

Date: April 17, 2019

Addendum Number: Two

RFP Number: 002-19

RFP Title: Title III of the Older Americans Act, NSIP, Senior Community State Subsidy, and Alzheimer's Respite

The purpose of this addendum is to provide general information. This addendum shall be considered incorporated into the RFP and its requirements as binding as the RFP itself.

1. Per a request made at the mandatory bidders meeting, fillable versions of the documents found in Section Six of RFP 002-19 have been attached to this Addendum.
2. Attachment Fourteen (14) – Title III Alzheimer's Education (Core) has been amended & updated to add the following language:

Core Telephone Helpline:

- a. Unit of Service: 1 Contact (billable in 15 minute increments)

Telephone calls lasting less than 8 minutes are not billable. Calls originating from a care recipient or caregiver residing in Butler, Clinton, Clermont, Hamilton or Warren County are eligible for reimbursement. The unit rate must include administration and documentation costs.

*Area
Agency
on Aging*

*Serving
Butler, Clermont,
Clinton, Hamilton,
and Warren counties*

*Administering federal,
state and local programs
to enhance quality of life
for adults and caregivers*

Established 1971

Section Six: Required Forms and Documentation

Council on Aging of Southwestern Ohio

Bidder's Information Form

APPLICANT NAME: _____

Type or Print Legibly - Each box is limited on characters.

Attachments should be clearly marked with the Question or Item # to which the Attachment pertains and affixed to the end of the BIDDER'S INFORMATION form in order by question/item #.

1. Legal Name of Business (If different from W-9 form, attach written explanation)		
2. Doing Business As (dba) Name (if different from Legal Name)		
3. Federal Tax Identification Number (Social Security Number OR Employer Identification Number)		
4. DUNS and/or CAGE #		
5. NPI #		
6. Main Business Address (Physical location) – list any additional addresses (i.e. congregate meal sites) within the last section of this form entitled "Information for Additional Locations".	Street Address	
	City, State, Zip Code	
	County	
7. Mailing Address (if different from Main Business Address)	Attention	
	Address	
	County	City, State, Zip Code
8. Executive In Charge's Name & Title		
9. Executive in Charge's E-mail Address		
10. Business Phone Number (including area code)		
11. Business Fax Number (including area code)		
12. Organization's Website Address (if applicable)		

13. Indicate the appropriate ownership structure of the business	<div>Private</div> <div>Charitable/ Religious</div>	<div>Private/Non-profit</div> <div>Public/Government</div>	<div>Publicly Traded</div> <div>Other (Specify)</div>
14. Have any of the owners, officers, directors, or any other person who has control over the business been convicted of a felony under local, state, or federal law?	<div>No</div> <div>Yes - If yes, identify the offender and offense below.</div> <div> <div>Name</div> <div>Offense(s)</div> <div>Year of Conviction</div> <div>Title</div> </div> <div>To list multiple persons/convictions, attach a separate page to the end of the application.</div>		
15. Have any of the owners, officers, directors, or any other person who has control over the business ever applied for, or held a license for a business, trade or profession?	<div>Yes - If yes, identify the person by title, license, and issuing authority.</div> <div>No</div>		
16. Have any of the owners, officers, directors, or any other person who has control over the business ever been denied such a license, had that license revoked or suspended, or been disciplined with respect to that license?	<div>Yes - If yes, explain.</div> <div>No</div>		
17. Have any of the owners, officers, directors, or any other person who has control over the business been disciplined for, or have any actions ever been taken against them by any public licensing authority or professional organization for any breach of ethics or unprofessional conduct or failure to make required disclosures?	<div>Yes - If yes, explain.</div> <div>No</div>		
18. Are all the business' federal, state, and local income and employment taxes current? (Federal employment taxes include Medicare and Social Security taxes)	<div>Yes</div> <div>No - If no, explain</div>		
19. Within the past three years, if the business was responsible for remitting withholding taxes or sales taxes, has it paid such taxes in a timely manner?	<div>Yes</div> <div>No - If no, explain</div>		
20. Within the past three years has the business, as the result of any audits or monitoring reviews of state funded programs, been required to submit a corrective action plan?	<div>No</div> <div>Yes - If yes, submit a copy of the monitoring report and the corrective action plan. Applicants do NOT have to submit copies of reports issued by COA or corrective action plans already submitted to COA.</div>		
21. Has the business ever failed to pay any government-insured debt or any debt owed to a government entity?	<div>Yes - If yes, please identify</div> <div>No</div>		

