

DUE DATE: January 4, 2013 by 5:00 p.m.

CENTRAL SAVANNAH RIVER AREA REGIONAL COMMISSION

AREA AGENCY ON AGING

REQUEST FOR PROPOSALS AGING AND DISABILITY SERVICES

COMMUNITY CARE SERVICES PROGRAM CARE COORDINATION SERVICES

DUE DATE: January 4, 2013
DUE TIME: 5:00 P.M.

ALL BIDS MUST BE SEALED AND SUBMITTED BY THE DUE DATE AND DUE TIME NOTED ABOVE.

An original and three (3) copies of the response are to be bound, sealed and submitted as follows:

SUBMIT BIDS TO: ATTN: SEALED RFP RESPONSE ENCLOSED
 CCSP CARE COORDINATION SERVICES
 AREA AGENCY ON AGING SERVICES
 CSRA REGIONAL COMMISSION
 3023 RIVERWATCH PARKWAY, SUITE A
 AUGUSTA, GA 30907



DUE DATE: January 4, 2013 by 5:00 p.m.

MEMORANDUM



TO: Prospective Responders

FROM: Andy Crosson, Executive Director

DATE: November 1, 2012

SUBJECT: REQUEST FOR PROPOSALS – AREA AGENCY ON AGING SERVICES

The Central Savannah River Area Regional Commission is seeking responses as noted below. If you are interested in responding to our Request for Proposals, please do so by the date noted in the attached RFP and in the manner so described.

Timeline Schedule

Legal Notice November 1, 2012

Release Date November 1, 2012

Responder’s Conference November 14, 2012 (10:00 a.m.)

CSRA Regional Commission
 3023 Riverwatch Parkway, Suite A
 Augusta, Georgia 30907
 10:00 a.m. - 12 noon

Due Date January 4, 2013 (by 5:00 p.m.)

Award Announcement On or before May 1, 2013

Executed Contracts due to the
 RC/Area Agency on Aging by 5:00 p.m. June 1, 2013

Executed Contracts to the Contractor June 30, 2013

NO RESPONSES WILL BE ACCEPTED AFTER 5:00 PM on January 4, 2013.

Should you have any questions, please do not hesitate to contact me.

DUE DATE: January 4, 2013 by 5:00 p.m.

Contents

MEMORANDUM 2

REQUEST FOR PROPOSALS FOR AGING AND DISABILITY SERVICES 4

SECTION A – BACKGROUND AND INTRODUCTION 5

 SCOPE OF WORK..... 6

 APPEAL OF AWARD DECISION 10

 PROCUREMENT TIMETABLE AND PROPOSAL SUBMISSION 10

 PERIOD OF PERFORMANCE 11

 CSRA RC PROCUREMENT RIGHTS 11

 PLANNING ALLOCATIONS 12

 REQUIREMENTS OF SUCCESSFUL RESPONDER(S) 12

 JOINT RESPONDERS RESPONSES 12

 POTENTIAL CONFLICTS OF INTEREST 13

 EVALUATION CRITERIA AND REVIEW CONSIDERATIONS 13

SECTION B – USE OF UNIFORM COST METHODOLOGY 15

 PC WORKSTATION 15

 CONNECTIVITY 15

 SUBMISSION OF REQUIRED REPORTS AND DOCUMENTS AND DATA ENTRY FOR THE AGING INFORMATION
 MANAGEMENT SYSTEM (AIMS) 15

SECTION C – PROPOSAL NARRATIVE..... 16

ATTACHMENT A 17

 RESPONDER INFORMATION SHEET 17

ATTACHMENT B 18

 REQUEST FOR QUALIFICATIONS 18

ATTACHMENT C 20

 LETTER OF TRANSMITTAL 20

ATTACHMENT D 24

 RESPONSE NARRATIVE 24

 1.0 ORGANIZATIONAL CAPACITY 24

 2.0 PROGRAM OVERVIEW 26

 3.0 SCOPE OF SERVICES FOR SUPPORTIVE SERVICES 27

ATTACHMENT E 38

 BUDGET 38

SECTION D - ASSURANCES 39

DUE DATE: January 4, 2013 by 5:00 p.m.

REQUEST FOR PROPOSALS FOR AGING AND DISABILITY SERVICES

The CSRA Regional Commission (hereinafter referred to by name or "CSRA RC"), as the CSRA's designated Area Agency on Aging, 3023 River Watch Parkway, Suite A, Augusta, GA 30907, will receive responses (hereinafter referred to as "Response" or "Responses" or "Bid" or "Bids") to this Request for Proposals (RFP) until 5:00 PM January 4, 2013, for Aging and Disability Services as outlined below:

- Case Management/ Care Coordination

No responses will be received after 5:00 PM on January 4, 2013. A Responder's conference will be held on November 14, 2012 at 10:00 a.m. Persons with special needs relating to disability access may use the Georgia Relay Service for the hearing impaired at 1-800-255-0056 or contact Jackie Harris at (706) 210-2012 prior to November 14, 2012.

A copy of the RFP may be obtained on/after November 1, 2012 by contacting Andy Crosson, Executive Director of the CSRA Regional Commission at (706) 210-2000. The RFP is also available online at <http://www.csrarc.ga.gov>. To be included on the mailing list for potential addendums to the RFP package, you **must** notify the RC in writing that you plan to bid or you must already be on our qualified Responders' list. Contact Jackie Harris ((706) 210-2012) to determine if you are on the qualified Responder's list.

The CSRA RC is not obligated to enter into any contract on the basis of any submittal in response to this RFP. The CSRA RC reserves the right to request additional information from any Responder(s) submitting a response to this RFP if the CSRA RC, in its sole discretion, deems such information necessary to further evaluate the responses to this RFP. The CSRA RC reserves the right, in its sole discretion, to interview any Responder(s) responding to this RFP. The CSRA RC reserves the right to waive informalities and minor irregularities in submittals and reserves the sole right to determine what constitutes informalities or minor irregularities. Responder(s) shall be responsible for all costs associated with responding to this RFP.

Any questions concerning this RFP or requests for additional information must be directed in writing to:

Andy Crosson, Executive Director
CSRA Regional Commission
3023 Riverwatch Parkway, Suite A
Augusta, GA 30907

by 12:00 p.m. on December 1, 2012. Answers/responses from the CSRA RC to questions or requests for additional information will be in writing and will be provided to all persons who have received a copy of this RFP and/or requested to be included on the mailing list for potential addendums as noted above.

The CSRA RC will evaluate each Response, choosing the one that, in the CSRA RC's sole discretion, is the most responsive Response for the particular contract, best addresses the work to be performed, taking into consideration factors such as price, potential ability to perform successfully under the terms and conditions of the contract, analysis of the appropriate Unit Cost Methodology, relevant past project experience/qualifications, organizational capacity, budget/financial capacity, and responses to the scope of work and performance overview sections of this response.

The CSRA RC also reserves the right, in its sole discretion, to contact any and/or all Responders after receiving the Responder(s)'s submittal to seek clarification of any portion thereof. The CSRA RC reserves the right to request additional information from any and/or all Responder(s) if the CSRA RC deems, in its sole discretion, such information necessary to further evaluate the Responder(s)'s qualifications and/or capacity to perform.

The CSRA Regional Commission reserves the right, in its sole discretion, to cancel the RFP at any time, to amend the RFP before the due date for responses, to alter the time tables for procurement as set forth in the RFP prior to the due date, to reject any or all Responses submitted, and/or to waive any technicalities or formalities

Awarding of any contracts and any subsequent periodic payments during the grant period is contingent upon receipt of local, state and federal funds during the contract period. **EOE / ADA / M/F/H/O**

SECTION A – BACKGROUND AND INTRODUCTION

Through this Request for Proposal (RFP), the CSRA Regional Commission, in its capacity as the Area Agency on Aging, is soliciting responses from potential Responders interested in operating certain aging programs in each of the following counties: Burke, Columbia, Glascock, Hancock, Jefferson, Jenkins, Lincoln, McDuffie, Richmond, Screven, Taliaferro, Warren, Washington, and Wilkes for the CSRA Area Agency on Aging for the period outlined within the “Period of Performance and Contract Terms” section of this RFP.

Responders must complete the Request for Proposal and Letter of Transmittal to be considered. Selected Responders will become a part of the service delivery system detailed in CSRA RC’s FY 2012-2015 Area Plan on Aging (a planning document for the CSRA). Inclusion in the Area Plan does not guarantee or imply any grant award for subsequent years. This RFP only covers the period outlined in the “*Period of Performance and Contract Terms*” section of this RFP.

The Georgia Department of Human Services, Division of Aging Services (DAS) has designated the CSRA RC as the Area Agency on Aging (AAA) for the fourteen county region. As such, the CSRA RC receives funds through the Older Americans Act (Title III B, C1, C2, D & E and Title VII); the Social Services Block Grant; the Community Care Services Program; the State of Georgia for the Long Term Care Ombudsman Program, the Community Based Services Program (a cost share program), Income Tax Check-off, Alzheimer’s Grants, and the Georgia Caregiver Resource Center, Aging and Disability Resource Connection, and, other fund sources to ensure that a comprehensive and coordinated service delivery system for older persons and their caregivers is available.

The CSRA Area Agency on Aging was designated in October, 1974, to oversee the provision of and to coordinate programs for older adults in the Central Savannah River Area, located in east central Georgia and headquartered in Augusta, Georgia. From the beginning, the goal of the Agency has been to assure maximum independence and enhance the quality of life for older persons through home- and community-based services.

The CSRA Area Agency on Aging oversees the provision of a variety of services and support to improve the lives of senior citizens in all 14 counties of the CSRA. The Area Agency on Aging’s primary activities are:

- identifying and planning for aging-service needs throughout the region,
- connecting senior citizens and caregivers with needed aging services and information,
- providing staff support and leadership to outside agencies that address aging issues, and administering grants and contracts to quality organizations that provide services to older CSRA residents.

The CSRA Area Agency on Aging has the responsibility for developing an Area Plan for aging services and programs which describes this service delivery system in detail and the impact the Plan has on older residents in the planning and service area. The Area Plan is implemented through contracts, subgrant agreements, and cooperative agreements negotiated with various providers and local jurisdictions to implement services for the benefit of older residents and their families/caregivers in the Central Savannah River Area. **The Area Plan planning period should not be confused with the period of contracts, subgrant agreements, or cooperative agreements awarded under this RFP.**

//////////////////// This space left intentionally blank //////////////////////

DUE DATE: January 4, 2013 by 5:00 p.m.

SCOPE OF WORK

COMMUNITY CARE SERVICES PROGRAM CARE COORDINATION SERVICES

The Area Agency on Aging is requesting proposals from qualified Responders capable of providing Community Care Services Program (CCSP) Care Coordination services.

Care Coordination Services under the CCSP program are defined as the “provision of twenty-four hour, seven day per week availability for medically impaired individuals and their families to determine service needs and interventions, plan, arrange, coordinate, monitor and evaluate services, communicate with medical professionals and refer to community resources as appropriate.”

Service Area and Anticipated Caseload

Services must be provided for residents of the entire fourteen-county service area. **The CSRA RC will only make one (1) grant award for the CCSP Program to the Responder/Joint Responders selected.** It is anticipated that approximately 800 to 1,000 CCSP clients will be served at any given time during the fiscal year. The maximum number of admissions varies from month to month, as determined by Georgia’s Division of Aging Services, and is affected by funding and the per client cost of CCSP services. Therefore, the anticipated caseload is an estimate and is provided for planning purposes only. **Note that the CSRA RC does not guarantee that the successful Responder/Joint Responders will be approved for this number of clients during any portion of the fiscal year.**

Eligibility Requirements

In order to qualify for CCSP services, individuals must meet all of the following requirements. They must:

- Qualify for Medicaid
- Meet nursing home level of care criteria
- Have a functional impairment
- Have an unmet need for care, **and**
- Possess ability to have health and safety needs adequately met in the community

Funding and Payment

Based on current case load and FY2013 allocations, a total of approximately **\$1,300,000** is estimated to be available for the provision of CCSP Care Coordination in FY2014. **This number is an estimate only. The CSRA RC does not and cannot guarantee that this level of funding will be appropriated and/or approved for this service area during the period covered by this RFP.** This number is provided for planning purposes only. No local match is required.

Payment for services will be made on a fixed fee performance for for-profit entities and a cost reimbursable basis for non-profit entities. Providers will invoice monthly, utilizing monthly report forms provided by the CSRA RC. Additional documentation to support the invoice may be required and will be the responsibility of the contractor/subgrantee to provide.

//////////////////// This space left intentionally blank //////////////////////
//////////////////// This space left intentionally blank //////////////////////

Program Assumptions

Purpose of Program

The Community Care Services Program (CCSP) provides a range of services to support people, eligible for nursing home placement, in the community rather than in institutions. The program was designed to offer an alternative to nursing home placement and is funded by the Department of Medical Assistance (DMA) through a federal waiver. The CCSP has been in operation in Georgia since 1983. Enrollment depends on the availability of state funds, but the program has grown significantly since its inception.

