North Central
NEW MEXICO
ECONOMIC DEVELOPMENT DISTRICT

NEW MEXICO AREA AGENCY ON Aging NON-METRO

REQUEST FOR PROPOSALS (RFP) 2026-04

PROVISION OF SERVICE FOR OLDER NEW MEXICANS
July 1, 2026 through June 30, 2030

Released: October 24, 2025
Due: December 12, 2025

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RFP 2026-04 and required forms can be found on the website: https://www.nonmetroaaa.com/rfp

I. INTRODUCTION

A. PURPOSE OF THIS REQUEST FOR PROPOSALS

The purpose of the Request for Proposal (RFP) is to solicit sealed proposals for the provision of services for Older New Mexicans, to include, but not limited to, congregate meals, home delivered meals, transportation, adult day care, respite care, homemaker services, and other supportive and supplemental services.

B. BACKGROUND INFORMATION

Established in 1967, North Central New Mexico Economic Development District (NCNMEDD) is a New Mexico Council of Governments and a special district governmental entity. NCNMEDD administers the Non-Metro Area Agency on Aging (Non-Metro AAA). One role of the Non-Metro AAA is to develop a comprehensive service delivery plan which assists older persons to maintain their independence and dignity while ensuring accountability and quality service delivery. This community-based delivery system may be provided directly or through this subcontracting process, which Non-Metro AAA is conducting within the 32-county service delivery area.

C. SCOPE OF WORK

NCNMEDD Non-Metro AAA will make funding available from the Federal Title III Older Americans Act (OAA) of 1965 and State of New Mexico House Bill 2 Appropriations through annual subrecipient agreements in the following 32 counties, which comprise the following Planning and Service Areas (PSAs).

PSA 2	Cibola, Colfax, Los Alamos, McKinley, Mora, Rio Arriba, Sandoval, San Miguel, San Juan, Santa Fe, Taos, Torrance and Valencia Counties.
PSA 3	De Baca, Chaves, Curry, Guadalupe, Eddy, Harding, Lea, Lincoln, Quay, Roosevelt and Union Counties.
PSA 4	Catron, Dona Ana, Grant, Hidalgo, Luna, Otero, Sierra and Socorro Counties.

NCNMEDD Non-Metro AAA seeks to procure with entities whose purpose and mission are to provide supportive and nutrition services to older individuals through a comprehensive and coordinated effort and by following the intent of the Older Americans Act to serve:

- older individuals residing in rural areas;
- older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- older individuals with severe disabilities;
- older individuals with limited English proficiency;
- older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals);
- older individuals at risk for institutional placement.

D. ELIGIBLE ENTITIES

Applicants may be units of local or tribal government; government agencies including public schools; for-profit and non-profit corporations, including 501(c)3s; and community-based organizations. Collaborative entities and coalitions will also be considered for funding. Proposals will be accepted from current providers as well as new applicants operating in the Planning and Service Areas specified.

E. FUNDING AVAILABILITY

NCNMEDD Non-Metro AAA reserves the right to alter any proposed allocation by program area based on review of all the competitive proposal applications and any legislative mandates included in the appropriations.

F. PAYMENT PROVISION

Expenses related to services rendered will, at this time, be reimbursed based on the submission of itemized expense reports and corresponding receipts. This ensures transparency and accountability in the reimbursement process. However, we reserve the right to revise this approach and transition to a fee-based compensation structure in the future. Such a structure may be based on unit production, output metrics, or other performance-based criteria, as deemed appropriate. This potential shift is intended to align incentives, streamline administrative processes, and support scalability as project demands evolve. Should any changes be implemented, all parties will be notified in advance, and the new terms will be clearly outlined and mutually agreed upon prior to taking effect.

