core programs. This financial pressure makes long-term planning difficult and threatens the sustainability of critical public health services.

Meanwhile, the healthcare landscape itself is evolving. The rise of artificial intelligence (AI) in healthcare presents both opportunities and challenges. While AI has the potential to improve diagnostics, streamline operations, and expand access to care, it also requires new skills, ethical considerations, and infrastructure investments that many rural and under-resourced agencies are not yet equipped to manage.

Behavioral health trends add another layer of complexity. Vaping continues to increase, particularly among youth, creating new prevention and education needs. This surge comes at a time when misinformation about health topics spreads rapidly online, making it harder for public health agencies to communicate evidence-based guidance.

The political environment further complicates these efforts, such as shifting priorities, polarization, and legislative changes influence funding streams, public trust, and the ability to implement community-wide interventions.

Demographic changes also demand attention. Agencies must work to keep up with population shifts, including aging residents, migration patterns, and changing socioeconomic conditions. These shifts affect service demand, workforce needs, and the types of health challenges communities face.

Finally, the recent closure of a local hospital and another hospital that is no longer offering obstetrics and behavioral health units within the jurisdiction is of growing concern. Loss of healthcare services in rural Michigan has created significant gaps in care. Residents must travel farther for emergency services, maternal care, and specialty treatment, increasing the burden on local health departments to fill the void through expanded outreach, partnerships, and community-based programs.

Together, these challenges form a complex environment in which public health agencies must adapt quickly, collaborate strategically, and innovate continuously to protect and promote the health of their communities.

During all the strategic planning sessions, discussions were held related to the current level of distrust in government and in public health. This is a primary reason our strategic plan will focus on community engagement in our continued efforts to restore the public's trust in public health and achieve our agency vision to be the trusted health resource for all people.

	Table 1: Strength, Weaknesses, Opportunities and Challenges Branch-Hillsdale-St. Joseph Community Health Agency	
INTERNAL	**STRENGTHS** • Multi-disciplinary Expertise • Reputation within the community • "Policies stronger than ever" • Reliable leadership team • Knowledgeable, caring staff • Ability to make referrals • Transparency to the public • Longevity • Able to adapt to client needs • Teamwork • Focused on morale • Social media and marketing • Interoffice relationships • Doing much with minimal staff • Community resource • Improved communications • Leadership team looking for program options and funding opportunities • Good work environment	**WEAKNESSES** • Staff shortages • "Pockets" of negative staff • Multiple steps in decision making process • Limited resources to innovate • Policy and procedure changes with limited notice from state/federal agencies • Pay scales • Language barriers • Technology limitations inhibit productivity • Limited funding • Internal communication strategy could be improved • High employee turnover
EXTERNAL	**OPPORTUNITIES** • Increased community collaborations • Funding opportunities • Housing and transportation opportunities • Staff volunteer opportunities • Community is supportive of agency • Advertising to immigrant populations • Need for shaded bus stop • Outreach opportunities to older population and people with disabilities • Community trust is on the rise • Interactions with school and ISD superintendents • Improved relationships with health care systems and providers	**CHALLENGES** • Lack of housing and transportation options • Competition among PH agencies in Michigan for funding • Funding decreases • Artificial intelligence (AI) in healthcare • Increases in vaping • Political environment • Keeping up with population shifts • Misinformation on health topics • Closure of local hospital

Strategic Plan Outline

The plan outlined on the following pages is displayed in a table format to improve readability. The tables indicate each Strategic Priority Area highlighted in blue, the Objectives are highlighted in gray, and the strategies highlighted in yellow. Each priority area includes the identified champion(s), and each strategy includes the metric/measure to be used to monitor progress.

Annual action plans will be developed and utilized to stay on track each year of the plan and to be able to analyze the work accomplished each year as well as to identify when adjustments to timelines and activities need to be modified.

Strategic Direction 1: Employee Investment and Development	
Goal: Demonstrate a commitment to continued learning and professional growth	
Champions: Rebecca Burns, Theresa Fisher, Laura Sutter, Joe Frazier, and Heidi Hazel	
Objective 1.1**:** Update the wage equity plan and present it to the board of health annually starting in 2027 and continuing throughout the plan	
Strategies	Metric/Measure
1.1.1 Continue to share wage equity review annually with all staff and the Board of Health	Wage equity review shared with board of health annually
1.1.2 Educate staff on how the pay scale is developed and maintained	Staff education completed by the established timeline
1.1.3 Investigate the development of health and wellness opportunities	Investigation completed by the established timeline
1.1.4 Investigate an incentive system within programs to win rewards	Investigation completed by the established timeline
Objective 1.2: Develop a resource for staff to access required and/or recommended virtual educational opportunities by June 30, 2027	
Strategies	Metric/Measure
1.2.1 Provide a directory/list of all training courses per position	Directory/list provided to staff by the established timeline
1.2.2 Update the Workforce Development Plan to include annual training courses for each job position	Workforce Development Plan updated by the established timeline
1.2.3 Educate staff on the process to request professional development and educational opportunities	Staff education completed by the established timeline

1.2.4 Create a mechanism for employees to follow up with supervisors after training is complete	Training follow-up mechanism created and implemented by the established timeline
1.2.5 Identify consistent trainers for each position to ensure every new employee in the position, regardless of office location, receives the same information	Trainers identified and system implemented by the established timeline
Objective 1.3: Create or update current job aids for all positions by December 2027	
Strategies	Metric/Measure
1.3.1 Members from each department/section to develop and update job aids annually, aligning them with policies and procedures.	Reviews and updates completed by the established timeline
1.3.2 Ensure all new employees have access to all required agency software applications on first day of orientation with follow-up from both IT and human resources	Review of orientation materials to ensure the information is included
1.3.3 Include visual examples in the job training materials	Creation of visual examples complete by the established timeline
1.3.4 Provide information as to how each position aligns with others in the division/agency	Information provided to staff
Objective 1.4: Work with each staff member to create an employee-centered skill development plan during the annual review process by December 2027	
Strategies	Metric/Measure
1.4.1 Develop a tool for staff to use for a self-assessment related to skill development	Self-assessment tool developed and implemented

1.4.2 Complete self-assessment annually to identify areas of opportunity	Compilation and analysis of self-assessments completed on an annual basis
1.4.3 Review goals that are put on annual reviews for completion	Review of goals completed by established timeline
1.4.4 Support staff in their chosen development plan	Annual review of the staff development progress in chosen development plan

Strategic Direction 2: Community Engagement	
Goal: Promote the role and extend the reach of public health in our communities	
Champions: Aimmee Mullendore, Samantha Keeney, Shelby Young, Kris Dewey, Kyle Moore, Terri Penney, and Nathan Francis	
Objective 2.1: Maintain, enhance, and build authentic relationships with key stakeholders within the communities on an ongoing basis	
Strategies	Metric/Measure
2.1.1 Health Officer, Medical Director, Directors and Supervisors increase the visual presence in the community by attending events, meetings, and scheduling appointments with community partners. (Chambers of Commerce, Hospital board, town councils etc.)	Number of meetings attended and number of partners engaged
2.1.2 Continue developing short videos on social media about what we do or processes on how to do something (well permits, CSHCS applications, etc.)	Number of videos produced
2.1.3 Continue to create and disseminate "What to Expect", Tip Sheets, "How-To" and "Where do I go" videos and fact sheets by department about how to do business with public health. Place on website	Number of tip sheets, videos and fact sheets added to the website annually
2.1.4 Continue participating and hosting partnership meetings within the communities – both in person and virtually	Number of meetings participated in with partners Number of meetings hosted with partners
2.1.5 Continue building relationships with businesses (including their HR departments) to educate about public health services	Number of business contacts annually
2.1.6 Increase the distribution of agency promotional brochures in all languages to locations such as housing complexes, laundry facilities,	Number and locations of agency brochure distribution

domestic violence shelters, international food stores, libraries, and locations where cultural groups gather for resources	
2.1.7 Continue building relationships with hospitals, health care providers, and clinics	Number of collaborative projects with hospitals, health care providers, and clinics
Objective 2.2: Build relationships with four non-traditional partners by December 2027	
Strategies	Metric/Measure
2.2.1 Continue to seek relationships with, and be present in places, where we can connect to people of various cultures, religions, and ethnicities	Number of new connections made with people of various cultures, religions, and ethnicities annually
2.2.2 Investigate partnerships with transit authorities for outreach opportunities	Number of partnerships created annually
2.2.3 Offer in-service learning opportunities to community partners to increase awareness of mission and services	Number of in-service opportunities annually
Objective 2.3: Develop four stories annually to help the community connect with public health beginning in 2027 and ongoing	
Strategies	Metric/Measure
2.3.1 Collect client testimonials and place them on websites and social media and include a link to the associated program	Number of client testimonials collected and placed on website on an annual basis
2.3.2 Highlight a program with a team member(s) each month with a story of what they do at the agency	Number of programs highlighted annually

2.3.3 Investigate alternative methods of seeking client/customer feedback continuously	Number of alternative methods tried to seek client/customer feedback on an annual basis
Objective 2.4: Nominate individuals and/or groups for annual public health awards annually beginning in 2027	
Strategies	Metric/Measure
2.4.1 Seek nominations from staff for individuals and groups to be submitted to available award programs	Number of nominations sought and submitted annually
2.4.2 Create an online portal for staff to submit nominees to Health Education and Promotion	Portal created by the established timeline

Strategic Direction3: Proactive Planning	
Goal: Implement policies that mitigate risk, promote innovation and support organizational success	
Champions: Rebecca Burns, Theresa Fisher, Laura Sutter, Joe Frazier, and Heidi Hazel	
Objective 3.1: Develop a succession plan for supervisors, directors, and health officer by December 2027	
Strategies	Metric/Measure
3.1.1 Develop paths to leadership development for staff	Paths developed by the established timeline
3.1.2 Develop a mechanism for staff to apply, or to be nominated, for additional leadership development opportunities	Mechanism established and implemented by the established timeline
Objective 3.2: Develop and complete cross training for department staff beginning in 2027 and complete by June 2028	
Strategies	Metric/Measure
3.2.1 Create a directory of staff with their area(s) of expertise when assistance is necessary	Directory created by the established timeline
3.2.2 Standardize program training check lists to provide consistent job performance across the jurisdiction	Program training check lists developed by the established timeline
3.2.3 Develop a procedural manual or reference guide for agency positions	Procedural manual/reference guides completed for agency positions by the established timeline
Objective 3.3: Ensure all staff retain, understand, and utilize developed policies and procedures by December 2028	
Strategies	Metric/Measure

3.3.1 Create a checklist for Supervisors to ensure new staff understand and utilize agency policies and procedures	Checklist created by the established timeline Annual analysis of staff understanding and utilization of agency policies and procedures
3.3.2 Continue the creation of policy quizzes and develop a schedule to be utilized agency-wide	Number of policy quizzes created, and staff success/scores analyzed Schedule developed and implemented
3.3.3 Educate staff on where to find all agency policies and procedures	Staff education completed on an annual basis
3.3.4 Create a "Fun Fact Friday" posting for the BHSJ Insider	Number of "Fun Fact Friday" postings created on an annual basis
Objective 3.4: Mitigate the agency's risk related to cybersecurity on an ongoing basis	
Strategies	Metric/Measure
3.4.1 Provide a cybersecurity and IT risk educational opportunity with an external speaker (MMRMA) for all staff	MMRMA educational opportunity provided by the established timeline
3.4.2 Investigate opportunities to provide cybersecurity webinars to all staff quarterly	Number of webinars identified and provided to staff on quarterly basis
3.4.3 IT to provide important updates to staff related to cybersecurity at the monthly All Staff meeting	Number of IT updates provided to staff on an annual basis
3.4.4 Monthly tests by IT staff to identify cybersecurity weaknesses and improve staff member's ability to identify "phishing"	Number of monthly tests provided annually
3.4.5 Implement multifactor authentication where possible	Implementation of multifactor authentication by the established timeline

Appendix A

Strategic Planning Meeting Participants

June 10, 2026, Leadership Team Meeting

Rebecca A. Burns, MPH, RS – Health Officer

Kris Dewey, BSHA, CPH - Health Education & Promotion Supervisor

Theresa Fisher, BS - Administrative Services Director

Joe Frazier, REHS - Environmental Health Director

Heidi Hazel, BSN, RN - Personal Health and Disease Prevention Director

Samantha Keeney, BSN, RN - Coldwater Clinic Supervisor, Immunization Program Manager

Kyle Moore, REHS - Environmental Health Supervisor

Terri Penney, RN - Hearing/Vision & Children's Special Health Care Supervisor

Laura Sutter, BS - Area Agency on Aging Region IIIC Director

Shelby Young, BSN, RN - Hillsdale Clinic Supervisor, WIC Program Manager

June 18, 2026, Front Line Staff Meeting -AM session (Sign-In Sheet available upon request)

Abby Fader- EH Administrative Assistant

Adam Willis – Sanitarian

Alan Elliott – IT Manager

Alecia Campbell – PH Nurse

Amber Alexander- PH Nurse

Amey Little- Breastfeeding Peer

Annalisa Rice – Sanitarian

April Nordahl – Breastfeeding Peer

Bonnie Angus – Biller

Brianna Ellsworth- Clinic Tech

Candy Cox – Clinic Administrative Assistant

Diana Rogers – Administrative Assistant

Isabella Gutierrez – Health Educator

Kaity Gross – PH Nurse

Lina Perafan – Clinic Tech

Mackenzie Horsfall – Sanitarian

Mary Susland – Clinic Tech

Nate Francis – Emergency Preparedness Coordinator

Nina Smth -AAA Outreach

Olivia Jacobs -Sanitarian

Savanna York – Breastfeed Peer

Stephanie Hightree- CSHCS Rep

Tenia Dossett – Clinic Tech

Toni Laughlin – AAA Victim Specialist

Vera Sierminski- Clinic Tech

Connie Elliot - EH Administrative Assistant

June 18, 2026, Front Line Staff Meeting -PM session (Sign-In Sheet available upon request)

