


2023 BCAAA Request for Proposals Online System Instructions

The Boulder County Area Agency on Aging OAA-SYS Request for Proposals System can be found at:

<https://bouldercountyaaa.oaa-sys.com/rfp/public/>

When logging in for the first time (even if your organization has applied in the past), a **new Agency Profile must be created.**

 **Boulder County**
Colorado

OAA-SYS®
Request For Proposals System

Please Log In

Open Solicitations: TEST RFP (03/12/23-03/12/23) ▼

E-mail

Password

Instructions For this Solicitation:

1. To review/download the details of this solicitation [please click here](#)
2. If logging in for the first time, [please click here](#)

Login

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[Terms of Use](#)

You will need to indicate if the organization can meet the Boulder County Purchasing Terms and Conditions. If “I DO NOT AGREE” is selected, please attach a document to the proposal noting applicable exceptions. **Select one and Click Submit**

Terms and Conditions

It is understood and agreed by the proposer that:

1. I AM authorized to bid on my company's behalf.
2. I am NOT currently an employee of Boulder County.
3. None of my employees or agents is currently an employee of Boulder County.
4. I am not related to any Boulder County employee or Elected Official.
5. (Sole Proprietorships Only) I am not a Public Employees' Retirement Association (PERA) retiree.

Note: If you cannot certify the above statements, please attach a statement of explanation.

I AGREE to the terms as noted above.

I DO NOT AGREE to the terms and conditions as noted above.

When logging in for the first time, click on “Create Agency Profile”.

Enter Your Agency Registration Code

Agency Already Registered?

If your agency has already registered for this Request for Proposals, enter your agency registration code below to continue

Agency Registration Code Obtain this code from person that created your agency profile

Agency Not Registered?

If your agency has not yet registered for this Request for Proposals click the button below to create an agency profile and receive a registration code

Complete the required fields and click “Create Agency Profile”

Register Your Agency: **TEST RFP**

Please enter the following information about your agency.

Once you have registered your agency for this Request for Proposals, you will be assigned a system-generated Agency Registration Code. You will need to share this code with others in your organization before they can create their login profiles.

Legal Name of Agency (as used in contracts)

DBA Name (if different)

Address

Street Address

Address (cont)

Suite, Floor, etc.

City

State

ZIP

Phone Number

Ph Extension

Fax Number

Your Email Address

Re-enter Your Email Address

By creating this profile, I affirm that I am a duly authorized agent of the above-referenced agency.

Once you create an agency profile, the **system will provide you a registration code** that you may share with colleagues who need access to the proposal. An email with the registration code will also be sent to the email address provided. **You may enter the code provided into the field as indicated to proceed with the proposal.**

Enter Your Agency Registration Code

A record for your agency was created successfully and assigned the registration code PKGK-CZ3XR. This code was emailed to the address you provided, but PLEASE WRITE IT DOWN NOW. You will need to share it with your colleagues. Once you have recorded the code, enter it below to create yourself a login profile

Enter Your Agency Registration Code

Agency Already Registered?

If your agency has already registered for this Request for Proposals, enter your agency registration code below to continue

Agency Registration Code

Agency Not Registered?

If your agency has not yet registered for this Request for Proposals click the button below to create an agency profile and receive a registration code

Once the agency registration has been created, you will be prompted to **create a Person Login Profile**. **Complete the required fields and click “Save”**.

Create Your Personal Login Profile: **TEST RFP**

Your agency is registered for this RFP. Please create your own login profile.

First Name
Last Name
Title
Address
Address (cont)
City
State
ZIP
Phone Number
Phone Extension
Fax Number
Email Address
Include your email on RFP email list?
Password
Re-enter Password

Please enter your email address.
Please enter a password.

By creating this profile, I affirm that I am a duly authorized agent of the above-referenced agency.

Click and Review each of the Required Reading sections. Once you have done so, **click the box next to “I have read and understand the information in the required reading sections”** and click on the **“Agree”** button.

