

LOWER RIO GRANDE VALLEY DEVELOPMENT COUNCIL

**CONTRACTOR SOLICITATION
Direct Purchase of Services
No: 2019-09**

“CONTRACTOR SOLICITATION – Direct Purchase of Services”

ISSUE DATE: AUGUST 14th, 2019

**SOLICITATION DEADLINE: SEPTEMBER 13th, 2019
by 3PM**



**LOWER RIO GRANDE VALLEY DEVELOPMENT COUNCIL
301 WEST RAILROAD
WESLACO, TEXAS 78596
WWW.LRGVDC.ORG**



Fiscal Year 2020

October 1, 2019 through September 30, 2020 Solicitation

Direct Purchase of Services

SUBMIT APPLICATION TO:

Lower Rio Grande Valley Development Council

Area Agency on Aging

Attn: Procurement Department

301 W. Railroad St. Building "D"

Weslaco, TX 78596

(956) 682-3481

*The Area Agency on Aging is a program of the **Lower Rio Grande Valley Development Council** and funded by the Texas Health and Human Services. Serving Cameron, Hidalgo and Willacy Counties*

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SOLICITATION FOR CONTRACTORS TO PROVIDE DIRECT PURCHASED SERVICES FISCAL YEAR 2020

The Area Agency on Aging of the Lower Rio Grande Valley (AAA) is designated by the Texas Health and Human Services (HHS) to be the focal point for services to persons 60 or older within the AAA's region. The AAA administers services funded by the Older Americans Act (OAA) with emphasis placed on frail, rural, low income, minority and limited English individuals. The AAA purchases various short-term services for eligible clients. Services are purchased from appropriate contractors that have completed a Direct Purchase of Service (DPS) application and have executed a Contractor Agreement with the AAA. Organizations eligible to apply include private non-profit and local city-county governmental entities which have the capacity to meet the requirements of service delivery under Direct Purchase of Services (DPS) procedures.

Interested parties may apply for consideration for participation in the contractor pool by submitting a completed and signed DPS application, including all required attachments and certification regarding debarment. The information regarding specific requirements, scope and limitations for each service is available in the proposal packet. If the application is approved by the AAA, a contractor agreement may be executed. **Debarred and suspended parties are ineligible to apply for funding and are excluded from participating in this program.**

Proposals should address one or more of the following services

- MEDICATIONS - purchase and delivery of medications and medical supplies;
 - For this solicitation, #2019-09, emphasis will be on service delivery in Cameron and Willacy Counties
- RESIDENTIAL MODIFICATIONS - material and labor for repair work in the home, i.e. ramps, modification of tubs, grab bars, widening doors. **MUST MEET ADA STANDARDS.**
 - For this solicitation, #2019-09, emphasis will be on service delivery in Cameron and Willacy Counties
- TRANSPORTATION - trips to and from health-related services, for handicap patients/clients accessible vehicle equipped must be available no exceptions. Service provided to all areas of Hidalgo, Cameron, and Willacy Counties is needed.

**Sealed applications, either mailed or hand-delivered ARE DUE ON:
September 13, 2019 by 3:00 p.m. at the LRGVDC-AAA office:**

301 W. Railroad St. Building "D", Weslaco, Texas 78596

ATTN: Procurement Department

The applications must be completed as set forth in the SFC instructions.
FAXED OR EMAILED APPLICATIONS WILL NOT BE ACCEPTED.

