



**Solicitation Information**  
March 4, 2005

**RFP # B04853**

**TITLE:        *ACCESS ASSISTANCE FOR ELDERS AND ADULTS WITH DISABILITIES***

**Submission Deadline: April 14, 2005 @ 2:00 PM**

<b>PRE-PROPOSAL CONFERENCE:</b>	<b>YES</b>
<b>DATE &amp; TIME:</b>	<b>March 14, 2005, 10 a.m.</b>
<b>MANDATORY:</b>	<b>NO</b>
<b>LOCATION:</b>	<b>1<sup>st</sup> Floor Conference Room; DLT Bldg. 73 Pontiac Ave., Cranston, RI</b>

Questions concerning this solicitation may also be e-mailed to the Division of Purchases at [questions@purchasing.state.ri.us](mailto:questions@purchasing.state.ri.us) no later than April 4, 2005 at 12:00 Noon (EDT). Questions should be submitted in a *Microsoft Word attachment*. Please reference the RFP/LOI # on all correspondence. Questions received, if any, will be posted on the Internet as an addendum to this solicitation. It is the responsibility of all interested parties to download this information.

<b>SURETY REQUIRED:</b> No
<b>BOND REQUIRED:</b> No

Jerome D. Moynihan, C.P.M., CPPO  
**Administrator of Purchasing Systems**

Vendors must register on-line 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 RIVP 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/Office of Purchases, on behalf of the Rhode Island Department of Elderly Affairs (DEA), is soliciting proposals from qualified agencies to provide Access Assistance to elders and adults with disabilities, as described elsewhere herein, and in accordance with the terms of this Request and the State's General Conditions of Purchase, which is available at [www.purchasing.ri.gov](http://www.purchasing.ri.gov).

This is a Request for Proposals, not an invitation for bid. Responses will be evaluated on the basis of the relative merits of the proposal, in addition to the appropriateness of the Proposed Budget. There will be no public opening and reading of responses received pursuant to this Request, other than to name those offerors who have submitted proposals.

### **INSTRUCTIONS AND NOTIFICATIONS TO OFFERORS:**

- Potential offerors 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 RFP are solicited. However, proposals that depart from or materially alter the terms, requirements, or scope of work defined by this RFP will be rejected as being non-responsive.
- The State assumes no responsibility for the costs associated with developing or submitting a proposal in response to this RFP.
- All pricing submitted will be considered to be firm and fixed unless otherwise indicated herein.
- Funding period is July 1, 2005 through June 30, 2006.
- Proposals misdirected to other State locations or which are otherwise not present in the Office of Purchases at the time of opening 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 Office of Purchases.**
- It is intended that an award pursuant to this RFP will be made to a prime contractor, who will assume responsibility for all aspects of the work. Joint venture and cooperative proposals will not be considered, but subcontracts are permitted, provided that their use is clearly indicated in the proposal, and the subcontractor(s) intended for use are clearly identified in the proposal.
- All materials submitted to the State for consideration in response to this Request for Proposals 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.

- For the purpose of this RFP, applicants must be public or private organizations incorporated under the General Laws of the State of Rhode Island.
- In accordance with Title 7, Chapter 1.1 of the General Laws of Rhode Island, no foreign corporation, a corporation 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)*.
- Interested parties are instructed to peruse the Division of Purchases web site on a regular basis, as additional information relating to this solicitation may be released in the form of an addendum to this RFP / LOI
- The Offeror should be aware of the State's MBE requirements, which addresses the State's goal of ten per cent (10%) participation by MBE's in all State procurements. For further information, contact the MBE Administrator, at (401) 222-6253 or visit the website <http://www.rimbe.org>

## **SECTION 2- BACKGROUND AND PURPOSE**

The Rhode Island Department of Elderly Affairs seeks to provide elders and adults with disabilities, their families and caregivers, statewide access to services and programs through multiple points of entry that are culturally and linguistically responsive to the needs and preferences of these consumers. These entry points include web-based access, telephone and fax access, and face-to-face access; and will be referred to collectively in this RFP as the Access Assistance for Elders and Adults With Disabilities Program.

