

Guide to Request for Proposals

for the selection of Providers to provide

Congregate Meals Home-Delivered Meals

for the period
July 1, 2020 – June 30, 2024

Area IV – South Central Idaho Area Agency on Aging

**College of Southern Idaho
Office on Aging
315 Falls Avenue
PO Box 1238**

**Twin Falls, Idaho 83303-1238
(208-736-2122 or 1-800-574-8656)**

Website: <https://sites.google.com/site/csiofficeonaging/>

Email: swasko@oa.csi.edu



**Completed applications must be physically in the possession of the Area Agency on Aging by
5:00 p.m., May 15, 2020.**

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The below sections provide the information, background, and instructions for completion of Requests for Proposals for Congregate Meals and Home-Delivered Meals.

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I. PUBLIC NOTICE

Public / Legal Notice-Request for Proposals

College of Southern Idaho (CSI) Office on Aging (OOA) the designated Area Agency on Aging serving South Central Idaho announces its intent to accept Proposals from interested Providers for the following services in various locations in: Blaine, Camas, Cassia, Gooding, Jerome, Lincoln, Minidoka, and Twin Falls Counties.

Congregate Meal Services
Home Delivered Meal Services

The Request for Proposals Guide and application materials are available on the AAA's website at:

<https://sites.google.com/site/csiofficeonaging/>

Providers may submit Proposals for one or more services in any or all of the designated cities/counties. Contracts will be issued for the period of July 1, 2020 through June 30, 2024.

Providers with questions regarding the application packet should contact the AAA Contracts Manager, Shawna Wasko by telephone at (208) 736-2122 or by e-mail at swasko@csi.edu. Letters of Intent are due by April 10, 2020 to Shawna Wasko swasko@csi.edu or CSI Office on Aging, P.O. Box 1238, 315 Falls Avenue, Twin Falls, Idaho 83303-1238. RFP will be issued April 17, 2020. An informational Provider's Conference will be held at College of Southern Idaho on Monday, May 1st, 2020 from 9am-10:30am. This will be held at CSI Taylor Building, Room 276, 315 Falls Avenue, Twin Falls, Idaho, 83303-1238.

After the Providers' Conference is concluded, the OOA will not answer any questions or provide any additional information to a Provider. Providers must submit **ONE** copy (either hard copy or electronic) of their application to the CSI Office on Aging, P.O. Box 1238, 315 Falls Avenue, Twin Falls, Idaho, 83303-1238 **by 5:00 p.m. on Thursday, April 30, 2020**. Electronic copies sent to Shawna Wasko: swasko@csi.edu

Award announcements will be made on Tuesday, June 16, 2020.

CSI OOA does not discriminate against any person on the basis of race, color, national origin, creed, ability to speak English, disability, sex, age, veteran's status, or marital status in admission, treatment, or participation in its programs, services, and activities, or in employment. NOTE: Specific programs may have designated guidelines.

II. CONTRACTING PROCESS AND SCHEDULE

CONTRACTING PROCESS AND SCHEDULE

Public/Legal Notice Website Posting and in local newspaper	3-13-2020 and 3-20-2020
Requests for Proposals mailed/e-mailed	4-17-2020
Provider's Conference	5-1-2020
After the Providers' Conference is concluded, the AAA will not answer any questions or provide any additional information to a Provider. Prior to that time, all questions regarding the requirements necessary to complete an application should be directed to the AAA Contracts Manager, Shawna Wasko, via email at swasko@csi.edu or 208.736.2128. The question and answer will be posted on the OOA website at https://sites.google.com/site/csiofficeonaging/	
Hard Copy/email Applications Due to CSI Office on Aging Serving South Central Idaho <u>by 5:00 pm</u>	5-15-2020
Recording of Applications Received - Twin Falls	5/18-2020 8am – 10am
Application Review by Selection Committee	5-18-20 -5-19-2020
Recommendation of Selection Committee presented to College of Southern Idaho, Board of Directors	6-15-2020
Award Announcements	6/16/2020
Contracts Signed	6/16/2020
New Contracts Begin	7/1/2020

