



Solicitation Information

August 2, 2012

**RFP #7457937**

**TITLE: Title III Health Promotion Program**

**SUBMISSION DEADLINE: August 30, 2012 at 10:30 AM (EDT)**

Questions concerning this solicitation must be received by the Rhode Island Division of Purchases at [questions@purchasing.ri.gov](mailto:questions@purchasing.ri.gov) **no later than August 16, 2012 @ 12:00 noon (EDT)**. Please reference the RFP # on all correspondence. Questions should be submitted in a *Microsoft Word* attachment. Questions received, if any, will be posted on the Purchasing website as an addendum to this solicitation. It is the responsibility of all interested parties to download this information.

**SURETY REQUIRED: No**  
**BOND REQUIRED: No**

**Gail Walsh**  
**State of Rhode Island Division of Purchases**

**Vendors must register online at the State Purchasing website at [www.purchasing.ri.gov](http://www.purchasing.ri.gov).**

**NOTE TO VENDORS:**

Offers received without the entire completed three page RIVIP Generated Bidder Certification Form attached may result in disqualification.

**THIS PAGE IS NOT A BIDDER CERTIFICATION FORM**

## **SECTION 1 – INTRODUCTION**

The Rhode Island Department of Administration/Division of Purchases, on behalf of the Rhode Island Department of Human Services, Division of Elderly Affairs (“DEA”), is soliciting proposals from qualified entities to provide health promotion services for older individuals (age sixty (60) and older), in accordance with the terms of this Request for Proposals and the State’s General Conditions of Purchase, which may be obtained at the Rhode Island Division of Purchases Home Page by Internet at <http://www.purchasing.ri.gov>

This is a Request for Proposals (“RFP”) and not an invitation for bid. Responses will be evaluated on the basis of the relative merits of the proposal, in addition to price; there will be no public opening and reading of responses pursuant to this RFP.

### **INSTRUCTIONS AND NOTIFICATIONS TO APPLICANTS:**

- Potential applicants are advised to review all sections of this request carefully and to follow instructions completely, as failure to make a complete submission as described elsewhere herein may result in rejection of the proposal.
- Alternative approaches and/or methodologies to accomplish the desired or intended results of this procurement will be considered. However, proposals which depart from or materially alter the terms, requirements, or scope of work defined by this RFP will be rejected as being non-responsive.
- All costs associated with developing or submitting a proposal in response to this RFP, or to provide oral or written clarification of its content, shall be borne by the applicant. The State assumes no responsibility for these costs.
- Proposals are considered to be irrevocable for a period of not less than sixty (60) days following the opening date, and may not be withdrawn, except with the express written permission of the Director of DEA.
- All pricing submitted will be considered to be firm and fixed unless otherwise indicated herein.
- Proposals misdirected to other State locations or which are otherwise not received by the submission deadline set forth herein for any cause will be determined to be late and will not be considered. For the purposes of this requirement, the official time and date shall be that of the time clock in the reception area of the State of Rhode Island, Division of Purchases.
- It is intended that one award pursuant to this RFP will be made to a single applicant. Joint venture and cooperative proposals will not be considered, but subcontracts are permitted, provided that their use is clearly indicated in the applicant’s proposal, and the subcontractors proposed to be used are identified in the proposal.

