

CHOCOLATE  
SOFTWARE

# OAA-SYS RFP Module

Key Steps

Vintage  
Feb 2026

# An RFP in six easy\* steps

- 1) Register agency
- 2) Create profile
- 3) Create blank proposal(s)
- 4) Fill in the details
  - Add Service(s)
  - Add Budgets
  - Answer Questions
  - Upload Attachments
  - Update Agency Details & Contacts
- 5) Check for errors
- 6) Submit your finished proposal

# Login page

- Follow the instructions & links provided to:
  - Review the solicitation
  - Create an RFP profile and login



## OAA-SYS® Request For Proposals System

Please Log In

Open Solicitations: Vintage Provider RFP SFY 2027 (Mar 9 2027) ▾

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

# Terms & Conditions

## Terms and Conditions

### Vintage Provider RFP SFY 2027 & 2028

The respondent acknowledges and agrees that this RFP is a solicitation and not an offer to contract. Submission of a proposal does not guarantee funding.

Vintage reserves the right to reject any and all proposals. Vintage further reserves the right to issue clarifications and other directives concerning this RFP; to require clarification or further information with respect to any proposal; and to determine the final terms of any contract.

Respondents are advised that upon submittal, all responses to this request become the property of Vintage and are subject to release at its sole discretion.

**Confidential/Proprietary Information:** Proposals submitted in response to this RFP and any resulting service agreement/contract are subject to the provisions of the Colorado Public (Open) Records Act, 24-72-201 et seq., C.R.S., as amended. Neither a proposal, in its entirety, nor proposal price information will be considered confidential/proprietary. Any information that will be included in any resulting contract/agreement cannot be considered confidential.

In submitting a proposal, you agree to the following terms and conditions.

It is understood and agreed by the respondent that:

1. Funds awarded as a result of this request are to be expended for the purposes as allowed under the Older Americans Act and as set forth herein, and in accordance with all applicable laws, regulations, policies, and procedures of Vintage (Region 12 Area Agency on Aging) the State of Colorado, and the Administration on Aging of the U.S. Department of Health and Human Services;
2. Funds awarded as a result of this request are contingent upon the services provided being allowable expenses;
3. Provision of services and payment for services rendered cannot occur until the parties have fully executed a contract and Vintage has confirmed that the services are eligible for funding;
4. Funds awarded as a result of this request may be terminated at any time for violations of any terms or requirements of the required contract or any applicable laws, regulations, policies or procedures or in the event that it is determined that the service(s) is not eligible for funding under the Older Americans Act;
5. The Required Reading Section of this proposal application will be read prior to finalizing and submitting a proposal.

It is further agreed that the respondent also represents its agency and its principals are not suspended or debarred per federal requirements (34 CFR Part 85).

I AGREE to the terms as noted above.

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

Cancel

Submit

Read Terms &  
Conditions.  
Click 'AGREE'  
and click  
Submit

# Register Agency

# Create Agency Profile

## Enter Your Agency Registration Code

You must create an agency profile for your organization before creating your personal profile/user account

### 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	Submit
--------------------------	---------------------------------------------------------------	--------

### 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

Create Agency Profile

Cancel

1. Click **Create Agency Profile** to register your organization

# Register Agency

An Agency Registration Code will be sent to the email address associated with the agency profile

## Register Your Agency: **Vintage Provider RFP SFY 2027 & 2028**

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

Address (cont)

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.

Cancel

Create Agency Profile

1. Fill in registration form

2. Click **Create Agency Profile** when finished.

# Create Profile

# Register Personal Profile

## Enter Your Agency Registration Code

A record for your agency was created successfully and assigned the registration code **GMPK-XDYC2**. 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

### 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

1. Enter Agency Registration Code and click **Submit**

### 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

Agency Code will *also* be sent to the email address provided for the agency profile. Contact Vintage if code is lost.

# Create Personal Profile

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

1. Fill in form details

First Name  
Last Name  
Title  
Address  
1234 Main St.  
Address (cont)  
Suite, Floor, etc.