Abby Littlefield – PH Nurse

Alivia Karamatic – Sanitarian

Amanda Brooks – CSHCS Nurse

Angie Cole- Clinic Tech

Barb Keith- Sanitarian

Daniela Carmona – Clinic Tech

Emily Motes – Sanitarian

Jen Hull – Accountant

Jolene Sheffer- Clinic Administrative Assistant

Julia Brosnan – Sanitarian

Justin Hicks – IT Manager

Kaleigh Bonner – Sanitarian

Kayse O'Donnell – HR Assistant

Kim Boyter -Clinic Tech

Lisa Palmer – PH Nurse

Lisa Redmond – Community Health Worker

Lori Hibbs – Clinic Tech

Melissa Gilbert – Clinic Tech

Nichole Simon – AAA Administrative Assistant

Nicole Ewers – CSHCS Rep

Tina Scheidiller – PH Nurse

Wendy Nowicke – AAA VOCA

BRANCH-ST. JOSEPH AREA AGENCY ON AGING (IIIC)

FUNDING AVAILABILITY Fiscal Year 2027 * & BIDS RECEIVED

SERVICE CATEGORY		Total Available	Branch Co. (42%)	Branch Co. Bids	Diff.	St. Joseph Co. (58%)	St. Joe Co. Bids	Diff.
1. Access Services								
a. Transportation	BCTrans BATrans SC	49,370	20,735	BATrans 20735 BCTrans 3000	(3,000)	28,635	37,223	8,588
b. Case Coord & Support	BC SC	14,808	6,219	6,219	-	8,589	8,589	-
2. In-Home Services								
a. Homemaking	BC SC	79,000	33,180	43,329	10,149	45,820	45,820	-
b. Personal Care	BC SC	30,021	12,609	7,500	(5,109)	17,412	17,412	-
c. Chore	BC SC	8,000	3,360	5,460	2,100	4,640	4,640	-
d. Respite Care	BC SC	23,539	9,886	16,606	6,720	13,653	22,933	9,280
e. Home Delivered Meals	BC SC	328,071	137,790	137,790		190,281	197,821	7,540
f. Friendly Reassurance	BC SC	4,000	1,680	-	(1,680)	2,320	2,320	-
3. Community Services								
a. Adult Day Services	BC SC	16,000	6,720	-	(6,720)	9,280	-	(9,280)
b. Health Promotion - NonEvid.Based	BC	5,000	2,100	-	(2,100)	2,900		(2,900)

c. Health Promotion - Evid. Based **	BC SC	8,596	3,610	3,610	-	4,986	7,886	2,900
d. Home Repair	BC SC	5,000	2,100	-	(2,100)	2,900	2,900	-
e. Caregiver Education ****	BC SC	8,454	3,551	-	(3,551)	4,903	11,051	6,148
f. Caregiver Support ****	BC SC	8,600	3,612	8,003	4,391	4,988	-	(4,988)
g. Caregiver Training ****	BC SC	2,000	840	-	(840)	1,160	-	(1,160)
h. LTC Ombudsman ***	KZOO3A	2,000	840	n/a	n/a	1,160	n/a	n/a
i. Congregate Meals	BC SC	110,693	46,491	46,491	-	64,202	56,662	(7,540)
j. Legal Assistance	LSSCMI	12,000	5,040	6,000	960	6,960	6,000	(960)
k. Unmet Needs	BC SC	3,000	1,260	-	(1,260)	1,740	1,740	-

* Funding indicated is based upon Area Agency Service Allotments - Estimated Cost Allotment Worksheet dated 1/7/26 issued by the Michigan Bureau of Aging, Community Living & Supports

** Title IIID - Health Promotion funding must be expended on AoA/ACL approved evidence-based programs meeting highest tier criteria.

*** Administered by Region 3A Area Agency on Aging, 5 county service area, required maintenance of effort.

**** Caregiver Services - program activities must target kinship caregivers ($2,800)

BRANCH-ST. JOSEPH AREA AGENCY ON AGING (IIIC)
Funding Application ~ Cover Page ~ Fiscal Year 2027-2029

Agency: [redacted] Date: July 21, 2026

Address: [redacted] Contact: [redacted]

[redacted] Phone: [redacted]

Area Served: Branch County Hours: [redacted]

Federal Tax ID#: [redacted]

Minority-Owned/Operated/Targeted Provider? _____Yes __X___No

Are one-half of the organizations' board members minority individuals? _____Yes __X___No

Legal Status: ___Private ___For Profit ___Private, non-profit ___X__Other_government_

In-Home Services: ____Medicare Certified ____JCAHO Approved ____Medicaid Registered

Estimated Service By County: Branch _100_%_ St. Joseph _____%

PROGRAM PLAN

SERVICE(s):	[redacted]	[redacted]	Transportation
GRANT FUNDS REQUESTED	[redacted]	[redacted]	$3,000
TOTAL UNITS			
a. Grant	[redacted]	[redacted]	64
b. Match (13% required)			
1. Cash	[redacted]	[redacted]	8
2. In-Kind			
c. Program Income	[redacted]	[redacted]	19
d. Other Resources	[redacted]	[redacted]	0
Unit Rate	[redacted]	[redacted]	$46.60
Grant Unit Rate	[redacted]	[redacted]	$16.00
Client Cost	[redacted]	[redacted]	$71.50
Unduplicated Clients	[redacted]	[redacted]	60
Minority	[redacted]	[redacted]	<1%
Low Income	[redacted]	[redacted]	Majority

ACCESS SERVICES

[redacted] recognizes and upholds the ACLS Bureau's Operating Standards for Service Providers and the General Requirements for Access Service Programs.

Transportation

The ACLS Bureau's operating standards for a transportation program is defined as a centrally organized service for transportation of eligible persons to and from community facilities in order to receive support services, reduce isolation, and otherwise promote independent living.

Assisted Transportation and Escort is currently provided by [redacted] through its [redacted] as a Demand/Response system. The [redacted] is a valued program for the older adults of Branch County traveling to medical appointments. The [redacted] picks up an older adult at home, transports the older adult to a medical appointment, and then returns the older adult back home. A donation may be offered to [redacted], but is not required. The van travels outside the local area as far away as Fort Wayne, Battle Creek, Ann Arbor, Kalamazoo, Lansing, and other locations. This service allows seniors or their caregivers the peace of mind of not having to navigate in busy urban areas or drive when they are unable.

Currently, three [redacted] are used in the program. [redacted] owns a 2022 Chrysler Pacifica and a 2016 Dodge Grand Caravan. [redacted] also holds a cooperative agreement with the Branch County Veterans Affairs department to use one of its Dodge Grand Caravans with a wheelchair ramp for clients who require this accommodation. When this van is used, mileage reimbursement is provided to the VA.

[redacted] transportation program encourages, but does not require, a donation. A suggested donation is discussed when scheduling the ride. Each suggested donation is based on the starting point from Coldwater. The van program suggested donation schedule is included as an attachment. [redacted] riders receive a monthly statement in the mail at the end of each month that they utilize the service as an additional opportunity to make a donation. If they have already donated, that is itemized on the statement.

[redacted] drivers are coordinated, scheduled, interviewed, and trained through the [redacted] staff support position, including special training on the use of the handicap safety belts and wheelchair ramp system as needed.

The program has a global positioning system (GPS) that assists the [redacted] drivers to navigate to the destination in the safest and shortest route possible. The staff assistant also prepares detailed maps for the drivers. The [redacted] are always stocked with a wheelchair, a step for help getting into the [redacted], a blanket, a first aid kit, a handicap parking tag, and a roadside emergency kit.

Person-centered planning is addressed in the Escorted Transportation program by inquiring as to the senior's needs, and those needs such as date and time of transportation are fulfilled based on the individual's requests, if at all possible. If a client prefers to have a specific [redacted] driver, then [redacted] attempts to honor his or her wishes. If seniors request a caregiver to ride with them, a caregiver is allowed to accompany the client. Drivers ask participants if they would like the driver to accompany them into, and wait in, the medical office or if they prefer the driver wait outside the office. [redacted] has very accommodating [redacted] drivers who are sensitive to seniors' requests within the van transportation policy.

[redacted] medical transportation program transports those aged 60 years or older whom the [redacted] system cannot meet the needs of. This may be, for instance, a senior who needs to be picked up at the door and transported immediately to their medical destination. [redacted] generally makes several stops or pick-ups before arriving at a rider's destination. [redacted] transportation program also provides assistance to the rider to get into and out of the vehicle—another feature that [redacted] does not offer. The [redacted] program travels outside of Branch County to medical appointments in many of the surrounding counties in southern Michigan and northern Indiana which [redacted] does not provide rides to. [redacted] encourages seniors to utilize BATA whenever they are able to; however, the [redacted] program is essential to meet the needs of the frailest seniors—for whom [redacted] program is not designed.

[redacted] requests $3,000 grant funding to provide Assisted Transportation and Escort Services.

Outcome Measures Summary

A) Between October 1, 2026 and September 30, 2029, Branch County seniors, and their caregivers and families will have:

1. 188 or more medical van trips per year.
2. Medical transportation that promotes continuity of care.
3. Safe and timely medical transportation by trained drivers.
4. Reduced caregiver and recipient stress getting to medical appointments.
5. Personalized assistance with a person-centered approach to services.
6. Medical transportation to locations outside of Branch County (i.e. Lansing, Ann Arbor, Kalamazoo, Battle Creek, Fort Wayne, and others).
7. Access to a wheelchair ramp vehicle for those that need that feature.
8. Have a recognizable resource and information phone number [redacted] Facebook page, newsletter, and website to secure services.

B) Branch County benefits by serving seniors, their caregivers, and their families by:

1. [redacted] promoting, encouraging, and safeguarding the rights and abilities of seniors so they may enjoy maximum health, well-being, and independence.
2. Promoting a senior-friendly community that encourages seniors, their caregivers, and their families to live in the county which contributes to the Branch County economy.

Operational costs of the [redacted] Escorted Van Transportation Service program are gasoline, van accident and liability insurance, paid coordinator's wages (in part), advertising of the program, vehicle licensing, maintenance, repairs, and car washes.

Transportation grant funds requested as unit of service: equals one, one-way trip per person.

AREA AGENCY ON AGING REGION IIIC
UNIT COST BUDGET SUMMARY

Agency:	*Project Title:* 2026-2027 Funding Allocation - FY 2027-2029 Master Contract - Budget Submission	*Budget Period:*	*Date Prepared:*
Branch County Commission on Aging		10/01/2026-09/30/2027	7/21/2026
A. Service Category →	[redacted]		**Transportation**
B. Unit Cost			$ 46.60
C. Grant Unit Cost			$ 16.00
D.			
E. Total Funds Requested →			**$ 3,000**
F. Local Match Total (13% Required)			13%
1. Cash			$ 390
2. In-Kind			$ -
G. Program Income			$ 900
H. Total Project Funds			$ 4,290
I. Other Resources			
ANALYSIS			
Total Units Less Other Resources	[redacted]		312
A. Grant Total			$ 3,000
Number of Units:			64
B. Local Match Total (13% required)			
1. Cash (%)			$ 390
Number of Units:			8
2. In-Kind (%)			$ -
Number of Units:			-
C. Program Income ('i.e. Number of additional units to be provided over contracted levels.)			$ 900.00
Number of Units:			19
D. Other Resources (specify)			
Number of Units:			-

I certify that I am authorized to sign on behalf of the Agency. The budget amounts represent necessary and proper costs for implementing this program.