Council on Aging of Southwestern Ohio

Bidder's Information Form

APPLICANT NAME: _____

22. Name of individual authorized to sign a Provider Agreement, if issued Mailing Address where a Provider Agreement, if issued, should be sent for signature	Name (type/print)
	Title (type/print)
	Street or P.O. Box
	City, State, Zip Code
	Phone Number (including area code)
	E-mail Address

STATEMENT OF UNDERSTANDING

The undersigned acknowledges and understands that Council on Aging of Southwestern Ohio ("COA") complies with Ohio's public record laws and regulations; therefore any information submitted pursuant to this process may become a public record. The undersigned hereby waives any right to privacy of any information provided herein. The undersigned acknowledges and understands any information that is proprietary or a trade secret to the business must be marked and designated as such prior to submitting it in this process. The undersigned further acknowledges that the burden of proof that the document(s) is proprietary/trade secret rests with the applicant.

► The undersigned affirms that the information contained in this Application is true to the best of the undersigned's knowledge and belief, and acknowledges and agrees that COA shall have the right to verify the same to its satisfaction.

► The undersigned also affirms that the undersigned has read and understands the Request for Proposal, Title III Rules, Conditions of Participation and all applicable Service Specifications. The undersigned further understands that implementation of and adherence to the Rules and Service Specifications in the delivery of authorized services, and adherence to all reporting requirements will be binding in accordance with the Provider Agreement in order to receive reimbursement for services delivered.

► The undersigned acknowledges and agrees that COA, in its sole and absolute discretion, reserves the right to reject any or all Proposals and any part or parts of any Proposal, and also the right to waive any informalities or irregularities in any Proposal, and also the right to modify inconsistencies in any Proposal. Any Proposal which, in COA's sole and absolute discretion, does not meet the requirements, is incorrect, incomplete, irregular, conditional, obscure, illegible or which contains additions not requested or irregularities of any kind may be rejected.

► The undersigned acknowledges and agrees that COA, in its sole and absolute discretion, reserves the right to award a Service Provider Agreement to any applicant, notwithstanding applicant's scores, in order to assure services are available and the needs of the program are being met.

► The undersigned hereby acknowledges she/he has read and understands all requirements and specifications of the Request for Proposal, including appendices; and accepts the procedures, evaluation criteria, mandatory contract terms and conditions, and all other administrative requirements set forth in this Request for Proposal.

Signature (Blue Ink)	Date
Print/Type Name	Print/Type Title

Council on Aging of Southwestern Ohio

Bidder's Information Form

APPLICANT NAME: _____

Information for Additional Locations

- In the first column, list the name of each additional location operated by your organization
- In the second column, list the services provided through the designated location.

	Name of Additional Location	Services Provided at this Location
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		

BIDDER'S NAME: _____

Service/Rate Request Form

TITLE III, NSIP, SENIOR AND COMMUNITY SERVICES, ALZHEIMER'S RESPITE PY 2019-2022

- REQUESTED RATE COLUMN: enter the reimbursement rate you are requesting for each service you wish to provide for a particular county.
Note: an actual rate must be entered. If anything other than a dollar amount is entered (i.e., "MBR," "Ceiling Rate," etc.), the rate for that service will be considered incorrect or blank.
- TOTAL FUNDING REQUESTED COLUMN: enter the dollar amount from line 31 of the Budget Worksheet (Attachment One) for each specific service.
- COUNTY(S) COLUMN: If information is preprinted in the County(s) column, that service is only available in the specified County or per the specified information; if "County" is blank, the service is available in all 5 counties and you must indicate all counties in which you wish to provide the service.
- SERVICE COLUMN: Place a check or X [✓ or X] in the box to the immediate LEFT of EACH SERVICE you wish to provide.
- DELIVERY MODE: For each service you checked in the "SERVICE" column, you must check or X [✓ or X] either Direct or Subcontract to indicate whether the business directly provides the service or subcontracts.