The overall focus for services provided in response to this RFP is to support the Aging & Disability Resource Center (ADRC) to make access to services seamless and well-coordinated for consumers who are elders and adults with disabilities; to provide information to these consumers in "one-stop"; and to assure that these consumers receive help quickly and in a professional manner. *For the grant period July 1, 2005 through June 30, 2006, six (6) grants of up to \$50,000 each will be awarded.* The special focus of these Access Assistance grants shall include:

- Provision of general information, referral and assistance by telephone, in person at service sites, through web-based communication and through home visits, as necessary for elders and adults with disabilities;
- Provision of specialized information, referral and outreach for members of the State Rhode Island Pharmaceutical Assistance Program (RIPAE), including
  1. Educating RIPAE members regarding eligibility for Medicare Part D,

2. Providing technical assistance, telephone support and counseling to RIPAE members to assist with enrollment in Medicare Part D, and
  3. Support activities such as outreach, training and education that promote coordination between RIPAE and Medicare Part D;
- Provision of information on Medicare and Medigap insurance programs for eligible populations (SHIP); and identification, recruitment, training and coordination of SHIP volunteers.

*The resulting 1-year contract period will be July 1, 2005 through June 30, 2006. Successful applicants will be awarded 1-year contract extensions from July 1, 2006 through June 30, 2007 contingent upon first year performance and availability of funds.*

**Note that this RFP is funded in its entirety by federal funds, and no additional funding for Access Assistance for Elders and Adults With Disabilities beyond June 2007 is anticipated from any source.**

A total of six (6) grants will be awarded from statewide project funds totaling \$300,000 per contract year. It is DEA's intent to provide a mix of services that (a) are responsive to ethnic and cultural diversity and to both elders and adults with disabilities; (b) inform eligible Rhode Islanders about Medicare Part D requirements; (c) provide information on Medicare and Medigap insurance programs to eligible populations (SHIP) that may assist eligible individuals in obtaining benefits, filing claims for Medicare and Medicaid, and in comparing policies; and (d) identify, train and coordinate SHIP volunteers.

### **SECTION 3 - SCOPE OF WORK**

#### **GENERAL DESCRIPTION:**

The Goal of this RFP is to establish six (6) strategically located access points across the state of Rhode Island. Each access point will provide Information, Referral and Assistance (I&R/A) services to elders and adults with disabilities who request information, referral and assistance services, whether or not they reside in the contractor's designated service region; to the caregivers and families of these consumers; and to agencies and individuals who provide services to these elders and adults with disabilities.

During the period of this grant, the contractor shall focus on the following areas:

- Provision of general information, referral and assistance by telephone, in person at service sites, through web-based communication and through home visits, as necessary for elders and adults with disabilities;
- Provision of specialized information, referral and outreach for members of the State Rhode Island Pharmaceutical Assistance Program (RIPAE), including
  1. Educating RIPAE members regarding eligibility for Medicare Part D,
  2. Providing technical assistance, telephone support and counseling to RIPAE members to assist with enrollment in Medicare Part D, and
  3. Support activities such as outreach, training and education that promote coordination between RIPAE and Medicare Part D;

- Provision of information on Medicare and Medigap insurance programs for eligible populations (SHIP) that may assist eligible individuals in obtaining benefits, filing claims for Medicare and Medicaid, and in comparing policies; and identification, recruitment, training and coordination of SHIP volunteers.

I&R/A services delivered under this RFP must be operated in accordance with the *Alliance of Information and Referral Systems (AIRS) Standards for Professional Information and Referral, 4<sup>th</sup> Edition, Revised October, 2002* (See attached copy). These Standards address five (5) key areas: Service Delivery; Resource Database; Reports and Measures; Cooperative Relationships; and Organizational Requirements.

Contractors shall identify and furnish the physical location of the I&R/A services program; hire and train program staff; and publicize the availability of I&R/A services to elders and adults with disabilities in their respective services areas.

The State of Rhode Island has been divided into six (6) geographic regions for the purpose of funding this RFP. A total of six (6) grants will be funded to provide access assistance services, one (1) grant for each of the six (6) regions. See the attached chart showing the six (6) regions and the cities and towns within each region.