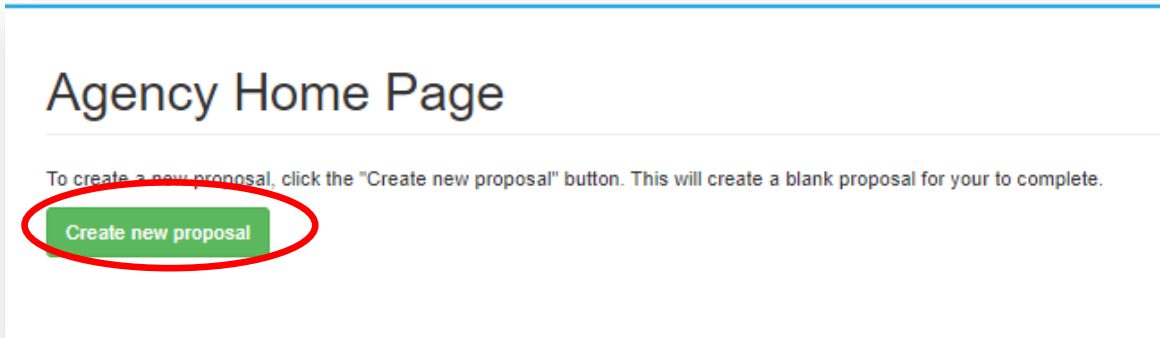
Required Reading for TEST RFP

Please review each of the following sections of the required reading.

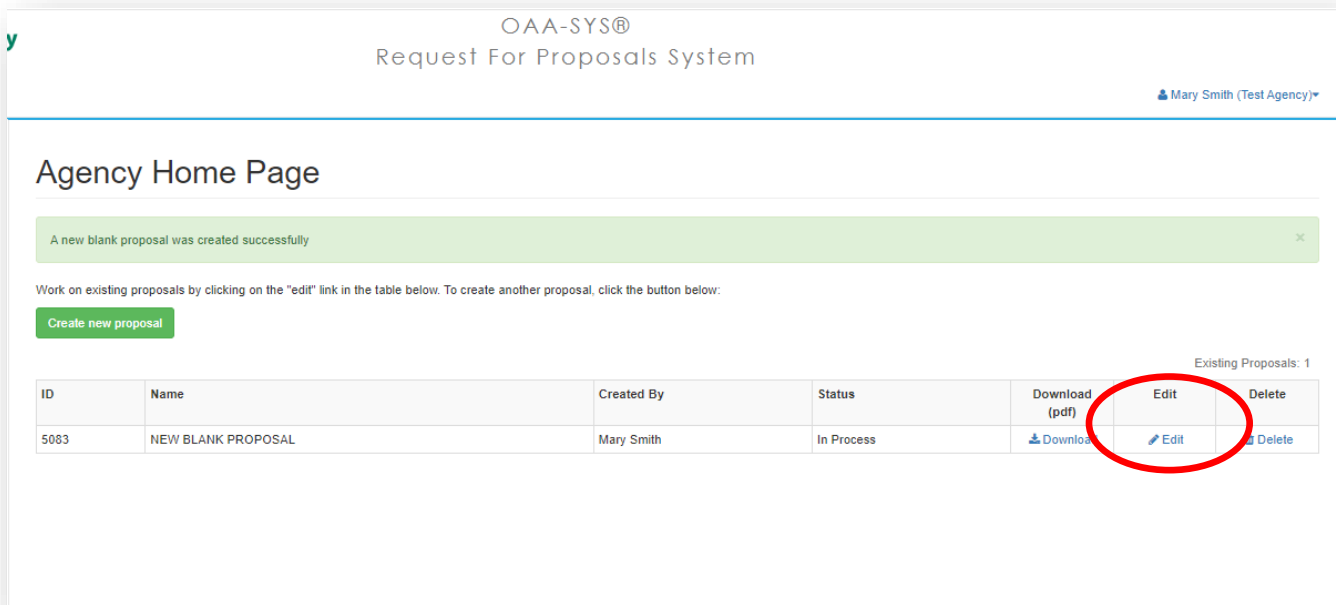
- Request for Proposal Cover Page
- Proposal Instructions
- Boulder County Terms and Conditions
- Specifications Note
- Service Specifications
- Grant Requirements - All Services
- Budget Instructions
- Insurance and W-9
- Scoring Matrix

I have read and understand the information in the required reading sections.