III. GUIDE TO THE REQUEST FOR PROPOSAL PROCESS AND APPLICATION

A. PURPOSE

- The Area Agency on Aging *servicing South Central Idaho* (AAA) is responsible for planning, developing, advocating for, and coordinating a comprehensive service system for persons 60 years of age and older residing in the Eight Counties of South Central Idaho. A significant part of this responsibility is accomplished through utilization of contracted service providers. The AAA is accepting Proposals from interested Providers for Congregate and Home-Delivered Meals in Blaine, Camas, Cassia, Gooding, Jerome, Lincoln, Minidoka, and Twin Falls Counties.
- Target Population and Strategies: Services are targeted to individuals aged 60+ with the greatest economic or social need, with particular attention to low-income minority individuals and individuals residing in rural areas. In addition, the primary target population of all services is the vulnerable elderly who are characterized as: older individuals with physical and mental disabilities; older individuals with limited English-speaking or those older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and older individuals who are culturally, socially or geographically isolated, including isolation caused by racial or ethnic status that restricts the ability of the individual to perform daily tasks or threatens the capacity of the individual to live independently.
- The AAA must establish and use criteria in order to determine who may receive priority for service if limited program resources are insufficient to serve all those requesting service. Although services should be targeted to low income persons, when Federal funding is contracted, the AAA may not apply a means test and may not base eligibility for service on participant's income per Older Americans Act.

B. SERVICE CONTRACTS

- AAA contracts are performance based.
- The AAA seeks Providers that have the ability to implement services efficiently and effectively within the required guidelines and specifications.
- The successful Provider(s) will be designated the service provider(s) for the period between July 1, 2020 and June 30, 2024. The service shall be designed to provide continuous service for the full term of the contract. Each contract year the units of service and budget for each such period will be established based on availability of funds, number of units served, and satisfactory performance levels.
- Final funding levels are dependent on the availability of federal (Older Americans Act, US Department of Agriculture) and state (Idaho Senior Services Act) funds or any other applicable funds.
- Changes in the governing federal and state statutes, regulations, rules, and program manuals/guidelines including, but not limited to, those of the Idaho Commission on Aging (ICOA), may require modifications of the contract.

- Any Provider that subcontracts with another entity to provide services shall ensure that such subcontracter has a clear understanding of the methodology used to determine compensation under the subcontract.

C. PROPOSALS OF THE POTENTIAL PROVIDER

To be considered for a contract with the AAA:

- The Provider must be willing to accept the reimbursement rate specified by the AAA for the contract period.
- A Provider must have an e-mail address for communicating and otherwise conducting business with the AAA.
- **A Provider submitting a proposal for Congregate Meals services must be a Congregate Meal site where meals are served in a congregate setting (e.g. senior centers, adult day care facilities, multigenerational meal sites, schools, hospitals, restaurants, and community centers).**
- A Provider that is a not-for-profit entity must be legally incorporated, registered to do business in Idaho, have an Internal Revenue Service 501(c)(3) designation, and have a demonstrated history of satisfactory human services performance.
- A Provider that is a for-profit entity must be legally organized and registered to do business in Idaho.
- A Provider must be able to demonstrate the ability and willingness to meet each of the following criterion:
 - Provide services and utilize funding in accordance and compliance with the contract terms, the Older Americans Act, as amended, the Older Americans Act: Federal Title III Regulations, the Idaho Senior Services Act, the ICOA Rules Governing Senior Services Program (IDAPA 15.01.01) and Rules Governing Older Americans Act Services (IDAPA 15.01.21), and all Idaho Commission on Aging and AAA Program Manuals and Service Implementation guides.
 - Provide information detailing the Provider's ability to make accommodations for individuals who are geographically inaccessible, non-English speaking, from another culture, and/or have disabilities.
 - Provide information on the Provider's utilization of trained volunteers.
 - Provide comprehensive and detailed information that reflects the background of the Provider relative to the proposed services.
 - Hold or be able to obtain prior to the beginning of the contract term, all necessary certifications and licensures, and be able to comply with all federal, state, and local requirements.

- **Electronically** report accurate fiscal and program data, on time, as required or as requested.
- Comply with AAA assessments, program evaluations, and audit activities.

D. SUBMISSION INSTRUCTIONS

No exceptions to the time frames established for submission of applications will be made.

Each Provider must complete the entire Application and required attachments.

Answers to all parts of the application must be typed or computer printed. The application must be fully completed. Failure to submit all information requested could result in the application being classified as “unacceptable” or rejected on the basis of unresponsiveness. It is the responsibility of all Providers to examine the entire Request for Proposal package prior to the Providers’ Conference, seek clarification of any item or requirement that may not be clear, as the AAA will be unable to answer questions after the Conference. Provider must check all information for accuracy before submitting an application.