#### **TASKS:**

All contractors shall:

1. Identify and furnish appropriate, handicapped accessible space for the I&R/A program;
2. Install and maintain computer(s) that (a) are running the Windows operating system; (b) have broadband or dial-up connection to the internet; (c) utilize the Microsoft Internet Explorer browser; and (d) have the ability to send and receive e-mail.
3. Transmit data to DEA in a format and on a schedule to be specified by DEA.
4. Install and maintain adequate telephone lines;
5. Implement an I&RA program that addresses the needs and preferences of elders and adults with disabilities in the service region, including cultural and linguistic characteristics of these consumers;
6. Demonstrate (a) an understanding of all requirements of the AIRS Standards and (b) a commitment to offering I&R/A services in accordance with AIRS Standards;
7. Hire and train, as necessary, appropriate and sufficient staff for the program;
8. Publicize the program to consumers, families and service providers;
9. Respond to all individuals requesting information, referral and assistance regardless of whether or not the individual resides within the service region;
10. Enter into Memoranda of Understanding with other agencies serving elders and adults with disabilities in the service region; no later than sixty (60) days after the contract period begins;
11. Attend and participate in all inservice training scheduled and provided by DEA,

- including, but not limited to: 40 hours of AIRS training; at least three (3) training sessions in Medicare Part D; SHIP training; and monthly inservice training sessions on a variety of topics;
12. Conduct outreach, education and support related to RIPAE and to Medicare Part D;
  13. Be open for operations Monday through Friday, 52 weeks per year, except for Rhode Island State Holidays;
  14. Provide service hours of: 8:30 a.m. to 4 p.m. on Mondays, Wednesdays, and Fridays; 8:30 a.m. to 8:00 p.m. on Tuesdays and Thursdays; and 8:30 a.m. to 12 noon on Saturdays;
  15. Provide home visits in the region as requested and in partnership with other agencies.
  16. Provide identification, coordination, recruitment and training of SHIP volunteers.

## **DELIVERABLES:**

### **Reports:**

1. Contractors shall report service data to DEA in a manner and format to be specified by DEA. Data to be gathered and transmitted to DEA by each contractor shall include, but may not be limited to: Number of contacts (telephone, fax, in person) by Type of Caller (consumer, caregiver, professional); Number of contacts by Source of Referral—based on response to standard question of all contacts—“How did you hear about us?”; Number of contacts by New vs. Repeat—based on response to standard question of all contacts—“Have you contacted us before?”; Number of contacts per FTE providing I&R/A, intake and eligibility; Number of contacts per 1,000 service area population; Number of contacts by type of assistance provided; Number of contacts followed up by contractor to be sure the caller is okay or to determine if the information was acted upon.
2. Contractors shall provide DEA in a manner and format to be specified by DEA, information on RIPAE members served and the nature of the service(s) provided.
3. Contractors shall provide DEA with quarterly reports on outreach and education activities in a manner and format provided by DEA. Data to be provided shall include, but may not be limited to: Date of Activity; Type of Activity; Group Name; Number of Attendees; Location; Subject(s); Start Time; End Time.
4. Contractors shall provide DEA with quarterly reports documenting progress in performing Tasks. Reports will be due on October 15, 2005; January 15, 2006; April 15, 2006; and July 15, 2006. Reports shall be submitted to DEA in a manner and format to be specified by DEA.
5. Contractors shall submit the SHIP National Performance Reports (NPR) on a quarterly basis.

### **Contract Performance Evaluation:**

The above described reports, together with customer satisfaction data, will form the basis for evaluating contractor performance.

## CONTRACTOR RESPONSIBILITIES:

1. Provide all office and program space, office equipment and office support necessary to meet all requirements of the contract.
2. Install and maintain computerized web-based database system described above.
3. Bear all costs associated with implementation and performance of the contract.
4. Obtain and maintain all required insurance necessary to cover project staff.
5. If the contractor intends to use any subcontractors, the contractor must clearly identify the subcontractor in the response to the RFP. The contractor retains responsibility for the completion and quality of any work assigned to subcontractors.

<b>Conditions</b>
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The following conditions shall be incorporated into any grant that results from this RFP. This listing is not inclusive of all requirements.