City: Boulder State: Colorado ZIP: 80301

Phone Number: 7202335842 Phone Extension:

Fax Number:

Email Address: Please enter your email address. Include your email on RFP email list?  Yes  No

Password: Please enter a password.

Re-enter Password:

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

Cancel Save

2. Enter email address and password to be used to login to your account

3. Click Save when finished

# Complete Required Reading

## Required Reading for Vintage Provider RFP SFY 2027 & 2028

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

- RFP Schedule
- Funding Considerations
- Accessibility
- Mandatory Reporting Requirement
- Background and Overview
- Other Requirements if Selected to R
- Fiscal Management Requirements
- Period of Performance
- Required Processes/Procedures
- Insurance Requirements
- HIPAA Business Associate Agreement

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

1. Click link to start Required Reading

3. When finished, check the box and click Agree

### Required Reading

#### RFP Schedule

SFY 2027 & 2028 RFP Timeline			
Description of Task	Policy Reference	Start Date	Due Date
<b>Announce RFP</b>			
Announcement to current & prospective providers and include Proposer's Conference info	203a.B		2/9/2026
<b>RFP Opens</b>			
Required Proposers' conference & RFP Opens	203a.B.6		3/9/2026
Provide technical assistance	203a.C	3/9/2026	3/30/2026
<b>Proposals</b>			
RFP Closes & Proposals Due			3/30/2026
Evaluate proposals		3/30/2026	4/3/2026
Disqualify incomplete proposals	203a.D		4/3/2026
<b>RAC Grant Review Subcommittee</b>			
E/Mail packets to RAC Grant Review Committee	203a.E.		4/6/2026
RAC Grant Review Committee Evaluates proposals	203a.E.	4/6/2026	4/20/2026
RAC Grant Review Committee Workshop	203a.E.		4/22/2026
<b>Notice to Providers</b>			
Send letter of intent or denial for contracts	203a.G		4/24/2026
<b>Submit to SUA</b>			
Submit all for profit proposed funding awards for approval (21 days before issue of funding)			4/24/2026
<b>NWCCOG Council Meeting</b>			
Review proposals and recommendations at Council Meeting			5/21/2026
<b>Provider Contracts</b>			
Send contracts to providers for review			5/22/2026
Signed contracts			6/22/2026
New contracts into OAA-SYS for Providers			7/17/2026

2. click Next Section to navigate through each section

# Create blank proposal

# Create New Proposal

## Agency Home Page

A new blank proposal was created successfully

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

1. Click **Create new proposal**

Existing Proposals: 1

ID	Name	Created By	Status	Download (pdf)	Edit	Delete
3842		Jesseka Farago	In Process	 Download	 Edit	 Delete

2. Click **Edit** to begin proposal

# Provide Proposal Details

VINTAGE  
INFORMATION | RESOURCES | ADVOCACY

Proposal Status: **In Process**

Home Page

Proposal Details

**Description**

Services

Narrative

Attachments

Agency Details

Finalize proposal

## Proposal Description

Proposal Title:

Chocolate Home Care Proposal

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

Proposal Description:

Please limit your description to 450 words (approx one, single-spaced page).

Save

1. Provide proposal title and proposal description. Click **Save**.

# Add Services

## 1. Navigate to Services

**VINTAGE**  
INFORMATION | RESOURCES | ADVOCACY

Proposal Status: **In Process**

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

## Proposal Services

Please identify the services you plan to provide. Select the service from the dropdown below and then click the "Add Now" button.

Add Service (View definitions)  Add Now

There are no compensated services.