Do not bind or staple the application. Secure the application in the upper left-hand corner with a clip. Any attachments should be on 8 1/2” x 11” white paper. The application must be submitted in its entirety, together with any supporting documents. The application must be placed in an envelope measuring at least 9” x 12” so that the application is not folded.

Provider must submit one original Application(s). Application(s) must be physically in the possession of the AAA by 5:00 pm MST on May 15, 2020. The application should clearly be labeled AAA APPLICATIONS. AAA recommends hand delivery rather than mailing. Late or incomplete applications will not be accepted. No exception to the time frame will be made.

Mailing/Street Address: CSI Office on Aging
 Attn: Shawna Wasko
 P.O. Box 1238, 315 Falls Avenue
 Twin Falls, ID 83303-1238

Receipt of deposit for hand delivery will be provided if requested by Provider.

E. OPENING OF APPLICATION

Applications received by the correct time and date, sealed, and properly labeled as “AAA APPLICATION” will be opened between 8am and 5pm on May 15, 2020 in the AAA office. The name of each Provider and the service for which it is submitting an application will be read and recorded.

F. CANCEL OR REJECT APPLICATION

The AAA reserves the right to cancel this Request for Proposals (RFP), and any or all applications may be accepted, or rejected in whole or in part. The AAA also reserves the right to reissue all or portions of the RFP at a later date if needed.

G. SELECTION PROCESS

- AAA staff will review each application to ensure that it has been submitted on time, is complete, and includes all required documents.
- The Selection Committee will review each application.
- Factors to be considered include responses that are complete, detailed, and accurate; demonstrate competence, Proposals, and training; describe a history of similar contracts or service provision to the elderly and/or disabled; describe methods, standards of performance, and objectives; and provide rate proposals and budget figures that are competitive, reasonable, consistent, and sufficient.
- The Selection Committee will forward its recommendations to the CSI Board of Trustees.
- CSI Board of Trustees will make the final decision. The contract will be awarded to the responsible and responsive Provider (as described in IDAPA 38.05.01.081.02a-f), whose application is most advantageous to the AAA price, quality, and other factors (as set forth in 45 CFR §74.43) considered.
- Applications will then be made available for public inspection.

H. EVALUATION

The factors that will be used in evaluating and selecting prospective service providers will be obtained from the application submitted and from past performance, if any. Providers should fully describe their background, experience, and procedures in the application. The AAA reserves the right to use any information provided in the application and previous experience with the AAA to determine the Provider's potential for acceptable performance of proposed activities. Applications will be reviewed and scored in accordance with the following criteria:

Basic Information and Provider Capability (20 points)

The Provider has sufficient organizational structure to perform the contract. The Provider has a successful track record of contract performance. Management capability is apparent.

If the Provider has been a previous Provider with the AAA, past contract performance including, but not limited to, responsibility and responsiveness to the AAA, adherence to contract terms, and performance evaluations conducted by the AAA will be reviewed and the findings therefrom will be considered by the Selection Committee in determining the Provider's score for this section.

Assurances and Provider Narrative provision (50 points)

The Provider's methodology well defines the quality of the service. Responses are clear, innovative, and provide sufficient detail. A strong vision is apparent; the Provider can create and follow a success-oriented work plan.

Past Performances, Partnership, Collaboration and Fund Leveraging (10 points)

The Provider has documented partnerships, collaboration and leveraged resources.

If the Provider has been a previous Provider with the AAA, past contract performance including, but not limited to, responsibility and responsiveness to the AAA, adherence to contract terms, and performance evaluations conducted by the AAA will be reviewed by the Selection Committee and the findings therefrom will be considered in determining the Provider's score for this section.

Cost Effectiveness, Budget, and Line items

(20 points)

Budgeted costs must be reasonable, legally allowable, necessary and clearly explained. Overall, the application must show a level of cost effectiveness. Application must show how Provider has sufficient financial and in-kind resources to preclude total dependency on funding received from the AAA to provide the services contemplated herein. The application must appropriately reflect the Provider's costs and its ability to leverage other funds.