1. Changes. Any proposed change in this grant shall be submitted in writing to the Director, DEA. Any amendment to provisions of this contract shall be valid only when it has been signed by both parties and attached to this contract.
2. Acknowledgement of Funding Sources. All publicity and printed material relating to the performance of this contract shall indicate the assistance of the RI Department of Elderly Affairs and the content of all publicity and printed material relating to the performance of this contract shall be approved *in advance* by DEA.
3. Availability of Funds. It is expressly understood that all funds obligated in this contract are contingent upon receipt of funds by the RI Department of Elderly Affairs. The DEA reserves the right to reduce its financial obligation, postpone funding, or terminate this agreement.
4. Compliance with Auditing Requirements. The contractor shall comply with all DEA auditing policies and procedures.
5. Reports of Time Spent. The contractor shall keep and maintain a record of time spent in performing the services required, and upon request shall present such as records to the State of Rhode Island. These records shall serve as the basis of allocating service hours to eligible funding sources.
6. Prohibited Interest. No member, officer, trustee, or employee of the DEA shall have any interest – direct or indirect – in this grant or the proceeds thereof.
7. Equal Employment Opportunity/Non-Discrimination. In connection with the execution of this grant, the contractor shall not discriminate against any employee, or applicant for employment, or recipient of service, because of race, religion, color, sex, sexual orientation, age, national origin, or handicap. In the event of contractor's non-compliance with the Equal Employment Opportunity/Non-Discrimination clauses of this grant, or with

any of said rules, regulations, or orders, this grant may be cancelled, terminated or suspended in whole or in part, and contractor may be declared ineligible for further DEA grants.

8. Compliance with All DEA Confidentiality Policies and Procedures and with HIPAA Rules. The contractor shall be responsible for complying with (a) all DEA Policies and Procedures Related to Client Confidentiality in the performance of the contract issued under this RFP; and (b) HIPAA Rules that apply to performance of this contract.
9. Compliance With All Laws, Codes, Rules and Regulations. The contractor shall be responsible for complying with all local, state and federal laws, codes, rules and regulations that apply to the program delivered under this contract and to the operation of the facility.
10. Grant Termination. DEA may terminate this grant, or any portion of it, by serving written notice of termination on contractor. The notice shall state whether the termination is for convenience of DEA or for default of contractor. If the termination is for default, the notice shall state the manner in which contractor has failed to perform the requirements of the grant. Contractor shall account for any property in its possession paid for from funds received from DEA, or property supplied to contractor by DEA.
11. Indemnifications. The contractor shall indemnify and hold harmless DEA and the State or RI 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 contract by not limited to the acts, errors, omissions and negligence of contractor's employees and agency.

#### **SECTION 4 – PROPOSAL QUESTIONS & SUBMISSION**

A pre-proposal Conference, for the purpose of clarifying the scope and intent of this requirement, as well as the evaluative criteria to be employed in the review of responses to this Request, will be conducted as identified on page one.

Emailed questions may be submitted in accordance with the terms and conditions expressed on page one of this solicitation. The opportunity for communication with State parties will be either through e-mailed questions of at the pre-proposal meeting. In reference to this solicitation, no other contact with State employees will be allowed

Proposals must include the following:

1. A signed and completed **RIVIP Bidder Certification Cover Form** (all three pages) 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 **Proposed Budget Form** (See following Proposed Budget Form), including signed Compliance forms found at the end of the Proposed Budget Form.
3. A completed **Intent to Subcontract Form (if applicable)**:

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

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

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

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

4. A *separate Technical Proposal* describing the background, qualification, and experience with and for similar programs, as well as the workplan or approach proposed for this RFP.
5. One copy of the offeror's complete response to this solicitation is requested in an electronic format, CDROM or disk, in Microsoft Office or PDF file formats.