- Caregiver Information & Assistance**
- Case Management
- Congregate Meals
- Evidence-based Disease Prevention and Health Promotion
- Home Delivered Meals
- Information & Referral
- Legal Assistance
- Material Aid Food
- Nutrition Consultation
- Nutrition Counseling
- Nutrition Education
- Transportation

2. Use dropdown list and select the service, click **Add Now**

3. Use "Edit" links to fill in service details, answer questions, and budget.

Service	Requested Funds	Service Overview	Service-Specific Narrative	Budget	Units/Clients	Delete
Caregiver Information & Assistance	\$0.00	<a href="#">Edit</a>	<a href="#">Edit</a>	<a href="#">Edit</a>	<a href="#">Edit</a>	<a href="#">Delete</a>

# Edit Services

**VINTAGE**  
INFORMATION | RESOURCES | ADVOCACY

Proposal Status: **In Process**

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

1. Click Edit to enter service specific details

Services Found: 1

Service	Requested Funds	Service Overview	Service-Specific Narrative	Budget	Units/Clients	Delete
Caregiver Information & Assistance	\$0.00	<a href="#">Edit</a>	<a href="#">Edit</a>	<a href="#">Edit</a>	<a href="#">Edit</a>	<a href="#">Delete</a>

**Edit Service Details**

Detailed Description for: **Caregiver Information & Assistance**

Please limit the description to 750 words...

You have entered 0 words so far.

[Cancel](#) [Save](#)

2. Click to answer any service-specific questions if required

# Edit Services

**VINTAGE**  
INFORMATION | RESOURCES | ADVOCACY

Proposal Status: **In Process**

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

Services Found: 1

Service	Requested Funds	Service Overview	Service-Specific Narrative	Budget	Units/Clients	Delete
Caregiver Information & Assistance	\$0.00	<a href="#">Edit</a>	<a href="#">Edit</a>	<a href="#">Edit</a>	<a href="#">Edit</a>	<a href="#">Delete</a>

2. Click **Edit** to enter budget details

2. Click **Edit** to enter units/clients data

# Edit Budget

## Budget - Caregiver Information & Assistance

### Requested State/Federal Funds

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

 

Save

2. Enter total dollar amount requesting and click **Save**

Next

Home

Total Revenues = Requested Funds + Local Match + Other Revenues

Grant Expenses = Personnel + Program Expenses

Budget Tracker tells you if Total Revenues and Total Expenses match

### Budget Tracker

**Expenses do not match Revenues.**

#### Grant Revenues:

Requested Funds:	\$7,500.00
Local Match:	\$0.00
Other Revenues:	\$0.00
<b>Total Revenues:</b>	<b>\$7,500.00</b>

#### Grant Expenses:

Personnel:	\$0.00
Program Expenses:	\$0.00
<b>Total Expenses:</b>	<b>\$0.00</b>

# Edit Match

Amount of matching funds required

## Local Matching Funds

The funds you are requesting - **\$7,500.00** - require local matching funds of *at least* **\$2,500.00** (Requested Funds/3). You have identified **\$2,500.00** in matching funds so far.

1. Select *Local Match Type*, *Source of Funds*, enter amount (\$\$) and add details (if applicable or if "Other" was selected as a funding source)

Local Match Type:  Source of Funds:  Amount:

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

[Add Local Funds](#)

2. Click **Add Local Funds**

3. Review funds. Repeat steps 1-2 to add more local funds.

Local Match Type	Amount	Source of Funds	Details	Delete
Local Cash	\$2,500.00	Local Governmental Entity		<a href="#">Delete</a>

Total Local Matching Funds: **\$2,500.00**

[Home](#)

4. Click **Next** when finished with match

[Back](#)

[Next](#)

# Edit Other Revenue

1. Select *Source of Other Revenues*, enter amount (\$\$) and add details (if applicable or if “Other” was selected as a funding source)

## Other Sources of Revenue

Source of Other Revenues  Amount

Details. Required if you select 'Other.'