Click on "Create new proposal".



Click on "Edit" to start proposal.



Complete Proposal Title and Description. Click "Save"

Boulder County Colorado OAA-SYS® Request For Proposals System

Proposal Status: **In Process** Mary Smith (Test Agency)

Home Page | Proposal Details | **Description** | Services | Narrative | Attachments | Agency Details | Finalize proposal

Have a question? Contact Carol Cross at (303) 441-1598 or ccross@bouldercounty.org Review Required Reading Boulder County Sample Contract SUA Policy & Procedure Manual Colorado Regs Vol 10 (OAA Rules)

Proposal Description

Proposal Title: TEST PROPOSAL (You have entered 13 characters so far.)

Note: You will have an opportunity to provide additional detail for each service under Services in the proposal.

Proposal Description: This description area should be used to summarize the overall proposal. (You have entered 11 words so far.)

Save

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Boulder County Colorado Proposal Status: **In Process**

Home Page | Proposal Details | **Description** | Services | Narrative | Attachments | Agency Details | Finalize proposal

Have a question? Contact Carol Cross at (303) 441-1598 or ccross@bouldercounty.org Review Required Reading Boulder County Sample Contract SUA Policy & Procedure Manual Colorado Regs Vol 10 (OAA Rules)

Proposa

Information saved s

Proposal Title: TEST PROPOSAL

Note: You will have ar

Proposal Description: This description are

Save

The proposal sections are accessed on the left side of the screen. You can work on any section in any order, **just be sure to hit SAVE!**

Select the service(s) you want to include in your proposal and click "Add Now".

Proposal Services

Please identify the service(s) you plan to provide.

- Select the service from the dropdown below and then click the "Add Now" button.
- Enter budgets for each service through the "Budget" link
- Enter Unduplicated client counts and projected service areas and units through the "Units/Clients" link.

Add Service (View definitions) Add Now

Assisted Transportation
Transportation

Compensated Services

There are no compensated services in this proposal. Use the drop down menu above to add services.

- **Service Details and Service Narrative are NOT REQUIRED.**
- **Budget and Units/Clients ARE REQUIRED** for each service selected.
- **Click "Edit" under "Budget"**.

Proposal Services

Service added to proposal successfully

Please identify the service(s) you plan to provide.

- Select the service from the dropdown below and then click the "Add Now" button.
- Enter budgets for each service through the "Budget" link
- Enter Unduplicated client counts and projected service areas and units through the "Units/Clients" link.

Add Service (View definitions) Add Now

Assisted Transportation

Compensated Services

Services Found: 1

Service	Requested Funds	Service Details	Service Narrative	Budget	Units/Clients	Delete
Transportation	\$0.00	Edit	Edit	Edit	Edit	Delete

Enter the amount requested and hit "Save", then "Next".

NOTE: The yellow note on the right summarizes the details of your request and notes any exceptions, such as Expenses and Revenues not matching.

Budget - **Transportation**

Amount saved ×

Requested State/Federal Funds

Enter the total amount of State and/or Federal funds you are requesting in this proposal

\$30,000 .00

Save

Home Next

Budget Tracker

Expenses do not match Revenues.

Grant Revenues:	
Requested Funds:	\$30,000.00
Local Match:	\$0.00
Total Revenues:	\$30,000.00
Grant Expenses:	
Personnel:	\$0.00
Program Expenses:	\$0.00
Total Expenses:	\$0.00

If your agency can provide Local Cash and/or In-kind match, complete the required fields and click "Add Local Funds".

NOTE: If your agency is NOT able to provide match, please note in the narrative question that asks about match.

Budget - **Transportation**

Local Matching Funds

The funds you are requesting - \$30,000.00 - require local matching funds of at least \$10,000.00 (Requested Funds/3). You have identified \$10,000.00 in matching funds so far.

Local Match Type	Source of Funds	Amount
<input type="text"/>	<input type="text"/>	Amount (to the nearest dollar)

Details Required if you select 'Other' as a funding source.

Add Local Funds

Local Match Type	Amount	Source of Funds	Details	Delete
Local Cash	\$10,000.00	Other Local Cash	NextFifty Foundation	Delete

Total Local Matching Funds: \$10,000.00

Home Back Next

Add Program Expense Items that total the amount of the request PLUS any Local Cash reported.