Contractor Application Requirements

- A. Purpose - Contractor applications are for the provision of services on a Direct Purchase of Service (DPS) basis to qualified participants eligible to receive services under Title III of the Older Americans Act of 1965, as amended, and state general revenue of funds.
- B. Eligibility to apply - Organizations eligible to be included in the Vendor Pool are private non-profit, private for profit (businesses), and local city/county governmental entities, which have the capacity to meet the requirements of service delivery under DPS procedures.
1. For profit Applicants: Private for-profit entities applying to be included in the Vendor Pool will not require approval by the Texas Health and Human Services prior to beginning of service delivery.
 2. Debarred/Suspended Parties: Debarred or suspended parties from participating in contracting with the federal government are ineligible to be included in the Vendor Pool and are excluded for participation in this program as it is assisted by federal funding.
 3. Conflict of Interest: Area Agencies on Aging (AAA) and their governing Boards shall seek to avoid conflict of interests, in fact and perception, and provide proper notification when potential conflict of interest does occur.
 4. Litigation: Applicant must disclose any pending litigation related to the delivery of the proposed service or services.
- C. Contact Person - The person to be contacted regarding the particulars detailed in this application is as follows:
- Lower Rio Grande Valley Development Council
Area Agency on Aging
301 W. Railroad St.
Weslaco, Texas 78596
Telephone: (956) 682-3481
ATTN: Procurement Department
All inquiries are to be submitted by email to
lrgvdc@lrgvdc.org
- D. Definition of Direct Purchase of Service (DPS)- DPS is a contracting methodology for the purchase of services on a client by client basis in lieu of annualized contracting or a fixed sum basis. It is a procurement methodology that provides flexibility in the purchasing of services for participants in Title III Programs. Contractors are identified through the solicitation process and a formalization of their status in a vendor pool is accomplished by issuance of an agreement.
- E. Contract Periods - Contractors are identified through the solicitation process and a formalization of their status in a vendor pool is accomplished by issuance of a written agreement.
- F. Application Process - Interested parties may apply for consideration in the vendor pool by submitting a completed and signed direct purchase application and signed originals of standard assurances required by the federal and state law regarding compliance with Section 504 of the Rehabilitation Act of 1973, as amended, Title VI of the Civil Rights Act of 1964, American with Disabilities Act of 1992 and other assurances deemed appropriate by the Area Agency on Aging. Copies of these documents are attached for your information.
- G. Technical Assistance to Potential Contractors - Persons needing technical assistance may call the office at (956) 682-3481.

H. Submission - Applications received will be considered for inclusion in the direct service purchase vendor pool for FY 2020, starting October 1, 2019 through September 30, 2020. In order to be considered for an additional year contract renewal, the contractor must have no performance issues during its contractual fiscal year or must be evaluated by a committee to decide future contracts.

1. Applications must be typed or printed, complete and technically accurate at the time of submission. Applications should be submitted (original and copy) on standard white paper and be clipped together rather than stapled, in a sealed envelope.
2. Applications may not be faxed. Applications may be mailed or hand-carried to the contract office. If hand-carried, ensure the envelope must contain the words:

SOLICITATION FOR CONTRACTORS TO BE OPENED BY AUTHORIZED PERSONS ONLY

3. Applications inadvertently opened by unauthorized persons will be resealed. The date and the name of the person shall be entered on the back of the envelope. This procedure is essential to preclude possible compromise of the response to the SFC.
 4. The application will conform to the formats provided as attachments. Sufficient detail should be provided to adequately present the information requested.
 5. All copies will be signed by the Executive Director, Chairman of the Board or other authorized official.
 6. Submit sample price listing for items to be covered under this contractor application, if applicable.
 7. A cover letter will accompany the response to the SFC and identify it as the official response to the Area Agency on Aging solicitation for contractors, citing the date of publication of the SFC.
- I. Review Criteria - Proposal will be reviewed to determine if the following submission criteria was met. The following are examples of factors which may be used to evaluate the ability of the applicant to provide the services needed:
- Unit rate per unit of service;
 - Service capacity;
 - Responsive to participant needs;
 - Background or history of acceptable performance;
 - Cost effectiveness;
 - Quality of service;
 - Capacity to provide service in specified geographic areas.
- J. Certification of Acceptance - Certification of acceptance by the Area Agency on Aging of the contractors, which have qualified to be members of the service provider pool, may be formalized by a written agreement. Each of the agreements should consist of at least the following information:
- Names of the parties to the agreement;
 - Purpose of the agreement;
 - Objectives of the agreement;
 - Duties and responsibilities of the Area Agency on Aging;
 - Duties and responsibilities of the vendor;
 - Special conditions (special diets, etc.);
 - Signature of the participants to the agreement.
- K. Maintenance of records - The contractor shall retain all financial records, supporting documents, statistical records and all other records relating to its performance. All records shall be kept in the contractor's possession and maintained indefinitely if audit findings or other disputes or litigation have not been resolved. All financial records, supporting documents, statistical records and all other records relating to the contractor's performance will be maintained.