G. PROCUREMENT MANAGER

1. NCNMEDD Non-Metro AAA has assigned a Procurement Manager for RFP 2026-01:

   Name: Neil Segotta
   Address: NCNMEDD
   644 Don Gaspar
   Santa Fe, NM 87505
   Telephone: (505) 310-4012
   Email: neils@ncnmedd.com

2. Any inquiries or requests regarding this procurement shall only be submitted, in writing, to the Procurement Manager. Offerors may contact ONLY the Procurement Manager regarding this procurement. Other employees or Evaluation Committee members do not have the authority to respond on behalf of the NCNMEDD Non-Metro AAA.

II. SEQUENCE OF EVENTS

The following schedule lists the major procurement activities. NCNMEDD Non – Metro AAA will make every effort to adhere to the schedule. All times are in Mountain Standard or Mountain Daylight Time, depending on the date listed.

Action	Responsibility	Date
Issuance of RFP	Non-Metro AAA	October 24, 2025
Deadline to Submit Questions for Pre-Bidders Conference Call	Applicant	November 12, 2025, 4:00 pm email questions to neils@ncnmedd.com
Pre-Bidders Conference Call Click to Join Meeting Dial in: 1-253-215-8782 Meeting ID: 829 4278 0541 Passcode: 191909	Non-Metro AAA	November 14, 2025, 10:00 am
Answers to questions from Pre-Bidders Conference posted to website	Non-Metro AAA	November 21, 2025 https://www.nonmetroaaa.com/rfp
Proposal Due Date	**Applicants**	**December 12, 2025, 4:00 pm**
Proposal Evaluation	Evaluation Committee	January 5, 2026, through February 16, 2026
Funding Recommendations and Notification to Applicants	Non-Metro AAA	On or before March 16, 2026
Appeal Process Deadline	Applicants	Seven (7) days after funding notification

Contracts Issued	Non-Metro AAA	May or June 2025; depending on the timing of fund allocation by the NM Aging and Long-Term Services Department (ALTSD)

III. GENERAL REQUIREMENTS

A. INCURRING COSTS

Cost of developing this RFP is entirely the responsibility of the applicant and shall not be reimbursed in any manner by NCNMEDD Non-Metro AAA.

B. SUBRECIPIENT CONTRACTORS

Subrecipient contractors and other business associations to be used by the applicant in the performance of the scope of work shall be identified with specificity in the proposal.

C. APPLICANT'S RIGHT TO WITHDRAW PROPOSAL

Applicants will be allowed to withdraw their proposal at any time prior to the deadline for receipt. The applicant must submit a written withdrawal signed by the applicant's duly authorized representative and addressed to the Procurement Manager.

D. CONFIDENTIALITY OF PROPOSALS

All submitted proposals are classified as competitive proposals and are considered confidential during the negotiation process.

E. RFP CANCELLATION

This RFP may be cancelled at any time and/or any and all proposals may be rejected in whole or in part when NCNMEDD Non-Metro AAA determines it is in the best interest of the consumers. NCNMEDD Non-Metro AAA shall award subrecipient agreements which offer the best possibility for providing the services requested.

F. APPROPRIATION CONTINGENCY

All offers regarding contract amounts will be contingent upon the final amount appropriated by and received from the New Mexico Aging and Long-Term Service Department (ALTSD) on an annual basis. Subrecipient contracts may be renewed during the multi-year period listed above based on the availability of funds and satisfactory performance.

G. RIGHT TO WAIVE MINOR IRREGULARITIES

NCNMEDD Non-Metro AAA reserves the right to waive technical irregularities, which can be corrected without prejudice to other applicants.

H. AGENCY RIGHTS

NCNMEDD Non-Metro AAA shall have the right to use all the ideas or adaptations of ideas contained in any proposal received in response to this RFP.

At its sole discretion, NCNMEDD Non-Metro AAA reserves the right to reject any and/or all proposals received in response to this RFP.

I. OWNERSHIP OF PROPOSALS

All materials submitted in response to this RFP shall become the property of NCNMEDD Non-Metro AAA and will not be returned to the applicant.

IV. PROPOSAL RESPONSE REQUIREMENTS

A. DISQUALIFICATION

Failure to furnish all information, follow the proposal format, or submit the proposal by the deadline may result in disqualification. NCNMEDD Non-Metro AAA will make the final determination in disqualifying a proposal.