- Applicants are advised that all materials submitted to the State for consideration in response to this RFP will be considered to be Public Records as defined in Title 38 Chapter 2 of the Rhode Island General Laws, without exception, and will be released for inspection immediately upon request once an award has been made.
- In accordance with Title 7, Chapter 1.2 of the General Laws of Rhode Island, no foreign corporation or other entity, a corporation or other entity without a Rhode Island business address, shall have the right to transact business in the state until it shall have procured a Certificate of Authority to do so from the Rhode Island Secretary of State (401 222-3040). This shall be a requirement only of the successful bidder.
- Proposals faxed, or emailed, to the Division of Purchases will not be considered.
- The State of Rhode Island has a goal of ten percent (10%) participation by MBE's in all State procurements. For further information, contact the State MBE Administrator at (401) 574-8253 or visit the website at <http://www.mbe.ri.gov>.
- Interested parties are instructed to peruse the Division of Purchases website on a regular basis, as additional information relating to this solicitation may be released in the form of an addendum to this RFP.
- Equal Employment Opportunity (RIGL 28-5.1) § 28-5.1-1 Declaration of policy. – (a) Equal opportunity and affirmative action toward its achievement is the policy of all units of Rhode Island state government, including all public and quasi-public agencies, commissions, boards and authorities, and in the classified, unclassified, and non-classified services of state employment. This policy applies in all areas where the state dollar is spent, in employment, public service, grants and financial assistance, and in state licensing and regulation. For further information, contact the Rhode Island Equal Employment Opportunity Office, at 222-3090 or via email [raymond.lambert@hr.ri.gov](mailto:raymond.lambert@hr.ri.gov).

## **SECTION 2 – OVERVIEW AND BACKGROUND**

### **OVERVIEW**

DEA is the designated State Agency on Aging for the State of Rhode Island, responsible for the development and implementation of a comprehensive, coordinated system of community-based care for citizens sixty years of age and older. A director, appointed by the Governor, heads DEA. DEA responsibilities include developing and implementing a State Plan on Aging under the Federal Older Americans Act (“OAA”), serving as the state's Single Planning and Service Agency on Aging under the federal Administration on Aging (“AoA”), advocating for the rights of older individuals, operating services designed to assist seniors to remain independent in the community and funding an array of community based services for the elderly. DEA coordinates these efforts and activities of the State Aging Network through the allocation and monitoring of federal and state funds.

## **BACKGROUND**

Funds earmarked for this RFP are Federal grant funds issued with respect to the 2012 federal fiscal year under Title IIID of the OAA. Title IIID was established in 1987. It provides grants to States and Territories based on their share of the population aged 60 and over for activities that support healthy lifestyles and promote healthy behaviors. Priority is given to serving elders living in medically underserved areas of the State or who are of greatest economic need.

DEA is seeking up to four (4) organizations to provide health promotion services for older individuals (age sixty [60] and older) who:

- Are low income or socially isolated; and
- Are members of ethnic/racial minorities; and
- Are residents of medically under-served communities.

The total amount of funding anticipated to be awarded pursuant to this RFP is \$74,670, and up to four (4) grants, not to exceed \$74,670 *in the aggregate*, may be awarded under this RFP. Each successful applicant will be awarded a one (1) year contract in its respective awarded grant amount for the period September 30, 2012 through September 29, 2013, subject to availability of Federal funds allocated to such purposes and/or changes in allocation of funds based on budgetary measures. The number of grants to be awarded pursuant to this RFP, as well as the amount of each grant, shall be at the discretion of DEA. In addition, DEA reserves the right to terminate this RFP at any time for any reason whatsoever.

### **SECTION 3 –SCOPE OF WORK**

Commencing with federal OAA funds provided with respect to the 2012 federal fiscal year, AoA has changed the requirements that must be met by health promotion programs funded by Title IIID. Specifically, Title IIID programs must meet new evidence-based criteria.

For 2012 federal fiscal year funds, AoA uses a graduated or tiered set of criteria for defining evidence-based interventions implemented through the OAA. Health promotion programs can fall within any of three tiers: minimal, intermediate and highest-level criteria. Programs meeting the minimal or intermediate criteria will meet the 2012 federal fiscal year requirements. Please refer to [http://www.aoa.gov/AoARoot/AoA\\_Programs/HPW/Title\\_IIID/index.aspx](http://www.aoa.gov/AoARoot/AoA_Programs/HPW/Title_IIID/index.aspx) for a description of the new AoA Title IIID health promotion evidence-based program requirements and examples of evidence-based health promotion activities.