If required, components of the Health and Human Service Commission (HHSC) Client Information System will be used to acquire and maintain programmatic and fiscal records. The contractor shall give the Area Agency on Aging, the comptroller general of the State of Texas, through any authorized representatives, the access to and right to examine all records, books, papers, contracts or other documents related to the purchase of service agreement. Such right of access shall continue as long as such records, or any of them, are in existence.

- L. Evaluation - Area Agency on Aging will conduct periodic program evaluations or reviews of contractors in accordance with the memo or letter of agreement.
- M. Non-Discrimination - Vendors shall comply with Title VII of the Civil Rights Act of 1964, as amended, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination in Employment Act of 1967 (29 USC 621 et.seq.), and the Americans with Disabilities Act of January 24, 1992.
- N. Drug Free Workplace - contractors shall assure compliance with federal and state drug-free workplace laws and requirements (Federal Drug-Free Workplace Act of 1988 and Texas Senate Bill 1-1991).
- O. Confidentiality - Contractors shall have procedures to ensure no information about an older person or obtained from an older person, is disclosed in a form that identifies the person without the informed consent of the person or his/her legal representative. Confidentiality must meet HIPPA requirements.
- P. Service Charges - A contractor may not charge a participant in order to receive services.
- Q. Appeals Procedures - The rules of the Health and Human Service Commission , published as 40 TAC 257.71. Appeal Procedures for Service Providers and Applicants, et. seq., will be used as the appeals process for all disputes and appeals of all unsuccessful vendors. A copy will be made available upon request.

The following documents (included in Direct Purchase of Service packet) must be included with the proposal:

- Request for Taxpayer Identification Number and Certification (W-9);
- Non-Conflict of Interest Certification;
- Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion for Covered Contracts and Grants;
- Assurance of Compliance with Section 504 of the Rehabilitation Act of 1973;
- Assurance of Compliance with the Texas Health and Human Services Commission Regulation under Title IV of the Civil Rights Act of 1964;
- Certificate of Signatory Authority;
- A statement from applicant disclosing any pending litigation related to the delivery of the proposed service or services (not included).

SERVICE DESCRIPTIONS

TRANSPORTATION: Transportation service is defined as taking a person age 60 or over from his/her residence to any health service facility and back to his/her residence. Provider must indicate whether the service is door to door, door to curb, or curb to curb. A unit of service is defined as a one-way trip. **Handicapped clients/patients will be transported on handicap equipped vehicle.**

RESIDENTIAL REPAIR: Repairs or modifications of client occupied dwellings, which are essential for the health and safety of the occupants. Residential Repair will address the following categories: Structural; Accessibility Modifications, Safety and Security Modifications; and Home Maintenance. A unit of service is defined as one unduplicated dwelling unit repaired occupied by an elderly (60+) head of household.

MEDICATIONS & SUPPLIES: Medications is defined as any over the counter and prescription medications. A unit of service is defined as but not limited to: diapers, feeding devices, bandages, or dressings, liquid nutritional supplements, etc.

1. **In-home Respite Care-** An array of services provided to dependent older persons who need supervision. Services are provided in the client's home environment on a short-term, temporary basis while the primary caregiver is unavailable or needs relief. In addition to supervision, services may include meal preparation, housekeeping, assistance with personal care and/or social and recreational activities.
2. **Institutional/Facility Based Respite Care-** An array of services provided in a congregate or residential setting (hospital, nursing home, adult day care center) to dependent older persons who need supervision. Services are offered on a short-term, temporary basis while the primary caregiver is unavailable or needs relief. In addition to supervision, services may include, when appropriate, meals, social/recreational activities, personal care, monitoring of health status, medical procedures, and/or transportation.