The goal of the program is achieved through the development of a system of community health and social services that provide a continuum of care for functionally impaired clients and ensure that the least restrictive living arrangement is used to maintain independence and safety in the community.

Clients meeting strict income and functional impairment criteria are assessed by CCSP Care Coordinators. Based on this assessment and consultation with the client, a service package which supports the client in his or her home or community is put together. Care Coordinators act both as client advocates and service brokers. The services which the CCSP offers are: adult day health, personal support, including homemaking and personal care services, such as bathing; respite care; home delivered meals; support in assisted living; skilled nursing services; and emergency response services. In some cases, clients with income exceeding supplemental security income (SSI) may be required to pay for a portion of their service(s).

While the program was designed generally for older people with a debilitating chronic illness, a subset of clients within the program have developmental disabilities. According to Public Law 101-496, the term development disability is defined as follows:

"severe chronic disability of a person five years of age or older which is attributable to a mental or physical impairment or combination of mental and physical impairments; is manifested before the person attains the age of 22; is likely to continue indefinitely; results in substantial functional limitations in three or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility self-direction, capacity of independent living and economic self-sufficiency; and is a reflection of the person's need for a combination and sequence of interdisciplinary or generic care, treatment, or other services which are of a life-long or extended duration."

Services available under CCSP include adult day health, alternative living services, emergency response services, home delivered meals, home delivered services, personal support services, extended personal support services, consumer-directed personal support services, and out-of-home respite care. These services are provided by approved and enrolled agencies and are reimbursed by the Georgia Medicaid Program. **Note that the CSRA RC does not, by practice, award the CCSP Care Coordination RFP to any agency(ies) who directly provide the CCSP services listed within this paragraph.**

//////////////////// This space left intentionally blank //////////////////////

//////////////////// This space left intentionally blank //////////////////////

//////////////////// This space left intentionally blank //////////////////////

DUE DATE: January 4, 2013 by 5:00 p.m.

Gateway as Single Point of Entry

The CSRA RC's Area Agency on Aging is the "Gateway," or single point of entry for all aging programs, **including CCSP**. The AAA's toll-free number is 1-888-922-4464.

Clients admitted into aging programs shall be initially screened and referred for face-to-face assessment by the AAA's Gateway screening staff as funds are available. When AAA service providers receive direct requests for services, referral information must be forwarded to the AAA where Gateway staff will conduct telephone screenings to identify needs and make appropriate referrals.

Assessments and Reassessments

The successful Responder/Joint Responders will be responsible for intake/registration and assessment of all new CCSP clients. Also, the successful Responder/Joint Responders must provide reassessments of active clients at least annually, and more often when policy and need dictates. The assessment/reassessment process includes a determination of the individual's need for long-term care using criteria established for nursing home placement and the development of an individualized service/care plan.

Data Management

The successful Responder/Joint Responders will enter generalized demographic, eligibility, and assessment data into a statewide database known as AIMS (Aging Information Management System). The Enhanced Services Program (ESP) will also be used. Other systems may, from time to time, also be implemented and/or used for data collection.

Client Files

Providers must maintain a file for each participant, containing all pertinent forms and information. Requirements for client records are outlined in the Community Care and Services for the Elderly Act, CCSP Care Coordination Manual. Providers using electronic transfer of files must have policies to ensure security measures which are HIPAA compliant.

Program Legislation, Regulation, Program Standards and/or Guidelines

The successful Responder(s) will be responsible for managing the Community Care Services Program Care Coordination services in the CSRA's aging service region. Basic information regarding the CCSP program is contained in Chapter 200 of the *Community Care Services Program Care Coordination Manual* published by the Georgia Department of Human Services Division of Aging. A copy of the manual can be obtained online on the Division of Aging's website at http://www.odis.DHS.state.ga.us/5000_aqi/Aging%20Directives%20Index.htm .

The successful Responder(s) will be required to meet the requirements outlined in the *Community Care Services Program Care Coordination Manual* referenced herein.

//////////////////// This space left intentionally blank //////////////////////

DUE DATE: January 4, 2013 by 5:00 p.m.

The successful Responder(s) must also demonstrate outcomes for specific initiatives such as:

1. Disease Management aimed at better control of illness and chronic diseases by patients. Decrease Health care costs through:
 - a. Less hospitalizations
 - b. Less use of emergency services
 - c. Increase use of preventive services
 - d. Increase compliance with medical office visits
 - e. Greater focus on consumer empowerment/ education
2. Demonstrate a commitment with the Tailored Caregiver Assessment and Referral program through a Letter of Participation.
3. Demonstrate a commitment with the Money Follows the Person Program and Care Transition.
4. The Care Coordination agency will conduct CCSP tasks within standard of promptness.
5. The Care Coordination agency will utilize CCSP AIMS reports to assist in managing the program.

The successful Responder(s) will also be responsible for conducting quarterly CCSP meetings.

For additional information related to all of the services provided by the AAA, visit us at:

<http://www.areaagencyonaging.com> or <http://www.csrarc.ga.gov>

All work must be completed by the time outlined in the *“Period of Performance and Contract Terms”* section of this RFP. Additionally, all invoices for all services rendered must be submitted no later than five (5) calendar days after the end of the contract period.

The successful Responder(s)’ response to this RFP shall be incorporated and become a part of the final contract and/or subgrant/cooperative agreement documents.

GATEWAY AS A SINGLE POINT OF ENTRY

The CSRA RC’s Area Agency on Aging is the “Gateway,” or single point of entry for all aging programs, **including CCSP**. The AAA’s toll-free number is 1-888-922-4464.

Clients admitted into aging programs shall be initially screened and referred for face-to-face assessment by the AAA’s Gateway screening staff. When AAA service providers receive direct requests for services, referral information must be forwarded to the AAA where Gateway staff will conduct telephone screenings to identify needs and make appropriate referrals.

For additional information related to all of the services provided by the AAA, visit us at:

<http://www.csrarc.ga.gov>

All work will be done on a fee-for-service basis. All work must be completed by the time outlined in the *“Period of Performance and Contract Terms”* section of this RFP. Additionally, all invoices for all services rendered must be submitted no later than five (5) calendar days after the end of the contract period.

The successful Responder(s)’ response to this RFP shall be incorporated and become a part of the final contract/subgrant agreement/cooperative agreement documents.

DUE DATE: January 4, 2013 by 5:00 p.m.

APPEAL OF AWARD DECISION

Responders not selected may appeal the CSRA Regional Commission's decision to award a competitively solicited contract/agreement to another Responder by submitting a written appeal to the Executive Director within ten (10) calendar days of being notified that they were not selected. The written appeal must be sent via certified mail, return receipt requested to: Attn: Appeal of Procurement Award, CSRA Regional Commission, 3023 Riverwatch Parkway, Suite A, Augusta, GA 30907.

For procurements resulting in awards of less than \$125,000, the Executive Director will schedule a time within ten (10) business days to hear the Responder's appeal. The Executive Director will consider the information presented and submit to the appealing Responder(s) his/her decision within ten (10) business days after hearing the appeal.

For procurements resulting in awards equal to or greater than \$125,000, the CSRA Regional Commission's Council will hear any such appeal at the Council's next regularly scheduled meeting (where the Responder may present an argument on its behalf, and the Executive Director, or his/her designee, may submit the Regional Commission's counterargument(s)). The Council will consider the information presented and submit to the Responder(s) its decision within ten (10) business days after hearing the appeal. The decision of the CSRA Regional Commission's Council shall be final and binding.

After the Regional Commission's Council or the Executive Director issues an appeal decision, any dispute that shall arise as to the procurement process shall be referred to a(n) arbitrator(s) selected in accordance with the rules of the American Arbitration Association, and such dispute shall be settled by arbitration in accordance with the rules prescribed by the CSRA Regional Commission, and judgment upon the award rendered by the arbitrator(s) may be entered in any court of competent jurisdiction. The party requesting arbitration and the CSRA Regional Commission shall share equally the cost of the arbitration process.

Once the arbitrator(s)'s judgment has been rendered, the decision will be presented to the CSRA Regional Commission's Council at its next regularly scheduled meeting for further consideration and/or action, if necessary.

PROCUREMENT TIMETABLE AND PROPOSAL SUBMISSION

Responses to this RFP are due to the CSRA Regional Commission no later than five p.m. (5:00 p.m.) on the date noted on the memorandum attached to this RFP. If you do not know the date when your response to this RFP is due, you should contact Andy Crosson, the CSRA RC's Executive Director, at (706) 210-2000. **Responses will not be accepted after this deadline.**

An original and three (3) copies of the response are to be bound, sealed and delivered to:

Attn: Jeanette Cummings, Director, CSRA Area Agency on Aging
3023 Riverwatch Parkway, Suite A
Augusta, Georgia 30907

by 5:00 p.m. on the due date. Successful candidates will be announced on or before May 1, 2013.

DUE DATE: January 4, 2013 by 5:00 p.m.

PERIOD OF PERFORMANCE

All subgrant agreements resulting from this Request for Proposal process are contingent on the availability of funds from the Georgia Department of Human Services (DHS) Division of Aging Services. The terms and conditions of the CSRA RC's contract with DHS and any subsequent policy decisions, laws or regulations shall be applied to the contractor(s)/subgrantee(s) chosen through this process.

This RFP covers the CSRA RC's Area Agency on Aging planning period, which begins on July 1, 2011 and ends on June 30, 2014. Any contract(s)/subgrant/cooperative agreement(s) issued as a result of this RFP will be awarded on a one (1) year basis to conform with the CSRA RC's fiscal year (July 1st to June 30th). Any subsequent year contract(s)/subgrant/co-operative agreement(s) in the planning period will be determined at the CSRA RC's sole discretion which may or may not involve a new Request for Proposal being issued. Nothing herein shall be deemed any commitment by the CSRA RC to contract with any successful Responder(s) for any period of time past June 30, 2014.

The CSRA Regional Commission may, at its sole discretion, terminate any contract or subgrant agreement issued as a result of this RFP due to non-availability of funds, due to default, or for cause, or for convenience, at any time by giving thirty (30) days notice.

CSRA RC PROCUREMENT RIGHTS

In addition to any rights, terms, or conditions listed within this Request for Proposals, the CSRA RC also specifically and expressly retains the following rights in regards to this procurement:

1. The CSRA Regional Commission reserves the right, in its sole discretion, to contact any and/or all Responders after receiving the Responder(s)'s submittal to seek clarification of any portion thereof. The CSRA RC reserves the right to request additional information from any and/or all Responder(s) if the CSRA RC deems, in its sole discretion, such information necessary to further evaluate the Responder(s)'s qualifications and/or capacity to perform.
2. The CSRA Regional Commission reserves the right, in its sole discretion, to cancel the RFP/RFQ at any time, to amend the RFP/RFQ before the due date for responses, to alter the time tables for procurement as set forth in the RFP prior to the due date, to reject any and/or all Responses submitted, and/or to waive any technicalities or formalities.
3. Awards shall be made only to responsible Responders who possess, at the Commission's sole discretion, the potential ability to perform successfully under the terms and conditions of a proposed procurement.
4. Awarding of any contracts and any subsequent periodic payments during the grant period is contingent upon receipt of local, state and federal funds during the contract period.
5. Procurements that are expected to result in an award/contract greater than \$50,000 in aggregate will be reviewed by a review committee assembled by the CSRA RC, which may or may not include staff of the CSRA RC and/or independent individual(s). At a minimum, the:

DUE DATE: January 4, 2013 by 5:00 p.m.

- a. Response(s) submitted may be reviewed by a review committee assembled by the CSRA RC, at its sole discretion, which may or may not include staff of the CSRA RC and/or independent individual(s); and
- b. Any notes and/or discussions generated during the review by the review committee are private and will not be shared with any Responder(s); and
- c. Only a summary of the Review Committee's comments/recommendations will be made available upon completion of the Regional Commission's award of the procurement.

PLANNING ALLOCATIONS

Funds for this agreement are contingent upon receipt of funds from Federal and/or State sources. Because the actual amount of funds may change throughout the year, the CSRA RC utilizes planning allocations in its procurement and subgranting processes. Subgrant agreements, contracts, and cooperative agreements may be amended, by mutual agreement, from time-to-time whenever adjustments are needed because of changes in the CSRA RC's funding sources, and may be immediately terminated by the CSRA RC if mutual agreement cannot be reached.

REQUIREMENTS OF SUCCESSFUL RESPONDER(S)

The successful Responder(s) will be responsible for providing the services outlined in the "Scope of Work" section of this Request for Proposals in accordance with DHS Division of Aging Services guidelines and CSRA Regional Commission's requirements as specified in this RFP and in the subsequent contracting documents.

Successful Responder(s) must also recognize that the CSRA Regional Commission is required to assume the responsibility to be the "Gateway to Community Resources" and shall serve as the central point of intake in the fourteen county service area. The CSRA Regional Commission must also provide screening to determine eligibility to prioritize persons in greatest need and to maintain waiting lists for certain services.

