

**State of Alaska
Department of Health
Division of Senior and Disabilities Services**



**Request for Information
Senior Residential Services
For FY2027 Through FY2029
Grants and Contracts**

NOTICE: Proposals will ONLY be accepted through GEMS. Applicants are responsible for reviewing the [State of Alaska GEMS Welcome Page](#) for details regarding agency registration and availability of technical assistance. Log into GEMS through [myAlaska](#) to begin the application process. Once you are logged into GEMS, guidance and instruction are available in the Documents tab and from the film strip icon. Applicants are responsible for monitoring GEMS or the State Online Public Notices site for any changes or amendments that may be issued regarding this solicitation.

Relay Alaska provides assisted communication services at 711 or 1-800-770-8973 from a TTY phone, and at 1-800-770-8255 from a voice phone.

CONTACT PERSON: Sandra Holst, Grants Administrator

PROPOSAL DUE DATE: February 9, 2026, 3:59 PM

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PROJECT PERIOD BEGINS: July 1, 2026

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Section 1 Request for Information

1.01 Notice

This Request for Information (RFI) will evaluate the level of interest in providing grant program services. If responses from eligible applicants do not exceed the available program resources, the division may issue a Non-Competitive Request for Proposals to eligible respondent(s). If responses exceed the available program resources, a competitive Request for Proposals may be issued. This RFI may be withdrawn and any further solicitation for services cancelled at the discretion of the Division of Senior and Disabilities Services.

Section 2 Grant Program Information

2.01 Introduction and Program Description

The Department of Health, Senior and Disabilities Services, is requesting information from eligible applicants who are interested in providing Senior Residential Services for the State of Alaska.

Program Services: This program provides funding to agencies who operate assisted living facilities. These facilities are located in rural areas without long-term care facilities or Pioneer Homes. Services provided by the assisted living homes are available to seniors sixty (60) and over, and individuals who are unable to live alone but can reside in a supervised setting with minimal assistance. Assisted living facilities enable seniors to live in or near their communities and provide meals and assistance with daily activities such as, bathing, dressing, transferring, and eating.

Program Requirements: Maintain (or obtain within 3 months of notification of award) State of Alaska Department of Health Division of Senior and Disabilities Services Provider Certification; State of Alaska Department of Health Division of Health Care Services License to Operate an Assisted Living Home; Medicaid Waiver Certification to provide Residential Supported Living Services; and skilled nursing staff.

Duration of Grant Program: 7/1/2026 through 6/30/2029

Target Population: The target population for the solicited services are: disabled seniors (60+) who are at risk for institutionalization; are frail, elderly, or who have been diagnosed with Alzheimer's Disease or Related Disorders (ADRD); adults under 60 with ADRD; and adults 18 and older with a physical disability who are not able to live independently.

Service Areas and Communities: The service areas and communities requested for the services solicited are Rural areas in Alaska without access to long-term care facilities or Pioneer Homes.

2.02 Program Funding

Anticipated Total Funding Available: \$615,000 State General Funds in FY2027. \$1,845,000 for a three-year program FY27 through FY29.

Methodology for Allocation of Funds:

Grant funds will be evenly distributed amongst approved awards up to a maximum of \$205,000 per award per year.

Section 3 Submission Requirements/ Criteria for Response

3.01 Eligibility

Applicants must be eligible to apply under 7 AAC 78.030 (Eligible Applicants). Eligible applicants include nonprofit organizations; municipalities, Regional Educational Attendance Areas, and other political subdivisions of the state; other State agencies; and Alaska Native entities.

Applicants that fail to meet the minimum responsiveness requirements below will be eliminated from consideration per 7 AAC 78.090(b)(2).

3.02 Evaluation Criteria

1 *Applicant is eligible per 7 AAC 78.030*

Evaluation/Review Criteria		Review	Points
	a Applicant is eligible per 7 AAC 78.030.	<input checked="" type="checkbox"/>	

2 *If applying as a non-profit organization, confirm non-profit status is documented.*

Evaluation/Review Criteria		Review	Points
	a The agency is listed as a non-profit in good standing on the State's corporation database, confirmed at https://www.commerce.alaska.gov/cbp/main/search/entities and/or	<input checked="" type="checkbox"/>	
	b The agency's current 501(c)3 status is confirmed on the Exempt Organization's page, accessible at https://apps.irs.gov/app/eos/ .	<input checked="" type="checkbox"/>	
	c If a non-profit subsidiary of a non-profit corporation, a verifying letter from the parent non-profit agency is uploaded to the applicant's agency GEMS record (under General in the Agency Administration tab). The parent corporation must meet criteria a and/or b.	<input checked="" type="checkbox"/>	

3 *If applying as a Federally recognized tribal entity, confirm the following criteria are met.*

Evaluation/Review Criteria		Review	Points
	a The applicant is a recognized Alaska Native entity as verified by the Federal Register at https://www.federalregister.gov/documents/2017/01/17/2017-00912/indian-entities-recognized-and-eligible-to-receive-services-from-the-united-states-bureau-of-indian . If a tribal consortium, all members are recognized Alaska Native entities.	<input checked="" type="checkbox"/>	

4 *In the text box below, provide the estimated annual cost to your agency for providing the services identified in Section 2.01. Identify the targeted population and area to be served.*

Evaluation/Review Criteria	Review	Points
a Estimated annual cost to provide services is given and the targeted population is identified.	<input checked="" type="checkbox"/>	

5 *In the text box below, describe your organization including mission statement and experience in serving the target population.*

Evaluation/Review Criteria	Review	Points
a Organization including mission statement and experience in serving the target population are well described.	<input checked="" type="checkbox"/>	

6 *In the text box below, describe the residential services facility including location and current operational status. In the upload field, please provide photographs of the facility.*

Evaluation/Review Criteria	Review	Points
a Residential services facility including location and current operational status is well described. Photographs of the facility are provided.	<input checked="" type="checkbox"/>	

7 *In the text box below, please attest that your organization and facility understand the requirements and has the ability to obtain SDS Provider Certification.*

Evaluation/Review Criteria	Review	Points
a Applicant attests that the organization and facility understand the requirements and has the ability to obtain SDS Provider Certification.	<input checked="" type="checkbox"/>	

8 *In the text box below, please attest that your organization and facility understands the requirements and has the ability to obtain a State of Alaska License to Operate an Assisted Living Home.*

Evaluation/Review Criteria	Review	Points
a Applicant attests that the organization and facility understand the requirements and has the ability to obtain a State of Alaska License to Operate an Assisted Living Home.	<input checked="" type="checkbox"/>	

9 *In the text box below, please attest that your organization and facility understands the requirements and has the ability to obtain Medicaid Waiver Certification to provide Residential Supported Living Services.*

Evaluation/Review Criteria	Review	Points
a Applicant attests that the organization and facility understand the requirements and has the ability to obtain Medicaid Waiver Certification to provide Residential Supported Living Services.	<input checked="" type="checkbox"/>	

10 *In the text box below, please attest that your organization and facility understand the requirements and has the ability to maintain skilled nursing staff.*

Evaluation/Review Criteria	Review	Points
a Applicant attests that the organization and facility understand the requirements and has the ability to maintain skilled nursing staff.	<input checked="" type="checkbox"/>	