NON-CONFLICT OF INTEREST CERTIFICATION

Does the Applicant have as an officer, director, employee, consultant or owner (in whole or in part):

1. A person who is currently an employee of the LRGVDC Area Agency on Aging, board member or Area Agency on Aging council member? ☐ Yes ☐ No
2. A person who is currently an employee of the LRGVDC Area Agency on Aging, board member or Area Agency on Aging advisory council member whose last day of duty with the LRGVDC was within the past two years? ☐ Yes ☐ No
3. A person who is related (see relationship key below) to a current employee of the LRGVDC Area Agency on Aging board member or Area Agency on Aging advisory council member? ☐ Yes ☐ No
4. A person who is related to a current employee of the LRGVDC Area Agency on Aging, board member or Area Agency on Aging advisory council whose last Day of duty with the LRGVDC was within the past two years? ☐ Yes ☐ No

Relationship Key	Wife	Brother	Stepdaughter	Spouse's sister
	Husband	Sister	Stepson	Spouse's brother
	Father	Son	Mother-in-law	
	Mother	Daughter	Father-in-law	

I certify that the information above is complete, true and correct to the best of my knowledge. I understand that lack of full, true and complete disclosure may be grounds for withholding payment for delivery of services and may cause contract termination.

Signature of Authorizing Official

Title

Date

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

Federal Executive Order 12549 requires the Health and Human Service Commission (HHSC) 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/subgrantee: “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 to. 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, or the Health and Human Service Commission (HHSC) may pursue available remedies, including suspension and/or debarment. Must submit printout from the System for Awards Management website <https://www.sam.gov/portal/SAM/>
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,” “proposal,” 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 of agency, and/or the Health and Human Service Commission (HHSC) 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 record 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, and/or the Health and Human Service Commission (HHSC) 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 of agency or by the State of Texas.

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

CONTRACTOR ID NO/FEDERAL EMPLOYER'S ID NO: _____

Signature of Authorized Representative

Printed/Typed Name of Authorized Representative

Date: _____

THIS CERTIFICATION IS FOR FY 2020

PERIOD BEGINNING Oct. 1, 2019 AND ENDING Sept. 30, 2020

Attachments and Assurances

CERTIFICATE OF SIGNATORY AUTHORITY

I, _____ certify that I am the legal officer or (Title)
_____ of (organization) _____
_____ ; that the authority of the agency named
herein to submit this document is derived from the following provision (check one):

1. By Laws []
2. Articles of Incorporation []
3. Other (explain): []

That this document was duly authorized under said provisions; and that _____
_____, who signed this document on behalf of said agency had
authority to sign and submit it to the Area Agency on Aging on behalf of the organization.

Signature: _____

Typed Name: _____

Title: _____

Date: _____

ASSURANCE OF COMPLIANCE
WITH THE DEPARTMENT OF HEALTH AND HUMAN SERVICES
REGULATION UNDER TITLE VI OF THE CIVIL RIGHTS ACT OF 1964

(Name of Applicant Agency) _____ (hereinafter called the "Subcontractor") HEREBY AGREES THAT it will comply with Title VI of the Civil Rights Act of 1964 (P.L. 88-352) 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 of the Act and the Regulation, no person in the United States shall on grounds of physical condition, age, race, color, creed, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Subcontractor receives Federal financial assistance from the Lower Rio Grande Valley Development Council, recipient of Federal financial assistance from the Texas Department of Aging and Disability Services (hereinafter called "Grantor"); and HEREBY GIVES ASSURANCE THAT it will immediately take any measure necessary to effectuate this agreement.

If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Subcontractor by the Grantor, this assurance shall obligate the Subcontractor or in the case of any transfer of such property, and transferee, for the period during which the real property or structure is used for purpose for which the Federal assistance is extended or for another purpose involving the provision of similar services and benefits. If any personal property so provided, this assurance shall obligate the Subcontractor for the period during which it retains ownership or possession of the property. In all other cases, this assurance shall obligate the Subcontractor for the period during which the Federal financial assistance is extended to it by the Grantor.

THIS ASSURANCE is given in consideration of and for the purpose of obtaining any and all Federal grants, loans, contracts, property, discounts or other Federal financial assistance extended after the date hereof to the Subcontractor by the Grantor, including installment payments after such date on account of applications for Federal financial assistance which were approved before such date. The Subcontractor 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 Grantor or the United States or both shall have the right to seek judicial enforcement of the assurance. This assurance is binding on the Subcontractor, its successors, transferee and assignees, and the person or persons whose signatures appear below are authorized to sign this assurance on behalf of the Subcontractor.