JOINT RESPONDERS RESPONSES

The CSRA RC will accept responses from two or more Responders acting together (Joint Responders) provided the following conditions are met in the RFP response:

1. Joint Responders must denote that this is a joint response by checking the appropriate box on the Responder Information Sheet (in Section C, Attachment A).
2. Each Responder must complete and sign, where required, the following forms:
 - a. Responder Information Sheet (in Section C, Attachment A)
 - b. Request for Qualifications Form (in Section C, Attachment B)
 - c. Letter of Transmittal (in Section C, Attachment B)
 - d. All Assurances Forms (in Section D).

Additionally, Joint Responders must provide sufficient information in their response to enable the CSRA RC to understand the nature of the arrangement and/or legal relationship between the Joint Responders, who the primary contacts are for each Responder, how the joint arrangement benefits this program, the percentage/share of service(s) to be provided by each Joint Responder, and how the Joint Responders will work together to achieve the scope of services associated with this RFP. In doing so, the Responders should include

DUE DATE: January 4, 2013 by 5:00 p.m.

copies of any operating/management agreements and/or any other documents that describe the nature of the joint arrangement.

For the purpose of this RFP, the terms “Responder” or “Responders” also refers to Joint Responders submitting this RFP.

POTENTIAL CONFLICTS OF INTEREST

Any potential conflicts of interest must be identified and addressed in all responses. In making such disclosures, the respondent must a) identify the person or persons for whom a potential conflict of interest exists, b) the relationship to any current or former board member, current or former advisory council member, or current or former employee; and c) the nature of the potential conflict. The person or persons for whom the potential conflict of interest exists shall certify that he/she will abide by all rules established by Subsection 102.12 (Conflicts of Interest) of the Georgia Department of Human Services Division of Aging Services Administrative Guidelines. *All Responders must complete the “Conflicts of Interest Disclosures” form in Section D and attach additional sheets if any potential conflicts exists and answer the questions outlined above in such responses.*

EVALUATION CRITERIA AND REVIEW CONSIDERATIONS

It is essential that the Responder(s) address each requirement set forth in this Request for Proposals. The response must contain all requested information. If a response is materially incomplete, in the sole judgment of the CSRA RC, it may be declared technically unresponsive and may be eliminated from further consideration.

For all procurements that are expected to result in an award/contract greater than \$50,000 in aggregate¹, a review committee assembled by the CSRA RC (at its sole discretion) may be used to objectively review responses received. The review committee may or may not include or be limited solely to staff members of the CSRA RC. The review committee will evaluate responses and assign points based on criteria such as:

| Criteria | Maximum Points |
|-------------------------|----------------|
| Organizational Capacity | 400 |
| Performance Overview | 200 |
| Scope of Work | 150 |
| Budget | 250 |
| Total: | 1000 |

By responding to this RFP, you accept that the Review Committee may, at its sole discretion, alter the points system outlined above and/or choose to utilize a different evaluation and recommendation tool prior to evaluating the proposals.

¹ For procurements that are expected to result in an award/contract amount that is less than \$50,000, the CSRA RC may, at its sole discretion determine the best method to ascertain the responsible Responder(s) who possess, at the Commission’s sole discretion, the potential ability to perform successfully under the terms and conditions of a proposed procurement.

DUE DATE: January 4, 2013 by 5:00 p.m.

By responding to this RFP, you also explicitly acknowledge that your response may be reviewed by a review committee as noted above and that any notes and/or discussions generated during the review of this RFP by the review committee are private and will not be shared with any Responder(s). A compilation of each Responder(s)'s average score (generated by averaging the score assigned by each reviewer for that Responder(s)) may be made available only at the end of the award of this RFP.

By responding to this RFP, you also acknowledge that the CSRA RC, in its sole discretion, may make any award(s) to the Responder(s) whose Response is the most responsive Response for the particular contract, best addresses the work to be performed, taking into consideration factors such as price, potential ability to perform successfully under the terms and conditions of the contract, analysis of the applicable Unit Cost Methodology or other cost analysis, relevant past project experience/qualifications, organizational capacity, budget/financial capacity, and responses to the scope of work and performance overview sections of this response.

The review committee's recommendation scoring will be submitted to the CSRA RC's management for consideration. The CSRA RC's Council will make a final decision related to the award of responses taking into consideration the RC's management's recommendation and the criteria for responsiveness. The CSRA RC Board's decision may differ from the review committee's recommendations.

//////////////////// This space left intentionally blank //////////////////////

//////////////////// This space left intentionally blank //////////////////////

//////////////////// This space left intentionally blank //////////////////////

//////////////////// This space left intentionally blank //////////////////////

//////////////////// This space left intentionally blank //////////////////////

//////////////////// This space left intentionally blank //////////////////////

//////////////////// This space left intentionally blank //////////////////////

//////////////////// This space left intentionally blank //////////////////////

DUE DATE: January 4, 2013 by 5:00 p.m.

SECTION B – USE OF UNIFORM COST METHODOLOGY

The Uniform Cost Methodology is a system by which certain Responders will prepare budgets in responding to Requests for Proposals or Request for Applications for aging services. The purpose of the methodology is to have providers calculate service costs in the same fashion, treating costs in a consistent manner.

The DHS Division of Aging Services, in partnership with the aging network, has implemented the uniform cost methodology to be used by certain agencies. This allows the Area Agency on Aging to evaluate costs of programs and services based on consistent treatment of costs by all contractors and/or subgrantees and a consistent method for allocating costs to all programs and services. This does not mean that resultant service costs will be the same across the state or within an individual Planning and Service area between providers; rather, providers will calculate their costs using the same methodology.

All Responders responding to this RFP are expected to submit a budget using the Uniform Cost Methodology spreadsheet. Each Responder will develop separate unit costs for each service to be provided and the Area Agency on Aging will consider the unit cost(s) in negotiating contract expectations with providers. Training will be provided to Responders not familiar with this methodology upon request (which is an allowable contact with the CSRA RC under the terms of this RFP.)

The following are the minimum specifications for computer equipment, the operating systems, and relevant software required for providers to use the Uniform Cost Methodology and the Division of Aging Services Aging Information Management System (AIMS):

PC WORKSTATION

- Pentium III (or better)
- 128 MB RAM (or higher)
- 17" Screen (800x600 DPI screen resolution or better)
- 10 GB Hard drive (or higher)
- 56 K Modem (or better)
- CD ROM drive
- Laser printer (Hewlett Packard preferred)
- Keyboard
- Mouse
- Windows operating system

CONNECTIVITY

The Responder agency must have the ability to connect to State servers by using the Virtual Privacy Network (VPN) by connecting by one of the following methods: A) Internet Service Provider (ISP); B) Digital Service Line (DSL); C) Cable Modem.

SUBMISSION OF REQUIRED REPORTS AND DOCUMENTS AND DATA ENTRY FOR THE AGING INFORMATION MANAGEMENT SYSTEM (AIMS)

All contractors/subgrantees will be required to utilize AAA-approved forms for accurate and timely reporting of programmatic and financial information to the AAA, state, and federal government. Forms must be completed and submitted timely to the AAA for entry into the statewide Aging Information Management System (AIMS). Contractors/Subgrantees must be committed to maintaining current and accurate information in the AIMS system. Monthly and/or quarterly reports must be submitted to the AAA using AAA-approved formats. Reports are due by the 5th calendar day following the end of the report month.

SECTION C – PROPOSAL NARRATIVE

The following section includes the forms required for submission of a response to this Request for Proposals.

The following Request for Proposal (RFP) package consists of four (4) parts:

- 1.0 Organizational Capacity**
- 2.0 Program Overview**
- 3.0 Scope of Work**
- 4.0 Budget**

All of the requested items in each of these sections must be addressed and identified by the appropriate number and heading as listed below. The 1.0 Organizational Capacity section is an overview of the Responder organization detailing its capacity to deliver services; 2.0 Program Overview includes a description of the service delivery, addresses confidentiality, contributions, marketing strategies and provides a complete listing of services to be provided; 3.0 Scope of Work section identifies and describes the supportive services to be provided and must be repeated and completed for each service; and, 4.0 Budget section is a budget for the subgrant period (July 1, 2013 to June 30, 2014) that includes all services to be provided.

All Responders must provide general information by completing the **Responder Information Sheet and the Request for Qualifications Form (Attachments A and B)**. These sheets should be used as the cover sheets for the completed response package. **In addition to this information, Responders must attach Articles of Incorporation (if private organization) and copies of appropriate licenses required to provide stated services (if applicable).**

Complete the following response cover page and attach to the front of your response package.

//////////////////// This space left intentionally blank //////////////////////

//////////////////// This space left intentionally blank //////////////////////

//////////////////// This space left intentionally blank //////////////////////

//////////////////// This space left intentionally blank //////////////////////

//////////////////// This space left intentionally blank //////////////////////

DUE DATE: January 4, 2013 by 5:00 p.m.

ATTACHMENT A
CSRA AREA AGENCY ON AGING
A Division of the CSRA Regional Commission
RESPONDER INFORMATION SHEET



Check here if this is a Joint Responder Response and submit Attachments A, B, and C and all assurance forms in Section D for each entity.

Name of Organization: _____

Physical Address:

Street: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: _____ **Fax Number:** _____

E-Mail: _____

Mailing Address:

Street and/or P.O. Box: _____

City: _____ **State:** _____ **Zip:** _____

Type of Organization: _____ **Public** _____ **Private Non-Profit**
(check all that apply) _____ **Private Proprietary** _____ **Minority owned**
(for informational/statistical purposes only) _____ **Female owned** _____ **Less than 500 employees**

Primary Contact Person: **Name:** _____

Title: _____

| Type of Service Proposed | Number to be Served | Number of Units if applicable): | Unit Cost |
|--------------------------|---------------------|------------------------------------|-----------|
| | | | |
| | | | |

County(ies) to be Served: _____

Total Funds Requested: _____ **Unit Cost (if applicable):** _____

_____ does hereby accept all the terms of the Request for Proposals,
Agency Name
and I certify that to the best of my knowledge and belief, the cost data in this response are accurate, complete, and current.

Name of Person Legally Authorized to Act for Agency (typed or printed)

Date: _____

Signature of Person Legally Authorized to Act for Agency

DUE DATE: January 4, 2013 by 5:00 p.m.

ATTACHMENT B

REQUEST FOR QUALIFICATIONS

All information requested is required prior to consideration of any response. The undersigned certifies under oath to factual truth and correctness of all information presented.

Name of Firm/Individual: _____

Form of Legal Entity (if applicable): _____

Address: _____

Phone: _____

Name and Title of Respondent: _____

Have you or your firm defaulted on a contract or failed to complete any work awarded, or been involved in work related to litigation (if yes, please describe)?

List up to ten (10) projects which demonstrate skills to be used from a similar project. Note project name, location, owner, year, and nature of firm/individual's responsibility:

DUE DATE: January 4, 2013 by 5:00 p.m.

List key personnel and qualifications likely to be involved on this type of project and explain their specific role in the work to be done:

List professional references for the firm/individual:

Certifying that all answers to the foregoing questions and all statements therein contained are true and correct, I acknowledge that I am authorized to submit this response and that, if this response is accepted, I or my organization, will perform the duties as described.

Name (Type or Print)

Signature

Title

Date



ATTACHMENT C

LETTER OF TRANSMITTAL

(Include on Company Letterhead)

All Responders are required to submit a mandatory transmittal letter, which shall be in the form of a standard business letter on the Responder's letterhead and shall be signed by an individual authorized to legally bind the Responder. The Letter of Transmittal shall include (a sample copy is attached at the end of this RFP):

1. A statement indicating that the Responder is registered and in good standing with the Georgia Secretary of State to do business in the State of Georgia.
2. A statement that the person signing the response is the person in the Responder(s)'s organization responsible for, or authorized to make, decisions as to the prices quoted.
3. A certification that the price(s) proposed has been arrived at independently without collusion, communication, or agreement relating to such prices with any other Responder(s) or competitor(s).

(Note: when filing a Joint Response to this RFP as outlined in the "Joint Responders Response" section, this certification shall not apply to communications between the Joint Responders).

4. A statement acknowledging that the response does not deviate from the detailed requirements of this RFP and an acknowledgement that the CSRA RC, at its sole discretion, reserves the right to reject any response containing deviations and/or to require modifications before accepting any such deviations, and/or to immediately terminate any subgrant agreement and/or contract entered into when deviations that have not been duly noted are subsequently discovered.

(Note: you must clearly identify and explain any/all such deviations in the transmittal letter, even though any deviations may appear to be clearly identified in the body of the response. The CSRA RC reserves the right to reject any and/or all responses containing deviations, or require modifications before acceptance.)

5. If the use of subcontractor(s)/subgrantees is proposed, a statement from each subcontractor/Subgrantee must be appended to the transmittal letter, signed by an individual authorized to legally bind the subcontractor/subgrantee, and stating:
 - 5.1. The general scope of work to be performed by the subcontractor/subgrantee,
 - 5.2. The subcontractor's/subgrantee's willingness to perform the work indicated; and
 - 5.3. That the subcontractor/subgrantee does not discriminate in its employment practices with regard to race, religion, age (except as provided by law), sex, marital status, political affiliation, national origin, or disability.