[redacted]

AREA AGENCY ON AGING REGION IIIC
UNIT COST BUDGET DETAIL

Agency:	*Project Title:* 2026-2027 Funding Allocation - FY 2027-2029 Master Contract - Budget Submission	*Budget Period:*	*Date Prepared:*
Branch County Commission on Aging		10/01/2026-09/30/2027	7/21/2026
	Service Category:	*Service Category:*	*Service Category:*
EXPENSE CATEGORY			**Transportation**
1. Salaries (specify) FTE			0.25
Amount			$ 10,400.00
2. Fringe Benefits (%Rate) %			7.65%
Amount			$ 796
___FICA___Life___Dental___Unemp. ___Vision___WorkComp___Retirement			
3. Travel:			
Staff: (1) 100 (2) 200 (3) 0			
Rate/mile 0.725 x 200 Miles →			
Volunteer:			
Rate/mile_____x_____Miles →			
4. Equipment			
5. Raw Food			
6. Supplies			$ 2,500
7. Occupancy:			
Office Space $_____per sq.foot →			$ -
Utilities if not included in above →			
8. Communications (list)			Postage, Printing, Ads, Resource Materials, etc.
			$ 200
9. Service Contracts (list)			
10. Training:			
11. Other (specify)*			Car Washes
			$ 645
12. Total Cost (add sections 1-11)			$ 14,541
13. Total Units Projected			312
14. Total Unit Cost (Line 12 Divided by Line 13)			$ 46.60

AREA AGENCY ON AGING REGION IIIC
PROJECTED MONTHLY EXPENDITURES

AGENCY: [redacted]

SERVICE: Transportation

	OCT	NOV	DEC	QTR 1	YTD	JAN	FEB	MAR	QTR 2	YTD
Cost	$ 250	$ 250	$ 250	$ 750	$ 750	$ 250	$ 250	$ 250	$ 750	$ 1,500
Match	$ 33	$ 33	$ 33	$ 98	$ 98	$ 33	$ 33	$ 33	$ 98	$ 195
Income	$ 75	$ 75	$ 75	$ 225	$ 225	$ 75	$ 75	$ 75	$ 225	$ 450
Unduplicated Clients	5	5	5	15	15	5	5	5	15	30
Units	26	26	26	78	78	26	26	26	78	156
Other Resources	$ -	$ -	$ -	0	0	$ -	$ -	$ -	0	0

	APR	MAY	JUNE	QTR 3	YTD	JUL	AUG	SEPT	QTR 4	YTD
Cost	$ 250	$ 250	$ 250	$ 750.00	$ 2,250.00	$ 250	$ 250	$ 250	$ 750.00	$ 3,000
Match	$ 33	$ 33	$ 33	$ 97.50	$ 292.50	$ 33	$ 33	$ 33	$ 97.50	$ 390
Income	$ 75	$ 75	$ 75	$ 225.00	$ 675.00	$ 75	$ 75	$ 75	$ 225.00	$ 900.00
Unduplicated Clients	5	5	5	15	45	5	5	5	15	60
Units	26	26	26	78	234	26	26	26	78	312
Other Resources	$ -	$ -	$ -	0	0	$ -	$ -	$ -	0	0

[redacted] [redacted]

BA Trans

BRANCH-ST. JOSEPH AREA AGENCY ON AGING (IIIC)
Funding Application ~ Cover Page ~ FY 2027-2029

Agency: [redacted] Date: 7/15/26

Address: [redacted] Contact: [redacted]

[redacted] Phone: [redacted]

Area Served: Branch County Hours: [redacted]

Federal Tax ID#: [redacted]

Minority-Owned/Operated/Targeted Provider? ☐ Yes ☑ No

Are one-half of the organizations' board members minority individuals? ☐ Yes ☑ No

Legal Status: ☐ Private ☐ For Profit ☐ Private, non-profit Other Govt. not for prc

In-Home Services: ☐ Medicare Certified ☐ JCAHO Approved ☐ Medicaid Registered

Estimated Service By County: Branch 100 % St. Joseph ____ %

PROGRAM PLAN

SERVICE NAME(s):	Transportation		
GRANT FUNDS REQUESTED	$20735	$	$
TOTAL UNITS			
a. Grant	4811		
b. Match (13% required)	673		
1. Cash			
2. In-Kind			
c. Program Income	52		
d. Other Resources			
Unit Rate	$4.31	$	$
Grant Unit Rate	$3.66	$	$
Client Cost	$115.00	$	$
Unduplicated Clients	180		
Minority	3		
Low Income	156		

[redacted]

PART I

PROGRAM NARRATIVE

A. OBJECTIVES/PROGRAM PLAN

[redacted] provides demand-response, curb-to-curb service to all of Branch County. This proposed project will supply transportation to seniors in order to reduce isolation and provide for independent living. [redacted] is continually striving to improve service. Also, we try to maintain a certain comfort level for our clients. In addition, all [redacted] vehicles are lift equipped, so whether clients are physically challenged or not, they can ride the bus together and may be accompanied by a friend, family member, or an aide to assist them with their bus trips at no additional charge.

B. ACCESS/UTILIZATION/QUALITY CONTROL

1. [redacted] collaborates with and obtains referrals from various human services agencies, including the following: DHHS, Local Advisory Council, Commission on Aging, Nursing Homes, Senior Housing, Assisted Living Facilities, etc. When referrals are made, we provide the information to the potential client(s). Referring agencies may assist seniors in completing the short information sheet. In most cases, the clients will set up their own trips. In other cases, it may be a caregiver that arranges transportation services for a client of [redacted], which in turn allows the caregiver a break. However, in certain instances, the referring agency will arrange for client transportation. In recent years, all [redacted] bus operators participated in Elder Abuse Awareness training to assist them with recognizing the signs of elder abuse and giving them the tools and resources to get help to seniors who may be being victimized.

2. When demand exceeds resources, [redacted] may reduce allowable rides to religious services, medical, and nutritional trips only, with emphasis on transportation for seniors who are low-income and/or minority. We are also in the process of establishing a Waiting List Policy/Procedure.

3. Due to the fact that the vast majority of clients [redacted] serves on this grant meet the criteria of low income and/or minority, which includes black, indigenous, people of color and LGBTQ+ communities [redacted] may further limit the number of one-way trips a client may utilize for grant purposes each month. The set number of trips would be evaluated at the end of each quarter, in order to provide as much transportation service as possible, while maintaining budget integrity.

4. [redacted] uses local radio, local newspapers, senior publications and the internet to promote/market/advertise the services we provide to our senior population as well as the general public. To date we have not needed translation services to communicate requests for service with customers but we will implement in the future if necessary.

5. Clients may contact the [redacted] offices with any comments of praise or concern. A senior Commission on Aging client, who is also a [redacted] consumer, is a member of the Local Advisory Council for the [redacted]. This provides an additional opportunity for concerns to be voiced. There is also a complaint resolution procedure in place to be followed. The above is used to continually improve our quality of service.

[redacted] continually strives to provide the best service possible in a cost efficient manner. Service and cost are evaluated on a regular basis.

[redacted]

All [redacted] bus operators receive training in the proper way to assist passengers. [redacted] also provides annual training with the focus being passenger safety and passenger assistance, as well as review of the Title VI Policy which states no one will be denied service based on race, color, or national origin.

C. ORGANIZATIONAL CAPABILITY

1. [redacted] has been in existence since 1984 [redacted]. In these past forty two years, [redacted] has provided over 4.2 million rides to citizens in Branch County. Approximately 25% of these rides (more than 1,000,000) have been for senior citizens.

2. [redacted] single program and purpose is to provide transportation to clients in Branch County. We serve all population ages. There is no one too young or too old to use the service we provide.

3. For this specific program, with the enclosed budget and number of rides, Older American's Act dollars make up approximately 50% of the funding. The remaining balance is comprised of federal, state, and local funds.

[redacted]

UNIT COST BUDGET SUMMARY

Agency:	Project Title:	Budget Period:	Date Prepared:
[redacted]	Transportation	10/01/2026-09/30/2027	7/20/2026
A. Service Category →			
B. Unit Cost	$ 4.31	#DIV/0!	#DIV/0!
C. Grant Unit Cost	$ 3.66	#DIV/0!	#DIV/0!
D.			
E. Total Funds Requested →	**$ 20,735**		
F. Local Match Total (13% Required)			
1. Cash	$ 2,902		
2. In-Kind			
G. Program Income	$ 227		
H. Total Project Funds	$ 23,864	$ -	$ -
I. Other Resources			
ANALYSIS			
Total Units Less Other Resources	5,537	-	-
A. Grant Total	$ 20,735		
Number of Units:	4,811		
B. Local Match Total (13% required)			
1. Cash (%)	$ 2,902.00		
Number of Units:	673		
2. In-Kind (%)			
Number of Units:			
C. Program Income ('i.e. Number of additional units to be provided over contracted levels.)	$ 227.00		
Number of Units:	53		
D. Other Resources (specify)			
Number of Units:			

I certify that I am authorized to sign on behalf of the Agency. The budget amounts represent necessary and proper costs for implementing this program.

Sig[redacted] Title 7/21/2026 Date

[redacted]

[redacted]

AREA AGENCY ON AGING REGION IIIC
UNIT COST BUDGET DETAIL

Agency: [redacted]	Project Title: Transportation	Budget Period: 10/01/2026-09/30/2027	Date Prepared: 7/20/2026
	Service Category:	Service Category:	Service Category:
EXPENSE CATEGORY	**Transportation**		
1. Salaries (specify) FTE			
Bus Operators/Dispatchers .14	7112		
Secretary & Finance Clerk .13	5689		
Director .03	1568		
Amount	$ 14,369		
2. Fringe Benefits (%Rate) %	38%		
Amount	$ 5,394		
___FICA___Life___Dental___Unemp. ___Vision___WorkComp___Retirement ___Hearing___Hosp.___Other			
3. Travel:			
Staff:			
Rate/mile_____x_____Miles →			
Volunteer:			
Rate/mile_____x_____Miles →			
4. Equipment			
5. Raw Food			
6. Supplies	$ 2,298		
7. Occupancy:			
Office Space $_____per sq.foot →			
Utilities if not included in above →	$ 271		
8. Communications (list)	$ 229		
9. Service Contracts (list)	$ 91		
10. Training:	$ 269		
11. Other (specify)* Insurance, Radio Equipment Lease	$ 943		
12. Total Cost (add sections 1-11)	$ 23,864	$ -	$ -
13. Total Units Projected	5537		
14. Total Unit Cost (Line 12 Divided by Line 13)	$ 4.31	#DIV/0!	#DIV/0!

[redacted]

AREA AGENCY ON AGING REGION IIIC
PROJECTED MONTHLY EXPENDITURES

AGENCY: [redacted]

SERVICE: Transportation

	OCT	NOV	DEC	QTR 1	YTD	JAN	FEB	MAR	QTR 2	YTD
Cost	1728	1728	1728	5184	5184	1728	1728	1728	5184	10368
Match	242	242	242	726	726	242	242	242	726	1452
Income	19	19	19	57	57	19	19	19	57	114
Unduplicated Clients	15	15	15	45	45	15	15	15	45	90
Units	462	462	462	1386	1386	462	462	461	1385	2771
Other Resources				0	0				0	0

	APR	MAY	JUNE	QTR 3	YTD	JUL	AUG	SEPT	QTR 4	YTD
Cost	1728	1728	1728	5184	15552	1728	1728	1727	5183	20735
Match	242	242	242	726	2178	242	241	241	724	2902
Income	19	19	19	57	171	19	19	18	56	227
Unduplicated Clients	15	15	15	45	135	15	15	15	45	180
Units	461	461	461	1383	4154	461	461	461	1383	5537
Other Resources				0	0				0	0

[redacted]

Branch-St. Joseph AAA (IIIC)
FY2027-2029 PROPOSAL SUMMARY SHEET

BIDDER: BATrans **DATE OF REVIEW: 8/3/26**
(competitive bid)

PROGRAM: Transportation **REVIEWED BY: LS**

COMPETITIVE BID? XXXX Yes No

I. CLARITY AND COMPLETENESS (maximum of 25 points)

A. PROGRAM PLAN/OBJECTIVES:

1. The proposal addresses the minimum standards for the described program? YES NO

2. Innovation: perceived innovative aspects are listed? YES NO

3. Outcome measures are identified? Time limited? Measurable? LIST: YES NO

4. Person-Centered Thinking activities/intent is identified? Serve all and rider-focused! YES NO

B. ASSURANCES

1. Agreement YES NO

2. HHS-441 YES NO

3. Minimum Standards Assurance YES NO

CLARITY & COMPLETENESS SCORE (max 25): _____

II. ORGANIZATIONAL CAPACITY (a maximum of 25 points)

A. PROGRAM EXPERIENCE

☐ None ☐ 1-5 years ☐ 5-9 years X 10+ years

B. Other Local Programs & Collaborative Efforts: (LIST)
Collaborate w/ health and human service agencies throughout Branch Co. and surrounding counties, MDHHS, Pines, Hospital, clinics, apartment complexes, CHA, COA, etc.

C. Other Funds to Support the Program(s)? YES NO
Other Federal, state and local millage

D. METHOD OF PRIORITIZATION & TARGETING

E. QUALITY IMPROVEMENT/ASSURANCE YES NO
Describe: ongoing rider and family feedback, LAC committee

ORGANIZATIONAL CAPACITY SCORE (max 25): _____

III. COST (a maximum of 50 points)

A. BUDGET COMPLETE? YES NO

B. UNIT RATE DETAIL **Bidder** **Other Comparison**

Grant Funds Requested	20,735	
Total Unit Rate	4.31	
Grant Unit Rate	3.66	
Number of Units	5537	
Program Income	227	
Unduplicated Clients Served	180	

Notes:

COST SCORE (max 50): _____

TOTAL SCORE (maximum 100): _____

Branch-St. Joseph AAA (IIIC)
FY2027-2029 PROPOSAL SUMMARY SHEET

BIDDER: BCTrans **DATE OF REVIEW: 8/3/26**
(competitive bid)

PROGRAM: Transportation **REVIEWED BY: LS**

COMPETITIVE BID? XXXX Yes No

I. CLARITY AND COMPLETENESS (maximum of 25 points)

A. PROGRAM PLAN/OBJECTIVES:

1. The proposal addresses the minimum standards for the described program? YES NO

2. Innovation: perceived innovative aspects are listed? YES NO

3. Outcome measures are identified? Time limited? Measurable? LIST: YES NO

4. Person-Centered Thinking activities/intent is identified? Serve all and rider-focused! YES NO

B. ASSURANCES

1. Agreement YES NO

2. HHS-441 YES NO

3. Minimum Standards Assurance YES NO

CLARITY & COMPLETENESS SCORE (max 25): _____

II. ORGANIZATIONAL CAPACITY (a maximum of 25 points)

A. PROGRAM EXPERIENCE

☐ None ☐ 1-5 years ☐ 5-9 years X 10+ years

B. Other Local Programs & Collaborative Efforts: (LIST)
Collaborate w/ health and human service agencies throughout Branch Co. and surrounding counties, MDHHS, Pines, Hospital, clinics, etc.