Signature: _____

Typed Name: _____

Title: _____

Date: _____

ASSURANCE OF COMPLIANCE
WITH SECTION 504 OF THE REHABILITATION ACT OF 1973

(Name of Applicant Agency)_____ (hereinafter called the "Subcontractor") HEREBY AGREES THAT as a condition for receiving Federal assistance under the Older Americans Act of 1965, as amended, it will comply with Section 504 of the Rehabilitation Act of 1973. The Subcontractor assures that no otherwise qualified handicapped person shall, solely by reason of his/her handicap, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity that receives or benefits from Federal financial assistance administered by the Texas Department of Aging and Disability Services and the Lower Rio Grande Valley Development Council and further assures that it will conduct and program or operate any facility so assisted in compliance with all of the requirements imposed by the Regulation, or any directive issued pursuant to that Regulation.

Signature: _____

Typed Name: _____

Title: _____

Date: _____



Please submit 1 original and 1 copy to include:

COMPLETED FY 2020 APPLICATION PACKET:

- DIRECT PURCHASE OF SERVICE FY 2020 CONTRACTOR APPLICATION/RENEWAL UPDATE
- W-9 REQUEST FOR TAXPAYER IDENTIFICATION NUMBER/CERTIFICATION
- NON CONFLICT OF INTEREST
- CERTIFICATE OF DEBARMENT
- ASSURANCE OF COMPLIANCE-Civil Rights Act
- ASSURANCE OF COMPLIANCE-Section 504
- CERTIFICATE OF SIGNATORY AUTHORITY
- SAM Report

All of the above items are included in the Application Packet.

ADDITIONALLY, PLEASE SUBMIT THE FOLLOWING:

- VALID PROOF OF LIABILITY INSURANCE
- VALID STATE LICENSE AND/OR ACCREDITATIONS



301 W. Railroad St.
Weslaco, Texas 78596
956-682-3481 (Tel)
956-682-8852 (Fax)

DIRECT PURCHASE OF SERVICE APPLICATION INFORMATION

The Area Agency on Aging of the Lower Rio Grande Valley is designated by the Texas Health and Human Services to be the focal point for services to persons 60 or older within the AAA's region. The AAA of the Lower Rio Grande Valley administers services funded by the Older Americans Act (OAA) with emphasis placed on frail, rural, low income, minority and limited English individuals. The AAA purchases various short-term services for eligible clients. Services are purchased from appropriate contractors that have completed a Direct Purchase of Service (DPS) Application form, and have executed a Contractor agreement with the AAA.

Eligibility to Apply: Organizations eligible to apply include private non-profit, private for-profit, and local city-county governmental entities, which have the capacity to meet the requirements of service delivery under DPS procedures.

Debarred/Suspended Parties: Debarred or suspended parties are ineligible to apply for funding and are excluded from participation in this program.

Definition of Direct Purchase of Service (DPS): DPS is a contracting methodology for the purchase of services by the AAA on a client-by-client basis in lieu of annualized contracting, or a fixed sum basis. It is a procurement methodology, which provides flexibility in the purchasing of services for participants in the OAA Programs.

Interested parties may apply for consideration for participation in the contractor pool by submitting a completed and signed direct purchase of service application, including all required attachments, and certification regarding debarment. If the application is approved by the AAA, a contractor agreement may be executed.

Proposals should address one or more of the following services

- IN-HOME – in-home respite care (in-home care and/or Institutional facility based) and homemaker services;
- MEDICATIONS - purchase and delivery of medications and medical supplies;
- DURABLE MEDICAL EQUIPMENT - delivery, setup and demonstrations;
- RESIDENTIAL MODIFICATIONS - material and labor for repair work in the home, i.e. ramps, modification of tubs, grab bars, widening doors. **MUST MEET ADA STANDARDS.**
- TRANSPORTATION - trips to and from health related services, for handicap patients/clients accessible vehicle equipped must be available no exceptions.
- OTHER – Diabetic foot ware and Auditory Services (hearing aids)

Sealed applications, either mailed or hand-delivered ARE DUE ON: September 13, 2019 by 3:00 p.m. at the LRGVDC-AAA office:

**301 W. Railroad St. Building "D", Weslaco, Texas 78596
ATTN: Procurement Department**

The applications must be completed as set forth in the SFC instructions.
FAXED OR EMAILED APPLICATIONS WILL NOT BE ACCEPTED.