[Add Revenue Source](#)

2. Click **Add Revenue Source**

3. Review funds. Repeat steps 1-2 to add more local funds.

Source of Other Revenues	Amount	Details	Delete
Voluntary Client Contributions	\$500.00		<a href="#">Delete</a>

Total Other Revenue: **\$500.00**

4. Click **Next** when finished with other revenue

[Home](#)

[Back](#)

[Next](#)

# Edit Personnel Expenses

1. Select *Personnel Type*, *Employee Type*, enter *Position Title*

## Personnel Expenses

**Personnel Type:** Direct Services Personr  **Employee Type:** Hourly  **Position Title:**

**Hourly Employee:** Enter the hourly rate and total hours that this position will dedicate to this service.

**Hourly Rate:** Hourly pay rate (\$xx.xx)  **Total Hours:**

If **Hourly**, enter *Hourly Rate*, *Total Hours*

**Salaried Employee:** Enter the total annual salary, and proportion of time that this position will dedicate to delivering this service over the course of the program.

**Annual Salary:** Annual Salary (to the nearest  **Percent of time:** Percent of time (xx.xx%)

If **Salary**, enter *Annual Salary*, *Percent of time*

2. Click **Add Personnel**

3. Review amounts. Repeat steps 1-2 to add more personnel expenses

Personnel Type	Employee Type	Title	Hourly Rate	Total Hrs	Annual Salary	Percent of time	Cost	Delete
Direct Services	Hourly	Caregiver	\$25.00	100	\$0.00	0.00%	\$2,500.00	Delete

4. Click **Next** when finished with other revenue

# Edit Program Expenses

## Program Expenses

1. Select *Expense Type*, enter *Amount* (\$\$), enter *Description*

Expense Type  Amount   
Description

2. Click **Add Expense Item**

3. Review expenses. Repeat steps 1-2 to add more program expenses

Expense Type	Details	Amount	Delete
Supplies	Supplies for caregiving	\$8,000.00	Delete
Total Program Expenses: <b>\$8,000.00</b>			

# Check Budget Tracker

If “Expenses do not match Revenue” – revisit revenue and/or expenses to balance budget by clicking **Back**

If “Expenses match revenues” – then click **Done** on Program Expenses page or **Home**

Budget Tracker	
<b>Expenses do not match Revenues.</b>	
<b>Grant Revenues:</b>	
Requested Funds:	\$7,500.00
Local Match:	\$2,500.00
Other Revenues:	\$500.00
Total Revenues:	\$10,500.00
<b>Grant Expenses:</b>	
Personnel:	\$2,500.00
Program Expenses:	\$6,000.00
Total Expenses:	\$8,500.00

Budget Tracker	
<b>Expenses match revenues.</b>	
<b>Grant Revenues:</b>	
Requested Funds:	\$7,500.00
Local Match:	\$2,500.00
Other Revenues:	\$500.00
Total Revenues:	\$10,500.00
<b>Grant Expenses:</b>	
Personnel:	\$2,500.00
Program Expenses:	\$8,000.00
Total Expenses:	\$10,500.00

Done Back

# Edit Units and Clients

## 1. Navigate to **Services**

**VINTAGE**  
INFORMATION | RESOURCES | ADVOCACY

Proposal Status: **In Process**

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

## Proposal Services

Please identify the services you plan to provide. Select the service from the dropdown below

Add Service (View definitions)  Add Now

Services Found: 1

Service	Requested Funds	Service Overview	Service-Specific Narrative	Budget	Units/Clients	Delete
Caregiver Information & Assistance	\$7,500.00	<a href="#">Edit</a>	<a href="#">Edit</a>	<a href="#">Edit</a>	<a href="#">Edit</a>	<a href="#">Delete</a>

2. Click **Edit**  
under  
Units/Clients

# Edit Units and Clients

## Units/Clients - Caregiver Information & Assistance

Please identify the communities you plan to serve from the drop down below and then add the corresponding units of service and unduplicated clients for this service.

Select Service Area: Eagle

1. Select Service Area from dropdown list and click **Add Now**

### Units of Service:

For the service areas you have identified, please enter the units of service you anticipate providing.