I. CONTRACT PROCESS

After the application has been evaluated, the AAA staff may recommend changes in the Provider's proposed methodology or service costs. If AAA recommends changes, then the Provider agrees to negotiate in good faith on those changes. A request to attend discussions about the application does not assure a contract award. The AAA reserves the right to conduct an on-site visit prior to recommendation of contract award.

Subject to agreed upon changes resulting from the recommendations of AAA, if any, the contract shall be in a form as provided by AAA.

The final step in effecting a contract is the signature process. No contract exists until it is signed by both parties. The proposed contract becomes a binding agreement only upon the effective date and upon signature by both parties.

J. NOTIFICATION OF AWARD

Providers will be notified of the results of their application by June 16, 2020. Unsuccessful Providers may request to be informed of the reasons they did not receive the contract.

K. APPEALS

Unsuccessful Providers may appeal the decision by:

- Submitting a written appeal to the AAA Director within five working days after the receipt of the Notice of Award. The appeal may only be related to the application process and the Provider must specifically identify how the process resulted in its being determined to be unsuccessful.
- Upon receipt of the Provider's written appeal, AAA Director shall, within five working days, determine that a hearing is appropriate or deny the appeal.

IV. BACKGROUND INFORMATION

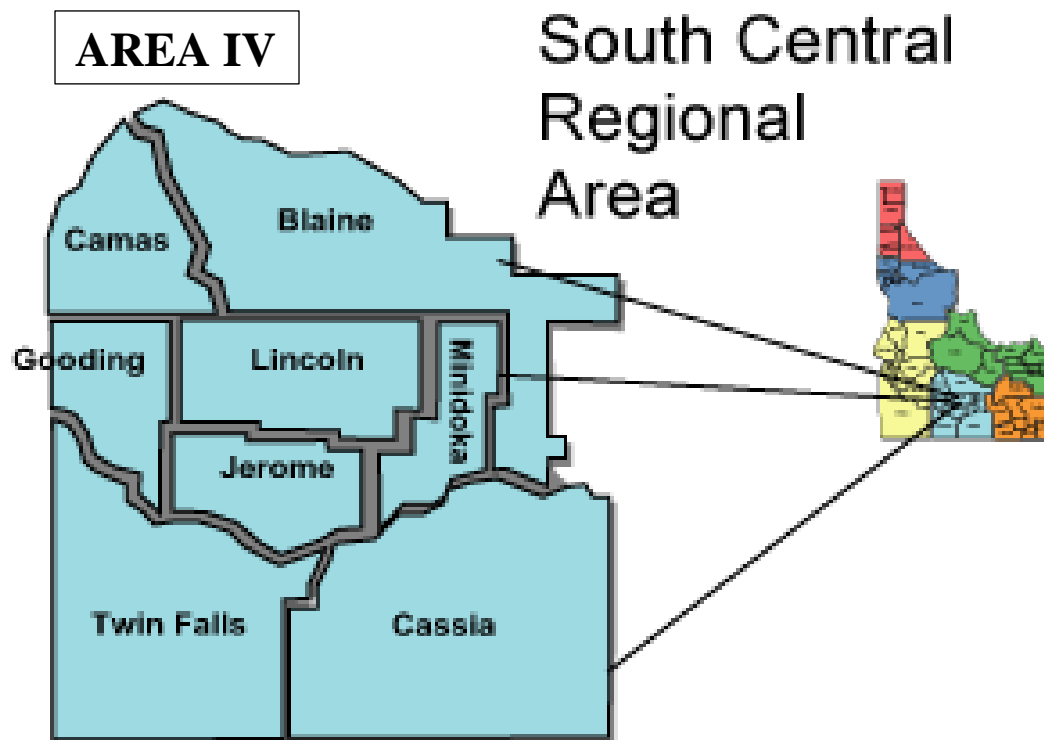
According to the 2010 US Census, the total senior population over the age of 60 in the PSA is 40,665.

The county breakdown for persons 60 and older is:

County	2018
Blaine County	5,556
Camas County	302
Cassia County	4,570
Gooding County	3,471
Jerome County	4,086
Lincoln County	1,011
Minidoka County	4,468
Twin Falls County	17,201
Area 4	40,665

V. SERVICE AREA MAPS

The service area maps on the following pages are intended to identify the eight county planning and service area (PSA) of the AAA.



AAA – Planning and Service Area

Note: Total square miles of Planning Service Area is 11,509.