**AREA AGENCY ON AGING OF LOWER RIO GRANDE
VALLEY DIRECT PURCHASE OF SERVICE
FISCAL YEAR 2020 CONTRACTOR APPLICATION**

Please type or clearly print application information.

_____ APPLICATION / RENEWAL (please indicate)
Contractor Name/Legal Entity

DBA (if applicable)

Physical Address:	
Mailing Address:	
Tax Identification Number (SSN or Federal ID):	Fax Number (including area code):
Type of Provider: ☐ Governmental Agency ☐ Private Non-Profit ☐ Private For Profit ☐ City Government ☐ County Government ☐ Other:	
Authorizing Official:	Title:
Email Address:	Telephone:
Billing Contact Person and billing address:	Title:
Email Address:	Telephone:
Number of Years Organization has been in business: _____ Years	Is Organization Bonded (<u>Attach</u> certificate of bonding ins.) ☐ Yes ☐ No
Has anyone involved in the direct provision of client services been convicted of a felony (In-home Services only)? ☐ Yes ☐ No	If yes, provide details:
Does Organization have liability insurance? (<u>Attach</u> certificate of all insurances) Yes No	<u>Attach a copy of all applicable State and Federal licenses and /or certifications for your business.</u>
Conflicts of Interest: Attach information of applicable names and relationship of any employee(s) or officers of your organization that may have a conflict of interest with the LRGVDC-Area Agency on Aging staff person or Advisory Council member.	

Service and Bidding Information:

1. **Proposed Service:** _____

A. Service Area:
B. Proposed AAA cost per Unit \$ _____ Standard cost per Unit: \$ _____ NOTE: For Home Repair/Modification: <u>Work Performed “As Bid” or under the \$250 rule.</u>

2. **Proposed Service:** _____

A. Service Area:
B. Proposed AAA cost per Unit \$ _____ Standard cost per Unit: \$ _____ NOTE: For Home Repair/Modification: <u>Work Performed “As Bid” or under the \$250 rule.</u>

3. **Proposed Service:** _____

A. Service Area:
B. Proposed AAA cost per Unit \$ _____ Standard cost per Unit: \$ _____ NOTE: For Home Repair/Modification: <u>Work Performed “As Bid” or under the \$250 rule.</u>

4. **Proposed Service:** _____

A. Service Area:
B. Proposed AAA cost per Unit \$ _____ Standard cost per Unit: \$ _____ NOTE: For Home Repair/Modification: <u>Work Performed “As Bid” or under the \$250 rule.</u>

NOTE: See attached service and unit definition(s) for specific service and unit information. If any rate listed above is higher than those normally charged to Medicaid eligible seniors or to other agencies, please attach a thorough explanation for the rate difference. If your agency contracts with another Area Agency on Aging and the above proposed rate is higher than the current rate given to the Lower Rio Grande Valley Area Agency on Aging, attach a thorough explanation for the rate difference.

Documentation of Standard Fees such as a fee schedule or certification of cost is required for organizations proposing to provide services at reduced rates. The Lower Rio Grande Valley Area Agency is required to provide a non-federal match for all Older Americans Act funds. The Area Agency on Aging reports the difference in rates as program match.

Additional Attachments:

- Certification of Signatory Authority
- Signed Statement indicating compliance with the Civil Rights Act of 1964
- Signed Assurance of Compliance with Section 504 of the Rehabilitation Act of 1973
- Signed Non-Conflict of Interest Certification
- Signed Certification Regarding Debarment

Signature:

I certify that the information provided in this application is true and correct to the best of my knowledge.

Printed Name/Title

Date

Authorized Signature

ATTACHMENT 1. SUBCONTRACTOR AGREEMENT FORM

DADS CONTRACT NUMBER: 539-11-0026-00001

The DUA between HHS and CONTRACTOR establishes the permitted and required uses and disclosures of Confidential Information by CONTRACTOR.