B. SUBMISSION

All proposals shall be submitted by uploading Items IV D-H to this Citrix File link: by December 12, 2025 at 4:00 pm.

Upon completion, the entire proposal package, including Items IV C-I should be scanned or combined into a single PDF Document, then uploaded here: ***26 RFP Upload Link** using the following naming convention: YOURORGANIZATIONNAME.RFP2026-04

C. PROPOSAL NARRATIVE

The applicant shall provide the following proposal narrative not exceeding 10 pages with 1-inch margins and in Times New Roman,12-point font. The narrative may be single or double spaced. Concise and brief narratives are encouraged; lengthy narratives will not be scored more favorably than shorter narratives of similar quality.

1. Executive Summary
   - As the opening section of the RFP, the Executive Summary should briefly summarize the proposal. Describe the applicant, service area and sites from which services will be provided. Include total funding requested, proposed services (see Attachment A), number of units and unduplicated consumers. Highlight any proposed new services. Emphasize the major issues, trends and goals set by the applicant, and provide a clear description of the service area vision for services over the next four years.

2. Applicant Organizational Structure
   - Describe the configuration, primary functions and mission statement of the applicant.
   - Describe the program's placement within its larger organization (if applicable).
   - Include an organizational chart.

3. Staff Experience and Qualifications
   - Identify administrative staff by job titles allocated to the proposed program to include managerial and financial functions.
   - Summarize the qualifications and experience pertinent to their roles.
   - Summarize all budgeted staff personnel by position.

4. Fiscal Management
    - Describe and attach a sample financial report demonstrating the applicant's accounting structure and ability to report by funding source (revenue) and line item (expense) by service (congregate meals, home delivered meals, homemaker, etc.)
    - Describe the methodology used in allocating funds to services.
    - Describe how the financial status of the program will be monitored.
    - Identify and describe the applicant's financial management and accounting system.
    - Disclose whether the applicant has any audit findings or is debarred, suspended, or excluded from any government program.
    - Describe commitments of local funds, grants, in-kind, equipment, vehicles, etc. for the services described in the RFP.

5. Characteristics of Service Area
    - Describe the characteristics of the proposed service area. Identify those characteristics and conditions that affect the service delivery system, including geography, cultural diversity, language barriers, urban/rural/frontier environments, and other information to provide a snapshot of the proposed service area.
    - Describe other service providers within the service area such as hospitals, long-term care facilities, volunteer programs, public transportation systems, housing, behavioral health centers, economic initiatives, and the like, which impact the lives of older adults in the community.

6. Coordination and Capacity Building
    - Describe how the applicant works within the proposed service area to coordinate and collaborate with other entities to better serve older adults, especially assisted transportation needs.
    - Describe other services and activities to older adults that are funded outside of the scope of this RFP.
    - Describe how the applicant intends to strengthen the service system, maximize resources, and minimize duplication of service.

7. Innovation and Forward Thinking
    - Describe current and future plans to respond to the changing environment in which older adults and adults with disabilities live.
    - Describe efforts to reduce hunger and food insecurity.

8. Emergency Preparedness
    - Describe how the applicant will coordinate activities and develop long-range emergency preparedness plans with local and state emergency responders, relief organizations, local and state governments, and any others that have responsibility for disaster relief service delivery.

9. Outreach
    - Describe how the applicant will ensure the use of outreach efforts that identify eligible individuals, with special emphasis on older individuals who have the greatest economic or social need, particularly older individuals with low incomes, including minority older individuals with low incomes, older individuals with limited English proficiency, and older individuals residing in rural areas, and to inform these elders of the availability of supportive and nutrition services.

- Specifically provide information regarding the number of American Indian elders within the service area and how the applicant will work to increase access of services to these individuals, as well as how OAA Title III services coordinate with those funded under OAA Title VI (Native American programs) when applicable.