Applicants should describe with specificity the activities they propose to offer during the one-year grant period (e.g., identify the specific activities to be provided; explain how each activity meets the new AoA evidence-based criteria; identify the number of sessions of each activity to be provided, the locations where the activities will be provided, and target populations to be served; and provide all other information that the applicants believe would assist the Evaluation Committee in reviewing the application).

**NOTE:**

- **Proposals for medication management activities will not be considered for funding under this RFP.**
- **AoA expressly prohibits the use of Title IIID funds provided under this RFP for outreach (such as an information booth at a health fair) or for information, referral or assistance activities. Proposals must be limited to evidence-based activities that meet the new AoA criteria referred to above.**
- **Applicants are strongly discouraged from proposing activities that do not clearly meet the new AoA evidence-based requirements and that may require DEA to seek AoA approval.**

**SECTION 4 – GENERAL CONDITIONS**

The successful applicants that are awarded funding pursuant to this RFP must enter into a written grant with DEA in a form to be prescribed by DEA. The following conditions shall be incorporated into any grant that results from this RFP (this listing is not inclusive of all requirements that will be set forth in the grant):

- A. Changes. Any proposed change in the grant provisions shall be submitted in writing to the Director of DEA for her approval, which may be withheld in her sole discretion. Any amendment to provisions of the grant shall be valid only when it has been signed by both parties and attached to the grant.
- B. Acknowledgement of Funding Sources. All publicity and printed material relating to the performance of the grant shall indicate the assistance of DEA and the Administration on Aging, and the content of all publicity and printed material relating to the performance of the grant shall be approved in advance by DEA.
- C. Availability of Funds. It is expressly understood that all funds obligated in any grant awarded pursuant to this RFP are contingent upon receipt of funds by DEA earmarked for such purpose. DEA reserves the right to reduce its financial obligation, postpone funding, or terminate this RFP and/or any grant awarded pursuant to this RFP.
- D. Compliance with Auditing Requirements. The grantee will comply with all DEA auditing policies and procedures.
- E. Prohibited Interest. No member, officer, trustee or employee of DEA shall have any interest -direct or indirect- in any grant awarded pursuant to this RFP or the proceeds thereof.
- F. Equal Employment Opportunity/Non-Discrimination. The grant shall require that the grantee shall not discriminate against any employee or applicant for employment or receipt of service because of race, religion, color, sex, age, national origin or handicap. The grantee shall ensure

that employees are treated equally during their employment without regard to their race, religion, color, sex, age, national origin or handicap. The grantee will, in all solicitations or advertisements for employees placed by or on behalf of the grantee, state that all qualified applicants will receive consideration of employment without regard to race, religion, color, sex, age, national origin or handicap.

In the event of the grantee's non-compliance with the Equal Employment Opportunity/Non-Discrimination clauses of the grant or with any of said rules, regulations or orders, the grant may be cancelled, terminated or suspended in whole or in part and the grantee may be declared ineligible for future DEA grants.

- G. Grant Termination. DEA may terminate the grant or any portion of it for any reason whatsoever by serving written notice of termination on the grantee. The notice shall state whether the termination is for convenience of DEA or for default of the grantee. If the termination is for default, the notice shall state the manner in which the grantee has failed to perform the requirements of the grant. The grantee shall account for any property in its possession paid for from funds received from DEA or property supplied to the grantee by DEA.
- H. Submission of Reports. The grantee must submit all reports required by DEA within the specified time frames.
- I. Indemnification. The grantee shall indemnify and hold harmless DEA and the State of Rhode Island from and against all loss, costs, liability, damage, and expense whether direct, consequential or incidental for personal injury and for property damage and expense arising out of or resulting in whole or in part, directly or indirectly, from work or operations under the grant but not limited to the acts, errors, omissions and negligence of the grantee's employees, agents, contractors and subcontractors.
- J. Compliance with All Laws, Codes, Rules and Regulations. The grantee shall be responsible for complying with all applicable local, state and federal laws, codes, rules and regulations.