CONTRACTOR has subcontracted with _____ (SUBCONTRACTOR) for performance of duties on behalf of CONTRACTOR which are subject to the DUA. SUBCONTRACTOR acknowledges, understands and agrees to be bound by the identical terms and conditions applicable to CONTRACTOR under the DUA, incorporated by reference in this Agreement, with respect to HHS Confidential Information. CONTRACTOR and SUBCONTRACTOR agree that HHS is a third-party beneficiary to applicable provisions of the subcontract.

HHS has the right but not the obligation to review or approve the terms and conditions of the subcontract by virtue of this Subcontractor Agreement Form.

CONTRACTOR and SUBCONTRACTOR assure HHS that any Breach or Event as defined by the DUA that SUBCONTRACTOR Discovers will be reported to HHS by CONTRACTOR in the time, manner and content required by the DUA.

If CONTRACTOR knows or should have known in the exercise of reasonable diligence of a pattern of activity or practice by SUBCONTRACTOR that constitutes a material breach or violation of the DUA or the SUBCONTRACTOR's obligations CONTRACTOR will:

1. Take reasonable steps to cure the violation or end the violation, as applicable;
2. If the steps are unsuccessful, terminate the contract or arrangement with SUBCONTRACTOR, if feasible;
3. Notify HHS immediately upon reasonably discovery of the pattern of activity or practice of SUBCONTRACTOR that constitutes a material breach or violation of the DUA and keep HHS reasonably and regularly informed about steps CONTRACTOR is taking to cure or end the violation or terminate SUBCONTRACTOR's contract or arrangement.

This Subcontractor Agreement Form is executed by the parties in their capacities indicated below.

CONTRACTOR

SUBCONTRACTOR/VENDOR

BY: _____

BY: _____

NAME: Ron Garza

NAME: _____

TITLE: Executive Director

TITLE: _____

DATE: _____

DATE: _____

Direct Purchased Services

Service Definitions

CAREGIVER RESPITE CARE – IN_HOME

Temporary relief for caregivers including an array of services provided to dependent older individuals who need supervision. Services are provided in the older individual's home environment on a short-term, temporary basis while the primary caregiver is unavailable or needs relief. In addition to supervision, services may include meal preparation, housekeeping, assistance with personal care and/or social and recreational activities.

The Care Recipient:

- Must be unable to perform a minimum of two activities of daily living identified through the consumer needs evaluation (CNE).
- Due to a cognitive or other mental impairment, requires substantial supervision because the care recipient behaves in a manner that poses a serious health or safety hazard to themselves or to another individual.
- Unit of service is one hour

CAREGIVER RESPITE CARE – INSTITUTIONAL

Temporary relief for caregivers including an array of services provided in a congregate or residential setting (e.g., hospital, nursing home, and adult day center) to dependent older individuals who are in need of supervision. Services are offered on a short-term, temporary basis while the primary caregiver is unavailable or needs relief. Where appropriate, services may include meals, social and recreational activities, personal care, monitoring of health status, medical procedures and/or transportation.

The Care Recipient:

- Must be unable to perform a minimum of two activities of daily living identified through the Consumer Needs Evaluation (CNE), and/or
- Due to a cognitive or other mental impairment, requires substantial supervision because the older individual behaves in a manner that poses a serious health or safety hazard to themselves or to another individual.
- Unit of Service: One Hour.

HEALTH MAINTENANCE

Services that include one or more of the following activities:

- Provision of medications, nutritional supplements, glasses, hearing aids or other devices necessary to promote or maintain the health and/or safety of the older individual.
- Unit of Service: One Contact. Record one contact each time an older individual receives a health service as described above.

HOMEMAKER

A service provided by trained and supervised homemakers involving the performance of housekeeping and home management, meal preparation, or escort tasks and shopping assistance provided to older individuals who require assistance with these activities in their place of residence. The objective is to help the recipient sustain independent living in a safe and healthful home environment.

- Unit of Service: One Hour.

RESIDENTIAL REPAIR

- Services consist of repairs or modifications of dwellings occupied by older individuals that are essential for the health and safety of the occupant(s).
- Unit of Service: One unduplicated dwelling unit occupied by older individuals and may include all the services committed to repairing/modifying one unit in one program year.