10. Service Goals and Objectives
    - List area-wide service goals and objectives for each proposed service. Each objective must be measurable and shall include one or more outcomes and outcome measures. Include projected units of service and projected unduplicated consumers to be served for each proposed service with special emphasis on older individuals who have the greatest economic or social need, particularly older individuals with low incomes, including minority older individuals with low incomes, older individuals with limited English proficiency, and older individuals residing in rural areas, and to inform these elders of the availability of supportive and nutrition services.
    - New providers or existing providers proposing new services must document the need for the new services. Documentation may include surveys, public meeting comments, and/or other data consistent with the Characteristics of Service Area.
    - List goals and objectives to address the areas covered in the RFP response.

11. Survey Results or Public Meeting Comments (Optional)
    If surveys or public meetings were held in the proposed service area to develop this proposal, submit documentation of dates and locations; methods used to publicize the survey(s) or meeting(s); methods used in conducting meeting(s); number of persons surveyed or in attendance; comments and from whom they were received; and any changes made to this proposal as a result of the comments. Include sign in sheets from meeting(s).

D. LEGAL AUTHORIZING DOCUMENTATION

For private organizations, provide a copy of the articles of incorporation. For public organizations, provide a copy of the governing regulations.

E. BUDGET WORKBOOK

The budget must be submitted in the Excel budget workbook located at **https://www.nonmetroaaa.com/rfp**.

F. FOCAL POINT INFORMATION

Focal point information must be submitted on the Excel form provided at **https://www.nonmetroaaa.com/rfp**.

G. ADDENDA

The following Addenda must be submitted on the forms provided at **https://www.nonmetroaaa.com/rfp**:

1. Assurances
2. Certification Regarding Debarment, Suspension, and Other Responsibility Matters
3. Certification Regarding Lobbying
4. Commitment of Local Funds and support including equipment, vehicles and in-kind.

V. EVALUATION CRITERIA

NCNMEDD Non-Metro AAA will utilize the following rating criteria to evaluate proposals submitted in response to the RFP.

Section	Maximum Points
Executive Summary	5
Organizational Structure	20
Experience and Qualifications	25
Financial Management & Budget	50
Characteristics	10
Coordination & Capacity Building	10
Innovation & Forward Thinking	20
Emergency Preparedness	10
Outreach	20
Service Goals & Objectives	30
Total points possible	**200**

VI. CLOSING DATE

The closing date for receipt of completed proposals is **December 12, 2025** at 4:00 pm. Any proposal received after that time may be disqualified.

VII. REVIEW PROCESS

NCNMEDD Non-Metro AAA shall establish an Evaluation Committee to review all proposals and make recommendations to the NCNMEDD Executive Committee, which has final authority to approve or disapprove a proposal.

A. Notification Of Outcome

NCNMEDD Non-Metro AAA intends to notify all applicants in writing on or before March 16, 2026.

B. Appeal Process

Applicants who are not recommended for funding have seven (7) business days to respond to the written notification if they wish to appeal the decision.

The appeal letter should be addressed to the Executive Director of the NCNMEDD and must include a written explanation of the perceived procedural error or errors of fact in the selection process.

Santiago Chavez, Executive Director
NCNMEDD
644 Don Gaspar
Santa Fe, NM 87505

The applicant must ensure that NCNMEDD receives the letter within seven (7) business days after the date of notification.

An appointed appeals officer shall review material in collaboration with the Executive Director and a recommendation shall be made to the NCNMEDD Executive Committee within two (2) weeks.

The decision of the Executive Committee shall be final and conclusive. Written notification will be sent to the applicant within five (5) business days of the decision.