C. Other Funds to Support the Program(s)? YES NO
local millage

D. METHOD OF PRIORITIZATION & TARGETING
To support transportation to medical appointments, in and out of county/state, caregivers

E. QUALITY IMPROVEMENT/ASSURANCE YES NO
Describe: ongoing rider and family feedback, LAC committee

ORGANIZATIONAL CAPACITY SCORE (max 25): _____

III. COST (a maximum of 50 points)

A. BUDGET COMPLETE? YES NO

B. UNIT RATE DETAIL **Bidder** **Other Comparison**

Grant Funds Requested	3,000	
Total Unit Rate	46.60	
Grant Unit Rate	16.00	
Number of Units	312	
Program Income	900	
Unduplicated Clients Served	60	

Notes:

COST SCORE (max 50): _____

TOTAL SCORE (maximum 100): _____

Branch-St. Joseph AAA (IIIC)
FY2027-2029 PROPOSAL SUMMARY SHEET

BIDDER: Branch COA **DATE OF REVIEW: 8/3/26**
(code if competitive bid)
PROGRAM: Respite Care **REVIEWED BY: LS**

COMPETITIVE BID? ☐Yes XNo

I. CLARITY AND COMPLETENESS (maximum of 25 points)

A. PROGRAM PLAN/OBJECTIVES:

1. The proposal addresses the minimum standards for the described program? YES NO

2. Innovation: perceived innovative aspects are listed? YES NO
person centered approach; outside providers for out of home respite or eve/weekend respite

3. Outcome measures are identified? Time limited? YES NO
Measurable? LIST:
Improved health, safety, well-being, & support for family caregivers

4. Person-Centered Thinking activities/intent is identified? YES NO
Yes, throughout

B. ASSURANCES

1. Agreement YES NO

2. HHS-441 YES NO

3. Minimum Standards Assurance YES NO

CLARITY & COMPLETENESS SCORE (max 25): _____

II. ORGANIZATIONAL CAPACITY (a maximum of 25 points)

A. PROGRAM EXPERIENCE

☐ None ☐ 1-5 years ☐ 5-9 years X 10+ years

B. Other Local Programs & Collaborative Efforts: (LIST)
In home services, senior nutrition programs, senior center activities
Caregiver programs, tax prep, health/wellness programming, medicare counseling
Noon Club – volunteers

C. Other Funds to Support the Program(s)? YES NO
Senior millage

D. METHOD OF PRIORITIZATION & TARGETING
Including all racial/ethnic communities and LGBTQ+ communities
Those greatest in social, economic and/or functional need including all racial/ethnic communities and marginalized communities

E. QUALITY IMPROVEMENT/ASSURANCE YES NO
Describe: ongoing participant and family feedback, provider feedback and survey data

ORGANIZATIONAL CAPACITY SCORE (max 25): _____

III. COST (a maximum of 50 points)

A. BUDGET COMPLETE? YES NO

B. UNIT RATE DETAIL **Bidder** **Other Comparison**

Grant Funds Requested	9886 (respite) + 6720 (avail. adult day) = 16,606	
Total Unit Rate	InHm 42.32 OutHm POS	
Grant Unit Rate	InHm 14.91 OutHm POS	
Number of Units	1700 InHm 4 OutHm	
Program Income	3500	
Unduplicated Clients Served	36 InHm ???OutHm	

Notes:
$0 other resources noted on all BCOA budgets

COST SCORE (max 50): _____

TOTAL SCORE (maximum 100): _____

Branch-St. Joseph AAA (IIIC)
FY2027-2029 PROPOSAL SUMMARY SHEET

BIDDER: Legal Services of South Central Michigan **DATE OF REVIEW: 8/3/26**
(code if competitive bid)

PROGRAM: Legal Services **REVIEWED BY: LS**

COMPETITIVE BID? ☐Yes XNo

I. CLARITY AND COMPLETENESS (maximum of 25 points)

A. PROGRAM PLAN/OBJECTIVES:

1. The proposal addresses the minimum standards for the described program? YES NO

2. Innovation: perceived innovative aspects are listed? YES NO
person centered approach; empowerment focused

3. Outcome measures are identified? Time limited? YES NO
Measurable? LIST:
"Justice Server" data system; track resolved cases & outcomes; client satisfaction questionnaires; verbal & written feedback at presentations;

4. Person-Centered Thinking activities/intent is identified? YES NO
Yes, throughout

B. ASSURANCES

1. Agreement YES NO

2. HHS-441 YES NO

3. Minimum Standards Assurance YES NO

CLARITY & COMPLETENESS SCORE (max 25): _____

II. ORGANIZATIONAL CAPACITY (a maximum of 25 points)

A. PROGRAM EXPERIENCE

☐ None ☐ 1-5 years ☐ 5-9 years XX 10+ years (1962)

B. Other Local Programs & Collaborative Efforts: (LIST)
211, Community Action, Legal Hotline for MI Seniors, local senior centers, AAA; health fairs, IDT meetings

C. Other Funds to Support the Program(s)? YES NO
Legal Aid of Western Michigan (collab to support StJoe Co)
Legal Services Corporation, Branch Co. United Way

D. METHOD OF PRIORITIZATION & TARGETING
Including all racial/ethnic communities and LGBTQ+ communities
Those greatest in social, economic and/or functional need including all racial/ethnic communities and marginalized communities

E. QUALITY IMPROVEMENT/ASSURANCE YES NO
Describe: ongoing participant and family feedback, provider feedback and survey data; community partner feedback

ORGANIZATIONAL CAPACITY SCORE (max 25): _____

III. COST (a maximum of 50 points)

A. BUDGET COMPLETE? YES NO

B. UNIT RATE DETAIL **Bidder** **Other Comparison**

Grant Funds Requested	12000	
Total Unit Rate	57.00	
Grant Unit Rate	50.00	
Number of Units	240	
Program Income	0	
Unduplicated Clients Served	50 (+at least 25 more during education presentations)	

Notes:
$0 other resources noted on all BCOA budgets

COST SCORE (max 50): _____

TOTAL SCORE (maximum 100): _____

Branch-St. Joseph AAA (IIIC)
FY2027-2029 PROPOSAL SUMMARY SHEET

BIDDER: SJC COA **DATE OF REVIEW: 8/3/26**
(code if competitive bid)
PROGRAM: Caregiver Education **REVIEWED BY: LS**

COMPETITIVE BID? ☐Yes XNo

I. CLARITY AND COMPLETENESS (maximum of 25 points)

A. PROGRAM PLAN/OBJECTIVES:

1. The proposal addresses the minimum standards for the described program? YES NO

2. Innovation: perceived innovative aspects are listed? YES NO

3. Outcome measures are identified? Time limited? YES NO
Measurable? LIST:
Improved health, safety, well being, & support for family caregivers

4. Person-Centered Thinking activities/intent is identified? YES NO
Yes, throughout

B. ASSURANCES

1. Agreement YES NO

2. HHS-441 YES NO

3. Minimum Standards Assurance YES NO

CLARITY & COMPLETENESS SCORE (max 25): _____

II. ORGANIZATIONAL CAPACITY (a maximum of 25 points)

A. PROGRAM EXPERIENCE

☐ None ☐ 1-5 years ☐ 5-9 years X 10+ years

B. Other Local Programs & Collaborative Efforts: (LIST)
In home services, senior nutrition programs, senior center activities Caregiver programs, housing/apartment rentals, tax prep, health/wellness programming, medicare counseling

C. Other Funds to Support the Program(s)? YES NO
Senior millage

D. METHOD OF PRIORITIZATION & TARGETING
Including all racial/ethnic communities and LGBTQ+ communities
Those greatest in social, economic and/or functional need including all racial/ethnic communities and marginalized communities

E. QUALITY IMPROVEMENT/ASSURANCE YES NO
Describe: ongoing participant and family feedback, provider feedback and survey data

ORGANIZATIONAL CAPACITY SCORE (max 25): _____

III. COST (a maximum of 50 points)

A. BUDGET COMPLETE? YES NO
Proposed all IIIE/Caregiver funds into one program : Education (No support groups, No Training) One annual event and 'incorporate into other community activities as appropriate'. Budget does need corrections re: detail page – unallowable costs

B. UNIT RATE DETAIL **Bidder** **Other Comparison**

Grant Funds Requested	11,051	
Total Unit Rate	POS	
Grant Unit Rate	POS	
Number of Units	24	
Program Income	0	
Unduplicated Clients Served	60	

Notes:

COST SCORE (max 50): _____

TOTAL SCORE (maximum 100): _____

Branch-St. Joseph AAA (IIIC)
FY2027-2029 PROPOSAL SUMMARY SHEET

BIDDER: SJC COA **DATE OF REVIEW: 8/3/26**
(code if competitive bid)
PROGRAM: Case Coordination & Support **REVIEWED BY: LS**

COMPETITIVE BID? ☐Yes XNo

I. CLARITY AND COMPLETENESS (maximum of 25 points)

A. PROGRAM PLAN/OBJECTIVES:

1. The proposal addresses the minimum standards for the described program? YES NO

2. Innovation: perceived innovative aspects are listed? YES NO
person centered approach

3. Outcome measures are identified? Time limited? YES NO
Measurable? LIST:
Improved health, safety, well being, & support for family caregivers

4. Person-Centered Thinking activities/intent is identified? YES NO
Yes, throughout

B. ASSURANCES

1. Agreement YES NO

2. HHS-441 YES NO

3. Minimum Standards Assurance YES NO

CLARITY & COMPLETENESS SCORE (max 25): _____

II. ORGANIZATIONAL CAPACITY (a maximum of 25 points)

A. PROGRAM EXPERIENCE

☐ None ☐ 1-5 years ☐ 5-9 years X 10+ years

B. Other Local Programs & Collaborative Efforts: (LIST)
In home services, senior nutrition programs, senior center activities Caregiver programs, housing/apartment rentals, tax prep, health/wellness programming, medicare counseling

C. Other Funds to Support the Program(s)? YES NO
Senior millage

D. METHOD OF PRIORITIZATION & TARGETING
Including all racial/ethnic communities and LGBTQ+ communities
Those greatest in social, economic and/or functional need including all racial/ethnic communities and marginalized communities

E. QUALITY IMPROVEMENT/ASSURANCE YES NO
Describe: ongoing participant and family feedback, provider feedback and survey data

ORGANIZATIONAL CAPACITY SCORE (max 25): _____

III. COST (a maximum of 50 points)

A. BUDGET COMPLETE? YES NO

B. UNIT RATE DETAIL **Bidder** **Other Comparison**

Grant Funds Requested	8589	
Total Unit Rate	63.44	
Grant Unit Rate	56.14	
Number of Units	153	
Program Income	0	
Unduplicated Clients Served	78	

Notes:

COST SCORE (max 50): _____

TOTAL SCORE (maximum 100): _____

Branch-St. Joseph AAA (IIIC)
FY2027-2029 PROPOSAL SUMMARY SHEET

BIDDER: SJC COA **DATE OF REVIEW: 8/3/26**
(code if competitive bid)
PROGRAM: Chore **REVIEWED BY: LS**

COMPETITIVE BID? ☐Yes XNo

I. CLARITY AND COMPLETENESS (maximum of 25 points)

A. PROGRAM PLAN/OBJECTIVES:

1. The proposal addresses the minimum standards for the described program? YES NO

2. Innovation: perceived innovative aspects are listed? YES NO
New operating standard, person centered approach
Use other sources of funding/benefit programs first

3. Outcome measures are identified? Time limited? YES NO
Measurable? LIST:
Improved health, safety, well being, & support for family caregivers

4. Person-Centered Thinking activities/intent is identified? YES NO
Yes, throughout

B. ASSURANCES

1. Agreement YES NO

2. HHS-441 YES NO

3. Minimum Standards Assurance YES NO

CLARITY & COMPLETENESS SCORE (max 25): _____

II. ORGANIZATIONAL CAPACITY (a maximum of 25 points)

A. PROGRAM EXPERIENCE

☐ None ☐ 1-5 years ☐ 5-9 years X 10+ years

B. Other Local Programs & Collaborative Efforts: (LIST)
In home services, senior nutrition programs, senior center activities Caregiver programs, housing/apartment rentals, tax prep, health/wellness programming, medicare counseling

C. Other Funds to Support the Program(s)? YES NO
Senior millage

D. METHOD OF PRIORITIZATION & TARGETING
Including all racial/ethnic communities and LGBTQ+ communities
Those greatest in social, economic and/or functional need including all racial/ethnic communities and marginalized communities

E. QUALITY IMPROVEMENT/ASSURANCE YES NO
Describe: ongoing participant and family feedback, provider feedback and survey data

ORGANIZATIONAL CAPACITY SCORE (max 25): _____

III. COST (a maximum of 50 points)

A. BUDGET COMPLETE? YES NO

B. UNIT RATE DETAIL **Bidder** **Other Comparison**

Grant Funds Requested	4640	
Total Unit Rate	45.38	
Grant Unit Rate	34.27	
Number of Units	135	
Program Income	900	
Unduplicated Clients Served	12	

Notes:

COST SCORE (max 50): _____

TOTAL SCORE (maximum 100): _____

Branch-St. Joseph AAA (IIIC)
FY2027-2029 PROPOSAL SUMMARY SHEET

BIDDER: SJC COA **DATE OF REVIEW: 8/3/26**
(code if competitive bid)
PROGRAM: Caregiver Education **REVIEWED BY: LS**

COMPETITIVE BID? ☐Yes XNo

I. CLARITY AND COMPLETENESS (maximum of 25 points)

A. PROGRAM PLAN/OBJECTIVES:

1. The proposal addresses the minimum standards for the described program? YES NO

2. Innovation: perceived innovative aspects are listed? YES NO

3. Outcome measures are identified? Time limited? YES NO
Measurable? LIST:
Improved health, safety, well being, & support for family caregivers

4. Person-Centered Thinking activities/intent is identified? YES NO
Yes, throughout

B. ASSURANCES

1. Agreement YES NO

2. HHS-441 YES NO

3. Minimum Standards Assurance YES NO

CLARITY & COMPLETENESS SCORE (max 25): _____

II. ORGANIZATIONAL CAPACITY (a maximum of 25 points)

A. PROGRAM EXPERIENCE

☐ None ☐ 1-5 years ☐ 5-9 years X 10+ years

B. Other Local Programs & Collaborative Efforts: (LIST)
In home services, senior nutrition programs, senior center activities Caregiver programs, housing/apartment rentals, tax prep, health/wellness programming, medicare counseling

C. Other Funds to Support the Program(s)? YES NO
Senior millage

D. METHOD OF PRIORITIZATION & TARGETING
Including all racial/ethnic communities and LGBTQ+ communities
Those greatest in social, economic and/or functional need including all racial/ethnic communities and marginalized communities

E. QUALITY IMPROVEMENT/ASSURANCE YES NO
Describe: ongoing participant and family feedback, provider feedback and survey data

ORGANIZATIONAL CAPACITY SCORE (max 25): _____

III. COST (a maximum of 50 points)

A. BUDGET COMPLETE? YES NO
Proposed all IIIE/Caregiver funds into one program : Education (No support groups, No Training) One annual event and 'incorporate into other community activities as appropriate'.

