**REQUEST FOR APPLICATIONS**

**North Carolina Department of Health and Human Services**

**Division on Aging and Adult Services**

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| RFA Posted | Thursday, April 1, 2021 | | |
| Questions Due | Thursday, April 8, 2021 by 2:00 pm | | |
| Applications Due | Thursday, April 22, 2021 | | |
| Anticipated Notice of Award | Monday, May 3, 2021 | | |
| Fiscal Year | July 1, 2021 through June 30, 2022 | | |
| Purpose | NC Project CARE (Caregivers Alternatives to Running on Empty)  Fiduciary Agent | | |
| Issuing Agency | NC DHHS DAAS | | |
| E-mail Applications and Questions to | Dawn Oakey Gartman | Email | [dawn.gartman@dhhs.nc.gov](mailto:dawn.gartman@dhhs.nc.gov) |

**To Be Completed by Applicant:**

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| --- | --- |
| Contractor Name: | EIN Number: |
| Contractor’s Street Address: | E-Mail Address: |
| City, State & Street Address Zip: | Telephone Number: |
| Name & Title of Authorized Representative: | DUNS Number: |
| Signature of Authorized Representative: | Date: |

**Unsigned or Incomplete Applications Shall Be Returned Without Being Reviewed**

**NC Project CARE: Fiduciary Agent Application**

This RFA is for governmental entities to provide information to the NC DHHS Division of Aging and Adult Services. The purpose of this RFA is to select one fiduciary agent responsible for processing respite care vouchers for caregivers (care partners) of individuals with Alzheimer’s disease or related dementias (ADRD).

1. Describe your experience in serving as a fiduciary agent. What is your current check processing time? How you would meet the expected turnaround time?
2. Describe your experience providing consumer-directed respite care vouchers.
3. Describe your organizational capacity (i.e., staff and infrastructure) to be a fiduciary agent.
4. Describe the major tasks or activities you will undertake with a timeline that your organization will follow in order to successfully administer respite care vouchers starting July 1, 2022.