ATTACHMENT A
SERVICE DEFINITIONS

Definitions and Unit Measurements

Note: **The document contained herein is subject to change**

Service	Definition	Unit of Service
Adult Day Care/Health	Services or activities provided to adults who require care and supervision in a protective setting for a portion of a 24-hour day. Includes out of home supervision, health care, recreation, and/or independent living skills training offered in centers most commonly known as Adult Day, Adult Day Health, Senior Centers, and Disability Day Programs.	***1 Hour*** *Partial Hour may be reported to two decimal places, e.g. 0.25*
Case Management (also applicable to the Caregiver program)	Means a service provided to an older individual, at the direction of the older individual or a family member of the individual: • by an individual who is trained or experienced in the case management skills that are required to deliver the services and coordination described in subparagraph; and • to assess the needs, and to arrange, coordinate, and monitor an optimum package of services to meet the needs, of the older individual; and Includes services and coordination such as— • comprehensive assessment of the older individual (including the physical, psychological, and social needs of the individual); • development and implementation of a service plan with the older individual to mobilize the formal and informal resources and services identified in the assessment to meet the needs of the older individual, including coordination of the resources and services— o with any other plans that exist for various formal services, such as hospital discharge plans; and o with the information and assistance services provided under the Older Americans Act; • coordination and monitoring of formal and informal service delivery, including coordination and monitoring to ensure that services specified in the plan are being provided; o periodic reassessment and revision of the status of the older individual with— o the older individual; or o if necessary, a primary caregiver or family member of the older individual; and o in accordance with the wishes of the older individual, advocacy on behalf of the older individual for needed services or resources.	***1 Hour*** *Partial Hour may be reported to two decimal places, e.g. 0.25*
Chore	Performance of heavy household tasks provided in a person's home and possibly other community settings. Tasks may include yard work	***1 Hour*** *Partial Hour may be reported to two*

	or sidewalk maintenance in addition to heavy housework.	*decimal places, e.g. 0.25*
Homemaker	Performance of light housekeeping tasks provided in a person's home and possibly other community settings. Task may include preparing meals, shopping for personal items, managing money, or using the telephone in addition to light housework.	***1 Hour*** *Partial Hour may be reported to two decimal places, e.g. 0.25*
Transportation	Services or activities that provide or arrange for the travel, including travel costs, of individuals from one location to another. Does not include any other activity.	***1 One-Way Trip***
Assisted Transportation	Services or activities that provide or arrange for the travel, including travel costs, of individuals from one location to another. This service includes escort or other appropriate assistance for a person who has difficulties (physical or cognitive) using regular vehicular transportation. Does not include any other activity.	***1 one-Way Trip***
Congregate Nutrition (Meals)	A meal provided by a qualified nutrition project provider to a qualified individual in a congregate or group setting. The meal is served in a program that is administered by SUAs and/or AAAs and meets all the requirements of the Older Americans Act and State/Local laws. Meals provided to individual through means-tested programs may be included. A hot or other appropriate meal served to an eligible person which meets one- third (1/3) of the dietary reference intakes (DRI) as established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences and complies with the most recent Dietary Guidelines for Americans, published by the Secretary and the Secretary of Agriculture, and which is served in a congregate setting 5 or more days per week. There are two types of congregate meals: **Standard meal** – A regular meal from the standard menu that is served to the majority of the participants. **Therapeutic meal or liquid supplement** – A special meal or liquid supplement that has been prescribed by a physician and is planned specifically for the participant by a dietician (e.g., diabetic diet, renal diet, tube feeding).	***1 Meal***
Home Delivered Nutrition	A meal provided to a qualified individual in his/her place of residence. The meal is served in a program that is administered by SUAs and/or AAAs and meets all the requirements of the Older Americans Act and State/Local laws. Meals provided to individual through means-tested programs may be included. Hot, cold, frozen, dried, canned or supplemental food (with a	***1 Meal***