B. UNIT RATE DETAIL **Bidder** **Other Comparison**

Grant Funds Requested	11,051	
Total Unit Rate	POS	
Grant Unit Rate	POS	
Number of Units	24	
Program Income	0	
Unduplicated Clients Served	60	

Notes:

COST SCORE (max 50): _____

TOTAL SCORE (maximum 100): _____

Branch-St. Joseph AAA (IIIC)
FY2027-2029 PROPOSAL SUMMARY SHEET

BIDDER: SJC COA **DATE OF REVIEW: 8/3/26**
(code if competitive bid)
PROGRAM: Friendly Reassurance **REVIEWED BY: LS**

COMPETITIVE BID? ☐Yes XNo

I. CLARITY AND COMPLETENESS (maximum of 25 points)

A. PROGRAM PLAN/OBJECTIVES:

1. The proposal addresses the minimum standards for the described program? YES NO

2. Innovation: perceived innovative aspects are listed? YES NO
person centered approach

3. Outcome measures are identified? Time limited? YES NO
Measurable? LIST:
Improved health, safety, well being, & support for family caregivers

4. Person-Centered Thinking activities/intent is identified? YES NO
Yes, throughout

B. ASSURANCES

1. Agreement YES NO

2. HHS-441 YES NO

3. Minimum Standards Assurance YES NO

CLARITY & COMPLETENESS SCORE (max 25): _____

II. ORGANIZATIONAL CAPACITY (a maximum of 25 points)

A. PROGRAM EXPERIENCE

☐ None ☐ 1-5 years ☐ 5-9 years X 10+ years

B. Other Local Programs & Collaborative Efforts: (LIST)
In home services, senior nutrition programs, senior center activities Caregiver programs, housing/apartment rentals, tax prep, health/wellness programming, medicare counseling

C. Other Funds to Support the Program(s)? YES NO
Senior millage

D. METHOD OF PRIORITIZATION & TARGETING
Including all racial/ethnic communities and LGBTQ+ communities
Those greatest in social, economic and/or functional need including all racial/ethnic communities and marginalized communities

E. QUALITY IMPROVEMENT/ASSURANCE YES NO
Describe: ongoing participant and family feedback, provider feedback and survey data

ORGANIZATIONAL CAPACITY SCORE (max 25): _____

III. COST (a maximum of 50 points)

A. BUDGET COMPLETE? YES NO

B. UNIT RATE DETAIL **Bidder** **Other Comparison**

Grant Funds Requested	2320	
Total Unit Rate	POS	
Grant Unit Rate	POS	
Number of Units	2464	
Program Income	0	
Unduplicated Clients Served	51	

Notes:

COST SCORE (max 50): _____

TOTAL SCORE (maximum 100): _____

Branch-St. Joseph AAA (IIIC)
FY2027-2029 PROPOSAL SUMMARY SHEET

BIDDER: SJC COA **DATE OF REVIEW: 8/3/26**
(code if competitive bid)
PROGRAM: Health Promotion -EVIDENCE Based REVIEWED BY: LS

COMPETITIVE BID? ☐Yes XNo

I. CLARITY AND COMPLETENESS (maximum of 25 points)

A. PROGRAM PLAN/OBJECTIVES:

1. The proposal addresses the minimum standards for the described program? YES NO

Proposal does not specify what evidence based programs SJCOA will provide throughout FY27-29

2. Innovation: perceived innovative aspects are listed? YES NO

person centered approach

3. Outcome measures are identified? Time limited? YES NO
Measurable? LIST:

Improved health, safety, well being, & support for family caregivers

4. Person-Centered Thinking activities/intent is identified? YES NO
Yes, throughout

B. ASSURANCES

1. Agreement YES NO

2. HHS-441 YES NO

3. Minimum Standards Assurance YES NO

CLARITY & COMPLETENESS SCORE (max 25): _____

II. ORGANIZATIONAL CAPACITY (a maximum of 25 points)

A. PROGRAM EXPERIENCE

☐ None ☐ 1-5 years ☐ 5-9 years X 10+ years

B. Other Local Programs & Collaborative Efforts: (LIST)
In home services, senior nutrition programs, senior center activities Caregiver programs, housing/apartment rentals, tax prep, health/wellness programming, medicare counseling

C. Other Funds to Support the Program(s)? YES NO
Senior millage

D. METHOD OF PRIORITIZATION & TARGETING
Including all racial/ethnic communities and LGBTQ+ communities
Those greatest in social, economic and/or functional need including all racial/ethnic communities and marginalized communities

E. QUALITY IMPROVEMENT/ASSURANCE YES NO
Describe: ongoing participant and family feedback, provider feedback and survey data

ORGANIZATIONAL CAPACITY SCORE (max 25): _____

III. COST (a maximum of 50 points)

A. BUDGET COMPLETE? YES NO

B. UNIT RATE DETAIL **Bidder** **Other Comparison**

Grant Funds Requested	7886 (request non-evid. Based into evidence based)	
Total Unit Rate	POS	
Grant Unit Rate	POS	
Number of Units	728	
Program Income	0	
Unduplicated Clients Served	252	

Notes: Currently provide SAIL (stay active and independent for life) and arthritis foundation programming

COST SCORE (max 50): _____

TOTAL SCORE (maximum 100): _____

Branch-St. Joseph AAA (IIIC)
FY2027-2029 PROPOSAL SUMMARY SHEET

BIDDER: SJC COA **DATE OF REVIEW: 8/3/26**
(code if competitive bid)
PROGRAM: Home Delivered Meals **REVIEWED BY: LS**

COMPETITIVE BID? ☐Yes XNo

I. CLARITY AND COMPLETENESS (maximum of 25 points)

A. PROGRAM PLAN/OBJECTIVES:

1. The proposal addresses the minimum standards for the described program? YES NO

2. Innovation: perceived innovative aspects are listed? YES NO

3. Outcome measures are identified? Time limited? YES NO
Measurable? LIST:
Improved health, safety, well being, & support for family caregivers

4. Person-Centered Thinking activities/intent is identified? YES NO
Yes, throughout

B. ASSURANCES

1. Agreement YES NO

2. HHS-441 YES NO

3. Minimum Standards Assurance YES NO

CLARITY & COMPLETENESS SCORE (max 25): _____

II. ORGANIZATIONAL CAPACITY (a maximum of 25 points)

A. PROGRAM EXPERIENCE

☐ None ☐ 1-5 years ☐ 5-9 years X 10+ years

B. Other Local Programs & Collaborative Efforts: (LIST)
In home services, senior nutrition programs, senior center activities Caregiver programs, housing/apartment rentals, tax prep, health/wellness programming, medicare counseling

C. Other Funds to Support the Program(s)? YES NO
Senior millage

D. METHOD OF PRIORITIZATION & TARGETING
Including all racial/ethnic communities and LGBTQ+ communities
Those greatest in social, economic and/or functional need including all racial/ethnic communities and marginalized communities

E. QUALITY IMPROVEMENT/ASSURANCE YES NO
Describe: ongoing participant and family feedback, provider feedback and survey data

ORGANIZATIONAL CAPACITY SCORE (max 25): _____

III. COST (a maximum of 50 points)

A. BUDGET COMPLETE? YES NO

Currently serving 500+ HDM participants

B. UNIT RATE DETAIL **Bidder** **Other Comparison**

Grant Funds Requested	197,821	
Total Unit Rate	10.28	
Grant Unit Rate	7.03	
Number of Units	28132	
Program Income	165,669	
Unduplicated Clients Served	125	

Notes:
$0 “Other Resources” indicated on any SJCOA proposal/budget
Project Advisory Council involvement/role not noted in proposal

COST SCORE (max 50): _____

TOTAL SCORE (maximum 100): _____

Branch-St. Joseph AAA (IIIC)
FY2027-2029 PROPOSAL SUMMARY SHEET

BIDDER: SJC COA **DATE OF REVIEW: 8/3/26**
(code if competitive bid)
PROGRAM: Homemaking **REVIEWED BY: LS**

COMPETITIVE BID? ☐Yes XNo

I. CLARITY AND COMPLETENESS (maximum of 25 points)

A. PROGRAM PLAN/OBJECTIVES:

1. The proposal addresses the minimum standards for the described program? YES NO

2. Innovation: perceived innovative aspects are listed? YES NO
New operating standard, person centered approach
Use other sources of funding/benefit programs first

3. Outcome measures are identified? Time limited? YES NO
Measurable? LIST:
Improved health, safety, well being, & support for family caregivers

4. Person-Centered Thinking activities/intent is identified? YES NO
Yes, throughout

B. ASSURANCES

1. Agreement YES NO

2. HHS-441 YES NO

3. Minimum Standards Assurance YES NO

CLARITY & COMPLETENESS SCORE (max 25): _____

II. ORGANIZATIONAL CAPACITY (a maximum of 25 points)

A. PROGRAM EXPERIENCE

☐ None ☐ 1-5 years ☐ 5-9 years X 10+ years

B. Other Local Programs & Collaborative Efforts: (LIST)
In home services, senior nutrition programs, senior center activities Caregiver programs, housing/apartment rentals, tax prep, health/wellness programming, medicare counseling

C. Other Funds to Support the Program(s)? YES NO
Senior millage

D. METHOD OF PRIORITIZATION & TARGETING
Including all racial/ethnic communities and LGBTQ+ communities
Those greatest in social, economic and/or functional need including all racial/ethnic communities and marginalized communities

E. QUALITY IMPROVEMENT/ASSURANCE YES NO
Describe: ongoing participant and family feedback, provider feedback and survey data

ORGANIZATIONAL CAPACITY SCORE (max 25): _____

III. COST (a maximum of 50 points)

A. BUDGET COMPLETE? YES NO

B. UNIT RATE DETAIL **Bidder** **Other Comparison**

Grant Funds Requested	45820	
Total Unit Rate	44.42	
Grant Unit Rate	31.89	
Number of Units	1437	
Program Income	12064	
Unduplicated Clients Served	86? w/ waitlist of 50 currently	

Notes:

COST SCORE (max 50): _____

TOTAL SCORE (maximum 100): _____

Branch-St. Joseph AAA (IIIC)
FY2027-2029 PROPOSAL SUMMARY SHEET

BIDDER: SJC COA **DATE OF REVIEW: 8/3/26**
(code if competitive bid)
PROGRAM: Home Repair **REVIEWED BY: LS**

COMPETITIVE BID? ☐Yes XNo

I. CLARITY AND COMPLETENESS (maximum of 25 points)

A. PROGRAM PLAN/OBJECTIVES:

1. The proposal addresses the minimum standards for the described program? YES NO

2. Innovation: perceived innovative aspects are listed? YES NO
New operating standard, person centered approach
Use other sources of funding/benefit programs first

3. Outcome measures are identified? Time limited? YES NO
Measurable? LIST:
Improved health, safety, well being, & support for family caregivers

4. Person-Centered Thinking activities/intent is identified? YES NO
Yes, throughout

B. ASSURANCES

1. Agreement YES NO

2. HHS-441 YES NO

3. Minimum Standards Assurance YES NO

CLARITY & COMPLETENESS SCORE (max 25): _____

II. ORGANIZATIONAL CAPACITY (a maximum of 25 points)

A. PROGRAM EXPERIENCE

☐ None ☐ 1-5 years ☐ 5-9 years X 10+ years

B. Other Local Programs & Collaborative Efforts: (LIST)
In home services, senior nutrition programs, senior center activities Caregiver programs, housing/apartment rentals, tax prep, health/wellness programming, medicare counseling