## **SECTION 5 - SUBMISSION REQUIREMENTS**

Proposals must include the following:

1. A signed and completed **RIVIP Bidder Certification Cover Form** with **a letter of transmittal** signed by an owner, officer, or authorized agent of the firm or organization, acknowledging and accepting the terms and conditions of this Request, and tendering an offer to the Department of Elderly Affairs. The signature of the official with legal authority to bind the organization into a contractual agreement should also be included. This form is downloadable from [www.purchasing.ri.gov](http://www.purchasing.ri.gov).

2. A completed **Intent to Subcontract Form (if applicable)**:

Name of Contractor: \_\_\_\_\_

Name(s) of Proposed Subcontractor(s): \_\_\_\_\_

Dollars to be Subcontracted: \_\_\_\_\_

Purpose of Subcontract: \_\_\_\_\_

3. **A separate Application** describing the background, qualification, and experience with similar programs, as well as the workplan or approach proposed for this RFP. See Section 6 below for more information regarding Application requirements.
4. A signed and completed Tax I.D. W-9 Form (to be provided by applicant).
5. Most recent audited financial statements of the applicant. For agencies under \$250,000, either unaudited statements or a copy of agency 990 tax statement.
6. Articles of Organization of the Applicant; List of Board of Directors, By-Laws (or other appropriate ownership agreement, such as a partnership agreement, if applicable).
7. Current year operating budget including revenue sources and expenses.
8. Demonstration of Board (or partnership) endorsement, if applicable, supporting the organization's commitment to undertake the proposed project.
9. If applicable, copy of 501 (c) (3) tax exempt IRS Letter, or that of the fiscal sponsor.
10. Evidence of insurance covering the applicant with respect to the proposed grant activities.
11. If applicable, documentation of the Applicant's approved indirect cost rate.

Questions concerning this solicitation may be e-mailed to the Division of Purchases at [questions@purchasing.ri.gov](mailto:questions@purchasing.ri.gov), no later than **August 16, 2012 @ 12:00 noon (EDT)**. Please reference **RFP # 7457937** on all correspondence. Questions received, if any, will be posted on the Purchasing website as an addendum to this solicitation. It is the responsibility of all interested parties to download this information. For computer assistance, call the Help Desk at 401-574-8100.

Interested offerors may submit proposals to provide the services covered by this Request **on or before August 30, 2012 at 10:30 AM (EDT)**. Proposals received after this time and date will not be considered.

**Proposals (an original plus four copies) shall be mailed or hand-delivered in a sealed envelope marked "RFP# 7457937 Title IIID Health Promotion Program" to:**

**State of Rhode Island  
Dept. of Administration/Division of Purchases  
One Capitol Hill 2<sup>nd</sup> Floor  
Providence, RI 02908- 5855**

NOTE: Proposals received after the above-referenced due date and time will not be considered. Proposals misdirected to other State locations or which are otherwise not presented in the Division of Purchases by the scheduled due date and time will be determined to be late and will not be considered. Proposals faxed or emailed to the Division of Purchases will not be considered. The official time clock is located in the reception area of the Division of Purchases.

## **SECTION 6 – APPLICATION REQUIREMENTS**

**THE APPLICATION WHICH APPEARS AT THE END OF THIS RFP MUST BE USED BY EACH APPLICANT. NOTE ALSO THE PAGE LIMITATIONS FOR EACH SECTION.**

Instructions for completing the Application:

Cover Sheet: Must be completed and signed by the appropriate individual authorized to enter into agreements and contracts on behalf of the agency.

Executive Summary: This section of the application should highlight the purposes, goals, methods and intended benefits of the proposal. **THE EXECUTIVE SUMMARY MUST NOT EXCEED 2 PAGES.**

Program Narrative-Work Plan: This section should describe the applicant's understanding of the State's requirement and a work plan for accomplishing the results proposed. **THE PROGRAM NARRATIVE-WORK PLAN MUST NOT EXCEED 5 PAGES AND MUST INCLUDE THE FOLLOWING SECTIONS:**

1. Organizational Description – Describe the organizational history, services and programs provided by the agency. Include here the agency's ability to work with the target populations identified in this RFP. Describe the qualifications, functions and responsibilities of staff members who will be involved with the program.