	satisfactory storage life) which provides a minimum of one-third (1/3) of the dietary reference intakes (DRI) as established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences and complies with the Dietary Guidelines for Americans, published by the Secretary and the Secretary of Agriculture, and is delivered to an eligible person in the place of residence. The objective is to assist the recipient sustain independent living in a safe and healthful environment five (5) or more days per week. Home delivered meals may be served as breakfast, lunch, dinner, or weekend meals.	
Nutrition Education	An intervention targeting OAA participants and caregivers that uses information dissemination, instruction, or training with the intent to support food, nutrition, and physical activity choices and behaviors (related to nutritional status) in order to maintain or improve health and address nutrition-related conditions. Content is consistent with the Dietary Guidelines for Americans; is accurate, culturally sensitive, regionally appropriate, and considers personal preferences; and is overseen by a registered dietitian or individual of comparable expertise as defined in the OAA.	**Sessions (which may be delivered in-person or via video, audio, online or the distribution of hardcopy materials)**
Nutrition Counseling	A standardized service as defined by the Academy of Nutrition & Dietetics (AND) that provides individualized guidance to individuals who are at nutritional risk because of their health or nutrition history, dietary intake, chronic illness, or medication use, or to caregivers. Counseling is provided one-on-one by a registered dietitian, and addresses the options and methods for improving nutrition status with a measurable goal.	***1 Hour*** *Partial Hour may be reported to two decimal places, e.g. 0.25*
Health Promotion Non-Evidence-Based	Heath promotion and disease prevention activities that do not meet the ACL/AoAs definition for an evidence -based program as defined at ACL's website. www.acl.gov. **Education/Training –** Formal or informal opportunities for individuals to acquire knowledge or experience, increase awareness, promote personal or community enrichment and/or increase or gain skills. **Health Screening –** Pre-nursing home admission screening and/or routine health screening. **Home Safety Services –** Home assessment, assistive devices, accident prevention training, assistance with modifications to prevent accidents/facilitate mobility, and/or follow-up services to determine effectiveness of modifications/assistive devices. **Medication Management –** Monitoring, screening, and education to prevent incorrect medication usage and adverse drug reactions. **Physical Fitness/Exercise –** Individual or group exercise activities (with or without equipment), such as walking, running,	***Education Training 1 Hour*** *Partial Hour may be reported to two decimal places, e.g. 0.25* ***Health Screening 1 Hour*** *Partial Hour may be reported to two decimal places, e.g. 0.25* ***Home Safety Services 1 Hour*** *Partial Hour may be reported to two decimal places, e.g. 0.25*

	swimming, sports and/or Senior Olympics physical conditioning/training.	***Medication Management 1 Contact*** ***Physical Fitness & Exercise 1 Session per Participant***
Health Promotion Evidence-Based	Activities related to the prevention and mitigation of the effects of chronic disease (including osteoporosis, hypertension, obesity, diabetes, and cardiovascular disease) alcohol and substance abuse reduction, smoking cessation, weight loss and control, stress management falls prevention, physical activity and improved nutrition. Activities must meet ACL/AoA's definition for an evidence-based program as presented on the ACL's Website www.acl.gov. ***Existing evidence-based programs currently offered in New Mexico include:*** **EnhanceFitness-** a low-cost, evidence-based group exercise program, helps older adults at all levels of fitness become more active, energized, and empowered to sustain independent lives. **A Matter of Balance-** View falls as controllable, set goals for increasing activity, make changes to reduce fall risk at home, exercise to increase strength **Manage Your Chronic Disease (My CD) –** Designed to help people gain self-confidence in their ability to manage the symptoms of their chronic disease and how it affects their lives. **Tomando Control de su Salud (Spanish-language Manage Your Chronic Disease)**	***Unit Criteria information based on the individual program requirements***
IIIE Family Caregiver Support Program	*Services for family caregivers and grandparent caregivers. The following are the allowable service categories as of May 25, 2010.* **Access Assistance** – A service that assists caregivers in obtaining access to the services and resources that are available within their communities. To the maximum extent practicable, it ensures that the individuals receive the services needed by establishing adequate follow-up procedures. [Note: Information and assistance to caregivers is an access service, i.e., a service that: (A) provides individuals with information on services available within the communities; (B) links individuals to the services and opportunities that are available within the communities; (C) to the maximum extent practicable, establishes adequate follow-up procedures. Internet web site "hits" are to be counted only if information is requested and supplied.] **Counseling** – A service designed to support caregivers and assist them in their decision-making and problem solving. Counselors are service providers that are degreed and/or credentialed as required by	***Access Assistance 1 Contact*** ***Counseling 1 Session per Participant***