C. Other Funds to Support the Program(s)? YES NO
Senior millage

D. METHOD OF PRIORITIZATION & TARGETING
Including all racial/ethnic communities and LGBTQ+ communities
Those greatest in social, economic and/or functional need including all racial/ethnic communities and marginalized communities

E. QUALITY IMPROVEMENT/ASSURANCE YES NO
Describe: ongoing participant and family feedback, provider feedback and survey data

ORGANIZATIONAL CAPACITY SCORE (max 25): _____

III. COST (a maximum of 50 points)

A. BUDGET COMPLETE? YES NO

B. UNIT RATE DETAIL **Bidder** **Other Comparison**

Grant Funds Requested	2900	
Total Unit Rate	POS	
Grant Unit Rate	POS	
Number of Units	36	
Program Income	0	
Unduplicated Clients Served	12	

Notes:

COST SCORE (max 50): _____

TOTAL SCORE (maximum 100): _____

Branch-St. Joseph AAA (IIIC)
FY2027-2029 PROPOSAL SUMMARY SHEET

BIDDER: SJC COA **DATE OF REVIEW: 8/3/26**
(code if competitive bid)
PROGRAM: Personal Care **REVIEWED BY: LS**

COMPETITIVE BID? ☐Yes XNo

I. CLARITY AND COMPLETENESS (maximum of 25 points)

A. PROGRAM PLAN/OBJECTIVES:

1. The proposal addresses the minimum standards for the described program? YES NO

2. Innovation: perceived innovative aspects are listed? YES NO
New operating standard, person centered approach
Use other sources of funding/benefit programs first

3. Outcome measures are identified? Time limited? YES NO
Measurable? LIST:
Improved health, safety, well being, & support for family caregivers

4. Person-Centered Thinking activities/intent is identified? YES NO
Yes, throughout

B. ASSURANCES

1. Agreement YES NO

2. HHS-441 YES NO

3. Minimum Standards Assurance YES NO

CLARITY & COMPLETENESS SCORE (max 25): _____

II. ORGANIZATIONAL CAPACITY (a maximum of 25 points)

A. PROGRAM EXPERIENCE

☐ None ☐ 1-5 years ☐ 5-9 years X 10+ years

B. Other Local Programs & Collaborative Efforts: (LIST)
In home services, senior nutrition programs, senior center activities Caregiver programs, housing/apartment rentals, tax prep, health/wellness programming, medicare counseling

C. Other Funds to Support the Program(s)? YES NO
Senior millage

D. METHOD OF PRIORITIZATION & TARGETING
Including all racial/ethnic communities and LGBTQ+ communities
Those greatest in social, economic and/or functional need including all racial/ethnic communities and marginalized communities

E. QUALITY IMPROVEMENT/ASSURANCE YES NO
Describe: ongoing participant and family feedback, provider feedback and survey data

ORGANIZATIONAL CAPACITY SCORE (max 25): _____

III. COST (a maximum of 50 points)

A. BUDGET COMPLETE? YES NO

B. UNIT RATE DETAIL **Bidder** **Other Comparison**

Grant Funds Requested	17412	
Total Unit Rate	46.20	
Grant Unit Rate	38.69	
Number of Units	450	
Program Income	1113	
Unduplicated Clients Served	16 w/ waitlist currently	

Notes:

COST SCORE (max 50): _____

TOTAL SCORE (maximum 100): _____

Branch-St. Joseph AAA (IIIC)
FY2027-2029 PROPOSAL SUMMARY SHEET

BIDDER: SJC COA **DATE OF REVIEW: 8/3/26**
(code if competitive bid)
PROGRAM: Respite Care **REVIEWED BY: LS**

COMPETITIVE BID? ☐Yes XNo

I. CLARITY AND COMPLETENESS (maximum of 25 points)

A. PROGRAM PLAN/OBJECTIVES:

1. The proposal addresses the minimum standards for the described program? YES NO

2. Innovation: perceived innovative aspects are listed? YES NO
New operating standard, person centered approach
Use other sources of funding/benefit programs first

3. Outcome measures are identified? Time limited? YES NO
Measurable? LIST:
Improved health, safety, well being, & support for family caregivers

4. Person-Centered Thinking activities/intent is identified? YES NO
Yes, throughout

B. ASSURANCES

1. Agreement YES NO

2. HHS-441 YES NO

3. Minimum Standards Assurance YES NO

CLARITY & COMPLETENESS SCORE (max 25): _____

II. ORGANIZATIONAL CAPACITY (a maximum of 25 points)

A. PROGRAM EXPERIENCE

☐ None ☐ 1-5 years ☐ 5-9 years X 10+ years

B. Other Local Programs & Collaborative Efforts: (LIST)
In home services, senior nutrition programs, senior center activities Caregiver programs, housing/apartment rentals, tax prep, health/wellness programming, medicare counseling

C. Other Funds to Support the Program(s)? YES NO
Senior millage

D. METHOD OF PRIORITIZATION & TARGETING
Including all racial/ethnic communities and LGBTQ+ communities
Those greatest in social, economic and/or functional need including all racial/ethnic communities and marginalized communities

E. QUALITY IMPROVEMENT/ASSURANCE YES NO
Describe: ongoing participant and family feedback, provider feedback and survey data

ORGANIZATIONAL CAPACITY SCORE (max 25): _____

III. COST (a maximum of 50 points)

A. BUDGET COMPLETE? YES NO

B. UNIT RATE DETAIL **Bidder** **Other Comparison**

Grant Funds Requested	13653 + request to use Adult Day funds avail. 9280 = 22933	
Total Unit Rate	46.20 IH POS out of home	
Grant Unit Rate	37.14 IH POS out of home	
Number of Units	358 IH 243 out of home	
Program Income	1100	
Unduplicated Clients Served	6 IH 6 out of home	

Notes:

COST SCORE (max 50): _____
TOTAL SCORE (maximum 100): _____

Branch-St. Joseph AAA (IIIC)
FY2027-2029 PROPOSAL SUMMARY SHEET

BIDDER: SJC COA **DATE OF REVIEW: 8/3/26**
(code if competitive bid)
PROGRAM: Unmet Needs **REVIEWED BY: LS**

COMPETITIVE BID? ☐Yes XNo

I. CLARITY AND COMPLETENESS (maximum of 25 points)

A. PROGRAM PLAN/OBJECTIVES:

1. The proposal addresses the minimum standards for the described program? YES NO

2. Innovation: perceived innovative aspects are listed? YES NO
New operating standard, person centered approach
Use other sources of funding/benefit programs first

3. Outcome measures are identified? Time limited? YES NO
Measurable? LIST:
Improved health safety well being

4. Person-Centered Thinking activities/intent is identified? YES NO
Yes, throughout

B. ASSURANCES

1. Agreement YES NO

2. HHS-441 YES NO

3. Minimum Standards Assurance YES NO

CLARITY & COMPLETENESS SCORE (max 25): _____

II. ORGANIZATIONAL CAPACITY (a maximum of 25 points)

A. PROGRAM EXPERIENCE

☐ None ☐ 1-5 years ☐ 5-9 years X 10+ years

B. Other Local Programs & Collaborative Efforts: (LIST)
In home services, senior nutrition programs, senior center activities Caregiver programs, housing/apartment rentals, tax prep, health/wellness programming, medicare counseling

C. Other Funds to Support the Program(s)? YES NO
Senior millage

D. METHOD OF PRIORITIZATION & TARGETING
Including all racial/ethnic communities and LGBTQ+ communities
Those greatest in social, economic and/or functional need including all racial/ethnic communities and marginalized communities

E. QUALITY IMPROVEMENT/ASSURANCE YES NO
Describe: ongoing participant and family feedback, provider feedback and survey data

ORGANIZATIONAL CAPACITY SCORE (max 25): _____

III. COST (a maximum of 50 points)

A. BUDGET COMPLETE? YES NO

B. UNIT RATE DETAIL **Bidder** **Other Comparison**

Grant Funds Requested	1740	
Total Unit Rate	POS	
Grant Unit Rate	POS	
Number of Units	12	
Program Income	0	
Unduplicated Clients Served	12	

Notes:

COST SCORE (max 50): _____

TOTAL SCORE (maximum 100): _____

Branch-St. Joseph AAA (IIIC)
FY2027-2029 PROPOSAL SUMMARY SHEET

BIDDER: SJC Transportation Authority **DATE OF REVIEW: 8/3/26**
(code if competitive bid)
PROGRAM: Transportation **REVIEWED BY: LS**

COMPETITIVE BID? ☐Yes XNo

I. CLARITY AND COMPLETENESS (maximum of 25 points)

A. PROGRAM PLAN/OBJECTIVES:

1. The proposal addresses the minimum standards for the described program? YES NO

2. Innovation: perceived innovative aspects are listed? YES NO
Collaboration w/ many community organizations
And medical offices/clinics, COA, MDHHS, etc

3. Outcome measures are identified? Time limited? YES NO
Measurable? LIST:

4. Person-Centered Thinking activities/intent is identified? YES NO

B. ASSURANCES

1. Agreement YES NO

2. HHS-441 YES NO

3. Minimum Standards Assurance YES NO

CLARITY & COMPLETENESS SCORE (max 25): _____

II. ORGANIZATIONAL CAPACITY (a maximum of 25 points)

A. PROGRAM EXPERIENCE

☐ None ☐ 1-5 years ☐ 5-9 years X 10+ years

B. Other Local Programs & Collaborative Efforts: (LIST)
Collaborate w/ health and human service agencies throughout stjoe and surrounding counties, MDHHS, Pivotal, Hospital/clinics, COA, etc.

C. Other Funds to Support the Program(s)? YES NO
Transit millage

D. METHOD OF PRIORITIZATION & TARGETING
All can ride, caregiver support, direct care workers ride free if assisting

E. QUALITY IMPROVEMENT/ASSURANCE YES NO
Describe: ongoing participant and family feedback, provider feedback and survey data

ORGANIZATIONAL CAPACITY SCORE (max 25): _____

III. COST (a maximum of 50 points)

A. BUDGET COMPLETE? YES NO

B. UNIT RATE DETAIL **Bidder** **Other Comparison**

Grant Funds Requested	37,223 ($8,588 MORE than available)	
Total Unit Rate	74.81	
Grant Unit Rate	17.57	
Number of Units	2118	
Program Income	10,000	
Unduplicated Clients Served	606	

Notes: Other Resources listed $105,385

COST SCORE (max 50): _____

TOTAL SCORE (maximum 100): _____

Branch-St. Joseph AAA (IIIC)
FY2027-2029 PROPOSAL SUMMARY SHEET

BIDDER: Kalamazoo HCS – AAA Region 3A **DATE OF REVIEW: 8/3/2026**
(code if competitive bid)
PROGRAM: Long Term Care Ombudsman Program **REVIEWED BY: LS**

COMPETITIVE BID? ☐Yes XXNo

I. CLARITY AND COMPLETENESS (maximum of 25 points)

A. PROGRAM PLAN/OBJECTIVES:

1. The proposal addresses the minimum standards for the described program? YES NO

2. Innovation: perceived innovative aspects are listed? YES NO

3. Outcome measures are identified? Time limited? Measurable? LIST: N/A YES NO

4. Person-Centered Thinking activities/intent is identified? N/A YES NO

B. ASSURANCES

1. Agreement N/A YES NO

2. HHS-441 YES NO

3. Minimum Standards Assurance YES NO

CLARITY & COMPLETENESS SCORE (max 25): _____

II. ORGANIZATIONAL CAPACITY (a maximum of 25 points)

A. PROGRAM EXPERIENCE

☐ None ☐ 1-5 years ☐ 5-9 years XX 10+ years

B. Other Local Programs & Collaborative Efforts: (LIST)

C. Other Funds to Support the Program(s)? YES NO
Local grants, Kzoo County general funds

D. METHOD OF PRIORITIZATION & TARGETING
Including all racial/ethnic communities and LGBTQ+ communities

E. QUALITY IMPROVEMENT/ASSURANCE YES NO
Describe: N/A

ORGANIZATIONAL CAPACITY SCORE (max 25): _____

III. COST (a maximum of 50 points)

A. BUDGET COMPLETE? YES NO

B. UNIT RATE DETAIL **Bidder** **Other Comparison**

Grant Funds Requested	2,000	
Total Unit Rate	See note below!	
Grant Unit Rate		
Number of Units		
Program Income		
Unduplicated Clients Served		

Notes: The LTCOP program is administered by Kzoo AAA3A since Regions 3A, 3B and 3C were designated in 1996. This grant meets our maintenance of effort requirement as required by ACLS Bureau. They now have 3 full-time long term care ombudsman staff, which allows for greater communication, more coverage of the 5 county service area, and more frequent participation in local community meetings (Advisory Committee, Adult Services, Improving Lives of Seniors, etc).