2. Plan of Operation (Action Plan) - Present a clear outline of the plan of action. Outline the overall goals of the project; the specific objectives; activities planned to meet the goals and objectives; and the deadline for its completion. Include an organizational plan that will ensure proper and efficient administration of the project, including the proposed location(s) and start-up date.

3. Evaluation Plan – Present a plan as to how the project will measure compliance with the Plan of Operation.

Budget:

Complete the enclosed budget forms that are part of the application form.

In addition, a budget narrative must be provided, which explains, in reasonable detail, the budget for the proposed Project. The budget narrative also should disclose all other sources of funding. **THE BUDGET NARRATIVE MUST NOT EXCEED 2 PAGES.**

Certification/Compliance Forms:

All certification/compliance forms found at the end of the application form must be signed by an authorized signatory of the Applicant and submitted as part of the application. These include:

- ANNUAL CERTIFICATION DRUG-FREE WORKPLACE REQUIREMENTS
- ASSURANCE OF COMPLIANCE WITH SECTION 504 OF THE REHABILITATION ACT OF 1973, AS AMENDED
- TITLE VI OF THE CIVIL RIGHTS ACT OF 1964
- CERTIFICATION REGARDING LOBBYING
- DEBARMENT CERTIFICATION

Minority Business Enterprise. Rhode Island General Laws Chapter 37-14.1 provides that minority business enterprises are to have an opportunity to participate in the performance of certain contracts funded in whole or in part by State funds. Please include in your proposal, if applicable (a) information setting forth the applicant's status as a Minority Business Enterprise, as certified by the Rhode Island Department of Administration (an "MBE") and/or (b) a subcontracting plan which addresses the State's goal of ten percent (10%) participation by MBE's in State procurements. Questions concerning this should be addressed to the MBE Compliance Office at 401-574-8253, and a list of certified MBE's may be found at [www.mbe.ri.gov](http://www.mbe.ri.gov).

## **SECTION 7 - EVALUATION AND SELECTION**

Proposal Evaluation: The Director of DEA will commission an Evaluation Committee which will evaluate and score all proposals that are eligible to be considered for funding, using the following criteria:

1. Organizational Capacity/Agency Staffing Levels: 40%
  - Is the agency able to meet required deliverables with its proposed staffing levels?
  - Does the staff have the appropriate qualifications and experience to provide the proposed services?
  - Are position descriptions clear and appropriate?
  - Does the agency demonstrate sufficient management and organizational capability?
  - Does the applicant demonstrate an ability and willingness to coordinate with other service programs and agencies in the community related to older individuals?
  
2. Project Plan: 45%
  - Are the objectives for the proposed project clearly defined, measurable and timely?
  - Do the proposed activities clearly meet the new AoA evidence-based criteria?
  - Has the applicant explained how their project will reach the target populations set forth in this RFP?
  - Has the applicant described with specificity the activities they plan to offer during the one-year grant period?
  - Does the proposal fit the RFP's identified program areas/priorities?
  - Does the applicant agree to meet all required deliverables?
  
3. Budget: 15%
  - Does the proposed budget comply with the requirements of the RFP?
  - Has the budget narrative been included which describes the budget in reasonable detail?
  - Are budgeted costs reasonable, allowable, and cost effective for the activities proposed to be undertaken?
  - Does the agency have other sources of financial support?

- Has the agency included, for review, its most recent audited financial statements?

**TOTAL: 100%**

Notwithstanding the foregoing, the State reserves the right to award on the basis of cost alone, accept or reject any or all bids, and to act in its best interest.

Proposals found to be technically or substantially non-responsive at any point in the evaluation process will be rejected and not considered further evaluated. The Evaluation Committee will present written findings to the DEA Director or her designee, who will make the final selection for grant awards pursuant to this RFP. The Evaluation Committee may elect to request clarification from applicants as part of its evaluation of proposals.