Note: Caregivers may serve more than one care recipient, resulting in more units of service than the number of unduplicated persons.

TRANSPORTATION

Taking an older individual from one location to another for medical purposes:

- Demand/Response - transportation designed to carry older individuals from specific origin to specific destination upon request. Older individuals request the transportation service in advance of their need, usually twenty-four to forty-eight hours prior to the trip.
- One one-way trip

USER NAME

View assistance for SAM.gov

Forgot Password?

Forgot Username?

Create an Account

CREATE USER ACCOUNT

Your CCR username will not work in SAM. You will need a new SAM User Account to register or update your entity records. You will also need to create a SAM User Account if you are a government official and need to create Exclusions or search for FOUO information.

Create User Account

REGISTER/UPDATE ENTITY

You can register your Entity (business, individual or government agency) to do business with the Federal Government. If you are interested in registering or updating your Entity, you must first create a user account.

Register/Update Entity

E9

Use the SAM Status Tracker to:

Check Status

SEARCH RECORDS

All entity records from CCR/FedReg and ORCA and exclusion records from EPLS, active or expired, were moved to SAM. You can search these records and new ones created in SAM. If you are a government user logged in with your SAM user account, you will automatically have access to (FOLK) information.

Search Records

Need Help?

WHAT IS SAM?

The System for Award Management (SAM) is the Official U.S. Government system that consolidated the capabilities of CCR/FedReg, ORCA, and EPLS. There is NO fee to register for this site. Entities may register at no cost directly from this page. User guides and webinars are available under the Help tab.

NEWS AND ANNOUNCEMENTS

USER GUIDES/HELPFUL HINTS ATTENTION EXTRACT AND WEB SERVICE USERS

Visit the new [openAPI GitHub site](#) for more information about SAM's data, web services, and new RESTful API!

Now Open! The "National Online Dialogue on

Contract and Grant Compliance Costs" is NOW OPEN.

Please join the conversation by visiting [Acquisition Officers Council](#) website. Read more about it at SAM.gov > General Info > News > News and Announcements.

Find the full SAM User Guide, Quick Start Guides, Helpful Hints, and Webinars on the MELP tab.

Use the [SAM Status Tracker](#) to check your SAM entity registration status.

Federal Service Desk
Search FAQs or request additional help at the [Federal Service Desk](#).

Support for the legacy-formatted extracts and web services in SAM ended on October 31st, 2014. Federal systems using SAM data must convert to the SAM-formatted extracts and web services. If you see "You do not have access to this extract" you need to submit a Data Access Request for the appropriate role by logging in with the account that needs the role. Go to "Data Access" then click

on either "System Data Access Request" or "Individual Data Access Request" (depending on your user account type) and follow the prompts to submit the request.

QUICK SEARCH:

CAGE CodeSear<h: | t::n1<•r CİlCEcodcONLY

Need Help?

Use specific criteria in multiple categories to structure your search.

Dh \, TJ.R RJ:1'O:S:sl. RI.C.ISTR, -,f. \RCH

Note to Users: This is a Federal Government computer system. Use of this system constitutes consent to monitoring at all times.

27. 



https://www.scm.gov/portal/S/Wif?portal :componentId=Oc0d95d1-a020-4d5d-9f9 1-4020bd008cb3&interactionstate=JBPN S_rOOABXcOABBfanNmQnJpZGdlVml
ldOkAAAAAQATL...2pzZi9mc!oN5jdGlvbmF sLJnpzcA...

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only one of the following seven boxes:

☒ Individual/sole proprietor or single-member LLC

☐ C Corporation

☐ S Corporation

☐ Partnership

☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ""

Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.

☐ Other (see instructions) ""

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code Of any) _____

Exemption from FATCA reporting code Of any) _____

(All) applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Requester's name and address (optional)

L.R.G.V.D.C.
301 West Railroad ST.
Weslaco, TX 78596 (956) 682-3481 ext. 159

email to olgah@sc2000.net or fax form to
(956) 631 4670 attn: Olga Arias

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1. To avoid a backup withholding, you must provide this information. If you are a U.S. citizen or resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

100-[D-1 IIII]
or

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Employer identification number

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here Signature of U.S. person ""

Date ""

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.
Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (cancelled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form Of any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.