(Note: If this is a Joint Response, the CSRA RC may issue any contracts/subgrant agreements awarded as a joint contract/subgrant agreement with signature requirements from each of the Joint Responders. Include this information only for subcontractors/subgrantees other than the Joint Responders who will be used.)

6. A statement acknowledging that the Responder(s) and any applicable subcontractor(s) will comply with the Georgia Security and Immigration Compliance Act, which requires the verification of the work eligibility for all

DUE DATE: January 4, 2013 by 5:00 p.m.

newly hired employees through an electronic federal work authorization program (Employment Eligibility Verification (EEV)/Basic Pilot Program).

(Note: For more information about the Georgia Security and Immigration Compliance Act, visit the Georgia Department of Labor's website at: <http://www.dol.state.ga.us>) The EEV/Basic Pilot Program can be accessed at <https://e-verify.uscis.gov/enroll/>).

7. A statement indicating that the organization and its subcontractors/subgrantees, if any, will be compliant with the Health Insurance Portability and Accountability Act (Public Law No.104-191,110 Stat. 1936), including its Privacy, Security and Electronic Data Interchange standards and regulations, and any and all signed business associate or other agreements for the CSRA RC's Area Agency on Aging and the Department of Human Services.

(Failure to sign the business associate agreement or to be compliant with HIPAA laws and regulations or Georgia Department of Human Services' Division of Aging and/or the CSRA RC's HIPAA policy may be a basis for rejection of this response and/or the immediate termination of any contract(s)/subgrant agreement(s) issued as a result of this RFP.)

8. A statement acknowledging the Responder(s)'s solvency to meet performance requirements of this project and that you have submitted detailed financial data that gives a clear indication of the Respondent(s)' fiscal ability to perform the scope of services.

(Note: Preferred documentation includes, in order of preference, 1) the most recent Comprehensive Annual Financial Report (CAFR); 2) financial statements (FS) that have been reviewed by an independent public accountant (IPA) with accompanying notes; 3) FS compiled by and IPA; 4) federal tax returns; and 5) last internally prepared FS's signed by the owner or an individual familiar with finances of the entity.)

9. The name, address, and telephone number of the individual(s) who can be contacted from 8:00 am to 5:00 pm during business days for questions regarding this proposal must be included in the transmittal letter.
10. A statement acknowledging that all responses become the property of the CSRA RC and will not be returned to the Responder(s) and acknowledging that the CSRA RC will have the right to use all ideas or adaptations of ideas contained in any response received and that selection or rejection of the Responder(s) response will not affect this right.
11. A statement certifying that no contact specifically related to this solicitation, direct or otherwise, has occurred with any employee of the CSRA RC or any Georgia Department of Human Services (DHS) Division of Aging Services staff with direct involvement with this RFP process, except as permitted by the RFP and that you acknowledge that any subcontractor(s)/subgrantee(s) listed in this response also complied with this restriction on communications as well.
12. A statement certifying that no undisclosed conflict of interest relationship exists nor will exist during the contract/subgrant period should the Responder(s) enter into a subgrant agreement and/or contract with the CSRA RC that interferes with fair competition or is a conflict of interest.

(Note, disclosures of potential conflicts of interest are done on the Conflict of Interest Disclosure form contained in this RFP and do not necessarily prevent the Responder(s) from successfully contracting with the CSRA RC.)

DUE DATE: January 4, 2013 by 5:00 p.m.

13. A statement that no relationship exists between the Responder(s) and another person or organization that constitutes an undisclosed conflict of interest with respect to an existing subgrant agreement and/or contract with the AAA.

(Note, disclosures of potential conflicts of interest are done on the Conflict of Interest Disclosure form contained in this RFP and do not necessarily prevent the Responder(s) from successfully contracting with the CSRA RC.)

14. A statement acknowledging that the Responder(s) assume(s) all costs associated with the preparation and submission of all documents related to this RFP and that no claim will be made for payment to cover costs incurred in the preparation or submission of this response or any other costs associated with responding to any portion of this RFP.
15. A statement acknowledging that prior to award, the apparent winning Responder(s) will enter into discussions with the CSRA RC to resolve any subgrant agreement and/or contractual differences before an award is made and that these discussions are to be finalized and all exceptions resolved within two (2) weeks of notification, unless mutually agreed otherwise in writing, and if they are not resolved in that time, this could lead to rejection of the Responder(s)'s response and discussions initiated with the Responder(s) deemed by the CSRA RC, in its sole discretion, to be the next most responsive Responder(s).
16. A statement acknowledging that the CSRA RC, in its sole discretion, may make any award(s) to the Responder(s) whose Response is the most responsive Response for the particular contract, best addresses the work to be performed, taking into consideration factors such as price, potential ability to perform successfully under the terms and conditions of the contract, analysis of the applicable Unit Cost Methodology or other cost analysis, relevant past project experience/qualifications, organizational capacity, budget/financial capacity, and responses to the scope of work and performance overview sections of this response.
17. A statement acknowledging your understanding that the CSRA RC reserves the right, in its sole discretion, to contact any and/or all Responder(s) after receiving the Responder(s)'s response to this RFP to seek clarification of any portion thereof and that the CSRA RC reserves the right to request additional information from any and/or all Responder(s) if the CSRA RC deems, in its sole discretion, such information necessary to further evaluate the Responder(s)'s qualifications and/or capacity to perform.
18. A statement acknowledging that by responding to this RFP, you understand that your response may be reviewed by a review committee assembled by the CSRA RC, at its sole discretion, which may or may not include staff of the CSRA RC and/or independent individual(s), and that any notes and/or discussions generated during the review by the review committee are private and will not be shared with any Responder(s) and only a compilation of each Responder(s)'s average score (generated by averaging the score assigned by each reviewer for that Responder(s)) may be made available only at the end of the award of this RFP.
19. A statement acknowledging the Responder(s)'s understanding that this RFP will result in a twelve (12) month contract/subgrant award for service(s) and that the contract/subgrant award document will outline methods of termination of the award.
20. A statement acknowledging that this RFP covers the CSRA RC's Area Agency on Aging planning period, which begins on July 1, 2011 and ends on June 30, 2015 and that any contract(s)/subgrant/cooperative agreement(s) issued as a result of this RFP will be awarded on a one (1) year basis to conform with the CSRA RC's fiscal year (July 1st to June 30th).

DUE DATE: January 4, 2013 by 5:00 p.m.

21. A statement acknowledging that inclusion in the CSRA RC's Area Agency on Aging's Area Plan does not guarantee or imply any grant award/contract for the immediate or any subsequent year.
22. A statement acknowledging that any/all contract(s)/subgrant agreement(s) resulting from this Request for Proposal process are contingent on the availability of funds from the Georgia Department of Human Services (DHS) Division of Aging Services and that the terms and conditions of the CSRA RC's contract with DHS and any subsequent policy decisions, laws or regulations shall be applied to the contractor(s)/subgrantee(s) chosen through this process.
23. A statement acknowledging that subgrant agreements, contracts, and cooperative agreements issued as a result of this RFP may be amended, by mutual agreement, from time-to-time whenever adjustments are needed because of changes in the CSRA RC's funding sources, and that any such agreement(s)/contract(s) may be immediately terminated by the CSRA RC if mutual agreement cannot be reached.
24. A statement acknowledging that you understand that, notwithstanding any other certifications to the contrary, the CSRA RC may terminate any contract(s)/subgrant agreement(s) issued as a result of this RFP due to non-availability of funds, due to default, or for cause, or for convenience, at any time by giving thirty (30) days notice.
25. A statement acknowledging that the CSRA RC reserves the right, in its sole discretion, to cancel the RFP at any time, to amend the RFP before the due date for responses, to alter the time tables for procurement as set forth in the RFP prior to the due date, to reject any and all responses submitted, and/or to waive any and/or all technicalities or formalities and that awarding of any and/or all contracts and periodic payments during the grant period is contingent upon receipt of local, state and federal funds during the contract period.
26. A statement acknowledging that the Responder(s) understand(s) the appeal process as outlined in the "Appeal of Award Decision" section of this RFP and that the appeal decision of the RC's Council is final and binding.
27. A statement acknowledging that you understand that after the RC's Executive Director or Council (as applicable) issues its appeal decision, any dispute that shall arise as to the RFP process shall be referred to a(n) arbitrator(s) selected in accordance with the rules of the American Arbitration Association, and such dispute shall be settled by arbitration in accordance with the rules prescribed by the CSRA RC, and judgment upon the award rendered by the arbitrator(s) may be entered in any court of competent jurisdiction, and that the party requesting arbitration and the CSRA RC shall share the cost of the arbitration process equally.
28. If the Responder(s) has(ve) had prior subgrant agreements, contracts, or cooperative agreements with the CSRA RC's Area Agency on Aging, you must acknowledge that the obligations set forth under the previous agreement(s)/contract(s) were successfully met.
29. A statement certifying that the Responder(s) has read, understands, and accepts all other terms, conditions, criteria, and requirements set forth in this RFP.

//////////////////// This space left intentionally blank //////////////////////

//////////////////// This space left intentionally blank //////////////////////



ATTACHMENT D

RESPONSE NARRATIVE

When preparing the response narrative, all Responders must respond by providing information related to the items identified below. The response narrative should include the same numbering system used herein and should address the issues/questions raised. If a question does not apply, please indicate with "NA". The response narrative will be used during the evaluation of responses and should demonstrate your agency's understanding of the work to be performed and capacity to carry out such work if awarded.

1.0 ORGANIZATIONAL CAPACITY

Please provide brief descriptions of each of the following:

1.1 Purpose of Organization/Background

Briefly state the vision and mission of your organization and provide information about your organization's history in providing the types of services outlined in the Scope of Work section of this RFP.

1.2 Capacity to Deliver Services

Describe the organization's community leadership and service delivery system and capacity to deliver services. In doing so, also address each of the following:

- 1.2.1 Discuss and outline your organization's relevant experience in delivering these specific services for which the organization is applying.
- 1.2.2 Provide a description of the agency's accomplishments for the past year (i.e. Annual Report and/or brochure)
- 1.2.3 Describe how you will interface with the Area Agency on Aging and/or Division of Aging Services to effectively resolve issues related to service delivery and clients.
- 1.2.4 Discuss any business relationships your organization has had with the aging-related network.

1.3 Staffing Structure

- 1.3.1 Provide an organization chart detailing staff structure and lines of authority.
- 1.3.2 Describe alternate plans to be utilized in the event of expected or unexpected staff absences.
- 1.3.3 Discuss the qualifications and capability of staff to provide effective services that will meet all program standards and provide resumes for key staff associated with the administration and management of this project.
- 1.3.4 Identify the number of full time equivalents (FTEs) by job titles (i.e., RNs, LPNs, social workers, clerks, etc.) that will be devoted to this project.
- 1.3.5 Discuss your organization(s)'s policy regarding criminal background checks and drug screening of new and current employees.
- 1.3.6 Include job descriptions for the staff responsible for supervising or directing the proposed programs/services must be in place and available for review.
- 1.3.7 Describe how Responder/Joint Responders will provide new staff orientation and training and provide an outline of the orientation schedule and topics.
- 1.3.8 Describe Responder/Joint Responders' plan for conducting on-going staff training including topics and number of training sessions to be held.

DUE DATE: January 4, 2013 by 5:00 p.m.

- 1.3.9 Describe method Responder/Joint Responders will use to determine the training needs of staff.
- 1.3.10 Describe the agency's staff recruiting practices and retention strategies. Indicate the annual staff turnover rate from the most recent fiscal year.

1.4 Performance Relative to Providing Quality Services

Briefly describe any performance audits, monitoring of programs or program certifications or awards that the organization has received which verify the organization's ability to provide quality services. All organizations must demonstrate a commitment and capacity to provide quality aging services.

1.5 Other Resources

Detail all other resources available to support aging programs that will assure the capacity of the organization to enhance aging services. Provide a listing identifying the percentage of funding from all sources. Also identify the use of volunteers and other in-kind support such as free rent, etc.

1.6 Financial Capacity

All organizations must demonstrate financial stability, fiscal control and compliance with Generally Accepted Accounting Principles. It is each Responder's responsibility to provide sufficient documentation in its response to enable the CSRA RC to adequately assess the Responder(s)'s ability to perform the scope of work outlined in this RFP.

1.6.1 Provide a brief financial history that proves the organization has financial capability and capacity to deliver the services for which the organization is applying.

1.6.2 List any other Federal/State grants the agency has administered during the past five years and provide contact information for each.

1.6.3 Provide sufficient documentation to enable the CSRA RC to evaluate the Responder/Joint Responders' fiscal ability to perform the scope of work outlined within this RFP. Such documentation includes, but is not necessarily limited to, in order of preference: 1) the most recent Comprehensive Annual Financial Report (CAFR); 2) financial statements (FS) that have been reviewed by an independent public accountant (IPA) with accompanying notes; 3) FS compiled by and IPA; 4) federal tax returns; and 5) last internally prepared FS's signed by the owner or an individual familiar with finances of the entity.)