**The Technical Proposal must contain the following sections:**

1. Executive Summary: Not to exceed one (1) page, 8.5 by 11 inches, single spaced, minimum 11 point font. The executive summary is intended to highlight the contents of the proposal and to provide the reviewer with a broad understanding of how the offeror's technical approach and ability.
2. The following three sections not to exceed ten (10) pages, 8.5 by 11 inches, single spaced, minimum 11 point font, when taken together:
  - A. Offeror's Organization and Staffing: This section shall include identification of all staff and/or subcontractors proposed as members of the project team, and the duties, responsibilities, and concentration of effort which apply to each (as well as resumes, curricula vitae, or statements of experience and qualification for staff already employed).
  - B. Workplan/Approach Proposed: This section shall describe the offeror's understanding of the State's requirement, including the result(s) intended and desired, the approach and/or methodology to be employed, an estimate of the number of service units to be provided, and a workplan for accomplishing the results proposed. The description of the approach shall discuss and justify the approach proposed to be taken for each task, and the technical issues that will or may be confronted at each stage on the project. The workplan description shall include a detailed proposal project schedule (by task and subtask), a list of tasks, activities, and/or milestones that will be employed to administer the project, the assignment of staff members and concentration of effort for each, and the attributable deliverables for each.

**C. Previous Experience and Background:** This section shall contain (a) a comprehensive listing of similar projects undertaken and/or similar clients served, including a brief description of the projects; and (b) A description of the business background of the offeror (and all subcontractors proposed), including a description of their financial position.

**Required Attachments**

1. Organizational chart and List of Board members
2. Demonstration of Board endorsement supporting the organization's commitment to undertake the proposed project.
3. Copy of 501 (c)(3) tax exempt IRS Letter, or that of the fiscal sponsor.
4. Most recent audited financial statements. For agencies under \$250,000, either unaudited statements or a copy of agency 990 tax statement.
5. Current year operating budget including revenue sources and expenses.

Questions concerning this solicitation may be e-mailed to the Division of Purchases at [questions@purchasing.state.ri.us](mailto:questions@purchasing.state.ri.us) no later than **March 9@ 12:00 noon (EDT)**. Please reference the RFP/LOI # on all correspondence. Questions received, if any will be discussed at the pre-bid conference and included in the meeting summary which will be posted on the Internet as an addendum to this solicitation. It is the responsibility of all interested parties to download this information. For computer technical assistance, call the Help Desk at 401-222-2142, ext. 134.

Offerors are encouraged to submit written questions to the Office of Purchases in advance of the pre-proposal Conference and / or to attend the pre-proposal conference. No other contact with State parties will be permitted.

Interested offerors may submit proposals to provide the services covered by this Request on or before **April 14 @ 2:00 PM**. 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# Access Assistance for Elders and Adults With Disabilities" to:

**By Courier:**

RI Dept. of Administration  
Division of Purchases, 2<sup>nd</sup> floor  
One Capitol Hill  
Providence, RI 02908-5855

**By Mail:**

RI. Dept. of Administration  
Division of Purchases  
P. O. Box 6528  
Providence, RI 02940-6528

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

*State of Rhode Island & Providence Plantations*

*Department of Elderly Affairs*

**ACCESS ASSISTANCE FOR ELDERS AND ADULTS WITH  
DISABILITIES  
PROPOSED BUDGET**

Title of Project: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Offical(s) authorized to sign:

Name/Title \_\_\_\_\_  
Address \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Extension: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

Project Director: \_\_\_\_\_  
Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Extension: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

Budget Period: From: \_\_\_\_\_ To: \_\_\_\_\_

Signature: \_\_\_\_\_  
Chief Executive Officer [Name & Title]

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

Federal Employee Identification Number: \_\_\_\_\_ ( 9 Digits )

Is agency part of a municipality? \_\_\_\_\_

yes no

*State of Rhode Island & Providence Plantations*

*Department of Elderly Affairs*

**ACCESS ASSISTANCE FOR ELDERS AND ADULTS WITH DISABILITIES**

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

**BUDGET SUMMARY**

<u>Budget Category</u>	<u>Total</u>	<u>DEA Funds</u>	<u>Agency Funds</u>	<u>Other</u>
1. Personnel	\$	\$	\$	\$
2. Travel (In State)				
3. Building Space				
4. Utilities				
5. Supplies				
6. Equipment				
7. Contract Services				
8. Other				
9. Other				
10. Other				
<b>Total</b>	\$	\$	\$	\$
11. Resources not used as match	\$ _____			
12. Project Net Cost	\$ _____			
13. Resources used as match	\$ _____			
14. Funds requested	\$ _____	<b>Total</b>		