Budget - **Transportation**

Program Expenses

Expense Type: Personnel Amount: 20,000

Description: Please provide the position details for the "Personnel" category

Drivers

[No expense items found]

Add Expense Item

Done Back

Budget - **Transportation**

Program Expenses

Expense Type: Amount: Amount (to the nearest dollar)

Description:

Add Expense Item

Expense Type	Details	Amount	Delete
Personnel	Drivers	\$20,000.00	Delete
Indirect	Insurance and Gas	\$10,000.00	Delete

Total Program Expenses: \$30,000.00

Done Back

Click Done

Click "Edit" under "Units/Clients"

Proposal Services

Service added to proposal successfully

Please identify the service(s) you plan to provide.

- Select the service from the dropdown below and then click the "Add Now" button.
- Enter budgets for each service through the "Budget" link
- Enter Unduplicated client counts and projected service areas and units through the "Units/Clients" link.

Add Service (View definitions) Add Now

Compensated Services

Services Found: 1

Service	Requested Funds	Service Details	Service Narrative	Budget	Units/Clients	Delete
Transportation	\$0.00	Edit	Edit	Edit	Edit	Delete

- Select communities served and describe the service area.
- Enter the TOTAL number of units you anticipate providing
 - NOTE: projected units of service drive the unit rate (amount of request/units of service), so be purposeful in the unit projections.
- Enter unduplicated client count
 - Total clients to be served over the grant period
 - Total number of low-income individuals you anticipate serving
 - Total number of BIPOC individuals you anticipate serving
 - Total number of Rural individuals you anticipate serving

Units/Clients - Transportation

Areas Served

Please identify the communities you plan to serve. Please check all that apply in part or in whole.

<input type="checkbox"/> Allenspark area	<input type="checkbox"/> Longmont	<input type="checkbox"/> Nederland area
<input type="checkbox"/> Boulder	<input type="checkbox"/> Louisville	<input type="checkbox"/> Nivot area
<input type="checkbox"/> Erie area	<input type="checkbox"/> Lyons area	<input type="checkbox"/> Unincorporated Boulder County
<input type="checkbox"/> Lafayette		

Please enter a brief description of the service area(s) you checked above.

You have entered 1 words so far.

Units of Service

Enter the total number of units of this service you anticipate providing.

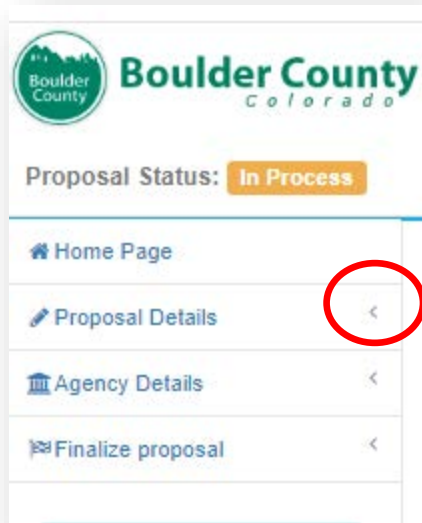
Unduplicated Client Count

Enter the total number of unduplicated clients you anticipate serving under this service

Total Clients (60+ Persons)	Total Low Income	Total BIPOC	Total Rural
<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

[Back](#) [Save](#)

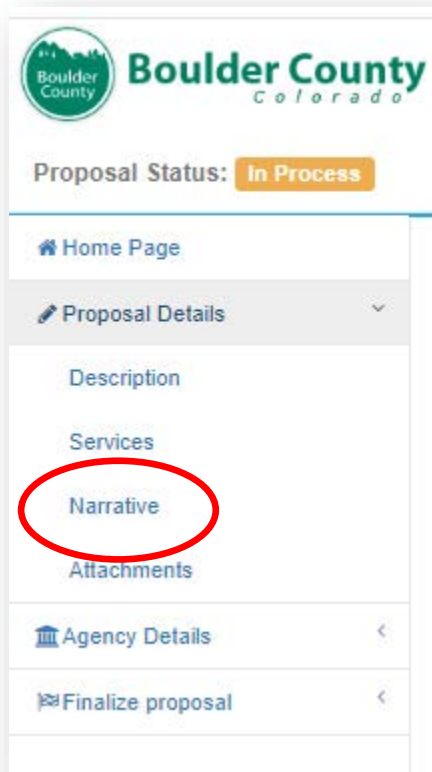
- Click "Save". You can click on "Back" or use the navigation pane to work on the rest of the proposal.