Requested Rate		Total Funding Requested	County(s)	Service	Delivery Mode	
					Direct	Indirect (Sub-contract)
\$	/ day	\$	Clermont County	<input type="checkbox"/> Respite – Adult Day Service	<input type="checkbox"/>	<input type="checkbox"/>
\$	/ hour	\$	Clermont County	<input type="checkbox"/> Respite – Personal Care	<input type="checkbox"/>	<input type="checkbox"/>
\$	/ meal	\$		<input type="checkbox"/> Congregate Nutrition Service (Meals)	<input type="checkbox"/>	<input type="checkbox"/>
\$	/ meal	\$	Clermont County	<input type="checkbox"/> Home Delivered Meals - Regular	<input type="checkbox"/>	<input type="checkbox"/>
\$	/ meal	\$	Clermont County	<input type="checkbox"/> Home Delivered Meals – Therapeutic	<input type="checkbox"/>	<input type="checkbox"/>
\$	/ meal	\$	Clermont County	<input type="checkbox"/> Home Delivered Meals – Mechanically Altered	<input type="checkbox"/>	<input type="checkbox"/>
\$	/ meal	\$	Clermont County	<input type="checkbox"/> Home Delivered Meals – Shelf Stable	<input type="checkbox"/>	<input type="checkbox"/>
\$	/ hour	\$	One Provider for all 5 counties	<input type="checkbox"/> Legal Assistance	<input type="checkbox"/>	<input type="checkbox"/>
\$	N/A	\$	Pro Seniors for all 5 counties	<input type="checkbox"/> Ombudsman	<input type="checkbox"/>	<input type="checkbox"/>
\$	/ one-way trip	\$		<input type="checkbox"/> Transportation	<input type="checkbox"/>	<input type="checkbox"/>
\$	/ hour	\$		<input type="checkbox"/> Supportive Services	<input type="checkbox"/>	<input type="checkbox"/>
\$	/ hour	\$		<input type="checkbox"/> Alzheimer's Core Telephone Helpline	<input type="checkbox"/>	<input type="checkbox"/>
\$	/ hour	\$		<input type="checkbox"/> Alzheimer's Core Support Group	<input type="checkbox"/>	<input type="checkbox"/>
\$	/ hour	\$		<input type="checkbox"/> Alzheimer's Core Family Education	<input type="checkbox"/>	<input type="checkbox"/>
\$	/ hour	\$		<input type="checkbox"/> Alzheimer's Core Public Education	<input type="checkbox"/>	<input type="checkbox"/>
\$	/ hour	\$		<input type="checkbox"/> Alzheimer's Core Safe Return	<input type="checkbox"/>	<input type="checkbox"/>
\$	/ hour	\$		<input type="checkbox"/> Alzheimer's Core Care Consultation	<input type="checkbox"/>	<input type="checkbox"/>
\$	/ activity hour	\$		<input type="checkbox"/> Caregiver Services – FCSP* Support Group	<input type="checkbox"/>	<input type="checkbox"/>
\$	/ hour	\$		<input type="checkbox"/> Caregiver Services – FCSP Counseling	<input type="checkbox"/>	<input type="checkbox"/>
\$	/ scheduled hour	\$		<input type="checkbox"/> Recreation	<input type="checkbox"/>	<input type="checkbox"/>

Not all services are offered in each county due to blending of funds with local levy programs.