1.7 Computer Capacity

Explain how the agency will be able to access appropriate computer hardware and software for implementing the Uniform Cost Methodology. Also discuss the organizations capability and capacity to complete data entry and meet all reporting requirements of aging programs.

1.8 Hours of Operation

List the hours and days of operation for administrative offices and service delivery sites, including whether supervisory or office support staff is available weekends, evenings, or holidays. Describe procedures for service provision in case of disaster or inclement weather.

1.9 Performance Relative to providing Outreach

Describe the agency(ies)'s Outreach Program (how you plan to make others aware of your programs and how you plan to bring new clients into your program). In doing so, also address each of the following:

1.9.1 Discuss specific plans for outreach to special populations.

DUE DATE: January 4, 2013 by 5:00 p.m.

1.9.2 Describe the methods that will be used to provide outreach to persons in the community, including minorities, homebound, and otherwise isolated individuals.

1.9.3 Describe any special materials or techniques you have developed to reach special populations, including elderly residents who are non-English speaking, hearing impaired, and vision impaired elderly.

1.10 Performance Relative to Previous Contracts/Agreements with CSRA RC or other State/Federal Agencies

If the Responder has previously contracted and/or entered into an agreement with the CSRA RC's Area Agency on Aging or any other state/federal agency, provide a brief discussion of the type of work performed and the dates involved. Additionally, explain if you successfully met the obligations of the contract/agreement and if you did not, fully explain why. If you have ever been involved in a transition of services, describe how you worked with the agency and the new provider/contractor/vendor to effect a smooth transition of services. It is important for all Responders to respond to this section accurately. Failure to respond and/or failure to have met previous contractual/subgrant requirements may result in the dismissal of your response.

1.11 Joint Responders Responses (if applicable): If there is a Joint Response, discuss the nature of the arrangement between the Joint Responders, identify who the primary contacts are for each Responder, discuss how the joint arrangement benefits this program, the percentage/share of service(s) to be provided by each Joint Responder, and discuss how the Joint Responders will work together to achieve the scope of services associated with this RFP. In doing so, the Responders should include copies of any operating/management agreements and/or any other documents that describe the nature of the joint arrangement. Remember that all Joint Responders must also complete and submit the relevant documents outlined under the section entitled "Joint Responder Responses" in Section A.

1.12 Technology and Ability to Meet Reporting Requirements:

1.12.1 Describe the agency's capacity for and use of technology, both in aging administration and delivering services.

1.12.2 Describe agency's plan for maintaining adequate hardware, software, etc.

1.12.3 Explain plans for data validation, data entry, and reporting. Who (by job title) will be responsible? Who (by job title) will prepare the monthly programmatic report?

2.0 PROGRAM OVERVIEW

2.1 Intake Procedures

Describe how the agency will participate in the Gateway process with the Area Agency on Aging. Describe the program's procedures for compliance with established Gateway policies and procedures for each specific service provided by the agency. Discuss staff positions assigned to each of the steps/tasks, including supervision (use full-time equivalents – FTE – where possible).

2.2 Client Confidentiality/Fees

2.2.1 Describe how client confidentiality will be handled.

2.2.2 Discuss how client contribution/fees (if applicable) will be managed.

2.2.3 How will you account for cash contributions and/or billing procedures for fees, etc...?

2.2.4 Include a copy of the agency's policy(ies) and procedures related to client confidentiality.

DUE DATE: January 4, 2013 by 5:00 p.m.

2.3 Planning/Marketing of Services

Briefly describe how the agency will market services and how it will incorporate client input concerning the greatest need(s) of older adults and their caregivers in the service area. Explain how this input will be utilized in the planning and implementation of service delivery. Include a copy of the agency's marketing plan with this RFP response.

2.4 Identify Services, Fund Sources, Service Sites and County

Provide a detailed list identifying which services the agency proposes to provide and which funding sources will pay for that service. Additionally, identify each site where each of the services will be delivered.

3.0 SCOPE OF SERVICES FOR SUPPORTIVE SERVICES

The following information must be provided.

3.1 Description of Service

Identify and define the service(s) you are proposing to provide. Describe how it will be provided, including discrete tasks to be performed. Refer to the "Taxonomy of Service Definitions" for the appropriate service names as well as the definition.

3.2 Subcontracting

Describe, for each service, any proposed subcontract agreements and clearly identify the general scope of work to be performed by the subcontractor. If subcontracting for a service, include documentation of the bidding process to secure such subcontractors. Describe subcontractor qualifications, subcontractor requirements and how the subcontractor will be monitored. Any required reporting forms, with due dates, for subcontractors should be included in the response.

Note: If this is a joint response and both Responders' roles are clearly defined, the Joint Responder's are not considered subcontractors for the purpose of this section.

3.3 Service Staffing Pattern, Training & Supervision

Describe the staffing pattern for each service, including use of volunteers and proposed staff to client ratio. Describe ongoing training and schedule for both staff and volunteers for this service. Describe how the staff and volunteers providing this service will be supervised and monitored internally to insure quality and appropriateness.

3.4 Program Effectiveness

3.4.1 Describe how this program will be operated to provide quality services for older persons and/or their caregivers as appropriate.

3.4.2 Describe any special features of your program or service.

3.4.3 What are the administrative office hours of your organization? What days and hours will services be provided? Will weekend and/or extended services be available? If not, are you willing to expand your service hours if the demand indicates the need?

3.4.4 Describe the process of assessment and reassessment of clients.

DUE DATE: January 4, 2013 by 5:00 p.m.

- 3.4.5** Describe your documentation and reporting processes. How will assignments and activities be documented: who will verify such documents; and who is responsible for maintaining reports, etc.?
- 3.4.6** Describe how you will determine client satisfaction for service.
- 3.4.7** Describe the quality control mechanisms that are in place to assure that quality services are being provided and include, at a minimum, the following information;
 - supervision of services
 - supervision of services at the client's home, if applicable, how often?
 - Criteria which have been developed to determine if the services have been completed appropriately and completely
- 3.4.8** Describe any partnerships or collaborations with other community organizations or private businesses that will strengthen the services of your program.
- 3.4.9** Discuss how do you define your customer of this service?

3.5 ADDITIONAL QUESTIONS

Please provide answers to the following additional questions associated with the Scope of Work to be provided.

- 3.5.1** Describe your agency's emergency plan. How do you respond to power outages, weather emergencies, and other disruptions in service?
- 3.5.2** Describe your agency's discharge planning policies and procedures, and discuss the criteria to be used for discharge CCSP clients.
- 3.5.3** Describe how your agency will work with CSRA AAA's senior centers and other providers.
- 3.5.4** Describe how your agency will focus on multi-disciplinary delivery and/or coordination of services.
- 3.5.5** Describe your agency's customer satisfaction program.
- 3.5.6** Describe how your agency will evaluate your services based on evidence-based results.
- 3.5.7** Explain how CCSP care coordination will be provided. Include details regarding the planned logistics of providing services in a fourteen-county area.
- 3.5.8** Give details of the assessment/reassessment and intake/registration process to be used. Include information related to level of care certification.
- 3.5.9** Discuss service (care) plan development. Include information about the service plan's relevance to the assessment data. Who will be involved in the care plan development process? Describe how individualized service plans are designed for each person receiving CCSP services.
- 3.5.10** Describe policies that ensure that services will be delivered in accordance with the service plan.
- 3.5.11** Describe service plan implementation and brokering of services.

- 3.5.12** Provide details about the ability/willingness of agency staff to assist clients in locating and accessing community resources outside the aging network when the need is indicated.
- 3.5.13** Describe how your agency will resolve client issues effectively and timely.
- 3.5.14** Describe how you will interface with the AAA's Gateway and their management of the waiting list.
- 3.5.15** Describe plans to comply with standard of promptness guidelines.
- 3.5.16** Explain how you will ensure that CCSP clients will have access to CCSP Care Coordination staff 24 hours per day, seven (7) days per week.
- 3.5.17** Describe how CCSP client data contained on computers and mobile devices (desktop computers, servers, laptops, USB drives, etc...) will be properly protected to ensure that sensitive data is not released and/or subject to loss.
- 3.5.18** If CCSP staff will utilize laptops during care coordination visits to clients' homes, discuss your agency(ies)'s plans to secure data while it is out of the office.

3.6 SERVICE TO SPECIAL POPULATIONS

Describe any special materials or techniques you have developed to serve special needs populations. In doing so, you must address the following:

- 3.6.1** What methods will you use to provide services to Limited English Proficiency/Sensory Impaired (LEP/SI) clients.
- 3.6.2** Explain plans to ensure that current clients who need additional services are appropriately referred, including plans to ensure compliance with mandated reporting for abuse, neglect, and exploitation.

3.7 OUTCOME MEASUREMENTS

List the outcome(s) proposed to measure for this service and how you will measure them. Identify the specific staff position responsible for determining and measuring outcomes for this service. In identifying outcome measurements, develop the following:

- 3.7.1** Objectives: What results are intended? Objectives should have a definite time frame and should always be measurable. List as many objectives as needed.
- 3.7.2** Action Steps: State what tasks or activities must be completed to achieve the objective; who is responsible for them; and when they will be completed.
- 3.7.3** List as many action steps as needed to accomplish the objective.
- 3.7.4** Performance Measure: What results will indicate that the objective has been achieved? How will success be measured?

Sample performance goals, objectives, and performance measures and a blank chart are included on the following pages.

//////////////////// This space left intentionally blank //////////////////////

DUE DATE: January 4, 2013 by 5:00 p.m.

AoA GOAL# 1: Empower older people to stay active and healthy through Older Americans Act services and the new prevention benefits under Medicare.

Name of Service or Program: **Nutrition Program - Objective # 1**

| Goal 1 - Objective #1 | Annual Performance Measure | Action Steps | Annual Update on Objective |
|--|---|--|--|
| <p>The objective should state what will be accomplished; when it will happen and why the outcome is needed.</p> | <p>Describe <u>quantifiable</u> annual performance measure that assures stated objective/outcome will be <u>achieved</u>. If this is the first year for measuring this objective, then state how baseline is calculated.</p> | <p>Describe <u>realistic</u> and specific action steps needed and state date to be completed and person responsible to accomplish this task (<u>When and Who</u>).</p> | <p>Brief update on the progress toward meeting this objective. Was it met or not met? What was the measurable outcome at the end of fiscal year? (Reported in next Area Plan)</p> |
| <p>Goal 1 - Objective #1 SFY 2012</p> | <p>SFY 2012</p> | <p>SFY 2012</p> | <p>SFY 2012</p> |
| <p>Increase customer satisfaction with Home Delivered Meals by 2015 by 20% to assure meal consumption to meet nutritional needs of HDM clients.</p> | <p>Establish a baseline for customer satisfaction by surveying 25% of HDM clients by June, 2012 to determine if clients were not satisfied, somewhat satisfied, satisfied, very satisfied or extremely satisfied with the meals they received.</p> | <ol style="list-style-type: none"> 1. AAA Monitor will review and update customer satisfaction survey by September, 2011. 2. AIMS data specialist will obtain a 25% HDM clients currently receiving meals for the survey for July - December, 2011 sample by January 30, 2012. 3. Surveys will be administered between February – March, 2012 4. AAA Monitor will compile and report on the baseline data for SFY 2012 | <p>Example of Annual Update:</p> <p>In SFY 2012, of the 300 HDM clients, 25% were surveyed. Of the 75 clients surveyed, 70% expressed very satisfied or extremely satisfied for the meals they received.</p> |

| Goal 1 - Objective # 1 SFY 2013 | SFY 2013 | SFY 2013 | SFY 2013 |
|--|---|--|--|
| <p>Increase customer satisfaction with Home Delivered Meals by 2015 by 20% to assure meal consumption to meet nutritional needs of HDM clients.</p> | <p>HDM clients will increase customer satisfaction by 5% over established baseline in SFY 2012</p> | <ol style="list-style-type: none"> 1. AAA Monitor will follow-up with those clients who expressed not satisfied, somewhat satisfied with HDM meals by September, 2012 to determine the root cause. 2. AIMS data specialist will obtain a 25% HDM clients currently receiving meals for the survey sample for July-December, 2012 data by January 30, 2013. 3. Surveys will be administered between February-March, 2013. 4. AAA Monitor will compile the report for SFY 2013 and determine the percentage of increase when compared to the baseline data by June 30, 2012. | <p>Example of Annual Update:</p> <p>In SFY 2013, 78% of clients expressed very satisfied or extremely satisfied for the meals they received.</p> |

| Goal 1 - Objective # 1 SFY 2014 | SFY 2014 | SFY 2014 | SFY 2014 |
|--|--|--|--|
| <p>Increase customer satisfaction with Home Delivered Meals by 2015 by 20% to assure meal consumption to meet nutritional needs of HDM clients.</p> | <p>HDM clients will increase customer satisfaction by 10% over established baseline in SFY 2012</p> | <ol style="list-style-type: none"> 1. AAA Monitor will follow-up to those clients who expressed not satisfied, somewhat satisfied with HDM meals by September, 2013 to determine the root cause. 2. AAA director will meet with the food vendor to address the quality issues by October, 2013. 3. AIMS data specialist will obtain a 25% HDM clients currently receiving meals for the survey sample for July-December, 2013 data by January 30, 2014. 4. Surveys will be administered between February- March, 2014. 5. AAA Monitor will compile the report for SFY 2014 and determine the percentage of increase when compared to the baseline data by June 30, 2012. | <p>Example of Annual Update:</p> <p>In SFY 2014, 85% of clients expressed very satisfied or extremely satisfied for the meals they received.</p> |

| Goal 1 - Objective # 1 SFY 2015 | SFY 2015 | SFY 2015 | SFY 2015 |
|---|---|--|---|
| <p>Increase customer satisfaction with Home Delivered Meals by 2015 by 20% to assure meal consumption to meet nutritional needs of HDM clients.</p> | <p>HDM clients will increase customer satisfaction by 15% over established baseline in SFY 2012</p> | <ol style="list-style-type: none"> 1. AAA Monitor will follow-up with those clients who expressed not satisfied, somewhat satisfied with HDM meals by September, 2014 to determine the root cause. 2. AAA director will meet with the food vendor to address the quality issues by October, 2014. 3. AIMS data specialist will obtain a 25% HDM clients currently receiving meals for the survey sample for July-December, 2014 data by January 30, 2015. 4. Surveys will be administered between February-March, 2015. 5. AAA Monitor will compile the report for SFY 2015 and determine the percentage of increase when compared to the baseline data by June 30, 2012. | <p>Example of Annual Update:</p> <p>In SFY 2015, 92% of clients expressed very satisfied or extremely satisfied for the meals they received.</p> |

DUE DATE: January 4, 2013 by 5:00 p.m.