The geographical region covered by the CSI Office on Aging includes the eight counties of Blaine, Camas, Cassia, Gooding, Jerome, Lincoln, Minidoka and Twin Falls. This area has an estimated 193,947 residents, of whom 40,665 (20.97 %) are 60 years of age or older. Area IV’s geographic region is shown in Appendix B. Area IV demographics and senior characteristics are shown in Appendix C.

VI. CONTRACTING STATISTICS BY PROGRAM

A. CONGREGATE MEAL – SFY 2019 (July 2018 to June 2019)

Provider	# of individuals served	# of meals served
Ageless Senior Center	173	2,698
The Connection Senior Center	507	12,723
Camas County Senior Center	167	3,751
Filer Senior Haven	88	3,777
Golden Heritage Senior Center	274	3,991
Golden Years Senior Center	155	5,739
Gooding Senior Center	164	6,068
Hagerman Valley Senior Center	147	5,394
Jerome Senior Citizen Center	296	11,744
Lorna Reeder Senior Center	44	960
Minidoka County Senior Center	275	10,629
Oakley Valley Senior Citizens	64	881
Silver & Gold Senior Center	155	4,575
Twin Falls Senior Citizen Federation	811	14,688
Wendell Senior Center	166	4,663
West End Senior Citizens Center	362	5,342

B. HOME-DELIVERED MEAL – SFY 2019 (July 2018 to June 2019)

Providers	# of individuals served	# of meals served
Ageless Senior Center	27	1556
The Connection Senior Center	27	4,893
Camas County Senior Center	1	138
Filer Senior Haven	21	2,469
Golden Heritage Senior Center	63	8,115
Golden Years Senior Center	7	391
Gooding Senior Center	39	4,227
Hagerman Valley Senior Center	12	1,322
Jerome Senior Center	54	5,964
Lorna Reeder Senior Center	NA	NA
Minidoka County Senior Center	57	8,734
Oakley Valley Senior Citizens	0	0
Silver & Gold Senior Center	6	346
Twin Falls Senior Citizen Federation	191	26,087
Wendell Senior Center	13	720
West End Senior Citizens Center	40	4,017

VII. PROGRAM FUNDING HISTORIES:

The program histories provide important background material about funding levels of major programs.

A. CONGREGATE MEALS

SFY	Congregate Meal – Program Total	% Funded of AAA Total Budget	*NSIP
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2016 (7-1-2015 to 6-30-2016)	\$296,703	20%	See below
2017 (7-1-2016 to 6-30-2017)	278,411	19%	See below
2018 (7-1-2017 to 6-30-2018)	\$287,308	20%	See below
2019 (7-1-2018 to 6-30-2019)	\$307,963	20%	See below

*Nutrition Services Incentive Program: USDA funding for the purchasing of foods that are produced in the United States which meet nutrition guidelines. NSIP funds are supplemental funding and granted yearly.

B. HOME-DELIVERED MEALS

SFY	HDM – Program Total	% Funded of AAA Total Budget	*NSIP
2016 (7-1-2015 to 6-30-2016)	\$245,828	17%	\$125,362
2015 (7-1-2014 to 6-30-2015)	\$272,921	19%	\$139,065
2016 (7-1-2015 to 6-30-2016)	\$246,703	17%	\$125,336
2017 (7-1-2016 to 6-30-2017)	\$259,206	17%	\$129,407

*Nutrition Services Incentive Program: USDA funding for the purchasing of foods that are produced in the United States which meet nutrition guidelines. NSIP funds are supplemental funding and granted yearly.

VIII. PROGRAM DEFINITION & SPECIFICATIONS

Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion, Lower Tier Covered Transactions

1. By signing and submitting this certification, the recipient of federal assistance funds is providing the certification as set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the recipient of federal assistance funds knowingly rendered an erroneous certification, in addition to other remedies available to the federal government, the appropriate federal agency may pursue available remedies, including suspension and/or debarment.
3. The recipient of federal assistance funds shall provide immediate, written notice to the person to which this is submitted if at any time the recipient of federal assistance funds learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstance.
4. The terms “covered transaction,” “debarred,” “suspended,” “ineligible,” “lower tier covered transaction,” “participant,” “person,” “primary covered transaction,” “principal,” “,” and “voluntarily excluded,” as used in this clause, have the means set out in the Definitions and Coverage sections of rules implementing Executive Order 12549.
5. The recipient of federal assistance funds agrees that, should the covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the appropriate federal agency.
6. The recipient of federal assistance funds further agrees that it will include the clause titled “Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion, Lower

Tier Covered Transactions,” without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Procurement or Non-Procurement Programs.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealing.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the federal government, the appropriate federal agency may pursue available remedies including suspension and/or debarment.