	state policy, trained to work with older adults and families and specifically to understand and address the complex physical, behavioral and emotional problems related to their caregiver roles. This includes counseling to individuals or group sessions. Counseling is a separate function apart from support group activities or training (see definitions for these services). **Information and Assistance**– A service that: • provides the individuals with current information on opportunities and services available to the individuals within their communities, including information relating to assistive technology; • assesses the problems and capacities of the individuals; • links the individuals to the opportunities and services that are available; • to the maximum extent practicable, ensures that the individuals receive the services needed by the individuals, and are aware of the opportunities available to the individuals, by establishing adequate follow-up procedures; and • serves the entire community of older individuals, particularly— ○ caregivers who are older individuals with greatest social need; ○ older individuals with greatest economic need; ○ older relative caregivers of children with severe disabilities, or individuals with disabilities who have severe disabilities; ○ family caregivers who provide care for individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and caregivers of "frail" individuals defined as: unable to perform at least two activities of daily living without substantial human assistance, including verbal reminding, physical cueing, or supervision; and/or cognitive or other mental impairment, requires substantial supervision because the individual behaves in a manner that poses a serious health or safety hazard to the individual or to another individual. **Information Services** (public) - A public and media activity that conveys information to caregivers about available services, which can include an in-person interactive presentation to the public conducted; a booth/exhibit at a fair, conference, or other public event; and a radio, TV, or Web site event. Unlike Information and Assistance, this service is not tailored to the needs of the individual **Supplemental Services** – Goods and Services provided on a limited basis to complement the care provided by caregivers. **Support Groups** – a service led by a trained individual, moderator, or professional, as required by state policy, to facilitate caregivers to discuss their common experiences and concerns and develop a mutual support system. Support groups are typically held on a regularly scheduled basis and may be conducted in person, over the telephone, or online. For the purposes of Title III -E caregiver support groups would not include 'caregiver education groups, peer-to-peer support groups or other groups primarily aimed at teaching skills or	***Information Services 1 Activity*** ***Supplemental Services 1 Distribution Event*** ***Support Groups 1 Session per Participant*** ***Information Services- Activity*** ***Training Hours (partial hour may be reported to two decimal places, e.g. 0.25 hours).***

	meeting on an informal basis without a facilitator that possessed training and/or credentials as required by state policy. **Training -** A service that provides family caregivers with instruction to improve knowledge and performance of specific skills relating to their caregiving roles and responsibilities. Skills may include activities related to health, nutrition, and financial management; providing personal care; and communicating with health care providers and other family members. Training may include use of evidence-based programs; be conducted in-person or on-line and be provided in individual or group settings.	
Respite Care	Services which offer temporary, substitute supports or living arrangements for care recipients to provide a brief period of relief or rest for caregivers. Respite Care includes: (1) In-home respite - A respite service provided in the home of the caregiver or care receiver and allows the caregiver time away to do other activities. During such respite, other activities can occur which may offer additional support to either the caregiver or care receiver, including homemaker or personal care services. (2) Out-of-home, day - A respite service provided in settings other than the caregiver/care receiver's home, including adult day care, senior center or other non-residential setting (in the case of older relatives raising children, day camps), where an overnight stay does not occur that allows the caregiver time away to do other activities. (3) Out-of-home, overnight - A respite service provided in residential settings such as nursing homes, assisted living facilities, and adult foster homes (or, in the case of older relatives raising children, summer camps), in which the care receiver resides in the facility (on a temporary basis) for a full 24 hour period of time. The service provides the caregiver with time away to do other activities **NOTE:** WITH THE GRANDPARENT CAREGIVING PROGRAM THE CAREGIVER MAY BE 55 YEARS OF AGE.	***1 Hour*** *Partial Hour may be reported to two decimal places, e.g. 0.25*

Attachment B

Non-Metro Area Agency on Aging **Characteristics of the Target Population by County** **January 2020**