COST SCORE (max 50): _____

TOTAL SCORE (maximum 100): _____

Branch-St. Joseph AAA (IIIC)
FY2027-2029 PROPOSAL SUMMARY SHEET

BIDDER: Branch COA **DATE OF REVIEW: 8/3/26**
(code if competitive bid)
PROGRAM: Caregiver Support **REVIEWED BY: LS**

COMPETITIVE BID? ☐Yes XNo

I. CLARITY AND COMPLETENESS (maximum of 25 points)

A. PROGRAM PLAN/OBJECTIVES:

1. The proposal addresses the minimum standards for the described program? YES NO

2. Innovation: perceived innovative aspects are listed? YES NO
person centered approach; outside providers for out of home respite or eve/weekend respite; Health Promo collab w/ Browne Aquatic Ctr. Caregiver support collab w/ BCCADSV, Baptist Church, Pines

3. Outcome measures are identified? Time limited? YES NO
Measurable? LIST:
Improved health, safety, well-being, & support for family caregivers

4. Person-Centered Thinking activities/intent is identified? YES NO
Yes, throughout

B. ASSURANCES

1. Agreement YES NO

2. HHS-441 YES NO

3. Minimum Standards Assurance YES NO

CLARITY & COMPLETENESS SCORE (max 25): _____

II. ORGANIZATIONAL CAPACITY (a maximum of 25 points)

A. PROGRAM EXPERIENCE

☐ None ☐ 1-5 years ☐ 5-9 years X 10+ years

B. Other Local Programs & Collaborative Efforts: (LIST)
In home services, senior nutrition programs, senior center activities Caregiver programs, tax prep, health/wellness programming, medicare counseling Browne Aquatic Center/health promo
Noon Club – volunteers Caregiver support collab w/ BCCADSV, Baptist Church, Pines

C. Other Funds to Support the Program(s)? YES NO
Senior millage

D. METHOD OF PRIORITIZATION & TARGETING
Including all racial/ethnic communities and LGBTQ+ communities
Those greatest in social, economic and/or functional need including all racial/ethnic communities and marginalized communities

E. QUALITY IMPROVEMENT/ASSURANCE YES NO
Describe: ongoing participant and family feedback, provider feedback and survey data

ORGANIZATIONAL CAPACITY SCORE (max 25): _____

III. COST (a maximum of 50 points)

A. BUDGET COMPLETE? YES NO

B. UNIT RATE DETAIL **Bidder** **Other Comparison**

Grant Funds Requested	8003	
Total Unit Rate	POS	
Grant Unit Rate	POS	
Number of Units	48	
Program Income	0	
Unduplicated Clients Served	???	

Notes:
$0 other resources noted on all BCOA budgets

COST SCORE (max 50): _____

TOTAL SCORE (maximum 100): _____

Branch-St. Joseph AAA (IIIC)
FY2027-2029 PROPOSAL SUMMARY SHEET

BIDDER: Branch COA **DATE OF REVIEW: 8/3/26**
(code if competitive bid)
PROGRAM: Case Coordination and Support **REVIEWED BY: LS**

COMPETITIVE BID? ☐Yes XNo

I. CLARITY AND COMPLETENESS (maximum of 25 points)

A. PROGRAM PLAN/OBJECTIVES:

1. The proposal addresses the minimum standards for the described program? YES NO

2. Innovation: perceived innovative aspects are listed? YES NO
person centered approach

3. Outcome measures are identified? Time limited? YES NO
Measurable? LIST:
Improved health, safety, well-being, & support for family caregivers

4. Person-Centered Thinking activities/intent is identified? YES NO
Yes, throughout

B. ASSURANCES

1. Agreement YES NO

2. HHS-441 YES NO

3. Minimum Standards Assurance YES NO

CLARITY & COMPLETENESS SCORE (max 25): _____

II. ORGANIZATIONAL CAPACITY (a maximum of 25 points)

A. PROGRAM EXPERIENCE

☐ None ☐ 1-5 years ☐ 5-9 years X 10+ years

B. Other Local Programs & Collaborative Efforts: (LIST)
In home services, senior nutrition programs, senior center activities Caregiver programs, housing/apartment rentals, tax prep, health/wellness programming, medicare counseling

C. Other Funds to Support the Program(s)? YES NO
Senior millage

D. METHOD OF PRIORITIZATION & TARGETING
Including all racial/ethnic communities and LGBTQ+ communities
Those greatest in social, economic and/or functional need including all racial/ethnic communities and marginalized communities

E. QUALITY IMPROVEMENT/ASSURANCE YES NO
Describe: ongoing participant and family feedback, provider feedback and survey data

ORGANIZATIONAL CAPACITY SCORE (max 25): _____

III. COST (a maximum of 50 points)

A. BUDGET COMPLETE? YES NO

B. UNIT RATE DETAIL **Bidder** **Other Comparison**

Grant Funds Requested	6219	
Total Unit Rate	100.77	
Grant Unit Rate	24.90	
Number of Units	500	
Program Income	0	
Unduplicated Clients Served	204	

Notes:
$0 other resources noted on all BCOA budgets

COST SCORE (max 50): _____

TOTAL SCORE (maximum 100): _____

Branch-St. Joseph AAA (IIIC)
FY2027-2029 PROPOSAL SUMMARY SHEET

BIDDER: Branch COA **DATE OF REVIEW: 8/3/26**
(code if competitive bid)
PROGRAM: Chore **REVIEWED BY: LS**

COMPETITIVE BID? ☐Yes XNo

I. CLARITY AND COMPLETENESS (maximum of 25 points)

A. PROGRAM PLAN/OBJECTIVES:

1. The proposal addresses the minimum standards for the described program? YES NO

2. Innovation: perceived innovative aspects are listed? YES NO
person centered approach

3. Outcome measures are identified? Time limited? YES NO
Measurable? LIST:
Improved health, safety, well-being, & support for family caregivers

4. Person-Centered Thinking activities/intent is identified? YES NO
Yes, throughout

B. ASSURANCES

1. Agreement YES NO

2. HHS-441 YES NO

3. Minimum Standards Assurance YES NO

CLARITY & COMPLETENESS SCORE (max 25): _____

II. ORGANIZATIONAL CAPACITY (a maximum of 25 points)

A. PROGRAM EXPERIENCE

☐ None ☐ 1-5 years ☐ 5-9 years X 10+ years

B. Other Local Programs & Collaborative Efforts: (LIST)
In home services, senior nutrition programs, senior center activities
Caregiver programs, tax prep, health/wellness programming, medicare counseling
Noon Club – volunteers

C. Other Funds to Support the Program(s)? YES NO
Senior millage

D. METHOD OF PRIORITIZATION & TARGETING
Including all racial/ethnic communities and LGBTQ+ communities
Those greatest in social, economic and/or functional need including all racial/ethnic communities and marginalized communities

E. QUALITY IMPROVEMENT/ASSURANCE YES NO
Describe: ongoing participant and family feedback, provider feedback and survey data

ORGANIZATIONAL CAPACITY SCORE (max 25): _____

III. COST (a maximum of 50 points)

A. BUDGET COMPLETE? YES NO

B. UNIT RATE DETAIL **Bidder** **Other Comparison**

Grant Funds Requested	5460 (MORE than available)	
Total Unit Rate	POS	
Grant Unit Rate	POS	
Number of Units	100	
Program Income	250	
Unduplicated Clients Served	? not noted	

Notes:
$0 other resources noted on all BCOA budgets

COST SCORE (max 50): _____

TOTAL SCORE (maximum 100): _____

Branch-St. Joseph AAA (IIIC)
FY2027-2029 PROPOSAL SUMMARY SHEET

BIDDER: Branch COA **DATE OF REVIEW: 8/3/26**
(code if competitive bid)
PROGRAM: Congregate Meals **REVIEWED BY: LS**

COMPETITIVE BID? ☐Yes XNo

I. CLARITY AND COMPLETENESS (maximum of 25 points)

A. PROGRAM PLAN/OBJECTIVES:

1. The proposal addresses the minimum standards for the described program? YES NO

2. Innovation: perceived innovative aspects are listed? YES NO
person centered approach; outside providers for out of home respite or eve/weekend respite; Health Promo collab w/ Browne Aquatic Ctr. Caregiver support collab w/ BCCADSV, Baptist Church, Pines

3. Outcome measures are identified? Time limited? YES NO
Measurable? LIST:
Improved health, safety, well-being, & support for family caregivers

4. Person-Centered Thinking activities/intent is identified? YES NO
Yes, throughout

B. ASSURANCES

1. Agreement YES NO

2. HHS-441 YES NO

3. Minimum Standards Assurance YES NO

CLARITY & COMPLETENESS SCORE (max 25): _____

II. ORGANIZATIONAL CAPACITY (a maximum of 25 points)

A. PROGRAM EXPERIENCE

☐ None XX 1-5 years ☐ 5-9 years ☐ 10+ years

B. Other Local Programs & Collaborative Efforts: (LIST)
In home services, senior nutrition programs, senior center activities Caregiver programs, tax prep, health/wellness programming, medicare counseling Browne Aquatic Center/health promo
Noon Club – volunteers Caregiver support collab w/ BCCADSV, Baptist Church, Pines

C. Other Funds to Support the Program(s)? YES NO
Senior millage

D. METHOD OF PRIORITIZATION & TARGETING
Including all racial/ethnic communities and LGBTQ+ communities
Those greatest in social, economic and/or functional need including all racial/ethnic communities and marginalized communities

E. QUALITY IMPROVEMENT/ASSURANCE YES NO
Describe: ongoing participant and family feedback, provider feedback and survey data

ORGANIZATIONAL CAPACITY SCORE (max 25): _____

III. COST (a maximum of 50 points)

A. BUDGET COMPLETE? YES NO

B. UNIT RATE DETAIL **Bidder** **Other Comparison**

Grant Funds Requested	46491	
Total Unit Rate	12.16	
Grant Unit Rate	9.50	
Number of Units	10000	
Program Income	28000	
Unduplicated Clients Served	1240	

Notes:
$0 other resources noted on all BCOA budgets

COST SCORE (max 50): _____

TOTAL SCORE (maximum 100): _____

Branch-St. Joseph AAA (IIIC)
FY2027-2029 PROPOSAL SUMMARY SHEET

BIDDER: Branch COA **DATE OF REVIEW: 8/3/26**
(code if competitive bid)
PROGRAM: Health Promotion – Evidence-Based **REVIEWED BY: LS**

COMPETITIVE BID? ☐Yes XNo

I. CLARITY AND COMPLETENESS (maximum of 25 points)

A. PROGRAM PLAN/OBJECTIVES:

1. The proposal addresses the minimum standards for the described program? YES NO

2. Innovation: perceived innovative aspects are listed? YES NO
person centered approach; outside providers for out of home respite or eve/weekend respite; Health Promo collab w/ Browne Aquatic Ctr.

3. Outcome measures are identified? Time limited? YES NO
Measurable? LIST:
Improved health, safety, well-being, & support for family caregivers

4. Person-Centered Thinking activities/intent is identified? YES NO
Yes, throughout

B. ASSURANCES

1. Agreement YES NO

2. HHS-441 YES NO

3. Minimum Standards Assurance YES NO

CLARITY & COMPLETENESS SCORE (max 25): _____

II. ORGANIZATIONAL CAPACITY (a maximum of 25 points)

A. PROGRAM EXPERIENCE

☐ None ☐ 1-5 years ☐ 5-9 years X 10+ years

B. Other Local Programs & Collaborative Efforts: (LIST)
In home services, senior nutrition programs, senior center activities
Caregiver programs, tax prep, health/wellness programming, medicare counseling Browne Aquatic Center/health promo
Noon Club – volunteers

C. Other Funds to Support the Program(s)? YES NO
Senior millage

D. METHOD OF PRIORITIZATION & TARGETING
Including all racial/ethnic communities and LGBTQ+ communities
Those greatest in social, economic and/or functional need including all racial/ethnic communities and marginalized communities

E. QUALITY IMPROVEMENT/ASSURANCE YES NO
Describe: ongoing participant and family feedback, provider feedback and survey data

ORGANIZATIONAL CAPACITY SCORE (max 25): _____

III. COST (a maximum of 50 points)

A. BUDGET COMPLETE? YES NO

B. UNIT RATE DETAIL **Bidder** **Other Comparison**

Grant Funds Requested	3610	
Total Unit Rate	POS	
Grant Unit Rate	POS	
Number of Units	3 (classes)	
Program Income	0	
Unduplicated Clients Served	60? Based on 20 per class in narrative	

Notes:
$0 other resources noted on all BCOA budgets

COST SCORE (max 50): _____

TOTAL SCORE (maximum 100): _____

Branch-St. Joseph AAA (IIIC)
FY2027-2029 PROPOSAL SUMMARY SHEET

BIDDER: Branch COA **DATE OF REVIEW: 8/3/26**
(code if competitive bid)
PROGRAM: Home Delivered Meals **REVIEWED BY: LS**

COMPETITIVE BID? ☐Yes XNo

I. CLARITY AND COMPLETENESS (maximum of 25 points)

A. PROGRAM PLAN/OBJECTIVES:

1. The proposal addresses the minimum standards for the described program? YES NO

2. Innovation: perceived innovative aspects are listed? YES NO
person centered approach; outside providers for out of home respite or eve/weekend respite; Health Promo collab w/ Browne Aquatic Ctr. Caregiver support collab w/ BCCADSV, Baptist Church, Pines

3. Outcome measures are identified? Time limited? YES NO
Measurable? LIST:
Improved health, safety, well-being, & support for family caregivers

4. Person-Centered Thinking activities/intent is identified? YES NO
Yes, throughout

B. ASSURANCES

1. Agreement YES NO

2. HHS-441 YES NO

3. Minimum Standards Assurance YES NO

CLARITY & COMPLETENESS SCORE (max 25): _____

II. ORGANIZATIONAL CAPACITY (a maximum of 25 points)

A. PROGRAM EXPERIENCE

☐ None XX 1-5 years ☐ 5-9 years ☐ 10+ years

B. Other Local Programs & Collaborative Efforts: (LIST)
In home services, senior nutrition programs, senior center activities Caregiver programs, tax prep, health/wellness programming, medicare counseling Browne Aquatic Center/health promo
Noon Club – volunteers Caregiver support collab w/ BCCADSV, Baptist Church, Pines