AoA GOAL# 1: _____

Name of Service or Program: **Nutrition Program - Objective # 1**

| Goal 1 - Objective #1 | Annual Performance Measure | Action Steps | Annual Update on Objective |
|--|--|---|--|
| The objective should state what will be accomplished; when it will happen and why the outcome is needed. | Describe <u>quantifiable</u> annual performance measure that assures stated objective/outcome will be <u>achieved</u> . If this is the first year for measuring this objective, then state how baseline is calculated. | Describe <u>realistic</u> and specific action steps needed and state date to be completed and person responsible to accomplish this task (<u>When and Who</u>). | Brief update on the progress toward meeting this objective. Was it met or not met? What was the measurable outcome at the end of fiscal year? (Reported in next Area Plan) |
| <p align="center">Goal 1 - Objective #1</p> <p align="center">SFY 2012</p> | <p align="center">SFY 2012</p> | <p align="center">SFY 2012</p> | <p align="center">SFY 2012</p> |
| | | | |

DUE DATE: January 4, 2013 by 5:00 p.m.

| Goal 1 - Objective # 1 | SFY 2013 | SFY 2013 | SFY 2013 |
|-------------------------------|-----------------|-----------------|----------------------------------|
| SFY 2013 | | | |
| | | | Example of Annual Update: |

DUE DATE: January 4, 2013 by 5:00 p.m.

| Goal 1 - Objective # 1 | SFY 2014 | SFY 2014 | SFY 2014 |
|-------------------------------|-----------------|-----------------|-----------------|
| SFY 2014 | | | |
| | | | |

DUE DATE: January 4, 2013 by 5:00 p.m.

| Goal 1 - Objective # 1 SFY 2015 | SFY 2015 | SFY 2015 | SFY 2015 |
|--|-----------------|-----------------|-----------------|
| | | | |



ATTACHMENT E

BUDGET

A budget to include each service the Responder is proposing to provide must be developed for twelve (12) months, running from July 1, 2013 to June 30, 2014. **The Responder will develop this annual budget using the Uniform Cost Methodology Excel Spreadsheet as prescribed by the Division of Aging Services. (All spreadsheets are on the enclosed disk.)**

The purpose of the Uniform Cost Methodology is to have all providers and subgrantees of aging services to calculate service costs in the same fashion, treating costs in a consistent manner on a statewide basis. This process assures a uniform method for allocating costs to programs and services. Each provider will complete the Uniform Cost Methodology Excel spreadsheet to allocate costs according to the methodology developed for the Division of Aging Services. In addition, a revenue spreadsheet has been developed on Microsoft Excel to capture the revenue that will be used to cover the costs as defined in the Uniform Cost Methodology Spreadsheet.

The budget section includes the following documents-in Microsoft Excel:

Budget Form for Costs - Uniform Cost Methodology Spreadsheet: This details all expenses for all programs and services - regardless of fund source. This represents the agency's total annual budget if the agency is providing only aging services. If it is a government agency, then the spreadsheet can reflect that segment of aging program as long as there is no staff or resources shared with other programs or services. See the Uniform Cost Methodology Manual for details on how to complete this spreadsheet. (See Microsoft Excel Spreadsheet - adjust printing size as needed)

Revenue Form - Non Unit Cost Reimbursed Budget Form: This details all sources of funding for each service *that is not paid by Unit Cost*. Detail the total expenditures from the Uniform Cost Methodology Spreadsheet. This spreadsheet details all the potential fund sources based on the Division of Aging Services Chart of Accounts. Please use these fund sources from the Chart of Accounts to describe how the expenditures detailed in the Uniform Cost Methodology Spreadsheet will be covered. Include all fund sources utilized to meet total program costs in accordance with the Federal Administration on Aging reporting requirements. (See Microsoft Excel Spreadsheet - **print portrait.**)

Revenue Form - Unit Cost Reimbursed Budget Form: This details services that are reimbursed by unit cost only and includes total units plus the source(s) of revenue paying for each of those units. (See Microsoft Excel Spreadsheet - print landscape)

Units and Persons Form: This details proposed service delivery by provider, provider site, service, etc. This information is required to create records in AIMS for the Area Plan documents.

//////////////////// This space left intentionally blank //////////////////////

//////////////////// This space left intentionally blank //////////////////////



SECTION D - ASSURANCES

Contractual and Administrative Assurances

The following assurances must be signed and included with the response.

- General Financial Requirements and Assurances
- Contractual and Standard Program Assurances
- Assurance of Compliance with Title VI of the Civil Rights Act of 1964, As Amended
- Assurance of Compliance with Section 504 of the Rehabilitation Act of 1973, As Amended and the Americans' with Disabilities Act of 1990, As Amended
- Certification Regarding Debarment, Suspension, and Other Responsibility Matters
- Disclosure of Lobbying Activities
- Health Insurance Portability Act Business Associate Agreement
- Certification of Non-Collusion
- Conflict of Interest Disclosures
- E-Verify Certification

//////////////////// This space left intentionally blank //////////////////////

//////////////////// This space left intentionally blank //////////////////////

//////////////////// This space left intentionally blank //////////////////////

//////////////////// This space left intentionally blank //////////////////////

//////////////////// This space left intentionally blank //////////////////////

//////////////////// This space left intentionally blank //////////////////////

//////////////////// This space left intentionally blank //////////////////////

GENERAL FINANCIAL REQUIREMENTS AND ASSURANCES

The Responder/provider assures that the following general financial conditions are understood and will be met as a requirement for entering into a contract with the CSRA Regional Commission (CSRA RC), Area Agency on Aging for aging services:

Initial Each:

- _____ 1. I understand that the CSRA Regional Commission, Area Agency on Aging shall have the right to suspend/withhold payment if conditions of the contract are not met.
- _____ 2. I understand that CSRA RC shall not be liable for non-payment or late payment for services rendered if aging funds are not available or have not been received from the Georgia Division of Aging or Federal Administration on Aging.
- _____ 3. I understand that CSRA RC shall base all payments to contractors upon unit costs developed utilizing the Uniform Cost Methodology except in those cases where services have been exempted by the DHS Division of Aging Services.
- _____ 4. I understand that required monthly program reports must be submitted on the 5th business day following the end of the month of service and that failure to do so may result in a delay in payment.
- _____ 5. I understand that the financial reports must be submitted by the end of business on the 5th following the end of the month of service. Failure to submit reports by this date can jeopardize timely reimbursement.
- _____ 6. I understand that federal, state, and program income are restricted funds and must be spent during this fiscal year. Minimum required match is the minimum non-federal funds necessary to earn the federal and state funds for the program.
- _____ 7. I understand that program income is funds voluntarily donated by the participants of the program to increase or maintain services. Included in the budget is an estimate of the funds to be collected during this next fiscal year and is based on past history of such collections of program income from participants of the program.
- _____ 8. I understand this budget is for a period that runs from July 1, 2013 to June 30, 2014.
- _____ 9. I understand that I will provide no less than 250 days of service per year for the nutrition program (if applicable to this response).
- _____ 10. I understand that all other services will be available no less than 250 days per year and will be based on client or caregiver needs and/or care plans.

I HAVE REVIEWED, UNDERSTAND AND AGREE TO ABIDE BY THE FINANCIAL CONDITIONS AS STATED ABOVE.

Name of Responder (typed or printed)

Title (typed or printed)

Signature of Legally Authorized Person

Date

CONTRACTUAL AND STANDARD PROGRAM ASSURANCES

The Responder/provider assures the following general conditions will be met as a requirement for entering a contract with for aging services:

1. Assures compliance with Older Americans Act, Social Services Block Grant, Community Care Services Program, and other funding sources as well as all federal, state laws, standards, policies and procedures. Also assures the compliance with Area Agency on Aging Administrative, Program, and Gateway requirements regarding administration and delivery of aging services.
2. Assures the provision of training to staff and volunteers as needed and/or required.
3. Assures the priorities established by the Area Agency on Aging for serving older persons with greatest economic or social need are met.
4. Assures the establishment of an opportunity for recipients of services the opportunity to contribute toward services provided. Documentation of program income must be kept on file and reported monthly to Area Agency on Aging.
5. Assures that aging services will not be denied to any older person because they cannot or will not contribute toward the cost of the service for Title III services.
6. Assures that funds received through voluntary contributions from program participants will not be used to replace funds from other non-federal sources, but will be used to maintain or expand aging services provided under this contract.
7. Assures support from private or public sources to expand services funded through the Area Agency on Aging.
8. Assures that criminal record checks are performed for all employees who have direct contact with program participants.
9. Assures that it will supply an annual audit in accordance with the provisions of the 1359 Audit Law. Copies of all reports resulting from said audits shall be furnished to the Area Agency on Aging no later than 180 days after the fiscal year ends as detailed in the current contract.
10. Assures records relating to the aging programs are kept on file for at least six (6) years after the end of the contract period.
11. Assures all services provided under this program will meet current state and local licensure safety and insurance requirements for the provision of those services.
12. Assures contracts for subcontracted services are submitted to Area Agency on Aging for review and approval **prior** to the service beginning.
13. Assures written personnel policies affecting agency staff have been developed to include, but not limited to, written job descriptions for each position; evaluations of job performance, annual leave, sick leave, holiday schedules, normal working hours, and compensatory time. Personnel policies and hiring policies are in compliance with federal and state

laws regarding employment and payroll practices.

14. Assures Responder has written client grievance and personnel grievance procedures have been developed, posted, and distributed to clients and personnel.
15. Assures Responder has policies prohibiting the release of any client's name, medical records or conditions, or other identifying information to any persons outside the agency without first obtaining the expressed consent of the client. The agency shall also require all subcontracting agencies performing services to adhere to similar policies concerning client confidentiality.
16. Assures coordination with other aging programs and services in the community.
17. Assures effective financial management of funds allocated to the aging programs utilizing the Uniform Cost Methodology.
18. Assure compliance with existing regulations and all relevant and current circulars from the Office of Planning and Budget for determination and allowableness of costs in connection with federal/state contracts and grants.
19. Assures the accurate and timely reporting of programmatic and financial information to the Area Agency on Aging, state and federal government as required.
20. Assures a method is implemented to obtain client feedback on services provided to maintain quality of programs.
21. Assures access to all program and agency records by the Area Agency on Aging, DHS Division of Aging Services and other federal or state officials or auditors as needed.
22. Assures cooperation in the use of any facility, equipment or resources owned or operated by DHS which may be required in the event of a declared emergency or disaster.
23. Assures cooperation in the transition of any service subsequently contracted to another vendor/contractor.

I HAVE REVIEWED, UNDERSTAND, AND AGREE TO ABIDE BY ALL CONDITIONS (1 – 23) AS STATED.

Name of Responder (typed or printed)

Title (typed or printed)

Signature of Legally Authorized Person

Date



**ASSURANCE OF COMPLIANCE WITH TITLE VI OF THE
CIVIL RIGHTS ACT OF 1964, AS AMENDED**

THE RESPONDER HEREBY AGREES THAT it will comply with Title VI of the Civil Rights Act of 1964, as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 80) issued pursuant to that title, to the end that, in accordance with Title VI and the Act and the Regulation, no person in the United States shall, on the ground of political affiliation, religion, race, color, sex, handicap, age, or national origin, be excluded from participation in, be denied the benefits of or be otherwise subjected to discrimination under any program or activity financed in whole or in part by federal funds, which the RESPONDER provides or participates directly through a contractual or other arrangement.