Service Area	Total Proposed Units of Service	Delete Service Area
Eagle	<input type="text" value="100"/>	<input type="button" value="Delete"/>
<b>Total</b>	100	

2. Enter total proposed service units for service area

### Total and Targeted Client Counts:

For each of the service areas identified above, please enter the number of unduplicated clients you anticipate serving.

Service Area	Total 60 + Persons	Low Income	Minority	Low Income Minority	Frail	Rural
Eagle	<input type="text" value="100"/>	<input type="text" value="0"/>	<input type="text" value="55"/>	<input type="text" value="0"/>	<input type="text" value="25"/>	<input type="text" value="0"/>
<b>Total</b>	100	0	55	0	25	0

3. Add Targeted Client Counts

4. Click **Save**

# Answer Narrative Questions

## 1. Navigate to Narrative

**VINTAGE**  
INFORMATION | RESOURCES | ADVOCACY

Proposal Status: **In Process**

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

## Proposal Narrative

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.

In your opinion, what is an emerging issue for older adults and/or caregivers in your service area?

REQUIRED

1. Use textbox to answer questions. Some may be required. Click Save often.

You have entered 0 words so far.

Save

Times out after 20 minutes

Save All

2. Click **Save All** when finished

Proposal Status: **In Process**

- Home Page
- Proposal Details
  - Description
  - Services
  - Narrative
  - Attachments
- Agency Details
- Finalize proposal

# Upload Attachments

## Upload/Attach Documents

Submit the following documents along with your proposal. Required documents are flagged so include the other documents if they are associated from your speci

1. Certificate of Good Standing - NOT REQUIRED
2. Grievance policy - NOT REQUIRED
3. Indirect Cost Allocation Plan (if applicable) - NOT REQUIRED
4. Non-Discrimination Policy - NOT REQUIRED
5. Other - NOT REQUIRED
6. Targeting Plan - NOT REQUIRED

1. Review required documents. Use dropdown list to select document type and click **Add Now**

Select the document to add from the list below to create a blank record of the documents you v 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: Certificate of Good Standing

- 2. Add Document Title
- 3. Browse Computer
- 4. Explanation if required document is not uploaded

**Edit/Upload Document**

Document Title:  Document Type:

Upload:  No file chosen  
(MS Word, MS Excel or PDF formats only)

This is a required document type. If you are not uploading this document, please provide an explanation below:

5. Click "Save"

# Update Agency Info

**VINTAGE**  
INFORMATION | RESOURCES | ADVOCACY

Proposal Status: **In Process**

- Home Page
- Proposal Details
- Agency Details
- Agency Information**
- Contact Information
- Finalize proposal

## Agency Information

### Agency Name

Chocolate Homecare

### DBA Name: (If different)

### Federal Employer ID Number (FEIN):

XX-XXXXXXX or XXX-XX-XXXX

### Inception Date:

mm/dd/yyyy

### Organization Type:

Non-Profit/Not for Profit

### DBE status:(Select all that apply-hold shift key to select multiples)

Woman-owned  
Minority-owned

Save

Fill-in  
information  
(FEIN) and  
click **Save**

# Update Contacts

## Contact Information

**VINTAGE**  
INFORMATION | RESOURCES | ADVOCACY

Proposal Status: **In Process**

- Home Page
- Proposal Details
- Agency Details
- Agency Information
- Contact Information**
- Finalize proposal

- Agency Director/CEO/Executive Director - **REQUIRED**
- Proposal Contact - **REQUIRED**
- Program Manager - **REQUIRED**
- Other

1. Review Required contact types

Add new contact

2. Click 'Add new contact' or 'edit' current contacts

3. Choose Program Responsibilities

**Add Contact**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Select Previously Entered Address: \_\_\_\_\_

Address: \_\_\_\_\_  
if different from address in the dropdown above

Address (continued): \_\_\_\_\_  
e.g. Suite; floor etc.