IX. ADDITIONAL GENERAL TERMS & CONDITIONS OF AAA CONTRACT

1. As used in these General Terms and Conditions, the following terms have the following meanings:
 - A. **“Area Agency”** means the Area Agency on Aging serving South Central Idaho.
 - B. **“Director”** means the Area Agency Director.
 - C. **“Equipment”** means any personal property items having an acquisition cost of \$5,000.00 or more, including tax, freight, installation, and a life expectancy of one year or more.
 - D. **“Compensation”** means that part of this Contract which contains the approved method of payment or reimbursement which may include a budget or fee or rate for the delivery of services pursuant to this Contract. Compensation also means Cost or Price.
 - E. **“Contract”** means the combination of the 2020 Request For Proposal, the Contract dated effective July 1, 2020, and all exhibits thereto (including, but not limited to, these General Terms and Conditions), specifications or scopes of work, the Offer, any amendments to any of the above-described documents, and any terms implied by law, regulation, and/or rule.
 - F. **“Provider”** means an entity that enters into this Contract with Area Agency.
 - G. **“Contract Expenditures”** means expenditures made by the Provider during the term of this Contract and pursuant to the approved budget for Contract services.
 - H. **“Contracts Manager”** means the Area Agency staff person who is assigned overall responsibility for the Contract.
 - I. **“Days”** means calendar days, unless otherwise specified.
 - J. **“Eligible Persons”** means the persons determined eligible for Contract services in accordance with the criteria set forth herein.
 - K. **“Gratuity”** means a payment, loan, subscription, advance, deposit of money, services, or anything of more than nominal value, present or promised, unless consideration of substantially equal or greater value is received.

- L. **“Reimbursement Ceiling”** means the maximum amount payable by Area Agency to the Provider under this Contract.
- M. **“Scope of Work”** means the methodology or description of service(s) to be provided pursuant to this Contract. Scope of Work also means “Service.”
- N. **“State”** means the State of Idaho.
- O. **“SubContract”** means any contract or agreement between the Provider and another party to provide or be accountable for providing all or part of the services for which the Provider has contracted with Area Agency to provide.

2. Amendments: Any change to this Contract, except non-material changes, requires a written Contract amendment.

A. A written amendment to this Contract will be required whenever there is a material change in the content to include, but not limited to, the following:

- (1) Reimbursement Ceiling;
- (2) Contract term if extended and/or reduced without terminating the Contract;
- (3) Service delivery plan, the Scope of Work, or the level/units of service to be provided;
- (4) Rate paid per unit of service;
- (5) Ownership or legal entity responsible for the Contract;
- (6) For any other change in the terms and conditions of the Contract which Area Agency deems substantial.

B. The Provider shall give written notice to Area Agency Contract Manager: Shawna Wasko of any non-material change within five business days of the change, such as, but not limited to, the following:

- (1) Change of address; Street, PO Box or email address
- (2) Change of telephone number;
- (3) Change of Contractor’s authorized signatory or his/her designee;
- (4) Changes in the name and/or address of the person to whom notices are to be sent;
- (5) Changes in Contract-related personnel positions of the Provider which do not affect staffing ratios, staff Proposals, or specific individuals required under this Contract; and
- (6) Change in the name of the Contractor, where the ownership or responsible entity remains the same.
- (7) Change in hours or days Center is open.