Once you have entered the service Budget and Units/Clients, the Services section is complete.

The proposal sections are accessed on the left side of the screen, in the navigation pane. You can work on any section in any order, **just be sure to hit SAVE!**

NOTE: If the navigation pane collapses, simply click on the arrow on the right to expand the section options.



Click on "Narrative" to work on the narrative questions of the proposal.

Proposal Narrative Questions – the system will give you a notification at the top of the narrative section.

“Please address the questions listed below, limiting each response to approximately 750 words. You do not need to use complete sentences. Lists, bulleted items, etc. are acceptable but please be as specific as possible. Remember to save often. Your session will time out after 20 minutes of inactivity.”

Proposal Narrative Questions

Please address the questions listed below, limiting each response to approximately 750 words. You do not need to use complete sentences. Lists, bulleted items, etc. are acceptable but please be as specific as possible. Remember to save often. Your session will time out after 20 minutes of inactivity.

Each question has a save button. Clicking save on one box will save entries in all boxes.

The image shows a screenshot of a web form with two questions. Each question has a text input area and a 'Save' button below it. The 'Save' button for the first question is circled in red. The form is titled 'Proposal Narrative Questions' and includes instructions at the top.

Question 3: (Required)
Are Justice, Equity, Diversity, and/or Inclusion trainings made available to staff providing the proposed program/service? If yes, please provide examples. If no, why?

Save

Question 4: (Required)
Describe your organization's success providing programs to older adults in Boulder County. What are the strengths of your organization?

Save

Upload/Attach Documents

- **REQUIRED**
 - W-9
 - Insurance Certificate
- **Optional**
 - Terms and Conditions deviations, if applicable
 - Other Documents

Upload/Attach Documents

Submit the following documents along with your proposal. Required documents are flagged so. Include the other documents if they are appropriate for your specific proposal:

1. Insurance Certificate
2. Other Documents
3. Terms and Conditions Deviations, if applicable
4. W-9

Select the document to add from the list below to create a blank record of the documents you wish to upload. Then use the "edit" link in the table to describe and upload the document. **NOTE:** You can upload multiple copies of the same type of document (for example, if your document is split across multiple files).

Add This Document Type Insurance Certificate ▼ [Add Now](#)

Click "Edit" under "Edit/Reload File"

Upload/Attach Documents

Submit the following documents along with your proposal. Required documents are flagged so. Include the other documents if they are appropriate for your specific proposal:

1. Insurance Certificate
2. Other Documents
3. Terms and Conditions Deviations, if applicable
4. W-9

Select the document to add from the list below to create a blank record of the documents you wish to upload. Then use the "edit" link in the table to describe and upload the document. **NOTE:** You can upload multiple copies of the same type of document (for example, if your document is split across multiple files).

Add This Document Type Insurance Certificate ▼ [Add Now](#)

Documents attached: 1

Document Title	Document Type	Filename	Edit/Reload File	Delete
NEW DOCUMENT	Insurance Certificate		Edit	Delete

Click "Save". Repeat to upload additional documents as required.

Edit Attachment

Please limit attachments to **10 MB** or less. You might need to split larger documents into separate files.

Document Title:


Document Type:

Upload Document to Attach [Required]
 RFP Announcement.docx

Valid file types:

- Microsoft Word (.doc or .docx)
- Microsoft Excel (.xls or .xlsx)
- PDF (.pdf)
- JPEG image/scan (.jpg or .jpeg)
- PNG image/scan (.png)

Validate and Submit Proposal



Proposal Status: In Process

- Home Page
- Proposal Details <
- Agency Details <
- Finalize proposal** v
 - Validate**
 - Submit
 - Print

The Validation tool will show you any errors are and what you need to do to correct them.