### **Application Checklist**

Please ensure that you have included the following, all of which are to be delivered as directed in this RFP:

- \_\_\_ A signed and completed RIVIP Bidder Certification Cover Form
- \_\_\_ Application:
  - Cover Sheet
  - Executive Summary
  - Program Narrative-Work Plan
  - Budget (both budget narrative and budget forms must be completed)
- \_\_\_ Certification/Compliance Forms (all 5 forms must be completed)
- \_\_\_ Tax I.D. W-9 Form
- \_\_\_ MBE information and/or plan, if applicable
- \_\_\_ Most recent audited financial statements
- \_\_\_ Articles of Organization; List of Board of Directors; By-Laws (or other appropriate ownership agreement, such as a partnership agreement, if applicable)
- \_\_\_ Current year operating budget including revenue sources and expenses
- \_\_\_ Demonstration of Board (or partnership) endorsement, if applicable, supporting the organization's commitment to undertake the proposed project
- \_\_\_ If applicable, copy of 501 (c) (3) tax exempt IRS Letter, or that of the fiscal sponsor
- \_\_\_ If applicable, intent to subcontract form
- \_\_\_ Evidence of insurance
- \_\_\_ If applicable, evidence of approved Federal indirect cost rate

**Rhode Island Department of Human Services, Division of Elderly Affairs  
Application for the Title IID Health Promotion Program  
Cover Sheet**

**Name of Applicant:** \_\_\_\_\_

Contact Person: \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone#** \_\_\_\_\_ **FAX:** \_\_\_\_\_ **email:** \_\_\_\_\_

**The Applicant represents and warrants that the person executing this Application on behalf of the Applicant has been duly authorized to do so.**

**Signature:**

\_\_\_\_\_ (print or type name of applicant entity)

**By:** \_\_\_\_\_

**Name:**

**Title:**

**Date:** \_\_\_\_\_

Application for Title IIID Health Promotion Program

Name of Applicant: \_\_\_\_\_

**Executive Summary (attach additional pages, as needed; but this section must not exceed 2 pages):**

Application for Title IIID Health Promotion Program

Name of Applicant: \_\_\_\_\_

**Program Narrative-Work Plan (attach additional pages, as needed; but this section must not exceed 5 pages):**

Application for Title IIID Health Promotion Program

Name of Applicant: \_\_\_\_\_

**Budget:** Complete the attached budget forms that are part of the application form.

In addition, a budget narrative must be provided, which explains, in reasonable detail, the budget for the proposed Project. The budget narrative also should disclose all other sources of funding. **THE BUDGET NARRATIVE MUST NOT EXCEED 2 PAGES.**

**BUDGET FOR 9/30/12 – 9/29/13**

<b><i>COST CATEGORY</i></b>	<b><i>AMOUNT</i></b>
<b><i>DIRECT PROGRAM COSTS</i></b>	
PERSONNEL	\$
FRINGE BENEFITS	
CONSULTANTS	
IN-STATE TRAVEL	
OUT-OF-STATE TRAVEL	
PRINTING	
SUPPLIES	
EQUIPMENT	
EDUCATION MATERIALS	
OTHER	
<b>TOTAL DIRECT CHARGES:</b>	\$
<b><i>INDIRECT CHARGES</i></b> (must not exceed the lesser of (i) 14% of direct costs and (ii) provider's approved Federal indirect rate)	
<b><i>TOTAL PROGRAM COST</i></b>	\$
<b>TOTAL PROGRAM COST TO BE PAID AS FOLLOWS:</b>	
<b>CONTRIBUTION BY GRANTEE</b>	\$
<b>DEA FUNDING REQUEST</b>	\$

## BUDGET JUSTIFICATION

### DETAIL OF PERSONNEL

NAME	POSITION TITLE	HOURLY RATE \$	TOTAL ANNUAL SALARY \$	TOTAL ANNUAL FRINGE \$	TOTAL ANNUAL SALARY & FRINGE CHARGED TO THE PROJECT
<b>TOTAL REQUEST</b>					\$