*State of Rhode Island & Providence Plantations*

*Department of Elderly Affairs*

**ACCESS ASSISTANCE FOR ELDERS AND ADULTS WITH DISABILITIES**

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

**1. PERSONNEL**

<u>Position</u>	<u>Salaried</u>	<u>Hourly</u> <u>Rate</u>	<u>Hours</u> <u>Per</u> <u>Week</u>	<u>% of Time</u> <u>on this</u> <u>Grant</u>	<u>Total</u>
<b>Total:</b>					<b>\$</b>

Fringe Benefits: Total: \$

For DEA Use: \_\_\_\_\_ % \_\_\_\_\_

Includes, but is not limited to:  
(Check appropriate box)

Health Insurance [ ]

Workers' Compensation [ ]

RI Unemployment [ ]

FICA [ ]

Retirement [ ]

Other (specify) [ ]

Total estimated salaries/wages/fringe benefits \$ \_\_\_\_\_

*State of Rhode Island & Providence Plantations*

*Department of Elderly Affairs*

**ACCESS ASSISTANCE FOR ELDERS AND ADULTS WITH DISABILITIES**

**2. ESTIMATED TRAVEL**

**A. In State**

Estimated # of miles \_\_\_\_\_  
Rate/mile                    x \_\_\_\_\_  
**Total**

<u>Purpose</u> (Including, but not limited to)	<u>Estimated Cost</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>Total .....</b>	<b>\$ _____</b>
<b>Total Estimated Travel.....</b>	<b>\$ _____</b>

**3. BUILDING SPACE**

Location: _____	Location: _____
Square Footage: _____	Square Footage: _____
Annual Rate/Sq. Foot: \$ _____	Annual Rate/Sq. Foot \$ _____
Annual Expense \$ _____	Annual Expense \$ _____
Location: _____	Location: _____
Square Footage: _____	Square Footage: _____
Annual Rate/Sq. Foot: \$ _____	Annual Rate/Sq. Foot: \$ _____
Annual Expense \$ _____	Annual Expense \$ _____

**Total Estimated Building Space: \$ \_\_\_\_\_**

*State of Rhode Island & Providence Plantations*

*Department of Elderly Affairs*

**ACCESS ASSISTANCE FOR ELDERS AND ADULTS WITH DISABILITIES**

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

A. Telephone

# of telephones \_\_\_\_\_  
Monthly Rate \$ \_\_\_\_\_ x 12 = \$ \_\_\_\_\_

B. All Other Utilities:

Heat \$ \_\_\_\_\_  
Electricity \$ \_\_\_\_\_  
Gas \$ \_\_\_\_\_  
Water \$ \_\_\_\_\_  
Sewer \$ \_\_\_\_\_  
Other (specify) \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

(Check those that apply)

**Total Estimated Utilities:** \$ \_\_\_\_\_

**5. SUPPLIES**

<u>Category</u>	<u>Estimated Cost</u>
a. Office	\$ _____
b. Maintenance	\$ _____
c. Health	\$ _____
d. Other (specify)	\$ _____
Total Estimated Supplies	\$ _____

**“ SUPPLIES” – All tangible personal property other than “equipment” as defined in section 6.**

*State of Rhode Island & Providence Plantations*

*Department of Elderly Affairs*

ACCESS ASSISTANCE FOR ELDERS AND ADULTS WITH DISABILITIES

**6. EQUIPMENT**

<u>Item</u>	<u>Quantity</u>	<u>Cost Per Unit</u>	<u>Estimated Total Cost</u>
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**Total Estimated Equipment** \$ \_\_\_\_\_

**“EQUIPMENT” – tangible, nonexpendable, personal property having a useful life of more than one year and acquisition cost of \$5,000 or more per unit.**

*State of Rhode Island & Providence Plantations*

*Department of Elderly Affairs*

**ACCESS ASSISTANCE FOR ELDERS AND ADULTS WITH DISABILITIES**

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

**7. CONTRACT SERVICES**

<u>Services</u>	<u>Estimated Rate</u>	<u>Units of Service</u>	<u>Estimated Total Cost</u>
a.	\$		\$
b.	\$		\$
c.	\$		\$
d.	\$		\$