The RESPONDER agrees to make no distinction on the ground of political affiliation, religion, race, color, sex, handicap, age, or national origin with respect to admission policy or procedure or in the provision of any aid, care, service or other benefits to individuals admitted or seeking admission to the RESPONDER.

This assurance is given in consideration of and for the purpose of receiving any and all payments from state agencies receiving federal grants. The RESPONDER recognizes and agrees that state agency financial payments will be extended in reliance on the presentations and agreements made in this assurance, and that the United States shall have the right to seek judicial enforcement of this assurance.

The assurance is binding on the RESPONDER, its successors, transferees, and assignees, and the persons whose signatures appear below are authorized to sign this assurance on behalf of the RESPONDER.

Name of Responder (typed or printed)

Title (typed or printed)

Signature of Legally Authorized Person

Date

**ASSURANCE OF COMPLIANCE WITH SECTION 504 OF THE
REHABILITATION ACT OF 1973, AS AMENDED, AND THE
AMERICANS WITH DISABILITIES ACT OF 1990, AS AMENDED**

The RESPONDER HEREBY AGREES THAT it will comply with Section 504 of the Rehabilitation Act of 1973, as amended, and the Americans with Disabilities Act of 1990, as amended, and all requirements imposed by the applicable DHHS regulation (45 CFR Part 84) and all guidelines and interpretations issued pursuant thereto.

Pursuant to sub-section 84.5(a) of the regulation (45 CFR 84.5(a)), the RESPONDER gives this Assurance in consideration of and for the purpose of obtaining any and all federal grants, loans, contracts (except procurement contracts and contracts of insurance or guaranty), property, discounts, or other federal financial assistance extended by the Department of Health and Human Services after the date of this Assurance, including payments or other assistance made after such date on Responses for federal financial assistance that were approved before such date.

The RESPONDER recognizes and agrees that such federal financial assistance will be extended in reliance on the representations and agreements made in this Assurance and that the United States will have the right to enforce this Assurance through lawful means. This Assurance is binding on the RESPONDER, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this Assurance on behalf of the recipient.

This Assurance obligates the recipient for the period during which federal assistance is extended by it to the Department of Health and Human Services or, where the assistance is in the form of real property, for the period provided for in sub-section 84.5(b) of the regulation (45 CFR 84.5(b)).

The RESPONDER: (check (a) or {b})

- a. _____ Employs fewer than fifteen (15) persons.
- b. _____ Employs fifteen (15) or more persons and, pursuant to sub-section 84.7(a) of the regulation (45 CFR 84.7(a)), has designated the following person(s) to coordinate its efforts to comply with the DHHS regulation.

Name of Compliance Person

Employer Identification # (IRS #)

I certify that this information is complete and correct to the best of my knowledge.

Name of Responder (typed or printed)

Title (typed or printed)

Signature of Legally Authorized Person

Date

**CERTIFICATION
REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY
AND VOLUNTARY EXCLUSION FOR COVERED CONTRACTS AND GRANTS**

Federal Executive Order 12549 requires the Area Agency on Aging (AAA) to screen each covered potential contractor/grantee to determine whether each has a right to obtain a contract/grant in accordance with federal regulations on debarment, suspension, ineligibility, and voluntary exclusion. Each covered contractor/grantee must also screen each of its covered subcontractors/providers.

In this certification “contractor/grantee” refers to both contractor/grantee and subcontractor/sub-grantee: “contract/grant” refers to both contract/grant and subcontract/subgrant. By signing and submitting this certification the potential contractor/grantee accepts the following terms:

1. The certification herein below is a material representation of fact upon which reliance was placed when this contract/grant was entered into. If it is later determined that the potential contractor/grantee knowingly rendered an erroneous certification, in addition to other remedies available to the federal government, the Department of Health and Human Services, United States Department of Agriculture or other federal department or agency, the Georgia Department of Human Services,, or the CSRA Regional Commission may pursue available remedies, including suspension and/or debarment.
2. The potential contractor/grantee shall provide immediate written notice to the person to whom this certification is submitted if at any time the potential contractor/grantee learns that the certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
3. The words “covered contract,” “debarred,” “suspended,” “ineligible,” “participant,” “person,” “principal”, “response,” and “voluntarily excluded,” as used in this certification have meanings based upon materials in the Definitions and Coverage sections of federal rules implementing Executive Order 12549. Usage is as defined in the attachment.
4. The potential contractor/grantee agrees by submitting this certification that, should the proposed covered contract/grant be entered into, it shall not knowingly enter into any subcontract with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the Department of Health and Human Services, United States Department of Agriculture or other federal department or agency, the Georgia Department of Human Services and/or the CSRA Regional Commission as applicable.

Do you have or do you anticipate having subcontractors/subgrantees under this proposed contract?

_____ YES _____ NO

5. The potential contractor/grantee further agrees by submitting this certification that it will include this certification titled “Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion for Covered Contracts and Grants” without modification, in all covered subcontracts and in solicitations for all covered subcontracts.

6. A contractor/grantee may rely upon a certification of a potential subcontractor/subgrantee that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered contract/grant, unless it knows that the certification is erroneous. A contractor/grantee must, at a minimum, obtain certifications from its covered subcontractors/subgrantees upon each subcontract's/subgrant's initiation and upon each renewal.

7. Nothing contained in all 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 certification document. The knowledge and information of a contractor/grantee is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

8. Except for contracts/grants authorized under paragraph 4 of these terms, if a contractor/grantee in a covered contract/grant knowingly enters into a covered subcontract/subgrant with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in the transaction, in addition to other remedies available to the federal government, Department of Health and Human Services, United States Department of Agriculture, or other federal department or agency, as applicable, the Georgia Department of Human Services, or other state department or agency, as applicable, and/or the CSRA Regional Commission may pursue available remedies, including suspension and or debarment.

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION FOR COVERED CONTRACTS AND GRANTS.

Indicate which statement applies to the covered potential contractor/grantee:

_____ The potential contractor/grantee certifies, by submission of this certification, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this contract/grant by any federal department or agency or by the State of Georgia.

_____ The potential contractor/grantee is unable to certify to one or more of the terms in this certification. In this instance, the potential contractor must attach the explanation for each of the above terms to which he is unable to make certification. Attach the explanation(s) to this certification.

NAME OF POTENTIAL CONTRACTOR/GRANTEE _____

VENDOR ID NO./FEDERAL EMPLOYER'S ID NO. _____

Signature of Authorized Representative

Printed/Typed Name of Authorized Representative

Date

Title of Authorized Representative

DISCLOSURE OF LOBBYING ACTIVITY

| | | |
|--|--|---|
| <p>1. Type of Federal Action:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>a. contract b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance</p> | <p>2. Status of Federal Action:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>a. bid/offer/response b. Initial award c. post-award</p> | <p>3. Report Type:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>a. initial filing b. material change For Material Change Only: year _____ quarter _____ date of last report _____</p> |
| <p>4. Name and Address of Reporting Entity:</p> <p>___ Prime ___ Subawardee Tier _____, if known: Congressional District, if known:</p> | <p>5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime Congressional District, if known:</p> | |
| <p>6. Federal Department/Agency:</p> | <p>7. Federal Program Name/Description CFDA Number, if applicable:</p> | |
| <p>8. Federal Action Number, if known:</p> | <p>9. Award Amount, if known: \$</p> | |
| <p>10. a. Name and Address of Lobbying Entity (if individual, last name, first name, MI): (attach Continuation Sheet(s))</p> | <p>b. Individual Performing Services (including address if different from No. 10a) (last name, first name, MI) SF-LLL-A, if necessary)</p> | |
| <p>11. Amount of Payment (check all that apply):</p> <p>\$ _____ actual _____ planned</p> | <p>13. Type of Payment (check all that apply):</p> <p>___ a. retainer ___ b. one-time fee ___ c. commission ___ d. contingent fee ___ e. deferred ___ f. other; specify: _____</p> | |
| <p>12. Form of Payment (check all that apply):</p> <p>___ a. cash ___ b. in-kind; specify: nature _____ value _____</p> | | |
| <p>14. Brief Description of Services Performed or to be Performed and Date(s) of Service, including officer(s), employee(s), or Member(s) contacted, for payment indicated in Item 11: (attach Continuation Sheet(s) SF-LLL-A, if necessary)</p> | | |
| <p>15. Continuation Sheet(s) SF-LLL-A attached: <input type="checkbox"/> Yes <input type="checkbox"/> No </p> | | |
| <p>16. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each failure.</p> | <p>Signature: _____ Print Name: _____ Title: _____ Telephone No.: _____ Date: _____</p> | |
| <p>Federal Use Only</p> | <p>Authorized for Local Reproduction Standard Form--LLL</p> | |

INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee of prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Use the SF-LLL-A Continuation Sheet for additional information if the space on the form is inadequate. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, state and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number, Invitation for Bid (IFB) number, grant announcement number, the contract, grant, or loan award number, the response/response control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting entity identified in item 4 to influence the covered Federal action.
(b) Enter the full names of the individual(s) performing services, and include full address if different from 10(a); Enter Last Name, First Name, and Middle Initial (MI).
11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (item 4) to the lobbying entity (item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material charge report, enter the cumulative amount of payment made or planned to be made.
12. Check the appropriate box(es). Check all boxes that apply. If payment is made through an in-kind contribution, specify the nature and value of the in-kind payment.
13. Check the appropriate box(es). Check all boxes that apply. If other, specify nature.
14. Provide a specific and detailed description of the services that the lobbyist has performed, or will be expected to perform, and the date(s) of any services rendered. Include all preparatory and related activity, not just time spent in actual contact with Federal officials. Identify the Federal official(s) or employee(s) contacted or the officer(s), employee(s), or Member(s) of Congress that were contacted.
15. Check whether or not a SF-LLL-A Continuation Sheet(s) is attached.
16. The certifying official shall sign and date the form, print his/her name, title and telephone number.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, D.C. 20503.

**HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT
BUSINESS ASSOCIATE AGREEMENT**

The contractor, _____, satisfactorily assures the Central Savannah River Area Regional Commission Area Agency on Aging (CSRA RC AAA) that it is in compliance with Health Insurance Portability and Accountability Act (HIPAA), Public Law No. 104-19 1, 110 Stat. 1936. (Kassenbaum, Kennedy), 45 CFR 160, et seq. (HIPAA Privacy Regulations) and its regulations, including but not limited to the Privacy rule promulgated in 45 CFR 160 and Part 164 subparts A and E, that pursuant to HIPAA became effective April 14, 2003. The contractor (provider) understands and acknowledges that the Georgia Department of Human Services is a covered entity as defined by HIPAA and is required to adopt and implement standards and procedures for the handling of protected health information by April 14, 2003. Further, as the CSRA RC Area Agency on Aging is for purposes of HIPAA, a business associate of the Georgia Department of Human Services; its contractors that provide aging related services and handle protected health information are business associates of both the CSRA RC AAA and the Department. The contractor (provider) further understands and acknowledges that upon entering a contract with the CSRA RC AAA, it is a business associate of the Georgia Department of Human Services and the CSRA RC Area Agency on Aging as defined by HIPAA and is required to agree to comply with and abide by the Department's and the CSRA RC Area Agency on Aging's privacy standards and procedures. The contractor (provider) therefore agrees that any use of protected health information pursuant to this contract will comply with all HIPAA and Department and CSRA RC AAA requirements and privacy standards and procedures.

Further, the contractor agrees to provide training for its employees as required by HIPAA. It shall provide the privacy, security, and electronic data interchange safeguards as outlined by federal law and regulations. It shall provide clients' rights, notice of privacy policies, maintain minimum necessary and de-identified information as required by HIPAA and will comply with any policies of the Georgia Department of Human Services or the CSRA RC Area Agency on Aging. The contractor further acknowledges and agrees that the Georgia Department of Human Services Division of Aging Services, including the Long-Term Care Ombudsman, and the CSRA RC Area Agency on Aging provide functions that are considered health oversight agencies in their funding, quality improvement and regulatory functions. As health oversight agencies, protected health information **must be shared with them and authorization is not required**, according to HIPAA.

I HAVE REVIEWED, UNDERSTAND AND AGREE TO ABIDE BY ALL CONDITIONS AS STATED HEREIN.

Name of Responder _____ Date: _____
(typed)

_____ Title: _____
Signature of Legally Authorized Person

CERTIFICATE OF NON-COLLUSION

FAILURE TO EXECUTE THIS CERTIFICATE WILL AUTOMATICALLY RESULT IN REJECTION OF RESPONSE

I certify that this bid and/or response is made without prior understanding, agreement, or connection with any corporation, firm, or person submitting an response for the same materials, supplies, equipment, and/or services and is in all respects fair and without collusion or fraud. I understand that collusive bidding and/or applying is a violation of State and Federal Law and can result in fines, prison sentences, and civil damage awards. I agree to abide by all conditions of this response and certify that I am authorized to sign this response for the Responder.

I HAVE REVIEWED, UNDERSTAND AND AGREE THAT THIS RESPONSE HAS BEEN DEVELOPED AND SUBMITTED WITHOUT ANY COLLUSION BETWEEN THE RESPONDER AND ANY OTHER RESPONDER.