* FCSP stands for: Family Caregiver Support Program

BIDDER NAME: _____

Community Focal Point

A bidder will receive a designation as a community focal point based on the answers provided to the questions on this form. Questions marked with an “*” are considered mandatory in order to receive the focal point designation. Proposals for Legal Assistance and Ombudsman services will not be penalized in the RFP evaluation process for not being a community focal point. If your organization operates multiple sites, please choose one facility to be the representative (focal point) for your agency.

Service Availability

*Is your facility open at least 5 full days a week and is open to the public?	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Is your facility open at least 2 of 7 evenings in the week or at least 1 day on the weekend?	<input type="checkbox"/> Yes or <input type="checkbox"/> No
In the event of an emergency, is your facility used as an emergency shelter by local authorities or the Red Cross?	<input type="checkbox"/> Yes or <input type="checkbox"/> No

Facility Accessibility

*Is your facility's location/signage easily identified from the street?	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Is your facility within walking distance of a bus line?	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Does your facility have free and ample parking?	<input type="checkbox"/> Yes or <input type="checkbox"/> No
*Is your facility ADA compliant for access to the building and restroom?	<input type="checkbox"/> Yes or <input type="checkbox"/> No

Service to the Community

Can the community obtain information and access to services for older adults and their families?	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Do you provide direct service provision for older adults and their families?	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Does your organization offer community outreach or educational activities on aging issues?	<input type="checkbox"/> Yes or <input type="checkbox"/> No

BIDDER'S CERTIFICATION OF PAYMENT OF PERSONAL PROPERTY TAX

STATE OF _____ COUNTY _____

Before me, a Notary Public, in and for said County and State, personally appeared

_____ who, being duly sworn that he/she is the owner or an officer vested with the authority to commit said company _____ to contractual obligations and having been awarded a public contract let by competitive bid, and that by this statement, states that at this time neither he/she nor the corporation is charged with any delinquent personal property taxes on the general tax list of personal property of any county, or that attached hereto is a list of all delinquent personal property taxes charged against him/her of the corporation.

Name of Company _____

By _____

Signature

Sworn before me and signed in my presence the ___ day of _____, 20__.

Notary Public Signature _____

This certification is in compliance with Section 5719.042 of the Ohio Revised Code which requires a certification of delinquent personal property tax by any successful bidder prior to the execution of the contract of a political subdivision; and in the event there are any due and unpaid delinquent taxes, a copy of this statement shall be transmitted to the County Treasurer within 30 days.

DEBARMENT, SUSPENSION, INELIGIBILITY AND EXCLUSION CERTIFICATION

I certify that the entity identified below has not been debarred, suspended or otherwise found ineligible to receive funds by any organization of the executive branch of the federal government.

I further certify that should any notice of debarment, suspension, ineligibility or exclusion be received by the organization, Council on Aging of Southwestern Ohio will be notified immediately.

Entity: _____

Type name of person authorized to sign

Title

Signature

Date signed

NON-COLLUSION AFFIDAVIT

STATE OF _____

COUNTY OF _____ SS.

_____ being first duly sworn, deposes and

says that he/she is _____ of

(sole owner, partner, president, etc.)

the party making the foregoing proposal or bid; that such bid is genuine and not collusive or sham; that said bidder has not colluded, conspired, connived, or agreed, directly or indirectly, with any bidder or person to put in a sham bid, or that such other person shall refrain from bidding and has not in any manner, directly or indirectly, sought by agreement or collusion, or communication or conference, with any person, to fix the bid price affiant or any other bidder, or to fix any overhead, profit or cost element of said bid price, or of that of any other bidder, or to secure any advantage against Council on Aging of Southwestern Ohio or any person or persons interested in the proposed contract; and that all statements contained in said proposal or bid are true; and further that such bidder has not, directly or indirectly submitted this bid, or contents thereof, or divulged information relative thereto any association or to any member or agent thereof.

AFFIANT _____

Sworn to and subscribed before me this _____ day of _____ 20____.

NOTARY PUBLIC

My commission expires: _____