Total Estimated Contract Service..... \$ \_\_\_\_\_

*State of Rhode Island & Providence Plantations*

*Department of Elderly Affairs*

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

**ANNUAL CERTIFICATION  
DRUG-FREE WORKPLACE REQUIREMENTS  
DEPARTMENT OF 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

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**ANNUAL CERTIFICATION DRUG-FREE WORKPLACE REQUIREMENTS**

1. 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 Agency:* \_\_\_\_\_

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

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

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

*State of Rhode Island & Providence Plantations*

*Department 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 (5) 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

Agency 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:

NOTE: The "A", "B", and "C" followed by numbers are for computer use: Please disregard. PLEASE RETURN ORIGINAL TO: Office of Civil Rights, Department of Health Education & Welfare, Post Office Box 8222, Washington, DC 20024

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**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

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

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

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

*State of Rhode Island & Providence Plantations*

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**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.

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

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

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

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

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

\_\_\_\_\_

Date \_\_\_\_\_

## SECTION 5 – EVALUATION AND SELECTION

All Qualified Applicants will be rated based on the following criteria:

### Staff Qualifications

30 points

Includes, but is not limited to: Description of contractor and staff experience on similar projects involving elders and adults with disabilities; information on the credentials of the team assembled to conduct all aspects of the project; evidence of understanding the needs and preferences of elders and adults with disabilities; evidence of knowledge and understanding of the Rhode Island Pharmaceutical Assistance Program (RIPAE); demonstrated competence in providing outreach, education, phone support and effective coordination in promoting new programs, such as Medicare Part D; demonstrated ability to work with elders, RIPAE members, adults with disabilities, their families and caregivers in providing outreach activities that target specific topics, such as Medicare Part D; staffing plan reflects the ability to provide services in an effective and efficient manner; staff roles and functions are described in written statements; and principal staff are well qualified, with significant relevant experience; demonstrated ability to maintain the required staff on an ongoing basis and provide opportunities for professional growth and development;

### Capability, Capacity, and Qualifications of the Applicant

25 points

Includes, but is not limited to: Evidence of the applicant's previous successful completion of similar projects; and description of the applicant's ability to conduct the required tasks (including a description of the applicant's capability to open the program as evidenced by its ability to identify an accessible physical location and to hire/train program staff); demonstrated ability to develop and implement programs and services that are responsive to the needs and preferences of elders and adults with disabilities; evidence that the experience of the organization and its principles instill a sense of confidence about its ability to provide information, referral and assistance services; recognition that the consumer is the exclusive reason for organizational existence and evidence that organizational endeavors accurately reflect this belief; demonstrated ability to research and resolve any potential areas of concern that elders, RIPAE members, adults with disabilities, their families and caregivers in may encounter with respect to Medicare Part D; demonstrated competence in operations and fiscal management; demonstrated capacity to establish a program site that meets all applicable state and local licensure, building, handicapped accessibility and fire codes; demonstrates capacity and willingness to comply with all DEA Confidentiality Policies and Procedures; demonstrated experience in cooperating, coordinating, and communicating with other I&RA agencies, ancillary services, state agencies, and the community at large; applicants applying for an Enhanced I&R/A Service contract demonstrate the knowledge, skill and experience to take

the lead in drafting and implementing MOUs to address home visits, extended hours and related issues.

Quality of the Workplan

25 points

Includes, but is not limited to: Responsiveness to the requirements described in this RFP, including familiarity with AIRS Standards; description of the applicant's plan for conducting each task of the project; indication that applicant understands how the agency will function as an integral part of the statewide Aging and Disabilities Resource Center (ADRC); applicant's workplan demonstrates innovative linkages with other community agencies; applicant demonstrates an understanding of AIRS standards and specifies how the I&R/A program will operate in accordance with AIRS standards; proposed budget is clear, concise and developed to meet I&R/A program goals and objectives; administrative costs are in proportion to the services being provided in the budget; includes statements regarding non-discrimination and affirmative action relative to the provision of services to people and in employment practices of persons to work with the individuals served; applicants applying for an Enhanced I&RA Service contract specifies in detail how the agency will provide required extended hours of service; if the applicant agency's Holiday Schedule differs from that of the State Holiday Schedule, the applicant specifies in detail how the agency will provide I&R/A services to meet the State Holiday Schedule.