County	Total County Population	Percent Population 60+	Percent Population 65+	Percent African American 55+	Percent Asian	Percent Native American 55+	Percent Hispanic Latino 55+	Percent Poverty 65+	Percent Limited English Proficiency 65+	Percent Living Alone	Percent Disabled 65+	Percent Veteran 55+	Percent Grandparents Raising Grandkids
Catron	3,685.00	53%	45%	0%	0%	0%	7%	8%	4%	65	22%	10%	19%
Chaves	64,446.00	23%	16%	0%	0%	0%	6%	15%	13%	39	46%	5%	14%
Cibola	27,059.00	24%	18%	1%	0%	5%	5%	13%	12%	39	9%	4%	21%
Colfax	12,336.00	37%	28%	0%	0%	0%	9%	16%	4%	37	11%	9%	11%
Curry	49,932.00	18%	13%	0%	0%	0%	4%	11%	7%	27	6%	4%	7%
De Baca	1,580.00	27%	24%	0%	0%	0%	9%	11%	2%	61	13%	8%	3%
Dona Ana	221,665.00	23%	17%	0%	0%	0%	8%	12%	21%	37	40%	4%	8%
Eddy	61,114.00	21%	15%	0%	0%	0%	5%	10%	8%	33	45%	4%	13%
Grant	27,856.00	37%	30%	0%	0%	0%	9%	9%	6%	42	40%	9%	7%
Guadalupe	4,379.00	28%	21%	1%	0%	0%	16%	9%	20%	54	12%	4%	14%
Harding	748.00	33%	28%	0%	0%	0%	10%	14%	3%	52	9%	11%	18%
Hidalgo	4,097.00	29%	22%	1%	0%	0%	10%	19%	14%	49	10%	5%	19%
Lea	73,154.00	17%	11%	0%	0%	1%	4%	11%	15%	31	49%	3%	15%
Lincoln	20,227.00	40%	31%	0%	0%	0%	5%	9%	3%	41	27%	8%	8%
Los Alamos	19,374.00	24%	18%	00	0%	0%	2%	5%	1%	33	5%	5%	3%
Luna	25,420.00	27%	21%	0%	0%	4%	8%	19%	23%	44	20%	5%	17%
McKinley	71,172.00	19%	13%	1%	0%	9%	1%	28%	32%	33	56%	3%	25%
Mora	4,176.00	46%	33%	0%	0%	2%	19%	14%	7%	30	22%	6%	25%
Otero	68,235.00	22%	17%	0%	0%	1%	4%	12%	10%	33	42%	8%	0%
Quay	8,616.00	34%	26%	0%	0%	1%	8%	6%	7%	57	24%	5%	14%
Rio Arriba	40,165.00	28%	21%	0%	0%	2%	13%	20%	5%	40	17%	5%	13%
Roosevelt	19,002.00	21%	15%	0%	0%	0%	4%	16%	12%	31	13%	4%	11%
Sandoval	151,538.00	27%	20%	0%	0%	1%	5%	11%	7%	35	13%	5%	10%
San Juan	121,178.00	23%	16%	0%	0%	5%	2%	14%	13%	34	55%	4%	14%
San Miguel	27,036.00	33%	24%	0%	0%	0%	16%	19%	13%	40	19%	6%	11%
Santa Fe	155,175.00	35%	27%	0%	0%	0%	7%	9%	6%	35	31%	5%	11%
Sierra	11,511.00	47%	37%	0%	0%	0%	6%	10%	2%	54	33%	14%	5%
Socorro	16,308.00	27%	20%	0%	0%	2%	8%	14%	26%	36	18%	5%	14%
Taos	34,516.00	40%	30%	0%	0%	1%	11%	18%	6%	38	37%	6%	16%
Torrance	15,290.00	30%	22%	0%	0%	0%	6%	21%	5%	44	20%	8%	18%
Union	4,039.00	23%	23%	0%	0%	0%	7%	10%	12%	52	22%	6%	3%
Valencia	77,382.00	26%	19%	0%	0%	1%	8%	11%	8%	37	45%	6%	12%

**All Data sourced from the 2017 American Community Survey