Proposal Validation

Validation Results

Errors Found: 6
Errors must be resolved before you can submit this proposal.

Description Errors	0
Budget Errors	0
Units/Clients Errors	0
Narrative Errors	0
Attachment Errors	0
Agency Details Errors	6

Proposal Validation

Validation Results

Errors Found: 6
Errors must be resolved before you can submit this proposal.

Description Errors	0
Budget Errors	0
Units/Clients Errors	0
Narrative Errors	0
Attachment Errors	0
Agency Details Errors	6

- The FEIN for your agency is required
- The INCEPTION DATE of your agency is required
- You must include the MONTHLY SERVICE DELIVERY REPORTING CONTACT contact person in your list of contacts.
- You must include the PERSON AUTHORIZED TO BID ON THE COMPANY'S BEHALF contact person in your list of contacts.
- You must include the CONTRACTUAL ACTIVITIES CONTACT contact person in your list of contacts.
- You must include the FISCAL/ACCOUNTING CONTACT contact person in your list of contacts.

Contact Information

Please identify the relevant individuals who will serve as the point of contact for the following roles

- Monthly Service Delivery Reporting Contact - REQUIRED
- Person Authorized to Bid on the Company's Behalf - REQUIRED
- Proposal contact - REQUIRED
- Contractual Activities contact - REQUIRED
- Fiscal/Accounting contact - REQUIRED
- Program Manager
- Other

Add new contact

Contact information for each of the REQUIRED roles must be provided to submit the proposal. If the same person serves in multiple roles, make sure their contact has all the correct boxes checked.

Edit Contact

First Name: **Last Name:**

Title:

Email Address: **Phone Number:**

Address:

Address (continued):

City: **State:** **ZIP:**

Program Roles/Responsibilities (Select all that apply):

- Monthly Service Delivery Reporting Contact
- Person Authorized to Bid on the Company's Behalf
- Proposal contact
- Contractual Activities contact
- Fiscal/Accounting contact
- Program Manager
- Other

Mailing List: Would you like to receive news & announcements from Boulder County AAA?
 Yes No

Proposal Validation

Validation Results

Congratulations! Your request validated successfully and is ready to be submitted.

- Click on “Request PIN”
- The PIN will be emailed to the indicated Authorized Signor

Submit proposal

Your proposal is ready to submit.

In order to do so, you must first obtain an electronic Proposal Identification Number (PIN). Request your PIN by clicking on the button below.

Request PIN

Already Have Your PIN?

Submit Proposal

Click on “Submit Proposal”

Complete the required fields, including the PIN and click "Submit".

Submit proposal

Terms of Submission: TEST RFP

It is understood and agreed by the proposer that:

1. I AM authorized to bid on my company's behalf.
2. I am NOT currently an employee of Boulder County.
3. None of my employees or agents is currently an employee of Boulder County.
4. I am not related to any Boulder County employee or Elected Official.
5. (Sole Proprietorships Only) I am not a Public Employees' Retirement Association (PERA) retiree.

Note: If you cannot certify the above statements, please attach a statement of explanation.

Digital Signature
Please enter all of the following information

Name of Signatory

Title

Email

Submit Date

Enter PIN

IMPORTANT NOTE: YOUR PROPOSAL WILL BECOME READ-ONLY AFTER YOU CLICK THE "SUBMIT" BUTTON.

You will receive system and email confirmation that the proposal was submitted successfully. Congratulations!

Confirmation

The following proposal was submitted successfully

RFP/SOQ	TEST RFP
Agency	Test Agency
Proposal	TEST PROPOSAL
Submitted Date	3/12/2023 10:32:19 AM -07:00
Submitted Name	Mary Smith
Submitted Email Address	ccross6234@gmail.com
Status	Submitted

You can download a PDF version of your proposal on the Agency Home Page.

Agency Home Page

Work on existing proposals by clicking on the "edit" link in the table below. To create another proposal, click the button below:

[Create new proposal](#)

Existing Proposals: 1

ID	Name	Created By	Status	Download (pdf)	Edit	Delete
5083	TEST PROPOSAL	Mary Smith	Submitted	Download	Edit	Delete