Community Support

10 points

Including letters of support from a range of stakeholders in the community, including but not limited to, agencies with which applicant has entered into, or plans to enter into, memoranda of understanding (MOUs).

Suitability of Proposed Budget to achieve stated project objectives

10 points

Proposals found to be technically or substantially non-responsive at any point in the evaluation process will be rejected and not considered further.

The State may, at its sole option, elect to require presentation(s) by applicants clearly in consideration for award.

Notwithstanding the above, the State reserves the right to accept or reject any or all offerors, to award on the basis of cost alone, and to act in its best interest. The State also reserves the right to make one or more awards as a result of this solicitation and to act in its own best interest.

The Technical Review Sub-Committee will present written findings, including the results of all evaluations, to the State's Architect/Engineer and Consultant Services Selection Committee, which will recommend a finalist(s) to the Director of the Department of Administration, who will make the final selection for this requirement.

## Applicant Checklist

Please ensure that you have included the following:

- RIVIP Bidder Certification Cover Form (all 3 pages) with a Letter of Transmittal
- Proposed Budget
- Intent to Subcontract Form (if applicable)
- Technical Proposal
- Organizational chart and List of Board members.
- Demonstration of Board endorsement supporting the organization's commitment to undertake the proposed project.
- Copy of 501 (c)(3) tax exempt IRS Letter, or that of the fiscal sponsor.
- Most recent audited financial statements. For agencies under \$250,000, either un-audited statements or a copy of agency 990 tax statement.
- Current year operating budget including revenue sources and expenses.
- If using a fiscal agent, letter from fiscal agent agreeing to serve in this capacity.

### **AIRS STANDARDS FOR PROFESSIONAL INFORMATION AND REFERRAL**

Download attached Standards via Adobe Reader.

STATE OF RHODE ISLAND

<u>AREA CITY/TOWN</u>	<u>DISABLED (16-64 yrs) 60 +</u>	<u>RIPAE</u>
<b>KENT</b>	4,896	
EAST GREENWICH	2,298	302
WARWICK	18,125	3,563
WEST GREENWICH	516	115
WEST WARWICK	5,190	1,340
<b>PROVIDENCE</b>	10,000	
PROVIDENCE	22,778	3,371
<b>NEWPORT</b>	2,448	
LITTLE COMPTON	818	95
MIDDLETOWN	3,247	267
NEWPORT	4,312	367
PORTSMOUTH	3,015	365
TIVERTON	3,254	722
<b>BLACKSTONE</b>	15,000	
BARRINGTON	3,146	416
BRISTOL	4,877	826
CENTRAL FALLS	2,724	606
EAST PROVIDENCE	11,278	2,895
PAWTUCKET	13,549	3,392
WARREN	2,504	437
<b>WASHINGTON</b>	4,896	
BLOCK ISLAND (NEW SHOREHAM)	226	6
CHARLESTOWN	1,557	237
COVENTRY	5,709	1,556
EXETER	793	92
HOPKINGTON	1,164	271
JAMESTOWN	1,079	101
NARRAGANSETT	2,905	377
NORTH KINGSTOWN	4,092	530
RICHMOND	761	49
SOUTH KINGSTOWN	4,135	567
WESTERLY	4,861	955

<b>NORTH WESTERN</b>	<b>25,000</b>		
BURILLVILLE		2,286	604
CRANSTON		16,635	3,715
CUMBERLAND		6,473	1,428
FOSTER		606	141
GLOCESTER		1,275	244
JOHNSTON		6,606	1,809
LINCOLN		4,381	1,024
NORTH PROVIDENCE		7,849	1,583
NORTH SMITHFIELD		2,364	646
SCITUATE		1,644	351
SMITHFIELD		4,247	784
WOONSOCKET		8,132	2,276
<b>GRAND TOTALS</b>	<b>62,240</b>	<b>191,411</b>	<b>38,425</b>