C. Other Funds to Support the Program(s)? YES NO
Senior millage

D. METHOD OF PRIORITIZATION & TARGETING
Including all racial/ethnic communities and LGBTQ+ communities
Those greatest in social, economic and/or functional need including all racial/ethnic communities and marginalized communities

E. QUALITY IMPROVEMENT/ASSURANCE YES NO
Describe: ongoing participant and family feedback, provider feedback and survey data

ORGANIZATIONAL CAPACITY SCORE (max 25): _____

III. COST (a maximum of 50 points)

A. BUDGET COMPLETE? YES NO

B. UNIT RATE DETAIL **Bidder** **Other Comparison**

Grant Funds Requested	137790	
Total Unit Rate	9.54	
Grant Unit Rate	7.86	
Number of Units	38000	
Program Income	27000	
Unduplicated Clients Served	244	

Notes:
$0 other resources noted on all BCOA budgets

COST SCORE (max 50): _____

TOTAL SCORE (maximum 100): _____

Branch-St. Joseph AAA (IIIC)
FY2027-2029 PROPOSAL SUMMARY SHEET

BIDDER: Branch COA **DATE OF REVIEW: 8/3/26**
(code if competitive bid)
PROGRAM: Homemaking **REVIEWED BY: LS**

COMPETITIVE BID? ☐Yes XNo

I. CLARITY AND COMPLETENESS (maximum of 25 points)

A. PROGRAM PLAN/OBJECTIVES:

1. The proposal addresses the minimum standards for the described program? YES NO

2. Innovation: perceived innovative aspects are listed? YES NO
person centered approach

3. Outcome measures are identified? Time limited? YES NO
Measurable? LIST:
Improved health, safety, well-being, & support for family caregivers

4. Person-Centered Thinking activities/intent is identified? YES NO
Yes, throughout

B. ASSURANCES

1. Agreement YES NO

2. HHS-441 YES NO

3. Minimum Standards Assurance YES NO

CLARITY & COMPLETENESS SCORE (max 25): _____

II. ORGANIZATIONAL CAPACITY (a maximum of 25 points)

A. PROGRAM EXPERIENCE

☐ None ☐ 1-5 years ☐ 5-9 years X 10+ years

B. Other Local Programs & Collaborative Efforts: (LIST)
In home services, senior nutrition programs, senior center activities Caregiver programs, tax prep, health/wellness programming, medicare counseling

C. Other Funds to Support the Program(s)? YES NO
Senior millage

D. METHOD OF PRIORITIZATION & TARGETING
Including all racial/ethnic communities and LGBTQ+ communities
Those greatest in social, economic and/or functional need including all racial/ethnic communities and marginalized communities

E. QUALITY IMPROVEMENT/ASSURANCE YES NO
Describe: ongoing participant and family feedback, provider feedback and survey data

ORGANIZATIONAL CAPACITY SCORE (max 25): _____

III. COST (a maximum of 50 points)

A. BUDGET COMPLETE? YES NO

B. UNIT RATE DETAIL **Bidder** **Other Comparison**

Grant Funds Requested	43329	
Total Unit Rate	33.83	
Grant Unit Rate	16.10	
Number of Units	8500	
Program Income	14000	
Unduplicated Clients Served	158	

Notes:
$0 other resources noted on all BCOA budgets

COST SCORE (max 50): _____

TOTAL SCORE (maximum 100): _____

Branch-St. Joseph AAA (IIIC)
FY2027-2029 PROPOSAL SUMMARY SHEET

BIDDER: Branch COA **DATE OF REVIEW: 8/3/26**
(code if competitive bid)
PROGRAM: Personal Care **REVIEWED BY: LS**

COMPETITIVE BID? ☐Yes XNo

I. CLARITY AND COMPLETENESS (maximum of 25 points)

A. PROGRAM PLAN/OBJECTIVES:

1. The proposal addresses the minimum standards for the described program? YES NO

2. Innovation: perceived innovative aspects are listed? YES NO
person centered approach

3. Outcome measures are identified? Time limited? YES NO
Measurable? LIST:
Improved health, safety, well-being, & support for family caregivers

4. Person-Centered Thinking activities/intent is identified? YES NO
Yes, throughout

B. ASSURANCES

1. Agreement YES NO

2. HHS-441 YES NO

3. Minimum Standards Assurance YES NO

CLARITY & COMPLETENESS SCORE (max 25): _____

II. ORGANIZATIONAL CAPACITY (a maximum of 25 points)

A. PROGRAM EXPERIENCE

☐ None ☐ 1-5 years ☐ 5-9 years X 10+ years

B. Other Local Programs & Collaborative Efforts: (LIST)
In home services, senior nutrition programs, senior center activities Caregiver programs, tax prep, health/wellness programming, medicare counseling

C. Other Funds to Support the Program(s)? YES NO
Senior millage

D. METHOD OF PRIORITIZATION & TARGETING
Including all racial/ethnic communities and LGBTQ+ communities
Those greatest in social, economic and/or functional need including all racial/ethnic communities and marginalized communities

E. QUALITY IMPROVEMENT/ASSURANCE YES NO
Describe: ongoing participant and family feedback, provider feedback and survey data

ORGANIZATIONAL CAPACITY SCORE (max 25): _____

III. COST (a maximum of 50 points)

A. BUDGET COMPLETE? YES NO

B. UNIT RATE DETAIL **Bidder** **Other Comparison**

Grant Funds Requested	7500 (less than available)	
Total Unit Rate	68.59	
Grant Unit Rate	16.71	
Number of Units	625	
Program Income	1250	
Unduplicated Clients Served	13	

Notes:
$0 other resources noted on all BCOA budgets

COST SCORE (max 50): _____

TOTAL SCORE (maximum 100): _____

BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY | YOUR LOCAL HEALTH DEPARTMENT
www.bhsj.org

Program: Administration	**Effective Date: December 2, 2010**
Subject: Asset Disposal Policy	**Updated: 8/27.2026**

Purpose
The purpose of this policy is to establish consistent procedures for the disposition of Agency-owned property that is no longer needed, obsolete, damaged, or otherwise unsuitable for Agency operations. This policy applies to all Agency-owned assets, regardless of funding source, and ensures compliance with applicable federal, state, local, and grant-specific requirements.

Policy Statement
The Branch-Hillsdale-St. Joseph Community Health Agency is committed to the responsible management and disposition of Agency assets. All Agency-owned equipment, furniture, vehicles, technology, machinery, and other tangible property shall be disposed of in a manner that protects Agency resources, safeguards confidential information, complies with all applicable laws and regulations, and satisfies any restrictions imposed by grant agreements or other funding sources.

Assets purchased in whole or in part with grant funds shall not be disposed of until all applicable federal, state, and grant-specific requirements have been reviewed and satisfied. When grant requirements conflict with this policy, the grant requirements shall take precedence.

Implementing Procedures

A. **Identification of Surplus Property**
Department supervisors shall notify the Health Officer or designee when Agency property is no longer needed, is obsolete, damaged beyond economical repair, or otherwise unsuitable for continued use. Following review, the Health Officer or designee may declare the property surplus.

B. **Review of Funding Source**
Prior to disposal, the funding source for the asset shall be verified.

1. Assets purchased with federal, state, or other grant funds shall be reviewed to determine whether ownership, disposition, reimbursement, prior approval, or reporting requirements apply.
2. All grant requirements shall be satisfied before the asset is transferred, sold, traded, donated, or discarded.
3. When required, disposition shall be coordinated with the granting agency.

C. **Inventory and Records**

Prior to disposal:

1. Agency identification tags or inventory labels shall be removed or documented as retired.
2. The asset shall be removed from the Agency's fixed asset or inventory records, as appropriate.
3. Records of the disposal shall be maintained, including:
    - Description of the asset;
    - Asset identification number, if applicable;
    - Method of disposal;
    - Date of disposal;
    - Sale price, if applicable; and
    - Approval documentation.

D. **Protection of Agency Information**

Before any electronic device leaves Agency possession, all confidential, protected, or proprietary information shall be permanently removed using methods approved by the Agency's Information Technology staff. When electronic media cannot be securely sanitized, storage devices shall be physically destroyed or otherwise disposed of in a secure manner.

E. **Internal Reassignment**

Before being offered outside the Agency, surplus property should be evaluated to determine whether it can be reassigned to another Agency program or department.

F. **Disposal Methods**

When property is no longer needed by the Agency and all applicable grant requirements have been satisfied, disposition may occur through one or more of the following methods, as determined to be in the Agency's best interest:

1. Transfer or donation to another governmental entity or nonprofit organization, when permitted.
2. Trade-in toward the purchase of replacement equipment.
3. Public auction.
4. Sealed bid.
5. Online marketplace or auction service.
6. Sale through another commercially reasonable method.
7. Recycling or environmentally responsible disposal.
8. Disposal as scrap when the property has no remaining market value.

G. **Sale of Surplus Property**

When surplus property is expected to have significant market value, the Agency shall use a method intended to maximize the return to the Agency while ensuring fairness and transparency.

The Health Officer may determine the most appropriate method of sale based on the estimated value, condition of the property, and administrative efficiency. Public notice may be provided when appropriate, and minimum bids may be established.

H. **Property with Minimal or No Value**

Reviewed Date:

Property determined to have little or no market value may be recycled, scrapped, or otherwise disposed of in a manner that is safe, environmentally responsible, and in the best interest of the Agency.

I. **Proceeds from Sale**
Proceeds from the sale of Agency property shall be deposited into the appropriate Agency account. When required by grant agreements or applicable regulations, proceeds shall be distributed or remitted in accordance with those requirements.

J. **Exceptions**
The Health Officer may authorize alternative methods of disposition when determined to be in the best interest of the Agency and when consistent with applicable laws, regulations, Board policies, and grant requirements.

Reviewed Date:

RE: Mobile Unit Disposition Request

fishert < fishert@bhsj.org >

de la Rambelje, Laura (DHHS) < DelaRambeljeL@michigan.gov >

Fri, 24 Jul 2026 12:56:05 PM -0400

To "fishert"<fishert@bhsj.org>

Cc "burnsr"<burnsr@bhsj.org>,"Cotant, Molly (DHHS)"<CotantM@michigan.gov>,"Whitmire, Janine (DHHS-Contractor)"<WhitmireJ@michigan.gov>

Hi Theresa,

Thanks so much for reaching out. I'm sorry the mobile unit is no longer serving your needs. Normally we offer the unit to another LHD as our first option, but if that doesn't work, I'll find out next steps.

Laura

Laura L.J. de la Rambelje
517-388-7302
delaRambeljeL@michigan.gov

From: Theresa Fisher <fishert@bhsj.org>
Sent: Friday, July 24, 2026 11:45 AM
To: de la Rambelje, Laura (DHHS) <DelaRambeljeL@michigan.gov>
Cc: burnsr <burnsr@bhsj.org>
Subject: Mobile Unit Disposition Request

Laura,
Our agency purchased a mobile clinic unit in December of 2020, with funding provided under C0-2021 CRF Local Health Department Testing. We used the unit a lot during the pandemic, but have been struggling since then. We've made multiple attempts to utilize the unit to increase our reach into underserved areas, but the public seems to prefer in-office services. As a result, our board voted yesterday to look into what our options are to liquidate the unit.

I reviewed the contract, but did not find any language regarding the disposal of equipment. Per 2 CFR 200.313, we must "request disposition instructions from the Federal agency or pass-through entity if required by the terms and conditions of the Federal award." Attached is a formal request for disposition instructions.

Please let me know if you need anything else.
Regards,
t

Mobile Unit
Purchased 12/2020
Covid dollars from RU 354
CRF Local Health Department Testing
contract pg 102

Theresa Fisher BS
Administrative Services Director

BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY | YOUR LOCAL HEALTH DEPARTMENT

517-279-9561 x 107
fishert@bhsj.org
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Coldwater, MI 49036

BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY | YOUR LOCAL HEALTH DEPARTMENT
www.bhsj.org

MDHHS,

The Branch-Hillsdale-St. Joseph Community Health Agency is requesting guidance regarding the disposition of a mobile clinic unit purchased in December 2020 using funding provided under the C0-2021 CRF Local Health Department Testing Grant.

The mobile clinic was extensively utilized during the COVID-19 response to provide testing and other public health services throughout our district. At that time, the Agency had dedicated nursing and support staff assigned to operate the unit.

Following the conclusion of COVID-related funding, the Agency was unable to sustain the staffing necessary to continue operating the unit at its previous capacity. Since then, we have made multiple efforts to utilize the mobile clinic with existing staff to expand access to services in our rural communities. Despite these efforts, community utilization has remained very limited, and the Agency is no longer able to justify the ongoing costs associated with maintaining the vehicle.

At its meeting on July 23, 2026, our Board of Health authorized staff to explore options for disposition of the mobile clinic.

We have reviewed the grant agreement and did not identify any provisions addressing equipment disposition. Accordingly, we are requesting disposition instructions pursuant to 2 CFR § 200.313(e), which provides that recipients must request disposition instructions from the Federal agency or pass-through entity when required by the terms and conditions of the Federal award.

Please advise whether the Agency may proceed with selling the mobile clinic and provide any applicable requirements regarding the sale process and the disposition of any proceeds. I have attached more detailed information about the unit, but if additional information is needed we would be happy to provide it.

Thank you for your guidance. We appreciate your assistance and look forward to your direction.

Theresa Fisher
Administrative Services Director
517-933-3031

Enclosures(2)