- C. Where a change does not fall in any of the categories listed in paragraph B above, the Provider must obtain the written approval from the Area Agency Director prior to effecting the change.
3. Drug Free Workplace: The Service Provider shall publish a policy statement specifying standards of conduct and sanctions for violations. The policy statement shall establish the standards of conduct regarding the use, possession, and distribution of alcohol and other drugs, and/or impairment as a result of such conduct, and sanctions for violations of the policy.
 4. Payments: The Provider will be paid as specified in the Contract. The payment must comply with Area Agency and Idaho Commission on Aging requirements and be made according to the methods of compensation as follows:
 - A. The Provider will report Contract expenditures to the Area Agency in the manner prescribed by the "Reporting Requirements" section of these terms and conditions.
 - B. The Provider will submit invoices for units of service provided to Area Agency by the 8th day of each month. Invoices not provided by the 8th day of the month will be processed with the next month's invoices. All Providers are required to submit total numbers of both congregate and home delivered meals to the AAA Fiscal Specialist by no later than the 2nd day of the month. These submissions are in addition to the invoice submitted.
 - C. Contractor's invoices will reflect units of service authorized within the terms of the Contract.
 - D. Upon timely receipt of applicable, accurate and complete reports, Area Agency will authorize payment or reimbursement in accordance with the method(s) indicated by this Contract.
 - E. Invoices approved by Area Agency will be paid by Area Agency according to the contract or upon release of funds by the Idaho Commission on Aging, whichever is later, if all required reports have been received in a timely manner and are verified for accuracy.
 - F. If the Provider is in any manner in default in the performance of any obligation under this Contract, or if audit exceptions are identified, Area Agency may, at its option and in addition to other available remedies, either adjust the amount of payment or withhold payment until satisfactory resolution of the default or exception.
 - G. Area Agency will not authorize payments outside the attached scope of work and budget to this Contract, without a fully executed written Amendment.
 5. Payment Recoupment: Provider must reimburse Area Agency immediately upon demand or Area Agency may deduct from future payments the following:
 - A. Any amounts received by Provider from Area Agency for Contract services which have been inaccurately reported or are found to be unsubstantiated;

- B. Any amounts paid by the Provider to a SubContractor not authorized in writing by Area Agency;
- C. Any amount or benefit paid directly or indirectly to an individual or organization as specified in the "Substantial Interest" section of these terms and conditions.
- D. Any amounts paid by Area Agency for services which duplicate services covered or reimbursed by other specific grants and Contracts, or payments;
- E. Any amounts expended for items or purposes determined unallowable by Area Agency. See the "Unallowable Costs" section of these terms and conditions;
- F. Any amounts paid by Area Agency for which the Contractor's books, records, and other documents are not sufficient to clearly substantiate that those amounts were used by the Provider to perform Contract services;
- G. Any amounts identified as a financial audit exception; and,
- H. Any amounts paid or reimbursed in excess of the Contract or service Reimbursement Ceiling.

If Area Agency determines that the Provider has improperly spent any monies paid to it under this Contract, the Provider agrees that Area Agency immediately may record or obtain a lien in the amount of such determination against real property and any other assets of the Contractor, and the Provider will sign all documents the Area Agency deems necessary to protect such liens. Failure to sign any such documents will be a material breach upon which Area Agency may immediately terminate this Contract.

- 6. Professional Standards and Levels of Service: The Provider will deliver Contract services in a safe, humane and respectful manner and in accordance with any and all applicable professional accreditation standards and/or safety standards, and applicable laws, regulations, rules, and/or policies.
- 7. A template of the contract is available on the AAA website for the potential Provider's review as to additional terms and conditions of the contract.

SCOPE OF WORK QUESTIONNAIRE

Organization Name: _____

Organization Address: _____

Organization Manager: _____

Contact Person: _____

This Proposal Completed By: _____

Date: _____

Phone #: _____

Fax #: _____

Email: _____

Legal Status of Organization (Check one):
 Public Not-for-Profit
 Private Not-for-Profit
 For-Profit
 Other: _____

This proposal was reviewed by the Organization's governing Board? Yes No

I certify that to the best of my knowledge, the information contained in this proposal is accurate and complete and that I have the legal authority to obligate this organization to a contractual agreement. I understand that if this organization is awarded a contract from the submission of this RFP, the RFP shall become an integral and binding part of the Contract. I realize that final funding for any service is based upon available funds and the approval of the **OOA**.

Signature

Title

Date

SERVICE LEVEL AND DESIGN

3. Justify any variances in service level or design your organization is proposing, in contrast with those sought in this RFP.

4. (a) If your organization is proposing to serve more than one service area (towns or distribution points) listed in Chart A: Overview of Services and Service Parameters, explain the rationale for doing so, and the efficiency increases or other improvements you expect will result.

(b) Give specific territory covered by **CONTRACTOR** for delivery of HDM.