City: \_\_\_\_\_ State: Colorado ZIP: \_\_\_\_\_

**Program Roles/Responsibilities (Select all that apply):**

- Agency Director/CEO/Executive Director
- Proposal Contact
- Program Manager
- Other

Mailing List: Would you like to receive news & announcements from Vintage (Region 12)?  
 Yes  No

Close Save

4. Click Save

# Check for errors

# Validate Proposal

**VINTAGE**  
INFORMATION | RESOURCES | ADVOCACY

Proposal Status: **In Process**

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

1. Validate Using Sidebar Navigation

2. Click to see Errors

3. Click to Go to Page

## Proposal Validation

### Validation Results

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

## Proposal Validation

### Validation Results

#### Errors Found: 7

Errors must be resolved before you can submit this proposal.

#### Description Errors 1

#### Budget Errors 1

This proposal requires an explanation on why you are requesting less than \$75,000.

#### Units/Clients Errors 2

#### Narrative Errors 0

#### Attachment Errors 0

#### Agency Details Errors 3

# Submit proposal

# Submit Proposal

**VINTAGE**  
INFORMATION | RESOURCES | ADVOCACY

Proposal Status: **In Process**

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

## 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

1. Click **Request PIN**

- A PIN was emailed to you
- If you do not receive a PIN within 20 minutes, please call Erin Fisher at (970) 455-1067
- Note that PINs time out after twenty four (24) hours. You must have an active PIN in order to submit.

1. Submit Using  
Sidebar  
Navigation

2. Check your  
email and  
follow the  
instructions.

Already Have Your PIN?

Submit Proposal

3. When you've received  
the PIN click **Submit  
Proposal**

Review  
Terms &  
Conditions...

# Submit with PIN

## 1. Review Terms of Submission



Terms of Submission: Vintage Provider RFP SFY 2027 & 2028

The respondent acknowledges and agrees that this RFP is a solicitation and not an offer to contract. Submission of a proposal does not guarantee funding.

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In submitting a proposal, you agree to the following terms and conditions.

It is understood and agreed by the respondent that:

1. Funds awarded as a result of this request are to be expended for the purpose of the Older Americans Act and as set forth herein, and in accordance with all applicable policies, and procedures of Vintage (Region 12 Area Agency on Aging) the Administration on Aging of the U.S. Department of Health and Human Services;
2. Funds awarded as a result of this request are contingent upon the services rendered and the expenses;
3. Provision of services and payment for services rendered cannot occur until the respondent has executed a contract and Vintage has confirmed that the services are eligible for funding;
4. Funds awarded as a result of this request may be terminated at any time if the respondent fails to meet the requirements of the required contract or any applicable laws, regulations or in the event that it is determined that the service(s) is not eligible for funding under the Older Americans Act;
5. The Required Reading Section of this proposal application will be read prior to submitting a proposal.

It is further agreed that the respondent also represents its agency and its principal as being debarred per federal requirements (34 CFR Part 85).

## 2. Enter submitter information and PIN



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.**

[Back](#)

## 3. Click Submit



# Submission Confirmation

**VINTAGE**  
INFORMATION | RESOURCES | ADVOCACY

Proposal Status: **Submitted**

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

1. Click **Print**

## Confirmation

The following proposal was submitted successfully

RFP/SOQ	Vintage Provider RFP SFY 2027 & 2028
Agency	Chocolate Homecare
Proposal	Chocolate Home Care Proposal
Submitted Date	3/4/2026 7:51:37 PM -06:00
Submitted Name	Jesseka Farago
Submitted Email Address	jesseka@chocolate-software.com
Status	Submitted

Home

**Note:** Proposal cannot be edited once it has been submitted

# View Proposal

**Note:** Proposal cannot be edited once it has been submitted

## 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

Proposal status

Existing Proposals: 1

ID	Name	Created By	Status	Download (pdf)	Edit	Delete
3842	Chocolate Home Care Proposal	Jesseka Farago	Submitted	 Download	 Locked	 Locked

1. Click the **Download** link

# Questions?