### DETAIL OF CONSULTANT

NAME	POSITION TITLE	HOURLY RATE \$	NUMBER OF HOURS	COST \$
<b>TOTAL REQUEST</b>				\$

### EXPLANATION OF OTHER DIRECT EXPENSES

EXPENSE CATEGORY	<i>DESCRIPTION</i>	COST

### EXPLANATION OF INDIRECT AND/OR OVERHEAD EXPENSES

EXPENSE CATEGORY	<i>DESCRIPTION</i>	COST

*State of Rhode Island & Providence Plantations*

*Department of Human Services, Division of Elderly Affairs*

Name of Applicant: \_\_\_\_\_

**ANNUAL CERTIFICATION  
DRUG-FREE WORKPLACE REQUIREMENTS  
DEPARTMENT OF HUMAN SERVICES, ELDERLY AFFAIRS GRANTEE  
AGENCIES**

This certification is required by the regulations implementing the Drug-Free Workplace Act of 1988, 45 C.F.R. Part 76, Subpart F. The regulations, published in the May 25, 1990 Federal Register require certification by grantees, prior to award, that they will maintain a drug-free workplace. Section 76.630© of the regulations provide that a grantee that is a State may elect to make once certification in each Federal fiscal year (see Section 76.630(b) in regard to mandatory formula grants. The certification set out below is a material representation of fact upon which reliance will be placed when the agency determines to award the grant. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants, or government-wide supervision or debarment (see 45 C.F.R. Part 76, Sections 76.615 and 76.620).

- A. The grantee certifies that it will continue to provide a drug-free workplace by:
- (a) Publishing a statement notifying employee that the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited in the grantee; workplace and specifying the actions that will be taken against employees for violation of such prohibition;
  - (b) Establishing an ongoing drug-free awareness program to inform about:
    - 1. the dangers of drug abuse in the workplace;
    - 2. the grantee's policy of maintaining drug-free workplace.
    - 3. Any available drug counseling, rehabilitation, and employee assistance programs; and,
    - 4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.
  - (c) Making it a requirement that each employee to be engaged in the performance of the grant by giving a copy of the statement required by paragraph (a);
  - (d) Notifying the employee in the statement required by paragraph (a) that, as a conditions of employment under the grant, the employee will:
    - 1. abide by the terms of the statement; and

*State of Rhode Island & Providence Plantations*

*Department of Human Services, Division of Elderly Affairs*

**ANNUAL CERTIFICATION DRUG-FREE WORKPLACE REQUIREMENTS**

2. Notify the employer in writing of his/her conviction for a violation of a criminal drug statute occurring in the workplace no later than five (5) days after such conviction.

- (e) Notifying the agency, in writing, within ten (10) calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title to: Division of Grants Management & Oversight Office of Management and Acquisition, U.S. Department of Health & Human Services – Room 517 D, 200 Independence Avenue, S. W. Washington, D.C. 20201. Notice shall include the identification number(s) of each affected grant.
  - (f) Taking one of the following actions within thirty (30) calendar days of receiving notice under paragraph (d)(2), with respect to any employee who is so convicted.
    - 1. taking appropriate action against such an employee, up to and including termination, consistent with the requirements of the *Rehabilitation Act of 1973*, as amended, or
    - 2. requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health law enforcement, or other appropriate agency.
  - (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e) and (f).
- B. the grantee may insert in the space provided below the site for the performance of work done in connection with the specific grant; Place of Performance (street address, city, county, state, zip code).

*Place of Performance:* Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

*Name of Applicant Agency:* \_\_\_\_\_

*Name and Title of Authorized Representative:* \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*State of Rhode Island & Providence Plantations*

*Department of Human Services, Division of Elderly Affairs*

ASSURANCE OF COMPLIANCE WITH SECTION 504 OF THE  
REHABILITATION ACT OF 1973, AS AMENDED

The undersigned (hereinafter called the “recipient”) **hereby agrees that** it will comply with section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), all requirements imposed by the applicable HEW regulations (45 C.F.R. Part 84), and all guidelines and interpretations issued pursuant thereto.