5. Explain how your organization will ensure that access to the nutrition services will be equally available to all eligible seniors, while also recognizing the need to target (prioritize) seniors based on the vulnerability criteria listed in this RFP.

6. (a) Describe your assessment (registration) procedure for determining eligibility of congregate meal recipients. (b) Explain how your organization will document the eligibility of the clients in a timely manner. (c) Also note that you will accept the eligibility assessments of **OOA'S** staff.

7. Do you currently have an agreement in place for receiving Idaho Food Bank foods? Yes
No or USDA commodities? Yes No

8. How will your organization conduct a viable program of nutrition/health education? (Include how you will inform home-delivered meal recipients.)

9. Explain the procedures, policies and/or steps your organization will take to insure that: (a) only eligible persons will be served utilizing federal or state funds; (b) the requirement of serving 1/3 RDA meals (which are certified by a registered dietician) shall be strictly adhered to for reimbursement with federal or state funds; (c) “suggested donations” for meals of eligible people shall be collected in a manner that ensures confidentiality for the recipients of congregate and home-delivered meals; and (d) establish a required fee for non-eligible individuals and a uniform method for documenting receipt of required meal fees.

A. Eligibility:

B. 1/3 RDA:

C. Confidentiality of Donations:

D. Establish a fee for non-eligible individuals and (b) a uniform method for documenting receipt of required meal fees.

E. What procedure will you use to insure Home Delivered Meals will be delivered in a timely matter to clients and maintain proper temperatures of these meals?

10. (a) How will you ensure that meals served to Medicaid eligible clients (and guests under the age of 60) will not be entered into reports for reimbursement from the **OOA**? (b) How will you reimburse your commodity food inventory for food that has been utilized in the ‘Medicaid meals’?

PROGRAM MANAGEMENT

11. (a) What body (e.g., governing board of directors) will be responsible for the oversight of your Senior Nutrition Services Program? (b) Describe this group’s size, membership and role, using the following chart. (c) If your organization is incorporated, are copies of the organization’s Articles of Incorporation and Bylaws available for review upon request? ___ Yes ___ No (d) Does your organization have IRS 501 (c) (3) exempt status? ___ Yes ___ No

Board Composition

Member’s Name	Office Held	Year Elected	Term of Office	Describe: senior, local official, minority, etc.

Type of organization: _____
(not-for profit, for profit, proprietorship, etc.)

12. Explain procedures you will follow to ensure that the submission of nutritional eligibility assessments (registrations) will be complete, timely and accurate.

13. (a) How will client satisfaction surveys be conducted? (b) How will you handle, report and document client complaints?

14. How will your organization ensure that any Idaho Food Bank foods and/or USDA commodities will be properly utilized, according to your agreements, if any, with those food suppliers? (Appendixes D and E)

15. How will your organization evaluate the effectiveness of the Senior Nutrition Services to meet client's needs?

16. How will your organization provide Nutrition Services Program staff, other paid staff and volunteers, with in-service training at least annually?

17. What other strengths uniquely qualifies your organization to provide Senior Nutrition Services?

18. Please attach your emergency plan for your Senior Center's Congregate and Home Delivered Meal Programs if there was a Natural Disaster or Pandemic?

19. Include copies of the following:

- Appendix D: Department of Education Agreement (USDA Commodities) (if appropriate)
- Appendix E: Idaho Food Bank Foods Agreement (if appropriate)
- Appendix F: Service Provider Overview
- Appendix G: Organizational Chart
- Appendix H: Copy of IRS 501 (c)(3) Determination Letter

Check Nutrition Sites You are Proposing to Serve:

Center	Center	Center	Center
<input type="checkbox"/> Albion	<input type="checkbox"/> Fairfield	<input type="checkbox"/> Hailey (& Carey)	<input type="checkbox"/> Rupert
<input type="checkbox"/> Buhl	<input type="checkbox"/> Filer	<input type="checkbox"/> Jerome	<input type="checkbox"/> Shoshone (& Richfield)
<input type="checkbox"/> Burley	<input type="checkbox"/> Gooding	<input type="checkbox"/> Kimberly	<input type="checkbox"/> Twin Falls
<input type="checkbox"/> Eden	<input type="checkbox"/> Hagerman	<input type="checkbox"/> Oakley	<input type="checkbox"/> Wendell
<input type="checkbox"/> Other			