Name of Responder: _____ Date: _____
(typed or printed)

Signature of Legally Authorized Person

Name: _____
(typed or printed)

Title: _____
(typed or printed)

//////////////////// This space left intentionally blank //////////////////////

//////////////////// This space left intentionally blank //////////////////////

CONFLICT OF INTEREST DISCLOSURES

The Central Savannah River Area Regional Commission is recognized as an Organization of Ethics under the Georgia Municipal Association’s ethics designation program. Additionally, the RC has established ethics policies that dictate that potential conflicts of interest be clearly delineated by respondents seeking to do business with the RC or its component units. Such disclosures do not necessarily prevent the Responder/respondent/Responder from being awarded contracts by the RC so long as the disclosures take place in the Request for Proposal/Response/Bid process. This form must be submitted with all responses to Central Savannah River Area Regional Commission Requests for Responses/Responses/Bids.

Name of Firm/Individual: _____

Form of Legal Entity (if applicable): _____

Address: _____

Phone: _____

Name and Title of Respondent: _____

Disclosure Certification:

If the owner(s) and/or any key personnel or immediate family members of all such personnel identified in this response have been employed by the RC or served on any of the following Boards/Authorities/Councils currently or within the past five (5) years, please check the appropriate box(es) below and attach supporting documentation² you feel is necessary to address potential conflict of interest questions which may be raised:

- _____ A former employee of the Central Savannah River Area RC
- _____ Central Savannah River Area Regional Commission’s Council
- _____ CSRA RC Historic Preservation Advisory Council
- _____ CSRA RC Area Agency on Aging Advisory Council
- _____ CSRA Business Lending (to include the following companies):
- _____ CSRA Local Development Corporation
- _____ CSRA Rural Lending Authority
- _____ CSRA Resource Development Agency
- _____ No owner, key personnel, or immediate family members serve in any capacity on the entities listed above.



By signing below, I acknowledge that the above disclosure is true and accurate as of the date signed.

Signature of Certifying Official

Date Signed

Witness

Date Signed

² All Responders applying for funds through the Area Agency on Aging must a) identify the person or persons for whom a potential conflict of interest exists, b) the relationship to any current or former board member, current of former advisory council member, or current of former employee; and c) the nature of the potential conflict. The person or persons for whom the potential conflict of interest exists shall certify that he/she will abide by all rules established by Subsection 102.12 (Conflicts of Interest) of the Georgia Department of Human Services Division of Aging Services Administrative Guidelines.

**E-Verify Certification
Affidavit Under O.C.G.A. § 13-10-91(b)(4)**

By executing this affidavit, the undersigned sub-subcontractor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services under a contract for the Coordinated Transportation System Services on behalf of agencies of the State of Georgia has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned sub-subcontractor will continue to use the federal work authorization program throughout the contract period and the undersigned sub-subcontractor will contract for the physical performance of services in satisfaction of such contract only with sub-subcontractors who present an affidavit to the sub-subcontractor with the information required by O.C.G.A. § 13-10-91(b). The undersigned sub-subcontractor shall submit, at the time of such contract, this affidavit to (name of subcontractor or sub-subcontractor with whom such sub-subcontractor has privity of contract). Additionally, the undersigned sub-subcontractor will forward notice of the receipt of any affidavit from a sub-subcontractor to (name of subcontractor or sub-subcontractor with whom such sub-subcontractor has privity of contract). Sub-subcontractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

_____ Federal Work Authorization User Identification Number

_____ Date of Authorization

_____ Name of Sub-subcontractor

_____ Name of Project

CSRA Regional Commission

_____ Name of Public Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, _____, 201__ in _____ (city), _____ (state).

_____ Signature of Authorized Officer or Agent

_____ Printed Name & Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE ____ DAY OF _____, 20__

NOTARY PUBLIC

MY COMMISSION EXPIRES:

CCSP CARE COORDINATION SERVICES SAMPLE LETTER OF TRANSMITTAL

NOTE: All Responders are required to submit a mandatory transmittal letter, which shall be in the form of a standard business letter on the Responder's letterhead and shall be signed by an individual authorized to legally bind the Responder.

SAMPLE TRANSMITTAL LETTER:

Mr. Andy Crosson, Executive Director
CSRA Regional Commission
3023 Riverwatch Pkwy, Suite A
Augusta, GA 30907

Dear Mr. Crosson:

In response to the CSRA Regional Commission's Request for Proposals, **[ENTITY NAME]** respectfully submits this response package. As the agency's **[PERSON TITLE]**, I am legally authorized to bind **[ENTITY NAME]** to the following statements, acknowledgements, and certifications:

1. The Responder is registered and in good standing with the Georgia Secretary of State to do business in the State of Georgia.
2. I am the person responsible for, or authorized to make, decisions as to the prices quoted.
3. The price(s) proposed have(s) been arrived at independently without collusion, communication, or agreement relating to such prices with any other Responder(s) or competitor(s).
4. This response does not deviate from the detailed requirements of this RFP and I acknowledge that the CSRA RC, at its sole discretion, reserves the right to reject any response containing deviations and/or to require modifications before accepting any such deviations, and/or to immediately terminate any subgrant agreement and/or contract entered into when deviations that have not been duly noted are subsequently discovered.
5. No subcontractor(s) will be used by **[ENTITY NAME]** for the proposed scope of work. **(NOTE: IF USING SUBCONTRACTORS, YOU MUST OBTAIN FROM EACH THE INFORMATION REQUESTED IN THE RFP)**
6. Our organization, and any applicable subcontractor(s), will comply with the Georgia Security and Immigration Compliance Act, which requires the verification of the work eligibility for all newly hired employees through an electronic federal work authorization program (Employment Eligibility Verification (EEV)/Basic Pilot Program).
7. Our organization and its subcontractors/subgrantees, if any, will be compliant with the Health Insurance Portability and Accountability Act (Public Law No.104-191,110 Stat. 1936), including its Privacy, Security and Electronic Data Interchange standards and regulations, and any and all signed business associate or other agreements for the CSRA RC's Area Agency on Aging and the Department of Human Services.

8. **[ENTITY NAME]** if financially solvent and capable of meeting performance requirements of this project and has submitted detailed financial data that gives a clear indication of the agency's fiscal ability to perform the scope of services as requested in the RFP.

9. You may contact from 8:00 am to 5:00 pm during business days the following person for questions regarding this proposal:

Name:

Title:

Phone:

Email:

10. I acknowledge that all responses become the property of the CSRA RC and will not be returned and that the CSRA RC will have the right to use all ideas or adaptations of ideas contained in any response received and that selection or rejection of this proposal will not affect this right.

11. I certify that no contact specifically related to this solicitation, direct or otherwise, has occurred with any employee of the CSRA RC or any Georgia Department of Human Services (DHS) Division of Aging Services staff with direct involvement with this RFP process, except as permitted by the RFP, and I further acknowledge that any subcontractor(s)/subgrantee(s) listed in this response also complied with this restriction on communications as well.

12. I certify that no undisclosed conflict of interest relationship exists nor will exist during the contract/subgrant period should my organization enter into a subgrant agreement and/or contract with the CSRA RC that interferes with fair competition or is a conflict of interest.

13. I certify that no relationship exists between my organization (or its principles) and another person or organization that constitutes an undisclosed conflict of interest with respect to an existing subgrant agreement and/or contract with the AAA.

14. I acknowledge that my organization assumes all costs associated with the preparation and submission of all documents related to this RFP and that no claim will be made for payment to cover costs incurred in the preparation or submission of this response or any other costs associated with responding to any portion of this RFP.

15. I acknowledge that prior to award, the apparent winning Responder(s) will enter into discussions with the CSRA RC to resolve any subgrant agreement and/or contractual differences before an award is made and that these discussions are to be finalized and all exceptions resolved within two (2) weeks of notification, unless mutually agreed otherwise in writing, and if they are not resolved in that time, this could lead to rejection of the Responder(s)'s response and discussions initiated with the Responder(s) deemed by the CSRA RC, in its sole discretion, to be the next most responsive Responder(s).

16. I acknowledge that the CSRA RC, in its sole discretion, may make any award(s) to the Responder(s) whose Response is the most responsive for the particular contract, best addresses the work to be performed, taking into consideration factors such as price, potential ability to perform successfully under the terms and conditions of the contract, analysis of the applicable Unit Cost Methodology or other cost analysis, relevant past project experience/qualifications, organizational capacity, budget/financial capacity, and responses to the scope of work and performance overview sections of this response.

17. I acknowledge that the CSRA RC reserves the right, in its sole discretion, to contact any and/or all Responder(s) after receiving the Responder(s)'s response to this RFP to seek clarification of any portion thereof and that the CSRA RC reserves the right to request additional information and/or sample products from any and/or all Responder(s) if the CSRA RC deems, in its sole discretion, such information necessary to further evaluate the Responder(s)'s qualifications and/or capacity to perform.
18. I acknowledge that by responding to this RFP, this response may be reviewed by a review committee assembled by the CSRA RC, at its sole discretion, which may or may not include staff of the CSRA RC and/or independent individual(s), and that any notes and/or discussions generated during the review by the review committee are private and will not be shared with any Responder(s) and only a compilation of each Responder(s)'s average score (generated by averaging the score assigned by each reviewer for that Responder(s)) may be made available only at the end of the award of this RFP.
19. I acknowledge that the successful Responder(s) to this RFP may be recognized by the CSRA RC, at the CSRA RC's sole discretion, as the qualified food vendor(s) for the applicable Area Agency on Aging service area for each fiscal year in the planning period covered by this RFP (July 1, 2011 to June 30, 2015). In the event the CSRA RC decides, in its sole discretion, to seek to qualify a new food vendor(s), a new RFP will be issued.
20. I acknowledge that this RFP covers the CSRA RC's Area Agency on Aging planning period, which begins on July 1, 2011 and ends on June 30, 2015 and that any contract(s)/subgrant/cooperative agreement(s) issued as a result of this RFP will be awarded on a one (1) year basis to conform with the CSRA RC's fiscal year (July 1st to June 30th).
21. I acknowledge that inclusion in the CSRA RC's Area Agency on Aging's Area Plan does not guarantee or imply any grant award/contract for the immediate or any subsequent year.
22. I acknowledge that any/all contract(s)/subgrant agreement(s) resulting from this Request for Proposal process are contingent on the availability of funds from the Georgia Department of Human Services (DHS) Division of Aging Services and that the terms and conditions of the CSRA RC's contract with DHS and any subsequent policy decisions, laws or regulations shall be applied to the contractor(s)/subgrantee(s) chosen through this process.
23. I acknowledge that subgrant agreements, contracts, and cooperative agreements issued as a result of this RFP may be amended, by mutual agreement, from time-to-time whenever adjustments are needed because of changes in the CSRA RC's funding sources, and that any such agreement(s)/contract(s) may be immediately terminated by the CSRA RC if mutual agreement cannot be reached.
24. I acknowledge that, notwithstanding any other certifications to the contrary, the CSRA RC may terminate any contract(s)/subgrant agreement(s) issued as a result of this RFP due to non-availability of funds, due to default, or for cause, or for convenience, at any time by giving thirty (30) days notice.
25. I acknowledge that the CSRA RC reserves the right, in its sole discretion, to cancel the RFP at any time, to amend the RFP before the due date for responses, to alter the time tables for procurement as set forth in the RFP prior to the due date, to reject any and all responses submitted, and/or to waive any and/or all technicalities or formalities and that awarding of any and/or all contracts and periodic payments during the grant period is contingent upon receipt of local, state and federal funds during the contract period.

- 26. I acknowledge that I understand the appeal process as outlined in the “Appeal of Award Decision” section of this RFP and that the appeal decision of the RC’s Council is final and binding.
- 27. I acknowledge that after the RC’s Executive Director or Council (as applicable) issues its appeal decision, any dispute that shall arise as to the RFP process shall be referred to a(n) arbitrator(s) selected in accordance with the rules of the American Arbitration Association, and such dispute shall be settled by arbitration in accordance with the rules prescribed by the CSRA RC, and judgment upon the award rendered by the arbitrator(s) may be entered in any court of competent jurisdiction, and that the party requesting arbitration and the CSRA RC shall share the cost of the arbitration process equally.
- 28. I acknowledge that in any prior subgrant agreements, contracts, or cooperative agreements between my organization and the CSRA RC’s Area Agency on Aging, obligations set forth under the previous agreement(s)/contract(s) were successfully met.
- 29. I certify that I have read, understand, and accept all other terms, conditions, criteria, and requirements set forth in this RFP.

Should you have any questions, or need any additional information, please do not hesitate to contact me.

Sincerely

NAME
TITLE

//////////////////// This space left intentionally blank //////////////////////

//////////////////// This space left intentionally blank //////////////////////

//////////////////// This space left intentionally blank //////////////////////

//////////////////// This space left intentionally blank //////////////////////

//////////////////// This space left intentionally blank //////////////////////

//////////////////// This space left intentionally blank //////////////////////