Pursuant to subsection 84.5(a) of the regulations [45 C.F.R. 84.55(a)], the recipient 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, Education & Welfare after the date of this Assurance, including payments or other assistance made after such date on applications for federal assistance that were approved before such date. The recipient 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 mean. This Assurance is binding on the recipient, 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 financial assistance is extended to it by Department of Health Education and Welfare, or where the assistance is in the form of real or person property, for the period in subsection 84.5(b) of the regulations [45 C.F.R. 84.5(b)].

The recipient employs fifteen (15) or more persons, and, pursuant to section 84.7(a) or the A74 regulations [45 C.F.R. 84.7(a)], has designated the following person(s) to coordinate its efforts to comply with HEW regulations:

\_\_\_\_\_  
Chief Executive Officer

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

FEIN: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Chief Executive Officer

If there has been a change in name or ownership within the last year, please PRINT the former name below:

*State of Rhode Island & Providence Plantations*

*Department of Human Services, Division of Elderly Affairs*

**TITLE VI OF THE CIVIL RIGHTS ACT OF 1964**

\_\_\_\_\_ 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 Regulations of the Department of Health, Education & Welfare (45 C.F.R. Part 80) issued pursuant to that title, to the and that, in accordance with Title VI of that Act and the Regulations, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, denied the benefits of or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department; and,

Hereby gives assurances that it will immediately take any measures 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 Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. In all other cases, this assurance shall obligate the Applicant for the period during which the Federal financial assistance is extended to it by the Department.

*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 Applicant by the Department, including installment payments after such date on account of applications for Federal financial assistance which were approved before such date. The applicant 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 shall have the right to seek judicial enforcement of this assurance. This assurance is binding on the Applicant, its successors, transferees, and assignees, and the person or persons whose signatures appears below are authorized to sign this assurance on behalf of the Applicant.

Signature: \_\_\_\_\_

Chief Executive Officer

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_ Extension \_\_\_\_\_

*State of Rhode Island & Providence Plantations*

*Department of Human Services, Division of Elderly Affairs*

**Certification Regarding Lobbying**

The undersigned certifies, to the best of his knowledge and belief, that:

1. **No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned to any person 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 the awarding of any federal contract, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan or cooperative agreement.**
  
2. **If any funds other than federal appropriated funds have been paid or will be paid to any person for influence 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 this federal contract, grant, loan or cooperative agreement, the undersigned shall complete and submit Standard Form – LLL, “*Disclosure Form to Report Lobbying*” in accordance with its instructions.**
  
3. **The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including sub-contractors, sub-grants, and contracts under grants, loans and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.**

**This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each failure.**

*Applicant:* \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Chief Executive Officer**

**Address:** \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

Name of Agency: \_\_\_\_\_

**ANNUAL CERTIFICATION  
REGARDING DEBARMENT, SUSPENSION, AND OTHER  
RESPONSIBILITY MATTERS  
As required by state and federal law for contractors who receive in excess  
of \$100,000 in state and/or federal funds**

A. The grantee, as the primary participant, certifies to the best of its knowledge and belief, that it and its principals:

1. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any state or federal department or agency;
2. have not within a three year period preceding this proposal and/or during this grant period been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
3. are not presently indicted or otherwise criminally or civilly charged by a governmental entity (federal, state or local) with commission of any of the offenses in the above paragraphs of this certification; and
4. have not within a three-year period preceding this application/proposal had one or more public transactions (federal, state or local) terminated for cause or default.

B. Where the grantee, as the primary participant, is unable to certify any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Further, if during the duration of this agreement, the grantee or any principal of the agency is subject to suspension or debarment, the Department will be notified immediately upon issuance of the action and in no case more than 14 days after issuance of the action.

Agency: \_\_\_\_\_

Address of Agency: \_\_\_\_\_

\_\_\_\_\_

Chief Executive Officer: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_